

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., 2ND FLOOR
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(916) 322-4336 FAX (916) 324-2875



May 22, 2023

Jared Bagwell, EMS Administrator
San Joaquin County EMS Agency
P.O. Box 220
French Camp, CA 95231

Dear Mr. Bagwell,

This letter is in response to San Joaquin County Emergency Medical Services (EMS) Agency's 2021-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke and Quality Improvement (QI) plan submissions to the EMS Authority on January 4, 2023.

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, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, Stroke, and QI 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 been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Your 2023 EMS plan will be due on or before May 22, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke and QI 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.

Sincerely,

Tom McGinnis

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

Enclosure:
AW: rd

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San Joaquin County EMS Agency 2021- 2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS and CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization
	EXCLUSIVITY			TYPE			LEVEL						
Zone X		X	Competitive	X				X	X	X	X		
Zone D		X	Non-Competitive	X				X	X	X			
Zone E		X	Non-Competitive	X				X	X	X			
Zone F		X	Non-Competitive	X				X	X	X			

Emergency Medical Services Plan 2022 Annual Update



San Joaquin County Emergency Medical Services Agency
PO Box 220, French Camp, CA 95231
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Submitted January 4, 2023 (Rev. May 12, 2023)

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EXECUTIVE SUMMARY

The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) was created by the San Joaquin County Board of Supervisors as a department within the Health Care Services Agency in 1982, in order to fulfill the responsibilities of a local EMS agency as contained in Health and Safety Code, Division 2.5 et seq. As assigned by the Legislature with the passage of the EMS Act, the primary responsibility of a local EMS agency is to plan, implement, and evaluate an emergency medical services system, in accordance with the provisions of Division 2.5 of the Health and Safety Code, consisting of an organized pattern of readiness and response services based on public and private agreements and operational procedures. Section 1797.254 of the Health and Safety Code requires local EMS agencies to annually submit a plan for their EMS area to the California EMS Authority (EMSA). The EMS system plan and subject specific plans such as trauma and transportation must be consistent with the regulations and guidelines established by the EMSA.

This EMS plan update provides information relevant to the period from July 1, 2021 through June 30, 2022. This document includes information that meets the requirement to provide annual plans for the San Joaquin County CQI Plan, the Stroke Critical Care System Plan, the STEMI Critical Care System Plan, and the San Joaquin County 2020 Trauma System Plan. As demonstrated in the San Joaquin County 2020 EMS 5 Year Plan, the San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

The SJCEMSA Administrator or their designees serve as the Medical Health Operational Area Coordinator (MHOAC) for San Joaquin County. The Local Health Officer has relinquished these duties to the EMS Agency Administrator. SJCEMSA serves as the MHOAC, pursuant to California Health and Safety Code §1797.153, and coordinates the 17 functions of the MHOAC program with local agencies, organizations and stakeholders, as documented in the San Joaquin County Emergency Operations Plan and Functional Annexes. Moreover, the MHOAC program coordinates all local medical and health mutual aid resources requests and information sharing, in accordance with the National Incident Management System (NIMS), the California Standardized Emergency Management System (SEMS), and the California Public Health and Medical Emergency Operations Manual (EOM). The San Joaquin County MHOAC coordinates with local OES, Public Health, Behavioral Health, and Environmental Health departments, Fire departments, and through/with the Regional Disaster and Medical Health Coordinator (RDMHC) in times of local and regional disaster events when medical health mutual aid is requested by other Operational Areas (OA) or needed within the local OA.

The SJCEMSA system utilizes Stockton Fire Department Emergency Communications Division (SFD ECD) and Valley Regional Emergency Communications Center (VRECC) as the two authorized emergency medical dispatch (EMD) centers for all fire department first response and emergency ambulance responses countywide. VRECC and SFD ECD provides EMD services through utilization of the Medical Priority Dispatch System, approved by SJCEMSA, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (CCR) 100170, and SJCEMSA EMS Policy No. 3202, MPDS Use and Assignments.

Additionally, VRECC dispatches all emergency ambulances and our county-based EMS aircraft, who utilize countywide frequencies and standard hospital communication capabilities, in compliance with SJCEMSA policies and procedures and CCR 100306.

MAJOR NEEDS AND PROGRAM SOLUTIONS

1. Need: Improve ability to measure the performance and effectiveness of fire department responders and other non-transport resources.

Program Solution: Continue to enhance agreements and adopt policies and measures to ensure complete and ready access to EMS communications and all EMS provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. Obtain access to the Stockton Fire Department Emergency Communications CAD and to receive EMS data flow into our EMS data repository through Firstwatch. Work with stakeholders including the cities and fire districts to ensure access to data. Continue to work with FirstWatch program for system assessment reports and monitoring Response time compliance.

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

Program Solution: SMART goals have been adopted by SJCEMSA to reduce the APOT/APOD times in San Joaquin County by 10 percent over the next year. Convene an APOT/APOD subcommittee through our EMS Advisory Committee to work on solutions. Continue to measure and report APOT/APOD quarterly showing performance of each hospital. Engage stakeholders on developing, implementing, and evaluating measures to reduce APOT/APOD and its deleterious effect on patient care, diminished ambulance productivity, and increase in response times.

3. Need: Revise, update, and evaluate the exclusive operating area ambulance agreements with Escalon Community Ambulance, and the Ripon Consolidated Fire Protection District. In addition, revise, update, evaluate, and negotiate service agreements as needed with ALS first response providers, BLS first response providers and air ambulance service providers.

Program Solution: Assign appropriate staff to meet need. Continue to revise, update, and evaluate the BLS and advanced life support (ALS) agreements with non-transport fire departments.

4. Need: Incentivize hospitals and other public and private EMS-related agencies to meet program requirements through written agreements that include methods other than termination.

Program Solution: Modify pertinent written agreements.

5. Need: Adopt policies to improve and enhance the efficiency of EMS system response to

multi-casualty incidents (MCIs).

Program Solution: Engage stakeholders, draft and vet policies, adopt policies, measure response, revise policies as needed to ensure performance.

6. Need: The SJCEMSA's EMS data management system should be integrated to include EMS dispatch, prehospital; including air and ground ambulance and first response, base hospital, receiving hospital, and specialty care data. Current integration of these data sources is fragmented, incomplete and requires manual compilation or limited integration provided by third party data platforms (e.g. stroke, STEMI, Trauma Registry).

Program Solution: Continue to expand on opportunities for data consolidation and management through Firstwatch. Collaborate with prehospital providers and hospitals to incorporate data into the San Joaquin County EMS data repository.

7. Need: Develop or update EMD related policies and response including EMS Policy No. 3202, to realign ALS and BLS resource assignments and call triage with IAED recommendations. In addition, expansion of BLS emergency ambulance response when indicated.

Program Solution: Ensure that revised policies provide the direction necessary for the designated EMS call processing and dispatch center(s) to meet the EMS resource needs of the patients of San Joaquin County during every EMS system demand level including extraordinary levels of high demand. Expand the use of BLS response to low acuity calls determined by EMD.

8. Need: Manage and mitigate effects of the fragmentation of EMS call processing procedures as a result of the passage of SB 438, which was passed into law and became effective January 1, 2020. Collaborate with EMS stakeholders on best practices to prevent negative outcomes as a result of the fragmentation of the EMS system and revise/develop the necessary policies.

Program Solution: Ensure EMS policies provide the direction to ensure efficient communication by and between public safety answering points and EMS dispatch centers.

9. Need: Improve recruitment of local emergency responder staff by increasing access to local paramedic and EMT training programs.

Program Solution: SJCEMSA partnering with NCTI to establish a bridge paramedic training program for 2023-2024. SJCEMSA sought and obtained grant funding to procure paramedic training supplies and equipment in 2023. SJCEMSA seeking two (2) FTE positions for 2024-2025 to run LEMSAs / County based paramedic training.

SUMMARY OF CHANGES

System Organization and Management:

SJCEMSA has successfully promoted within the organization to fill vacancies including EMS Specialist and EMS Analyst.

Manpower and Training

SJCEMSA developed and implemented EMS Policy No. 2580, Paramedic Accreditation Officer Authorization to allow for more qualified San Joaquin County accredited paramedics to help facilitate the required paramedic field evaluation process for new applicants.

Further, EMS Policy No. 2910, SJCEMSA Course Instruction Authorization was developed to establish a process for San Joaquin County EMS Continuing Education (CE) Providers to conduct training courses specific to San Joaquin County.

Communications:

EMS call processing continued to migrate from VRECC, once a single SJCEMSA designated EMS call processing and dispatch center, to the Stockton Fire Department Emergency Communications Department (SFD ECD). These actions were a result of the passage of SB438. Current EMS call processing has shifted approximately 80 percent of the volume to SFD ECD and leaving the remainder with VRECC.

Implemented on March 1, 2022, EMS Policy No. 3400, Med Net Radio Communications Plan outlines the channels that prehospital personnel shall communicate to hospitals with, following the county-wide Med-Net radio system upgrade. This two-channel trunk system upgrade (one channel specifically for MCIs and one channel specifically for base hospital) will prevent interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

Response and Transportation:

On May 1, 2022, SJCEMSA aligned all the maximum allowable patient transport rates among all emergency ambulance providers.

On June 1, 2022, SJCEMSA revised EMS Policy No. 2360, EMT Scope of Practice requiring all EMS service providers to provide EMT at the enhanced skills level.

On July 1, 2021, SJCEMSA authorized non transport ALS response to the Lathrop Manteca Fire Department. Lathrop Manteca Fire Department does not currently provide non-transport ALS first response as they continue to train and hire but they expect to commence the ALS response service in 2023.

On November 16, 2021, the San Joaquin County Board of Supervisors approved the agreement with Manteca District Ambulance (MDA) for exclusive emergency and advanced life support (ALS) service in ambulance zone D for the period December 1, 2021, to November 30, 2026.

Facilities and Critical Care:

On October 1, 2021, STEMI and Stroke QI Committee policies were implemented and regular meetings commenced. The purpose of the QI meetings is to monitor, review, and evaluate the provision of care to STEMI and Stroke patients in the EMS system.

For the second year in a row, San Joaquin County EMS Agency received the American Heart Association's Mission: Lifeline® EMS Gold Plus Achievement Award for implementing specific quality improvement measures to treat patients who suffer severe heart attacks.

Data Collection and System Evaluation:

On January 1, 2022, SJCEMSA began collecting Key Performance Indicators (KPIs) from Manteca District Ambulance (MDA) specifically as it relates to clinical performance and penalty assessments.

Public Information and Education:

On June 1, 2022, SJCEMSA migrated to a new website content management system for a more streamlined and efficient user experience. Public and stakeholder comments on draft SJCEMSA policies became available to submit online through the updated website.

Disaster Medical Response:

In response to the pandemic COVID-19, SJCEMSA acts as the Medical Health Operational Area Coordinator (MHOAC) program lead and coordinates all medical and health mutual aid resource requests for within San Joaquin County. SJCEMSA has implemented emergency operations to assist acute care hospitals, long term care facilities, clinics, surgery centers, home health, hospice and emergency responders in an aggressive public health response to protect and care for the residents and visitors of San Joaquin County in the face of the global health risk.

San Joaquin County EMS Agency was awarded a \$151,713 Hospital Preparedness Program (HPP) COVID Supplemental Grant, to support the COVID response. The MHOAC and hospital executives unanimously agreed that the best use the funds would be for expanding Intensive Care Unit bed capacity, by purchasing a cache of Philips MP5 portable patient monitors. The EMS Agency purchased and deployed the monitors to the hospitals, and on September 22, 2021, the average hospital ICU bed capacity in San Joaquin County was 153%. During this same month, San Joaquin General Hospital reached an ICU capacity of 231% and St. Joseph's Medical Center 181%. According to the U.S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (HHS ASPR) Region IX Project Officer, San Joaquin County hospitals had the highest ICU surge capacity in the United State at this time during the pandemic.

SJCEMSA coordinated the collection and submission of hospital COVID-19 related information received from each of the seven (7) Acute Care Facilities in San Joaquin County and compiled that information and issued daily press release that provided public with situational awareness of COVID-19 laboratory positive patient hospitalizations, Intensive Care Unit hospitalizations and current bed capacity.

SYSTEM ASSESSMENT FORMS

1.04 EMS AGENCY MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Clinical advisory group to be established.

OBJECTIVE:

Establish subcommittee or standalone clinical advisory group.

TIME FRAME FOR MEETING OBJECTIVE:

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

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

Each local EMS agency shall develop response time standards for medical response. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses;

a. the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--15 minutes Wilderness--as quickly as possible

b. the response time for an early defibrillation-capable responder does not exceed:

Metro/urban--5 minutes

Suburban/rural--as quickly as possible Wilderness--as quickly as possible

c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Metro/urban--8 minutes

Suburban/rural--20 minutes Wilderness--as quickly as possible

d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed: Metro/urban--8 minutes

Suburban/rural--20 minutes Wilderness--as quickly as possible.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

EMS CAD call processing data flow from Stockton Fire Department Emergency Communication's Department.

OBJECTIVE:

Establish data flow from all EMS call processing and EMS dispatch centers to collate and evaluate EMS data from a single repository.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall establish a data management system that supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

RECOMMENDED GUIDELINES:

The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre-hospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEEDS:

EMS with Stockton Fire Department Emergency Communication's Division and development of

county wide HIE.

OBJECTIVE:

Develop and revise existing integrated data management system to include in addition to specialty care patient data but also additional hospital patient care data to evaluate patients throughout all stages of continuum of care.

TIME FRAME FOR MEETING OBJECTIVE:

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

6.09 DATA COLLECTION/SYSTEM EVALUATION

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and prehospital activities.

RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include prehospital, base hospital, and receiving hospital data.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Develop mechanism for flow and management of data from the receiving and base hospitals.

OBJECTIVE:

Develop and revise existing integrated data management system to include in addition to specialty care patient data but also additional hospital patient care data to evaluate patients throughout all stages of continuum of care.

TIME FRAME FOR MEETING OBJECTIVE:

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

7.04 PUBLIC INFORMATION AND EDUCATION

MINIMUM STANDARDS:

The local EMS agency shall promote the availability of first aid and CPR training for the general public.

RECOMMENDED GUIDELINES:

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

CURRENT STATUS: ***MEETS MINIMUM STANDARD***

NEED(S):

Local demographics on high risk population who will benefit from CPR training outreach.

OBJECTIVE:

Develop goal to identify high risk groups in the general public to focus CPR training outreach activities.

TIME FRAME FOR MEETING OBJECTIVE:

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

PROGRESS/OBJECTIVES

1.14 POLICY & PROCEDURES MANUAL

2020/2021 Objective: Continue to finish updating of treatment protocols as per the SJCEMSA policies.

Progress: Treatment protocol book were updated and released after for 45-day public comment.

2020/2021 Objective: Add the BLS Treatment Protocols to the mobile application, SJCEMSA ALS Treatment Protocols Application to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics and emergency medical technicians

Progress: Added the BLS Treatment Protocols to the mobile application, SJCEMSA ALS Treatment Protocols Application, which includes EMS Policy No. 5700, Advanced Life Support Treatment Protocols and EMS Policy No. 5500, Basic Life Support Treatment Protocols. The mobile application deployed to provide mobile and convenient access to the Treatment Protocols for San Joaquin County accredited paramedics and emergency medical technicians in September, 2020.

3.02 COMMUNICATIONS EQUIPMENT

2020/2021 Objective: The Med-Net radio system in San Joaquin County needs key upgrades to prevent the interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

Progress: Implemented on March 1, 2022, EMS Policy No. 3400, Med Net Radio Communications Plan outlines the channels that prehospital personnel shall communicate to hospitals with, following the county-wide Med-Net radio system upgrade. This two channel trunk system upgrade (one channel specifically for MCIs and one channel specifically for base hospital) will prevent interruption of field to base hospital communication caused by radio traffic from simultaneous radio call-ins.

4.05 RESPONSE TIME STANDARDS

2020/2021 Objective: Develop reports using CAD data to measure response time for all EMR service providers in San Joaquin County.

Progress: Objective partially met. Response time reports for EMRs produced for those EMS providers dispatched by the San Joaquin County Designated EMS Dispatch Center. Delays in the access to CAD and EMS data flow at Stockton Fire Department's Dispatch Center continue to prevent the successful completion of this objective. Firstwatch has been engaged to provide quote and functionality to accomplish in 2023.

Additionally, SJCEMSA will be exploring the expansion of appropriate BLS response and ALS Quick Response Vehicles as a way to augment and reduce ALS response times in certain

communities.

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2021-2022

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: San Joaquin County EMS Agency

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

2. Type of agency B
- 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 B
- 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>Yes</u>
Designation of trauma centers/trauma care system planning	<u>Yes</u>
Designation/approval of pediatric facilities	<u>Yes</u>
Designation of STEMI centers	<u>Yes</u>
Designation of Stroke centers	<u>Yes</u>
Designation of other critical care centers	<u>Yes</u>
Development of transfer agreements	<u>Yes</u>
Enforcement of local ambulance ordinance	<u>Yes</u>
Enforcement of ambulance service contracts	<u>Yes</u>
Operation of ambulance service	<u>No</u>

Table 2 - System Organization & Management (cont.)

Continuing education	<u>Yes</u>
Personnel training	<u>Yes</u>
Operation of oversight of EMS dispatch center	<u>Yes</u>
Non-medical disaster planning	<u>Assists</u>
Administration of critical incident stress debriefing team (CISD)	<u>No</u>
Administration of disaster medical assistance team (DMAT)	<u>N/A</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>Yes</u>
Other: _____	
Other: _____	
Other: _____	

5. EXPENSES

Salaries and Benefits	\$2,070,353
Services and Supplies	\$1,476,517
Centrally Budgeted	(\$160,069)
Total Expenses	\$3,386,801

6. SOURCES OF REVENUE

Licenses, Permits, Franchises	\$1,171,885
Intergovernmental Revenue (grants)	\$297,554
Charges for Services	\$537,087
Penalties and Fines	\$201,000
Fund Transfers	\$24,000
Net County Cost (General Fund)	\$1,155,275
Total Revenue	\$3,386,801

Table 2 - System Organization & Management (cont.)

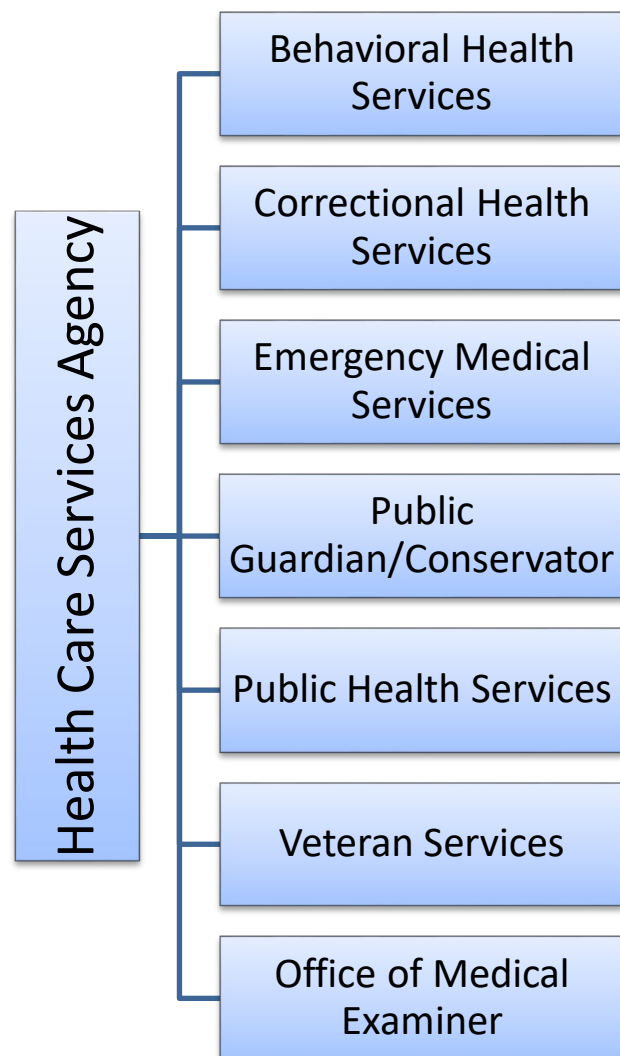
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$67	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	\$54	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$42	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2FTE	\$38	36%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$67	36%	
	EMS Critical Care Coordinator	1FTE	\$67	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	1FTE	\$38	36%	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst	EMS Analyst	2FTE	\$42	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator	See Prehospital Care Coordinator and EMS Specialist				
Executive Secretary					
Other Clerical	Office Technician Coordinator	1FTE	\$24	36%	
Other Clerical	Accounting Technician I	1FTE	\$26	36%	
Other					

Include an organizational chart of the local EMS agency and a county organizational chart(s) indicating how the LEMSA fits within the county/multi-county structure.

San Joaquin County Organizational Charts



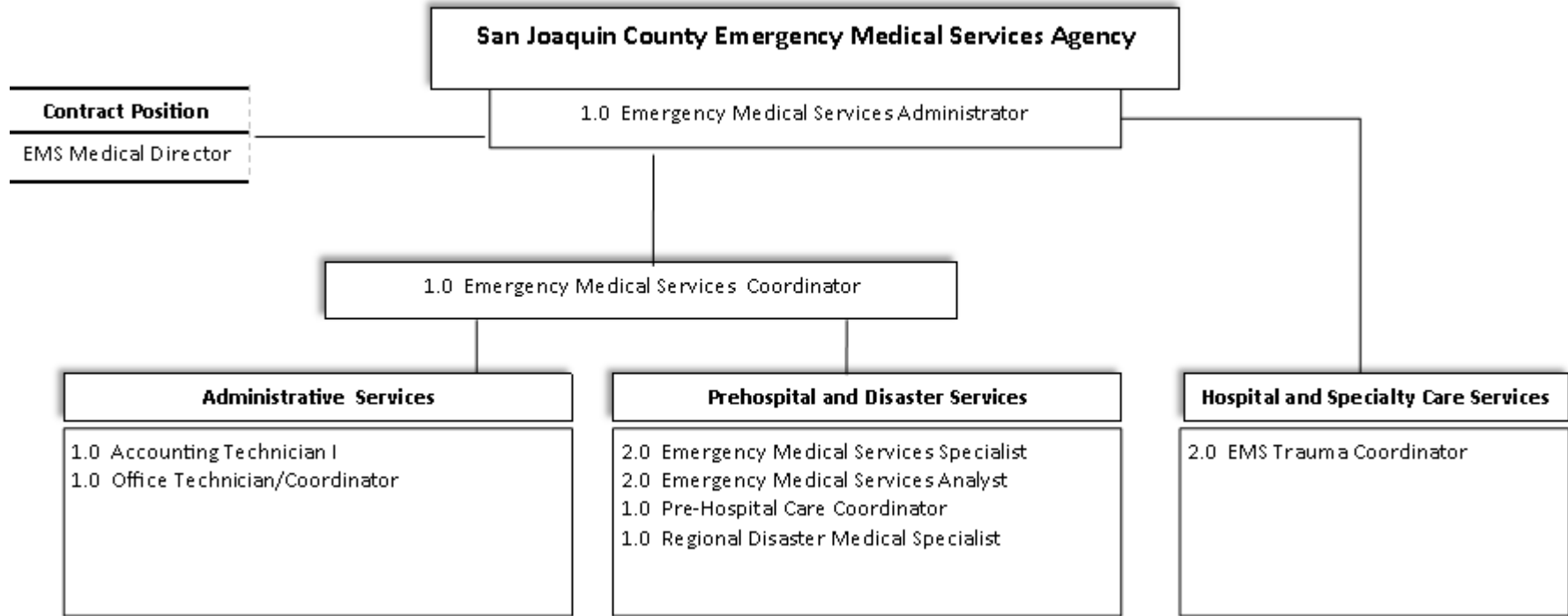


TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAININGReporting Year: 2021-2022**NOTE:** Table 3 is to be reported by agency.

	EMTs	EMDs	EMT - Ps	MICN
Total Certified	674	92		27
Number newly certified this year	85	7		7
Number recertified this year	352	36		20
Total number of accredited personnel on July 1 of the reporting year			356	
Number of certification reviews resulting in:				
a) formal investigations	9	4		2
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	2	0		0
e) denials	2	0		0
f) denials of renewal	0	0		0
g) no action taken	5	4		2

1. Early defibrillation:

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

674

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

22

2. Do you have an EMR training program

☒ yes ☐

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

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

County: San Joaquin County EMS Agency

Reporting Year: 2021-2022 (fiscal year)

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>8</u> |
| 2. Number of secondary PSAPs | <u>2</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</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?
<u>Valley Regional Emergency Communications Center</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Valley Regional Emergency 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>CALCORD</u> | |
| b. Other methods _____ | |
| 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 type="checkbox"/> Yes <input checked="" 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 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION

Reporting Year: 2021-2022 (fiscal year)

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 18

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	7:29 min (AMR and MDA) 8:00 (ECA and RCFD)	9:29 min/17:29 min(AMR) 10:59 min/17:29 min(MDA) 20:00 (ECA and RCFD)	29:29 min (AMR and MDA) 40:00 (ECA and RCFD)	N/A

TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE

Reporting Year: 2021-2022

NOTE: Table 6 is to be reported by agency.

Trauma

- a) Number of patients meeting trauma triage criteria: 2021/22: 3,764
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 2021/22: 3,475
- c) Number of major trauma patient transferred to a trauma center: 139
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

Emergency Departments

Total number of emergency departments	7
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	7
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2021-2022 (fiscal year)

County: San Joaquin County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Stockton Metropolitan Airport
 - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following; first responders, ambulance personnel, Disaster Healthcare Volunteers, CALMAT, DMAT.
 - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
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
 - 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 teams? ☒ Yes ☐ No
 - b. At what HazMat level are they trained? Specialist, Technician, First Responder Operations Decontaminations (FRO Decon) and First Responder Operations (FRO)
 - 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 jurisdiction EOCs you will need to interact with in a disaster? 8
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.
N/A
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 formal agreements 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 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** American Medical Response **Response Zone:** X

Address: 3755 West Lane **Number of Ambulance Vehicles in Fleet:** 52
Stockton, CA 95204

Phone Number: 209-948-5136 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 40

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

Transporting Agencies

<u>101,362</u>	Total number of responses	<u>66,380</u>	Total number of transports
<u>88,220</u>	Number of emergency responses	<u>3,283</u>	Number of emergency transports
<u>18,142</u>	Number of non-emergency responses	<u>63,097</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

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Manteca District Ambulance **Response Zone:** D

Address: P.O. Box 2 **Number of Ambulance Vehicles in Fleet:** 11
Manteca, CA 95336

Phone Number: 209-823-1032 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

Transporting Agencies

<u>10,916</u>	Total number of responses	<u>8,549</u>	Total number of transports
<u>8,048</u>	Number of emergency responses	<u>6,121</u>	Number of emergency transports
<u>2,868</u>	Number of non-emergency responses	<u>2,428</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

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Ripon Fire Protection District Ambulance **Response Zone:** E

Address: 142 S. Stockton Avenue **Number of Ambulance Vehicles in Fleet:** 2
Ripon, CA 95366

Phone Number: 209-599-4209 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

1,380 Total number of responses
950 Number of emergency responses
430 Number of non-emergency responses

_____ Total number of responses
 _____ Number of emergency responses

Transporting Agencies

905 Total number of transports
632 Number of emergency transports
273 Number of non-emergency transports

Air Ambulance Services

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Escalon Community Ambulance **Response Zone:** F

Address: PO Box 212 **Number of Ambulance Vehicles in Fleet:** 3
Escalon, CA 95320

Phone Number: 209-838-1351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

<u>1,061</u>	Total number of responses	<u>926</u>	Total number of transports
<u>737</u>	Number of emergency responses	<u>645</u>	Number of emergency transports
<u>324</u>	Number of non-emergency responses	<u>271</u>	Number of non-emergency transports

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Active Transport Medical Services, LLC **Response Zone:** County-wide

Address: 2626 W Lane, Ste. H **Number of Ambulance Vehicles in Fleet:** 1
Stockton, CA 95205

Phone Number: 209-888-1988 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

Transporting Agencies

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

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

0 Total number of responses
0 Number of emergency responses

0 Total number of transports
0 Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Amwest Ambulance **Response Zone:** County-wide

Address: 5551 Ciccarelli Rd **Number of Ambulance Vehicles in Fleet:** 4
Salida, CA 95368

Phone Number: 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

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

Transporting Agencies

1,885 Total number of responses
0 Number of emergency responses
1,885 Number of non-emergency responses

1,885 Total number of transports
0 Number of emergency transports
1,885 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2020-2021

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Bay Medic Transportation **Response Zone:** County-wide

Address: 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 5
Concord, CA 94518

Phone Number: 916-381-9000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

Transporting Agencies

1,307 Total number of responses
0 Number of emergency responses
1,307 Number of non-emergency responses

1,307 Total number of transports
0 Number of emergency transports
1,307 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Citizens Medical Response **Response Zone:** County-wide

Address: 8030 Lorraine Avenue, Ste. 336 **Number of Ambulance Vehicles in Fleet:** 6
Stockton, CA 95210

Phone Number: 209-227-5133 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

Transporting Agencies

1,450 Total number of responses
0 Number of emergency responses
1,450 Number of non-emergency responses

1,450 Total number of transports
0 Number of emergency transports
1,450 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** Protransport-1, LLC **Response Zone:** County-wide

Address: 1525 Leonard Ave **Number of Ambulance Vehicles in Fleet:** 22
Modesto, CA 95350

Phone Number: 800-650-4003 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Provider is non-emergency only. 24 hour service availability not required.	<u>Level of Service:</u> <div> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground </div> <div> <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Air </div> <div> <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT </div>	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

2,310 Total number of responses
0 Number of emergency responses
2,310 Number of non-emergency responses

2,305 Total number of transports
0 Number of emergency transports
2,305 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: NorCal Ambulance Response Zone: County-wide

Address: 2363 Maggio Cir Number of Ambulance Vehicles in Fleet: 20
Lodi, CA 95240

Phone Number: 866-753-3400 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

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

10,046 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Transporting Agencies

10,046 Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Sacramento Valley Ambulance **Response Zone:** County-wide

Address: 6220 Belleau Wood Lane. Suite 4 **Number of Ambulance Vehicles in Fleet:** 5
Sacramento, CA 95822

Phone Number: 916- 736-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

Transporting Agencies

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

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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Stockton Fire Department (ALS) **Response Zone:** _____

Address: 400 E. Main Street **Number of Ambulance Vehicles in Fleet:** 0
Stockton, CA 95202

Phone Number: (209)-937-8801 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

<u>33,223</u>	Total number of responses	<u>0</u>	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County:	<u>San Joaquin</u>	Provider:	<u>South San Joaquin County Fire Authority (ALS)</u>	Response Zone:	<u></u>
Address:	<u>835 Central Ave</u> <u>Tracy, CA 95376</u>	Number of Ambulance Vehicles in Fleet:	<u>0</u>		
Phone Number:	<u>(209) 831-6700</u>	Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	<u></u>		

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

Transporting Agencies

10,644 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Clements Fire District **Response Zone:** _____

Address: P.O. Box 523 **Number of Ambulance Vehicles in Fleet:** _____
Clements, CA 95227

Phone Number: (209) 759-3371 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

266 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Collegeville Fire District **Response Zone:** _____

Address: 13225 E. Mariposa Road
Stockton, CA 95215 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: (209) 462-3838 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

98 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Escalon Fire District **Response Zone:** _____

Address: 1749 Coley Avenue **Number of Ambulance Vehicles in Fleet:** _____
Escalon, CA 95320

Phone Number: (209) 838-7500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

919 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource DirectoryReporting Year: 2021-2022**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: San Joaquin Provider: Farmington Fire District Response Zone: _____Address: P.O. Box 25
Farmington, CA 95230 Number of Ambulance Vehicles in Fleet: _____Phone Number: (209) 886-5321 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies
161 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
Air Ambulance Services
 _____ Total number of responses
 _____ Number of emergency responses

 _____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: French Camp-McKinley Fire District Response Zone: _____

Address: P.O. Box 790 Number of Ambulance Vehicles in Fleet: _____
French Camp, CA 95231

Phone Number: (209) 982-0592 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

*1,368 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

*Combined totals for French Camp-McKinley Fire District and Mountain House Fire Department

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Lathrop-Manteca Fire District **Response Zone:** _____

Address: 19001 Somerston Parkway **Number of Ambulance Vehicles in Fleet:** _____
Lathrop, CA 95330

Phone Number: (209) 941-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

2,389 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

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

*** Authorized ALS but not yet providing service**

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Liberty Fire District **Response Zone:** _____

Address: 24124 N. Bruella Road **Number of Ambulance Vehicles in Fleet:** _____
Acampo, CA 95220

Phone Number: (209) 339-1329 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

219 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: Linden Peters Fire District Response Zone: _____

Address: 17725 E. Hwy 26 Number of Ambulance Vehicles in Fleet: _____
Linden, CA 95236

Phone Number: (209) 887-3710 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

454 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Lodi Fire Department **Response Zone:** _____

Address: 210 W Elm Street **Number of Ambulance Vehicles in Fleet:** _____
Lodi, CA 95240

Phone Number: (209) 333-6735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

5,389 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Manteca Fire Department **Response Zone:** _____

Address: 1154 S. Union Road
Manteca, CA 95337 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: (209) 456-8300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

7,384 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Mokelumne Fire District **Response Zone:** _____

Address: 13157 E. Brandt Road
Lockeford, CA 95237 **Number of Ambulance Vehicles in Fleet:** _____

Phone Number: (209) 727-0564 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

555 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: Montezuma Fire District Response Zone: _____

Address: 2405 S. B Street Number of Ambulance Vehicles in Fleet: _____
Stockton, CA 95206

Phone Number: (209) 464-5234 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

602 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Mountain House Fire Department **Response Zone:** _____

Address: 911 Traditions St
Mountain House, CA 95391

Phone Number: (209) 464-5234

Number of Ambulance Vehicles in Fleet: _____

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

<u>*1,368</u>	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

Air Ambulance Services

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

*Combined totals for French Camp-McKinley Fire District and Mountain House Fire Department

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: Thornton Fire District Response Zone: _____

Address: 25999 N. Thornton Road Number of Ambulance Vehicles in Fleet: _____
Thornton, CA 95686

Phone Number: (209) 794-2460 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

241 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Waterloo Morada Fire District **Response Zone:** _____

Address: 6925 East Foppiano Lane **Number of Ambulance Vehicles in Fleet:** _____
Stockton, CA 95212

Phone Number: (209) 931-3107 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** _____

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

Transporting Agencies

1,678 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin Provider: Woodbridge Fire District Response Zone: _____

Address: 400 E. Augusta Street Number of Ambulance Vehicles in Fleet: _____
Woodbridge, CA 95258

Phone Number: (209) 369-1945 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

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

Transporting Agencies

1,427 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

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses

_____ Total number of transports
 _____ Number of emergency transports

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin County **Provider:** REACH **Response Zone:** County-wide

Address: 8880 Cal Center Drive **Number of Ambulance Vehicles in Fleet:** 1 in county; 1 near county
Sacramento, CA 95826

Phone Number: (707) 324-2400 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

_____ 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

Air Ambulance Services

407 Number of Responses(Scene and IFT)
 _____ Number of emergency responses (Scene)

22 Total number of transports (Scene and IFT)
 _____ Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** CALSTAR **Response Zone:** County-wide

Address: 8880 Cal Center Drive
Sacramento, CA 95826

Phone Number: (925) 798-7670

Number of Ambulance Vehicles in Fleet: 2 based near county

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

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

Transporting Agencies

_____ 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

Air Ambulance Services

29 Total number of responses (Scene & IFT)
 _____ Number of emergency responses (Scene)

2 Total number of transports (Scene & IFT)
 _____ Number of emergency transports (Scene)

Table 8: Resource Directory

Reporting Year: 2021-2022

Response/Transportation/Providers

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

County: San Joaquin **Provider:** Stanford Life Flight **Response Zone:** County-wide

Address: 300 Pasteur Drive, HG-021 **Number of Ambulance Vehicles in Fleet:** 1 based near county
Stanford, CA 94305-5246

Phone Number: 650-723-5578 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 based near county

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

Transporting Agencies

_____ 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

Air Ambulance Services

17 _____ Total number of responses (IFT and Scene)
 _____ Number of emergency responses (Scene)

17 _____ Total number of transports (IFT and Scene)
 _____ Number of emergency transports (Scene)

TABLE 9: RESOURCE DIRECTORY – FACILITIES

Facilities

County: San Joaquin County

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

Facility: Dameron Hospital Telephone Number: (209) 944-5550
Address: 525 W. Acacia Street
Stockton, CA 95203

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹ EDAP² PICU³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Kaiser Permanente Hospital Manteca Telephone Number: (209) 825-3700
Address: 1777 West Yosemite Avenue
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Adventist Lodi Memorial Hospital Telephone Number: Phone: (209) 334-3411
Address: 975 S Fairmont Ave,
Lodi, CA 95240

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency </div> <div> <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency </div> </div>	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

<div style="display: flex;"> <div style="flex: 1;"> Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹ </div> <div style="flex: 1;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> </div>	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I <input type="checkbox"/> Level III </div> <div> <input type="checkbox"/> Level II <input type="checkbox"/> Level IV </div> </div>
---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Saint Joseph's Medical Center Telephone Number: (209) 467-6400
Address: 1800 N California St,
Stockton, CA 95204

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Sutter-Tracy Community Hospital Telephone Number: (209) 835-1500
Address: 1420 Tracy Boulevard
Tracy, CA 95377

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: Doctors Hospital Manteca Telephone Number: 209-823-3111
Address: 1205 E. North Street
Manteca, CA 95336

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Joaquin County

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

Facility: San Joaquin General Hospital Telephone Number: 209-468-6000
Address: 500 W Hospital Rd
French Camp, CA 95231

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		American Medical Response		Telephone Number:	<u>209-948-5136</u>
Address:		<u>3755 West Lane</u>			
		<u>Stockton, CA 95204</u>			
Student Eligibility:	<u>Open</u>	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	
				Expiration Date:	
				<u>04/30/2024</u>	
				Number of courses:	
				Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		Farmington Rural Protection District		Telephone Number:		<u>209-886-5321</u>
Address:		<u>25474 E. Hwy 4</u>				
		<u>Farmington, CA 95230</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>05/31/2024</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

Training Institution:		Lathrop-Manteca Fire District		Telephone Number:		<u>209-941-5100</u>
Address:		<u>19001 Somerston Parkway</u>				
		<u>Lathrop, CA 95330</u>				
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>02/29/2024</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		Lodi Fire Department		Telephone Number:	<u>209-333-6735</u>
Address:		<u>210 W. Elm Street</u>			
		<u>Lodi, CA 95240</u>			
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>10/31/2022</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:		Manteca District Ambulance		Telephone Number:	<u>209-823-1032</u>
Address:		<u>245 E. Center Street</u>			
		<u>Manteca, CA 95336</u>			
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>12/31/2022</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		Manteca Fire Department		Telephone Number:	<u>209-239-8435</u>
Address:		<u>1154S. Union Road</u>			
		<u>Manteca, CA 95337</u>			
Student Eligibility:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>05/31/2023</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:		Montezuma Fire District		Telephone Number:	<u>209-464-5234</u>
Address:		<u>2405 S. B Street</u>			
		<u>Stockton, CA 95206</u>			
Student Eligibility*:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>04/30/2024</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		Stockton Fire Department		Telephone Number:		<u>209-937-8657</u>
Address:		<u>400 E. Main Street, 4th Floor</u>				
		<u>Stockton, CA 95202</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>12/31/2022</u>		
				Expiration Date:		
				<u>12/31/2022</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

Training Institution:		San Joaquin County EMS Agency		Telephone Number:		<u>209-468-6818</u>
Address:		<u>P.O Box 220</u>				
		<u>French Camp, CA 95231</u>				
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>12/31/2023</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		San Joaquin General Hospital		Telephone Number:	<u>209-468-6800</u>
Address:		<u>500 W. Hospital Road</u>			
		<u>French Camp, CA 95231</u>			
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	
				Expiration Date:	
				<u>04/30/2023</u>	
				Number of courses:	
				Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	

Training Institution:		South San Joaquin County Fire Authority		Telephone Number:	<u>209-831-6700</u>
Address:		<u>835 Central Ave</u>			
		<u>Tracy, CA 95376</u>			
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	
				Expiration Date:	
				<u>08/31/2022</u>	
				Number of courses:	
				Initial training:	
				<u>N/A</u>	
				Refresher:	
				<u>N/A</u>	
				Continuing Education:	
				<u>N/A</u>	

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin County

Reporting Year: 2021-2022

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

Training Institution:		Bradford College of Nursing		Telephone Number:		<u>209-475-9854</u>	
Address:		<u>9 S. El Dorado Street</u> <u>Stockton, CA 95202</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level	EMT Training Provider			
		Basic:	<u>125</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>125</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>10/31/2023</u>	
				Number of courses:			
				Initial training:		<u>9</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		San Joaquin EMS Agency		Telephone Number:		<u>209-468-6818</u>	
Address:		<u>PO Box 220</u> <u>French Camp, CA 95231</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level	EMT Training Provider			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>12/31/2023</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

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

** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; 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: San Joaquin

Reporting Year: 2021-2022

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

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)		Primary Contact:	Rich Silva, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356			
Telephone Number:	(209) 236-8302			
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 type="checkbox"/> Disaster	Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <u>63</u> EMD _____ EMT-D _____ ALS </div> <div style="display: flex; justify-content: space-between;"> _____ BLS _____ LALS _____ Other </div>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____		If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	City Of Stockton Emergency Medical Dispatch Center (Secondary PSAP)		Primary Contact:	John Votaw, Communications Director
Address:	110 West Sonora Street, Stockton, CA 95203			
Telephone Number:	(209) 937-8801			
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 type="checkbox"/> Disaster	Number of Personnel Providing Services: <div style="display: flex; justify-content: space-between;"> <u>20</u> EMD _____ EMT-D _____ ALS </div> <div style="display: flex; justify-content: space-between;"> _____ BLS _____ LALS _____ Other </div>	
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input 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	

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:
San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title:
Zone X
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response. Exclusive effective May 1, 2006
Area or subarea (Zone) Geographic Description:
Greater Lodi area, Stockton area, and Tracy area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
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.).
Type: Emergency Ambulance
Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Competitive bid. A request for proposals was issued on June 30, 2014, leading to a contract, for emergency ambulance service effective May 1, 2016, for an initial five year period with a possible five year extension. On July 21, 2020, Board of Supervisors approved AMR for ALS services in X zones from May 1, 2021 to May 1, 2026.

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:
San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title:
Zone D
Name Of Current Provider(S): Include Company Name(s) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
Manteca District Ambulance Services (71 years)
Area or subarea (Zone) Geographic Description:
Greater Manteca and Lathrop areas
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
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.).
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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. Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. MDA provides advanced life support service in a 9-1-1 setting. MDA is a not for profit ambulance service with an independent board of directors.

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:
San Joaquin County EMS Agency
Area or subarea (Zone) Name or Title:
Zone E
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
Ripon Fire Protection District (48 years)
Area or subarea (Zone) Geographic Description:
Greater Ripon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

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:
San Joaquin County EMS Agency
Area or sub area (Zone) Name or Title:
Zone F
Name Of Current Provider(S): Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.
Escalon Community Ambulance (61 years)
Area or sub area (Zone) Geographic Description:
Greater Escalon area
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.
Exclusive
Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
Method to achieve Exclusivity, if applicable (HS 1797.224): 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>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued, without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.



San Joaquin County

Emergency Medical Services Agency



Mailing Address
PO Box 220
French Camp, CA 95231

<http://www.sigov.org/departments/ems>

2022 Trauma System Plan Update

September 27, 2022

Amada Petroske, MSN, RN, EMS Trauma Coordinator

Health Care Services Complex
Benton Hall
505 W. Service Rd.
French Camp, CA 95231

Phone Number
(209) 468-6818

Summary:

On August 26, 2021, a survey team from the American College of Surgeons (ACS) Committee on Trauma (COT) conducted a level II trauma center verification visit of San Joaquin General Hospital (SJGH). ACS-COT notified SJGH of successfully passing the verification process, with one area to correct within the year to ensure continuous verification for three years as a level II trauma center. SJCEMSA EMS Policy No. 5215, Trauma Patient Destination, includes procedures for out of county trauma destinations during MCI's to include UC Davis Medical Center and Kaiser South Sacramento located in Sacramento County, and Doctors Medical Center and Memorial Medical Center located in Stanislaus County.

Revisions to the Trauma System Policies:

On June 1, 2020, SJCEMSA revised EMS Policy No. 5700, Advanced Life Support Treatment Protocols. Specifically, the Traumatic Arrest Protocol, ATRA-02 for adults, will move the patient transport considerations from ten (10) minutes to twenty (20) minutes in the hope of saving lives. In January 2021 review of traumatic arrest protocol showed discrepancies in operations of patient management, changes were put in place to ensure the time of arrest was factored into the decision to transport with the travel time to the closest trauma center. On October 3, 2022, EMS Policy No. 5210, Major Trauma Triage Criteria will be published for forty-five (45) day comment period. Updates were added to improve trauma system responses to multicausality incidents (MCI). Additionally, changes were made for individuals suffering from falls to ensure their hospital of choice is taken into consideration.

Number and Designation Level Trauma Centers:

San Joaquin County has one (1) level II trauma center, San Joaquin General Hospital located at 500 West Hospital Road in French Camp, CA 95231.

Trauma System Goals and Objectives:

2022-23 goals and objectives include: 1.) Analyzing data received from the level II trauma center to produce periodic and annual trauma reports and participate in CEMSIS trauma data

submissions. 2.) Continue to assess and monitor the San Joaquin County EMS Trauma System for opportunities for improvement. 3.) Monitor and assess the MCI plans for San Joaquin County prehospital and acute care hospital response.

System Performance Improvement:

SJGH trauma services has an active Performance Improvement and Patient Safety Program (PIPS) with 3rd level of review. SJCEMSA maintains an active Trauma Audit Committee chaired by a practicing trauma surgeon from the level I trauma center at the UC Davis Medical Center. SJCEMSA TAC provides a fourth level of case review with participation of service provider physician directors and surgeons. SJGH has added two additional trauma surgeons to ensure quality improvement, intensive care unit treatment, and procurement procedures.



San Joaquin County

Emergency Medical Services Agency



2022 STEMI System Plan Update

February 16, 2023 (Rev. May 2023)
Jeff Costa, MBA, RN, EMS Critical Care Coordinator

Summary:

In 2022, SJCEMSA renewed designation of the two (2) San Joaquin County hospitals as STEMI receiving centers following successful completion of a SJCEMSA renewal process that included site surveys and renewed written agreements. Both San Joaquin County STEMI receiving centers are designated by SJCEMSA through March 31, 2027.

SJCEMSA implemented and maintained a standardized data collection and reporting process that is consistent with California Code of Regulations, Title 22, Division 9, Chapter 7.1, Article 5, Data Management and with the American Heart Association's Get with the Guidelines. Reported data follows STEMI patients from the time the ambulance arrives on-scene to the time the patient receives a discharge diagnosis or is transferred to a facility that provides a higher level of care.

Number and Designation of STEMI Receiving Centers:

San Joaquin County has two (2) designated STEMI Receiving Centers;

- I. Dameron Hospital located at 525 W. Acacia Street, Stockton, CA 95203
- II. St. Joseph's Medical Center located at 1800 N. California Street, Stockton, CA 95204

STEMI System Goals and Objectives:

2021-22 goals and objectives include: 1.) Analyzing data received from STEMI Receiving Centers to produce periodic and annual STEMI reports and participate in STEMI data submissions. 2.) Continue to assess and monitor the SJCEMSA STEMI System for opportunities for improvement.

System Performance Improvement:

SJCEMSA maintains an active STEMI Quality Improvement Committee with multidisciplinary participants elected by stakeholders within organized STEMI System of Care. Committee meetings are held quarterly and or as needed. In 2022, a prehospital feedback form was conceptualized, designed, and implemented due to a collaborative effort from the committee.

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., 2ND FLOOR
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



May 22, 2023

Jared Bagwell, EMS Administrator
San Joaquin County EMS Agency
P.O. Box 220
French Camp, CA 95231

Dear Mr. Bagwell,

This letter is in response to San Joaquin County Emergency Medical Services (EMS) Agency's 2021-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke and Quality Improvement (QI) plan submissions to the EMS Authority on January 4, 2023.

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, compiled by the EMS Authority.

The EMS Authority has also reviewed the Trauma, STEMI, Stroke, and QI 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 been approved for implementation.

Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Your 2023 EMS plan will be due on or before May 22, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke and QI 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.

Sincerely,

Tom McGinnis

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

Enclosure:
AW: rd

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., 2ND FLOOR
 RANCHO CORDOVA, CA 95670
 (916) 322-4336 FAX (916) 324-2875



San Joaquin County EMS Agency 2021- 2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS and CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization
	EXCLUSIVITY			TYPE			LEVEL						
Zone X		X	Competitive	X				X	X	X	X		
Zone D		X	Non-Competitive	X				X	X	X			
Zone E		X	Non-Competitive	X				X	X	X			
Zone F		X	Non-Competitive	X				X	X	X			



San Joaquin County

Emergency Medical Services Agency



2022 Stroke System Plan Update

February 16, 2023 (Rev. May 2023)
Jeff Costa, MBA, RN, EMS Critical Care Coordinator

Summary:

In 2022, SJCEMSA renewed designation of all seven (7) San Joaquin County hospitals as primary stroke centers following successful completion of a process that included site surveys and renewal of written agreements. All San Joaquin County hospitals are currently designated by SJCEMSA as primary stroke centers through October 31, 2027.

SJCEMSA implemented and maintains a standardized data collection and reporting process that is consistent with the U.S. Centers for Disease Control and Prevention, Paul Coverdell National Acute Stroke Program, and the American Heart Association's Get with the Guidelines. Reported data follows suspected stroke patients from the time the ambulance arrives on-scene to the time the patient receives a discharge diagnosis or is transferred to a facility that provides a higher level of care.

Number and Designation of Primary Stroke Centers:

San Joaquin County has seven (7) Primary Stroke Centers;

- I. Adventist Health Lodi located at 975 S. Fairmont Ave, Lodi, CA 95240
- II. Dameron Hospital located at 525 W. Acacia Street, Stockton, CA 95203
- III. Doctors Hospital Manteca located at 1205 E. North Street, Manteca, CA 95336
- IV. Kaiser Permanente Hospital Manteca Located at 1777 W. Yosemite Avenue, Manteca, CA 95336
- V. San Joaquin General Hospital located at 500 West Hospital Road in French Camp, CA 95231
- VI. St. Joseph's Medical Center located at 1800 N. California Street, Stockton, CA 95204
- VII. Sutter Tracy Community Hospital located at 1420 Tracy Boulevard, CA 95376

Stroke System Goals and Objectives:

2021-22 goals and objectives include: 1.) Analyzing data received from primary stroke centers to produce periodic and annual Stroke reports and participate in Stroke data submissions. 2.) Continue to assess and monitor the SJCEMSA stroke system for opportunities for improvement.

System Performance Improvement:

SJCEMSA maintains an active Stroke Quality Improvement Committee with multidisciplinary participants designated by stakeholders within the organized stroke system of care. Committee meetings are held quarterly and or as needed. In 2022, a prehospital feedback form was conceptualized, designed, and implemented due to a collaborative effort from the committee.

Addendum D

**SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES
AGENCY**

Continuous Quality Improvement Plan



February 16, 2023

**This plan was prepared for the
California Emergency Medical Services Authority**

Plan prepared by:
San Joaquin County Emergency Medical Services Agency
505 W. Service Road
French Camp, CA 95231

Plan reviewed and edited by:
Jared Bagwell, EMS Administrator
Katherine Shafer, M.D., EMS Medical Director
Matthew R. Esposito, EMS Critical Pre-Hospital Care Coordinator

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INTRODUCTION

The San Joaquin County EMS Agency (SJCEMSA) is responsible for the regulatory oversight of all Emergency Medical Services in San Joaquin County. In part, that oversight is accomplished through the SJCEMSA's Continuous Quality Improvement (CQI) program. The goal of the San Joaquin County Emergency Medical Services Continuous Quality Improvement Plan is to outline the process utilized for evaluating and improving the quality of prehospital care in San Joaquin County and ensure that the delivery of emergency medical services is consistent with the SJCEMSA's mission, vision, and values.

Mission

The San Joaquin County EMS Agency's mission is to ensure the efficient and effective delivery of emergency medical services and disaster response for the citizens and visitors of San Joaquin County.

Vision

- To be recognized leaders in the EMS industry
- Ensure measurable, high quality care
- Have public/private partner integration
- Be models for government efficiency
- Have a seamless state of preparedness
- Ensure excellence in academic education

Values

Corevalues of the San Joaquin County Emergency Medical Services Agency include:

• Leadership • Accountability HighQuality • Guidance

San Joaquin County EMS CQI Plan Purpose

The to establish a system wide process for evaluating a purpose of the EMS Continuous Quality Improvement plan is and improving the quality of prehospital care in San Joaquin County.

The San Joaquin County EMS Agency CQI program employs a vertically integrated process, which incorporates all stakeholders within the EMS system. The SJCEMSA in collaboration with the local prehospital provider agencies and community healthcare stakeholders develops and implements CQI activities. Reports of activities are required based on the frequency of monitoring identified and established by the SJCEMSA (See Appendix A, EMS Policy No. 6620 Continuous Quality Improvement Process).

At the core of the San Joaquin County EMS CQI program is the EMS CQI Council, a multidisciplinary group consisting of nurses, paramedics, provider agency representatives, and SJCEMSA personnel. The CQI Council is responsible for reviewing monthly, quarterly and annual system data, which may include individual cases requiring peer review. The goal of this collaborative review process is to monitor performance, identify positive and negative trends, and seek solutions for system issues. In order to promote frank dialogue and an open reporting culture the proceedings of the CQI Council meetings are confidential. When it is deemed appropriate, aggregate data and system-wide reports may be released publicly for community analysis. See Appendix B, EMS Policy No. 6630, Continuous Quality Improvement Council for a description of the CQI Council roles and responsibilities.

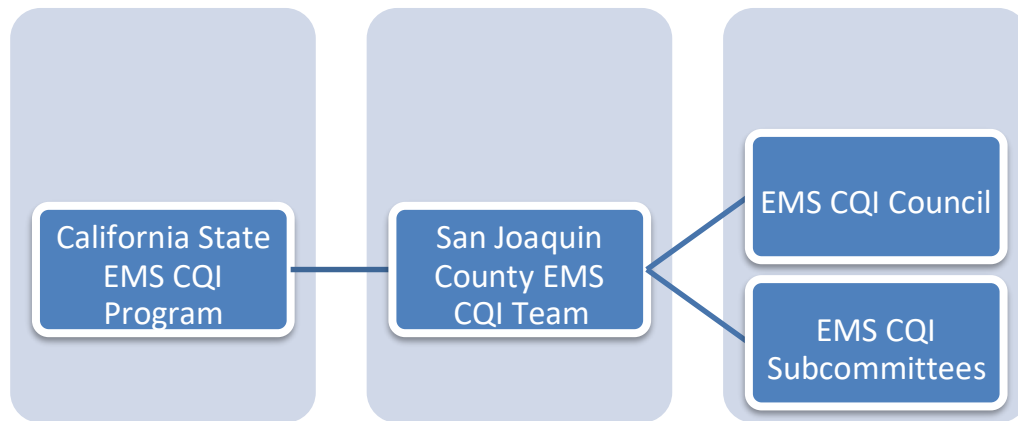
The San Joaquin County EMS Agency's CQI Plan has been written in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04). Included in the plan is a description of SJCEMSA responsibilities, provider agency responsibilities, references to program related policies.

SECTION I STRUCTURE AND ORGANIZATIONAL DESCRIPTION

San Joaquin County EMS Agency CQI Team (CQI Team)

The CQI team provides overall system leadership for the EMS CQI program. The CQI team includes, but is not limited to, the following representatives:

1. EMS Medical Director
2. EMS Administrator
3. EMS Quality Improvement Coordinator
4. Critical Care Coordinator
5. EMS Trauma Coordinator
6. EMS Analyst



Responsibilities of the CQI Team are detailed in EMS Policy No. 6620, Continuous Quality Improvement Process and include:

- Cooperate with the State of California Emergency Medical Services Authority (EMSA) in carrying out the responsibilities of the statewide EMS CQI Program and participation in the EMSA Technical Advisory Group, if requested.
- Participate in the development, approval, and implementation of state required and optional EMS system indicators.
- Provide leadership and technical assistance for organizations participating in the San Joaquin County EMS System CQI Program.
- Facilitate regular CQI Council meetings.
- Provide initial and ongoing EMS CQI Program training and in-service education for EMS personnel.
- Review and approve CQI Plans submitted by San Joaquin County EMS System providers and the designated base hospital.
- Seek and maintain relationships with all EMS participants including but not limited to the following entities, as appropriate for CQI activity:

- State EMSA
- Other Local EMS Agencies (LEMSAs)
- EMS Service Providers
- Local Department of Public Health
- Specialty Care Centers
- Law Enforcement
- Public Safety Answering Points (PSAPs)
- EMS Dispatch Center(s)
- Constituent Stakeholder Groups

San Joaquin County EMS System CQI Council

The CQI Council serves in an advisory role for the San Joaquin County EMS CQI program.

CQI Council responsibilities include:

- Review/Monitor Data from EMS System;
- Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., scene time, patient satisfaction, workforce satisfaction, protocol compliance, and outcome data);
- After review by SJCEMSA, serve as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers;
- Promote CQI training throughout the EMS System;
- Policy/Protocol Review – Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Council;
- Provide recommendations for EMS personnel training.

The CQI Council meets monthly and membership consists of the following quality improvement liaison personnel:

- EMS Medical Director
- EMS Quality Improvement Coordinator
- EMS Analyst

- EMS Trauma Coordinator
 - Base Hospital Medical Director
 - Base Hospital Liaison Nurse
 - Receiving Hospital Liaison – (chosen by the receiving hospital nurse liaisons)
 - One representative from each of the authorized advanced life support (ALS) emergency ambulance providers and first response agencies operating in San Joaquin County
 - One representative from the County's designated EMS dispatch center.
- Ex Officio Members of the CQI Council include: □ EMS Administrator
- Receiving Hospital Physician Liaisons
 - Receiving Hospital Nurse Liaisons

Responsibilities of the CQI Council membership include:

- Regular attendance at CQI Council meetings. All members are required to have an alternate designated to represent them at meetings if they are unable to attend.
- Prepare and follow-up as appropriate for meetings.
- Participate in CQI Council discussions in a candid and professional manner.
- Promote collaborative sharing of information and the identification of opportunities for improvement by ensuring confidentiality of CQI Council discussions and peer review process.
- Maintain responsibility for monitoring and evaluating organizational quality indicators.
- Maintain responsibility for collecting data and reporting on organizational quality indicators.
- Participate in the development and selection of San Joaquin County EMS system quality improvement indicators.
- Participate on subcommittees as needed.

The EMS Medical Director or CQI Coordinator may approve the attendance of guests during regular or ad hoc meetings of the CQI Council. Occasionally ad hoc CQI meetings are scheduled with specific providers to address unusual occurrences, incidents, or performance issues. Prior to attending any CQI meeting, participants must sign an Acknowledgement of CQI Confidentiality form (See Appendix C).

CQI Program Philosophy and Goals

Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS System, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated

treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis and improvement.

The goal of the San Joaquin County Emergency Medical Services Continuous Quality Improvement (CQI) program is to establish a system wide process for evaluating and improving the quality of prehospital care in San Joaquin County to ensure that the SJCEMSA mission is achieved.

San Joaquin County EMS Agency and the CQI Council have embraced the Baldrige Health Care Criteria for Performance Excellence as the framework for CQI program management. The requirements of the Health Care Criteria for Performance Excellence are embodied in seven Categories, as follows:

- Leadership
- Strategic Planning
- Customer Focus
- Measurement, Analysis, and Knowledge Management
- Workforce Focus
- Process Management
- Results

A description of core values and concepts associated with this framework for performance management and continuous quality improvement is provided in Appendix E.

SECTION II CURRENT STATUS

Personnel

SJCEMSA has several policies related to the initial accreditation, and re-accreditation of EMT, paramedic, MICN, and Emergency Medical Dispatch personnel in San Joaquin County. As part of the accreditation and reaccreditation process EMTs, paramedics, and MICNs are tested to assess their mastery of SJCEMS policies and procedures.

Prospective methods used to assist in meeting this goal include:

1. Completion of a 2-hour EMS policy and skills review class (and pass a written exam) every two years as part of paramedic and MICN reaccreditation; and,
2. Quarterly training by ALS providers that targets key policies and skills determined by each provider agency's QI program and reported to the SJCEMSA.

Retrospective methods used to assist in meeting this goal include:

1. Investigations conducted by SJCEMSA staff in response to receipt of Sentinel Event or Unusual Occurrence Reports submitted by prehospital for hospital personnel.

Equipment and Supplies

SJCEMSA has developed minimum inventory and supply requirements for the different identified EMS resources deployed throughout the County's EMS System. These inventory lists are in EMS Policy No. 4101 EMS Vehicle Medication and Equipment, and EMS Policy No. 4200 Management of Controlled Substances.

Documentation

The requirement that all Emergency Medical Responder agencies and ambulance companies must utilize NEMSIS 3.4 compliant patient care reports is incorporated into all written agreements between those agencies and the SJCEMSA.

Clinical Care and Patient Outcome

Clinical care in San Joaquin County is guided prospectively by treatment protocols. The development of treatment protocols is led by the SJCEMSA Medical Director, SJCEMSA staff, and the CQI Council, a group made up of SJCEMSA personnel and ALS and base hospital personnel. The process for changing and developing treatment protocols includes a 45-day public comment period wherein SJCEMSA discusses all suggestions and comments, drafts a formal reply to each comment, makes any necessary changes to the protocols, and shares the final draft protocols with the EMS Liaison Committee. The finalized new or updated protocols are added to the SJCEMSA website and a memo summarizing the changes is sent to all prehospital providers. SJCEMSA staffs also provide train-the-trainer classes for prehospital provider trainers to ensure all prehospital personnel become familiar with new or updated protocols.

Clinical care is managed retrospectively through several different QI meetings: The Trauma Audit Committee (TAC); the Continuous Quality Improvement Council (CQI Council); quarterly Multidisciplinary QI Stroke Committee, the quarterly Multidisciplinary STEMI Committee, and two STEMI Receiving Center QI Committees.

Skills Maintenance/Competency

SJCEMSA requires skills verification either quarterly or annually based upon requirements set forth in SJCEMSA Policy No. 2011 Skills Competency Verification Process (for EMRs and EMTs); Policy No. 2540B Paramedic Competency Verification Form, and Policy No. 2541 Paramedic Infrequently Used Skills.

Transportation/Facilities

San Joaquin County has seven hospitals, of which one is a Base Hospital and Level II Trauma Center, seven are designated primary stroke centers, and two are STEMI

Receiving Centers. Additionally, SJCEMSA has included two additional STEMI Receiving Centers in neighboring counties so that these specialty patients are able to seamlessly cross county lines to go to the closest specialty receiving center. SJCEMSA staffs play an active role in addressing QI issues pertaining to SRCs, the Level II Trauma Center, stroke centers and receiving facilities.

Depending upon the need or location in the County, 9-1-1 callers may receive an ALS Emergency Medical Responder (EMR) or BLS EMR plus an ALS ambulance in response to their medical emergency. ALS EMRs respond to the greater Stockton area, the greater Tracy area, and the greater Ripon area. Emergency ambulance services are provided by AMR, Ripon Fire Protection District, Escalon Community Ambulance, and Manteca District Ambulance in their respective ambulance exclusive operating areas. Multiple private ambulance companies also provide BLS interfacility ambulance transfer services. Two helicopter services are permitted by SJCEMSA, serving both scene and hospital interfacility transports. Wheelchair transport providers are not regulated by the SJCEMSA.

Public Education and Prevention

SJCEMSA relies heavily on the prehospital ALS providers and hospitals to provide public education. Typical activities focus on “hands-only” CPR, use of AEDs, the proper use of the 9-1-1 system, and the “Every 15 Minutes” program which is designed to discourage drinking and driving in the high school population.

Risk Management

SJCEMSA fully investigates all complaints related to patient care, communications, and scene management received through written Unusual Occurrence Reports and Sentinel Event Reports. These incident reviews are tracked and recorded. All incident reviews are protected from disclosure by the California Evidence Code 1157 and 1157.7.

EMS Authority Core Measures

SJCEMSA provides the California EMS Authority with data for the Core Measures Project on a yearly basis.

SECTION III DATA COLLECTION AND REPORTING

San Joaquin County EMS Agency collects performance indicator data monthly and quarterly. The reports are submitted to the EMS CQI Coordinator or EMS Analyst for review and analysis. The following categories are included in the data collection and reporting process:

Specific performance indicators are selected on an annual basis by the SJCEMSA CQI Team in collaboration with the CQI Council. Ad hoc indicators may be added during the calendar year based upon trend analysis or opportunities for improvement that present through the incident and sentinel event reporting process. Copies of the sentinel event and issue resolution reporting policies are included with this plan in Appendix F.

The 2021 list of key performance indicators (KPIs) collected by each ALS transport and ALS non-transport EMS provider focuses on measuring the frequency and success of select patient care skills seen in Appendix G and H. In response to input from key personnel from each ALS EMS provider, new KPIs have been added to the 2022 CQI Work Plans. In 2021, the KPI list was largely, quarterly submission of statistics and rates. The additional KPIs for 2022 are less about the report of rates and more about reporting on what was done by the ALS transport and ALS non-transport EMS providers with those statistics and rates.

The additional KPIs for 2022 focus largely on narcotics usage, documentation assessment, against medical advice call review, training type, and CES activity.

Current 2021 KPI list	Additional KPIs for 2022
<ol style="list-style-type: none"> 1. Advanced Airway Skills <ol style="list-style-type: none"> a. OTI success rate b. Use of ETTI c. Identifying Cormack-Lehan grades d. Appropriate use of supraglottic airways e. Use of End title CO2 2. Quarterly skills maintenance 3. Documentation of stroke activation 4. 12 lead on ROSC patients 5. STEMI 6. Hemostatic dressing use 	<ol style="list-style-type: none"> 1. Narcotics usage <ol style="list-style-type: none"> a. Correct usage b. Correct dose 2. Documentation <ol style="list-style-type: none"> a. Impression matches PCR b. Drug dose c. PCR reviews statistics 3. Against Medical Advice calls <ol style="list-style-type: none"> a. Number of AMA's b. Number of AMA's reviewed 4. Training performed by topic and hour <ol style="list-style-type: none"> a. Cardiac b. Respiratory c. Trauma d. Pediatric e. Pharmacology f. Miscellaneous medical

Narcotics usage

The most effective way to determine appropriate use and if necessary make system changes is to bring to the forefront of our minds, the actual pre hospital narcotics usage rate in San Joaquin County. Additionally, the focus will be on if narcotics are used according to policy with regards to the correct patient situation as well as the correct dose. With that KPI available on a quarterly basis as confirmation of adherence to current policy, it can be used in conjunction with current medical studies on narcotics usage, to provide a framework to make an objective assessment of current treatment policy in San Joaquin County.

Documentation

Each ALS non-transport EMS provider ambulance service will report on their PCR review process method, and the number of PCRs reviewed. These reviews will determine whether the prehospital Primary Impressions and care provided align, whether the correct medication and dose was provided and whether the documentation matches the PCR documentation rubric used by that ALS prehospital provider.

Training performed by topic and hour

In 2020 not only will ambulance companies and ALS fire departments be submitting quarterly EMS education and training hours, those hours will be categorized into six (6) different KPIs:

1. Cardiac
2. Respiratory
3. Trauma
4. Pediatric
5. Pharmacology
6. Miscellaneous medical

This requirement does not mandate what type of training is conducted at each ALS service provider, since each have different EMS training needs. The goal of this KPI set is to assist the SJCEMSA Medical Director to determine whether current training efforts may need to be modified to stay current with the most recent medicine.

CES Activity

All system providers are required to utilize the standard forms or templates provided by the San Joaquin County EMS Agency for submitting their monthly and quarterly reports. Examples of reporting forms and templates are included in Appendices J, and K.

Additionally, San Joaquin County EMS Agency requires EMS providers to utilize standardized computer aided dispatch and patient care record data fields.

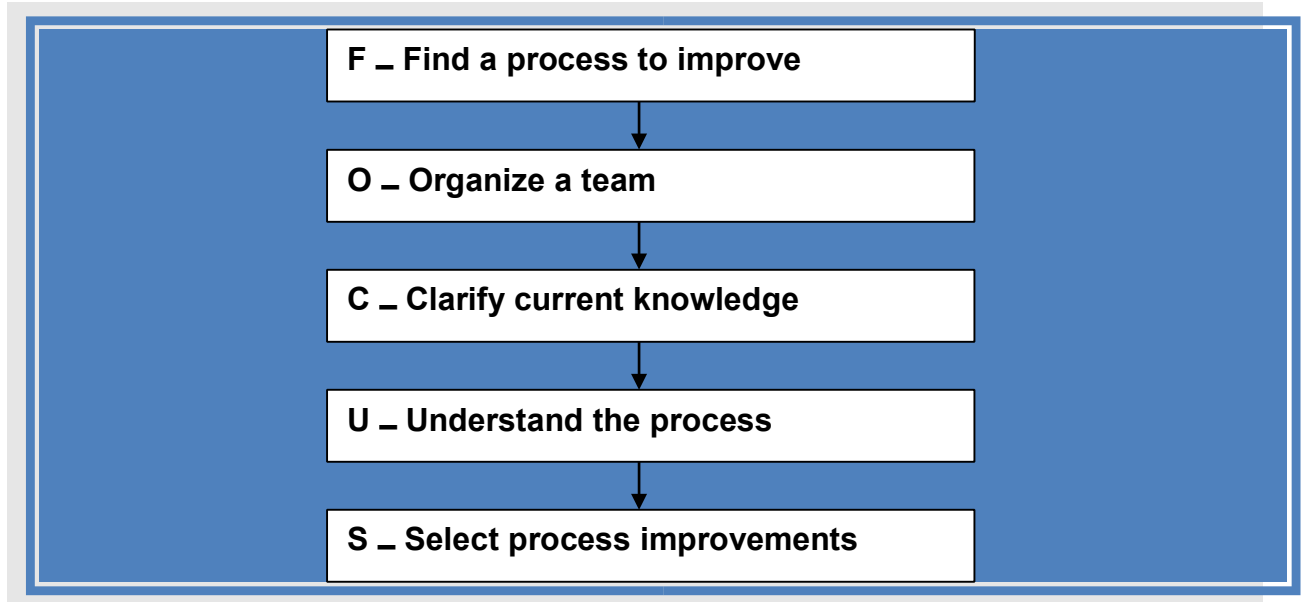
SECTION IV. EVALUATION OF INDICATORS

The EMS Quality Improvement Coordinator in collaboration with the EMS CQI Team analyzes performance indicator data on a monthly basis and when appropriate prepares a report for the CQI Council. Monthly and quarterly data may be reported in chart or report form depending on the type of data being reviewed.

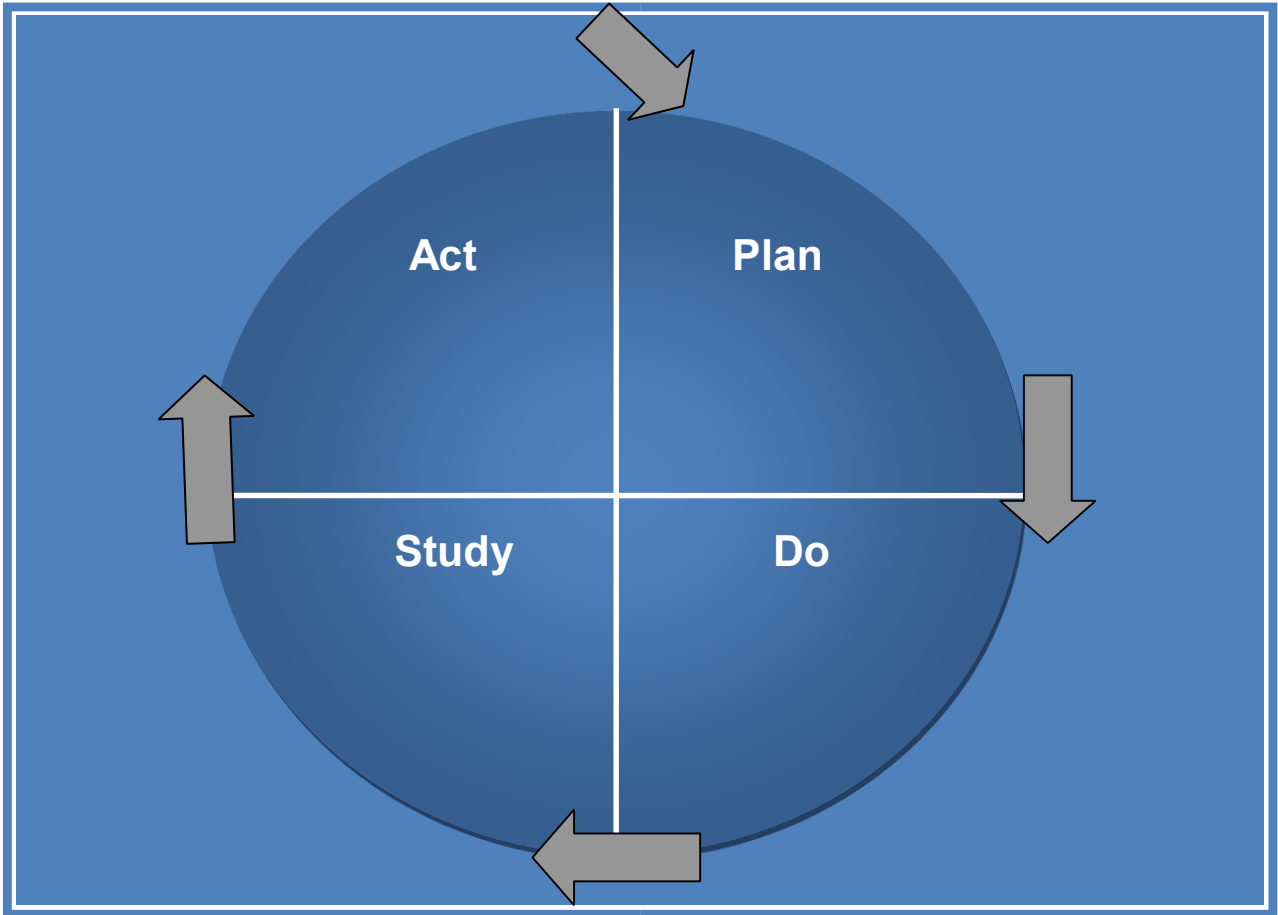
The CQI Council reviews individual and aggregate data on a monthly basis and provides recommendations for continuing, modifying, or closing CQI projects, and/or performance indicators.

SECTION V ACTION TO IMPROVE

Continuous quality improvement projects are conducted utilizing the FOCUS-PDSA model as a guide for identifying and addressing opportunities for improvement. Based upon reports submitted to the SJCEMSA or trends identified in the CQI review process the CQI Council or EMS QI Team utilizes the FOCUS model to select new CQI indicators or projects.



After a CQI project is identified Deming's PDSA cycle is used to plan, implement (do), evaluate (study), and intervene (act).



SECTION VI TRAINING AND EDUCATION

Training and education are critical components that need to be addressed once the decision to take action or to solve a problem has occurred. Specific education needs are identified at monthly CQI Council and CQI team meetings. In response, the SJCEMSA promotes and hosts or co-hosts various training opportunities and educational offerings countywide. In addition, mandatory trainings designed to ensure that the addition of new skills and changes to EMS policies and equipment reach individual providers at every level are developed and presented by SJCEMSA staff. Such trainings usually include Train-the-Trainer classes to maximize outreach to all system participants.

When the outcome of a performance improvement plan (work plan) indicates the need to modify SJCEMSA policies, SJCEMSA staff will, make appropriate changes. Implementation of those changes takes place twice each year. This process includes presenting proposed policy changes at the San Joaquin County EMS Liaison meeting for discussion. The amended or new policy is also posted on the SJCEMSA's website at www.sjgov.org/ems for a 45 day public comment period. Final changes to the policy are made based on public comments received. The new or improved policy is then implemented. If additional training is required of system participants, time is allotted for

that training prior to the implementation of the policy as described above using a train-the-trainer approach.

The EMS Specialist responsible for educational oversight ensures that providers submit documentation that all training requirements have been met by all EMS system participants annually and on an as-needed basis. This is accomplished via training memos, training program development, or by train-the-trainer programs. Providers are ultimately responsible for ensuring that staff is adequately trained. The rosters and records of training are required to be available to the SJCEMSA upon request.

SECTION VII CQI PLAN ANNUAL UPDATE

The CQI plan summarizes the progress in reaching the goals stated in the previous years' CQI Work Plan. The CQI Coordinator works in conjunction with the EMS Administrator responsible for updating the EMS Plan to ensure that both the CQI Plan and the EMS Plan are focusing on the same objectives. The SJCEMSA EMS Analyst works with the SJCEMSA Administrator to update the EMS Plan, in alignment with current EMS strategic goals. Included in EMS Plan is the CQI plan, which provides an overview of the results of the previous year's work plan and sets for the work plan for the coming year. Relevant findings from this review and update of the CQI Plan and the EMS Plan are presented to the CQI Team and CQI Council for review and comment. The CQI Coordinator, the CQI Council, and the CQI Team offer recommendations for changes needed in the CQI plan for the coming year, including priority improvement goals/objectives, indicators monitored, improvement plans, how well goals/objectives were met, and whether follow-up is needed.

A CQI Plan update will be submitted to the State EMS Authority every year. The next submission date is 2023.

APPENDICES

Appendix A EMS Policy No. 6620 CQI Process

PURPOSE:

The purpose of this policy is to establish a system wide Continuous Quality Improvement (CQI) Program to promote, enhance, and ensure the quality of prehospital emergency medical care in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220; California Code of Regulations, Title 22, Division 9, Chapter 12.

POLICY: In compliance with state regulations, the San Joaquin County EMS Agency (SJCEMSA) and all system participants shall implement a Continuous Quality Improvement (CQI) Program and shall participate in system-wide CQI activities.

- I. The SJCEMSA will establish and facilitate a system-wide Continuous Quality Improvement Program to monitor, review, evaluate, and improve the delivery of prehospital care services. The program will involve all system participants and will include, but not be limited by the following activities:
 - A. Prospective: designed to prevent prospective problems. The SJCEMSA strives to provide training and policy guidance to prevent potential problems with prehospital care delivery.
 - B. Concurrent: designed to identify problems or potential problems during patient care. SJCEMSA considers direct medical oversight to be an important element of the CQI process.
 - C. Retrospective: The SJCEMSA utilizes retrospective review to identify potential or known problems and prevent their reoccurrence.
 - D. Reporting/Feedback: all CQI activities will be reported to the SJCEMSA. Because of CQI activities, changes in system design may be made.
- II. Each Provider Agency will submit a written Quality Improvement Plan to the SJCEMSA for approval.
 - A. Each written plan shall include , at a minimum, the following components:
 1. Statement of CQI program goals and objectives.
 2. A description of how CQI is integrated into the organization.
 3. Description of how the CQI program is aligned with the San Joaquin County EMS system CQI plan.
 4. Description of the process or methodology used in conducting CQI activities including how CQI activities are documented and reported to the SJCEMSA.

5. Identification of important aspects of service delivery and performance standards/indicators related to those identified focus areas.
 6. A description of how the provider will collect, analyze, and report data related to identified performance indicators.
 7. A summary of how opportunities for improvement are identified including threshold evaluation.
 8. Process utilized for improving practices based upon CQI activities.
 9. CQI committee participation and reporting structure.
- III. Each Provider Agency will conduct an annual review of the CQI program and submit any changes to the SJCEMSA for approval.
- IV. The SJCEMSA will evaluate the implementation of each Provider's CQI plan biannually and request revisions as needed.
- V. Quality Improvement Responsibilities – General Guidelines
- A. SJCEMSA Responsibilities
1. Prospective
 - a. Comply with all pertinent of Federal, State and County rules, regulations, laws and codes that are applicable to SJCEMSA.
 - b. Certify and/or authorize first responders, EMT-Is, EMT-IIs, paramedic, and MICNs to practice in San Joaquin County.
 - c. Coordinate prehospital quality improvement committees.
 - d. Develop and assist CQI program participants in the development of performance standards and indicators.
 - e. Implement basic, limited advanced life support, and advanced life support systems.
 - f. Approve and monitor prehospital training programs.
 - g. Certify/authorize prehospital personnel.
 - h. Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
 - i. Facilitate system wide compliance and implementation of required quality improvement plans.
 2. Concurrent
 - a. Serve as a resource for CQI program participants.
 - b. Conduct analysis of data received from system participants.

- c. Conduct site visits to monitor and evaluate system components.
 - d. Participate in direct medical oversight activities including direct field observation.
 - e. Communicate CQI activities and findings to system participants.
 - f. Provide on call availability for unusual occurrences, including, but not limited to:
 - i. Multicasualty Incidents (MCI)
 - ii. Ambulance Diversion
 - iii. "Parking" of ambulance patients in receiving hospitals.
 - 3. Retrospective
 - a. Evaluate the process developed by system participants for retrospective analysis of prehospital care.
 - b. Evaluate identified trends in the quality of prehospital care delivered in the system.
 - c. Monitor and evaluate the unusual occurrence review process.
 - d. Take appropriate action with first responder, BLS providers, ALS providers, receiving hospitals, base hospitals and medical dispatch centers that do not meet established thresholds for service quality.
 - 4. Reporting/Feedback
 - a. Evaluate submitted reports from system participants and make changes in system design as necessary.
 - b. Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
 - c. Design prehospital research and efficacy studies regarding prehospital care including but not limited to medication administration, treatment and interventions, equipment, prehospital personnel skill performance, and patient care outcomes.
 - d. Update policies and procedures to reflect best practices in prehospital care based upon reliable, current research based evidence.
 - e. Recognize and reinforce exemplary performance by prehospital care providers.
- B. Dispatch Responsibilities
 - 1. Prospective
 - a. Participate on quality improvement committees as specified by the SJCEMSA

- b. Provide education for dispatch personnel to include:
 - i. Orientation to EMS system
 - ii. Continuing education activities to further the knowledge of the dispatcher including tape review, discussion of specific calls, and educational programs based upon trend analysis.
 - iii. Establish procedures for updating personnel when there are system changes.
 - c. Develop criteria for evaluation of individual Emergency Medical Dispatchers (EMD).
 - d. Ensure that all EMD personnel acquire initial certification and maintain recertification.
 - 2. Concurrent
 - a. Establish procedures for evaluating EMD performance through direct observation/supervision.
 - 3. Retrospective
 - a. Develop a process for retrospective analysis of dispatched calls, utilizing audio tape and dispatcher report forms.
 - b. Develop performance standards for evaluating the quality of services provided by EMD personnel utilizing retrospective analysis.
 - c. Comply with reporting and other quality improvements requirements as specified by the SJCEMSA.
 - d. Participate in prehospital research and efficacy studies as requested by the SJCEMSA and/or the Quality Improvement Committee.
 - 4. Reporting/Feedback
 - a. Develop a process for identifying trends in quality of dispatch services and report findings to the SJCEMSA as requested.
- C. BLS Provider Responsibilities
 - 1. Prospective
 - a. Participation on CQI committees as requested by the SJCEMSA.
 - b. Education
 - i. Provide employee orientation to the EMS System.
 - ii. Provide employee orientation to the provider agency.
 - iii. Participation in continuing education opportunities.
 - c. Performance Evaluation
 - i. Peer Review
 - ii. Initial evaluation of new employees and ongoing routine evaluation of established employee

- performance. iii. Develop corrective actions plans for individual deficiencies
 - iv. Certification – Establish policies and procedures for initial employee certification, re-certification, and other training as required by the SJCEMSA.
 - 2. Concurrent
 - a. Establish a procedure for the evaluation of prehospital care employees utilizing direct observation of performance standards.
 - b. Appoint a quality improvement liaison who is available to consult with the SJCEMSA as requested.
 - 3. Retrospective
 - a. Develop performance standards for evaluating the quality of care provided by prehospital personnel through retrospective analysis.
 - b. Comply with reporting and other quality improvement activities as specified by the SJCEMSA.
 - c. Participate in prehospital research as requested by the SJCEMSA.
 - 4. Reporting/Feedback
 - a. Submit reports as specified by the SJCEMSA.
 - b. Develop and participate in educational programs based on problem identification and trend analysis.
 - c. Make changes to internal policies and procedures as needed based upon quality improvement activities.
- D. ALS Provider Responsibilities
 - 1. Prospective
 - a. Participate on CQI committees as requested by the SJCEMSA.
 - b. Education
 - i. Provide EMS and provider specific orientation to new personnel.
 - ii. Ensure personnel are meeting San Joaquin County EMS training requirements. iii. Conduct field care audits to identify and mitigate potential patient care issues.
 - iv. Participate in continuing education courses and the ongoing training of prehospital personnel.
 - v. Provide proactive educational opportunities based upon prospective CQI activities.
 - c. Evaluation

- i. Conduct initial evaluation of new employees and ongoing routine evaluation of established employee performance.
 - ii. Develop clearly defined performance standards for evaluating the quality of care delivered by prehospital care providers.
 - d. Accreditation
 - i. Establish policies and procedures for initial accreditation and reaccreditation of prehospital personnel.
 - ii. Ensure employee compliance with county SJCEMSA position specific certification requirements.
- 2. Concurrent
 - a. Establish a procedure for the evaluation of paramedics utilizing performance standards through direct observation/supervision.
 - b. Appoint a quality improvement liaison to carry out CQI activities.
- 3. Retrospective
 - a. Develop a process for retrospective analysis of field care, utilizing PCRs, radio tapes, or other relevant documentation. Analysis should include, but not be limited to: high risk, low volume, problem-oriented calls or those types of calls specifically requested by the SJCEMSA.
 - b. Comply with reporting and other quality improvement activities as specified by the SJCEMSA.
 - c. Participate in prehospital research as requested by the SJCEMSA.
- 4. Reporting/Feedback
 - a. Develop a process for identifying trends in the quality of prehospital care services provided.
 - b. Submit reports as specified by the SJCEMSA.
 - c. Develop and participate in educational programs based upon problem identification and trend analysis.
 - d. Make changes to internal policies and procedures as needed based upon findings from CQI activities.
- E. Base Hospital Responsibilities
 - 1. Prospective
 - a. Participate on CQI committees as specified by the SJCEMSA.
 - b. Education
 - i. Participate in certification courses, field care audits, and educational opportunities to further the

- knowledge of prehospital and base hospital care providers.
 - ii. Offer educational programs and training to address CQI activity findings.
 - iii. Establish procedures for informing Base Hospital personnel of system changes.
 - iv. Establish criteria for offering supervised clinical experience to accredited prehospital care personnel.
 - c. Evaluation
 - i. Develop criteria for the evaluation of individual Base Hospital personnel including, but not limited to:
 - Base Hospital documentation and tape review.
 - Evaluation of new employees and ongoing routine evaluation of continued base hospital personnel.
 - Compliance with routine base hospital procedures as outlined by facility specific and county SJCEMSA policies.
 - d. Authorization
 - i. Establish procedures, in compliance with San Joaquin County policies, for Mobile Intensive Care Nurse and Base Hospital Physician initial and ongoing authorization.
2. Concurrent
- a. Provide online medical control for paramedics.
 - b. Develop procedures for identifying problem calls.
 - c. Develop internal procedures regarding base hospital physician involvement in Medical Control according to San Joaquin County EMS policy and procedures.
 - d. Develop a procedure for obtaining patient follow up on all base directed calls.
 - e. Appoint a quality improvement liaison to carry out CQI activities.
3. Retrospective
- a. Develop a process for retrospective analysis of field care and base direction utilizing audio-tape, PCR, and patient follow up to include, but not limited to:
 - i. High risk
 - ii. Low Volume
 - iii. Problem oriented calls
 - iv. Those calls requested to be reviewed by the SJCEMSA.
 - b. Perform ALS base contact call audits.

- c. Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
- d. Develop performance standards for evaluating the quality of medical direction delivered by both MICN staff and base hospital physicians through retrospective analysis.
- e. Comply with reporting and other CQI requirements as specified by the SJCEMSA.
- f. Participate in prehospital research and efficacy studies as requested by the SJCEMSA.
- 4. Reporting/Feedback
 - a. Develop a process for identifying trends in the quality of medical control delivered by the base hospital.
 - b. Submit reports as specified by the SJCEMSA.
 - c. Develop and participate in educational programs based on problem identification and trend analysis.
 - d. Make approved changes to internal policies and procedures based upon performance improvement activities.

F. Trauma Care System Participant Responsibilities

- 1. To be developed

VI. Continuous Quality Improvement Committee Responsibilities A.

Purpose:

- 1. This committee coordinates and monitors the quality of prehospital care and overall prehospital quality improvement activities for San Joaquin County including, but not limited to:
 - a. Provides guidance and support for CQI activities within the local EMS System.
 - b. Identifies quality improvement educational needs.
 - c. Facilitates and/or provides education.

B. Scheduled meetings of the CQI Committee will be held bimonthly.

C. Membership:

- 1. This committee is comprised of EMS staff, EMS Medical Director, EMS representatives from all provider agencies (including First Responders, ALS, and Base Hospitals).
- 2. The committee is chaired by the EMS Quality Improvement Coordinator or designee.

VII. Quality Improvement Standard Compliance

- A. The following process will be followed to ensure active participation of all system participants in the County CQI program.

1. The EMS QI Coordinator will notify the EMS Medical Director when a prehospital care provider is not meeting compliance standards prior to issuing a noncompliance notice.
2. First notice of non-participation is sent by the EMS QI Coordinator. The provider has five business days to comply with the request.
3. Second notice – Written letter to provider representative by the EMS QI Coordinator and/or Medical Director stating the deficiency and required corrective actions. The Provider Agency has five business days to respond in writing and comply with the request.
4. Final Notice – Written letter to the Head of the Provider Agency by Medical Director stating intent to revoke provider status if noncompliance continues. Provider agency has five business days to respond in writing and comply with the actions needed to correct CQI deficiencies.
5. If the provider agency continues to fail to meet participation requirements as outlined in this policy, the SJCEMSA may revoke provider status. At this point, the provider agency will be required to comply with SJCEMSA requests for CQI participation and reapply to regain provider status.

Appendix B EMS Policy No. 6630, CQI Council

PURPOSE: The purpose of this policy is to describe the roles and responsibilities of all San Joaquin County EMS System participants in the provision of the Continuous Quality Improvement (CQI) meetings.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, Title 22, Division 9 and Section 1157.7 of Evidence Code.

DEFINITIONS:

- A. “Continuous Quality Improvement” or “CQI” means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process.

POLICY:

- I. The San Joaquin County EMS Agency (SJCEMSA) is responsible for the oversight and supervision of the EMS CQI process and communicating with all involved participants.

A. SJCEMSA CQI Coordinator responsibilities include:

1. Implement, monitor and evaluate the CQI System, including CQI requirements as described EMS Policy No. 6620, Continuing Quality Improvement Process.
2. Assist the EMS Medical Director in providing oversight of the CQI Council.
3. Provide regular CQI reports to EMS Liaison Council, EMSCC, CQI Council and EMS Staff meetings.
4. Review individual QI Reports and take appropriate action.
5. Provide an access point for Internal/External Customers as identified in Section III.F.
6. Monitor quality indicators via database analysis as identified.
7. Review and participate in research generated by the CQI process.
8. Forward CQI Council recommendations to EMS Quality Improvement Liaisons.
9. Manage system-wide EMS database to assure quality and completeness of databases.

- B. All proceedings of the CQI Council are confidential and protected under Section 1157.7 of Evidence Code: “The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any Council established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services.”
- C. CQI Council responsibilities include:
1. Review/Monitor Data from EMS System (III.C).
 2. Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., scene time, patient satisfaction, workforce satisfaction, protocol compliance, and outcome data).
 3. After review by SJCEMSA, serve as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers (III. F.).
 4. Propose, review, and participate in EMS research.
 5. Promote CQI training throughout the EMS System.
 6. Policy/Protocol Review – Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Council.
 7. Provide recommendations for EMS personnel training.
 8. CQI Council Members
 - a. EMS Medical Director
 - b. EMS CQI/Trauma Coordinator
 - c. EMS Prehospital Operations Coordinator
 - d. Base Hospital Medical Director
 - e. Base Hospital Liaison Nurse
 - e. Receiving Hospital Liaison – (chosen by the receiving hospital nurse liaisons)
 - f. One representative from each of the authorized advanced life support (ALS) emergency ambulance providers and first response agencies operating in San Joaquin County
 - g. One representative from the County’s designated EMS dispatch center.
 9. CQI Council Ex-Officio Members
 - a. EMS Administrator
 - b. Receiving Hospital Physician Liaisons
 - c. Receiving Hospital Liaison Nurse

10. CQI Council Guests

The EMS Medical Director or CQI Coordinator may approve the attendance of guests during regular or ad hoc meetings of the CQI Council.

D. Data/System Review:

Various databases currently exist which contain data relevant to Continuous Quality Improvement (CQI) in EMS (see list below). These databases must be searched to:

1. Prospectively identify areas of potential improvement.
2. Answer questions about the EMS System.
3. Monitor changes once improvement plans are implemented.
4. Provide accurate information enabling data driven decisions.
5. Monitor individual performance within the EMS System.
6. Support research that will improve our system and potentially broaden EMS knowledge through publication.
7. The involved databases include:
 - a. Dispatch Databases
 - b. EMS Data Pro
 - c. PCR Databases
 - d. Hospital Databases
 - e. QI Databases
 - f. Trauma Registry
 - g. County Coroner's Reports

E. Individual Quality Improvement Reports

Individual quality improvement reports are generated by anyone in the EMS System and are reviewed at the Base Hospital Physician level as well as by the SJCEMSA.

F. EMS Research

Any parties interested in EMS research may participate. Leadership is expected from EMS Medical Directors and Senior EMS Personnel with EMS Division Manager and Medical Control Council approval.

G. Internal/External Customers

Various entities interact with the EMS System. In order to allow input from these sources, the CQI process may be accessed via the SJCEMSA who will determine if the issue raised will be put on the CQI Council Agenda.

1. Internal Customers
Paramedics/EMT-IIs/EMT-Is/First Responders
MICNs/Flight Nurses
Dispatch Personnel
EMS Students and Interns
Ambulance Providers
EMS Councils
Hospitals
State/Regional EMS Personnel
Base Hospital Physicians

2. External Customers
Patients
Families of patients
Community/Public
Third Party Payors (Insurance Companies, HMOs)
Government Agencies (e.g. Public Health)
Nursing Homes
Private Physicians

Appendix C Acknowledgement of CQI Confidentiality

Following is the form that is required to be signed by members or guests attending any meeting of the CQI Council:

As a participant in the San Joaquin County CQI program involved in the evaluation and improvement of the quality of care rendered to patients in the field and in San Joaquin County hospitals, I recognize that confidentiality is vital to the candid discussions that are necessary for effective system quality improvement activities. Therefore, I shall respect and maintain the confidentiality of all discussions, deliberations, records and other information generated in connection with these activities, and agree to make no disclosures of such information except to persons authorized to receive it in the conduct of the EMS System as required by Sections 1040 and 1157.7 of the Evidence Code of the State of California.

Furthermore, my participation in the CQI activities is in reliance on my belief that every other member of the CQI team will similarly preserve the confidentiality of these activities. I understand that all affected persons and agencies are entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including action necessitated by any breach or threatened breach thereof.

DATE: _____ SIGNED: _____

PRINT NAME/TITLE: _____

Appendix D Baldrige Quality Values

Baldrige Quality Core Values & Concepts

1. **Leadership:** Leadership is responsible for the creation of strategies, systems, and methods for achieving excellence in health care, stimulating innovation, and building knowledge and capabilities.
2. **Patient Focused:**
 - Quality and performance are the key components in determining patient satisfaction. A patient's relationship with the provider of care, ancillary staff, cost, responsiveness, continuing care and attention factor into a patient's satisfaction.
 - The delivery of patient care must be system focused and by its nature will then become patient oriented.
 - In the context of EMS system performance, this would include the patient's perception of the continuum of care from the prehospital to the hospital.
 - A smooth transition of care will instill confidence in the patient and their family members.
3. **Organizational and Personal Learning:**
 - Organizational learning refers to continuous improvement of existing approaches and processes and adaptation to change, leading to new goals and/or approaches.
 - Personal learning through education, training, and opportunities of continuing growth allows individuals to adjust to a changing health care environment and enhance knowledge of measurement systems that influence the outcomes of assessments and patient care and operational guidelines.
 - Learning is directed not only toward better EMS delivery, but also toward being more responsive, adaptive and efficient.
4. **Staff and Partners:**
 - An organization should be committed to their staff's satisfaction, development and well-being.
 - Partners should include stakeholders – patients, prehospital and hospital providers, and regulatory agencies.
5. **Flexibility:** Faster and more flexible response to patients and other EMS partners is necessary in today's fast moving health care environment.
6. **Planning for the Future:** An organization should anticipate changes in EMS health care delivery, resource availability, patient expectations, technological developments, and evolving regulatory requirements.

7. **Managing for Innovation:** Organizations should be structured in such a way that innovation becomes part of the culture and daily work.

8. **Management by Evidence:**

- An effective EMS system depends upon the measurement and analysis of performance.
- Critical data and information about key processes, outputs and results are a key component.
- Performance measurement areas may include patient outcomes, patient care and operational guidelines, staff, cost, and customer satisfaction and others.
- Analysis of data along with knowledge and input from experts supports decision-making and operational improvement.
- Data and its analysis support the review of overall field performance, improving outcomes, improving operations and comparing process with similar organizations, with performance “best practice” benchmarks or comparison of the agency performance with itself and its own past practice.
- A major consideration in performance improvement involves the selection and use of performance measures or indicators.

9. **Public Responsibility and Community Health:**

- EMS system participants should not only meet all federal, state, local laws and regulations and local requirements, they should treat all of these and related requirements as opportunities for continuous improvement beyond mere compliance.
- The EMS system has a responsibility to the public it serves to foster improved community health.
- Basic expectations of an organization include ethical practice and protection of public health, safety, and the environment
- EMS system participants should share in efforts in community wellness and injury prevention.

10. **Focus on Results:** Performance measurements need to focus on essential results that create the value of EMS to the community served.

11. **Systems Perspective:**

- Focus on what is important to the whole system, as well as its components to achieve performance improvement.
- Monitor, respond to, and build on performance results.
- Plans should seek to prevent problems, provide a forthright response if problems occur, and make available information and support needed to maintain public awareness, safety and confidence.

There must be a continued investment to produce a high quality product. It is not enough to develop new programs and techniques of measurement and control. The stakeholders must commit to a course of constant evaluation and improvement that is non-punitive, valued, and continuous.

Appendix E EMS Policy No. 6101, Sentinel Event Reporting

PURPOSE:

The purpose of this policy is to outline requirements for reporting sentinel events within the San Joaquin County EMS System to the SJCEMSA.

AUTHORITY:

Health and Safety Code, Division 2.5 Section 1797.220 and 1798 et seq.

DEFINITIONS:

- A. "EMS Provider" means ambulance providers, first response providers, and any other entity employing, paid or volunteer, prehospital emergency medical care personnel.
- B. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified or licensed as qualified to provide prehospital emergency medical care pursuant to the provisions of Health and Safety Code, Division 2.5.
- C. "Receiving Hospital" means an acute care hospital approved by the San Joaquin County EMS Agency to receive pre-hospital patients.
- D. "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious physical injury includes,

but is not limited to, loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence of the variation or event carries a significant chance of morbidity, or mortality, or other serious adverse outcome.

POLICY:

- I. EMS providers, receiving hospitals and pre-hospital emergency medical care personnel shall report the occurrence or suspected occurrence of a sentinel event to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after becoming aware of the sentinel event.
- II. A sentinel event may include continuous actions such as the use of defective equipment that causes an ongoing but urgent or emergent threat to the welfare, health, or safety of patients or personnel. Such actions should be reported to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after discovery.
- III. After notifying the SJCEMSA Duty Officer, the reporting party shall complete and submit a Sentinel Event Investigation Report (Form 6101A) to the SJCEMSA within 24 hours of the event. This time frame may be extended to the next business day with the approval of the EMS Duty Officer.
- IV. A sentinel event may be identified and reported to the SJCEMSA by anyone within the EMS system or by a member of the general public.
- V. The failure of an EMS provider or receiving hospital to notify the SJCEMSA of a sentinel event may result in disciplinary action being taken against all parties with knowledge of the event.
- VI. Specific examples of reportable sentinel events include:
 - A. The refusal and/or failure of prehospital EMS personnel to implement a Base Hospital order.
 - B. Any deviation from an EMS treatment protocol with significant potential for serious patient harm.
 - C. Medication or procedural errors with significant potential for serious patient harm.
 - D. Any significant EMS related event reported to the reporting party's risk management department, or Continuous Quality Improvement (CQI) Coordinator.

- E. Any significant EMS related event reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
- F. Any of the occurrences defined as a threat to the public health and safety cited in Health and Safety Code § 1798.200(c):
 - (1) Fraud in the procurement of any certificate or license.
 - (2) Gross negligence.
 - (3) Repeated negligent acts.
 - (4) Incompetence.
 - (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
 - (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of the conviction.
 - (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
 - (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
 - (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
 - (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
 - (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 - (12) Unprofessional conduct exhibited by any of the following:
 - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.

- b. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
 - (13) The commission of any sexually related offense specified under Section 290 of the Penal Code.
- VII. Upon receipt of a sentinel event report the SJCEMSA shall take the following actions:
 - A. Confirm receipt of the sentinel event report with the reporting party.
 - B. Evaluate the report to determine if an investigation of the sentinel event is warranted. When deemed appropriate, the SJCEMSA may address the event in accordance with EMS Policy No. 6102, EMS System Issue Resolution Process.
- VIII. Sentinel event investigations are part of the CQI process and all documents, reports, and information are confidential and protected by § 1040 of the Evidence Code.

Appendix F EMS Policy No. 6102, EMS Unusual Occurrence Process

PURPOSE: The purpose of this policy is to outline a process for addressing nonsentinel event issues occurring between individuals within the EMS system.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1797.220 & 1798 et seq.

POLICY:

- I. This policy reflects the SJCEMSA's commitment of improvement through process ownership by all EMS system participants and involved parties. Prehospital personnel experiencing misunderstandings or disagreements in the course of field operations (which may include emergency medical dispatch, on scene operations and hospital related operational issues) are expected to resolve such issues:
 - A. As soon as possible after the call;
 - B. In person or by telephone with the involved party or parties;
 - C. Among the participants;
 - D. At a mutually convenient time and location.
- II. Documentation: The individual, crew leader, or supervisor that made the initial complaint shall complete and submit the Unusual Occurrence Form (Appendix

6102A) to the complainant provider's CQI coordinator within three (3) working days of the incident. The provider's CQI coordinator shall review and submit the completed form to the SJCEMSA's CQI Coordinator within five (5) working days of receipt of the form.

- III. Confidentiality: The EMS Unusual Occurrence Process is part of the CQI process and all interactions that occur under the guidance of this policy are confidential.

Appendix G 2020 ALS Provider Quarterly Report Template

Quarterly Report Template

I. PROGRAM SUMMARY/CHANGES

Summarize the ways in which your CQI program collects and analyzes information; describe the sources of information and methods used, and how the information is used as a basis for understanding the strengths and weaknesses in your organization's provision of patient care and the effectiveness of your efforts to affect improvement. In order to provide such a summary, describe how your understanding and measurement of process, structure and outcome informs the manner in which patient care is analyzed in your organization. Describe the role of quantitative analysis (aggregate data), the method for choosing the areas selected for evaluation, and those occasions in which such evaluation leads to a review of individual patient care reports. Describe the role (if any) that qualitative analysis (one-on-one interviews) plays in evaluating patient care.

II. AGGREGATE DATA/STATISTICS (minimums to be set by CQI Council)

- Total Number of System Responses

- Total Number of Transports by Hospital
- Number of Major Trauma Patients & Destination
- Number of STEMI patients & Destinations
- Number of Patients rendezvoused with air ambulance
- Number of Patients given an advanced airway (including I-gel)

III. PROSPECTIVE QI ACTIVITIES

- A. Participation in CQI Council
- B. Education
 1. Describe nature of orientation provided to new EMS personnel
 - i. Include evaluation and development of performance standards.
 2. Describe training provided designed to ensure ongoing mastery of EMS policies and procedures.
- C. List any project(s) selected for a PDCA cycle based upon anticipated needs (e.g. new policy implementation)
 1. **PLAN** - Describe the improvement goal
 2. **DO** – Describe method used (e.g. review of PCRs)
 3. **CHECK/STUDY** - Analyze findings, and;
 4. **ACT** – (e.g. make recommendations, training, develop or suggest new policies etc.

IV. CONCURRENT QI ACTIVITIES

- A. Describe complaints, investigations, and opportunities for improvement (OIs).
- B. Summarize resolutions, PIPs (and describe training, and methods of tracking and trending.
- C. C. Describe ongoing evaluation of personnel using objective criteria as measured by direct observation.

V. RETROSPECTIVE CLINICAL AND OPERATIONAL PERFORMANCE REVIEW – TRACKING AND TRENDING

- A. Total Number of PCR's Reviewed (and percent of total PCRs for quarter)
 1. Describe review process
 2. Describe areas targeted by review process
 3. Describe method to track and trend opportunities for improvement
- B. List a minimum of three areas targeted for review (**clinical** e.g. patient care procedure or compliance with treatment policies for STEMI or trauma patients; or **operational** e.g. patient destination, MCIs, Base Hospital Radio Reporting). For each area:

1. **PLAN** - Describe the reason selected (e.g. based upon O.I. (qualitative) or through quantitative data analysis – and briefly describe in detail)
2. **DO** - Document number of cases reviewed
3. Describe the method of tracking and trending findings
4. **CHECK/STUDY** - Analyze findings, and;
5. **ACT** - make recommendations (e.g. provide training, develop or suggest new policies etc.

C. Advanced Airway Project Findings

1. Document number of cases reviewed
2. Describe the method of tracking and trending findings
3. Analyze findings and make recommendations.

VI. SUMMARIZE TRAINING

- A. List the training provided to individuals for PIPs, OIs, and generally to all EMS personnel and for each type provided:
1. Dates
 2. Subject
 3. Length
 4. Current percent of targeted personnel that received the training
 5. The method used to track receipt of training by personnel

Appendix H Advanced Airway Summary Form 2020

Name :		Month :			YEAR:		Version 4.1												
Call Date	Incident Number or Patient's First Initial Last Name	Name of Paramedic(s) Providing Airway	Respiratory Arrest Reason: (Medical - Drowning - Trauma)	MICR PT?	Cormack and Lehman Grades 1 - 4 NV=5	Number of OTI Attempts	Final Device used	Final Device Successful	ETTI Usage	Tube Confirmation Methods					Reasons Cited for Cormack Lehman Score III or IV	Explanation/ response to difficult airway challenge/Misc Notes/Critical Complications	Additional Notes	QI Suggested	QI Status
										Auscultation	ETCO2	Negative Epigastrium	Condensation in Tube	Visualization of Tube Through Cords					
					0				0	0	0	0	0	0				No	
Total Number of Patients				0															
Total Number of OTI Patients				0															
Number of Diff Airway Patients				0															
Total Number of 1st OTI Attempts				0															
Total Number of 2nd OTI Attempts				0															
Total Number of I-gel Attempts				0															
Total Number of Patients with inappropriate OTI				0															
% Successful OTI				#DIV/0!															
% OTI Successful 1st attempt				#DIV/0!															
% OTI Successful 2nd attempt				#DIV/0!															
Total % I-gel Tube Success				#DIV/0!															
% I-gel Tube Success W/1 Attempt				#DIV/0!															
% I-gel Tube Success W/2 Attempt				#DIV/0!															
% I-gel Tube Success W/>2 Attempt				#DIV/0!															
% Difficult Airway				#DIV/0!															
% ETTI Used				#DIV/0!															
Provider Name:				0															