

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



June 3, 2025

Dan Lynch, EMS Director
Central California County Emergency Medical Services Agency
PO Box 11867
Fresno, CA 93775

Dear Dan Lynch,

This letter is in response to Central California Emergency Medical Service (EMS) Agency's 2023 EMS Plan Amendment submission to the Emergency Medical Services Authority (EMSA) on May 16, 2025.

EMSA has reviewed the 2023 EMS Plan Amendment based on compliance with statutes, regulations, and case law. It has been determined that the plan amendment meets all EMS system components identified in the Health and Safety Code (HSC) § 1840 and California Code of Regulations, Title 22, Division 9, Chapter 5, and is approved for implementation.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads 'Angela Wise'.

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director

Enclosure:
AW: rd

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



FRESNO



KINGS



MADERA



TULARE

Central California EMS Agency

Paramedic Triage to Alternate Destination

Application for Approval

Application for Approval to the California Emergency Medical Services Authority And Amendment to the EMS Plan

Daniel J Lynch
EMS Director

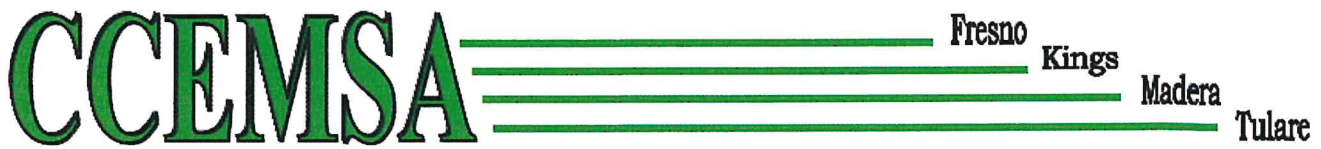
James Andrews, M.D.
EMS Medical Director

Fresno County
Dept of Public Health
1221 Fulton Mall
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 600-7691

www.ccemsa.org

August 1, 2023



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

August 1, 2023

EMS Authority,

The Central California EMS Agency and the County of Fresno submit this application to the EMS Authority for approval to continue the Paramedic Triage to Alternate Destination program and for approval as an amendment to our EMS Plan. Since 2018, we have had the opportunity to participate in the EMS Authority's Community Paramedicine Project, Health Workforce Pilot Project #173, which allowed us to administer our Paramedic Triage to Alternate Destination Program (PTAD) in partnership with American Ambulance.

Over the past five years, our PTAD program has grown to encompass all of Fresno County and includes all of the private and public ambulance providers throughout the County. In 2022, when Madera County experienced the unexpected closure of its only adult hospital and emergency department, Fresno County reached out to Madera County to assist in the management of its behavioral health patients and included the two private ambulance providers in the PTAD program.

The success of the program cannot be overstated. Our hospitals and emergency departments are operating well over capacity and overcrowding has become critical. The ability to utilize an alternate destination for patients that do not need acute medical care is a "game-changer" and has not only relieved emergency departments, but has allowed behavioral health patients to receive immediate mental health services.

Our application outlines a seasoned and experienced program and takes advantage of the work already accomplished by American Ambulance, the EMS Agency, and community partners. It is not our intent to "re-do" an entire established program, but to modify the existing program to meet the requirements of the new regulations. This approach assures that we continue this critical program without interruptions.

We have gained an incredible amount of experience in this program and look forward to continuing our efforts to maintain a very safe and effective program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Daniel J. Lynch".

Daniel J. Lynch
EMS Director

Table of Contents

TITLE OF PROGRAM.....	2
CURRENT PROGRAM STATUS	2
IDENTIFICATION OF COMMUNITY NEED AND OBJECTIVES.....	2
Goals and Objectives	5
ALL PROGRAM MEDICAL PROTOCOLS AND POLICIES	5
PROGRAM SERVICE PROVIDER APPROVAL	6
ALTERNATE DESTINATION FACILITY APPROVAL	7
TRAINING CURRICULUM.....	8
EMS PLAN AMENDMENT	8
ATTACHMENT A - Community Paramedicine (CP) 022 Healthcare Workforce Pilot (HWPP) #173 Approval	
ATTACHMENT B - EMS Policy #245 - Paramedic Triage to Alternate Destination Program EMS Policy #547- Patient Destination Policy	
ATTACHMENT C - 2023 Quarterly / Annual Data reports from existing program	
ATTACHMENT D - Paramedic Triage to Alternate Destination Affirmation Form	
ATTACHMENT E - Fresno County Crisis Stabilization Center Authorization and Approval Letter	
ATTACHMENT F - Training Curriculum	
ATTACHMENT G - Training Program Approval	
ATTACHMENT H - EMS Plan Amendment Documents	

TITLE OF PROGRAM

Paramedic Triage to Alternate Destination Program (PTAD)

CURRENT PROGRAM STATUS

The Central California EMS Agency in the County of Fresno currently provides a Triage to Alternate Destination Program.

Since July 26, 2018, Fresno County and its providers have been successfully using paramedics to triage behavioral health patients to an alternate destination through Community Paramedicine (CP) 022 under the Healthcare Workforce Pilot (HWPP) #173 (**Attachment**

*Current approved project:
Community Paramedicine (CP)
022 under the Healthcare
Workforce Pilot (HWPP) #173*

A). An independent evaluation of the pilot program by the Healthforce Center at UCSF can be accessed [at this link](#).

In 2022, approximately 2,061 behavioral health patients were safely triaged and transported from the field to the County's Crisis Stabilization Center (CSC) without a single adverse outcome. The hospital emergency departments in Fresno County are severely impacted with overcrowding issues. The impact of these additional patients in our local emergency departments would have been catastrophic. While these transports to CSC help reduce the impact to our overcrowded emergency departments, it is also consistent with our shared mission of taking patients to the right place the first time. A patient experiencing a psychiatric crisis does not belong in an emergency department unless they require medical intervention; they belong in a crisis stabilization unit.

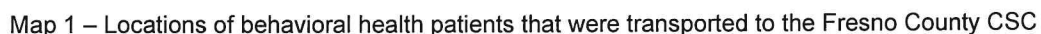
IDENTIFICATION OF COMMUNITY NEED AND OBJECTIVES

In the central San Joaquin Valley, the hospital emergency departments have become overwhelmed with an increase in patients seeking primary care services and the impacts from behavioral health patients and their unique demands on emergency department resources. This impact on Fresno County hospital emergency departments has resulted in overcrowded emergency departments that greatly extend the ambulance patient off-load times and also critically delays the care to behavioral health patients who get "stuck" in the system. As an example, the area around Community Regional Medical Center sees an average of 508 behavioral health patients a month, accounting for thousands of hours to provide care for these patients, which often includes transporting the patient to a local behavioral health facility. The average length of stay for behavioral health patients requiring an evaluation in the emergency department is over 16 hours. Hospital management reports that it is becoming more common to have patients stay in the emergency department longer than 24 hours.

These patients, by nature, require a significant amount of resources, in particular nursing time, which draws resources away from regular emergency department operations. As emergency department volumes continue to escalate, help is needed to

Unnecessary utilization of emergency room services can be reduced by transporting medically cleared behavioral health patients to facilities dedicated to their unique needs. This is a model of care that leverages the skills of paramedics and enables the EMS system to address care gaps identified through the health care needs within Fresno County. Our program also addresses the goals and objectives of the Triple Aim by improving the experience of care for patients, increasing population health and reducing costs to the system.

In 2022, paramedics throughout Fresno County triaged and transported 2061 behavioral health patients to the Fresno County Crisis Stabilization Center (CSC).



The development of a PTAD Program has allowed the Central California EMS Agency to utilize leading edge and innovative concepts to address a problem that impacts many counties in California. The involvement in the Healthcare Workforce Pilot (HWPP) #173 pilot project provided us with the validation that this program is safe, highly effective, and benefits both the patient and the hospital emergency departments. The PTAD program permits appropriately trained field paramedics, under the leadership structure that involves behavioral health experts and the medical direction of the EMS Agency Medical Director, to perform a prehospital medical assessment and transportation of a behavioral health patient that meets established criteria to an appropriate behavioral health facility.

Assessments focused on behavioral health patients, both youth and adults, provide a medically safe method for the paramedic to transport behavioral health patients that meet specific criteria for transport directly to a behavioral health center, thus avoiding an unnecessary transport to the emergency department. Not only does this program ensure that the patients go to the “right place the first time”, the program concept is aimed at providing the right level of care to the right patients in an efficient, effective, safe and timely manner. Fresno County operates a dedicated crisis unit for youth and a separate crisis unit for adults. Staffing regularly includes an on-duty medically trained nurse, nurse practitioner, or physician 24/7 that receives the patient at turn-over and performs a medical “re-assessment” of the patient before admittance to the facility. This provides an increased level of safety to both adult and youth patients and further assures that the paramedics are following the criteria for transport.

We have already experienced the benefits of this program, which includes reducing emergency department overcrowding by transporting patients to the “right place the first time”, but also assuring that patients are quickly receiving critical and necessary behavioral health care that cannot be obtained in the emergency department. This project will allow for a more efficient use of emergency department and behavioral health resources and reduce secondary transfers between the emergency department and behavioral health centers.

The Central California EMS Agency will continue to partner with American Ambulance, Fresno County Hospitals, Fresno County Behavioral Health Department, Fresno County Department of Public Health, and Fresno and Madera County ambulance providers. Geographically, the program is limited to the County of Fresno and Madera. Through the implementation of Healthcare Workforce Pilot (HWPP) #173, paramedics have received appropriate training to provide the triage and transport to the Fresno County CSC. However, in accordance with California Code of Regulations Title 22, Division 9, Chapter 5, the EMS Agency has validated the training required of paramedics and has provided education on gaps that may exist in curriculum.

Goals and Objectives

Fresno County will assess the safety and value of modifying EMS policies and procedures to achieve the following goals and objectives:

Goals:

- Reduce utilization of emergency room services by behavioral health (BH) patients in Fresno and Madera Counties, that would have normally been transported directly to emergency departments, through the utilization of trained paramedics who will assess, treat, and transport patients meeting specific and pre-identified criteria to an appropriate alternative care behavioral health treatment facility.
- Demonstrate appropriate utilization of non-traditional alternate destinations for BH patients assessed and treated by paramedics.

Objectives:

- Determine that the general assessment of the BH patient by a trained paramedic is “appropriate” or “inappropriate” in accordance with the established diagnosis by the treating behavioral health professional with 95% accuracy within six hours of admission.
- No more than 5% of patients transported to an alternative destination receive a secondary transfer to an emergency department within six hours and the initial transport results in no poor patient outcome or morbidity due to mis-triage.
- Upon arriving at the alternative BH facility for admission and completion of a re-assessment by medical personnel at the facility, less than 5% of patients are refused admission due to not meeting the appropriate medical criteria.

ALL PROGRAM MEDICAL PROTOCOLS AND POLICIES

The EMS Medical Director and the Medical Director for Fresno County Department of Behavioral Health carefully negotiated the medical criteria that is acceptable for admission to the alternative crisis stabilization facility. The patient criteria and protocols are “tried and true” and proven to be effective and safe through the Healthcare Workforce Pilot Project (HWPP) #173 Fresno County implemented in 2018. Through the quality improvement process, the criteria is constantly monitored and minor modifications have occurred to “fine-tune” the criteria to assure that patient safety is always maintained. The protocols and criteria are consistent with the California Health and Safety Code and the California Code of Regulations.

The medical re-assessment process at the crisis stabilization facility is performed by a registered nurse, or physician. The criteria used by the crisis stabilization facility medical staff is the same criteria used by the prehospital personnel. While we realize that some

patients may “fall-out” at time of reassessment, our goal is to assure that less than 5% of the behavioral health patients transported to the crisis stabilization facility are refused admission due to not meeting the established criteria. The reassessment by the receiving facility staff assure that the appropriate patient is being admitted from the field.

Attachment B are the policies related to the Paramedic Triage to Alternate Destination program. EMS policy #245 is the program policy that encompasses the entire program, including:

- 1) approval of provider agencies
- 2) approval of training providers
- 3) approval of alternate destination facilities
- 4) data collection
- 5) patient safety.

EMS policy #547 is the destination policy that includes the specific criteria used to determine whether the patients meets the criteria to be transported directly to the County’s Crisis Stabilization Center.

Data collection and evaluation of the data is very important in determining the effectiveness of the program. Since we are an established Paramedic Transport to Alternate Destination program through the Healthcare Workforce Pilot Project (HWPP) #173, we already collect substantial data required in the quarterly reports. **Attachment C** is current data that we provide to the Emergency Medical Care Committee. We have transferred the data to the sample reports included in the EMSA Toolkit.

PROGRAM SERVICE PROVIDER APPROVAL

Since the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the EMS Agency partnered with American Ambulance and has developed a training program that has successfully trained paramedics at all of the ambulance provider agencies in Fresno and Madera Counties in the Transport to Alternate Destination. We achieved our original goal of this program, which was to develop a county-wide program that would relieve the hospitals of the impact of behavioral health patients and transport them to a facility that could provide them immediate care.

PTAD providers were assessed for compliance with the new regulations, which includes assurance that paramedics have received all required training in accordance with the CCR 100189. There are differences between the existing PTAD program and the requirements of the new regulations that PTAD providers must adjust. For example, the EMS Agency identified training gaps between the existing training curriculum and the new training requirements under CCR 100189, which is detailed below in the Training Curriculum section. It was the responsibility of the PTAD provider agencies to get in line with the new regulations.

The EMS Agency developed a “Paramedic Triage to Alternate Destination Affirmation Form” that is completed by each ambulance provider to affirm that paramedic personnel meet the minimum requirements of the California Health and Safety Code and California Code of Regulations as it relates to the PTAD. An example of the affirmation form is included in **Attachment D**.

Health and Safety Code Section 1843 is clear that a plan developed for paramedic triage to an alternate destination shall include existing providers, including public agencies. The EMS Agency is very proud that all public and private ambulance providers in Fresno and Madera Counties actively participate in the PTAD program.

The approved agencies are listed below:

Ambulance Provider	Type	Area
American Ambulance	Private Provider	Fresno County
Coalinga Fire Dept	Public Provider	Fresno County
Kingsburg Fire Dept	Public Provider	Fresno County
Pistoresi Ambulance	Private Provider	Madera County
Sanger Fire Dept	Public Provider	Fresno County
Selma Fire Dept	Public Provider	Fresno County
Sequoia Safety Council	Private Provider	Fresno County
Sierra Ambulance	Private Provider	Madera County

Approved Ambulance Provider Agencies

ALTERNATE DESTINATION FACILITY APPROVAL

Through the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the Fresno County Behavioral Health Department’s Crisis Stabilization Center (CSC) has been the approved alternate destination for patients in the prehospital setting with behavioral health conditions. With over 5 years of experience as a alternate destination for prehospital behavioral health patients in our existing program, the CSC has proven that triage to an alternate destination by paramedics is safe and greatly benefits the patient and the EMS system.

The CSC has facilities to serve adults and youth. This facility is approved by the California Department of Health Care Services (DHCS) for the involuntary detainment, evaluation, and treatment of adults and minors in accordance with the Welfare and Institutions Code and the California Code of Regulations. In addition, this facility is staffed by a registered nurse at all times that performs a brief medical evaluation upon receipt of the patient. The authorization from the DHCS is included as **Attachment E**.

The EMS Agency is a division within the Fresno County Department of Public Health and the CSC is a program under the Fresno County Department of Behavioral Health. Also included in **Attachment E** is a letter from the Fresno County Director of Behavioral Health that affirms compliance with the Health and Safety Code, Code of Regulations, and EMS policy as it relates to PTAD.

TRAINING CURRICULUM

Through the implementation of our program under the Healthcare Workforce Pilot Project (HWPP) #173 in 2018, the EMS Agency, in partnership with American Ambulance, developed a very robust and successful training program. However, upon reviewing the training requirements, the EMS Agency identified training gaps between the existing training curriculum and the new training requirements under CCR 100189.

Training Gap Subjects
Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders
The prevalence and causes of substance use disorders and associated public health impacts
Alcohol and substance use disorders
Health risks and interventions in stabilizing intoxicated patients
Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment
Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders
EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies

Working with American Ambulance as the county-wide PTAD training program, all existing TAD paramedics were educated in the subject gaps and also provided a refresher in the remaining subjects taught in the HWPP. Once the existing TAD paramedics have completed the updated training and refresher, they will be transitioned as PTAD and entered into the registry. New paramedics will be required to attend all required courses.

The approved training curriculum is provided in **Attachment F** and includes the requirements outlined in CCR 100189.

Training and education will be provided by American Ambulance and augmented by the Fresno County Department of

Behavioral Health and Exodus Recovery, Inc., which is a contractor to Fresno County. American Ambulance is the approved county-wide training program (See **Attachment G**).

EMS PLAN AMENDMENT

This application for approval of a Paramedic Triage to Alternate Destination program serves as an amendment to the Central California EMS Agency's EMS Plan. **Attachment H** includes the EMS Plan documents to be included in the EMS plan.

ATTACHMENT A

Community Paramedicine (CP) 022

Healthcare Workforce Pilot (HWPP) #173 Approval

OSHDP Office of Statewide Health Planning and Development**Office of the Director**

2020 West El Camino Avenue, Suite 1200

Sacramento, CA 95833

(916) 326-3600

(916) 322-2531 Fax

www.oshpd.ca.gov



November 27, 2017

Howard Backer, MD
Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

RE: Request to implement additional sites to the Health Workforce Pilot Project #173
Community Paramedicine through November 14, 2018

Dear Dr. Backer:

This is in response to your request, dated October 23, 2017, to approve adding the following project sites to the California Emergency Medical Services Authority (EMSA) Community Paramedicine (CP) Project, Health Workforce Pilot Project (HWPP) #173:

- CP 015–Santa Clara County Emergency Medical Services Agency, Behavioral Health/Sobering Center Alternate Destination
- CP 016–Dignity Health, Post Discharge
- CP 017–Cal Tahoe Emergency Services Operations Authority, Alternative Destination/Post Discharge
- CP 018–Los Angeles City Fire Department, Behavioral Health Alternate Destination
- CP 019–Los Angeles City Fire Department, Sobering Center Alternate Destination
- CP 020–Marin County Emergency Medical Services Agency, Post Discharge
- CP 021–City and County of San Francisco, Frequent 911 Users
- CP 022–Central California Emergency Medical Services Agency, Behavioral Health Alternate Destination

Our records indicate: (1) EMSA has provided timely updates and monthly reports to OSHPD, and (2) OSHPD's routine site visits have confirmed adherence to care provision protocols.

Based on these factors and in accordance with Title 22, California Code of Regulations, Section 92604, OSHPD approves the addition of CP 015, CP 016, CP 017, CP 018, CP 019, CP 020, CP 021, and CP 022 to the HWPP #173, contingent on Institutional Review

Howard Backer, MD
November 27, 2017
Page two

Board (IRB) approval and delivery of the following items:

1. For all new project sites, a table noting the interface between CP's electronic patient care reporting (ePCR) and the service site's electronic health records (EHR).
2. For CP 021—City and County of San Francisco, medical protocols as an addendum to the proposal.

The above mentioned pilots must wait to provide services until the Office of Statewide Health Planning and Development (OSHPD) acknowledges receipt of the above mentioned items and IRB approval for the respective sites.

If you have any questions, please contact Matthew Ortiz, Health Program Specialist, Healthcare Workforce Development Division (HWDD) at (916) 326-3745 or at matthew.ortiz@oshpd.ca.gov.

Very truly yours,



ROBERT P. DAVID
Director

cc: Fran Mueller, Chief Deputy Director, OSHPD
Stacie S. Walker, Deputy Director, HWDD, OSHPD
DO Files
HWDD Files

ATTACHMENT B

EMS Policy #245 - Paramedic Triage to Alternate Destination Program

EMS Policy #547- Patient Destination Policy

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual Emergency Medical Services Administrative Policies and Procedures	Policy Number 245 Page 1 of 2
Subject Paramedic Triage to Alternate Destination Program	
References California Code of Regulations, Title 22, Division 9, Chapter 5	Effective Draft

I. POLICY

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5. A paramedic currently licensed in California may be accredited by the local EMS agency to practice as a Triage to Alternate Destination (TAD) Paramedic in Fresno and Madera Counties upon successfully completing the qualifications and requirements of the accreditation process.

II. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – AUTHORIZED FACILITY

The local EMS Agency has designated the Fresno County Department of Behavioral Health's Crisis Stabilization Center as the authorized facility to receive prehospital behavioral health patients. This facility is located at 4411 E. Kings Canyon Road, Fresno, CA 93702.

A behavioral health facility may apply to the local EMS Agency to become an authorized receiving facility for participation in the paramedic TAD program. An authorized receiving facility shall be a facility that meets the requirements of CCR 100181(b). The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Verification that the facility meets CCR 100181(b).
- C. Names of facility Medical Director, Administrator, and EMS Liaison.
- D. Signed Triage to Alternate Destination Authorized Facility Affirmation Form (provided by EMS Agency)

III. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SERVICE PROVIDER

All ambulance providers in Fresno and Madera Counties are authorized paramedic TAD service providers.

An approved advanced life support provider may apply to the local EMS agency to become an authorized provider for participation in the paramedic TAD program. The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Signed Paramedic Triage to Alternate Destination Affirmation Form (provided by EMS Agency)

Approved By EMS Director Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject Paramedic Triage to Alternate Destination Program	Policy Number 245
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IV. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PARAMEDIC ACCREDITATION

- A. In order to be eligible for TAD accreditation, a paramedic shall meet the following minimum requirements:
1. Current and valid California paramedic licensure.
 2. Current paramedic accreditation in the Central California EMS Agency.
 3. Successful completion of an approved TAD training program.
 - a. For paramedics already authorized to perform TAD through the Workforce Pilot Project, a letter of verification from an approved TAD provider agency that all training requirements have been met. Otherwise, a course completion certificate is required.
 4. A completed application
- C. The EMS Agency shall enter the TAD paramedic into the EMS Authority Central Registry, which will be TAD paramedic's effective date.
- C. Accreditation expires on the last day of the month, two (2) years from the effective date.
- D. Re-Accreditation requires four (4) hours of continued education in Triage to Alternate Destination and will extend accreditation an additional two (2) years.

V. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – TRAINING PROGRAM

American Ambulance is the authorized training program for TAD paramedics in Fresno and Madera Counties. Through the original pilot project with the State EMS Authority (Community Paramedicine (CP) 022 - Healthcare Workforce Pilot (HWPP) #173), American Ambulance developed a training program that meets the requirements of CCR 100187 through 100189.

Authorized service providers or other entities may apply to the local EMS Agency to become an authorized paramedic TAD training program. The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. The application letter will include a detailed outline of the requirements listed in CCR 100187 and 100-189, program staff.
- C.

VI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PROTOCOLS AND CRITERIA

The criteria for destination to the Crisis Stabilization Center is found in EMS Policy #547. The paramedic will treat the patient in accordance with the appropriate treatment protocol.

VII. DATA COLLECTION

CCR 100185 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving facility and also each of the authorized service providers. All data outlined in CCR 100185 shall be submitted to the State EMS Authority on a quarterly basis. Monthly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

VIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by the EMS Agency's Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Center, local hospitals, the Regional CQI Committee and the EMS Medical Director.

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547
Subject	Patient Destination	Page 1 of 9
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision 07/31/2023
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject: Patient Destination	Policy Number: 547
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B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.
2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.
3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.
4. Closest Appropriate Hospital
 - a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).
 - b. Closest is defined as the shortest travel time not necessarily the closest by distance.
 - c. The Base Hospital Physician will have the ultimate authority for patient destination.
 - d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":
 - 1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:
 - a) Adventist Health Hanford (AH-H)
 - b) Adventist Health Tulare (AH-T)
 - c) Clovis Community Medical Center (CCMC)
 - d) Kaiser Permanente Hospital (KPH)
 - e) Kaweah Health Medical Center (KHMC)
 - f) Regional Medical Center (RMC)
 - g) Saint Agnes Medical Center (SAMC)
 - h) Sierra View District Hospital (SVDH)
 - i) Valley Children's Hospital (VCH)
 - 2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:
 - a) Adventist Health Reedley (AH-R)
 - b) Adventist Health Selma (AH-S)
 - c) Coalinga Regional Medical Center (CRMC)

Subject: <div style="text-align: center;">Patient Destination</div>	Policy Number: 547
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5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
- b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

- a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.
- b. Any patient with CPR in progress.
- c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

Subject: Patient Destination	Policy Number: 547
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C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

- a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:
 - No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
 - No alteration in mental status due to dementia or delirium.
 - Glasgow Coma Score 14 or 15.
 - Complete vital signs within limits (HR, RR, BP and GCS).
 - Not febrile to palpation/measurement.
 - Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).
- 1) Adults:
 - a) Pulse: 50-120 bpm
 - b) Systolic Blood Pressure: 100-180 mm Hg
 - c) Diastolic Blood Pressure: less than 120 mm Hg
 - d) Respiratory Rate: 12-30
- 2) Pediatrics:
 - a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
 - Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
 - Patients in wheelchairs that cannot move independently.
 - Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing.
- b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.
 - c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.
 - d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.
 - e. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.
 - f. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

Subject: Patient Destination	Policy Number: 547
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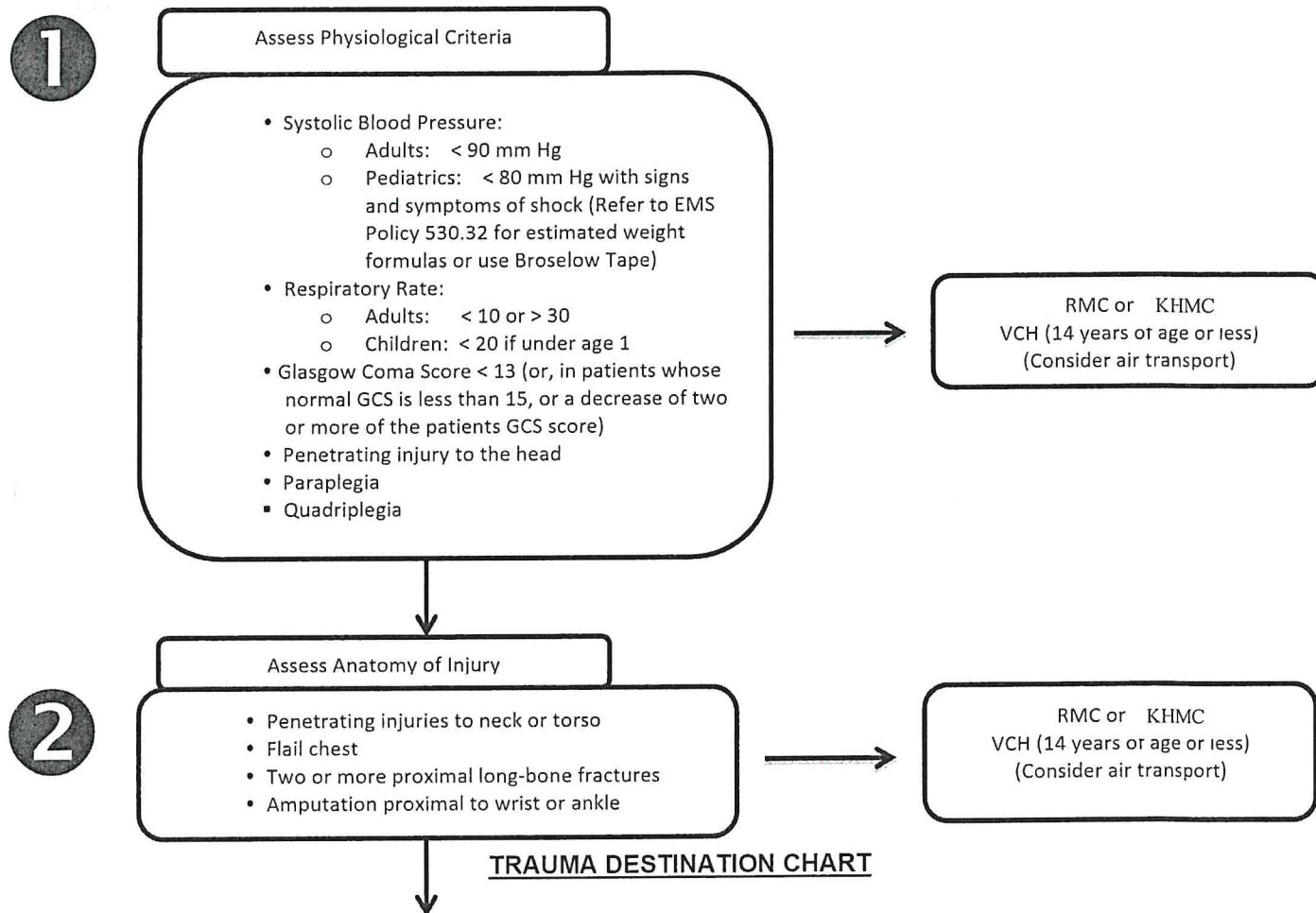
D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.
2. Patients that cannot be transported directly to the Veteran's Administration are:
 - Cardiac arrest due to trauma
 - Pediatric cardiac arrest
 - Trauma Center Triage Criteria
 - OB patient in active labor
 - Gynecological complaints and known obvious pregnancy with vaginal bleeding
 - ST-segment elevation myocardial infarction (STEMI)

NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

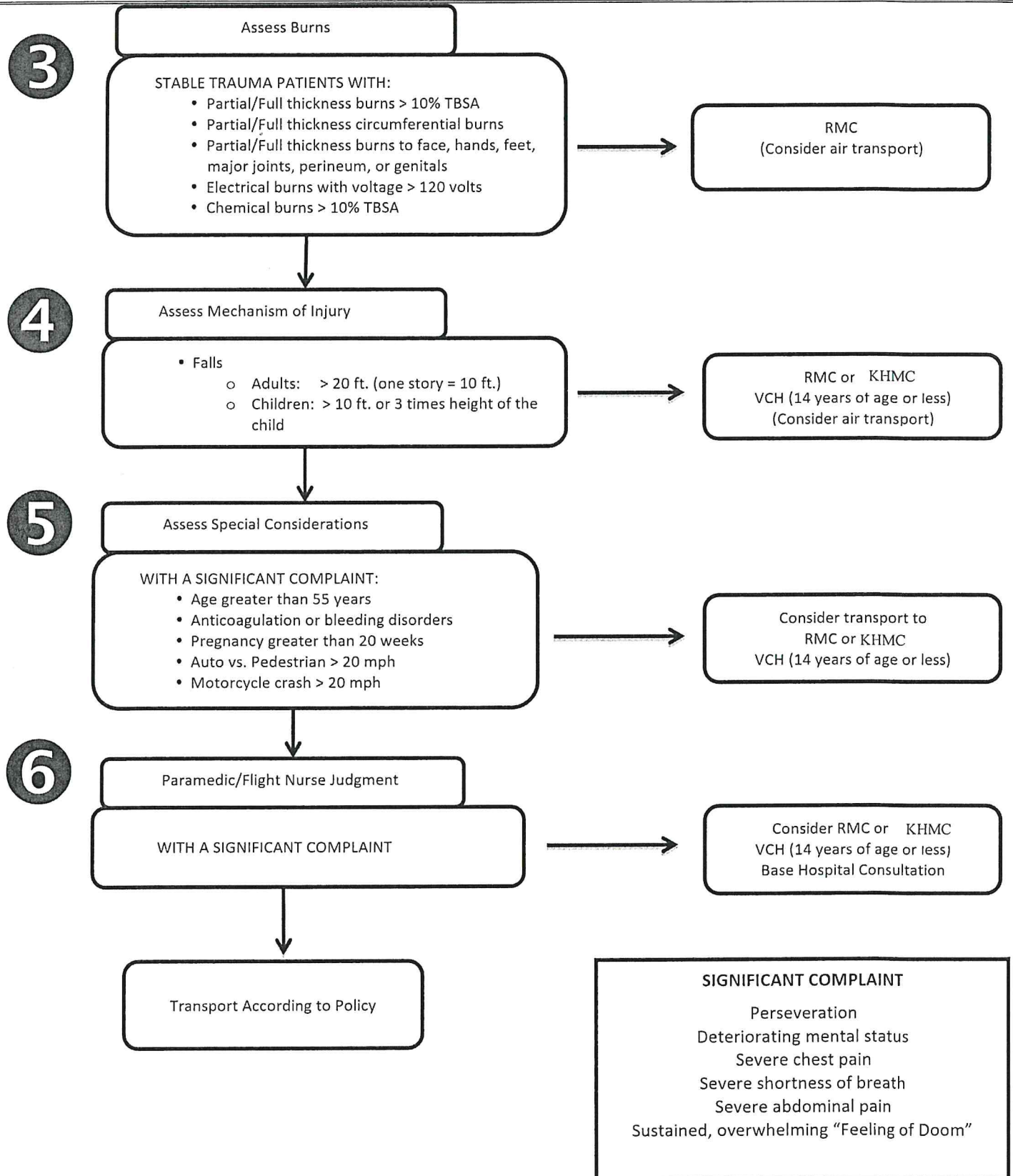
III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closest facility in accordance with the following chart:



Subject:

Patient Destination

Policy
Number: 547

Subject: Patient Destination	Policy Number: 547
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NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).
2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.
3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:
 - a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
 - b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

NOTE: Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.

4. Transport of Trauma Patients by Helicopter

A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). EXCEPTION: When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

- a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
- b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
- c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
- d. Electrical burns with voltage greater than 120 volts
- e. Patients with chemical burns greater than 10% total body surface area.

Subject: <div style="text-align: center;">Patient Destination</div>	Policy Number: 547
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6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).
7. Trauma patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress (refer to EMS Policy #550).
 - c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation " signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

**Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form**

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.

☐ True – transport Patient/Family Choice ☐ False

Patient has alteration in mental status due to dementia or delirium.

☐ True – transport Patient/Family Choice ☐ False

Patient has a Glasgow Coma Score 13 or less.

☐ True – transport Patient/Family Choice ☐ False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).

☐ True – transport Patient/Family Choice ☐ False

There are lacerations or wounds inflicted by others.

☐ True – transport Patient/Family Choice ☐ False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120. ☐ True – transport Patient/Family Choice ☐ False

Systolic Blood Pressure outside range of 100-180. ☐ True – transport Patient/Family Choice ☐ False

Diastolic Blood Pressure greater than 120. ☐ True – transport Patient/Family Choice ☐ False

Respiratory Rate outside range of 12-30. ☐ True – transport Patient/Family Choice ☐ False

Pediatrics:

Vital signs inappropriate for children
(Policy 530.32) ☐ True – transport Patient/Family Choice ☐ False

Patient is febrile to palpation/measurement.

☐ True – transport Patient/Family Choice ☐ False

Is patient under the influence of alcohol or drugs?

☐ Yes ☐ No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?

☐ True – transport Patient/Family Choice ☐ False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

ATTACHMENT C
QUARTERLY / ANNUAL DATA REPORTS

**CENTRAL CALIFORNIA EMS AGENCY
TRIAGE TO ALTERNATE DESTINATION
Quarterly / Annual Summary**

LEMSA Summary of Outcomes					
	Q1	Q2	Q3	Q4	Annual Total
Total # of 911 scene call patients who are treated and transported to an E.D.	514	655			1169
Total # of 911 scene call patients who are treated and transported to a Sobering Center	n/a	n/a			0
Total # of 911 scene call patients who are treated and transported to a mental health facility	468	620			1088
Total # of 911 scene call patients who are treated and transported to a Veteran's Admin E.D.	8	14			22
Total # of patients transported to an alternate destination that required secondary transfer to an acute care E.D. within 6 hours	2	1			3

Facility Data Reports					
Facility Name: Fresno County Crisis Stabilization center					
Facility Type: <u>Authorized Mental Health Facility</u>					
	Q1	Q2	Q3	Q4	Annual Total
Median Ambulance Patient Offload Times (min)	36.61	33.58			35.10
Total # of EMS Transports to Facility	468	620			1088
Total # of patients turned away, diverted, or who required secondary transfer to an acute care E.D. within 6 hours from facility.	20	26			46
Summary of primary reasons for turning away, diverting, or who required secondary transfer to an acute care E.D. within 6 hours from facility: Several refusals were attributed to a positive COVID test upon arrival at CSC. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.					
Summary of feedback about program from Emergency Medical Care Committee: At the April 19, 2023 EMCC meeting, the report was presented to the EMCC. There were no questions or comments. The report was accepted.					

Transports to Alternate Care Facility Report

Jan-Feb-Mar 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Facility	Jan 2023	Feb 2023	Mar 2023	Total	% of Total
Adventist Medical Center - Reedley	2	0	0	2	0.20%
Adventist Medical Center - Selma	0	0	0	0	0.00%
Clovis Community Medical Center	29	32	38	99	10.08%
Coalinga Regional	0	2	1	3	0.31%
Community Regional Medical Center	96	90	111	297	30.24%
CSC - Adult (Alternate Destination)	92	117	133	342	34.83%
CSC - Youth (Alternate Destination)	24	46	56	126	12.83%
Kaiser Permanente, Fresno	8	4	11	23	2.34%
Saint Agnes Medical Center	24	27	31	82	8.35%
Veterans Administration Medical Center, Fresno	2	2	4	8	0.81%
Total	277	320	385	982	

Ambulance Patient Offload Times (APOT)	Jan 2023	Feb 2023	Mar 2023	Total
CSC - Adult (min)	37.48	36.52	43.39	39.13
CSC - Youth (min)	33.54	37.29	31.43	34.09
Total Average	35.51	36.905	37.41	36.61

CSC Refusal Rate	Jan 2023	Feb 2023	Mar 2023	Total
Refuse to receive patient due to patient medical issue	8	5	7	20

CSC Diversion Hours - Due to Capacity Issues	Jan 2023	Feb 2023	Mar 2023	Total
Diversion Hours - CSC Adult	56	125	98	279
Diversion Hours - CSC Youth	23	30	14	67

Secondary Transfer From CSC within 6 hours	Jan 2023	Feb 2023	Mar 2023	Total
	0	0	2	2
	0.0%	0.0%	0.5%	0.2%

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Summary of Primary Reason for refusal at CSC

The majority of refusals were attributed to a positive COVID test upon arrival at CSC. There were two refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.

Summary of Feedback about Program from Emergency Medical Care Committee

At the April 19, 2023 EMCC meeting, the report was presented to the EMCC. There wer no questions or comments. The report was accepted.

CSC Summary of Patient Outcomes

At the May 9, 2023 meeting with CSC and American Ambulance, the refusals were discussed. It was noted that the refusals have increased and needed further review with CSC staff. There were several refusals that appeared to be outside the criteria and should have been admitted to the CSC.

Transports to Alternate Care Facility Report

Apr-May-Jun 2023

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Facility	Apr 2023	May 2023	Jun 2023	Total	% of Total
Adventist Medical Center - Reedley	3	0	1	4	0.31%
Adventist Medical Center - Selma	2	2	2	6	0.47%
Clovis Community Medical Center	31	58	35	124	9.73%
Coalinga Regional	1	2	0	3	0.24%
Community Regional Medical Center	127	134	110	371	29.10%
CSC - Adult (Alternate Destination)	161	140	138	439	34.43%
CSC - Youth (Alternate Destination)	54	69	58	181	14.20%
Kaiser Permanente, Fresno	8	13	7	28	2.20%
Saint Agnes Medical Center	31	45	29	105	8.24%
Veterans Administration Medical Center, Fresno	3	6	5	14	1.10%
Total	421	469	385	1275	

Ambulance Patient Offload Times (APOT)	Apr 2023	May 2023	Jun 2023	Total
CSC - Adult (min)	34.53	33.41	35.46	34.47
CSC - Youth (min)	35.33	33.32	29.41	32.69
Total Average	34.93	33.365	32.435	33.58

CSC Refusal Rate	Apr 2023	May 2023	Jun 2023	Total
Refuse to receive patient due to patient medical issue	11	9	6	26

CSC Diversion Hours - Due to Capacity Issues	Apr 2023	May 2023	Jun 2023	Total
Diversion Hours - CSC Adult	96	143	80	319
Diversion Hours - CSC Youth	88	115	16	219

Secondary Transfer From CSC within 6 hours	Apr 2023	May 2023	Jun 2023	Total
	0	1	0	1
	0.0%	0.2%	0.0%	0.1%

Transports to Alternate Care Facility Report

Prehospital Transports of Behavioral Health Patients to Crisis Stabilization Center

Apr-May-Jun 2023

Summary of Primary Reason for refusal at CSC

Several refusals were attributed to a positive COVID test upon arrival at CSC. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.

Summary of Feedback about Program from Emergency Medical Care Committee

The July EMCC was canceled and no report was presented. This quarter report will be presented in October.

CSC Summary of Patient Outcomes

At the July 5, 2023 meeting with CSC and American Ambulance, the refusals were discussed. It was noted that the refusals have increased and needed further review with CSC staff. There were several refusals that appeared to be outside the criteria and should have been admitted to the CSC.

ATTACHMENT D

Paramedic Triage to Alternate Destination Affirmation Form

ALS Service Provider

TRIAGE TO ALTERNATE DESTINATION
Paramedic Service Provider
Letter of Affirmation

Provider/Department Name: _____

The provider/department named above acknowledges and affirms the following:

1. The EMS Agency has designated the Fresno County Crisis Stabilization Center (CSC) as an authorized alternate destination for prehospital behavioral health patients.
2. We support the Triage to Alternate Destination program and recognize its value in getting behavioral health patients to a facility that can provide them immediate care.
3. We have reviewed the California Code of Regulations, Title 22, Division 9, Chapter 5 as it pertains to Triage to Alternate Destination.
4. EMS policies and procedures provide the criteria necessary to transport a patient directly to the CSC.
5. The EMS Agency has authorized this provider/department and its personnel to participate on the Triage to Alternate Destination Program.
6. It is the responsibility of this provider/department to assure that qualified staff receive the required training and continuing education in order to triage patients to the CSC.
7. The Triage to Alternate Destination program will be monitored through our EMS continuous quality improvement plan and we will work closely with the EMS agency in future improvements of the program.
8. Electronic patient care reports shall be completed on all patients, including patient transported to the CSC. Patient care data will be submitted to CEMSIS.

Print Name and Position

Date

Signature

ATTACHMENT E

Fresno County Crisis Stabilization Center Authorization and Approval Letter



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH

SUSAN L. HOLT, LMFT

DIRECTOR

PUBLIC GUARDIAN

June 29, 2023

David Luchini
Director, Department of Public Health
County of Fresno
1221 Fulton Mall
Fresno, CA 93721

The Fresno County Department of Behavioral Health (DBH) oversees the subcontracted operation of Fresno County's 24/7 Crisis Stabilization Centers (CSC), which provide mental health treatment and crisis stabilization care for adults and youth experiencing an acute behavioral health crisis. These facilities accept both voluntary and involuntary individuals, as approved by the California Department of Health Care Services for the involuntary detainment, evaluation, and treatment of adults and minors pursuant to Welfare and Institutions Code (WIC) Sections 5150 et seq., 5585.50 through 5585.59 and 5751.7. In addition, this facility is compliant with California Code of Regulations (CCR) Title 9 and Section 663.

The purpose of this letter is to reaffirm our support for the Emergency Medical Services (EMS) System's Triage to Alternate Destination Program that allows individuals experiencing a behavioral health crisis in the prehospital setting to be transported by ambulance directly to the CSCs. In partnership with the EMS Agency, American Ambulance, and Exodus Recovery, we have developed a proven destination criteria that safely and effectively directs individuals to our CSCs, which allows them to receive immediate evaluation and treatment.

DBH has reviewed the existing EMS policy #547, the new EMS policy related to the Triage to Alternative Destination program (both attached) and the CCR Title 22, Division 9, Chapter 5 as it relates to Triage to an Alternate Destination and will ensure that the subcontracted CSCs adhere to all requirements including, but not limited to the following:

1. The CSCs shall maintain and adhere to all regulations to ensure continued approval as an authorized alternate destination for ambulance transports.
2. The CSCs shall accept all appropriate individuals who meet destination criteria regardless of the individuals' ability to pay.
3. A registered nurse licensed in the State of California shall always be on-site.
4. Nursing staff on-site shall have current certification in cardiopulmonary resuscitation (CPR).
5. The CSCs shall provide monthly data requested by the EMS Agency, including the following:

1925 E. Dakota Ave., Fresno, CA 93726
PHONE (559) 600-9180 www.hopefresnocounty.com

The County of Fresno is an Equal Employment Opportunity Employer

- a. Total number of persons served transported by EMS who were treated and released;
 - b. Total number of persons served transported by EMS who were transferred to another behavioral health facility for further treatment;
 - c. Total number of persons served transported by EMS who were transferred to an emergency department within 6 hours of initial arrival at the CSC and individuals' reason for transport;
 - d. Total number of persons served transported by EMS who were transferred to an emergency department greater than 6 hours of initial arrival at the CSC;
 - e. Total number of persons served arriving by ambulance who were not accepted and were re-directed to an emergency department, including the reason for re-direct for each incident; and
 - f. Any additional data, as requested by the EMS Agency and approved by DBH, necessary for reporting requirements as related to the Triage to Alternative Destination Program.
6. The CSCs shall participate in the EMS Agency's Continuous Quality Improvement Program as it relates to the Triage to Alternate Destination Program, which includes providing feedback and recommendations for improvement of the Triage to Alternative Destination Program.

We greatly appreciate our collaborative partnership with the Department of Public Health and the EMS Agency and look forward to our continued success with the Triage to Alternate Destination Program.

Respectfully,



Susan L. Holt, LMFT
Director-Public Guardian
Department of Behavioral Health
County of Fresno

cc: Joseph Rangel, Division Manager, DBH Contracted Services
Kristin Lynch, Senior Staff Analyst, DBH Contracted Services

Attachments



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

January 28, 2022

Susan L. Holt, LMFT
Interim Director/Public Guardian
Department of Behavioral Health, County of Fresno
1925 E. Dakota Avenue
Fresno, California 93726

Dear Ms. Holt:

The California Department of Health Care Services (CDHCS) has received your letter dated January 28, 2022, requesting approval to increase the number of designated beds/capacity for Exodus Recovery Fresno Crisis Stabilization Center (ERFCSC), located at 4441 E. Kings Canyon Road, Fresno, CA 93702.

Your request to increase ERFCSC's beds/capacity from 39 beds to 69 for adult clients age 18 and over and for youth clients under the age 18 is approved. Approval of your request is contingent upon ERFCSC's compliance with the staffing requirements for inpatient services contained in the California Code of Regulations, title 9, and section 663.

It is understood that ERFCSC will continue to comply with applicable laws relating to Welfare and Institutions Code sections 5150 *et seq.*, 5585.50 through 5585.59 and 5751.7. It is also understood that minors shall not commingle with the adult program population and that the facility shall provide separate housing arrangements, treatment staff, and treatment programs exclusively devoted to serving minors who are housed in the approved facility treatment ward.

The County is instructed to notify the CDHCS immediately of any adverse action or termination of the designation by Fresno County Behavioral Health Department regarding ERFCSC. The termination of the designation of ERFCSC will simultaneously result in the department's withdrawal of its approval.

Sincerely,

Henry Omoregie

HENRY OMOREGIE
Chief
Mental Health Licensing Section

cc: Robert Dutile, Administrator, ERFCSC

ATTACHMENT F
Training Curriculum

Triage to Alternate Destination Training Curriculum

Length	Topic
15 Min	Introduction and reason for training <ul style="list-style-type: none"> • State and CCEMSA Requirements • Overview of training <ul style="list-style-type: none"> ○ Intro from Dr. Campagne ○ Intro from Ken Katz
30 min	Understanding Mental Illness <ul style="list-style-type: none"> • Mental Illness Defined • Stigma and Its Effect on Attitudes and Behaviors
30 min	Mental Health Conditions <ul style="list-style-type: none"> • Schizophrenia <ul style="list-style-type: none"> ○ Signs and Symptoms of Schizophrenia ○ Common Neuro-Psychiatric Medications Used to Treat Schizophrenia • Mood/Affective Disorders <ul style="list-style-type: none"> ○ Signs & Symptoms of Unipolar Depression (Major Depressive Disorder) ○ Signs & Symptoms of Bi-Polar Disorder ○ Common Neuro-Psychiatric Medications Used to • Anxiety Disorders <ul style="list-style-type: none"> ○ Common Anxiety Disorders ○ Signs and Symptoms of Anxiety ○ Common Neuro-Psychiatric Medications Used to Treat Anxiety • Personality Disorders <ul style="list-style-type: none"> ○ Personality Disorder Overview ○ Signs and Symptoms of Personality Disorders ○ Treatment of Personality Disorders Including Neuro-Psychiatric Medications • Pre-hospital Case Study
30 min	Understanding Suicidal Thoughts and Behaviors <ul style="list-style-type: none"> • Demographics and Incidence of Suicide • Key Concepts • Contributing Factors to Suicidal Thoughts and Behavior • Warning Signs • Assessing Risk • Intervention • Resources • Pre-hospital Case Review
45 min	Alcohol and substance use disorders <ul style="list-style-type: none"> • Substance abuse impact on the community • Understanding the difference between mental health disorders, intoxication, and medical emergencies. Common signs and symptoms • Assessment, treatment, and stabilizing of intoxicated patients • Pre-hospital Case Review
45 min	Triage and transport parameters <ul style="list-style-type: none"> • Review of CCEMSA Policy 547 Patient Destination as it Pertains to Transport of Individuals on 5150s • Exodus/CSC Adult & Youth Default Destination for Anyone in Fresno County on a 5150

	<ul style="list-style-type: none"> ○ Exceptions: Kaiser Members and Veterans • Review of Triage Criteria • Refusals and patient choice • EMS Documentation • EMTLA and EMS, what EMS providers need to know
30 min	<p>Mental Health Involuntary Hold</p> <ul style="list-style-type: none"> • Difference between pre-hospital WIC 5150 and an extended 5150 per AB 2275 • Review WIC Sections 5150, Extended 5150 per AB 2275, 5250, and LPS Conservatorship • The Role of EMS on Mental Health Calls • American Ambulance Policy Review – Use of Restraints
60 min	<p>Performance Skills Lab and Scenarios</p> <ul style="list-style-type: none"> • De-escalation and communication skills • Application of restraints • Tape Review
15 min	Summary and Take-Home Points

ATTACHMENT G
Training Program Approval

Appendix 4.4: Coversheet for Application as an Approved Training Program

Training Entity Name:

American Ambulance

*An application submitted for approval as an
Approved Triage to Alternate Destination
Training Program*

MAIN COURSE LOCATION/OFFICE: 2911 E Tulare Street, Fresno CA 93721

CONTACT PERSON: Ken Katz

EMAIL: kkatz@americanambulance.com

PHONE NUMBER: 559 349-0238

Submitted On: 8/1/23

Appendix 4.1: List of Documentation Needed for Training Program Approval

Written Request for Approval: Triage Paramedicine Training

Eligible training programs interested in approval as a triage to alternate destination training programs should submit a written request to the LEMSA for program approval. **§100187.d.1** states that the LEMSA shall receive and review the following documentation prior to program approval:

Required Documentation	Yes/No
1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards	Yes
2. An outline of course objectives and Performance objectives for each skill.	Yes
3. The names and qualifications of the training program director, program medical director, and instructors.	Yes
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating triage paramedic students; and monitoring of preceptors by the training program shall be included.	Yes
5. If applicable, provisions for supervised field internship including triage paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program	No
6. The proposed location(s) and date(s) for courses.	Yes
7. If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.	No
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.	No
9. Samples of written and skills examinations administered by the training program.	Yes
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.	Yes

Appendix 4.2: Complete List of Staff Skill/ Experience Requirements and Statements of Compliance

Staff Qualifications for Triage Paramedicine Training

TAD Training Programs should meet Administration and Faculty Requirements, as put forth in §100189 - Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements. Please use the checklist below to ensure that the minimum staff skill/experience requirements have been met.

Staff	Yes/No
Program Medical Director <ul style="list-style-type: none"> • Board Certified or Board eligible emergency medical physician currently licensed in the State of California • Experience in emergency medicine • Education or experience in methods of instruction 	Yes
Program Director <ul style="list-style-type: none"> • Knowledge or experience in local EMS protocol and policy • Board Certified or Board Eligible California licensed emergency medicine physician, registered nurse, paramedic, or an individual who holds a baccalaureate degree in a related health field or in education • Education and experience in methods, materials, and evaluation of instruction including: <ul style="list-style-type: none"> ◦ A minimum of one (1) year experience in an administrative or management level position ◦ A minimum of three (3) years academic or clinical experience in prehospital care education. 	Yes
Instructor <ul style="list-style-type: none"> • Physician, registered nurse, physician assistant, nurse practitioner, paramedic, who is currently certified or licensed in the State of CA • Six (6) years' experience in an allied health field or community paramedicine, or four (4) years of experience in an allied health field and an associate degree or two (2) years of experience in an allied health field and a baccalaureate degree, and knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards • Expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught by that individual • Qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction. 	Yes

I attest that I have provided the names and qualifications of the training Program Director, Program Medical Director, and Instructors in the application for accreditation as a TAD Training Program.

Signed:  Dated 8/1/23
Name and Title: Ken Katz, LCSW

Appendix 4.3: Minimum Training And Curriculum Requirements and Statement of Compliance

Statement of Education Standards Compliance Triage Paramedicine Training

This agency utilizes United States Department of Transportation National Education Standards (U.S. DOT) which includes learning and performance objectives. This agency utilizes approved curriculum that meets the minimum training and curriculum standards set forth in Chapter 5, section 100189:

Minimum Training and Curriculum Requirements for **Triage Paramedic Training**:

1. *Triage Paramedic training curriculum shall include at a minimum the following (HSC 1831 c-d): Chapter 5*
 - a. Screening and responding to mental health and substance use crisis intervention, including co-occurring mental health and substance use disorders to be provided by a licensed physician, surgeon, or licensed addiction medicine specialist with experience in the emergency department of a general acute care hospital.
 - b. Mental health conditions.
 - c. Assessment and treatment of intoxicated patients.
 - d. The prevalence and causes of substance use disorders and associated public health impacts.
 - e. Suicide risk factors.
 - f. Alcohol and substance use disorders.
 - g. Triage and transport parameters.
 - h. Health risks and interventions in stabilizing acutely intoxicated patients.
 - i. Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.
 - j. Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.
 - k. Local EMS agency policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility.
 - l. EMTALA law as it pertains to psychiatric, and substance use disorder-related emergencies.

2. Local EMS Agencies shall verify that the participating triage paramedic has completed *training in all the following topics:*

- a. Psychiatric disorders.
- b. Neuropharmacology.
- c. Alcohol and substance abuse.
- d. Patient consent.
- e. Patient documentation
- f. Medical quality improvement.

In addition, this agency verifies utilization of:

- A minimum of one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.
- LEMSA approved Triage Paramedicine course completion certificate.
- Documentation of successful student clinical and field internship performance, if applicable.

I/this agency attests to utilizing an appropriate training program facility and equipment. I/this agency attests to utilizing examination securities and complies with student record keeping requirements (CE Provider).

Signed: *Ben Ortiz, L.C.S.W.* Dated *8/1/23*

Name and Title: *MANAGER, Behavioral Health & Social Services*



Triage to Alternate Destination (TAD) Training Program

Appendix 4.5: Application For Authorization as an Approved Training Provider

Submit Application and All Documentation to the LEMSA for your Geographic Area.

1. TAD Training Program Provider Agency Name and Location:

Agency Name: American Ambulance Phone No: 559 443-5900
Street: 2911 E Tulare Street Fax No: 559 441-0283
City: Fresno State: CA ZIP Code: 93721

2. Provider Mailing Address: (if different than above)

Street/PO Box: _____
City: _____ State: _____ ZIP Code: _____

3. TAD Program Medical Director (Full Name & Title)

Name: Danielle Campagne, MD Email: dcampagne@americanambulance.com
Title: Medical Director

4. TAD Program Director (Full Name & Title)

Name: Ken Katz, LCSW Email: kkatz@americanambulance.com
Title: Manager, Behavioral Health & Social Services

5. TAD Primary Instructor (Full Name & Title)

Name: Edgar Escobedo, EMT-P Email: eescobedo@americanambulance.com
Title: Director of Operations

6. Provider is A/AN: (check ONE)

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Other School |
| <input type="checkbox"/> Base Hospital | <input type="checkbox"/> Other Governmental Agency |
| <input checked="" type="checkbox"/> Pre-Hospital Services Provider | <input type="checkbox"/> Individual |
| <input type="checkbox"/> EMT-P/EMT-I Training Program | <input type="checkbox"/> Other CE Provider |
| <input type="checkbox"/> College /University | |

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

7. Attach:

1. A statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards
2. An outline of course objectives and Performance objectives for each skill.
3. The names and qualifications of the training program director, program medical director, and instructors.
4. If applicable, provisions for supervised clinical training including student evaluation criteria and standardized forms for evaluating Triage Paramedic students; and monitoring of preceptors by the training program shall be included.
5. If applicable, provisions for supervised field internship including Triage Paramedic student evaluation criteria and standardized forms for evaluating students; and monitoring of preceptors by the training program
6. The proposed location(s) and date(s) for courses.
7. If applicable, written agreements between the training program and a hospital(s) and other clinical setting(s) for student placement for clinical education and training.
8. If applicable, written contracts or agreements between the training program and a provider agency(ies) for student placement for field internship training.
9. Samples of written and skills examinations administered by the training program.
10. Evidence of adequate training program facilities, equipment, examination securities, and student record keeping.

I certify that I have read and understand the California Title 22 regulations and the County of Fresno policies on education, and that I/this agency will comply with all guidelines, policies, and procedures described therein. I agree to comply with all audit & review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.


Triage to Alternate Destination Program Director

8/1/23

Date

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.6: Notification of Training Program Approval Program

Thank you for your application and request for approval as a triage paramedic training program. Upon review of your application materials, I/this agency have determined that:

1. Training Program application satisfactorily meets and documents compliance with all program requirements.
(If yes, please sign below)

☒ Yes

2. There are deficiencies with the application
(If yes, please attach a separate document detailing deficiencies)

☐

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

David D. Lyul, EMS Director
LEMSA

Date: 8/1/23

Effective Date of Training Program: 8/1/23

Expiration Date of Training Program: 7/31/27

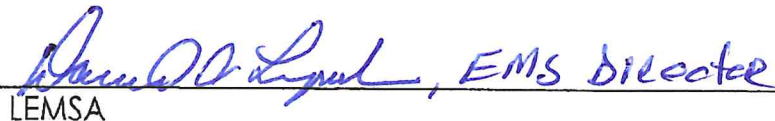
Last day of the month Four (4) years from the date on which approval was issued

Notification of program approval or deficiencies with the application shall be made in writing by the LEMSA to the requesting training program within ninety (90) days of receiving the training program's request for approval.

Triage to Alternate Destination (TAD) Training Program

Appendix 4.7: Notification of Training Program Approval - EMS Authority

I/this agency certify that the below Training Program has been approved to provide certification of completion of didactic and clinical experience and that it includes a final comprehensive competency-based exam to test the knowledge and skills specified in this Chapter to provide triage paramedic services. I/this agency certify that the application for certification provided by this training program meets all policies and procedures developed by this agency based on patient population and EMS system needs.

 EMS Director
LEMSA

Date: 8/1/23

Please provide the name and contact information of the program director and medical director:

1. TAD Program Medical Director (Full Name & Title)

Name

e: Danielle Campagne, MD

Email: dcampagne@americanambulance.com

Title: Medical Director

2. TAD Program Director (Full Name & Title)

Name

e: Ken Katz, LCSW

Email: kkatz@americanambulance.com

Title: Manager, Behavioral Health & Social Services

Effective Date of Training Program: 8/1/23

Expiration Date of Training Program: 7/31/27

Last day of the month Four (4) years from the date on which approval was issued

ATTACHMENT H
EMS Plan Amendment
Documents

EMS Plan Annex – Triage to Alternate Destination Program

EMS Agency Certification

Report Year: 2023

	Community Paramedic	Triage Paramedic
Total certified and accredited	N/A	182
Number newly certified this year	N/A	40
Number recertified this year	N/A	142
Total accredited on July 1 of reporting year	N/A	182
Number of certification reviews resulting in:		
• Formal Investigations	N/A	0
• Probation	N/A	0
• Suspensions	N/A	0
• Revocations	N/A	0
• Denials	N/A	0
• No action taken	N/A	0

Facility Resource

County: Fresno County

Alt. Destination: Fresno County Crisis Stabilization Center

Facility Address: 4411 E Kings Canyon Avenue
Fresno, CA 93702

Phone Number: (559) 453-1008

Authorized Facility: ☒ Mental Health ☐ Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and Code of Regulations, Title 22, Division 9, Chapter 5.

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Fresno County EOA</u>
ALS Provider: <u>American Ambulance</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>2911 E Tulare Avenue</u> <u>Fresno, CA 93721</u>	
Phone Number: <u>(559) 443-5900</u>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2022):	128,445
Total number of transports to general acute care hospitals:	84,025
Total number of transports to alternate destination facilities:	1,663
• Number of transports to authorized mental health facility:	1,663
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone C</u>
ALS Provider: <u>Coalinga Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>300 W Elm Avenue</u> <u>Coalinga, CA 93210</u>	
Phone Number: <u>(559) 935-1652</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,202
Total number of transports to general acute care hospitals:	1,536
Total number of transports to alternate destination facilities:	34
• Number of transports to authorized mental health facility:	34
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone K</u>
ALS Provider: <u>Kingsburg Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>1460 Marion Street</u> <u>Kingsburg, CA 93631</u>	
Phone Number: <u>(559) 897-5457</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	2,468
Total number of transports to general acute care hospitals:	1,652
Total number of transports to alternate destination facilities:	73
• Number of transports to authorized mental health facility:	73
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone I</u>
ALS Provider: <u>Sanger Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>601 West Avenue</u> <u>Sanger, CA 93657</u>	
Phone Number: <u>(559) 875-6568</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	3,604
Total number of transports to general acute care hospitals:	2,249
Total number of transports to alternate destination facilities:	76
• Number of transports to authorized mental health facility:	76
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone G</u>
ALS Provider: <u>Selma Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>1711 Tucker Street</u> <u>Selma, CA 93662</u>	
Phone Number: <u>(559) 891-2211</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	3,709
Total number of transports to general acute care hospitals:	2,435
Total number of transports to alternate destination facilities:	80
• Number of transports to authorized mental health facility:	80
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone J</u>
ALS Provider: <u>Sequoia Safety Council</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>500 11th Street</u> <u>Reedley, CA 93654</u>	
Phone Number: <u>(559) 638-9995</u>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	5,735
Total number of transports to general acute care hospitals:	3,993
Total number of transports to alternate destination facilities:	135
• Number of transports to authorized mental health facility:	135
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Madera County</u>	Response Area: <u>Madera Valley / Chowchilla</u>
ALS Provider: <u>Pistoresi Ambulance Service</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>113 North R Street</u> <u>Madera, CA 93637</u>	
Phone Number: <u>(559) 673-8004</u>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	12,781
Total number of transports to general acute care hospitals:	7,611
Total number of transports to alternate destination facilities:	0*
• Number of transports to authorized mental health facility:	0*
• Number of transports to sobering center:	N/A

*Pistoresi Ambulance did not begin transports to CSC until 1/1/2023

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

County: <u>Madera County</u>	Response Area: <u>Madera Mountain EOA</u>
ALS Provider: <u>Sierra Ambulance Service</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>40755 Winding Way</u> <u>Oakhurst, CA 93644</u>	
Phone Number: <u>(559) 642-0650</u>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses:	4,610
Total number of transports to general acute care hospitals:	2,720
Total number of transports to alternate destination facilities:	0*
• Number of transports to authorized mental health facility:	0*
• Number of transports to sobering center:	N/A

*Sierra Ambulance did not begin transports to CSC until 1/1/2023

EMS Plan Annex – Triage to Alternate Destination Program

County: Fresno / Madera Counties

Reporting Year: 2023

EMS Agency Training Program

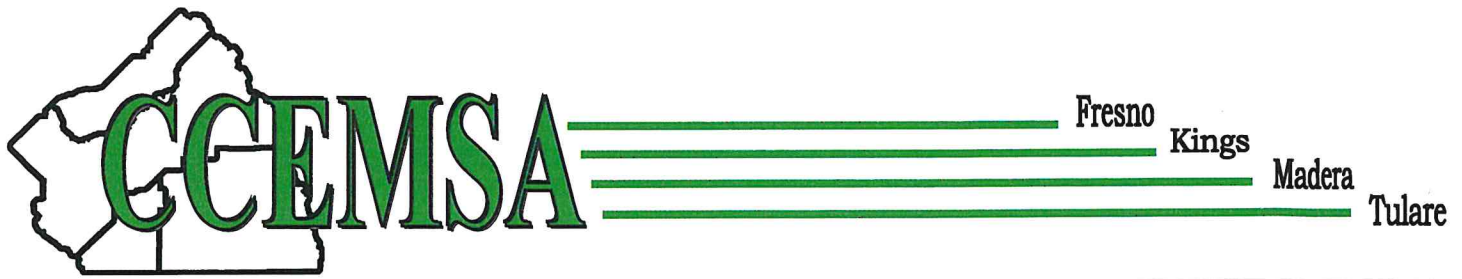
County: Fresno/Madera

Year: 2023

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for community paramedics include the following program specialties: <ul style="list-style-type: none"> • Providing directly observed therapy to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease? • Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for triage paramedics include the following program specialties: <ul style="list-style-type: none"> • Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program? • Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code? • Providing transport services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment, when appropriate? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics: <ul style="list-style-type: none"> a) Mental health crisis intervention by a qualified instructor? b) Assessment and treatment of intoxicated patients? c) Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics: <ul style="list-style-type: none"> a) Psychiatric orders? b) Neuropharmacology? 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

EMS Plan Annex – Triage to Alternate Destination Program

c) Alcohol and substance abuse	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
d) Patient consent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
e) Patient documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
f) Medical quality improvement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:</p> <p>a) The impact of alcohol intoxication on the local public health and emergency medical services system?</p> <p>b) Alcohol and substance use disorders?</p> <p>c) Triage and transport parameters?</p> <p>d) Health risks and interventions in stabilizing acutely intoxicated patients?</p> <p>e) Common conditions with presentations similar to intoxication?</p> <p>f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>



Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

September 5, 2023

Tom McGinnis, Chief
EMS Systems Division
Emergency Medical Services Authority
11120 International Dr. 2nd Floor
Rancho Cordova, CA 95670

Chief McGinnis,

The purpose of this letter is to address the remediations listed in the August 31, 2023 response to the CCEMSA Alternate Destination Program Application. Please accept this letter as an addendum to our application dated August 1, 2023.

1. DEI Protections; Prohibited Service only if Medically Significant – The language in CCR 100183(4) has been included in the updated CCEMSA Policy 245 (attached).
2. Funding Discussions/Plans Exist – The EMS Agency has facilitated the funding discussions between the triage to alternate destination provider, service providers, and the County of Fresno. This occurred during the original pilot project HWPP #173 in 2018 and continues currently. The County's Crisis Stabilization Center (CSC) provides behavioral health services to the community and is not solely dependent upon EMS. The EMS system utilizes the excess capacity of the CSC and the ambulance service providers acknowledge the importance of transporting directly to the CSC versus a busy emergency department. The state has also allowed Medi-Cal funding for transport of individuals to the CSC.
3. Continuity of Care/Transfer of Care Agreements between Provider and Appropriate Facility – No agreements are necessary. The assurance of continuity of care and transfer of care between the ambulance transport agency and the County's Crisis Stabilization Center is outlined in CCEMSA Policy 547, which provides the criteria for transport of patients to the CSC. Through this policy and our CQI process, the continuity of care and transfer of care is ensured.
4. Agreement w/Alternate Destination Requiring Facility Notification to the LEMSA of Changes in the Status of the Facility within 24 Hours – We have updated the agreement letter from the Department of Behavioral Health (Attachment E) with the requested language.
5. Agreement w/Alternate Destination Meets 1317 H&S and includes Failure to Operate Terminates Facility Participation – We have updated the agreement letter from the Department of Behavioral Health (Attachment E) with the requested language.

6. Reporting: Complaints/Unusual Occurrences of CP or TAD within 72 hours of Receiving them to include Support Documents – The language in CCR 100183(17) has been included in the updated CCEMSA Policy 245 (attached).
7. Operations: Secondary Transfer of TAD patient from Alternate Facility to ED. Alternate Facility Shall Send Patient Medical Records – The language in CCR 100183(d) has been included in the updated CCEMSA Policy 547 (attached).
8. Facilities in TAD Shall Accommodate Private, Commercial Insured, Medi-Cal, MediCare, and Uninsured Patients – The County's Crisis Stabilization Center, which is operated by the Fresno County Behavioral Health Department, provides services to all patients whether they are private or commercial insured, have Medi-Cal and/or MediCare, or are uninsured. Due to the nature of this facility and its patients, there is no "wallet biopsy" or "screening" of patient insurance or non-insurance. All individuals receive care regardless of payor.
9. Failure of CP, TAD, or TAD Facilities May Result in Denial, Probation, Suspension, or Revocation of Approval – Language has been added to EMS Policy 245 (attached).
10. Procedure for Noncompliance Notification: Written Notification within 10 days of finding / details, sent Certified Mail – Language has been added to EMS Policy 245 (attached).
11. Procedure for Noncompliance Notification: Written Decision Letter sent Certified Mail within 15 Days from Response Received or 35 Days from Original Notice - Language has been added to EMS Policy 245 (attached).
12. Documentation: Paramedic Completion of Electronic Health Record (EHR) in Timely Manner Compliant with NEMSIS/CEMSIS (100171(e)) – Current CCEMSA Policy 811 requires submittal of an EHR upon turnover of patient at receiving facility. The multiple EHR platforms used in the CCEMSA region are currently compliant with NEMSIS/and CEMSIS. The EMS Agency is preparing to release an updated policy that requires the EHR to be submitted within 45 minutes of patient turnover.
13. Documentation: LEMSAs Policies for Collection, Utilization, Storage and Secure Transmission of Interoperable EHRs. [100171(f)] – CCEMSA Policy 811 provides direction for the collection, utilization, storage and secure transmission of interoperable electronic health records.
14. Documentation: Paramedic Service Provider Submission of EHRs to EMSA within 72 HRS of Patient Encounter or within EMSA/LEMSA Agreed upon Interval. [100171(h)] – Current CCEMSA Policy 811 requires submittal of an EHR upon turnover of patient at receiving facility. The EMS Agency is preparing to release an updated policy that requires the EHR to be submitted within 45 minutes of patient turnover.
15. Documentation: ePCRs – unclear what this is. Refer to answers above related to EHRs or below related to the CQI process.

16. Documentation: Destination Facility w/Standardized Facility Codes per CEMSIS – The authorized Alternate Destination has been included in the CEMSIS system for several years. The facility code for the Crisis Stabilization Center is 62633.
17. Documentation: Exchange of Electronic Patient Health Information (HIE) Between CP and TAD providers, Health Providers, & Facilities. EMSA may grant a one-time waiver not to exceed 5 years from 2023 – the exchange of patient health information between the TAD providers, health providers, and facilities already occurs. Hospital, EMS and CSC data is included in the Central Valley HIE which is managed by Manifest.
18. LEMSAs Approval and Oversight Authority to Conduct Training Program Onsite Visits, Inspect, Investigate, and Discipline - Language has been added to EMS Policy 245 (attached).
19. LEMSAs Approval and Oversight Authority to Conduct Training Program Onsite Visits, Inspect, Investigate, and Discipline – [DUPLICATE OF ITEM 18] Language has been added to EMS Policy 245 (attached).
20. MD Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)
21. PD Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)
22. Instructor Duties Identified (see regs for details) – Language has been added to EMS Policy 245 (attached)
23. Review, Withdrawal, revocation – Language has been added to the policy statement in EMS Policy 245 (attached)
24. Paramedic SOP, LOSOP, Trial Study scope identified in Program – Page 5 of the application indicates the policies and procedures that are used by paramedics in TAD under the current paramedic scope of practice. We do not expect nor intend to submit a request for LOSOP or trail study under this program.
25. TAD Accreditation Required and Registered in Central Registry Public Look-Up Database within 5 Business Days of Accreditation for EMS Personnel in CP Programs – “within 5 days” has been added to the language in EMS Policy 245 (attached)
26. Initial TAD Accreditation and Renewal Requirements and Process – Language has been added to EMS Policy 245 (attached)
27. Renewal TAD Accreditation and Renewal Requirements and Process – Language has been added to EMS Policy 245 (attached)
28. Reinstatement TAD Accreditation and Renewal Requirements and Process - Language has been added to EMS Policy 245 (attached)

Chief McGinnis
September 5, 2023
Page 4

29. Establishment of a CP or TAD Accreditation Fee Schedule – language has been added to EMS Policy 245 (attached). There are no fees.

If you have any questions, please contact me at (559) 600-3387.

Sincerely,



Daniel J. Lynch
EMS Director



DJL:jy

attachments

ATTACHMENT B

EMS Policy #245 - Paramedic Triage to Alternate Destination Program

EMS Policy #547- Patient Destination Policy

Re-submittal of updated policies

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 245 Page 1 of 2
Subject	Paramedic Triage to Alternate Destination Program	
References	California Code of Regulations, Title 22, Division 9, Chapter 5	Effective Draft

I. POLICY

This policy is written to meet the requirements of California Code of Regulations (CCR), Title 22, Division 9, Chapter 5. A paramedic currently licensed in California may be accredited by the local EMS agency to practice as a Triage to Alternate Destination (TAD) Paramedic in Fresno and Madera Counties upon successfully completing the qualifications and requirements of the accreditation process. Failure of TAD or TAD facilities to comply with the H&S 1317, CCR and EMS policy may result in denial, probation, suspension or revocation of approval. Procedure for non-compliance shall be in accordance with CCR 100184.

II. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – AUTHORIZED FACILITY

The local EMS Agency has designated the Fresno County Department of Behavioral Health's Crisis Stabilization Center as the authorized facility to receive prehospital behavioral health patients. This facility is located at 4411 E. Kings Canyon Road, Fresno, CA 93702.

A behavioral health facility may apply to the local EMS Agency to become an authorized receiving facility for participation in the paramedic TAD program. An authorized receiving facility shall be a facility that meets the requirements of CCR 100181(b). The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Verification that the facility meets CCR 100181(b).
- C. Names of facility Medical Director, Administrator, and EMS Liaison.
- D. Signed Triage to Alternate Destination Authorized Facility Affirmation Form (provided by EMS Agency)

NOTE: The EMS Agency will prohibit triage and assessment protocols or a triage paramedic's decision to authorize transport to an alternate destination facility from being based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subsection (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

III. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – SERVICE PROVIDER

All ambulance providers in Fresno and Madera Counties are authorized paramedic TAD service providers. An approved advanced life support provider may apply to the local EMS agency to become an authorized provider for participation in the paramedic TAD program. The required documentation to be submitted to the EMS Agency includes:

Approved By		Revision
EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245
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- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. Signed Paramedic Triage to Alternate Destination Affirmation Form (provided by EMS Agency)

IV. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PARAMEDIC ACCREDITATION

- A. In order to be eligible for initial TAD accreditation, a paramedic shall meet the requirements of CCR 100192(g). In addition to these requirements, the EMS Agency requires that the applicant have current paramedic accreditation from the Central California EMS Agency and successful completion of an EMS Agency approved TAD training program.
 - 1. For paramedics already authorized to perform TAD through the original 2018 Workforce Pilot Project, a letter of verification from an approved TAD provider agency that all training requirements have been met shall be provided to the EMS Agency. Otherwise, a TAD approved course completion certificate is required.
- B. The EMS Agency shall enter the TAD paramedic into the EMS Authority Central Registry within 5 days from approval, which will be TAD paramedic's effective date.
- C. Accreditation expires on the last day of the month, two (2) years from the effective date.
- D. TAD Re-Accreditation will be in accordance with CCR 100192(h), which requires four (4) hours of continued education in Triage to Alternate Destination and will extend accreditation an additional two (2) years.
- E. Reinstatement for TAD accreditation is outlined in CCR 100192(i).

V. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – TRAINING PROGRAM

American Ambulance is the authorized training program for TAD paramedics in Fresno and Madera Counties. Through the original pilot project with the State EMS Authority (Community Paramedicine (CP) 022 - Healthcare Workforce Pilot (HWPP) #173), American Ambulance developed a training program that meets the requirements of CCR 100187 through 100189.

Authorized service providers or other entities may apply to the local EMS Agency to become an authorized paramedic TAD training program. The required documentation to be submitted to the EMS Agency includes:

- A. Application letter requesting authorization shall include identification of need and program objectives.
- B. The application letter will include a detailed outline of the requirements listed in CCR 100187 and 100-189, program staff. The applicant will specifically acknowledge the duties of the program medical director, which is listed in CCR 100189(a), the Program Director duties listed in CCR 100189(c), and the instructor requirements listed in CCR 100189(d)

The EMS Agency is responsible for approval of training programs within the CCEMSA region. As the approver, the EMS Agency has oversight authority to conduct onsite visits, inspect, investigate, and discipline the training program for any violations of this California Code of Regulations and EMS policy or for failure to fulfill any additional requirements established by the EMS Agency through denial, probation, suspension, or revocation of the approval.

VI. PARAMEDIC TRIAGE TO ALTERNATE DESTINATION – PROTOCOLS AND CRITERIA

The criteria for destination to the Crisis Stabilization Center is found in EMS Policy #547. The paramedic will treat the patient in accordance with the appropriate treatment protocol.

VII. DATA COLLECTION

CCR 100185 requires the local EMS Agency to submit quarterly data reports to the State EMS Authority. Data

Subject	Paramedic Triage to Alternate Destination Program	Policy Number 245
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submission requirements are included in the affirmation forms signed by the authorized paramedic TAD receiving facility and also each of the authorized service providers. All data outlined in CCR 100185 shall be submitted to the State EMS Authority on a quarterly basis. Monthly reports will be provided to the Emergency Medical Care Committee for oversight and feedback.

VIII. QUALITY ASSURANCE / IMPROVEMENT PROCESS

The paramedic TAD program shall be monitored and evaluated by the EMS Agency's Continuous Quality Improvement (CQI) program, which includes review and monitoring by the authorized service providers, Crisis Stabilization Center, local hospitals, the Regional CQI Committee and the EMS Medical Director.

The EMS Agency shall notify the State EMS Authority of any reported complaints or unusual occurrences related to the Triage to Alternate Destination program within 72 hours, which shall include any supporting or explanatory documentation.

IX. FEES

The EMS Agency has not established any fees related to the Triage of Alternate Destination Program

CENTRAL CALIFORNIA EMERGENCY

MEDICAL SERVICES

A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 547
Subject	Patient Destination	Page 1 of 9
References	Title 13, Section 1106 of the California Code of Regulations Title 22, Division 9, Chapter 7 of the California Code of Regulations	Effective: 04/18/83

I. POLICY

Patients of the Prehospital EMS System shall be transported to an appropriately staffed and equipped hospital.

II. MEDICAL PATIENT DESTINATION

A. Medical Patients shall be transported to the appropriate destination in accordance with the following chart:

	Fresno County	Kings County	Madera County	Tulare County
Medical – Adult				
Non-emergent	Patient's Choice	Patient's Choice	Patient's Choice	Patient's Choice
Life-threatening	Closest Appropriate	Closest Appropriate	Closest Appropriate	Closest Appropriate
Acute current of injury (acute MI)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)	Regional Medical Center or St. Agnes Medical Center (Quickest travel time)	Kaweah Health Medical Center or Regional Medical Center (Quickest travel time)
Medical – Pediatric (14 years or younger)				
Stable	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice	Patient/Family Choice
Unstable	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	RMC or VCH *** (Quickest travel time)	Kaweah Health Medical Center or Sierra View District Hospital *** (Quickest travel time)
5150 patients				
5150 - Adult	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Kings County	CSC or Patient's Choice within Fresno County (See criteria on page 4)	Patient's Choice within Tulare County
5150 – Children (<18 yrs)	YCSU or Patient/Family Choice within Fresno County (See criteria on page 4)	Patient/Family Choice within Kings County	VCH	Patient/Family Choice within Tulare County
Kaiser	Kaiser	N/A	N/A	N/A
Veteran's Administration	Veteran's Administration	N/A	N/A	N/A

*** If transport time is greater than 60 minutes, base hospital contact shall be made to determine appropriate destination.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	07/31/2023

Subject: <div style="text-align: center;">Patient Destination</div>	Policy Number: 547
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B. Medical Patient Destination – Considerations

1. In a non-emergent situation (as determined by the EMT or Paramedic at the scene and/or the Base Hospital Physician/MICN giving medical direction), the patient will be taken to the receiving hospital of his/her choice. If the patient is unable to determine this, the hospital designated by the private physician and/or patient's family member will be utilized. Paramedics and EMTs should determine where the patient normally receives their medical care and encourage the patient to return to that hospital for medical care as long as the patient's medical condition allows for such transport.
2. The Paramedic/EMT/MICN/BHP should only provide the patient with alternatives for destination of patient choice. It is inappropriate for the Paramedic/EMT/MICN/BHP to endorse specific facilities or provide personal opinion on the quality of local facilities.
3. Health Plans - If the patient is a member of a health plan with a preferred hospital, an attempt should be made to transport the patient to a participating facility.
4. Closest Appropriate Hospital
 - a. The closest appropriate hospital is defined as the closest emergency department "equipped, staffed, and prepared to administer care appropriate to the needs of the patient" (California Code of Regulations, Title 13, Section 1106 (b) 2).
 - b. Closest is defined as the shortest travel time not necessarily the closest by distance.
 - c. The Base Hospital Physician will have the ultimate authority for patient destination.
 - d. The closest appropriate hospital does not mean that critically ill patients always go to the closest "receiving" hospital. They go to the closest "appropriate" hospital. The following guidelines will help to define "appropriate":
 - 1) Due to short transport times, the appropriate receiving facility for a life-threatening medical situation would be a hospital with a basic emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with basic emergency services are:
 - a) Adventist Health Hanford (AH-H)
 - b) Adventist Health Tulare (AH-T)
 - c) Clovis Community Medical Center (CCMC)
 - d) Kaiser Permanente Hospital (KPH)
 - e) Kaweah Health Medical Center (KHMC)
 - f) Regional Medical Center (RMC)
 - g) Saint Agnes Medical Center (SAMC)
 - h) Sierra View District Hospital (SVDH)
 - i) Valley Children's Hospital (VCH)
 - 2) Rural Areas - Due to prolonged travel times to the urban area, the appropriate receiving hospital for a life-threatening medical situation would be a hospital with a standby emergency service (holds a special services permit from the California State Department of Health Services). Hospitals with stand-by emergency services that are approved to receive ambulances are:
 - a) Adventist Health Reedley (AH-R)
 - b) Adventist Health Selma (AH-S)
 - c) Coalinga Regional Medical Center (CRMC)

Subject: <div style="text-align: center;">Patient Destination</div>	Policy Number: 547
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5. Acute Cardiac Emergency

In the event of an acute current of injury, transport should be to a designated cardiac center, which has 24/7 interventional heart catheterization capabilities. The following is a list of readings from various cardiac monitors that would require transport to a designated cardiac center:

- *** ACUTE MI *** (Zoll Monitor E Series)
- ***STEMI*** (Zoll Monitor X Series))
- ***ACUTE MI SUSPECTED*** (Physio-Control Monitor LifePak 12)
- ***MEETS ST ELEVATION MI CRITERIA*** (Physio-Control Monitor LifePak 15)

The designated cardiac centers in the CCEMSA region are:

- Regional Medical Center
- Kaweah Health Medical Center
- Saint Agnes Medical Center

Transport shall be to the cardiac center that has the quickest transport time if transport time is less than 60 minutes. If transport time is greater than 60 minutes, then transport to the closest appropriate facility or consider helicopter rendezvous. Destination is determined by:

- a. Interpretation of 12-lead ECG; or
- b. Base Hospital consultation if required.

6. Patients who go directly to the closest appropriate receiving hospital:

- a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an advanced airway or OPA, this is not an unstable airway.
- b. Any patient with CPR in progress.
- c. Any critically ill or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

7. Patients who go to a non-receiving hospital:

Patients may be transported to a non-receiving hospital only when the Base Hospital has contacted the receiving doctor and received assurance of immediate acceptance of the patient. Such assurance should then be documented on the Base Hospital run form.

8. Patients who go to a receiving hospital, which is not closest:

Unstable patients who request this hospital and, in the opinion of the Base Hospital Physician, the extra travel time is not dangerous to the patient

Subject: Patient Destination	Policy Number: 547
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C. Fresno County 5150 Holds – Considerations

1. Fresno County 5150 patient criteria for transport Crisis Stabilization Center (CSC) Youth Crisis Stabilization Unit (YCSU):

- a. If the patient meets the following criteria, he/she shall be transported directly to Crisis Stabilization Center (CSC) if age 18 or greater; or the Youth Crisis Stabilization Unit (YCSU) if under 18 years of age:
- No urgent medical complaint or evidence of acute medical/surgical/trauma problem requiring urgent treatment prior to psychotic admission.
 - No alteration in mental status due to dementia or delirium.
 - Glasgow Coma Score 14 or 15.
 - Complete vital signs within limits (HR, RR, BP and GCS).
 - Not febrile to palpation/measurement.
 - Under the influence of alcohol or drugs, patient can walk without assistance and is able to follow verbal commands (does not apply to YCSU).

1) Adults:

- a) Pulse: 50-120 bpm
- b) Systolic Blood Pressure: 100-180 mm Hg
- c) Diastolic Blood Pressure: less than 120 mm Hg
- d) Respiratory Rate: 12-30

2) Pediatrics:

- a) Vital signs appropriate for children (policy 530.32).

NOTE: Refer to the Criteria for Transporting a Fresno County 5150 Patient Directly to Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) Screening Form attached to this policy.

Patients that Crisis Stabilization Center (CSC) and Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium.
 - Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.).
 - Patients in wheelchairs that cannot move independently.
 - Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing.
- b. All other patients on a 5150 hold in Fresno County not meeting the above criteria will be transported to Patient/Family Choice within Fresno County.
- c. Patients placed on a 5150 hold are to be transported to facilities within the county where the 5150 hold was initiated.
- d. The 5150 destination policy does not apply to psychiatric patients who are voluntarily requesting evaluation (not on a 5150 hold). If the patient is not on a 5150 hold, then transport will be to a receiving facility of their choice, which includes CSC or YCSU (Fresno County only) if patient meets criteria within this policy.
- e. In the event that a secondary transfer of a patient received by EMS to a hospital emergency department occurs, the Crisis Stabilization Center shall provide copies of the patient's medical records are included with the patient.
- f. Kaiser Permanente patients on a 5150 hold are to be transported to that facility.
- g. Veteran's Administration patients on a 5150 hold are to be transported to that facility.

Subject: Patient Destination	Policy Number: 547
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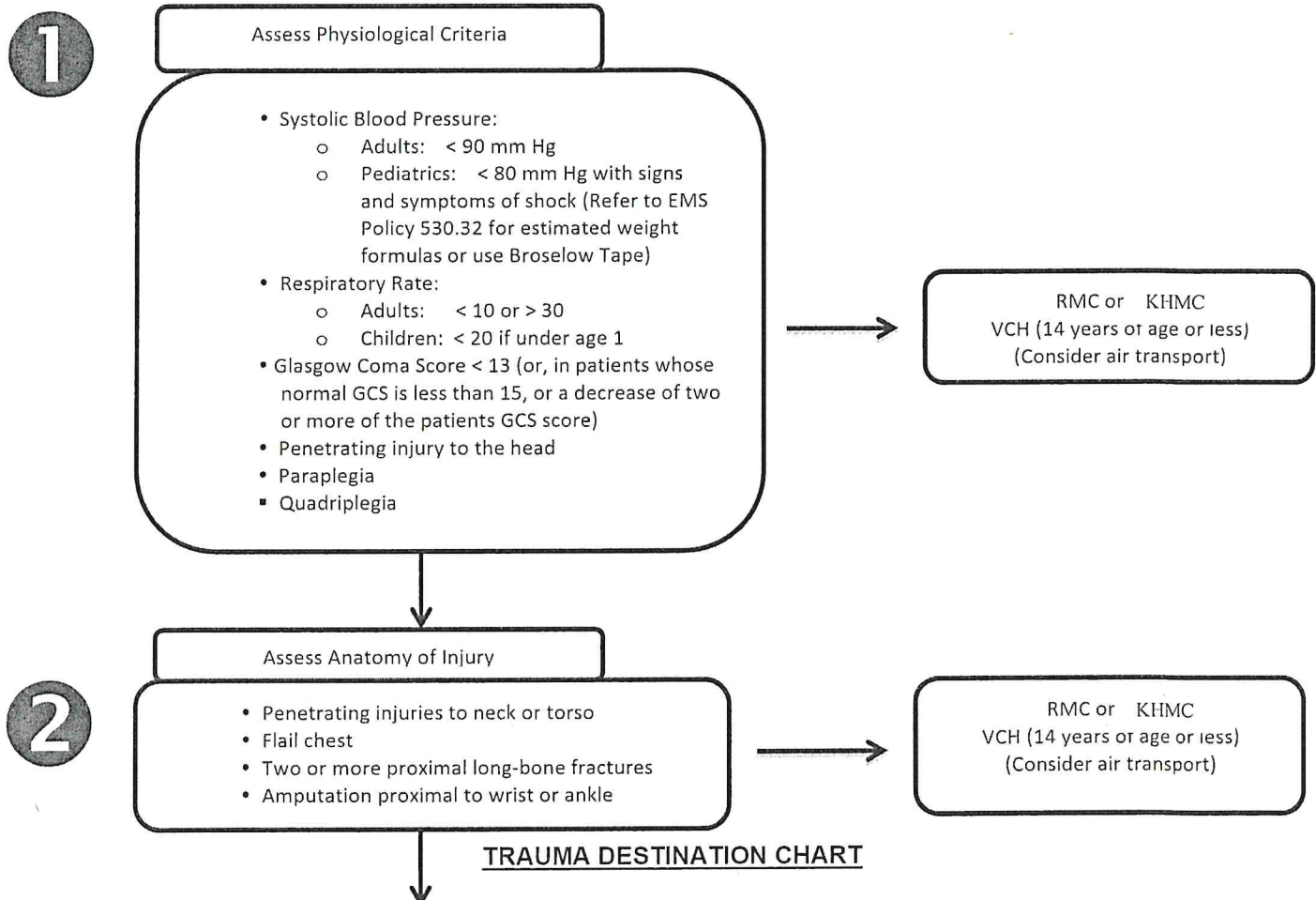
D. Veteran's Administration

1. The Veteran's Administration emergency department will accept all patients with a Veterans Administration (VA) Identification Card or active-duty Department of Defense (DOD) Card (Patient Name Only, no dependent(s). Name of patient on card must be the patient requesting transport). No prior approval or Base Hospital contact is necessary. If the patient requests transport to Veterans Administration emergency department and does not have the identification noted above, contact the VA Emergency Department directly for prior approval before the patient is transported. The complete name and the full social security number will be required. Contact the Veteran's Administration on Med 6 or 241-3600.
2. Patients that cannot be transported directly to the Veteran's Administration are:
 - Cardiac arrest due to trauma
 - Pediatric cardiac arrest
 - Trauma Center Triage Criteria
 - OB patient in active labor
 - Gynecological complaints and known obvious pregnancy with vaginal bleeding
 - ST-segment elevation myocardial infarction (STEMI)

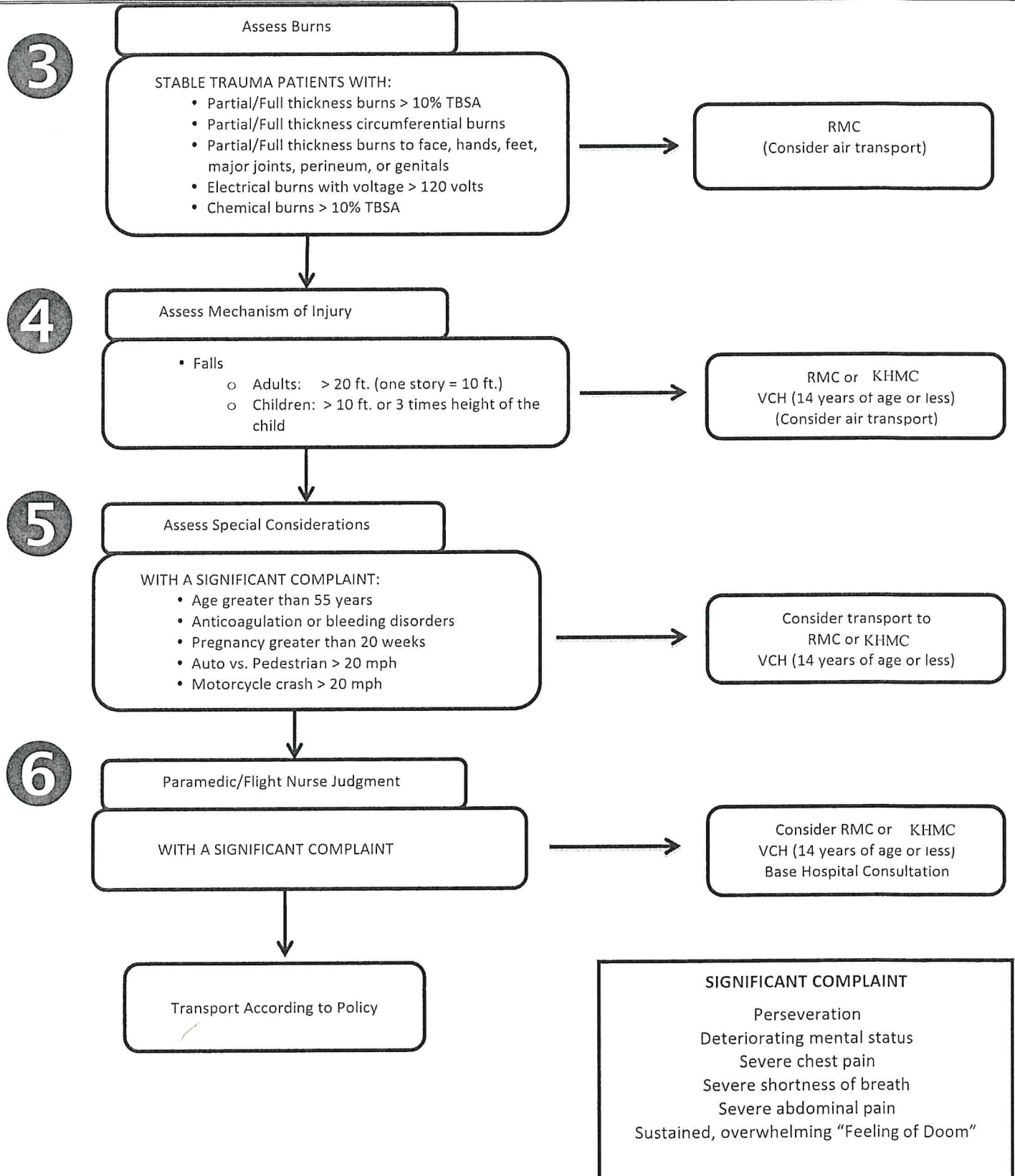
NOTE: INTERFACILITY TRANSPORTS ARE NOT MANAGED THROUGH THIS PROCEDURE.

III. TRAUMA PATIENT DESTINATION

A. Trauma patients shall be transported to the appropriate closest facility in accordance with the following chart:



Subject:	Patient Destination	Policy Number: 547
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Subject: Patient Destination	Policy Number: 547
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NOTE: If transport time is greater than 60 minutes for patients meeting trauma triage criteria, base hospital contact shall be made to determine appropriate destination.

NOTE: If transport time is greater than 2 hours for patients meeting burn triage criteria, base hospital contact shall be made to determine appropriate destination.

B. Triage Criteria

Triage criteria will determine if the patient will be transported to a trauma center or closest receiving hospital.

C. Trauma Patient Destination – Considerations

1. If the patient is in cardiac arrest from penetrating trauma in the greater Fresno or Visalia metropolitan area, the patient should be transported to Regional Medical Center, Kaweah Health Medical Center or Valley Children's Hospital, bypassing a closer receiving facility. However, if the transport time to Regional Medical Center, Kaweah Health Medical Center, or Valley Children's Hospital is greater than ten (10) minutes, then transport should be to the closest receiving facility within ten minutes transport time (Refer to EMS Policy #550).
2. Trauma patients, meeting trauma center criteria, who have a transport time greater than 60 minutes to the trauma center, will require base hospital contact for destination decision.
3. The following types of incidents should be consideration for transport to the designated Trauma Center, based upon paramedic judgment:
 - a. Motorcycle Crash - Non-ambulatory with potential of significant injuries
 - b. Auto versus Pedestrian - Non-ambulatory with potential of significant injuries

***NOTE:** Paramedic judgment is based upon the paramedic's own knowledge and experience to determine if the patient's condition would require transport to a designated Trauma Center due the mechanism of injury and potential underlying injuries. The Paramedic may contact a Base Hospital for advice on destination.*

4. Transport of Trauma Patients by Helicopter

A trauma patient should not be transported by helicopter unless they meet trauma triage criteria to be transported to a trauma center or the patient is inaccessible by ambulance (i.e., wilderness transports). **EXCEPTION:** When the paramedic feels helicopter transport of the patient would be beneficial to the outcome of the patient.

5. Burn Patients

The following patients should be transported directly to the Regional Burn Center (Regional Medical Center) bypassing other hospitals if ETA to Regional Medical Center is within two hours.

- a. Patients with 2° (partial thickness) or 3° (full thickness) burns that are more than 10% total body surface area
- b. Patients with 2° (partial thickness) or 3° (full thickness) circumferential burns of any body part
- c. Patients with 2° (partial thickness) or 3° (full thickness) burns to face, hands, feet, major joints, perineum, or genitals
- d. Electrical burns with voltage greater than 120 volts
- e. Patients with chemical burns greater than 10% total body surface area.

Subject: Patient Destination	Policy Number: 547
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6. Carbon Monoxide Poisoning - Early call-ins to Regional Medical Center should be made for patients that appear to have significant exposure to carbon monoxide poisoning (altered mental status, vomiting, and headaches).
7. Trauma patients who go directly to the closest appropriate receiving hospital:
 - a. Any unstable or unmanageable airway (this is defined as unable to maintain a BLS airway). Example: If the patient can be bagged via a BVM without an ET Tube or OPA, this is not an unstable airway.
 - b. Any patient with CPR in progress (refer to EMS Policy #550).
 - c. Any critically injured or unstable patient when Base Hospital contact is not possible (i.e., Paramedic or EMT must make the ultimate destination decision).

IV. PATIENTS WHO REFUSE TRANSPORT TO THE APPROPRIATE HOSPITAL

A Base Hospital shall be contacted for the purpose of physician consultation on patients who meet one or more of the triage criteria and refuse transport to the appropriate hospital. This will usually not be a problem with the acutely ill patient. However, some patients with normal mental status may wish to be transported to a different hospital than the one selected via the triage criteria. These situations should be treated as "Refusal of Medical Care and/or Transportation" situation (refer to EMS Policy #546). The Base Hospital Physician, after radio contact, may allow the patient to go to the destination of their choice, have a "Refusal of Medical Care and/or Transportation" signed or insist on transport to the designated hospital.

V. SPECIAL CONSIDERATION FOR FRESNO HEART & SURGICAL HOSPITAL DESTINATION

While the Fresno Heart & Surgical Hospital is a hospital within Central California EMS Region, it does not have an emergency department and is not an approved facility for patient transports within EMS Policy and Procedures. Patients who are requesting transport to the Fresno Heart & Surgical Hospital from the prehospital setting will require Base Hospital contact to confirm acceptance. Since the Fresno Heart & Surgical Hospital is under the Community Medical Center organization, EMS personnel should contact Regional Medical Center when requesting transport to the Fresno Heart & Surgical Hospital. If attempts to contact Regional Medical Center are unsuccessful, EMS personnel should contact another Base Hospital. Interfacility transfers involving the Fresno Heart & Surgical Hospital shall be in accordance with EMS Policy #553, "ALS Interfacility Transports".

Central California EMS Agency
Criteria for Transporting a Fresno County 5150/Psychiatric Patient
Directly to CSC or YCSU Screening Form

Patient's Name: _____ **EMS #:** _____

Patient has urgent medical complaint or evidence of acute medical/surgical problem.

☐ True – transport Patient/Family Choice ☐ False

Patient has alteration in mental status due to dementia or delirium.

☐ True – transport Patient/Family Choice ☐ False

Patient has a Glasgow Coma Score 13 or less.

☐ True – transport Patient/Family Choice ☐ False

There are lacerations with a gap of greater than 2 mm or fat/muscle visible in the wound (excludes any type of stab wound).

☐ True – transport Patient/Family Choice ☐ False

There are lacerations or wounds inflicted by others.

☐ True – transport Patient/Family Choice ☐ False

Complete vital signs are within limits:

Adults:

Pulse outside range of 50-120. ☐ True – transport Patient/Family Choice ☐ False

Systolic Blood Pressure outside range of 100-180. ☐ True – transport Patient/Family Choice ☐ False

Diastolic Blood Pressure greater than 120. ☐ True – transport Patient/Family Choice ☐ False

Respiratory Rate outside range of 12-30. ☐ True – transport Patient/Family Choice ☐ False

Pediatrics:

Vital signs inappropriate for children

(Policy 530.32) ☐ True – transport Patient/Family Choice ☐ False

Patient is febrile to palpation/measurement.

☐ True – transport Patient/Family Choice ☐ False

Is patient under the influence of alcohol or drugs?

☐ Yes ☐ No

If yes, to under the influence of alcohol or drugs, does patient require assistance to walk?

☐ True – transport Patient/Family Choice ☐ False

If all of the above answers are **False**, patient may be transported to CSC/YCSU; otherwise, transport is Patient/ Family Choice.

Patients that Crisis Stabilization Center (CSC) or Youth Crisis Stabilization Unit (YCSU) cannot accept:

- Patients with dementia or delirium
- Patients with ongoing medical care (i.e., patients who require continuous oxygen use, catheters, wired devices, etc.)
- Patients in wheelchairs that cannot move independently
- Patients with any open wound, laceration, skin ulcer, or decubitus that requires anything more than once daily dry gauze and tape dressing

ATTACHMENT E

Fresno County Crisis Stabilization Center Authorization and Approval Letter

Re-submittal of updated letter



County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT, LMFT
DIRECTOR
PUBLIC GUARDIAN

September 5, 2023

David Luchini, Director
Department of Public Health
County of Fresno
1221 Fulton Mall
Fresno, CA 93721

The Fresno County Department of Behavioral Health (DBH) oversees the subcontracted operation of Fresno County's 24/7 Crisis Stabilization Centers (CSC), which provide mental health treatment and crisis stabilization care for adults and youth experiencing an acute behavioral health crisis. These facilities accept both voluntary and involuntary individuals, as approved by the California Department of Health Care Services for the involuntary detainment, evaluation, and treatment of adults and minors pursuant to Welfare and Institutions Code (WIC) Sections 5150 et seq., 5585.50 through 5585.59 and 5751.7. In addition, this facility is compliant with California Code of Regulations (CCR) Title 9 and Section 663.

The purpose of this letter is to reaffirm our support for the Emergency Medical Services (EMS) System's Triage to Alternate Destination Program that allows individuals experiencing a behavioral health crisis in the prehospital setting to be transported by ambulance directly to the CSCs. In partnership with the EMS Agency, American Ambulance, and Exodus Recovery, we have developed a proven destination criteria that safely and effectively directs individuals to our CSCs, which allows them to receive immediate evaluation and treatment.

DBH has reviewed the existing EMS policy #547, the new EMS policy related to the Triage to Alternative Destination program (both attached) and the CCR Title 22, Division 9, Chapter 5 as it relates to Triage to an Alternate Destination and will ensure that the subcontracted CSCs adhere to all requirements including, but not limited to the following:

1. The CSCs shall maintain and adhere to all regulations to ensure continued approval as an authorized alternate destination for ambulance transports.
2. The CSCs shall accept all appropriate individuals who meet destination criteria regardless of the individuals' ability to pay.
3. A registered nurse licensed in the State of California shall always be on-site.
4. Nursing staff on-site shall have current certification in cardiopulmonary resuscitation (CPR).
5. The CSCs shall provide monthly data requested by the EMS Agency, including the following:

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- a. Total number of persons served transported by EMS who were treated and released;
 - b. Total number of persons served transported by EMS who were transferred to another behavioral health facility for further treatment;
 - c. Total number of persons served transported by EMS who were transferred to an emergency department within 6 hours of initial arrival at the CSC and individuals' reason for transport;
 - d. Total number of persons served transported by EMS who were transferred to an emergency department greater than 6 hours of initial arrival at the CSC;
 - e. Total number of persons served arriving by ambulance who were not accepted and were re-directed to an emergency department, including the reason for re-direct for each incident; and
 - f. Any additional data, as requested by the EMS Agency and approved by DBH, necessary for reporting requirements as related to the Triage to Alternative Destination Program.
6. The CSCs shall participate in the EMS Agency's Continuous Quality Improvement Program as it relates to the Triage to Alternate Destination Program, which includes providing feedback and recommendations for improvement of the Triage to Alternative Destination Program.
7. The CSCs shall notify the EMS Agency through its EMS Communications Center any changes in its status to accept patients and will notify the EMS Agency within 24 hours of any change in status regarding its ability to continue the provision of services.
8. The Department of Behavioral Health is compliant with Health and Safety Code Division 2, Chapter 2 Article 7, Section 1317 related to licensing and certification of the CSCs and understands that failure to operate terminates the participation in the Triage to Alternate Destination Program.

We greatly appreciate our collaborative partnership with the Department of Public Health and the EMS Agency and look forward to our continued success with the Triage to Alternate Destination Program.

Respectfully,



Susan Holt (Sep 5, 2023 11:45 PDT)

Susan L. Holt, LMFT
Director-Public Guardian
Department of Behavioral Health
County of Fresno

cc: Joseph Rangel, Division Manager, DBH Contracted Services
Kristin Lynch, Senior Staff Analyst, DBH Contracted Services

Attachments

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State of California—Health and Human Services Agency
Department of Health Care Services



January 28, 2022

Susan L. Holt, LMFT
Interim Director/Public Guardian
Department of Behavioral Health, County of Fresno
1925 E. Dakota Avenue
Fresno, California 93726

Dear Ms. Holt:

The California Department of Health Care Services (CDHCS) has received your letter dated January 28, 2022, requesting approval to increase the number of designated beds/capacity for Exodus Recovery Fresno Crisis Stabilization Center (ERFCSC), located at 4441 E. Kings Canyon Road, Fresno, CA 93702.

Your request to increase ERFCSC's beds/capacity from 39 beds to 69 for adult clients age 18 and over and for youth clients under the age 18 is approved. Approval of your request is contingent upon ERFCSC's compliance with the staffing requirements for inpatient services contained in the California Code of Regulations, title 9, and section 663.

It is understood that ERFCSC will continue to comply with applicable laws relating to Welfare and Institutions Code sections 5150 *et seq.*, 5585.50 through 5585.59 and 5751.7. It is also understood that minors shall not commingle with the adult program population and that the facility shall provide separate housing arrangements, treatment staff, and treatment programs exclusively devoted to serving minors who are housed in the approved facility treatment ward.

The County is instructed to notify the CDHCS immediately of any adverse action or termination of the designation by Fresno County Behavioral Health Department regarding ERFCSC. The termination of the designation of ERFCSC will simultaneously result in the department's withdrawal of its approval.

Sincerely,

Henry Omoregie

HENRY OMOREGIE
Chief
Mental Health Licensing Section

cc: Robert Dutile, Administrator, ERFCSC

EMERGENCY MEDICAL SERVICES AUTHORITY

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



June 5, 2024

Dan Lynch, EMS Director
Central California County Emergency Medical Services Agency
PO Box 11867
Fresno, CA 93775

Dear Dan Lynch,

This letter is in response to Central California County Emergency Medical Service (EMS) Agency's 2023 EMS, Triage to Alternate Destination (TAD), Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan, submissions to EMSA on January 25, 2024.

EMSA 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 the enclosed EMS area/subarea status, compiled by EMSA.

EMSA has also reviewed the TAD, Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 5, 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, local EMS agencies must annually submit EMS plans to EMSA. Central California County EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2024 EMS plan will be due on or before June 5, 2025. Concurrently with the EMS plan, please submit an annual TAD, Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or roxanna.delao@emsa.ca.gov.

Sincerely,

Tom McGinnis

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

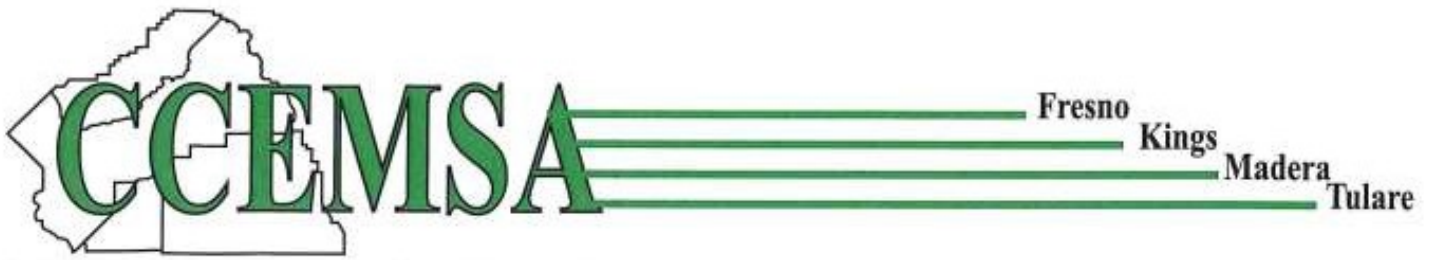
Enclosure:
AW: rd

11120 INTERNATIONAL DR., SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

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Dan Lynch
June 5, 2024
Page 3

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Central California Emergency Medical Services Agency

A Division of Fresno County
Department of Public Health

January 25, 2024

Tom McGinnis, Chief
State of California
Emergency Medical Services Authority
EMS Division
11120 International Drive, Suite 200
Rancho Cordova, CA 95670

Chief McGinnis,

Please find included with this letter the 2023 Central California EMS Plan update.

The EMS Plan submission from the Central California EMS Agency includes the following plan updates:

- Continuous Quality Improvement Plan update
- STEMI Plan update
- Stroke Plan update
- Trauma Plan update, and
- Triage to Alternate Destination

We appreciate the time that is involved to review these documents. If you have any questions, please contact me by email at dlynch@fresnocountyca.gov or by telephone at (559) 600-3387.

Sincerely

A handwritten signature in blue ink, appearing to read "Daniel J. Lynch", is positioned above the printed name and title.

Daniel J. Lynch
EMS Director

Central California Emergency Medical Services Agency

2023 REGIONAL EMERGENCY MEDICAL SERVICES PLAN UPDATE



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Donna Ortiz

January 2024

Central California Emergency Medical Services Agency
A Division of Fresno County Department of Public Health

Director of Emergency Medical Services.....Daniel Lynch

Emergency Medical Services Medical DirectorJim Andrews, M.D.

Table of Contents

System Summary	3
Confirmation of Compliance with New Laws and Regulations	7
EMS System Standards Update Chart	9
TABLE 1: System Organization and Management	20
TABLE 2: System Organization and Management	29
TABLE 3: Personnel/Training	37
TABLE 4: Communications	38
TABLE 5: Response/Transportation.....	42
TABLE 6: Facilities/Critical Care	43
TABLE 7: Disaster Medical	44
TABLE 8: Resource Directory – EMS Providers.....	55
TABLE 9: Resource Directory - Facilities	99
TABLE 10: Resource Directory - Training Programs.....	114
TABLE 11: Resource Directory - Dispatch Agency	123
AMBULANCE ZONE SUMMARY FORM	125

Central California EMS Agency
2023 EMS Plan UPDATE

System Summary

This Emergency Medical Services (EMS) Plan update outlines the progress that has occurred over the past year. It is difficult to discuss the changes in the last year without acknowledging the incredible impact of the unprecedented rain and snowfall in the first half of the year and the continued impact of hospital overcrowding and its impact on the healthcare system, which includes the EMS system. While COVID-19 has greatly reduced its stronghold on the County, our community continues to be challenged by respiratory illness, RSV, flu and some impact from COVID-19. Exacerbated by the closure of Madera Community Hospital in January 2023, these healthcare issues continue to push the hospital systems to their near-breaking points. The admission rates of hospitals have increased significantly, and hospital emergency departments are routinely filled with admitted patients waiting for an available hospital bed. The EMS system is frequently impacted by increased ambulance patient off-load times (APOT).

The EMS System continues to address significant disruptions and distractions caused by unnecessary legislation and/or legal challenges that potentially threaten to change the effective operations of the EMS system. While isolated localized disagreements occur in other parts of the state, the "fix" to that disagreement often becomes a legislative change, unnecessarily impacting all EMS systems. Fire services throughout the state are on the offensive intending to control EMS. They are using the court system and the legislative processes to push agendas beneficial to their cities or jurisdictions and catastrophic to organized countywide EMS systems. Regardless of whether the EMS system works well, counties and EMS agencies must spend time, energy, and money trying to protect themselves from these unnecessary actions. Staff time and costs to address these conflicts are overwhelming to a system with limited staff and very little access to funding for the EMS system.

The CCEMSA region continues to see increases in ambulance rates due to the costs to recruit/retain personnel and other costs impacted by historic inflation. The CCEMSA has struggled to maintain programs and services due to increased costs and limited funding. The largest of the region's four counties, Fresno County, has been burdened with additional expenses that the three other member counties cannot fund and has been subsidizing these counties rather than decreasing the level of services. Fortunately, with the assistance of EMSA, the six EMS regions in the state successfully increased the State General Fund assistance for EMS regions beginning in FY 22/23. This additional funding has been a game-changer and has benefited the regional EMS agencies in covering unrecoverable costs and moving forward with sustaining services and programs.

EMS system providers have gradually recovered from the impacts of COVID-19 as it is related to staffing and financial sustainability. The volume of non-emergent patients transported by ambulance and seen in local emergency departments exceeds historical levels. Over 60% of the residents in the CCEMSA Region are Medi-Cal dependent, and 90% of the ambulance patients are either on Medi-Cal or Medi-Care. Since both Medi-Cal and Medicare are fixed rates and do not cover the marginal cost of ambulance transport, this leaves a substantial financial burden on the patient, ambulance provider, and private insurance carriers. The EMS Agency has supported legislation to add additional funding to the ambulance system through increases in Medi-Cal, the Quality Assurance Fee, the Ground Emergency Medical Transport program, and the Intergovernmental Transfer process. California Assembly bill 716 appears to be helpful to ambulance

providers. However, the increasing burden on ambulance providers and the lack of stable reimbursement of ambulance services will continue to place the EMS system in a challenging position.

Overall, the EMS system remains resilient. While the COVID-19 pandemic has taken its toll, EMS providers and, albeit extremely busy, hospitals continue to manage sufficiently to provide quality services. The primary strength of the CCEMSA system is the partnerships and relationships between first responders, ambulance providers, hospitals, and the EMS agency.

The EMS system continues to use the Fresno County Crisis Stabilization Center as an approved alternate destination. On September 7, 2023, The EMS Authority approved the Triage to Alternate Destination Program. The program has been very successful. While this program was included in the EMSA's original pilot program since 2018, Fresno County has been using this alternate destination for over 20 years. This alternate destination is very important to the EMS system because nearly 50% of prehospital patients on a 5150 hold (over 400 patients) each month are transported to the alternate destination rather than to an emergency department. A specific report on the Triage to Alternate Destination is included with the EMS plan document.

The EMS Agency has made significant progress this past year, despite the challenges of 2023. The EMS plan sets out the priorities of the EMS system and lists the objectives to be achieved and maintained. The following is a summary of the progress made since our last EMS Plan update.

- System Organization and Management
 - Spent time and effort protecting the EMS region and EMS agency system from disruptive legislation and regulations that would decrease local control, remove medical control, and add significant costs to system operations.
 - Added an assistant EMS Medical Director that will assist the EMS agency in its continuity of operations as retirements are considered.
 - Updated EMS Policies and Procedures for the 4-county EMS region
 - Construction and implementations of a new EMS Training Facility that serves Fresno, Kings, Madera, and Tulare counties and several fire departments in Fresno County.
 - Reorganized the EMS Agency staffing and responsibilities in response to staffing changes.
 - With assistance from the EMS Authority, we secured additional State General Fund assistance to help support the regional EMS system.
 - Updated multiple prehospital agreements.
- Staffing and Training
 - Continued the expansion of the capacity of two paramedic training courses each year in an effort to increase the number of paramedic graduates, which will assist in the recruitment and employment of paramedics throughout the region.
 - Upgraded training equipment and resources through the use of grant funds to increase skills retention and primary training.
 - The EMS Agency paramedic program coordinated with the other paramedic training program in the EMS region to share and coordinate the use and training of paramedic preceptors to assure consistency in oversight.

- Communications
 - Installed and implemented a backup radio system for dispatch redundancy.
 - Continued the build-out and installation of communications infrastructure for med channel 102, which will be used for a region-wide coordination channel.
 - EMS Policy 408 – Helicopter Dispatch, has been updated to include language in section 100306 of the California Code of Regulations.
- Response and Transportation
 - Continued to address the increase of non-emergent requests for ambulance and impact on overwhelmed hospital emergency departments. The EMS agency implemented its “Assess and Refer” program and its suspension of ambulance responses to low priority requests.
 - Continued to monitor policies to address immediate transport of patients as a priority.
 - Monitor EMS response to 5150 and mental health patients. Continue work with behavioral health departments to better manage the care and destination of clients. This includes the participation in the triage to alternate destination program.
 - Prepare and distribute monthly performance reports on ambulance providers.
 - Completed the annual ambulance rate study for the region.
 - Continued to work with hospitals and ambulance providers on ambulance patient off-load times.
- Facilities and Critical Care Centers
 - Participation and leadership of the Central Region Trauma Coordinating Committee for development and management of a trauma system with-in the surrounding 12 counties.
 - Assist in the ACS re-verification of Community Regional Medical Center as a Level I Trauma Center and Kaweah Delta Medical Center as a Level III Trauma Center, and Valley Children’s Hospital as a Level II Pediatric Trauma Center. All trauma centers have ACS verification.
 - The Fresno County Crisis Stabilization Center continues to serve as an approved alternate destination for prehospital behavioral health patients.
 - Staff has been meeting with hospitals and stroke coordinators to develop and finalize a stroke destination system. This includes development of policies/procedures and agreements. The challenge that has delayed this project is the overcrowded hospital issue and the limited appetite to work on this particular issue.
 - STEMI center policies have been implemented and Agreements are currently being approved by the hospitals and Board of Supervisors.
 - The EMS Agency monitors the hospital census and emergency department status due to the overcrowding issues.
- Data Collection and Evaluation
 - Continued to evaluate and monitor on-scene time performance regarding STAT trauma and STAT Medical patients.
 - Continued the collection, verification and submittal of prehospital and trauma data to CEMSIS.
 - Transitioned patient care information data set to the latest version of NEMSIS and continue to work with providers to assure that data is correct.
 - Continued participation in the Central Valley Health Information Exchange and participated

with Manifest Medex in the +EMS project. This included development of POLST in the EMS system.

- Established an online certification/accreditation process that allows for additional application data to meet the reporting requirements of state regulations.
- The EMS Agency collected and reported Ambulance Patient Offload Times to the State and system participants.
- The EMS agency purchased and has been implementing FirstWatch software to better monitor system performance and improve reporting capabilities.

- Disaster Response

- Each County in the region employs a Medical/Health Operational Area Coordinator (MHOAC). The past two years have been challenging, which required expanding staffing and resources for this program. The MHOAC staffing and response has been refined. The designated MHOACS in the region are:

Fresno County – Curtis Jack	Madera County – Terrance Carter
Kings County – Alexander Mena	Tulare County – Annette Burgos
- The MHOAC, in cooperation with the county office of emergency services, local public health department, the local office of environmental health, the local department of mental health, the local EMS agency, the local fire department, the regional disaster and medical health coordinator (RDMHC), and the regional office of the Office of Emergency Services, shall be responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. This plan shall include preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and have procedures that include the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist the agency operational area coordinator in the coordination of medical and health disaster resources within the operational area and be the point of contact in that operational area, for coordination with the RDMHC, the agency, the regional office of the agency, the State Department of Public Health, and the authority.
- Manage and implement the Public Health Emergency Preparedness Program and the Hospital Preparedness Program (HPP) Grants
- Participation and leadership of the Homeland Security Grant Committee
- Planning and implementation of disaster drills including tabletop and functional hospital exercise, hazmat and MCI training, Incident Command System training, and ambulance strike team leader training.
- Deployed ambulance strike teams to San Francisco for the Asia-Pacific Conference.
- Continued implementation and training of EMS policies related to multi-casualty/mass casualty incidents, including prehospital, hospital, dispatch and EMS Agency responses.
- Training and preparedness for deployment of ambulance strike teams incidents throughout the state
- The local EMS agency is involved in disaster planning and participates in disaster exercises in the operational area.

- Public Information and Education

- Release of media information and participation in media events related emergency medical services.

- Provided regular updates and impromptu interviews to news media regarding hospital overcrowding and the status of hospitals and EMS system.

Confirmation of Compliance with New Laws and Regulations

The Central California EMS Agency participates in the EMSAAC legislative committee and maintains a strong awareness and vigilance of any legislation associated with emergency medical services. While there has been an increasing number of legislative activities related to EMS in the last few years, the EMS Agency has worked very hard to ensure that the EMS Agency and its EMS providers are in full compliance with all statutes and regulations.

The approval of the Community Paramedic or Triage to Alternate Destination regulations on November 1, 2022, required Fresno County to apply for approval to continue its existing Triage to Alternate Destination program., which was approved by the EMS Authority on September 7, 2023. This program has been extremely important to the Fresno County EMS system because it allows almost 50% of the prehospital behavioral health patients to be transported to the County's Crisis Stabilization Center instead of a overcrowded hospital emergency department.

SB 438 was approved on October 1, 2019 and addressed emergency medical services dispatch. The Fresno County Department of Public Health's Emergency Services Division owns and operates a regional EMS and Fire Dispatch Center. This public safety dispatch center receives all medical 9-1-1 calls in Fresno, Kings, and Madera Counties and is the designated EMS dispatch center for all ambulance providers in those counties. In addition, it is also the primary fire department dispatch center for the Cities of Fresno, Clovis, Sanger, Hanford and North Central Fire Protection District and the community of Laton. The Fresno County EMS Communications Center receives and dispatch approx. 280,000 calls per year. The County of Tulare also has a consolidated EMS dispatch center that is recognized by the County, EMS agency, and fire agencies as the designated EMS dispatch center in Tulare County.

Both dispatch centers meet the requirements of SB 438, which includes Government Code Section 53110, Health and Safety Code Sections, 1797.223 and 1798.8. We are very proud of the dispatch center and the consolidation of EMS and Fire services, which provides a very efficient and cost-effective service to the community. We invite the EMS authority to visit this unique and important resource that serves the central valley.

Title 22 Chapter 4, section 100170 – Medical Control requires that EMS policies be established to provide for direct voice communications between a paramedic and base hospital physician, authorized nurse, or MICN, as needed. CCEMSA Policy 530.02 – general procedures outline the call-in criteria and call-in formats. EMS Policy 400 – EMS Communications Center Overview identifies the specific radio channels and frequencies designated for all base hospital and receiving hospitals.

EMS Policy 311 – Base Hospital Criteria, currently outlines the requirements to operate as a base hospital, which includes the maintenance of written and recorded messages. These records are available for medical control upon request. Recordings and documents are regularly used in continuing educations classes and training courses.

Title 22 Chapter 8, section 100306 – [EMS Helicopter] Space and Equipment – While the EMS helicopters based in the region already comply with section 100306, it was noted that this requirement is not documented in policy. We have updated CCEMSA Policy 408 – Helicopter Dispatch, to specifically address CCR 100360.

EMS System Standards Update Chart

See the chart in the following pages

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.01	Each Local EMS Agency shall have a formal organizational structure which includes both staff and non-agency resources and which includes appropriate technical and clinical expertise.	<input checked="" type="checkbox"/>	The EMS Agency has reorganized staff to address the priorities of the EMS Agency and to address cross-training of personnel through-out the agency. The organizational chart included in this update reflects the changes that have been made in job assignments.	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.
1.02	Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes	<input checked="" type="checkbox"/>	The EMS Agency Continuous Quality Improvement committee has implemented the evaluation of the alternate destination program. This committee also reviews the EMS agency's Assess and Refer program.	The objective is to monitor the care and treatment of EMS responses and report outcomes to the EMS system.
1.04	Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine. The local EMS agency medical director should have administrative experience in emergency medical services systems.	<input checked="" type="checkbox"/>	In 2023, the EMS agency added an assistant EMS Medical Director to the organization who is a fellow on emergency medicine and will assist in training and CQI.	Continue to improve and enhance the EMS system wherever possible

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.07	<p>The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.</p> <p>The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions</p>	☑	Valley Children's Hospital, and Community Regional Medical Center were re-verified by ACS. All trauma centers in CCEMSA are ACS verified and that is the standard in the EMS region.	All trauma centers in the EMS region will achieve verification through ACS.
1.09	Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.	☑	The EMS agency has set a goal to re-engineer the inventory system to assure response capabilities	Continue to improve response to special populations.
1.10	<p>Each Local EMS Agency shall identify population groups served by the EMS system which require specialized services.</p> <p>Each EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services.</p>	☑	While the EMS agency has met this requirement for many years, the one area of weakness was in disaster response and identifying these populations in the event of evacuation due to power shut-off or other disasters requiring evacuation. We are working with our PHEP program and our various county departments to develop a better plan to access data that would identify fragile populations.	Continue to improve response to special populations.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations.	<input checked="" type="checkbox"/>	In 2023, the EMS Agency purchased FirstWatch software to increase its capability of monitoring the system. The purchase also allows the EMS providers access to the system for monitoring and improvement.	Continue to improve and enhance the EMS system wherever possible.
1.13	Each Local EMS agency shall coordinate EMS system operations	<input checked="" type="checkbox"/>	In 2023, the EMS Agency worked with CalFire to upgrade and enhance the connection of dispatch computers through a Cad-to-Cad interface. This allowed for immediate sharing of call information and coordination with first responders.	Continue to improve and enhance the EMS system wherever possible.
1.14	Each Local EMS Agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.	<input checked="" type="checkbox"/>	The policy and procedures are reviewed, and policies are updated as needed on the EMS Agencies updated website. All policies and procedures are posted on the EMS agency website and changes to EMS policy are posted as draft and also sent out through social media when implemented.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
1.15	Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.	<input checked="" type="checkbox"/>	In 2023, the EMS Agency purchased FirstWatch software to increase its capability of monitoring the system. The purchase also allows the EMS providers access to the system for monitoring and improvement.	Continue to improve and enhance the EMS system wherever possible.
1.16	Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund	<input checked="" type="checkbox"/>	The EMS Agency has been struggling with a balanced budget due to increasing personnel costs and impacts of inflation. The EMS Agency is re-assessing fees and the costs to its member counties. The EMS Fund has decreased, and this has increased the need to adjust fees. With successful results, the EMS agency worked with the EMS Authority and the other EMS regions to increase regional general funds, which went into effect FY 22/23.	To maintain funding and staffing levels that allows the EMS Agency to meet the requirements of the EMS Act and Code of Regulations.
2.01	The EMS agency shall routinely assess personnel and training needs	<input checked="" type="checkbox"/>	The EMS Agency continued to increase the capacity of its primary paramedic training courses. This required adding an FTE to the primary paramedic program. The EMS agency replaced and updated training equipment to assure that students and providers have the most appropriate equipment and resources. In May, the EMS training relocated to a larger space to accommodate larger class sizes.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
3.01	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting, advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.</p>	<input checked="" type="checkbox"/>	<p>This year, backup mechanisms were finalized to access EMS channels. In addition, Med 102 infrastructure installations were started and scheduled to be final by 2024.</p> <p>EMS Policy 400 is the region's EMS communications plan and was updated to account for additional ambulance identifiers and channels.</p>	Continue to improve and enhance the EMS system wherever possible.
2.04 and 3.09	Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines	<input checked="" type="checkbox"/>	The Fresno CalFire dispatch center receives medical 9-1-1 calls directly from PSAPS and then transfers through a cad-to-cad interface to the EMS agency's designated EMS dispatch center for prearrival instructions and priority dispatch determination.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
3.05	All hospitals within the local EMS system shall have the ability to communicate by two-way radio	<input type="checkbox"/>	Hospitals throughout the EMS region use StatusNet software, which is a hospital-to-hospital communications system. This software has been installed in every receiving hospital and allows the hospitals to communicate with each other.	Continue to improve and enhance the EMS system wherever possible.
3.09 / 4.03 / 6.04	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response	<input checked="" type="checkbox"/>	The two designated EMS dispatch centers in the CCEMSA use Medical Priority Dispatch System, which is in compliance with AB 438 and EMS agency policy and procedures. The priorities for each type of response are determined/approved by the EMS Medical Director. These priorities are routinely evaluated by EMS agency staff.	Continue to improve and enhance the EMS system wherever possible.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
4.01	<p>Each local EMS Agency shall determine the boundaries of emergency medical transportation service areas.</p> <p>The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas</p>	<input checked="" type="checkbox"/>	This year, the EMS agency worked with a Madera County ambulance provider to modify response areas for compliance updates and to assure that the closest ambulance was sent.	Continue to find opportunities to increase the level of service throughout the EMS region
4.03 and 6.04	The local EMS agency shall determine criteria for classifying medical requests and shall determine the appropriate level of medical response for each.	<input checked="" type="checkbox"/>	The EMS Medical Director and the EMS director perform a very specific and deep re-evaluation of the response data every 3 years to assure that the appropriate response priority is assigned to each call determinant. This evaluation is an in-depth study of 3 years data, consisting of over 300,000 responses. The result has safely reduced the number of vehicles responding with red lights and sirens.	Continue to find opportunities to increase the level of service throughout the EMS region

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.	<input checked="" type="checkbox"/>	The EMS agency has worked closely with the trauma centers and the local hospital council to re-establish and update transfer protocols and procedures for interfacility transfers. In addition, prehospital triage protocols have also been reviewed as we establish stroke center procedures. A new transfer agreement for all hospitals was approved in September 2023.	Continue to find opportunities to increase the level of service throughout the EMS region
5.05	<p>The local EMS agency shall encourage hospitals to prepare for mass casualty management.</p> <p>The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.</p>	<input checked="" type="checkbox"/>	This year, the EMS Agency's Disaster Coordinator provided Hospital Incident Command System training to several hospitals in the region.	Continue to work with local area hospitals for integration into the EMS system.

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
5.13	<p>Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved including:</p> <ul style="list-style-type: none"> a) The number and role of system participants b) The design of catchment area c) Identification of patients who should be triaged or transferred to a designated center d) The role of non-designated hospitals including those which are outside of the primary triage area, and e) A plan for monitoring the evaluation of the system. 	<input checked="" type="checkbox"/>	Fresno County utilizes the Crisis Stabilization Center as an approved alternat destination for prehospital behavioral health patients. This program was originally approved as a pilot project in 2018 and was approved by the EMS Authority in September 2023.	Continue to work with local area hospitals for integration into the EMS system.
5.14	In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	<input checked="" type="checkbox"/>	The EMS agency has been working with system participants on the development of a prehospital stroke system. It is anticipated that a stroke system will be implemented in 2024 with great involvement of hospitals and in accordance with the newly approved state regulations.	Continue to work with local area hospitals for integration into the EMS system

Standard	EMSA Requirement	Meets Minimum Req.	Progress	Objective
6.04	The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post-dispatch directions.	<input checked="" type="checkbox"/>	<p>Using other grant funds, the EMS agency purchased FirstWatch software system to assist in the management of date and provide easier access to system reporting and monitoring.</p> <p>This system will eventually be integrated with patient care reports.</p>	Continue to improve and enhance the EMS system wherever possible.

TABLE 1: System Organization and Management

Agency Administration	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.01 LEMSA Structure		X		X	
1.02 LEMSA Mission		X		X	
1.03 Public Input		X		X	X
1.04 Medical Director		X	X		

Planning Activities

1.05 System Plan		X		X	
1.06 Annual Plan Update		X		X	
1.07 Trauma Planning		X	X	X	X
1.08 ALS Planning		X			
1.09 Inventory of Resources		X		X	
1.10 Special Populations		X	X		X
1.11 System Participants		X	X	X	

Regulatory Activities	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.12 Review & Monitoring		X		X	
1.13 Coordination		X		X	
1.14 Policy & Procedures Manual		X		X	
1.15 Compliance w/ Policies		X		X	

System Finances

1.16 Funding Mechanism		X			
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Medical Direction	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.17 Medical Direction		X		X	X
1.18 QA / QI		X	X	X	
1.19 Policies, Procedures, Protocols		X	X	X	X
1.20 DNR Policy		X		X	X
1.21 Determination of Death		X		X	
1.22 Reporting of Abuse		X		X	
1.23 Interfacility Transfer		X		X	

Enhanced Level: Advanced Life Support

1.24 ALS Systems		X	X	X	X
1.25 On-Line Medical Direction		X	X	X	

Enhanced Level: Trauma Care System	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
1.26 Trauma System Plan		X		X	

Enhanced Level: Pediatric Emergency Medical and Critical Care System

1.27 Pediatric System Plan		X			
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Enhanced Level: Exclusive Operating Areas

1.28 EOA Plan		X		X	X
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Staffing / Training

Local EMS agency	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.01 Assessment of Needs		X		X	X
2.02 Approval of Training		X			X
2.03 Personnel		X		X	

Dispatchers

2.04 Dispatch Training		X	X	X	X
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First Responders (non-transporting)

2.05 First Responder Training		X	X	X	X
2.06 Response		X		X	X
2.07 Medical Control		X			

Transporting Personnel

2.08 EMT-I Training		X	X	X	X
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Hospital

2.09 CPR Training		X			
2.10 Advanced Life Support		X	X		X

Enhanced Level: Advanced Life Support	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
2.11 Accreditation Process		X			X
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X		X	

Communications

Communications Equipment	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
3.01 Communication Plan		X	X	X	X
3.02 Radios		X	X	X	
3.03 Interfacility Transfer		X		X	
3.04 Dispatch Center		X			
3.05 Hospitals		X	X	X	X
3.06 MCI/Disasters		X		X	X

Public Access

3.07 9-1-1 Planning/Coordination		X	X	X	
3.08 9-1-1 Public Education		X		X	

Resource Management

3.09 Dispatch Triage		X	X	X	X
3.10 Integrated Dispatch		X	X		

Response / Transportation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.01 Service Area Boundaries		X	X	X	X
4.02 Monitoring		X	X	X	X
4.03 Classifying Medical Requests		X		X	X
4.04 Prescheduled Responses		X			

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.05 Response Time Standards		X	X	X	X
4.06 Staffing		X		X	X
4.07 First Responder Agencies		X		X	X
4.08 Medical & Rescue Aircraft		X		X	X
4.09 Air Dispatch Center		X			
4.10 Aircraft Availability		X		X	X
4.11 Specialty Vehicles		X	X	X	X
4.12 Disaster Response		X		X	X
4.13 Intercounty Response		X	X	X	X
4.14 Incident Command System		X		X	X
4.15 MCI Plans		X			

Enhanced Level: Advanced Life Support

4.16 ALS Staffing		X	X		X
4.17 ALS Equipment		X			

Enhanced Level: Ambulance Regulation	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
4.18 Compliance		X		X	X

Enhanced Level: Exclusive Operating Permits

4.19 Transportation Plan		X		X	X
4.20 "Grandfathering"		X			
4.21 Compliance		X		X	X
4.22 Evaluation		X			X

Facilities / Critical Care

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
5.01 Assessment of Capabilities		X	Action needed to complete	X	X
5.02 Triage & Transfer Protocols		X		X	X
5.03 Transfer Guidelines		X			X
5.04 Specialty Care Facilities		X			X
5.05 Mass Casualty Management		X	X	X	
5.06 Hospital Evacuation		X		X	

Enhanced Level: Advanced Life Support

5.07 Base Hospital Designation		X			
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Enhanced Level: Trauma Care System

5.08 Trauma System Design		X			X
5.09 Public Input		X			

Enhanced Level: Pediatric Emergency Medical and Critical Care System

5.10 Pediatric System Design		X		X	X
5.11 Emergency Departments		X	X		X
5.12 Public Input		X		X	

Enhanced Level: Other Specialty Care Systems

5.13 Specialty System Design		X			X
5.14 Public Input		X			

Data Collection / System Evaluation

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
6.01 QA/QI Program		X	X	X	X
6.02 Prehospital Records		X			X
6.03 Prehospital Care Audits		X	Action needed to complete	X	X
6.04 Medical Dispatch		X		X	
6.05 Data Management System		X	Action needed to complete	X	X
6.06 System Design Evaluation		X			X
6.07 Provider Participation		X			
6.08 Reporting		X			X

Enhanced Level: Advanced Life Support

6.09 ALS Audit		X	Action needed	X	X
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Enhanced Level: Trauma Care System

6.10 Trauma System Evaluation		X		X	X
6.11 Trauma Center Data		X	Action needed to complete	X	X

Public Information and Education

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

Disaster Medical Response

Universal Level	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long-range Plan
8.01 Disaster Medical Planning		X		X	
8.02 Response Plans		X	X	X	
8.03 HazMat Training		X			
8.04 Incident Command System		X	X		
8.05 Distribution of Casualties		X	X	X	
8.06 Needs Assessment		X	X		
8.07 Disaster Communications		X		X	X
8.08 Inventory of Resources		X	X	X	X
8.09 DMAT Teams	n/a			X	
8.10 Mutual Aid Agreements		X		X	X
8.11 CCP Designation		X			X
8.12 Establishment of CCPs		X			X
8.13 Disaster Medical Training		X	X	X	X
8.14 Hospital Plans		X	X	X	
8.15 Interhospital Communications		X		X	X
8.16 Prehospital Agency Plans		X	X	X	X

Enhanced Level: Advanced Life Support

8.17 ALS Policies		X			
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Enhanced Level: Specialty Care Systems	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range Plan	Long- range Plan
8.18 Specialty Center Roles		X			

Enhanced Level: Exclusive Operating Areas/Ambulance Regulations

8.19 Waiving Exclusivity		X			
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TABLE 2: System Organization and Management

EMS System: Central California EMS Agency

Reporting Year: 2023

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:

County: Fresno

a. Basic Life Support (BLS)	<u>12.17%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>87.83%</u>

County: Kings

a. Basic Life Support (BLS)	<u>2.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>97.9%</u>

County: Madera

a. Basic Life Support (BLS)	<u>1.6%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>98.4%</u>

County: Tulare

a. Basic Life Support (BLS)	<u>9.1%</u>
b. Limited Advanced Life Support (LALS)	<u>-0-</u>
c. Advanced Life Support (ALS)	<u>90.9%</u>

Table 2 - System Organization & Management (cont.)

2. Type of agency a.*
a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
d - Joint Powers Agency
e - Private Non-profit Entity

*Fresno County Department
of Public Health under
contract to Kings, Madera
and Tulare Counties

3. The person responsible for day-to-day activities of EMS agency reports to: d.
a - Public Health Officer
b - Health Services Agency Director/Administrator
c - Board of Directors
d - Other: Fresno - Director of Public Health;
Kings - Public Health Director;
Madera - Director of Public Health,
Tulare – Health Agency Director

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

Implementation of exclusive operating areas	Yes
Designation of trauma centers/trauma care system planning	Yes
Designation/approval of pediatric facilities	Yes
Designation of STEMI centers	Yes
Designation of Stroke centers	Yes
Designation of other critical care centers	Yes
Development of transfer agreements	Yes
Enforcement of local ambulance ordinance	Yes
Enforcement of ambulance service contracts	Yes
Operation of ambulance service	No
Continuing education	Yes
Personnel training	Yes
Operation of oversight of EMS dispatch center	Yes
Non-medical disaster planning	Yes
Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	Yes
Administration of local EMS training/certification of EMS Dispatchers, MICNs and Base Hospital Physicians	Yes
Assist with the training of Emergency Resident Physicians and National Park Ranger (ParkMedic) Program	Yes

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (all but contract personnel)	<u>\$2,248,454</u>
Contract Services (e.g. medical director)	<u>\$2,126,970</u>
Operations (e.g. copying, postage, facilities)	<u>\$1,343,916</u>
Travel, Education, Garage	<u>\$7,500</u>
Fixed assets	<u>\$55,000</u>
Indirect expenses (overhead)	<u>\$0</u>
Ambulance subsidy	<u>\$258,000</u>
EMS Fund payments to physicians/hospital	<u>Managed by each County</u>
Dispatch center operations (non-staff)	<u>\$2,101,205</u>
Training program operations (non-staff)	<u>\$161,840</u>
Other: Public Health Funding	<u>\$0</u>
TOTAL EXPENSES	<u>\$8,302,886</u>

Note: The EMS agency is included in the Fresno County Public Health Department – Emergency Services Division, which includes the EMS agency, the Public Health Emergency Preparedness Program (PHEP), the Hospital Preparedness (HPP) Program, and the Fresno County Office of Emergency Services (OES). The expenses and revenues do not included PHEP, HPP, or OES.

Table 2 - System Organization & Management (cont.)

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	-0-
Preventive Health and Health Services (PHHS) Block Grant	-0-
Office of Traffic Safety (OTS)	-0-
State general fund	<u>\$959,900</u>
County general fund	-0-
Other local tax funds (e.g., EMS district)	-0-
County contracts (e.g. multi-county agencies)	<u>\$161,624</u>
Certification fees	<u>\$135,698</u>
Training program approval fees	-0-
Training program tuition/Average daily attendance funds (ADA)	<u>\$770,500</u>
Job Training Partnership ACT (JTPA) funds/other payments	-0-
Base hospital application fees	-0-
Base hospital designation fees	-0-
Trauma center application fees	-0-
Trauma center designation fees	-0-
Pediatric facility approval fees	-0-
Pediatric facility designation fees	-0-
Other critical care center application fees	-0-
Type: <u>n/a</u>	
Other critical care center designation fees	-0-
Type: <u>n/a</u>	
Ambulance service/vehicle fees	-0-
Contributions	-0-
EMS Fund (SB 12/612)	<u>\$130,000</u>
Other grants:	<u>\$474,612</u>
Other fees: <u>Dispatch Services</u>	<u>\$3,041,980</u>
Other (specify): <u>Other Public Health Funding</u>	<u>\$2,628,572</u>
TOTAL REVENUE	<u>\$8,302,886</u>

Table 2 - System Organization & Management (cont.)

7. Fee structure for FY 2023-24

 We do not charge any fees

 X Our fee structure is:

First responder certification	<u>-0-</u>
EMS dispatcher certification	<u>\$63</u>
EMT certification	<u>\$127</u>
EMT recertification	<u>\$82</u>
EMT-defibrillation certification	<u>-0-</u>
EMT-defibrillation recertification	<u>-0-</u>
Advanced EMT certification	<u>-0-</u>
Advanced EMT recertification	<u>-0-</u>
Paramedic accreditation	<u>\$48</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>\$39</u>
MICN/ARN recertification	<u>\$39</u>
EMT training program approval	<u>-0-</u>
EMT-Advanced training program approval	<u>-0-</u>
Paramedic training program approval	<u>-0-</u>
MICN/ARN training program approval	<u>-0-</u>
Base physician certification/recertification	<u>\$36</u>
Base hospital designation	<u>-0-</u>
Trauma center application	<u>-0-</u>
Trauma center designation	<u>-0-</u>
Pediatric facility approval	<u>-0-</u>
Pediatric facility designation	<u>-0-</u>
Other critical care center application	<u>-0-</u>
Type: <u>n/a</u>	
Other critical care center designation	<u>-0-</u>
Type: <u>n/a</u>	

	<u>Fresno</u>	<u>Kings</u>	<u>Madera</u>	<u>Tulare</u>
Ambulance service license	<u>\$221</u>	<u>\$0</u>	<u>\$0</u>	<u>\$100</u>
Ambulance vehicle permits	<u>\$30</u>	<u>\$0</u>	<u>\$0</u>	<u>\$25</u>
Other: Paramedic Training Tuition	<u>\$8,820</u>			

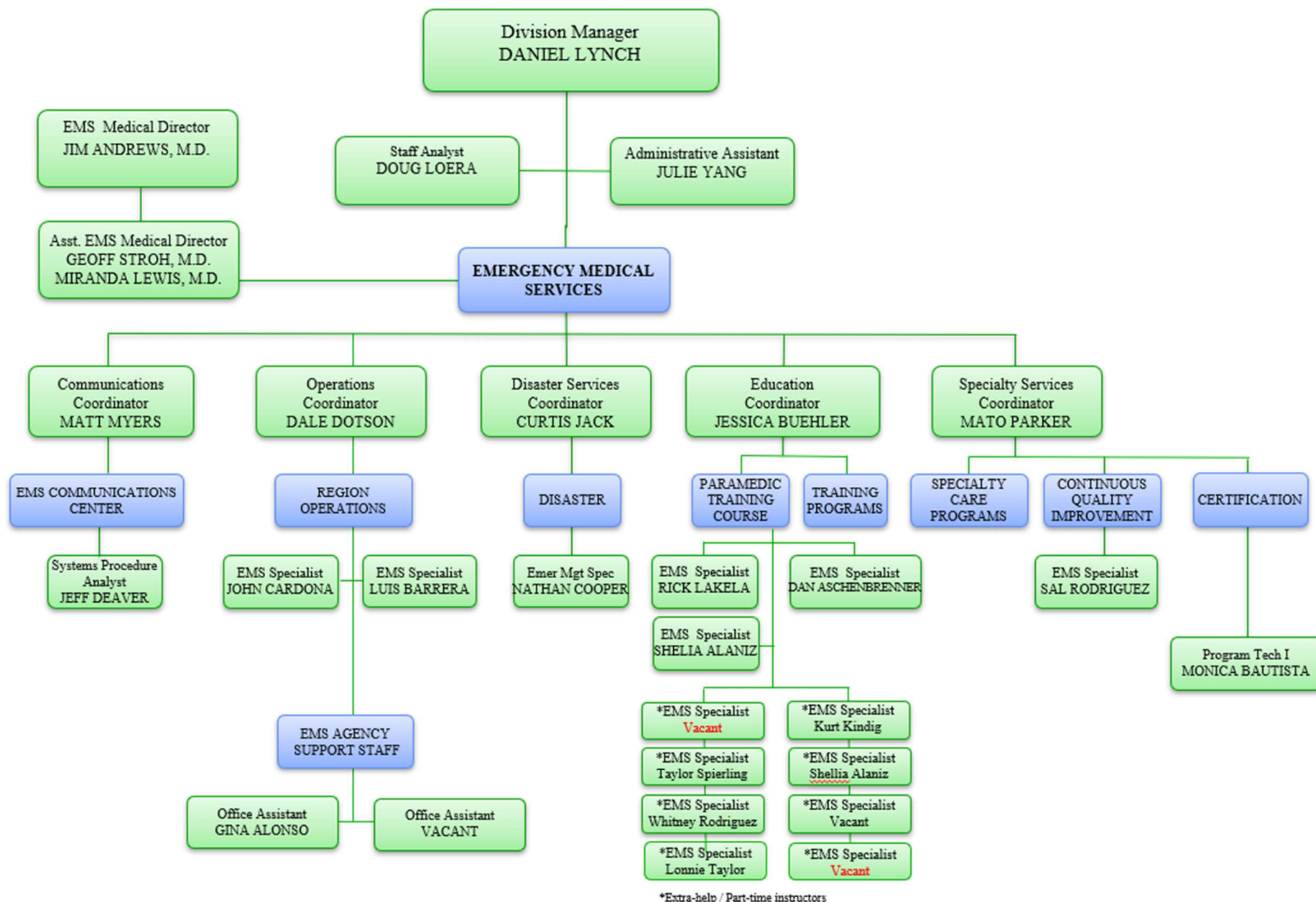
Table 2 - System Organization & Management (cont.)EMS System: Central California EMS AgencyReporting Year: 2022

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin./ Coord./Dir.	EMS Director	1	\$57.06hr	79.5%	
Senior Staff Analyst	EMS Analyst	1	\$41.00/hr	81.6%	
ALS Coord./ Field Coord./ Trng Coord.	Senior EMS Specialist	4	\$38.83/hr	83.5%	
Program Coord./ Field Liaison (Non-clinical)	EMS Specialist	6	\$35.35/hr	88.8%	
Trauma Coord.	Included in other job				
Med. Director	EMS Medical Director	1	Contract	Contract	
Other MD/ Med. Consult./ Trng. Med. Dir.	Assistant EMS Medical Director	2	Contract	Contract	

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY <u>HOURLY</u> EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Emergency Mgmt Specialist	Emergency Mgmt Specialist	1	\$28.13/hr	81.4%	
QA/QI Coordinator	Senior EMS Specialist	1	\$38.83/hr	83.5%	
IT/GIS Support	Systems Procedures Analyst (IT)	1	\$40.98/hr	81.4%	
Public Info. & Ed. Coord.	N/A				
Ex. Secretary	Administrative Assistant	1	\$21.24/hr	83.7%	
Other Clerical	Office Assistant III	2	\$19.49/hr	85.6%	
Program Technician	Certification Coordinator	1	\$22.27/hr	83.7%	

CENTRAL CALIFORNIA EMS AGENCY



*Extra-help / Part-time instructors

TABLE 3: Personnel/TrainingEMS System: Central California EMS AgencyReporting Year: 2023

	EMT	Paramedic	CCP	MICN	EMS Dispatchers	Base Physician
Total certified	2453		16	279	118	257
Number newly certified this year	364	88	3	38	25	47
Number recertified this year	965	246	10	104	31	36
Total number of accredited personnel on July 1 of the reporting year		624				
a) formal investigations	0	0	0	0	0	0
b) probation	2	0	0	0	0	0
c) suspensions	0	0	0	0	0	0
d) revocations	0	0	0	0	0	0
e) denials	0	0	0	0	0	0
f) denials of renewal	0	0	0	0	0	0
g) no action taken	0	0	0	0	0	0

1. Early defibrillation:
 - a) Number of EMT authorized to use AEDs 2,453
 - b) Number of public safety (defib) certified (non-EMT) 141
2. Paramedic Triage to Alternate Destination: 284
3. Do you have an EMR training program? No

TABLE 4: Communications

EMS System: Central California EMS Agency
County: Fresno County
Reporting Year: 2023

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>13</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>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for an EMS disaster?
<u>The Fresno County EMS 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 | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – Linknet TX: 465.025 (136.5) RX: 460.025 (136.5)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Kings County
Reporting Year: 2023

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>4</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies? | |
| <u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster? | |
| <u>The Fresno County EMS 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 | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – XKI-INTEROP TX: 465.075 (146.2) RX: 460.075 (136.5)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Madera County
Reporting Year: 2023

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>3</u> |
| 2. Number of secondary PSAPs | <u>0</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>0</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>0</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies? | |
| <u>The Fresno County EMS Communications Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster? | |
| <u>The Fresno County EMS 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 | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (114.8) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – Madera SO 3 TX: 159.165 (156.7) RX: 151.070 (156.7)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 4: SYSTEM RESOURCES AND OPERATIONS -- Communications

EMS System: Central California EMS Agency
County: Tulare County
Reporting Year: 2023

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>8</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>0</u> |
| 6. Who is your primary dispatch agency for day-to-day EMS emergencies?
<u>The Tulare County Consolidated Ambulance Dispatch Center</u> | |
| 7. Who is your primary dispatch agency for a EMS disaster?
<u>The Tulare County Consolidated Ambulance Dispatch Center</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency | |
| 1. <u>EMS Command - Med 10 TX: 467.975 (146.2) RX: 462.975 (114.8)</u> | |
| 2. <u>County Command – XTU-Command TX:458.975 (131.8) RX:453.975 (114.8)</u> | |
| b. Other methods <u>Local and state interoperability channels</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: Response/Transportation

EMS System: Central California EMS Agency

Reporting Year: 2023

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 32

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	5 min	15 min	Best effort	Measured by area
Early defibrillation responder	5 min	15 min	Best Effort	Measured by area
Advanced life support responder	5 min	15 min	Best Effort	Measured by area
Transport Ambulance				
Fresno (90% Performance)	9 min	12 min	45 min	Measured by area
Kings (90% Performance)	8 min	15 min	60 min	Measured by area
Madera (95% Performance)	10 min	20 min	60 min	Measured by area
Tulare (95% Performance)	10 min	20 min	60 min	Measured by area

TABLE 6: Facilities/Critical Care

EMS System: Central California EMS Agency

Reporting Year: 2023

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma registry criteria	<u>7,287</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1,309</u>
c) Number of major trauma patients transferred to a trauma center	<u>51</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Unknown</u>

Emergency Departments

Total number of emergency departments:

a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>3</u>
c) Number of basic emergency services	<u>6</u>
d) Number of comprehensive emergency services	<u>4</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>3</u>
2. Number of base hospitals with written agreements	<u>3</u>

TABLE 7: Disaster Medical

EMS System: Central California EMS Agency

County: Fresno County

Reporting Year: 2023

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Refer to Fresno County CCP List - attached
- b. How are they staffed? Multi-agency staffing - as necessary
- c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team

- a. Do you have any team medical response capability? yes no X
- b. For each team, are they incorporated into your local response plan? yes no X
- c. Are they available for statewide response? yes no X
- d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes no X
- b. At what HazMat level are they trained?
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 15

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes X no
- b. exercise? yes X no
4. List all counties with which you have a written medical mutual aid agreement.
Developed through RDMHC for OES Region V
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no X
6. Do you have a formal agreement with community clinics in your operational areas to participate in disaster planning and response? yes no X
7. Are you part of a multi-county EMS system for disaster response? yes X no
8. Are you a separate department or agency? yes no X
9. If not, to whom do you report? Fresno County Public Health Director
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no n/a

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)**Fresno County Casualty Collection Points (CCP)**

Clovis	Clark Intermediate School 902 Fifth Street (@ Clovis Avenue)
Coalinga	West Hills College 300 W Cherry Lane (@ Elm Street)
Firebaugh	Los Deltas High School Morris Kyle Drive (@ Hwy 33)
Fowler	Fowler High School 701 E Main Street (@ Adams)
Fresno	Fresno District Fairgrounds East Kings Canyon Road (@ Maple)
	Chandler Air Field Kearney Blvd and Thorne Avenue
	Fresno Air Terminal 5175 East Clinton (@ Chestnut Ave)
Kerman	Kerman Union High School 205 S First Street (@ Stanislaus Street)
Kingsburg	Kingsburg High School 1900 18th Avenue (@ Sierra)
	Kingsburg City Yard Kern Street and Freeway 99
Mendota	McCabe Elementary School Derrick and Quince
Orange Cove	Citrus Junior High School 222 Fourth Street (@ Adams)
Parlier	Parlier Community Center 1100 Parlier Avenue (@ Mendocino)
Reedley	Reedley College 995 N Reed Avenue (@ Manning)
Sanger	Sanger Fire Department Jensen Avenue and West
Selma	Selma High School 3125 Wright Street (@ Floral)
	Jackson Elementary School 2220 Huntsman (@ Wright)

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Kings County

Reporting Year: 2023

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Refer to Kings County CCP List - attached
- b. How are they staffed? Multi-agency staffing - as necessary
- c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

Do you have a CISD provider with 24 hour capability? yes X no

3. Medical Response Team

- a. Do you have any team medical response capability? yes no X
- b. For each team, are they incorporated into your local response plan? yes no X
- c. Are they available for statewide response? yes no X
- d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes no X
- b. At what HazMat level are they trained? n/a
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes X no
- b. exercise? yes X no
4. List all counties with which you have a written medical mutual aid agreement.
Developed through RDMHC and OES Region V
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no X
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no X
7. Are you part of a multi-county EMS system for disaster response? yes X no
8. Are you a separate department or agency? yes no X
9. If not, to whom do you report? Fresno County Public Health Department
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no n/a

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)

Kings County Casualty Collection Points (CCP)

Avenal	Avenal High School 601 E Mariposa
Corcoran	Corcoran Unified High School Whittler and Sixth Street
Hanford	Kings County Fairgrounds Tenth Avenue (@ Hanford-Armona Road)
Lemoore	Lemoore Unified High School Bush Street and Lemoore Street

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Madera County

Reporting Year: 2023

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located? Refer to Madera County CCP List - attached
- b. How are they staffed? Multi-agency staffing - as necessary
- c. Do you have a supply system for supporting them for 72 hours? yes X no

2. CISD

Do you have a CISD provider with 24 hour capability? yes no X

3. Medical Response Team

- a. Do you have any team medical response capability? yes no X
- b. For each team, are they incorporated into your local response plan? yes no X
- c. Are they available for statewide response? yes no X
- d. Are they part of a formal out-of-state response system? yes no X

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? yes no X
- b. At what HazMat level are they trained? n/a
- c. Do you have the ability to do decontamination in an emergency room? yes X no
- d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes X no
- b. exercise? yes X no
4. List all counties with which you have a written medical mutual aid agreement.
Currently under development through RDMHC and OES Region V
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no X
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no X
7. Are you part of a multi-county EMS system for disaster response? yes X no
8. Are you a separate department or agency? yes no X
9. If not, to whom do you report? Fresno County Public Health Department
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no n/a

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical (Cont)

Madera County Casualty Collection Points (CCP)

Cities

Chowchilla	Gudgels Aero-Ag Service Chowchilla Airport 800 S Third Street (@ Avenue 25)
	Dairyland School 12861 Avenue 18 □ (@ Road 19)
Madera	Madera County Health Department 14215 Road 28 (@Avenue 14)
	Madera Community Hospital 27600 Avenue 13 □ (@ Hwy 99)
	National Guard Armory 701 E Yosemite Avenue (@ Flume)
	Madera High School 200 S L Street (@ Sixth Street)
	Jefferson Junior high School 1407 Sunset (@ Foster)
	Madera Airport 4020 Aviation Drive (@ Avenue 17)
Oakhurst	Oakhurst Elementary School Road 427 and Road 426
North Fork	North Fork Elementary School 33087 Rd 228

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Central California EMS Agency

County: Tulare County

Reporting Year: 2023

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Throughout Tulare County
 - b. How are they staffed? Multi-agency staffing - as necessary
 - c. Do you have a supply system for supporting them for 72 hours? yes X no
2. CISD
Do you have a CISD provider with 24 hour capability? yes no X
3. Medical Response Team
 - a. Do you have any team medical response capability? yes no X
 - b. For each team, are they incorporated into your local response plan? yes no X
 - c. Are they available for statewide response? yes no X
 - d. Are they part of a formal out-of-state response system? yes no X
4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no X
 - b. At what HazMat level are they trained? n/a
 - c. Do you have the ability to do decontamination in an emergency room? yes X no
 - d. Do you have the ability to do decontamination in the field? yes X no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes X no
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 9

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS - Disaster Medical (cont.)

3. Have you tested your MCI Plan this year in a:
- a. real event? yes X no
- b. exercise? yes X no
4. List all counties with which you have a written medical mutual aid agreement.
Currently under development through RDMHC and OES Region V
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? yes no X
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes no X
7. Are you part of a multi-county EMS system for disaster response? yes X no
8. Are you a separate department or agency? yes no X
9. If not, to whom do you report? Fresno County Public Health Department
10. If not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes no n/a

TABLE 8: Resource Directory – EMS Providers

Reporting Year: 2023

Response/Transportation/Providers

County: FresnoProvider: American AmbulanceResponse Zone: Fresno EOA

Address: 2911 E Tulare Avenue
Fresno, CA 93721Number of Ambulance Vehicles in Fleet: 103

Phone Number: 559-443-5900Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day: 70

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <div><input checked="" type="checkbox"/> Transport<input checked="" type="checkbox"/> ALS<input checked="" type="checkbox"/> 9-1-1<input checked="" type="checkbox"/> Ground</div> <div><input checked="" type="checkbox"/> Non-Transport<input checked="" type="checkbox"/> BLS<input type="checkbox"/> 7-Digit<input type="checkbox"/> Air</div> <div><input type="checkbox"/> LALS<input checked="" type="checkbox"/> CCT<input type="checkbox"/> Water<input checked="" type="checkbox"/> IFT</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		If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing
Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue				

Transporting Agencies

174,477	Total number of responses	130,841	Total number of transports
77,100	Number of emergency responses	5,339	Number of emergency transports
97,377	Number of non-emergency responses	125,429	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Auberry Volunteer Fire Department **Response Zone:** Auberry District

Address: PO Box 191 **Number of Ambulance Vehicles in Fleet:** 0
Auberry, CA 93602

Phone Number: 559-855-4084 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

<u>138</u> Total number of responses	<u> </u> Total number of transports
<u>138</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

County: Fresno

Provider: Bald Mountain Vol. Fire Department

Response Zone: Bald Mtn. Fire Dist.

Address: 41967 Auberry Road
Auberry, CA 93602

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-855-8443

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

First Responder / Non-Transport

56

Total number of responses

56

Number of emergency responses

0

Number of non-emergency responses

Transporting Agencies

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

County: Fresno **Provider:** California Highway Patrol **Response Zone:** Central Valley

Address: 3770 N. Pierce
Fresno, CA 93727 **Number of Ambulance Vehicles in Fleet:** 1

Phone Number: 559-448-4121 **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 type="checkbox"/> Yes <input checked="" 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"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT	
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" 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 type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Clovis City Fire Department **Response Zone:** City of Clovis

Address: 1233 5th Street **Number of Ambulance Vehicles in Fleet:** 0
Clovis, CA 9312

Phone Number: 559-324-2200 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>8,341</u>	Total number of responses	<u> </u>	Total number of transports
<u>8,341</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Coalinga City Fire Department **Response Zone:** Zone C

Address: 300 Elm Street **Number of Ambulance Vehicles in Fleet:** 4
Coalinga, CA 93210

Phone Number: 559-935-1652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	X 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X 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
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Transporting Agencies

<u>2,747</u> Total number of responses	<u>2,131</u> Total number of transports
<u>1,352</u> Number of emergency responses	<u>65</u> Number of emergency transports
<u>1,395</u> Number of non-emergency responses	<u>2,066</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Firebaugh City Fire Department **Response Zone:** City of Firebaugh

Address: 1575 11th Street
Firebaugh, CA 93622

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-659-2061

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>346</u>	Total number of responses	<u> </u>	Total number of transports
<u>346</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Fowler City Fire Department **Response Zone:** City of Fowler

Address: 128 S. 5th Street
Fowler, CA 93625

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-659-2061

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

533 Total number of responses
533 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Fresno City Fire Department **Response Zone:** City of Fresno

Address: 911 H Street **Number of Ambulance Vehicles in Fleet:** 0
Fresno, CA 93721

Phone Number: 559-621-4000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>24,941</u> Total number of responses	<u> </u> Total number of transports
<u>24,941</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Fresno County Fire Prot. Dist. **Response Zone:** County FPD

Address: 210 S Academy Avenue
Sanger, CA 93657

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-493-4300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

8,481 Total number of responses
8,481 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

County: Fresno **Provider:** Hume Lake Vol. Fire Department **Response Zone:** Hume Lake Christian Camp

Address: 64144 Hume Lake Road **Number of Ambulance Vehicles in Fleet:** 0
Hume, CA 93628

Phone Number: 559-305-7576 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>36</u> Total number of responses	<u> </u> Total number of transports
<u>36</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Huntington Lake VFD **Response Zone:** Huntington FPD

Address: 334 Shaw Avenue, Suite 135 **Number of Ambulance Vehicles in Fleet:** 0
Clovis, CA 93612

Phone Number: 559-893-2347 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

<u>64</u> Total number of responses	<u> </u> Total number of transports
<u>64</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Kingsburg City Fire Department **Response Zone:** Zone K

Address: 1460 Marion Street
Kingsburg, CA 93631

Phone Number: 559-935-1652

Number of Ambulance Vehicles in Fleet: 3

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 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"/> LALS	<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
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Transporting Agencies

<u>2,488</u>	Total number of responses	<u>1,785</u>	Total number of transports
<u>1,275</u>	Number of emergency responses	<u>63</u>	Number of emergency transports
<u>1,213</u>	Number of non-emergency responses	<u>1,722</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Laton Volunteer Fire Department **Response Zone:** Laton FPD

Address: 20799 S Fowler Avenue **Number of Ambulance Vehicles in Fleet:** 0
Laton, CA 93242

Phone Number: 559-381-1063 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

<u>96</u>	Total number of responses	<u> </u>	Total number of transports
<u>96</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Mountain Valley Vol. Fire Depart. **Response Zone:** Mtn Valley FPD

Address: 46694 Chuckwagon Road **Number of Ambulance Vehicles in Fleet:** 0
Dunlap, CA 93621

Phone Number: 559-332-2477 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

<u>21</u> Total number of responses	<u> </u> Total number of transports
<u>21</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Orange Cove City Fire Department **Response Zone:** Orange Cove FPD

Address: 550 Center Street **Number of Ambulance Vehicles in Fleet:** 0

Orange Cove, CA 93646

Phone Number: 559-626-7758 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

<u>528</u> Total number of responses	<u> </u> Total number of transports
<u>528</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Reedley City Fire Department **Response Zone:** City of Reedley

Address: 1060 D Street
Reedley, CA 93656 **Number of Ambulance Vehicles in Fleet:** 0

Phone Number: 559-637-4230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>480</u> Total number of responses	<u> </u> Total number of transports
<u>480</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno Provider: Sanger City Fire Department Response Zone: Zone I

Address: 601 West Avenue Number of Ambulance Vehicles in Fleet: 4
Sanger, CA 93657

Phone Number: 559-637-4230 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X 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
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Transporting Agencies

<u>3,377</u> Total number of responses	<u>2,173</u> Total number of transports
<u>1,852</u> Number of emergency responses	<u>117</u> Number of emergency transports
<u>1,525</u> Number of non-emergency responses	<u>2,054</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Selma Fire Department **Response Zone:** Zone G

Address: 2857 A Street **Number of Ambulance Vehicles in Fleet:** 4
Selma, CA 93662

Phone Number: 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					X IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> X 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
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Transporting Agencies

<u>6,269</u> Total number of responses	<u>4,973</u> Total number of transports
<u>2,635</u> Number of emergency responses	<u>187</u> Number of emergency transports
<u>3,634</u> Number of non-emergency responses	<u>4,784</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Sequoia Safety Council **Response Zone:** Zone J

Address: 500 E 11th Street **Number of Ambulance Vehicles in Fleet:** 6
Reedley, CA 93662

Phone Number: 559-891-2211 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS X BLS <input type="checkbox"/> LALS	X 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT X IFT	X Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<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
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Transporting Agencies

<u>7,112</u> Total number of responses	<u>5,448</u> Total number of transports
<u>3,328</u> Number of emergency responses	<u>262</u> Number of emergency transports
<u>3,784</u> Number of non-emergency responses	<u>5,186</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** Shaver Lake Vol. Fire Department **Response Zone:** Shaver Lake FPD

Address: 41344 Tollhouse Road
Shaver Lake, CA 93664

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-841-3211

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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
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First Responder / Non-Transport

Transporting Agencies

61 Total number of responses
61 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Fresno **Provider:** AirMethods dba: Skylife **Response Zone:** Central Valley

Address: 5526 E Air Corp Way **Number of Ambulance Vehicles in Fleet:** 3
Fresno, CA 93727

Phone Number: 559-284-2713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport <input type="checkbox"/> Non-Transport	X ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	X 9-1-1 X 7-Digit X CCT X IFT	<input type="checkbox"/> Ground X Air <input type="checkbox"/> Water

<u>Ownership:</u> <input type="checkbox"/> Public X 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> X Rotary X Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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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

1,072 Total number of responses
1,072 Number of emergency responses
0 Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Kings **Provider:** American Ambulance **Response Zone:** Kings County EOA

Address: 910 Garner Avenue
Hanford, CA 93230

Number of Ambulance Vehicles in Fleet: 18

Phone Number: 559-585-6802

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

<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 type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<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
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Transporting Agencies

<u>22,556</u>	Total number of responses	<u>16,465</u>	Total number of transports
<u>11,839</u>	Number of emergency responses	<u>641</u>	Number of emergency transports
<u>10,717</u>	Number of non-emergency responses	<u>15,817</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Kings **Provider:** Hanford City Fire Department **Response Zone:** City of Hanford

Address: 350 W Grangeville Boulevard **Number of Ambulance Vehicles in Fleet:** 0
Hanford, CA 93230

Phone Number: 559-585-2545 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 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
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First Responder / Non-Transport

3,875 Total number of responses
3,875 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Kings **Provider:** Kings County Fire Department **Response Zone:** Kings County

Address: 280 N Campus Drive
Hanford, CA 93230

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-582-8261

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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 checked="" 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
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First Responder / Non-Transport

Transporting Agencies

2,941 Total number of responses
2,941 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Kings **Provider:** Lemoore City Fire Department **Response Zone:** City of Lemoore

Address: 210 Fox Street **Number of Ambulance Vehicles in Fleet:** 0
Lemoore, CA 93245

Phone Number: 559-924-6797 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>1,695</u>	Total number of responses	<u> </u>	Total number of transports
<u>1,695</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

County: Madera **Provider:** Chowchilla City Police Department **Response Zone:** City of Chowchilla

Address: 122 Trinity Avenue **Number of Ambulance Vehicles in Fleet:** 0
Chowchilla, CA 93610

Phone Number: 559-665-8624 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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 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"/> 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 type="checkbox"/> Fire <input checked="" 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
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First Responder / Non-Transport

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

Transporting Agencies

 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Madera **Provider:** Madera Co FD/CAL FIRE **Response Zone:** County of Madera

Address: 14225 Road 28
Madera, CA 93638

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-665-8624

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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 checked="" type="checkbox"/> County <input checked="" 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
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First Responder / Non-Transport

Transporting Agencies

4,227 Total number of responses
4,227 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Madera **Provider:** Pistoresi Ambulance Service, Inc. **Response Zone:** Chowchilla

Address: 113 North R Street
Madera, CA 93637

Number of Ambulance Vehicles in Fleet: 1

Phone Number: 559-673-8004

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 type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<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
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Transporting Agencies

<u>2,114</u>	Total number of responses	<u>1,373</u>	Total number of transports
<u>1,191</u>	Number of emergency responses	<u>66</u>	Number of emergency transports
<u>923</u>	Number of non-emergency responses	<u>1,307</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

County: Madera

Provider: Pistoresi Ambulance Service of Madera, Inc. Response Zone: Madera Valley

Address: 113 North R Street
Madera, CA 93637

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 559-673-8004

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 5

<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 checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input 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
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Transporting Agencies

12,546 Total number of responses
7,445 Number of emergency responses
5,101 Number of non-emergency responses

7,479 Total number of transports
394 Number of emergency transports
7,035 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Madera **Provider:** Sierra Ambulance Service **Response Zone:** Mountain EOA

Address: 40755 Winding Way **Number of Ambulance Vehicles in Fleet:** 6
Oakhurst, CA 93644

Phone Number: 559-6423-650 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Medical Director:</u> X Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> X Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			X Transport	X ALS	X 9-1-1	X Ground
			X Non-Transport	X BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> X Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law X Other Explain: Not for Profit	<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
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Transporting Agencies

<u>4,321</u>	Total number of responses	<u>2,558</u>	Total number of transports
<u>2,571</u>	Number of emergency responses	<u>150</u>	Number of emergency transports
<u>1,750</u>	Number of non-emergency responses	<u>2,408</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** American Ambulance of Visalia **Response Zone:** Zones 2, 3 and 13

Address: E Noble Avenue **Number of Ambulance Vehicles in Fleet:** 14
Visalia, CA 93292

Phone Number: 559-730-3015 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<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 checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input 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			

<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
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Transporting Agencies

<u>22,635</u>	Total number of responses	<u>18,586</u>	Total number of transports
<u>10,497</u>	Number of emergency responses	<u>594</u>	Number of emergency transports
<u>12,138</u>	Number of non-emergency responses	<u>17,992</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** California Hot Springs Ambulance **Response Zone:** Zone 16

Address: 45122 Mahter Meadow Drive
California Hot Springs, CA 93207

OUT OF SERVICE AND NON-OPERATIONAL

Phone Number: 559-733-6544

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input 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
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Transporting Agencies

Not available	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare Provider: Camp Nelson Volunteer Ambulance Response Zone: Zone 14

Address: 1500 A Nelson Drive
Camp Nelson, CA 93208

OUT OF SERVICE AND NON-OPERATIONAL

Phone Number: 559-747-8233

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 type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS	<input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT	<input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Not for Profit	<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
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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

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Dinuba City Fire Department **Response Zone:** Zone 1

Address: 496 E Tulare
Dinuba, CA 93618

Phone Number: 559-591-5931

Number of Ambulance Vehicles in Fleet: 4

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 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"/> 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 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
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Transporting Agencies

<u>4,091</u> Total number of responses	<u>2,763</u> Total number of transports
<u>2,308</u> Number of emergency responses	<u>88</u> Number of emergency transports
<u>1,783</u> Number of non-emergency responses	<u>2,675</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Exeter District Ambulance **Response Zone:** Zones 3, 5, 8, 13

Address: 302 E Palm Street
Exeter, CA 93221

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 559-594-5250

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 checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<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 type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Health District	<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
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Transporting Agencies

3,315 Total number of responses
1,954 Number of emergency responses
1,361 Number of non-emergency responses

2,365 Total number of transports
75 Number of emergency transports
2,290 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Farmersville City Fire Department **Response Zone:** City of Farmersville

Address: 909 W Visalia Road
Farmersville, CA 93223

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-747-0791

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

491 Total number of responses
491 Number of emergency responses
0 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Imperial Ambulance **Response Zone:** Zones 8, 9

Address: 22 N Cottage **Number of Ambulance Vehicles in Fleet:** 6
Porterville, CA 93257

Phone Number: 559-784-8500 **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 checked="" type="checkbox"/> BLS	<input 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

<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
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Transporting Agencies

<u>12,571</u> Total number of responses	<u>9,951</u> Total number of transports
<u>6,244</u> Number of emergency responses	<u>318</u> Number of emergency transports
<u>6,327</u> Number of non-emergency responses	<u>9,633</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Sierra LifeStar Ambulance **Response Zone:** Zones 8, 9

Address: 234 N M Street **Number of Ambulance Vehicles in Fleet:** 6
Tulare, CA 93274

Phone Number: 559-688-2550 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<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> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table>				<input checked="" 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 checked="" type="checkbox"/> BLS	<input 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	
<input checked="" 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 checked="" type="checkbox"/> BLS	<input 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																				

<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
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Transporting Agencies

<u>11,009</u>	Total number of responses	<u>8,668</u>	Total number of transports
<u>5,580</u>	Number of emergency responses	<u>277</u>	Number of emergency transports
<u>5,429</u>	Number of non-emergency responses	<u>8,391</u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Lindsay Department **Response Zone:** City of Lindsay

Address: 185 N Gale Hill
Lindsay, CA 93247

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 559-562-2511

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> BLS <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> IFT <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water
--	--	---	---

<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"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	<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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First Responder / Non-Transport

Transporting Agencies

774 Total number of responses
774 Number of emergency responses
1 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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Tulare City Fire Department **Response Zone:** City of Tulare

Address: 800 S Blackstone **Number of Ambulance Vehicles in Fleet:** 0
Tulare, CA 93257

Phone Number: 559-684-4290 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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"/> 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 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
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First Responder / Non-Transport

Transporting Agencies

<u>4,335</u>	Total number of responses	<u> </u>	Total number of transports
<u>4,335</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Tulare County Fire Department **Response Zone:** County of Tulare

Address: 907 W Visalia Road **Number of Ambulance Vehicles in Fleet:** 0
Farmersville, CA 93223

Phone Number: 559-747-8233 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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> <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>		<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"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<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"/> LALS	<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 checked="" 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
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First Responder / Non-Transport

Transporting Agencies

<u>8,629</u>	Total number of responses	<u> </u>	Total number of transports
<u>8,629</u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Tule River Ambulance **Response Zone:** Tule River Indian Res.

Address: 340 N Reservation Road **Number of Ambulance Vehicles in Fleet:** 2
Portersville, CA 93257

Phone Number: 559-747-8233 **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> <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>				<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	
<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																				

<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 type="checkbox"/> Fire District <input checked="" 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

<u>276</u> Total number of responses	<u>170</u> Total number of transports
<u>170</u> Number of emergency responses	<u>5</u> Number of emergency transports
<u>106</u> Number of non-emergency responses	<u>165</u> Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Reporting Year: 2023

Response/Transportation/Providers

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

County: Tulare **Provider:** Visalia City Fire Department **Response Zone:** City of Visalia

Address: 309 S Johnson **Number of Ambulance Vehicles in Fleet:** 0
Visalia, CA 93291

Phone Number: 559-734-8116 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<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"/> 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 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
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First Responder / Non-Transport

8,700 Total number of responses
8,700 Number of emergency responses
0 Number of non-emergency responses

Transporting Agencies

 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

TABLE 9: Resource Directory - Facilities

Facilities

Reporting Period: 2023

County: Fresno County

Facility: Adventist Health – Reedley Telephone Number: (559) 638-8155

Address: 372 W Cypress Ave, Reedley, CA 93654

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³ <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
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" 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: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Fresno County**Facility:** Adventist Health Center – Selma**Telephone Number:** (559) 891-1000**Address:** 1141 Rose Ave, Selma, CA 93662

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input 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 Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶ <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
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" 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) Standards⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Fresno County**Facility:** Clovis Community Medical Center**Telephone Number:** (559) 324-4000**Address:** 2755 Herndon Ave, Clovis, CA 93611

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby 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 Center⁷ <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
EDAP⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PICU⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

Facilities

Reporting Period: 2023

County: Fresno County

Facility: Coalinga Regional Medical Center

Telephone Number: (559) 935-6400

Address: 1191 Phelps, Coalinga, CA 93210

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center – What Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" 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: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Fresno County**Facility:** Community Regional Medical Center**Telephone Number:** (559) 459-6000**Address:** 2823 Fresno Street, Fresno, CA 93721

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center¹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center – What Level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<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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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Fresno County**Facility:** Kaiser Permanente – Fresno **Telephone Number:** (559) 448-4500**Address:** 7300 N Fresno Street, Fresno, CA 93720

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁸ <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
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<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: RESOURCE DIRECTORY

Facilities

Reporting Period: 2023

County: Fresno County

Facility: St. Agnes Medical Center Telephone Number: (559) 450-3000

Address: 1303 E Herndon Ave, Fresno, CA 93720

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

STEMI Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Stroke Center: <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 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2023

County: Fresno County

Facility: Veterans Administration Hospital

Telephone Number: (559) 225-6100

Address: 2615 E Clinton Ave, Fresno, CA 93703

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center – What Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
EDAP²³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PICU²⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Fresno County**Facility:** Fresno County Crisis Stabilization Center**Telephone Number:** (559) 600-4099**Address:** 4111 E Kings Canyon Road, Fresno, CA 93702

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Alternate Destination <input type="checkbox"/> Standby 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 Center²⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²⁷ <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
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards²⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Kings County**Facility:** Adventist Health – Hanford**Telephone Number:** (559) 582-9000**Address:** 115 Mall Drive, Hanford, CA 93230

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" 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 Center²⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³⁰ <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
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<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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²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*²⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Facilities

County: Madera County

Facility: Valley Children's Hospital **Telephone Number:** (559) 353-3000

Address: 9300 Valley Children's Place, Madera, CA 93636

<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 type="checkbox"/> Basic Emergency <input checked="" 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	
Pediatric Critical Care Center³¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP³² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³³ <input checked="" type="checkbox"/> Yes <input 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 Pediatric <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

³¹ Meets EMSA *Pediatric Critical Care Center (PCCC)* Standards

³² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2023

County: Madera County

CLOSED IN JANUARY 2023

Facility: Madera Community Hospital

Telephone Number: (559) 675-5555

Address: 1250 E Almond Ave., Madera, CA 93637

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP³⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center – What Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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³⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY**Facilities****Reporting Period:** 2023**County:** Tulare County**Facility:** Kaweah Health Medical Center**Telephone Number:** (559) 624-2000**Address:** 400 W Mineral King Ave., Visalia, CA 93291

<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 type="checkbox"/> Basic Emergency <input checked="" 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 Center³⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP³⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³⁹ <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Level II <input checked="" 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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³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*³⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards³⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2023

County: Tulare County

Facility: Sierra View Medical Center Telephone Number: (559) 784-1110

Address: 465 W Putnum Ave, Porterville, CA 93257

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center – What Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
EDAP⁴¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
PICU⁴² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: RESOURCE DIRECTORY

Facilities

Reporting Period: 2023

County: Tulare County

Facility: Adventist Health - Tulare

Telephone Number: (559) 688-0821

Address: 869 N Cherry, Tulare, CA. 93274

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	Base Hospital: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Burn Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Pediatric Critical Care Center⁴³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁴⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁴⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Trauma Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Trauma Center – What Level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV	
STEMI Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Stroke Center: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

⁴³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: Resource Directory - Training Programs

County: Fresno County

Reporting Year: 2023

Training Institution: <u>Alert Medic/Reedley Volunteer Fire Dept</u>		Telephone Number: <u>559-456-6006</u>	
Address: <u>2750 N Clovis Ave #105</u>			
<u>Fresno, CA 93727</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$1595</u>	Number of students completing training per year:	
	Refresher: _____	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: <u>1/31/28</u>	
		Number of courses:	
		Initial training: <u>3</u>	
		Refresher: <u>1</u>	
		Continuing Education: _____	

Training Institution: <u>American Ambulance/ Fresno County Public Health</u>		Telephone Number: <u>559-443-5900</u>	
Address: <u>2911 E Tulare Ave</u>			
<u>Fresno, CA 93721</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>Apply</u>	Number of students completing training per year:	
	Refresher: _____	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: <u>9/30/25</u>	
		Number of courses:	
		Initial training: <u>2</u>	
		Refresher: _____	
		Continuing Education: _____	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2023

Training Institution: <u>CSU Fresno</u>		Telephone Number: <u>559-278-4014</u>	
Address: <u>2345 E San Ramon Ave</u>			
<u>Fresno, CA 93740</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>n/a</u>	Number of students completing training per year:	
	Refresher: <u></u>	Initial training:	<u></u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>
		Expiration Date:	<u>6/30/22</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>

EXPIRED
Currently under review by EMS

Training Institution: <u>Fresno County Dept of Public Health</u>		Telephone Number: <u>559-600-3387</u>	
Address: <u>1221 Fulton Street</u>			
<u>Fresno, CA 93721</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>Paramedic</u>	
	Basic: <u>\$8,863</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u></u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>
		Expiration Date:	<u>1/31/2026</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2023

Training Institution: <u>Fresno City College</u>		Telephone Number: <u>559-265-5776</u>	
Address: <u>2930 E Annadale</u>			
<u>Fresno, CA 93706</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$46/Unit</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	<u>6/30/22</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	
		Continuing Education:	

EXPIRED
Currently under review by EMS

Training Institution: <u>Sequoia Safety Council / Orange Cove Fire Department</u>		Telephone Number: <u>559-638-9995</u>	
Address: <u>500 Center Street</u>			
<u>Orange Cove, CA 93631</u>			
Student Eligibility*: <u>Employees</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$750</u>	Number of students completing training per year:	
	Refresher: <u>\$150</u>	Initial training:	
		Refresher:	
		Continuing Education:	
		Expiration Date:	<u>7/31/26</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>1</u>
		Continuing Education:	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2023

Training Institution: <u>Hume Lake Fire Department</u>		Telephone Number: <u>559-335-2000</u>	
Address: <u>64144 Hume Lake Road</u>			
<u>Hume, CA 93628</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$150</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u> </u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>11/30/25</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u> </u>

Training Institution: <u>National University</u>		Telephone Number: <u>559-256-4982</u>	
Address: <u>20 River Park Place Avenue</u>			
<u>Fresno, CA 93711</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$150</u>	Number of students completing training per year:	
	Refresher: <u>n/a</u>	Initial training:	<u> </u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>
		Expiration Date:	<u>5/31/25</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u> </u>
		Continuing Education:	<u> </u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Fresno County

Reporting Year: 2023

Training Institution:	<u>Roosevelt Emergency Medical Training</u>		Telephone Number:	<u>559-253-5200</u>
Address:	<u>4250 E Tulare Avenue</u>			
	<u>Fresno, CA 93702</u>			
Student Eligibility*:	<u>Students</u>	Cost of Program:	**Program Level	<u>EMT</u>
		Basic: <u>n/a</u>	Number of students completing training per year:	
		Refresher: <u>n/a</u>	Initial training:	<u> </u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>
			Expiration Date:	<u>10/31/27</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u> </u>
			Continuing Education:	<u> </u>

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2023

Training Institution: <u>West Hills College</u>		Telephone Number: <u>559-925-3759</u>	
Address: <u>555 College Ave</u>			
<u>Lemoore, CA 93245</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: <u>\$46/unit</u>	Number of students completing training per year:	
	Refresher: <u>\$46/unit</u>	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: <u>8/31/27</u>	
		Number of courses:	
		Initial training: <u>1</u>	
		Refresher: <u>1</u>	
		Continuing Education: _____	

Training Institution: <u>West Hills College</u>		Telephone Number: <u>559-925-3759</u>	
Address: <u>555 College Ave</u>			
<u>Lemoore, CA 93245</u>			
Student Eligibility*: <u>General Public</u>	Cost of Program:	**Program Level <u>Paramedic</u>	
	Basic: <u>\$46/unit</u>	Number of students completing training per year:	
	Refresher: _____	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: <u>8/31/27</u>	
		Number of courses:	
		Initial training: <u>1</u>	
		Refresher: <u>1</u>	
		Continuing Education: _____	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Kings County

Reporting Year: 2023

Training Institution: <u>Lemoore Vol Fire Dept</u>		Telephone Number: <u>559-924-6797</u>	
Address: <u>210 Fox Street</u>			
<u>Lemoore, CA 93245</u>			
Student Eligibility*: <u>Fire Personnel</u>	Cost of Program:	**Program Level <u>EMT</u>	
	Basic: _____	Number of students completing training per year:	
	Refresher: <u>\$</u> _____	Initial training: _____	
		Refresher: _____	
		Continuing Education: _____	
		Expiration Date: <u>11/30/26</u>	
		Number of courses:	
		Initial training: <u>1</u>	
		Refresher: <u>1</u>	
		Continuing Education: _____	

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Madera County

Reporting Year: 2023

Training Institution: <u>Minarets Adult Education</u>		Telephone Number: <u>559-658-1052</u>
Address: <u>33144 Road 233</u>		
<u>North Fork, CA 93643</u>		
Student Eligibility*: <u>General Public</u>	**Program Level <u>EMT</u>	
Cost of Program:		
Basic: <u>\$500</u>	Number of students completing training per year:	
Refresher: <u>\$150</u>	Initial training:	<u> </u>
	Refresher:	<u> </u>
	Continuing Education:	<u> </u>
	Expiration Date:	<u>6/28/25</u>
	Number of courses:	
	Initial training:	<u>2</u>
	Refresher:	<u>5</u>
	Continuing Education:	<u> </u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs**County:** Tulare County**Reporting Year:** 2023

Training Institution:	<u>American EMT Academy</u>	Telephone Number:	<u>800-477-6193</u>
Address:	<u>2313 E Tulare Ave</u>		
	<u>Tulare, CA 93274</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>\$</u>	Number of students completing training per year:	
Refresher:	<u>\$</u>	Initial training:	<u></u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>
		Expiration Date:	<u>6/28/25</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u></u>

Training Institution:	<u>Porterville College</u>	Telephone Number:	<u>559-791-2321</u>
Address:	<u>900 S Main Street</u>		
	<u>Porterville, CA 93257</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>\$46/unit</u>	Number of students completing training per year:	
Refresher:	<u>\$46/unit</u>	Initial training:	<u></u>
		Refresher:	<u></u>
		Continuing Education:	<u></u>
		Expiration Date:	<u>11/30/27</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u></u>

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

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

TABLE 11: Resource Directory - Dispatch Agency

County: Fresno County

Reporting Year: 2023

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact: <u>Daniel Lynch</u>	
Address:	<u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties	
	<u>Clovis, CA 93612</u>			
Telephone Number:	<u>559-600-7838</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
Ownership:	If Public:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Health</u>		<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

County: Kings County

Reporting Year: 2023

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact: <u>Daniel Lynch</u>	
Address:	<u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings, and Madera Counties	
	<u>Clovis, CA 93612</u>			
Telephone Number:	<u>559-600-7838</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	<u>80</u> EMD Training <u> </u> EMT-D <u> </u> ALS <u> </u> BLS <u> </u> LALS <u> </u> Other	
Ownership:	If Public:		If Public:	
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Health</u>		<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Madera County

Reporting Year: 2023

Name:	<u>Fresno County EMS Communications Center</u>		Primary Contact:	<u>Daniel Lynch</u>	
Address:	<u>555 N Halifax Ave</u>		Regional Dispatch Center For Fresno, Kings and Madera Counties		
	<u>Clovis, CA 93612</u>				
Telephone Number:	<u>559-600-7838</u>				

Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>80</u>	EMD Training	<u> </u>
			<u> </u>	BLS	<u> </u>
				EMT-D	<u> </u>
				LALS	<u> </u>
				ALS	<u> </u>
				Other	<u> </u>

Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input checked="" type="checkbox"/> Other	
	Explain: <u>Health</u>	

County: Tulare County

Reporting Year: 2023

Name:	<u>Tulare County Consolidated Dispatch Center</u>		Primary Contact:	<u>Jennifer Bowman</u>	
Address:	<u>125 North N Street</u>				
	<u>Tulare, CA 93274</u>				
Telephone Number:	<u>559-687-3314</u>				

Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services:		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>16</u>	EMD Training	<u> </u>
			<u> </u>	BLS	<u> </u>
				EMT-D	<u> </u>
				LALS	<u> </u>
				ALS	<u> </u>
				Other	<u> </u>

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
	<input type="checkbox"/> Law	
	<input type="checkbox"/> Other	
	Explain:	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Fresno County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Fresno County Exclusive Operating Area includes the northern portion of the County. It currently includes all or portions of the cities of Fresno, Clovis, Firebaugh, Mendota, and San Joaquin. The only areas of Fresno County not currently included as part of the exclusive operating area are Coalinga/Huron Service Area (Zone C), Selma/Fowler Service Area (Zone G), Sanger/Pine Flat Reservoir Service Area (Zone I), Reedley/Orange Cove/Parlier Service Area (Zone J), and Kingsburg Service Area (Zone K).
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) – <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the Fresno County exclusive operating area to a single emergency ground ambulance service and advanced life support (paramedic) ground ambulance service.
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 <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, Critical Care Transport, ALS Interfacility Transports, and Stand-by services with transport authorization
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. Since 1984, the Fresno County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1984 which awarded a three year contract. A second competitive procurement process was initiated in 1986 which awarded a five year contract with an additional 4 year extension to the provider. A third competitive bid process in 1997 was also implemented and ended on December 2007. After a competitive bid process in 2007, a five-year contract was awarded and implemented on January 1, 2008 that included one optional five-year extension. In 2017 a competitive bid process was completed and an new exclusive ambulance agreement was implemented on January 1, 2018. The exclusive agreement included the option for a 5-year extension, which was approved by the Fresno County Board of Supervisors. The agreement will expire on 12/31/2027. Prior to each procurement process, all request for proposals were submitted and approved by the State EMS Authority.

EMS PLAN

AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone C (Non-Exclusive Operating Area)
Name of Current Provider(s):	Coalinga City Fire Department
Area or subarea (Zone) Geographic Description:	Fresno County Ambulance Zone C is located in southwestern Fresno County and includes the Cities of Coalinga and Huron, and the unincorporated areas surrounding these cities. It borders the County of Kings on the south and east, the Counties of San Luis Obispo and Monterey on the west, and the Fresno County Exclusive Operating area on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)	Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone C is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone C is a non-exclusive operating area.
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. Fresno County Ambulance Zone C is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone G (Non-Exclusive Operating Area)
Name of Current Provider(s): Selma City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone G is located in central Fresno County and includes the Cities of Selma and Fowler and the western portion of the City of Parlier. It also includes the unincorporated areas surrounding these cities. It borders Ambulance Zone K on the south, the Reedley Exclusive Operating Area on the east, and the Fresno County Exclusive Operating area on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone G is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone G is a non-exclusive operating area.
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. Fresno County Ambulance Zone G is a non-exclusive operating area.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone I (Non-Exclusive Operating Area)
Name of Current Provider(s): Sanger City Fire Department / Sequoia Safety Council
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone I is located in central Fresno County and includes the Cities of Sanger, the communities of Del Rey, Centerville and Minkler, and includes the unincorporated areas surrounding these areas. It borders Ambulance Zone G and the Reedley Exclusive Operating Area on the South, and the Fresno County Exclusive Operating area on the north, west and east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone I is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone I is a non-exclusive operating area.
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. Fresno County Ambulance Zone I is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County - Reedley Exclusive Operating Area (Ambulance Zone J)
Name of Current Provider(s): Sequoia Safety Council
Area or subarea (Zone) Geographic Description: The Reedley Exclusive Operating Area is located in southeastern Fresno County and includes the Cities of Reedley, Orange Cove, the eastern portion of the City of Parlier, and the communities of Squaw Valley, Dunlap, Miramonte, and Pinehurst. It borders the County of Tulare on the South, Sequoia and Kings Canyon National Parks on the east, Fresno County Ambulance Zone G (non-exclusive) on the west, and Fresno County Ambulance Zone I (non-exclusive) on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Reedley Exclusive Operating Area to a single emergency ground ambulance service. By creating the Reedley EOA in Fresno County, it is the intent of the Local EMS Agency, at the recommendation of the Fresno County Board of Supervisors, to sustain the current level of medical standards and performance.
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 <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
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. The EMS Agency, at the recommendation of the Fresno County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Sequoia Safety Council is a non-profit community owned service, which was established in 1953. Sequoia Safety Council has operated in the geographical area of the Reedley EOA since that time without interruption. In 1986, Sequoia Safety Council evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 1987. Since 1953, Sequoia Safety Council has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Reedley EOA in Fresno County. On occasion, other ambulance providers respond into the Sequoia Safety Council's response area when needed for mutual aid assistance. There has been no change in the ownership of Sequoia Safety Council, nor has the geographical area of their service area changed.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Fresno County – Ambulance Zone K (Non-Exclusive Operating Area)
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: Fresno County Ambulance Zone K is located in south Fresno County and includes the Cities of Kingsburg and the unincorporated areas surrounding this area. It borders Ambulance Zone G on the north, the County of Tulare on the South, and the Fresno County Exclusive Operating area on the north and west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone K is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone K is a non-exclusive operating area.
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. Fresno County Ambulance Zone K is a non-exclusive operating area.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Central California EMS Agency
Area or subarea (Zone) Name or Title:	Fresno County – Ambulance Zone N - ELIMINATED
Name of Current Provider(s):	<u>This Ambulance Zone was eliminated on January 1, 2018 and was included the Fresno EOA and the competitive bid process</u>
Area or subarea (Zone) Geographic Description:	Fresno County Ambulance Zone N is located in north-central Fresno County and includes the Cities of Kerman, the communities of Biola and Rolinda. This area includes the unincorporated areas surrounding this area, which includes the county islands in the north west area of the City of Fresno. It is bordered by the County of Madera on the north and the Fresno County Exclusive Operating area on the south, east, and west. The border is the boundary of the North Central Fire Protection District. The eastern border of this ambulance zone changes as the City of Fresno annexes areas of Ambulance Zone N. When that occurs, the annexed portion is automatically included in the Fresno County Exclusive Operating Area.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6)	Include intent of local EMS agency and Board of Supervisors action. Fresno County Ambulance Zone N is a non-exclusive operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Fresno County Ambulance Zone N was eliminated.
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. Fresno County Ambulance Zone N is a non-exclusive operating area. Fresno County Ambulance Zone N was included in the competitive bid process for the Fresno County Exclusive Operating Area and will be added to the Area effective January 1, 2018.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Kings County Exclusive Operating Area
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Exclusive Operating Area includes the entire County of Kings excluding the Riverdale Service Area (Zone 01), Kingsburg Service Area (Zone 03), and the Lemoore Naval Air Station Service Area (Zone 04).
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Include intent of local EMS agency and Board of Supervisors action. Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The procurement restricts operations within the exclusive operating area to a single ground emergency ambulance service and ground advanced life support service.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, ALS Ambulance, ALS IFT, stand-by services with transport authorization.
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. Since 1995, the Kings County Exclusive Operating Area has been awarded through multiple consecutive competitive procurement processes. The original procurement process included a competitive bid process in 1995 which awarded a five year contract. A competitive process has been used in 2000 and 2010. The most recent agreement expired on October 31, 2020. A new competitive bid process was conducted in 2020 and the RFP was submitted and approved by the State EMS Authority as an amendment to the EMS plan. American Ambulance was chosen to continue as the exclusive provider under a new 5 year agreement beginning November 1, 2020 through October 31, 2025. The exclusive agreement also contains an option for one 5-year extension upon approval by the EMS Agency and County.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 01
Name of Current Provider(s): American Ambulance
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 01 is located on the northern border of Kings County, immediately adjacent to the Fresno County community of Riverdale. This area is Bordered on the south by the Kings River, which allows quicker response times from Fresno County. It contains only a rural area of Kings County and does not include any incorporated areas.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 1 is a <u>non-exclusive</u> area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 1 is a non-exclusive area.
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. Kings County Ambulance Zone 1 is a non-exclusive area.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 03
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 03 is located on the north-eastern border of Kings County and Fresno County, which is immediately adjacent to the City of Kingsburg in Fresno County. This area is bordered on the south by the Kings County EOA Zone 09 and 02, Tulare County on the East, and Fresno County on the west and north. The area contains a rural/unincorporated area of Kings County.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 3 is a <u>non-exclusive</u> area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 3 is a non-exclusive area.
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. Kings County Ambulance Zone 3 is a non-exclusive area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Kings County Ambulance Zone 04
Name of Current Provider(s): United States - Naval Air Station-Lemoore
Area or subarea (Zone) Geographic Description: The Kings County Ambulance Zone 04 is the geographical area and jurisdiction of the federal government installation – Naval Air Station –Lemoore. It is bordered by the Kings County EOA on the north, east and south, and is bordered by Fresno County on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station – Lemoore
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore
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. Kings County Ambulance Zone 4 is operated by the federal government and Naval Air Station - Lemoore

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Chowchilla Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service, Inc.
Area or subarea (Zone) Geographic Description: The Madera County – Chowchilla Area Ambulance Zone is located in the northwestern Madera County and includes the City of Chowchilla, the communities of Fairmead, Dairyland, and the unincorporated areas surrounding these communities. It borders the Madera Area Zone on the south, the County of Merced on the west, and the Madera County Mountain Exclusive Operating area on the north.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. The Madera County – Chowchilla Area Ambulance Zone is <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.
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. The Madera County – Chowchilla Area Ambulance Zone is non-exclusive operating area.

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

EMS PLAN AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Madera County – Madera Area Ambulance Zone
Name of Current Provider(s): Pistoresi Ambulance Service of Madera, Inc.
Area or subarea (Zone) Geographic Description: Madera County – Madera Area is located in the southwestern Madera County and includes the City of Madera and the communities of Madera/Bonadelle Ranchos, Rolling Hills, Eastside Acres, Raymond, and the unincorporated areas surrounding these communities. It borders the County of Fresno on the south and east, the Madera County – Chowchilla Area on the North, and the Madera County Mountain Exclusive Operating area on the northeast.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <small>Include intent of local EMS agency and Board of Supervisors action.</small> Madera County – Madera Area Ambulance Zone is a <u>non-exclusive</u> operating area.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small> Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If <u>Grandfathered</u>, pertinent facts concerning changes in scope and manner of service, description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If <u>competitively determined</u>, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Madera County – Madera Area Ambulance Zone is a non-exclusive operating area.

NOTE: This document was corrected in 2009. The previously submitted documents incorrectly and inaccurately included the Chowchilla Area Ambulance Zone and the Madera Area Ambulance Zone into one response area serviced by Pistoresi Ambulance. In fact, there are two separate and distinct ambulance zones or areas which are each served by separate entities. The Chowchilla Area is served by Pistoresi Ambulance Service Inc. and the Madera Area is served by Pistoresi Ambulance Service of Madera, Inc.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: The Madera County Mountain Exclusive Operating Area
Name of Current Provider(s): Sierra Ambulance Service, Inc
Area or subarea (Zone) Geographic Description: The Madera County Mountain Exclusive Operating Area includes the north-eastern portion of Madera County. It includes the communities of Oakhurst, Ahwahnee, Coarsegold, North Fork, Bass Lake, and O'Neals. It borders the Counties of Mariposa on the northwest, Mono on the northeast, and Fresno on the east. The southern border of the Mountain EOA is adjacent to the south-western area of Madera County, which is a non-exclusive response area.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Madera County Mountain Exclusive Operating Area to a single emergency ground ambulance service. By creating the Mountain EOA, it is the intent of the Local EMS Agency, at the recommendation of the Madera County Board of Supervisors, to sustain the current level of medical standards and performance.
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. Type: Emergency Ambulance Level: 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
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. The EMS Agency, at the recommendation of the Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Sierra Ambulance Service is a non-profit community owned service which was established in 1964. Sierra Ambulance Service has operated in the geographical area of the Mountain EOA since that time without interruption. In 1985, Sierra Ambulance Service evolved from Limited Advanced Life Support (EMT-II) to Advanced Life Support (Paramedic). Since 1964, Sierra Ambulance Service has been the only ambulance service providing primary emergency ambulance services within the geographical area of the Mountain EOA. On occasion, other ambulance providers respond into the Sierra Ambulance Service area when needed for mutual aid assistance. There has been no change in the ownership of Sierra ambulance, nor has the geographical area of their service area changed.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 1 (Exclusive Operating Area)
Name of Current Provider(s): Dinuba City Fire Department
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 1 is located in the northwest portion of Tulare County. This zone includes the City of Dinuba, the communities of Cutler and Orosi, and the unincorporated areas surrounding these communities. Ambulance Zone 1 is bordered by Fresno County on the north, Tulare County Ambulance Zone 10 on the west, Tulare County Ambulance Zone 3 and 13 on the east, and ambulance Zone 2 on the south..
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Include intent of local EMS agency and Board of Supervisors action. Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 1 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition. <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
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. The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Dinuba City Fire Department was established in 1909 and has been the sole provider of ambulance services in the geographical response area without interruption. In 1978, Dinuba's ambulance services evolved to Limited Advanced Life Support (EMT-II) and then to Advanced Life Support (Paramedic) in 2007. On occasion, other ambulance providers respond into the Dinuba's response area when needed for mutual aid assistance. There has been no change in the ownership of Dinuba City Fire Department's ambulance, nor has the geographical area of their service area changed. This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 2
Name of Current Provider(s): American Ambulance of Visalia
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 2 is located in the northwest portion of Tulare County. This zone includes the City of Visalia, the communities of Goshen and Tagus, and the unincorporated areas surrounding these communities. Ambulance Zone 2 is bordered by Tulare County Ambulance Zone 10 and 1 on the north, Tulare County Ambulance Zone 5 on the east, Tulare County Ambulance Zone 6 on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) - Tulare County Ambulance Zone 2 is a <u>non-exclusive</u> operating area. After the departure of Mobile Life Support on September 1, 2016, The EMS Agency notified the County and ambulance providers that Ambulance Zone 2 was no longer an exclusive operating area due to a change in manner and scope.
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 Tulare County Ambulance Zone 2 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 2 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 3
Name of Current Provider(s): American Ambulance of Visalia / Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 3 is located in north-central Tulare County and includes the Cities of Woodlake and the communities of Lemon Cove, Badger, and the unincorporated areas surrounding this area. It borders Ambulance Zone 5 on the south, Ambulance Zone 4 on the east, Ambulance Zone 13 on the north, and Ambulance Zone 1 and 2 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 3 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 3 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 3 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 4
Name of Current Provider(s): American Ambulance of Visalia Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 4 is located in the northeast portion of Tulare County. This zone includes the community of Three Rivers and the unincorporated areas surrounding this community. Ambulance Zone 4 is bordered by Tulare County Ambulance Zone 13 on the north, Tulare County Ambulance Zone 5 and 3 on the west, Tulare County Ambulance Zone 9, 14, and 17 on the south, and the Sequoia National Park/Mono County on the east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 4 is a <u>non-exclusive</u> operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.
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 Tulare County Ambulance Zone 4 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 3 is a non-exclusive operating area. It became a Non-Exclusive Operating Area on August 17, 2010, when Three-Rivers Ambulance discontinued service.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 5 (Exclusive Operating Area)
Name of Current Provider(s): Exeter District Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 5 is located in the central portion of Tulare County. This zone includes the cities of Exeter and Farmersville, and the unincorporated areas surrounding these cities. Ambulance Zone 5 is bordered by Tulare County Ambulance Zone 3 on the north, Tulare County Ambulance Zone 2 on the west, Tulare County Ambulance Zone 8 on the south, and Tulare County Ambulance Zone 9 on the on the east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) <u>Exclusive</u> Division 2.5 of the California Health and Safety Code allows the EMS Agency, upon the recommendation of the County, to restrict operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support within a specific geographic area. The designation restricts operations within the Tulare County Ambulance Zone 5 to a single emergency ground ambulance service. By creating the EOA in Tulare County, it is the intent of the Local EMS Agency, at the recommendation of the Tulare County Board of Supervisors, to sustain the current level of medical standards and performance.
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 <u>Type:</u> Emergency Ambulance <u>Level:</u> 9-1-1 and 7-digit response, Stand-by Service with Transport Authorization
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. The EMS Agency, at the recommendation of the Tulare County Board of Supervisors, has developed and implemented a local plan that continues the use of existing providers operating within the local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. Exeter District Ambulance is a non-profit community owned ambulance service, which was established in 1977. Exeter has operated in the same geographical area of the Ambulance Zone 5 since that time without interruption. In 1978, Exeter evolved to Limited Advanced Life Support (EMT-II) and to paramedics in 2007. On occasion, other ambulance providers respond into the response area when needed for mutual aid assistance. There has been no change in the ownership of Exeter District Ambulance, nor has the geographical area of their service area changed. This exclusive operating area was established on July 27, 1993 by the Tulare County EMS Agency (CCEMSA did not assume responsibility for EMS until 2004).

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 6
Name of Current Provider(s): Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 6 is located in the southwestern portion of Tulare County. This zone includes the City of Tulare and the unincorporated areas surrounding the city. Ambulance Zone 6 is bordered by Tulare County Ambulance Zone 2 on the north, Tulare County Ambulance Zone 8 on the east, Tulare County Ambulance Zone 7 on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 6 is a <u>non-exclusive</u> operating area.
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 The Tulare County Ambulance Zone 6 is non-exclusive
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. The Tulare County Ambulance Zone 6 is non-exclusive

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 7
Name of Current Provider(s): Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 7 is located in the southwestern portion of Tulare County. This zone includes the cities of Pixley and Earlimart and the unincorporated areas surrounding these cities. Ambulance Zone 7 is bordered by Tulare County Ambulance Zone 6 on the north, Tulare County Ambulance Zone 9 on the east, Tulare County Ambulance Zone 12 on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 7 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). The Tulare County Ambulance Zone 7 is non-exclusive .
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. The Tulare County Ambulance Zone 7 is non-exclusive.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 8
Name of Current Provider(s): Exeter District Ambulance Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 8 is located in central Tulare County and includes the City of Lindsay and the unincorporated areas surrounding this area. It borders Ambulance Zone 5 on the north, Ambulance Zone 9 on the east, Ambulance Zone 9 on the south, and Ambulance Zone 6 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 8 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 8 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 8 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 9
Name of Current Provider(s): Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 9 is located in central Tulare County and includes the City of Porterville, the communities of Springville, Terra Bella, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 8 and 4 on the north, Ambulance Zone 14 and 16 on the east, Kern County on the south, and Ambulance Zone 6, 7, and 12 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 9 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 9 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 9 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 10
Name of Current Provider(s): Kingsburg City Fire Department
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 10 is located in the northwestern portion of Tulare County. This zone includes the community of Traver, and the unincorporated areas surrounding this area. Ambulance Zone 10 is bordered by Fresno County on the north, Tulare County Ambulance Zone 1 on the east, Tulare County Ambulance Zone 2 on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 10 is a <u>non-exclusive</u> operating area.
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 Tulare County Ambulance Zone 10 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 10 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 11
Name of Current Provider(s): Tule River Indian Health Center
Area or subarea (Zone) Geographic Description: Zone 11 is the geographical area of the Tule River Indian Reservation, which is located in eastern Tulare County.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.
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 Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.
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. Tulare County Ambulance Zone 11 is operated by the Tule River Indian Health Center in the geographical boundaries of the Tule River Indian Reservation.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 12
Name of Current Provider(s): Sierra LifeStar Ambulance Service
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 12 is located in the southwestern portion of Tulare County. This zone includes the unincorporated areas north of the County of Kern. Ambulance Zone 12 is bordered by Tulare County Ambulance Zone 7 on the north, Tulare County Ambulance Zone 9 on the east, the County of Kern on the south, and the County of Kings on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Tulare County Ambulance Zone 12 is a <u>non-exclusive</u> operating area.
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 Tulare County Ambulance Zone 12 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 12 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 13
Name of Current Provider(s): American Ambulance of Visalia / Exeter District Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 13 is located in north-central Tulare County and includes the community of Badger, Hartland, and the unincorporated areas surrounding these areas. It borders Ambulance Zone 3 and 4 on the south, Ambulance Zone 1 on the west, Fresno County on the north, and Mono County/Kings Canyon National Park on the east.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 13 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 13 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 13 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 14
Name of Current Provider(s): Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 14 is located in central Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 4 on the north, Ambulance Zone 17 and 18 on the east, Ambulance Zone 16 and 18 on the south, and Ambulance Zone 9 on the west.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 14 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 14 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 14 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 15
Name of Current Provider(s): Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 15 is located in southern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 16 on the north, Ambulance Zone 18 on the east, Kern County on the south, and Ambulance Zone 16 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 15 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 15 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 15 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 16
Name of Current Provider(s): Imperial Ambulance
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 16 is located in southern Tulare County and includes the unincorporated rural area of Tulare County and the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 9 and 14 on the north, Ambulance Zone 18 on the east, Ambulance Zone 15 on the south, and Ambulance Zone 9 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 16 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 16 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 16 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 17
Name of Current Provider(s): Imperial Ambulance / Rescue Helicopter
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 17 is located in east-central Tulare County and includes the extreme wilderness area of the Sequoia National Forrest. It borders Ambulance Zone 4 on the north, the County of Mono on the east, Ambulance Zone 18 on the south, and Ambulance Zone 14 on the west. This area is inaccessible by ambulance and rarely has any requests for service.
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 17 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 17 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 17 is a non-exclusive operating area.

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Central California EMS Agency
Area or subarea (Zone) Name or Title: Tulare County – Ambulance Zone 18
Name of Current Provider(s): Imperial Ambulance / Liberty Ambulance (Ridgecrest-Kern County)
Area or subarea (Zone) Geographic Description: Tulare County Ambulance Zone 18 is located in southeastern Tulare County and includes the wilderness area of the Sierra National Forrest. It borders Ambulance Zone 17 on the north, the County of Mono on the east, County of Kern on the south, and Ambulance Zone 14, 15, and 16 on the west
Statement of Exclusivity, Exclusive or Non-Exclusive (HS 1797.6) Include intent of local EMS agency and Board of Supervisors action. Tulare County Ambulance Zone 18 is a <u>non-exclusive</u> operating area.
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. 9-1-1 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Tulare County Ambulance Zone 18 is a non-exclusive operating area.
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. Tulare County Ambulance Zone 18 is a non-exclusive operating area.

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



Daniel J Lynch
EMS Director

James Andrews, M.D.
EMS Medical Director

Fresno County
Dept of Public Health
1221 Fulton Street
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 600-7691

www.ccemsa.org

Paramedic Triage to Alternate Destination UPDATE

January 2024

EMS Agency Certification

Report Year: 2023

	Community Paramedic	Triage Paramedic
Total certified and accredited	N/A	282
Number newly certified this year	N/A	40
Number recertified this year	N/A	242**
Total accredited on July 1 of reporting year	N/A	245
Number of certification reviews resulting in:		
• Formal Investigations	N/A	0
• Probation	N/A	0
• Suspensions	N/A	0
• Revocations	N/A	0
• Denials	N/A	0
• No action taken	N/A	0

** The TAD program was approved by EMSA certification began by 11/1/23. The existing paramedics from the program under our 2018 pilot project were recertified under the new guidelines and entered into the registry.

Facility Resource

County: Fresno County

Alt. Destination: Fresno County Crisis Stabilization Center

Facility Address: 4411 E Kings Canyon Avenue
Fresno, CA 93702

Phone Number: (559) 453-1008

Authorized Facility: ☒ Mental Health ☐ Sobering Center

The alternate destination facility maintains adequate licensed medical and professional staff, facilities, and equipment in accordance with the provisions of section 1831 of the Health and Safety Code and Code of Regulations, Title 22, Division 9, Chapter 5.

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource Report Year: 2023

County: <u>Fresno County</u>	Response Area: <u>Fresno County EOA</u>
ALS Provider: <u>American Ambulance</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>2911 E Tulare Avenue</u> <u>Fresno, CA 93721</u>	
Phone Number: <u>(559) 443-5900</u>	
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____ If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	129,256
Total number of transports to general acute care hospitals:	86,257
Total number of transports to alternate destination facilities:	1,780
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	1,777

EMS Plan Annex – Triage to Alternate Destination Program

• Number of transports to sobering center:	N/A
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Provider Resource

Report Year: 2023

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone C</u>
ALS Provider: <u>Coalinga Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>300 W Elm Avenue</u> <u>Coalinga, CA 93210</u>	
Phone Number: <u>(559) 935-1652</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	2,361

EMS Plan Annex – Triage to Alternate Destination Program

Total number of transports to general acute care hospitals:	1,559
Total number of transports to alternate destination facilities:	25
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	25
<ul style="list-style-type: none"> Number of transports to sobering center: 	N/A

Provider Resource

Report Year: 2023

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone K</u>
ALS Provider: <u>Kingsburg Fire Department</u> Address: <u>1460 Marion Street</u> <u>Kingsburg, CA 93631</u> Phone Number: <u>(559) 897-5457</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	2,480
Total number of transports to general acute care hospitals:	1,549
Total number of transports to alternate destination facilities:	62
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	62
<ul style="list-style-type: none"> Number of transports to sobering center: 	N/A

Provider Resource

Report Year: 2023

County: <u>Fresno County</u> ALS Provider: <u>Sanger Fire Department</u> Address: <u>601 West Avenue</u> <u>Sanger, CA 93657</u> Phone Number: <u>(559) 875-6568</u>	Response Area: <u>Ambulance Zone I</u> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div> <div style="border: 1px solid black; padding: 5px;"> 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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider </div>
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EMS Plan Annex – Triage to Alternate Destination Program

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	3,369
Total number of transports to general acute care hospitals:	2,035
Total number of transports to alternate destination facilities:	76
• Number of transports to authorized mental health facility:	76
• Number of transports to sobering center:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Provider Resource

Report Year: 2023

County: <u>Fresno County</u>	Response Area: <u>Ambulance Zone G</u>
ALS Provider: <u>Selma Fire Department</u>	Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>1711 Tucker Street</u> <u>Selma, CA 93662</u>	
Phone Number: <u>(559) 891-2211</u>	
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 _____ If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider	

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	4,728
Total number of transports to general acute care hospitals:	3,236
Total number of transports to alternate destination facilities:	118
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	118

EMS Plan Annex – Triage to Alternate Destination Program

• Number of transports to sobering center:	N/A
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Provider Resource

Report Year: 2023

County: <u>Fresno County</u>		Response Area: <u>Ambulance Zone J</u>
ALS Provider:	<u>Sequoia Safety Council</u>	
Address:	<u>500 11th Street</u> <u>Reedley, CA 93654</u>	
Phone Number:	<u>(559) 638-9995</u>	
		<p>Written Agreement with LEMSA to Participate in EMS System</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>		

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	5,798

EMS Plan Annex – Triage to Alternate Destination Program

Total number of transports to general acute care hospitals:	3,628
Total number of transports to alternate destination facilities:	164
• Number of transports to authorized mental health facility:	164
• Number of transports to sobering center:	N/A

Provider Resource

Report Year: 2023

County: <u>Madera County</u>		Response Area: <u>Madera Valley / Chowchilla</u>
ALS Provider:	<u>Pistoresi Ambulance Service</u>	
Address:	<u>113 North R Street</u> <u>Madera, CA 93637</u>	
Phone Number:	<u>(559) 673-8004</u>	
		<p>Written Agreement with LEMSA to Participate in EMS System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p>		

Responses and Transports	
Community Paramedicine	
Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A

EMS Plan Annex – Triage to Alternate Destination Program

Triage to Alternate Destination Provider	
Total number of responses (2023):	13,901
Total number of transports to general acute care hospitals:	6,472
Total number of transports to alternate destination facilities:	109
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	109
<ul style="list-style-type: none"> Number of transports to sobering center: 	N/A

*Pistoresi Ambulance did not begin transports to CSC until 1/1/2023

Provider Resource

Report Year: 2023

County: <u>Madera County</u> ALS Provider: <u>Sierra Ambulance Service</u> Address: <u>40755 Winding Way</u> <u>Oakhurst, CA 93644</u> Phone Number: <u>(559) 642-0650</u>	Response Area: <u>Madera Mountain EOA</u> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Written Agreement with LEMSA to Participate in EMS System</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Review of provider agreement by LEMSA in accordance with 100183</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="border: 1px solid black; padding: 10px; margin-top: 10px;"> <p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____</p> <p>If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District</p> <p><input type="checkbox"/> Community Paramedicine Provider <input checked="" type="checkbox"/> Triage to Alternate Destination Provider</p> </div>
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Responses and Transports
Community Paramedicine

EMS Plan Annex – Triage to Alternate Destination Program

Total number of responses:	N/A
Total number of transports to general acute care hospitals:	N/A
Triage to Alternate Destination Provider	
Total number of responses (2023):	4,406
Total number of transports to general acute care hospitals:	2,471
Total number of transports to alternate destination facilities:	9
<ul style="list-style-type: none"> Number of transports to authorized mental health facility: 	9
<ul style="list-style-type: none"> Number of transports to sobering center: 	N/A

*Sierra Ambulance did not begin transports to CSC until 1/1/2023

County: Fresno / Madera Counties

Reporting Year: 2023

EMS Agency Training Program

County: Fresno/Madera

Year: 2023

Do you have a process for certifying and accrediting community paramedics in providing community paramedicine services and for monitoring and withdrawing approvals to ensure continued compliance with statute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for community paramedics include the following program specialties:	
<ul style="list-style-type: none"> Providing directly observed therapy to persons with tuberculosis in collaboration with a public health agency to ensure effective treatment of the tuberculosis and to prevent spread of the disease? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<ul style="list-style-type: none"> Providing case management services to frequent emergency medical services users in collaboration with, and by providing referral to, existing appropriate community resources? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the training for triage paramedics include the following program specialties:	
<ul style="list-style-type: none"> Providing care and comfort services to hospice patients in their homes in response to 911 calls by providing for the patient's and the family's immediate care needs, including grief support in collaboration with the patient's hospice agency until the hospice nurse arrives to treat the patient. This paragraph does not impact or alter existing authorities applicable to a licensed paramedic operating under the medical control policies adopted by a local EMS agency medical director to treat and keep a hospice patient in 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

EMS Plan Annex – Triage to Alternate Destination Program

<p>the patient's current residence, or otherwise require transport to an acute care hospital in the absence of an approved triage to alternate destination hospice program?</p> <ul style="list-style-type: none"> • Providing patients with advanced life support triage and assessment by a triage paramedic and transportation to an alternate destination facility, as defined in section 1811 of the Health and Safety Code? • Providing transport services for patients who identify as veterans and desire transport to a local veteran's administration emergency department for treatment, when appropriate? 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the Mental Health Facility training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, instruction on the following topics:</p> <ul style="list-style-type: none"> a) Mental health crisis intervention by a qualified instructor? b) Assessment and treatment of intoxicated patients? c) Policies for the triage, treatment, transport, and transfer of care, of patients to an alternate destination facility? 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Does the Mental Health TAD training and accreditation for triage paramedics authorizing transport to an alternate destination facility include, but not limited to, training on the following topics:</p> <ul style="list-style-type: none"> a) Psychiatric orders? b) Neuropharmacology? c) Alcohol and substance abuse d) Patient consent? e) Patient documentation? f) Medical quality improvement? 	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Does the training for triage paramedics authorizing transport to a sobering center include the following instruction:</p> <ul style="list-style-type: none"> a) The impact of alcohol intoxication on the local public health and emergency medical services system? b) Alcohol and substance use disorders? c) Triage and transport parameters? d) Health risks and interventions in stabilizing acutely intoxicated patients? e) Common conditions with presentations similar to intoxication? f) Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use disorders? 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>

CENTRAL CALIFORNIA EMS AGENCY
TRIAGE TO ALTERNATE DESTINATION
Quarterly / Annual Summary

2023

LEMSA Summary of Outcomes					
	Q1	Q2	Q3	Q4	Annual Total
Total # of 911 scene call patients who are treated and transported to an E.D.	514	655	742	587	2498
Total # of 911 scene call patients who are treated and transported to a Sobering Center	n/a	n/a	n/a	n/a	0
Total # of 911 scene call patients who are treated and transported to a mental health facility	468	620	590	649	2327
Total # of 911 scene call patients who are treated and transported to a Veteran's Admin E.D.	8	14	14	6	42
Total # of patients transported to an alternate destination that required secondary transfer to an acute care E.D. within 6 hours	2	1	4	1	8

Facility Data Reports					
Facility Name: Fresno County Crisis Stabilization center					
Facility Type: <u>Authorized Mental Health Facility</u>					
	Q1	Q2	Q3	Q4	Annual Total
Median Ambulance Patient Offload Times (min)	36.61	33.58	12.26	13.25	23.93
Total # of EMS Transports to Facility	468	620	590	649	2327
Total # of patients turned away, diverted, or who required secondary transfer to an acute care E.D. within 6 hours from facility.	20	26	12	25	83
Summary of primary reasons for turning away, diverting, or who required secondary transfer to an acute care E.D. within 6 hours from facility: Several refusals were attributed to a positive COVID test upon arrival at CSC. There were refusals due to a medical history that the RN felt needed to be evaluated at the ED, which was outside of the criteria. One patient was refused due to previous disruptions in the CSC.					
Summary of feedback about program from Emergency Medical Care Committee: At the April 19, 2023 EMCC meeting, the report was presented to the EMCC. There were no questions or comments. The report was accepted.					

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



Regional Trauma Plan UPDATE

January 2024

Originally Implemented on June 19, 1984

Daniel J Lynch
EMS Director

James Andrews, M.D.
EMS Medical Director

**Fresno County
Dept of Public Health**
1221 Fulton Street
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 600-7691

www.ccemsa.org

Mission Statement of the Trauma Care System

***"To reduce morbidity and mortality in the trauma patient
by establishing, promoting, and maintaining a system of excellence in trauma care
that includes prevention education as well as effective and appropriate delivery
of emergency medical treatment for victims of traumatic injury,
and is supported by system access, pre-hospital providers, hospitals,
and our community."***

TABLE OF CONTENTS

	<u>Page</u>
Mission Statement of the Trauma Care System.....	ii
Table of Contents.....	iii
I. Trauma System Summary	1
II. Changes in Trauma System.....	4
III. Trauma Centers	5
IV. Trauma System Goals and Objectives	6
V. Changes to Implementation.....	7
VI. System Performance Improvement	7
VII. Attachment A – Trauma Destination Chart	

I. TRAUMA SYSTEM SUMMARY

The Fresno County Department of Public Health's Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties. It is responsible for planning, developing, and implementing the EMS and trauma systems. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI and trauma centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures.

The trauma system that exists today in Fresno, Kings, Madera, and Tulare Counties is a mature system that has evolved over many years. First implemented by the Local EMS Agency in 1984, the EMS Agency has developed for the Counties of Fresno, Kings, Madera, and Tulare an effective trauma system based upon regional trauma planning by the EMS Agency. The trauma system is the result of a genuine commitment and cooperative effort of government, community physicians, hospitals, EMS providers, and the community. While the four-county EMS region has a very diverse geography, the trauma system is designed by the EMS Agency to provide optimal trauma care while recognizing the unique mixture of rural and urban areas, including much-extended response and transport times. Centered in central California, Community Regional Medical Center is the only EMS Agency designated Level I Trauma Center in the Central Valley. Valley Children's Hospital is the only Level II Pediatric Trauma Center. Kaweah Health Medical Center, in the City of Visalia, is a designated Level III Trauma Center and is the primary destination for ground ambulance trauma patients and specific helicopter patients in Tulare County.

The operational aspects of the trauma system begin at the pre-response level with a countywide "Enhanced" 9-1-1 (E9-1-1) telephone system in each of the four counties. A designated ambulance dispatch center coordinates all ambulance service requests for each county. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), a non-profit entity created by ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency-approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

The trauma triage system in Fresno, Kings, and Madera Counties routes moderately and severely injured trauma patients directly to the Level I Trauma Center (Community Regional Medical Center) by-passing all other hospitals. Pediatric trauma patients are taken either to the Level I trauma center or Valley Children's, depending on the location of the incident. Patients with minor injuries are transported to the appropriately staffed facility of their choice. Trauma patients meeting trauma center criteria in Tulare County go to Kaweah Health Medical Center, a designated Level III Trauma Center. Trauma patients in Tulare County transported by air ambulance are transported to Kaweah Health Medical Center or Community Regional Medical Center, depending on their location.

Throughout the four-county area, base hospitals participate in trauma destination decisions involving transportation time exceeding 60 minutes. Except for patients in cardiac arrest or with a compromised airway, most rural patients meeting triage criteria are transported directly to a trauma

center. In addition, air ambulance transport is utilized as much as possible in all rural areas of the region, weather permitting.

The three trauma centers and three receiving hospitals in Fresno, Kings, Madera, and Tulare Counties serve as base hospitals for EMT-Paramedic prehospital personnel. Community Regional Medical Center is the designated base hospital for EMT-Advance (Parkmedic) program for the neighboring Kings Canyon and Sequoia National Park systems. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide online base hospital medical direction in accordance with EMS Agency policies and procedures. The EMS Agency accredits Base Hospital Physicians and MICNs upon successfully completing training and testing requirements.

The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods-SkyLife, CHP, Reach/GMR, and multiple air ambulances in adjacent counties are immediately available for simultaneous dispatch of air ambulance or rescue helicopter services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for trauma throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life support treatment during transit. The trauma patient destination is determined by prehospital personnel using triage criteria, which is very similar to the CDC/ACS triage criteria that have less weight on the mechanism of injury. Base hospitals are involved in destination determination for prolonged transports and multi-casualty incidents. The utilization of air ambulance and helicopter services is integrated into EMS policy. In 2023, there were 1,930 helicopter responses to trauma incidents in Fresno, Kings, Madera, and Tulare Counties, which resulted in 267 helicopter transports to Community Regional Medical Center, 58 transports to Kaweah Health Medical Center, and 9 to Valley Children's Hospital. While the cancellation rate is significant, it represents a very aggressive response to potential critical trauma victims. It has greatly reduced the number of prolonged emergency ground transports from rural areas.

Trauma Patient Volume

The trauma registry included 4,851 patients in 2022. Approximately 69% of these patients were transported to CRMC, 20% to KHMC, and 11% to VCH.

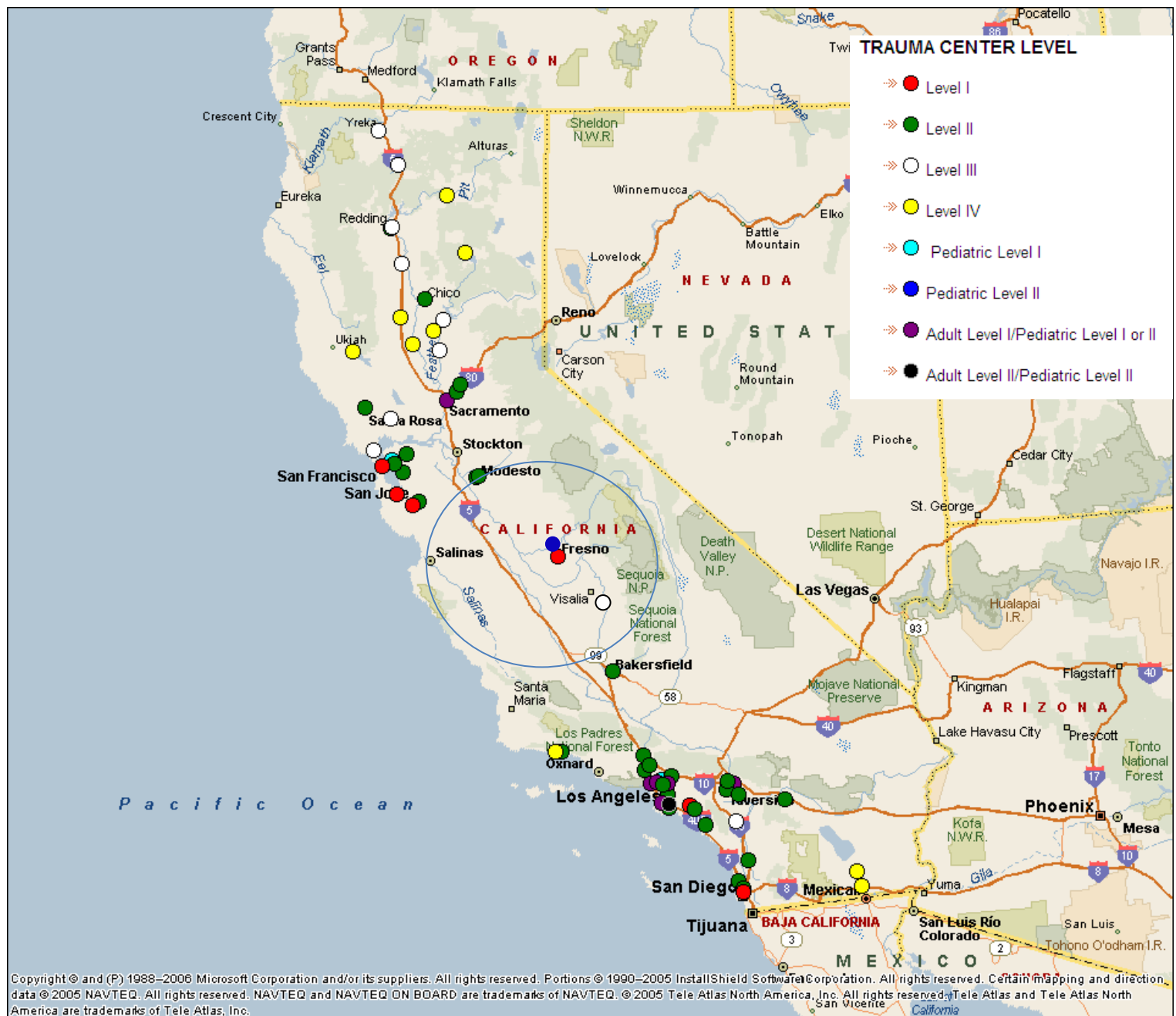
The Regional Trauma Audit Committee is an advisory committee to the Local EMS Agency concerning all aspects of the trauma system. The committee monitors system operations and reviews specific cases including problem transfers involving trauma patients. The trauma nurse coordinators from the trauma centers and emergency department personnel from some of the receiving hospitals in Fresno, Kings, Madera, and Tulare Counties provide information on trauma patients seen at those facilities.

Central California EMS Agency Statistics (2023)

- 27% of prehospital calls involve trauma.
- 77,326 Prehospital trauma responses.
 - Falls – 27,932 (27%)
 - Traffic Accident – 22,465 (29%)
 - Assault – 6,488 (8%)
 - Other trauma injuries – 20,441 (27%)

The EMS Trauma Plan Update describes the on-going commitment of the EMS Agency, the Counties of Fresno, Kings, Madera and Tulare, the trauma centers and receiving hospitals, and the prehospital providers to the communities they serve.

California Trauma Centers



II. CHANGES IN TRAUMA SYSTEM

The trauma system is always in evolution. As more information and data becomes available, the more changes that are made to improve the system. Over the many years that the trauma system has been in existence, it has continuously been changed and modified to meet the needs of the community and meet the challenges of new skills, education and techniques.

Valley Children's Hospital

Valley Children's Hospital became ACS verified on February 18, 2018 as a Level II Pediatric Trauma Center. They are the only Level II Pediatric Trauma Center in the Central Valley.

Kaweah Health Medical Center

Kaweah Health Medical Center has provided neurosurgery coverage since November 1, 2017, which exceeds the LEVEL III requirements. The current Trauma Destination Chart is in Appendix A. Kaweah Health Medical Center is contracted with the University of Southern California to provide neurosurgery. This past year, Kaweah began a medical residency program throughout its facility, which includes the trauma services.

Trauma Registry Software and Data Reporting

The EMS Agency changed our trauma registry to Digital Innovation's Collector in 2018. All trauma registry data is uploaded to the State's trauma registry site.

On-Scene times with Critical Trauma

For several years the EMS Agency has set a goal to transport critical trauma off-scene within 10 minutes of arrival of the ambulance. While we have set the performance measurement at 90% of patients off-scene in 10 minutes or less., . On April 1, 2015, in addition to the reduction in the use of spinal immobilization, the EMS Agency implemented the "7 minute clock". After 7 minutes from arriving on-scene, the ambulance crew would receive a page that they have been on-scene for 7 minutes, which was a reminder to get off scene. With the reduction in the use of spinal immobilization and the use of the "7 minute clock" we have continued to see an improvement of the off scene performance time. This time has improved from 77% in 10 minutes or less in 2020 to 89% off scene time in 10 minutes or less in 2021. We continue to evaluate the incidents that exceed the 10 minute criteria.

Reach/GMR

The CCEMSA Region gained another air ambulance provider in 2023. Reach/GMR H-82 was put into service on June 15, 2023. H-82 is stationed in Porterville, CA and is available for scene calls and interfacility transfers.

III. TRAUMA CENTERS

The EMS Agency has the following designated trauma centers:

Hospital	County	System Level
Community Regional Medical Center (CRMC)	Fresno	Level I Trauma Center/Burn Center
Valley Children's Hospital (VCH)	Madera	Level II Pediatric Trauma Center
Kaweah Health Medical Center (KHMC)	Tulare	Level III Trauma Center

In 2013, the EMS Agency modified EMS policy to require trauma centers to obtain and maintain verification from the American College of Surgeons (ACS). This verification and re-verification process is used by the EMS Agency for the periodic review to maintain trauma center designation. All three trauma centers are currently verified by the American College of Surgeons.

Community Regional Medical Center received ACS Level I verification in 2013. CRMC remains one of the busiest emergency department in the state. While there is no delays in the treatment and care of critical trauma patients, the bed availability and availability of specialty care becomes impacted at times. Clinic and follow-up is often delayed due to an enormous volume of patients. The trauma director and manager have significant challenges and have been able to maintain a very high level of quality care. There is concern that there is a critical lack of bed capacity in the EMS region and any large event could easily overwhelm the hospital system. In addition, the limited bed capacity prevents Regional Trauma Center from receiving some transfers from outlying hospitals and these patients are transferred out of the area. There is continuing concern that the changes in health care may impact the availability of the care that is currently available. The EMS Agency with the Trauma Audit Committee monitors the transfers within our system.

Valley Children's Hospital received their ACS Pediatric Level II verification February 12, 2018. Valley Children's Hospital continues to be committed in offering support to the Central Valley for Pediatric trauma care and education.

Kaweah Health Medical Center received ACS Level III verification April 24, 2017. The EMS Agency continues to monitor the number of transfers from Kaweah Health to Community Regional Medical Center, and the number of transfers out to CRMC has decreased over this last year.

The Trauma Centers are very active and meet the immediate needs of the EMS and trauma systems. Community Regional Medical Center as the Level I Trauma Center is a committed and dedicated trauma center who provides a great deal of leadership and direction for the EMS system. Each of the trauma centers provides a tremendous amount of injury prevention activities, which are welcomed by the public and provider agencies.

IV. TRAUMA SYSTEM GOALS AND OBJECTIVES

The trauma system is an integral part of the existing regional EMS Plan. A continuing goal of the trauma system is to assure a well-prepared, coordinated and appropriate response to persons who incur traumatic injuries in the EMS region. System goals and objectives have been developed to provide a means to measure the effectiveness of the trauma system plan.

We continue to monitor the following objectives as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical and trauma services are available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and Trauma Systems.

Objective 1.2 – Routinely monitor and review trauma system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Trauma Audit Committee reviews.

UPDATE: Goal 1 and each of the objectives are being met. The EMS Agency continues to monitor all aspects of the trauma system using the EMS CQI process and Trauma Audit Committee.

Goal 2. Assure definitive trauma care regardless of ability to pay.

Objective 2.1 – Monitor trauma care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

UPDATE: Goal 2 and its objective are being met. The Trauma Audit Committee and the Central Regional Trauma Coordinating Committee of California are very active in providing trauma system monitoring.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and trauma audit committee.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

UPDATE: Goal 3 and its objectives are being met. The EMS Agency works consistently with system participants in assuring a cost-effective system approach.

Goal 4. Coordinate local trauma services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the counties

Objective 4.2 – Establish transfer agreements between trauma centers and receiving hospitals within the region.

UPDATE: Goal 4 and its objectives are being met. and there are no issues. The Trauma Audit Committee monitors and discusses trauma system transfer issues at every meeting.

Goal 5. Provide objective evaluation of the trauma system through data analysis utilizing the trauma registry.

Objective 5.1 – Perform monthly audits and review with the trauma facility and the system trauma audit committee.

UPDATE: Goal 5 and its objective are being met. The EMS Agency continues to review any trauma system performance issues that may arise using the trauma registry data.

Goal 6. Promote public awareness and information regarding trauma services and injury prevention.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and injury prevention outreach programs.

UPDATE: Goal 6 and its objective are being met. and there are no issues. All three trauma centers are very engaged in public education and promotion of injury prevention. The major topics in injury prevention have been stop the bleed, car seat safety, and gun storage safety. This community service campaign is ongoing and will only be expanding in the coming years.

V. CHANGES TO IMPLEMENTATION SCHEDULE

There are minor changes to the implementation schedule. For the most part, the goals and objectives do not have implementation dates since the system is constantly being monitored and reviewed. While the EMS Authority has requested implementation dates to be included in the plan update, the EMS Agency feels strongly that implementation dates are not always necessary since the system is monitored on a daily, monthly and quarterly basis. The EMS Agency will include implementation dates in updated plans when new events or objectives occur.

VI. SYSTEM PERFORMANCE IMPROVEMENT

The EMS Agency continues to monitor the on-scene times with trauma patients, the destination of patients through the field triage criteria, and the transfer times from the trauma centers and receiving hospitals. The EMS Agency will monitor and measure the results of these changes.

ATTACHMENT A

Trauma Destination Chart

TRAUMA DESTINATION CHART

1

Assess Physiological Criteria

- Systolic Blood Pressure:
 - Adults: < 90 mm Hg
 - Pediatrics: < 80 mm Hg with signs and symptoms of shock (Refer to EMS Policy 530.32 for estimated weight formulas or use Broselow Tape)
- Respiratory Rate:
 - Adults: < 10 or > 30
 - Children: < 20 if under age 1
- Glasgow Coma Score < 13 (or, in patients whose normal GCS is less than 15, or a decrease of two or more of the patients GCS score)
- Penetrating injury to the head
- Paraplegia
- Quadriplegia

RMC or KHMC
VCH (14 years of age or less)
(Consider air transport)

2

Assess Anatomy of Injury

- Penetrating injuries to neck or torso
- Flail chest
- Two or more proximal long-bone fractures
- Amputation proximal to wrist or ankle

RMC or KHMC
VCH (14 years of age or less)
(Consider air transport)

3

Assess Burns

STABLE TRAUMA PATIENTS WITH:

- Partial/Full thickness burns > 10% TBSA
- Partial/Full thickness circumferential burns
- Partial/Full thickness burns to face, hands, feet, major joints, perineum, or genitals
- Electrical burns with voltage > 120 volts
- Chemical burns > 10% TBSA

RMC
(Consider air transport)

4

Assess Mechanism of Injury

- Falls
 - Adults: > 20 ft. (one story = 10 ft.)
 - Children: > 10 ft. or 3 times height of the child

RMC or KHMC
VCH (14 years of age or less)
(Consider air transport)

5

Assess Special Considerations

WITH A SIGNIFICANT COMPLAINT:

- Age greater than 55 years
- Anticoagulation or bleeding disorders
- Pregnancy greater than 20 weeks
- Auto vs. Pedestrian > 20 mph
- Motorcycle crash > 20 mph

Consider transport to
RMC or KHMC
VCH (14 years of age or less)

6

Paramedic/Flight Nurse Judgment

WITH A SIGNIFICANT COMPLAINT

Consider RMC or KHMC
VCH (14 years of age or less)
Base Hospital Consultation

Transport According to Policy

SIGNIFICANT COMPLAINT

Perseveration
Deteriorating mental status
Severe chest pain
Severe shortness of breath
Severe abdominal pain
Sustained, overwhelming "Feeling of Doom"

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



STEMI CRITICAL CARE SYSTEM PLAN

January 2024

Daniel J Lynch
EMS Director

James Andrews, M.D.
EMS Medical Director

**Fresno County
Dept of Public Health**
1221 Fulton Street
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 600-7691

www.ccemsa.org

Mission Statement of the STEMI Critical Care System

***"To reduce morbidity and mortality in the STEMI patient
by establishing, promoting, and maintaining a system of excellence in STEMI care
that includes prevention education as well as effective and appropriate delivery
of emergency medical treatment for victims of STEMI injury,
and is supported by system access, pre-hospital providers, hospitals,
and our community."***

TABLE OF CONTENTS

	<u>Page</u>
Mission Statement of the STEMI Critical Care System	ii
Table of Contents	iii
I. STEMI Critical Care System Summary	1
II. Designated Cardiac Centers	3
III. STEMI System Goals and Objectives	4
IV. Integration with Neighboring Jurisdictions	5
V. System Performance Improvement	5
VI. Attachment A – Supporting STEMI Policies	6

I. STEMI CRITICAL CARE SYSTEM SUMMARY

The Fresno County Department of Public Health’s Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties and is responsible for planning, developing, and implementing the EMS and STEMI Critical Care System. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI, Trauma, and Stroke Centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures. The EMS Agency staff that oversees the STEMI Critical Care System are:

Dan Lynch	Director of Emergency Medical Services
Jim Andrews, MD	EMS Medical Director
Mato-Kuwapi Parker	Specialty Services Coordinator

The operational aspects of the STEMI Critical Care System begin at the pre-response level with a countywide “Enhanced” 9-1-1 (E9-1-1) telephone system in each of the four counties. All ambulance service requests for each county are coordinated by a designated ambulance dispatch center. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), which is a non-profit entity created by the ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

In the Central California EMS Agency region, patient destination is determined by field level 12-Lead ECG interpretation. In the event that a STEMI is detected on the 12-Lead ECG, patients will be transported to the nearest designated cardiac center within 60 minutes transport time. The designated cardiac centers in Fresno County are Community Regional Medical Center and Saint Agnes Medical Center. The third designated cardiac center in the CCEMSA region is Kaweah Health Medical Center in Tulare County. In the event that transport time to a designated cardiac center is greater than 60 minutes, patients will be transported to the closest appropriate emergency department. Helicopter rendezvous will also be considered by the field crews for transport to a designated cardiac center. Throughout the four-county region, base hospitals participate in STEMI destination decisions when ground transport time exceeds 60 minutes.

The three designated cardiac centers and three receiving hospitals in Fresno, Kings, Madera, and Tulare Counties serve as base hospitals for EMT-Paramedic prehospital personnel. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide on-line base hospital medical direction in accordance with EMS Agency policies and procedures. Base Hospital Physicians and MICN’s are accredited by the EMS Agency upon successful completion of training and testing requirements.

The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods – SkyLife, Reach/GMR, and CHP, and an air ambulance in an adjacent county are immediately available for

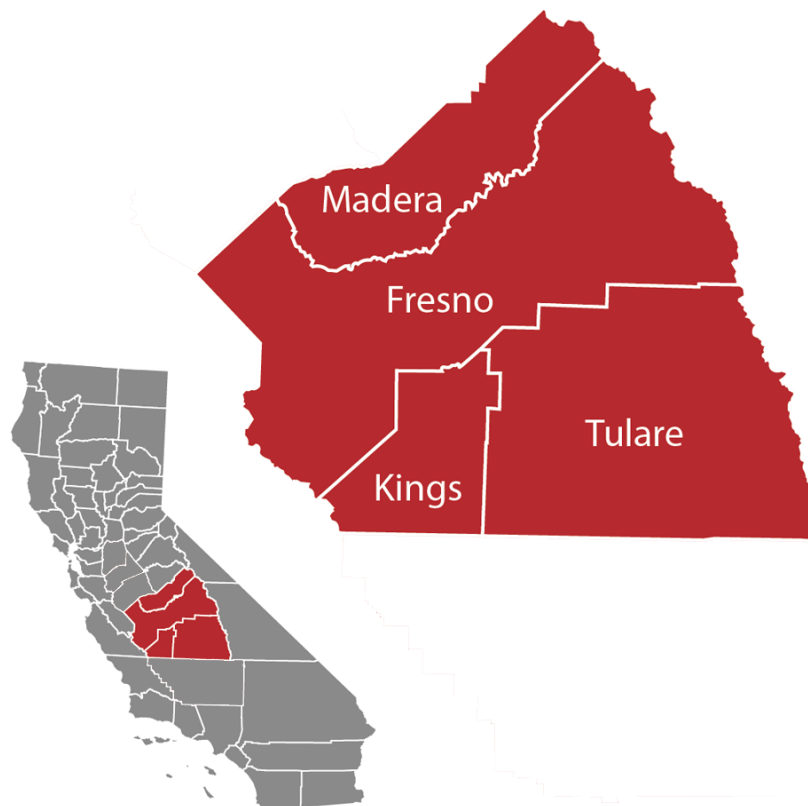
simultaneous dispatch of air ambulance services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for STEMI throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life support treatment provided during transit. The utilization of air ambulance services is integrated into EMS policy. In 2021, there were four helicopter responses to STEMI incidents in Fresno, Kings, Madera, and Tulare Counties, which resulted in four helicopter transports to Saint Agnes Medical Center.

STEMI Patient Volume

In 2023, 346 patients were treated and transported to a designated cardiac center. Approximately 41% of these patients were transported to Community Regional Medical Center, 37% were transported to Saint Agnes Medical Center, and 22% were transported to Kaweah Health Medical Center.

Central California EMS Agency Statistics (2023)

- 346 patients transported to a designated cardiac center
 - 41% to Community Regional Medical Center
 - 37% to Saint Agnes Medical Center
 - 22% to Kaweah Health Medical Center



II. DESIGNATED CARDIAC CENTERS

The EMS Agency has the following designated cardiac centers:

Hospital	County	System Level
Community Regional Medical Center	Fresno	STEMI Receiving Center
Saint Agnes Medical Center	Fresno	STEMI Receiving Center
Kaweah Health Medical Center	Tulare	STEMI Receiving Center

STEMI IDENTIFICATION

The method of identification of STEMI in the prehospital setting is by patient presentation, signs and symptoms, and 12-Lead ECG interpretation. Patients that are being treated under the Coronary Ischemic Chest Discomfort protocol will have a 12-Lead ECG administered by a paramedic. In the event that the cardiac monitor returns a reading of STEMI in progress, the patient will be transported to the closest STEMI Receiving Center listed above if the transport time is within 60 minutes. If the transport time exceeds 60 minutes, the patient will be transported to the closest appropriate facility or helicopter rendezvous will be considered. STEMI patient destination as stated in policy 547 is determined by 12-Lead ECG interpretation or Base Hospital Consultation (if required).

STEMI COMMUNICATION

Upon identification of a STEMI in the prehospital setting and initiation of treatment, the paramedic will contact the STEMI Receiving Center as stated in the General Procedures EMS Policy 530.02. The paramedic will use the Standard Call-In format to communicate patient condition as well as the 12-Lead ECG interpretation of STEMI. The purpose of a Standard Call-In is to provide the STEMI Receiving Center with adequate information to prepare for STEMI continuity of care.

STEMI TRANSFER

In some instances, a STEMI patient may need to be transferred from a basic emergency department that is not a designated STEMI Receiving Center. In those cases, an Advanced Life Support interfacility transfer would be initiated by the originating hospital. EMS Policy 553 provides direction on ALS interfacility transfers within the EMS region.

STEMI DATA COLLECTION

The primary method of data collection comes from prehospital care reports. The EMS Agency is working on a viable database to collect the required data from the STEMI Receiving Centers.

III. STEMI SYSTEM GOALS AND OBJECTIVES

The STEMI system is one part of the overall EMS Plan. The goal of the STEMI system is to assure a well-prepared, coordinated, and appropriate response to persons who are identified via 12-Lead ECG as possibly experiencing a STEMI incident. System goals and objectives have been developed to provide a means to measure the effectiveness of the STEMI system plan. The following objectives are monitored as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical services is available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and STEMI Systems.

Objective 1.2 – Routinely monitor and review the STEMI system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Medical Control Committee reviews.

Goal 2. Assure definitive STEMI care regardless of ability to pay.

Objective 2.1 – Monitor STEMI care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and CQI and Medical Control committees.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

Goal 4. Coordinate local STEMI services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the counties

Objective 4.2 – Establish transfer agreements between STEMI centers and receiving hospitals within the region.

Goal 5. Provide objective evaluation of the STEMI system through data analysis.

Objective 5.1 – Perform monthly audits and review with the STEMI facilities and the system CQI and Medical Control committees.

Goal 6. Promote public awareness and information regarding STEMI services and cardiac care public education.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and cardiac care outreach programs.

IV. INTEGRATION WITH NEIGHBORING JURISDICTIONS

The Central California EMS Agency consists of four counties. The STEMI Receiving Centers reside in two of the four counties. In Fresno and Madera Counties, STEMI patients will be transported to either Community Regional Medical Center or Saint Agnes Medical Center which both reside in Fresno County. In Kings and Tulare Counties, the STEMI patient will be transported to either Kaweah Health Medical Center or Community Regional Medical Center. It is possible, however, that a STEMI patient may originate outside of the CCEMSA Region. The neighboring jurisdictions are aware of which facilities are designated STEMI Receiving Centers in Fresno and Tulare Counties.

V. SYSTEM PERFORMANCE IMPROVEMENT

The EMS Agency monitors STEMI system performance on a monthly basis with the use and input of the Continuous Quality Improvement and Medical Control Committees. Any issues or gaps identified within the EMS system are brought to these two committees. Interventions and/or solutions are discussed and implemented to correct the issue or gap identified. Both of these committees meet on a monthly basis throughout the year.

VI. ATTACHMENT A
SUPPORTING STEMI POLICIES

CCEMSA Policy 530.02 General Procedures

CCEMSA Policy 547 Patient Destination

CCEMSA Policy 553 ALS Interfacility Transports

CCEMSA Policy 320 STEMI Critical Care System Overview

CCEMSA Policy 321 STEMI Receiving Center and STEMI Referring Hospital Standards

CCEMSA Policy 322 STEMI Receiving Center and STEMI Referring Hospital Designation

CCEMSA Policy 323 STEMI Critical Care System Monitoring/Data Management

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



STROKE CRITICAL CARE SYSTEM PLAN

January 2024

Daniel J Lynch
EMS Director

James Andrews, M.D.
EMS Medical Director

**Fresno County
Dept of Public Health**
1221 Fulton Street
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 600-7691

www.ccemsa.org

Mission Statement of the Stroke Critical Care System

***"To reduce morbidity and mortality in the stroke patient
by establishing, promoting, and maintaining a system of excellence in stroke care
that includes prevention education as well as effective and appropriate delivery
of emergency medical treatment for victims of stroke injury,
and is supported by system access, pre-hospital providers, hospitals,
and our community."***

TABLE OF CONTENTS

	<u>Page</u>
Mission Statement of the Stroke Critical Care System.....	ii
Table of Contents.....	iii
I. Stroke Critical Care System Summary	1
II. Designated Stroke Centers	3
III. Stroke System Goals and Objectives	4
IV. Integration with Neighboring Jurisdictions.....	5
V. System Performance Improvement	5
VI. Attachment A – Supporting Stroke Policies	6

I. STROKE CRITICAL CARE SYSTEM SUMMARY

The Fresno County Department of Public Health’s Emergency Services Division (known as the Central California EMS Agency) is the designated Local EMS Agency for Fresno, Kings, Madera, and Tulare Counties and is responsible for planning, developing, and implementing the EMS and Stroke Critical Care System. The EMS Agency must approve all EMS provider agencies, base and receiving hospitals, STEMI, Trauma, and Stroke Centers. Each EMS system participant must function within the system defined by the EMS Agency policies and procedures. The EMS Agency staff that oversees the Stroke Critical Care System are:

Dan Lynch	Director of Emergency Medical Services
Jim Andrews, MD	EMS Medical Director
Mato-Kuwapi Parker	Specialty Services Coordinator

The operational aspects of the Stroke Critical Care System begin at the pre-response level with a countywide “Enhanced” 9-1-1 (E9-1-1) telephone system in each of the four counties. All ambulance service requests for each county are coordinated by a designated ambulance dispatch center. The Fresno County EMS Communications Center is the centralized ambulance dispatch center for all ambulance responses in Fresno, Kings, and Madera Counties. Tulare County has one centralized ambulance dispatch center provided by the Tulare County Consolidated Ambulance Dispatch (TCCAD), which is a non-profit entity created by the ambulance providers in Tulare County. Both dispatch centers have trained Emergency Medical Dispatchers (EMD) who prioritize ambulance responses using EMS Agency approved dispatch protocols. Pre-arrival first-aid instructions are given in appropriate cases.

After many months of development, a Stroke system will be implemented in the Central California EMS Agency region on March 1, 2024. The EMS Agency developed patient destination policies based on the G-Fast Stroke Scale in the prehospital setting. At this time, our EMS region has five Advanced Primary Stroke Centers and one Thrombectomy Capable Stroke Center as designated by Joint Commission. One of the challenges has been creating a patient destination policy that routes patients appropriately without overwhelming the one thrombectomy capable facility in our region.

Four of the six Joint Commission designated stroke centers serve as base hospitals for EMT-Paramedic prehospital personnel. Base Hospital Physicians and Mobile Intensive Care Nurses (MICN) provide on-line base hospital medical direction in accordance with EMS Agency policies and procedures. Base Hospital Physicians and MICN’s are accredited by the EMS Agency upon successful completion of training and testing requirements.

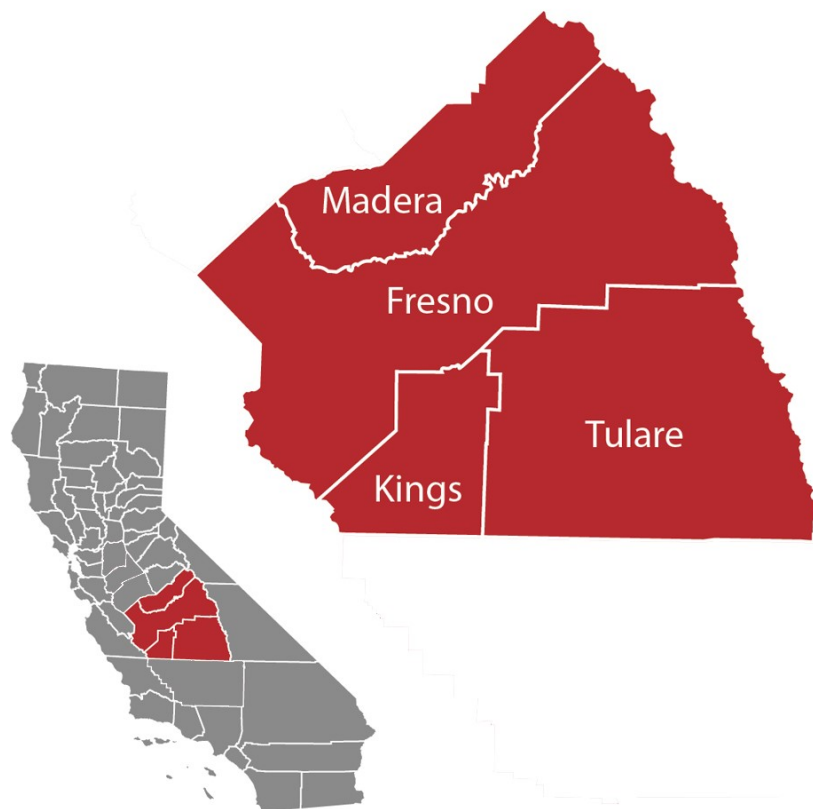
The prehospital response throughout Fresno, Kings, Madera, and Tulare Counties is by Paramedic staffed advanced life support units. Three local helicopter agencies, Air Methods – SkyLife, Reach/GMR, and CHP, and an air ambulance in an adjacent county are immediately available for simultaneous dispatch of air ambulance services. Additional air ambulance service is available through mutual aid when local resources are exhausted. Treatment protocols for stroke throughout the four-county area emphasize short on-scene times and rapid transportation with advanced life support treatment provided during transit. The utilization of air ambulance services is integrated into EMS policy.

Stroke Patient Volume

In 2023, 1,979 patients were identified as a stroke/CVA/TIA patient upon initial impression as documented by prehospital personnel. A stroke specific BLS and ALS protocol has been finalized and will be implemented on March 1, 2024.

Central California EMS Agency Statistics (2023)

- 1,650 patients transported to a TJC designated stroke center
 - 9% to Adventist Health Hanford
 - 35% to Community Regional Medical Center
 - 10% to Kaiser Permanente Fresno
 - 17% to Kaweah Health Medical Center
 - 23% to Saint Agnes Medical Center
 - 6% to Sierra View Medical Center



II. DESIGNATED STROKE CENTERS

The CCEMSA region has the following stroke centers as designated by Joint Commission:

Hospital	County	System Level
Community Regional Medical Center	Fresno	Comprehensive Stroke Center
Kaiser Permanente	Fresno	Primary Stroke Center
Saint Agnes Medical Center	Fresno	Primary Stroke Center
Adventist Health Hanford	Kings	Primary Stroke Center
Kaweah Health Medical Center	Tulare	Primary Stroke Center
Sierra View Medical Center	Tulare	Primary Stroke Center

STROKE IDENTIFICATION

****IN PROGRESS** – Estimated date of completion is March 2024****** The method of identification of stroke in the prehospital setting is by patient presentation, signs and symptoms, and use of the G-FAST Stroke Assessment. The patient destination policy will be updated to provide for appropriate routing of stroke patients to appropriate stroke facilities.

STROKE COMMUNICATION

****IN PROGRESS**** Upon identification of a stroke in the prehospital setting and initiation of treatment, the paramedic will contact the appropriate stroke center as stated in the General Procedures EMS Policy 530.02. The paramedic will use the Standard Call-In format to communicate patient condition as well as the assessment using the G-FAST Stroke Assessment. The purpose of a Standard Call-In is to provide the stroke center with adequate information to prepare for stroke continuity of care.

STROKE TRANSFER

In some instances, a stroke patient may need to be transferred from a basic emergency department that is not a designated stroke center. In those cases, an Advanced Life Support interfacility transfer would be initiated by the originating hospital. EMS Policy 553 provides direction on ALS interfacility transports within the EMS region.

STROKE DATA COLLECTION

****IN PROGRESS****The primary method of data collection comes from prehospital care reports. The EMS Agency is working on a viable database to collect the required data from the stroke centers.

III. STROKE SYSTEM GOALS AND OBJECTIVES

The stroke system is one part of the overall EMS Plan. The goal of the stroke system is to assure a well-prepared, coordinated, and appropriate response to persons who are identified as possibly experiencing a stroke incident. System goals and objectives have been developed to provide a means to measure the effectiveness of the stroke system plan. The following objectives are monitored as a measure of system effectiveness:

Goal 1. Assure that a comprehensive system of emergency medical services is available to the residents and visitors of Fresno, Kings, Madera and Tulare Counties.

Objective 1.1 – Provide impartial and objective administration of the EMS and Stroke Systems.

Objective 1.2 – Routinely monitor and review the stroke system based upon compliance with established policies and system standards.

Objective 1.3 - Issues that arise shall be reviewed through the EMS CQI process and Medical Control Committee reviews.

Goal 2. Assure definitive stroke care regardless of ability to pay.

Objective 2.1 – Monitor stroke care through the use of audit filters based upon trauma triage standards, transfer guidelines and system review of financial information.

Goal 3. Promote system cost-effectiveness and economic viability.

Objective 3.1 – As permitted, provide continuous review for cost effective care delivery practices

Objective 3.2 – Share through the system and CQI and Medical Control committees.

Objective 3.3 – Monitor and pursue appropriate funding sources as needed, including grants and other state or federal funding sources.

Goal 4. Coordinate local stroke services between the counties within the EMS region.

Objective 4.1 – Establish agreements with each of the designated stroke centers.

Objective 4.2 – Establish transfer agreements between stroke centers and receiving hospitals within the region.

Goal 5. Provide objective evaluation of the stroke system through data analysis.

Objective 5.1 – Perform monthly audits and review with the stroke centers and the system CQI and Medical Control committees.

Goal 6. Promote public awareness and information regarding stroke services and public

education.

Objective 6.1 – Support annual health fairs, public service announcements, dissemination of annual reports to public entities, and stroke care outreach programs.

IV. INTEGRATION WITH NEIGHBORING JURISDICTIONS

****IN PROGRESS**** The Central California EMS Agency consists of four counties. The Stroke Centers reside in three of the four counties. Comprehensive integration with neighboring jurisdictions is to be identified and developed.

V. SYSTEM PERFORMANCE IMPROVEMENT

The EMS Agency will monitor stroke system performance on a monthly basis with the use and input of the Continuous Quality Improvement and Medical Control Committees. Any issues or gaps identified within the EMS system are brought to these two committees. Interventions and/or solutions are discussed and implemented to correct the issue or gap identified. Both of these committees meet on a monthly basis throughout the year.

VI. ATTACHMENT A
SUPPORTING STROKE POLICIES

CCEMSA Policy 530.02 General Procedures

CCEMSA Policy 510.16 Stroke **Final Approval Pending**

CCEMSA Policy 530.42 Suspected Stroke **Final Approval Pending**

CCEMSA Policy 547 Patient Destination **UPDATE REQUIRED FOR STROKE**

CCEMSA Policy 553 ALS Interfacility Transports

CCEMSA Policy 360 Stroke Critical Care System Overview

CCEMSA Policy 361 Stroke Center Standards

CCEMSA Policy 362 Stroke Center Designation

CCEMSA Policy 363 Stroke Critical Care system Monitoring/Data Management

CCEMSA

Central California

Emergency Medical Services Agency

A Division of Fresno County Department of Public Health



CONTINUOUS QUALITY IMPROVEMENT PLAN

January 2024

Daniel J Lynch
EMS Director

James Andrews, M.D.
EMS Medical Director

Fresno County
Dept of Public Health
1221 Fulton Street
P.O. Box 11867
Fresno CA 93775

(559) 600-3387
Fax (559) 445-3205

www.ccemsa.org

Contents

I.	Authority.....	2
II.	Mission/Vision Statement.....	2
III.	Continuous Quality Improvement Defined	2
IV.	Structure and Organizational Description	3
V.	EMS Agency Responsibilities.....	7
VI.	CQI Data Collection and Reporting	7
VII.	Evaluation of Indicators	8
VIII.	Annual Update	9
IX.	Action to Improve.....	10
X.	Training and Education.....	11

I. Authority

On January 1, 2006 the California Emergency Medical Services Authority (EMSA) implemented regulations related to quality improvement for Emergency Medical Service throughout the state. The Central California Emergency Medical Services Agency (CCEMSA) Quality Improvement Program satisfies the requirements of Title 22, Chapter 12, Article 4 of the California Code of Regulations.

In addition, EMSA document #166, Emergency Medical Services System Quality Improvement Program Model Guidelines provided additional information on the expectations for development and implementation of a Quality Improvement Program for the delivery of EMS for Local EMS agencies and EMS service providers. Fundamental to this process is the understanding that the program will develop over time and allows for individual variances based on available resources.

II. Mission/Vision Statement

Mission Statement

The EMS Agency is committed to the needs of the multicounty pre-hospital environment. Our mission is to inspire, educate, evaluate, direct, provide resources, and ensure that each citizen receives the highest level of care.

Our goals are to facilitate an environment of collaboration among all providers and agencies in which there is innovation, purpose, standardized care, proactive technologies, preparedness, coordination, and integration.

Our values are honesty, loyalty, equality, originality, integrity, and communication.

Vision Statement

The Emergency Medical Services System for Fresno, Kings, Madera and Tulare Counties will provide effective high quality patient care through an integrated patient care delivery system which provides services in a multi-disciplinary manner with efficiency and cost effectiveness.

III. Continuous Quality Improvement Defined

The CCEMSA is charged by the State to approve and monitor Quality Improvement Programs. Many healthcare providers, hospitals and other facilities have in place, or are implementing, Continuous Quality Improvement (CQI) Programs. Many of the ambulance providers are moving towards the "Just Culture" ideals and have committed to this process in its CQI programs.

The County mandates that all EMS providers, both BLS and ALS Providers, as well as Base Hospitals and specialty centers, institute CQI programs within their organizations that are in accordance with EMS Agency policies and procedures. The CQI programs

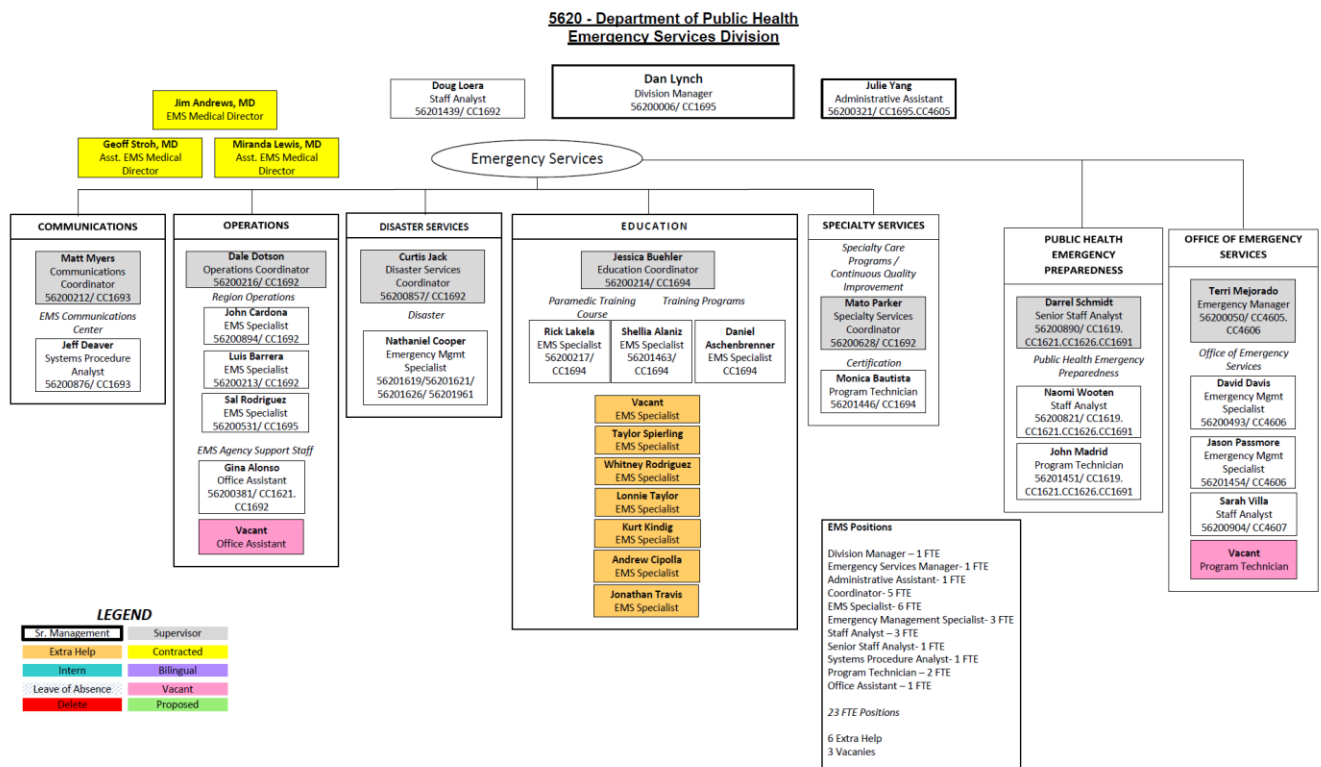
are monitored by the EMS Medical Director and EMS Agency Specialty Services Coordinator.

CQI takes on the responsibility of continuously examining performance in the system to see where the personnel, system, and processes can continue to improve. The overall concept of quality improvement begins with the idea that all members of the team or system want to do well and continues with an examination of the system to determine how it can be structured to achieve this goal. The theories of CQI look at what was done and what was done right so that the members can learn from both. Positive reinforcement is very important in a CQI Program so that trust is instilled, and fear is driven out. This is a “Top-Down” requirement and applies to the administrators of the program to the most junior level healthcare provider.

CQI programs must define the goals and objectives that meet the quality of care that the EMS system desires to achieve. These goals and objectives can be found in the core indicators and the performance standards identified by the EMS CQI committee.

IV. Structure and Organizational Description

CCEMSA Organizational Chart



CCEMSA Demographics

CCEMSA is both geographically and demographically diverse. Located at the California's Central San Joaquin Valley, CCEMSA is the gateway to the Yosemite, Sequoia, and Kings Canyon National Parks and the Sierra Nevada mountains. Encompassing 14,401 square miles, the CCEMSA has a population of 1,790,512. It is also estimated that annual tourism population exceeds 3.2 million people each year.



EMS System Overview

The CCEMSA EMS System responds to approximately 200,000 calls for medical emergencies per year. With this volume of responses, the CQI process and monitoring of personnel is essential.

The CCEMSA's EMS System includes a variety of agencies and organizations working together to accomplish the goal of providing rapid emergency medical response and treatment. While most EMS responses are day-to-day emergencies, the EMS Agency also plans and prepares for disaster medical response through an active Disaster Medical Response Committee. All of the components of the EMS system, whether day-to-day or disaster, are included in the CQI process.

The CCEMSA EMS System includes:

- Emergency Medical Dispatch (EMD)
- Fire services first response and treatment
- Private and public ground and air ambulance response, treatment and transport
- Law enforcement agencies
- Hospitals and specialty care centers
- Training institutions and programs for EMS personnel

Organizational Structure relating to CQI

The Central California EMS Agency, a division of the Fresno County Department of Public Health, oversees a system of services organized to provide rapid response to serious medical emergencies, including immediate medical care and patient transport to definitive care in an appropriate hospital setting. The Boards of Supervisors in Fresno, Kings, Madera, and Tulare Counties designated the Fresno County Department of Public Health – Emergency Services Division as the Local EMS Agency (LEMSA) for the four-county EMS region.

The EMS Director reports directly to the Director of Public Health. The Director of Public Health Reports directly to the County Administrative Officer and Board of Supervisors which is comprised of five elected Supervisors, each representing a distinct area of the County.

The EMS Medical Director oversees medical components of the EMS System and is responsible for prehospital medical control within the system. This includes protocol development, policies, procedures, equipment approval, medical dispatch, base station protocols, and continuous quality performance.

The Regional Medical Control Committee is an advisory committee to the EMS Medical Director and is responsible for vetting local policies and procedures prior to implementation and introducing issues that are identified in the EMS system. The committee is comprised of the emergency department medical director for each of the receiving and base hospitals in the 4-county EMS region.

The Continuous Quality Improvement Committee is a subcommittee of the Regional Medical Control Committee and provides the Medical Control Committee with data, reports and recommended changes to EMS policy and procedure.

Continuous Quality Improvement Committee

While the EMS Medical Director is responsible for the overall provision of care throughout the EMS system, the Continuous Quality Improvement Committee is the workhorse of the CQI system. It is this committee that mines the data, identifies and/or verifies potential issues and recommends changes or standards to address issues.

The responsibilities of the CQI Committee include:

- Review/Monitor Data from EMS System
- Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., time, patient satisfaction, workforce satisfaction, protocol compliance, outcome data).
- After review by EMS Agency, serve as a forum to discuss issues/concerns brought to the attention of the EMS Agency by internal and external customers
- Propose, review, and participate in EMS research
- Promote CQI training throughout the EMS System
- Policy/Protocol Review – Selected policies reviewed with prenotification sent out to allow participant feedback. Initial review by CQI Coordinator/Medical Director and proposed revisions discussed at CQI Committee
- Provide recommendations to Training Division, including:
 - Orientation - Paramedic eight-hour introduction to Central California EMS Agency policies, procedures and local scope of practice.
 - Primary Training, including:
 - Local EMS Paramedic Training Course
 - Local EMT Courses (Fire Department/Schools/Provider Agencies)
 - AED (AED Provider Agencies)
 - Emergency Medical Dispatcher Training
 - Mobile Intensive Care Nursing Training
 - Base Hospital Physician Course
 - Continuing Education
 - Case Review/Tape Review
 - Provider Agency C.E.
 - EMS C.E. – Topics Based on CQI identified deficiencies.

CQI Committee Members

- CQI Medical Director (Assistant EMS Medical Director)
- EMS CQI Coordinator
- Base Hospital Physician (chosen by Medical Control Committee)
- Prehospital Liaison Nurse (chosen by Base Hospital Committee)
- Prehospital Liaison Officer – (Four – preferably one from each County)
- EMS Dispatcher
- Training Program representative
- Fire First Responder (chosen by Fire Chiefs Association)

- Ex-Officio Members
 - EMS Medical Director
 - EMS Director
- CQI Committee Guests - CQI Medical Director or CQI Coordinator may approve the attendance of guests

V. EMS Agency Responsibilities

In accordance with State H&S code section 1797.204, the EMS Agency shall plan, implement and evaluate an EMS System. The EMS Agency is structured to be responsive to H&S code section 1797.103 by addressing the following components of an EMS system:

- Manpower and training
- Communications
- Transportation
- Assessment of hospitals and critical care centers
- System organization and management
- Data collection and evaluation
- Public information and education
- Disaster response

The EMS Agency's CQI program plays a role in each of these components, which includes the following:

- Implement, monitor and evaluate the CQI System and CQI requirements
- Provide oversight of the CQI Committee
- Provide regular CQI reports to Medical Control Committee, Base Hospital Committee, EMSOC, CQI Committee and EMS Staff meetings
- Review individual QI Reports and take necessary action
- Provide an access point for Internal/External Customers as identified in EMS policy
- Monitor quality indicators via database analysis
- Review and participate in research generated by the CQI process
- Forward CQI Committee recommendations to EMS Training Division
- Manage EMS database to assure quality and completeness of databases

VI. CQI Data Collection and Reporting

Data and the ability to use data has become the life-blood of a truly effective CQI system. The ability to obtain accurate measurements of system core measures is extremely helpful when identifying goals and objectives for the EMS system. It is also helpful in identifying areas that are more challenging in the system where CQI should be more focused.

The EMS Agency accesses a few databases that contain data relevant to Continuous Quality Improvement (CQI) in EMS. These databases include electronic patient care

reporting (ePCR), EMS dispatch CAD, and the EMS system's trauma registry. In October 2018, the CCEMSA joined the Cardiac Arrest Registry to Enhance Survival (CARES) and look forward to the analysis of data and the response of this information. Reporting on the data is determined by the CQI committee to measure or understand the areas that are monitored. These data systems are used to evaluate performance in the following ways:

- Prospectively identify areas of potential improvement
- Answer questions about the EMS System
- Monitor changes once improvement plans are implemented
- Provide accurate information enabling data driven decisions
- Monitor individual performance within the EMS system
- Support research that will improve our system and potentially broaden EMS knowledge through publication

VII. Evaluation of Indicators

EMS Agency Quality Indicators

The EMS Agency's CQI Committee has identified Quality Indicators that are monitored on a routine basis and ongoing reports are provided to the EMS Medical Control Committee and system providers. The EMS Agency Quality Indicators may be duplicative of the State EMSA Core Measures, which were developed after the EMS Agency's Quality Indicators, which have been monitored for years.

The Quality Indicators are separated into priorities of importance. Priority Indicators are those indicators that include performance standards set by the Regional Medical Control Committee or the CQI Committee. Priority Quality Indicators include:

- Trauma Scene Times (<10 minutes)
- Medical Scene Times (<20 minutes)
- Cardiac Arrest Survival Rates
- Trauma Survival Rates
- Percentage of Unrecognized Esophageal Intubation

Secondary Priority Quality Indicators are periodic reviews and issues that provider agencies are asked to review and monitor. Information is then reviewed by the committee for consistency and comparison. In many instances, best practice is identified and shared as CE topics. Secondary Priority indicators include:

- RMCT Ratios (at each Base Hospital)
- Cardiac Arrest (compliance with times in protocol)
- Nature of Incident Frequency on QA Reports
- Pediatric Survival Rates
- Prehospital Violence

- 90% Successful IV after Three Attempts
- 95% Successful ET Placement after Three Attempts

Core Measurement Indicators

Core Indicator reports, as provided by the state, have been included in the EMS agencies reporting and monitoring process. Core measures is currently being integrated into the ePCR platforms used throughout the EMS region. The EMS Agency or the provider agency can quickly access the providers current measurement for each Core value. As this expands, the Core Measures will be a valuable tool to compare the CCEMSA with other systems across the State.

Provider Agencies and Base Hospitals

While the Emergency Services Division is responsible for creating and coordinating the overall Quality Improvement Plan, each provider agencies and base hospitals are responsible for developing their own EMS QI plan to monitor internal quality indicators and perform quality improvement activities in accordance with EMS Agency policies.

Provider agencies, first responders, and base hospitals also monitor the quality indicators and proactively work with personnel to understand the objectives and provide education needed to meet the objectives. For example, Field Supervisors, Quality Assurance Managers, and Training Officers may perform audits of responses to monitor the quality of care provided. Finding best practices and sharing those practices with others in the organization.

It is important to note that the purpose of Quality Indicators and activities is to improve on the things that EMS is doing well and to identify processes that require improvement. The focus of EMS performance improvement is not punitive and any issues that are identified need to be assessed as a system issue before becoming an individual issue.

VIII. Annual Update

The CCEMSA EMS Medical Director and CQI Coordinator will evaluate the CQI Program annually to ensure that the CQI Plan is in alignment with the EMS Agency's strategic goals. From this information, an Annual Update will be created and will include the following:

- Indicated monitors
- Key findings and priority issues identified
- Identification of any trends

- Improvement action plans and plans for further action
- Description of any in-house policy revisions
- Description of any continuing education and skills training provided as a result of Improvement Plans
- Description of whether the goals were met and whether follow up is needed
- Description of next year's work plan based on the current year's indicator review

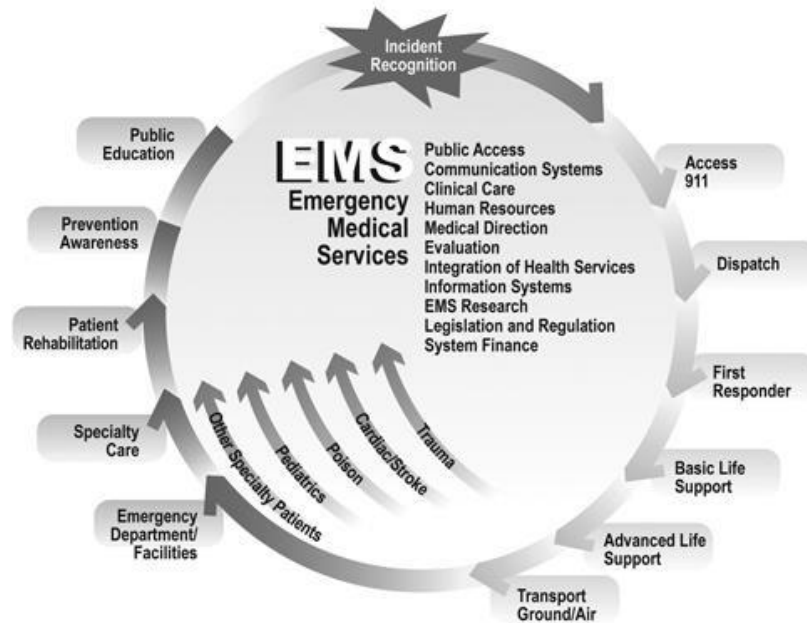
IX. Action to Improve

Improvement can only be achieved through constant surveillance of the system and its components. The evaluation of the system as a whole is crucial to ensuring that optimal response to the sick and injured occurs when the system has been activated. Continuous Quality Improvement (CQI) provides a method for understanding the system processes and allows for their revision using data obtained from those same processes.

CQI is a dynamic process that provides critical feedback and performance data on the EMS system based on defined indicators that reflect standards in the community, state and the nation. Traditional components of a CQI process include:

- Define a problem
- Measure data to validate and quantify the problem
- Analyze the data and symptoms of the problem to determine the root cause
- Develop and implement a plan of action through education or policy/process revision
- Measure and monitor the results providing feedback
- Continuous monitoring of control system to assure compliance

CQI incorporates Quality Assurance aspects but is unique in its approach to problem analysis and problem solving.



CQI in the CCEMSA region is dynamic. Similar to trauma and its Trauma Audit Committee, specialty systems of care, (STEMI, Stroke, EMSC), will also be supported by its own CQI process that will integrate into the EMS Agencies CQI system. These specialty CQI committees, some of which are still in development, take a technical and clinical look at system performance. These committees thoroughly evaluate the effectiveness of each respective program as well as shortfalls. These committees are considered the experts in the field. They use available data and analysis to make recommendations for change, if needed, to each respective system of care. These recommended changes are discussed with the EMS Director.

CQI Skills Retainment Requirements

Through its CQI system, the EMS Agency has implemented and maintained several requirements that assist in the maintenance of essential knowledge and skills. These CQI requirements include:

- Patient Contact requirement of 240 patient contacts per year. If unable to obtain 240 patient contacts, the paramedic will be evaluated for 5 ALS calls.
- Paramedic Field Evaluation – for the first two years after initial accreditation, a paramedic shall be by a provider training officer at least once every 6 months.
- ACLS Requirement
- BTLIS/PHTLS Requirement
- AED service providers shall be evaluated for skills efficiency every 6 months
- AED service providers will have at least 4 hours of case review every two years

X. Training and Education

The provider agencies, through their internal CQI process, are responsible for creating and monitoring issue resolution programs in conjunction with the EMS Medical

Director, up to and including individual performance improvement plans, education and training, standardized education and if necessary, discipline.

Once a decision to take action or to solve a problem has occurred, training, and education are critical components that need to be addressed. The need for training is presented to the provider agency and personnel from said agency work in conjunction with the CQI personnel to ensure that appropriate training is presented to the pre-hospital care personnel.

To implement change, one must deliver verifiable, ongoing training that is appropriate to the skill level and service goals of the organization. Depending on the issue and weight of the problem, the EMS Agency can identify a topic to be included in continuing education or the EMS Agency can develop standardized training to be disseminated to all the provider agencies. Examples of this training include paramedic update classes held annually to assure that all field staff are up to date with all policies, procedures, and protocols, as well as Mobile Intensive Care Nurse updates.

The EMS Agency approves and monitors on an on-going basis EMT and Paramedic Training Programs, and Continuing Education Provider Programs. EMT and Paramedic Training Programs are approved, monitored, and managed in accordance with Title 22 regulations. Continuing Education Provider Programs are approved, monitored, and managed in accordance with Title 22 regulations and Division *Prehospital Continuing Education Policies and Procedures*. Updates are requested on a bi-annual basis with an account for the number of courses taught.

The EMS Agency conducts an orientation course to prospective paramedics seeking local accreditation. This course focuses on local policy, procedures, and protocols. An exam is given at the end of the course with a mandatory pass rate of 80%.

A training course is offered to nurses seeking MICN accreditation, which also includes an exam at the end of the course with a mandatory pass rate of 80%. Additionally, MICN's are required to complete ALS ground ambulance transport ride-along and are assigned a preceptor for responding to ALS radio call-ins and requests for medical control.

Division approved base hospitals are obligated to provide education to pre-hospital providers. Typically, this education is in collaboration with other hospitals. Other forms of Base Hospital education include case review, base station call review, specialty system of care overview, and clinical observations.