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

May 10, 2023

Shaun Vincent, EMS Administrator
Napa County EMS Agency
2751 Napa Valley Corporate Dr., Bldg. B
Napa, Ca 94558

Dear Mr. Vincent,

This letter is in response to Napa County Emergency Medical Services (EMS) Agency's 2018 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to the EMS Authority on October 2, 2019.

The EMS Authority has reviewed the EMS plan based on compliance with statutes, regulations, and case law. It has been determined that the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on the transportation documentation provided, please find enclosed the ground exclusive operating area status, compiled by the EMS Authority.

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

The Authority does not have an EMS Plan submission for the years 2019 – 2022, and submission is required for compliance with HSC § 1797.254. Per HSC § 1797.254, EMS Plans must be submitted to the EMS Authority annually. Napa County EMS Agency will not be considered current unless an EMS Plan is submitted for each year.

Your 2023 EMS plan will be due on or before May 10, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

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

Sincerely,

Tom McGinnis

Tom McGinnis
Chief, EMS Systems Division

Enclosure:
AW: rd

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| Napa County 2018 EMS Plan Ground Exclusive Operating Areas | Non-Exclusive | Exclusive | Method to Achieve Exclusivity | Emergency Ambulance | ALS | LALS | All Emergency Ambulance Services | 9-1-1 Emergency Response | 7-digit Emergency Response | ALS Ambulance | All CCT Ambulance Services | IFT ALS | Standby Service with Transport Authorization |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ZONE** | **EXCLUSIVITY** | | | **TYPE** | | | **LEVEL** | | | | | | |
| **EOA 1** | | X | Competitive | X | | | | X | X | X | X | X | X |

# Napa County
# Emergency Medical Services Agency

# EMERGENCY MEDICAL SERVICES SYSTEM PLAN

## 2018 Annual Report

Submitted on October 2, 2019

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# TABLE OF CONTENTS

## EXECUTIVE SUMMARY

This plan represents the fourth annual update of the Napa County Emergency Medical Services (EMS) Agency Plan since receiving approval of our EMS Plan in July 2015.

The agency's primary responsibility is to plan, implement and evaluate an emergency medical services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA).

State law requires EMS agencies to develop plans for the delivery of emergency medical services (paramedic treatment, ambulance transport, trauma services, etc.) to the victims of sudden illness or injury within the geographic area served by the EMS agency. These plans must be consistent with state standards and address the following components:

- System organization and management.
- Staffing and training.
- Communications.
- Response and transportation.
- Facilities and critical care.
- Data collection and evaluation.
- Public information and education (PIE).
- Disaster medical response.

It is an exciting time for the Napa EMS system and its partners. The EMS system continues to provide well-coordinated and responsive services to throughout the Napa Valley. We continue to have a high performance ambulance franchise, which includes public/private partnerships to best meet the needs of patients. The EMS System includes two hospitals who are providing high levels of care to patients in both our urban and rural areas of the County. This local care includes access to an ACS Verified Level III Trauma care at St. Joseph's Health - Queen of the Valley Medical Center (QVMC). QVMC is designated as the only Stroke Receiving Center in Napa County with the Stroke System of Care beginning on January 1, 2019. Both St. Helena Hospital and QVMC are designated as STEMI Receiving facilities.

You will find STEMI and Stroke Critical Care Service plans submitted with this plan. Both of these systems of care were operating in advance of the new STEMI and Stroke regulations effective date. We are also submitting an updated Trauma Plan (previously approved on August 5, 2019) to better align the dates of the various systems of care plans. The EMS Agency is not submitting an EMS for Children (EMSC) component with this EMS Plan. The County is currently considering options for a comprehensive EMSC assessment prior to implementing an EMSC program. We intend to provide an update on this process in our next EMS Plan submission.

Napa County completed a contract extension with our Exclusive Operating Area ambulance provider, American Medical Response, in March 2016. This contract extension will allow for the high performance ambulance transport system to continue providing services in Napa County until January 1, 2022. This new contract extension began on January 2, 2017.

The Napa County EMS System has continued to work towards meeting the minimum standards and recommended guidelines as provided in the EMS System Assessment Forms. Improvements or significant changes have been made in the following areas:

- Standard 5.04 (Specialty Care Facilities)
- Standard 5.13 (Specialty Care Design System)

In all, there are 121 Minimum Standards and Recommended Guidelines which Local EMS Agencies must address in their EMS Plans. Minimum Standards are those which should be met by each Local EMS Agency.

Recommended Guidelines are those which each EMS system should strive to meet whenever possible. The Napa County EMS Agency meets all of the Minimum Standards and most of the Recommended Guidelines. However, even though the local EMS system may meet a particular Minimum Standard or Recommended Guideline, the EMS Agency recognizes that there may still be room for improvement.

This annual plan update also includes information requested by the Emergency Medical Services Authority for Alternative Receiving Facilities. St. Helena Hospital (SHH) is currently the only Alternative Receiving Facility in Napa County. The hospital, located in a rural area of Napa County, has served as a receiving facility since first becoming a standby emergency department in 2005. More detailed information can be found in EMS System Assessment Form 5.04 and also in the attached documents (Napa County Patient Destination policy, and the Napa County Agreement with SHH to serve as a receiving facility).

## 5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

There is a Level III trauma center in Napa County. Two (2) STEMI receiving facilities are designated in Napa County. One (1) Stroke Receiving Center has been designated in Napa County. There are agreements in place with both the Receiving Hospital and Base Hospital. Napa County has developed Agreement Standards for specialty service delivery in the County. These Agreement include appropriate oversight cost reimbursement by service providers.

St. Helena Hospital (SHH) is currently licensed as a Standby Emergency Department. The facility has been a receiving hospital since it first switched from a Basic ED to a Standby ED in 2005. SHH is located in a rural part of Napa County, serving the residents and visitors in the Angwin, Calistoga, and St. Helena Communities. In 2017, SHH received approximately 7% of all EMS hospital transports in Napa County. The facility is a critical part of the Napa County EMS system, as the only "up-valley" facility able to receive EMS patients. Without access to this facility patient transport delays would easily be extended 45-60 minutes in order to transport to the only other receiving facility in the County. This would cause unnecessary delays in patient care and also delay EMS resources to other 9-1-1 calls due to their long transport times. St. Helena Hospital also provides highly specialized STEMI care for many "up-valley" STEMI activations and also serves as a cardiac transfer destination for many Northern California hospitals.

The Napa County EMS Agency works closely with SHH to ensure that they have staffing (both nursing and physician) available 24/7 on-site in their emergency department. The Napa County EMS Agency has never found the facility to be out of compliance with this staffing requirement.

The Napa County Patient Destination policy and Receiving Hospital Agreement for SHH are attached at the end of this EMS Plan update.

COORDINATION WITH OTHER EMS AGENCIES:

Transport to specialty centers in neighboring counties is accomplished through notification and agreement with those jurisdictions and facilities.

NEED(S):

The Napa County EMS Agency has been working with local hospitals to develop a Stroke System of Care which was implemented on January 1, 2019. The new Stroke System of Care is consistent with the new Stroke Regulations. Addition information about the Stroke System can be found in the attached Stroke Critical Care System Plan.

TIME FRAME FOR MEETING OBJECTIVE:

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

## SYSTEM ASSESSMENT FORMS (CONTINUED)

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:

None.

CURRENT STATUS: MEETS MINIMUM STANDARD

Facilities and/or transfer agreements exist for trauma services; Napa County EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans. A plan for identification of certain cardiac conditions (STEMI) by paramedic personnel using equipment that provides a 12-lead electrocardiogram (ECG) and transportation to designated hospitals staffed and equipped to provide immediate specialty care for the patients has been implemented. The EMS Agency established a Stroke System of Care that was effective January 1, 2019. More information about the STEMI and Stroke Systems can be found in the attached STEMI Critical Care System Plan and Stroke Critical Care System Plan.

NEED(S):

None.

OBJECTIVE:

None.

TIME FRAME FOR MEETING OBJECTIVE:

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

## PROCESS/OBJECTIVES

**LEMSA:** Napa County Emergency Medical Services Agency

**FY: 2018/2019**

| Standard | EMSA Requirement | Meets Minimum Req. | Short Range (one year or less) OR Long Range (more than one year) | Progress | Objective |
|---|---|---|---|---|---|
| 5.04 | "The EMS Authority has noted Napa County's hard work toward the establishment and implementation of a specialty care system of care and looks forward to hearing about the end of year plan implementation." | X | Short-Range | The Napa County EMS Agency has been working with local hospitals to develop a Stroke System of Care. The Stroke System of Care was established in Napa County effective January 1, 2019.<br><br>The County has also submitted requested information regarding the use of an alternative hospital facility used in the Napa County EMS system. | The County will continue to report annually on use of St. Helena Hospital, which has a Stand-by Emergency Department, as a receiving facility. |

**PROCESS / OBJECTIVES (CONTINUED)**

| | | | | | |
|---|---|---|---|---|---|
| 5.13 | "The EMS Authority has noted Napa County's hard work toward the establishment and implementation of a specialty care system of care and looks forward to hearing about the end of year plan implementation." | X | Short-Range | Facilities and/or transfer agreements exist for trauma, STEMI, and Stroke services. The Napa County EMS Agency has and will continue to consider the points listed in Standard 5.13 in developing specialty care plans. A stroke system of care was started on January 1, 2019. More information about the STEMI and Stroke Systems can be found in the attached STEMI Critical Care System Plan and Stroke Critical Care System Plan. | None. |

## TABLE 1: MINIMUM STANDARDS / RECOMMENDED GUIDELINES

### A. SYSTEM ORGANIZATION AND MANAGEMENT

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

## A. SYSTEM ORGANIZATION AND MANAGEMENT (CONTINUED)

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

## B. STAFFING/TRAINING

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

## C. COMMUNICATIONS

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

## D. RESPONSE/TRANSPORTATION

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

## E. FACILITIES/CRITICAL CARE

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

## F. DATA COLLECTION/SYSTEM EVALUATION

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

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

## TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2018

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

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

COUNTY: NAPA COUNTY

| | | |
|---|---|---|
| A. | Basic Life Support (BLS) | 0% |
| B. | Limited Advanced Life Support (LALS) | 0% |
| C. | Advanced Life Support (ALS) | 100% |

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

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

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

| | |
|---|---|
| Implementation of exclusive operating areas (ambulance franchising) | Yes |
| Designation of trauma centers/trauma care system planning | Yes |
| Designation/approval of pediatric facilities | No |
| Designation of other critical care centers | No |
| Development of transfer agreements | Yes |
| Enforcement of local ambulance ordinance | Yes |
| Enforcement of ambulance service contracts | Yes |
| Operation of ambulance service | Yes |
| 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 |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

| | |
|---|---|
| Administration of disaster medical assistance team (DMAT) | No |
| Administration of EMS Fund [Senate Bill (SB) 12/612] | Yes |
| Other: _____ | |
| Other: _____ | |
| Other: _____ | |

## 5. EXPENSES

| | |
|---|---|
| Salaries and benefits (All but contract personnel) | $531,741 |
| Contract Services (e.g. medical director) | 73,800 |
| Operations (e.g. copying, postage, facilities) | 126,963 |
| Travel | 8,500 |
| Fixed assets | 0 |
| Indirect expenses (overhead) | 77,147 |
| Ambulance subsidy | 0 |
| EMS Fund payments to physicians/hospital | 365,000 |
| Dispatch center operations (non-staff) | 0 |
| Training program operations | 0 |
| Other: _____ | 0 |
| Other: _____ | _____ |
| Other: _____ | _____ |
| TOTAL EXPENSES | $1,183,151 |

## 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 | 0 |
| County general fund | 60,223 |
| Other local tax funds (e.g., EMS district) | 0 |
| County contracts (e.g. multi-county agencies) | 0 |
| Certification fees | 13,000 |
| Training program approval fees | 0 |
| Training program tuition/Average daily attendance funds (ADA) | 0 |
| Job Training Partnership ACT (JTPA) funds/other payments | 0 |
| Base hospital application fees | 24,020 |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

| | |
|---|---|
| Trauma center application fees | 0 |
| Trauma center designation fees | 30,000 |
| Pediatric facility approval fees | 0 |
| Pediatric facility designation fees | 0 |
| Other critical care center application fees | 20,000 |
| Type: STEMI | |
| Other critical care center designation fees | 12,500 |
| Type: Receiving Facility, Air Ambulance | |
| Ambulance service/vehicle fees | 329,500 |
| Contributions | 42,566 |
| EMS Fund (SB 12/612) | 336,200 |
| Other (specify): Medi-Cal Administrative Activities | 116,764 |
| Other (specify): Sales Tax Realignment | 196,778 |
| Other (specify): Court Fines (Car Seat Violations) | 1,600 |
| TOTAL REVENUE | $1,045,906 |

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

X Our fee structure is:

| | |
|---|---|
| First responder certification | $0 |
| EMS dispatcher certification | 0 |
| EMT-I certification | 155 |
| EMT-I recertification | 117 |
| EMT-defibrillation certification | n/a |
| EMT-defibrillation recertification | n/a |
| AEMT certification | n/a |
| AEMT recertification | n/a |
| EMT-P accreditation | 200 |
| Mobile Intensive Care Nurse/Authorized Registered Nurse certification | 0 |
| MICN/ARN recertification | 0 |
| EMT-I training program approval | 0 |
| AEMT training program approval | 0 |
| EMT-P training program approval | 0 |
| MICN/ARN training program approval | 0 |
| Base hospital application | 0 |
| Base hospital designation | 24,020 |
| Trauma center application | 0 |
| Trauma center designation | 30,000 |
| Pediatric facility approval | n/a |
| Pediatric facility designation | n/a |
| Other critical care center application | 15,000 |
| Type: STEMI | |
| Type: Stroke | 30,000 |
| Other critical care center designation | |
| Type: Receiving | 5,000 |
| Ambulance service license | 4,000 |
| Ambulance vehicle permits | 150/vehicle |
| Other: Ambulance Franchise Fee | 25,000 |
| Other: Ambulance Franchise Oversight Per Transport Fee | 15/transport |

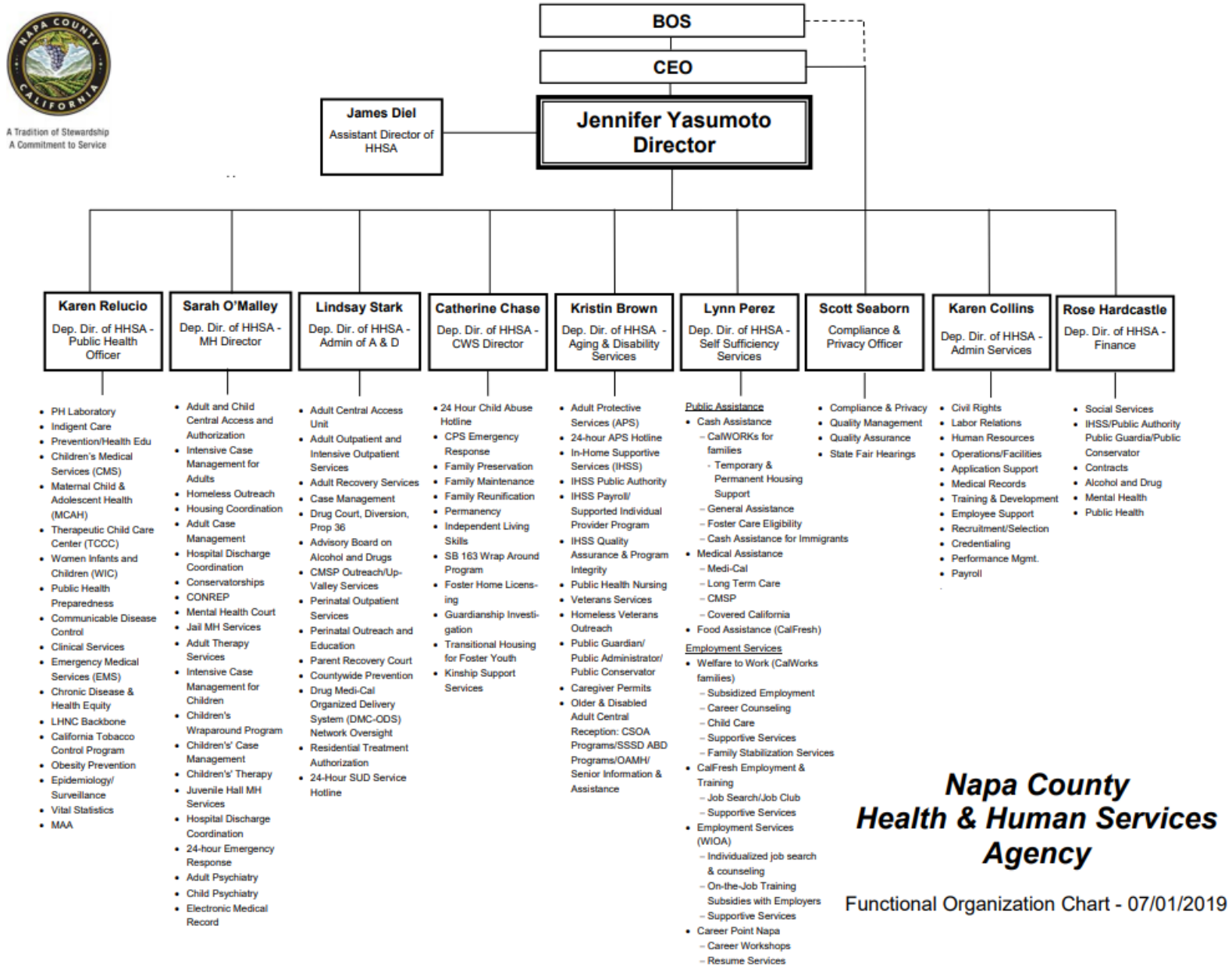
TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

| CATEGORY | ACTUAL TITLE | FTE POSITIONS (EMS ONLY) | TOP SALARY BY HOURLY EQUIVALENT | BENEFITS (%of Salary) | COMMENTS |
|---|---|---|---|---|---|
| EMS Admin./Coord./Director | EMS Administrator | 1.0 | $67.96 | 33% | |
| Asst. Admin./Admin.Asst./Admin. Mgr. | | | | | |
| ALS Coord./Field Coord./Trng Coordinator | | | | | |
| Program Coordinator/Field Liaison (Non-clinical) | EMS Specialist - Operations | 1.0 | $52.87 | 33% | |
| Trauma Coordinator | EMS Specialist - Clinical | 1.0 | $46.04 | | |
| Medical Director | | | | | |
| Other MD/Medical Consult/Training Medical Director | EMS Medical Director | .25 | $125.00 | | $72,300 allocated per year. Contracted position, no benefits |
| Disaster Medical Planner | | | | | |
| Dispatch Supervisor | | | | | |
| Medical Planner | | | | | |
| Data Evaluator/Analyst | | | | | |
| QA/QI Coordinator | | | | | |
| Public Info. & Education Coordinator | | | | | |
| Executive Secretary | HHSA Tech II | 1.0 | $30.36 | 33% | |
| Other Clerical | | | | | |
| Data Entry Clerk | | | | | |

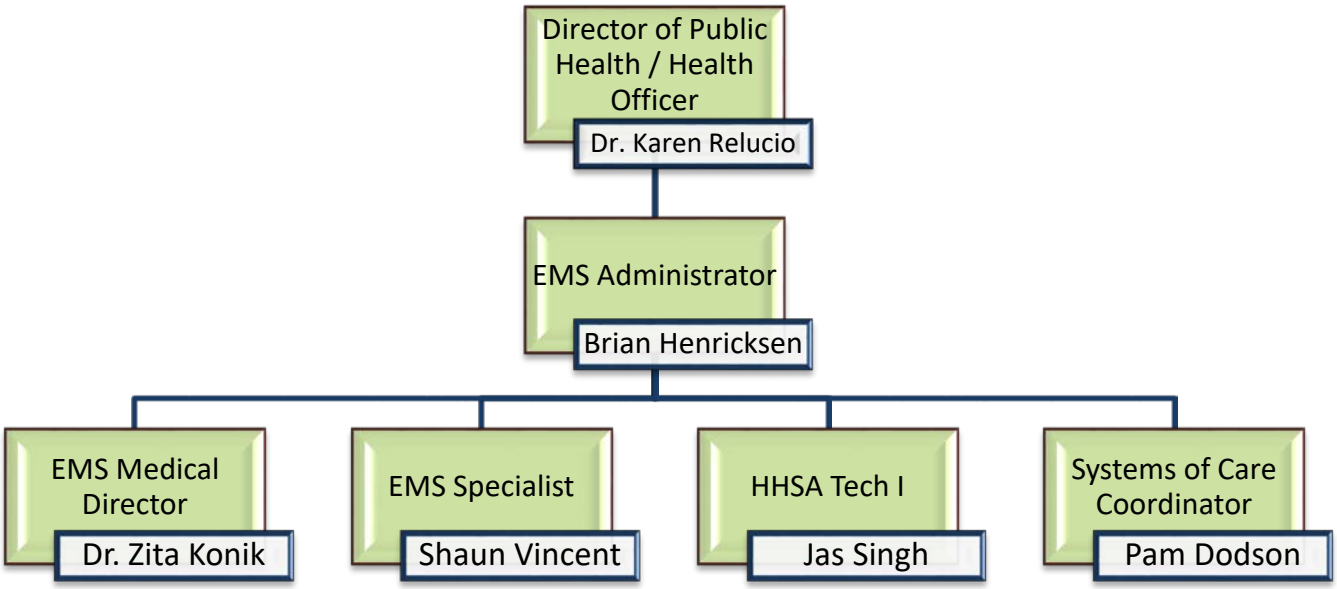
| | | | | | |
|---|---|---|---|---|---|
| Other | | | | | |

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

## SYSTEM ORGANIZATION AND MANAGEMENT (CONTINUED)



## SYSTEM ORGANIZATION AND MANAGEMENT (CONTINUED)




Director of Public Health/Health Officer: Dr. Karen Relucio

EMS Administrator: Brian Henricksen, EMT-P

EMS Medical Director (contractor): Dr. Zita Konik

EMS Agency Tech: Jaswindar Singh

EMS Specialist: Shaun Vincent, EMT-P

Systems of Care Coordinator (contractor): Pamela Dodson, RN

## TABLE 3: STAFFING / TRAINING

Reporting Year: 2018

NOTE: Table 3 is to be reported by agency.

| | EMT - Is | EMT - IIs | EMT - Ps | MICN |
|---|---|---|---|---|
| Total Certified | 229 | - | | - |
| Number newly certified this year | 40 | - | | - |
| Number recertified this year | 95 | - | | - |
| Total number of accredited personnel on July 1 of the reporting year | - | - | 106 | - |
| Number of certification reviews resulting in: | | | | |
| a) formal investigations | 1 | - | | - |
| b) probation | 0 | - | - | - |
| c) suspensions | 0 | - | - | - |
| d) revocations | 0 | - | | - |
| e) denials | 0 | - | | - |
| f) denials of renewal | 0 | - | | - |
| g) no action taken | 1 | - | - | - |

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs: All
   b) Number of public safety (defib) certified (non-EMT-1): 0

2. Do you have an EMR training program ✓ yes ☐ no

## TABLE 4: COMMUNICATIONS

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

County: Napa

Reporting Year: 2018

1. Number of primary Public Service Answering Points (PSAP) 3
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of EMS dispatch agencies utilizing EMD guidelines 1
5. Number of designated dispatch centers for EMS Aircraft 1
6. Who is your primary dispatch agency for day-to-day emergencies?
   City of Napa Police Department
7. Who is your primary dispatch agency for a disaster?
   City of Napa Police Department
8. Do you have an operational area disaster communication system? ✓ Yes ☐ No

   a. Radio primary frequency 155.835 / 154.415

   b. Other methods Cellular, Satellite Phone, EMSystems, ARES/RACES

   c. Can all medical response units communicate on the same disaster communications system? ✓ Yes ☐ No

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

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ✓ Yes ☐ No

      1) Within the operational area? ✓ Yes ☐ No

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

## TABLE 5: RESPONSE / TRANSPORTATION

Reporting Year: 2018

Note: Table 5 is to be reported by agency.

## EARLY DEFIBRILLATION PROVIDERS

1. Number of EMT-Defibrillation providers: 0

### SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

| | Urban Zone | Suburban Zone | Rural Zone | Wilderness Zone |
|---|---|---|---|---|
| BLS (CPR/AED) Capable First Responders | N/A* | N/A* | N/A* | N/A* |
| Priority 1** | 8:00 minutes | 10:00 minutes | 15:00 minutes | 60:00 minutes |
| Priority 2** | 12:00 minutes | 15:00 minutes | 25:00 minutes | 70:00 minutes |
| Priority 3** | 20:00 minutes | 30:00 minutes | 60:00 minutes | 90:00 minutes |
| Priority 4** | +/- 15:00 minutes | - | - | - |
| Priority 1 with ALS First Response** | 10:00 minutes | 12:30 minutes | 18:45 minutes | 60:00 minutes |
| Priority 2 with ALS First Response** | 15:00 minutes | 18:45 minutes | 31:15 minutes | 60:00 minutes |

*No mechanism exists for the collection of response time data from first response agencies – except for ALS first response
**Napa EOA response time standard which is triggered by the EMD call determinant

## TABLE 6: FACILITIES / CRITICAL CARE

Reporting Year: 2018

NOTE: Table 6 is to be reported by agency.

### Trauma

Trauma patients:

| | | |
|---|---|---|
| 1. Number of patients meeting trauma triage criteria | | 347 |
| 2. Number of major trauma victims transported directly to a trauma center by ambulance | | 325 |
| 3. Number of major trauma patients transferred to a trauma center | 0 | |
| 4. Number of patients meeting triage criteria who weren't treated at a trauma center | | 0 |

### Emergency Departments

| | | |
|---|---|---|
| Total number of emergency departments | | 2 |
| 1. Number of referral emergency services | | 0 |
| 2. Number of standby emergency services | 1 | |
| 3. Number of basic emergency services | | 1 |
| 4. Number of comprehensive emergency services | 0 | |

### Receiving Hospitals

| | | |
|---|---|---|
| 1. Number of receiving hospitals with written agreements | 2 | |
| 2. Number of base hospitals with written agreements | | 1 |

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2018

County: Napa County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

   a. Where are your CCPs located? Veteran's Home – Yountville, County Fairgrounds, Napa State Hospital, and several high schools throughout the County

   b. How are they staffed? Medical Reserve Corp, Red Cross, Public Health Staff, EMS System

   c. Do you have a supply system for supporting them for 72 hours? ☐ Yes ✓ No

2. CISD

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

3. Medical Response Team

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

4. Hazardous Materials

   a. Do you have any HazMat trained medical response teams? ✓ Yes ☐ No
   b. At what HazMat level are they trained? First Responder/Operational
   c. Do you have the ability to do decontamination in an emergency room? ✓ Yes ☐ No
   d. Do you have the ability to do decontamination in the field? ✓ Yes ☐ No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ✓ Yes ☐ No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 4

3. Have you tested your MCI Plan this year in a:

   a. real event? ✓ Yes ☐ No
   b. exercise? ✓ Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement:
   Provider mutual aid agreements are in place with Sonoma, Lake and Solano Counties.

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ✓ Yes ☐ No

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ✓ Yes ☐ No

7. Are you part of a multi-county EMS system for disaster response? ☐ Yes ✓ No

8. Are you a separate department or agency? ☐ Yes ✓ No

9. If not, to whom do you report? Health & Human Services

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – AMERICAN CANYON FIRE PROTECTION DISTRICT

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

County: Napa County | Provider: American Canyon Fire District | Response Zone: American Canyon Fire Protection District

Address: 225 James Road, American Canyon, CA 94589

Phone Number: 707-551-0650

Number of Ambulance Vehicles in Fleet: 1 (Surge unit provided by AMR)

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

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

### Transporting Agencies

| | |
|---|---|
| 4 Total number of responses | 4 Total number of transports |
| 4 Number of emergency responses | 4 Number of emergency transports |
| 0 Number of non-emergency responses | 0 Number of non-emergency transports |

### Air Ambulance Services

| | |
|---|---|
| n/a Total number of responses | n/a Total number of transports |
| n/a Number of emergency responses | n/a Number of emergency transports |
| n/a Number of non-emergency responses | n/a Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – AMERICAN MEDICAL RESPONSE

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

County: Napa County | Provider: American Medical Response | Response Zone: EOA 1

Address: 841 Latour Court Suite D, Napa, CA 94559

Phone Number: 707-501-5280

Number of Ambulance Vehicles in Fleet: 19 (+3 Quick Response Vehicles)

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 8

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| 16,873 | Total number of responses | 12,829 | Total number of transports |
| 14,440 | Number of emergency responses | 10,585 | Number of emergency transports |
| 2,432 | Number of non-emergency responses | 2,244 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – ANGWIN COMMUNITY AMBULANCE

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

County: Napa County Provider: Angwin Community Ambulance Response Zone: Angwin

Address: 275 College Avenue (PO Box 947)
Angwin, CA 94508

Number of Ambulance Vehicles in Fleet: 3

Phone Number: 707-965-9110

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| 219 | Total number of responses | 118 | Total number of transports |
| 215 | Number of emergency responses | 114 | Number of emergency transports |
| 4 | Number of non-emergency responses | 4 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – CALIFORNIA HIGHWAY PATROL

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

County: Napa County | Provider: CHP – Golden Gate Division | Response Zone: Napa County and surrounding region.

Address: 3500 Airport Road, Napa, CA 94558

Phone Number: 707-257-0103

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| 21 | Total number of responses | 11 | Total number of transports |
| 21 | Number of emergency responses | 11 | Number of emergency transports |
| 0 | Number of non-emergency responses | 0 | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – FALCK-VERIHEALTH

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

County: Napa County Provider: Falck-Verihealth Response Zone: Napa County

Address: 2235 Montecito Ave
Santa Rosa, CA 95404

Number of Ambulance Vehicles in Fleet: 30

Phone Number: 707-766-2426

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| 1,721 | Total number of responses | 1,542 | Total number of transports |
| 0 | Number of emergency responses | 0 | Number of emergency transports |
| 1,721 | Number of non-emergency responses | 1,542 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – FALCON CCT

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

County: Napa County Provider: Falcon CCT Response Zone: Napa County

Address: 3508 San Pablo Dam Rd.
El Sobrante, CA 94803

Number of Ambulance Vehicles in Fleet: 7

Phone Number: 510-223-1171

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

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| 262 | Total number of responses | 243 | Total number of transports |
| 0 | Number of emergency responses | 0 | Number of emergency transports |
| 262 | Number of non-emergency responses | 243 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – NAPA STATE HOSPITAL

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

County: Napa County Provider: Napa State Hospital Response Zone: N/A

Address: 2100 Napa-Vallejo Highway
Napa, CA 94559

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 707-253-5235

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

| **Written Contract:** | **Medical Director:** | **System Available 24 Hours:** | Level of Service: | |
|---|---|---|---|---|
| ❒ Yes ✓ No | ✓ Yes ❒ No | ✓ Yes ❒ No | ✓ Transport ❒ Non-Transport<br>❒ ALS ✓ BLS<br>❒ 9-1-1 ✓ 7-Digit<br>✓ Ground ❒ Air ❑ CCT ❑ Water ❑ IFT | |
| **Ownership:** | **If Public:** | **If Public:** | **If Air:** | **Air Classification:** |
| ✓ Public<br>❒ Private | ❒ Fire<br>❒ Law<br>✓ Other<br>Explain: Hospital | ❒ City ❒ County<br>✓ State ❒ Fire District<br>❒ Federal | ❒ Rotary<br>❒ Fixed Wing | ❒ Auxiliary Rescue<br>❒ Air Ambulance<br>❒ ALS Rescue<br>❒ BLS Rescue |

### Transporting Agencies

| | | | |
|---|---|---|---|
| 576 | Total number of responses | 212 | Total number of transports |
| 576 | Number of emergency responses | 212 | Number of emergency transports |
| 0 | Number of non-emergency responses | 0 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – NAPA CITY FIRE DEPARTMENT

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

County: Napa County | Provider: Napa City Fire Department | Response Zone: Napa City Limits

Address: PO Box 660, Napa, CA 94559

Phone Number: 707-257-9598

Number of Ambulance Vehicles in Fleet: 1 (Surge ambulance provided by AMR)

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

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| 3 | Total number of responses | 2 | Total number of transports |
| 3 | Number of emergency responses | 2 | Number of emergency transports |
| 0 | Number of non-emergency responses | 0 | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS - PINER'S AMBULANCE

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

County: Napa County Provider: Piner's Ambulance Response Zone: Napa County

Address: 2100 Pueblo Street
Napa, CA 94558

Phone Number: 707-224-3123

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

### Transporting Agencies

| | |
|---|---|
| 1,740 | Total number of responses |
| 0 | Number of emergency responses |
| 1,740 | Number of non-emergency responses |

| | |
|---|---|
| 1,740 | Total number of transports |
| 0 | Number of emergency transports |
| 1,740 | Number of non-emergency transports |

### Air Ambulance Services

| | |
|---|---|
| n/a | Total number of responses |
| n/a | Number of emergency responses |
| n/a | Number of non-emergency responses |

| | |
|---|---|
| n/a | Total number of transports |
| n/a | Number of emergency transports |
| n/a | Number of non-emergency transports |

## TABLE 8: RESPONSE / TRANSPORTATION / PROVIDERS – REACH/CALSTAR

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

County: Napa County Provider: REACH/CALSTAR Air Medical Services Response Zone: Northern California

Address: 451 Aviation Blvd, Suite 101
Santa Rosa, CA 95403

Phone Number: 707-324-2400

Number of Ambulance Vehicles in Fleet: 11 in Northern California (8 RW, 3 FW)

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

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

### Transporting Agencies

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

### Air Ambulance Services

| | | | |
|---|---|---|---|
| 184 | Total number of responses | 133 | Total number of transports |
| 61 | Number of emergency responses | 29 | Number of emergency transports |
| 123 | Number of non-emergency responses | 104 | Number of non-emergency transports |

## TABLE 9: FACILITIES

County: Napa County

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

Facility: Queen of the Valley Medical Center (QVMC) Telephone Number: 707-252-4411
Address: 1000 Trancas Street
Napa, CA 94558

| Written Contract: | Service: | Base Hospital: | Burn Center: |
|---|---|---|---|
| ✓ Yes ❒ No | ❒ Referral Emergency ❒ Standby Emergency<br>✓ Basic Emergency ❒ Comprehensive Emergency | ✓ Yes ❒ No | ❒ Yes ✓ No |

| | | Trauma Center: | If Trauma Center what level: | |
|---|---|---|---|---|
| Pediatric Critical Care Center1 | ❒ Yes ✓ No | ✓ Yes ❒ No | ❒ Level I | ❒ Level II |
| EDAP2 | ❒ Yes ✓ No | | ✓ Level III | ❒ Level IV |
| PICU3 | ❒ Yes ✓ No | | | |

| STEMI Center: | Stroke Center: |
|---|---|
| ✓ Yes ❒ No | ✓ Yes ❒ 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: FACILITIES (CONTINUED)

County: Napa County

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

Facility: St. Helena Hospital (SHH) Telephone Number: 707-963-3611
Address: 10 Woodland Road
St. Helena, CA 94574

| Written Contract: | Service: | Base Hospital: | Burn Center: |
|---|---|---|---|
| ✓ Yes ❒ No | ❒ Referral Emergency ✓ Standby Emergency<br>❒ Basic Emergency ❒ Comprehensive Emergency | ❒ Yes ✓ No | ❒ Yes ✓ No |

| | | Trauma Center: | If Trauma Center what level: | |
|---|---|---|---|---|
| Pediatric Critical Care Center[4] | ❒ Yes ✓ No | ❒ Yes ✓ No | ❒ Level I | ❒ Level II |
| EDAP[5] | ❒ Yes ✓ No | | ❒ Level III | ❒ Level IV |
| PICU[6] | ❒ Yes ✓ No | | | |

| STEMI Center: | Stroke Center: |
|---|---|
| ✓ Yes ❒ No | ❒ Yes ✓ No |

4 Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
5 Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
6 Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

## TABLE 10: APPROVED TRAINING PROGRAMS

County: Napa  Reporting Year: 2018

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

Training Institution: Napa Valley College  Telephone Number: 707-256-7632

Address: 2277 Napa-Vallejo Highway
Napa, CA 94559

Student Eligibility*: Completion of First Responder class with a "C" or better. Possession of a CPR card.

Cost of Program:

Basic: 749
Refresher: n/a

**Program Level: EMT

Number of students completing training per year:

Initial training: 44

Refresher: 0
Continuing Education: 0
Expiration Date: 12/31/2019

Number of courses:

Initial training: 2
Refresher: 0
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

| | | | |
|---|---|---|---|
| Training Institution: | Napa Valley College | Telephone Number: | 707-256-7632 |
| Address: | 2277 Napa-Vallejo Highway<br>Napa, CA 94559 | | |

Student Eligibility*: High School Diploma, EMT Certification, Anatomy & Physiology, Biology (all completed at a "C" or better.

**Program Level: Paramedic

Cost of Program:

| | |
|---|---|
| Basic: | 3,995 |
| Refresher: | 0 |

Number of students completing training per year:

| | |
|---|---|
| Initial training: | 22 |
| Refresher: | 0 |
| Continuing Education: | 0 |
| Expiration Date: | 12/31/2019 |

Number of courses:

| | |
|---|---|
| Initial training: | 1 |
| Refresher: | 0 |
| Continuing Education: | 0 |

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

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

## TABLE 10: APPROVED TRAINING PROGRAMS (CONTINUED)

County: Napa Reporting Year: 2016

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

Training Institution: Pacific Union College Telephone Number: 707-965-7032

Address: One Angwin Ave.
Angwin, CA 95403

Student Eligibility*: Open to enrolled students.

Cost of Program:
Basic: $9,350
Refresher: $834

**Program Level EMT

Number of students completing training per year:
Initial training: 13
Refresher: 5
Continuing Education: 0
Expiration Date: 12/31/2019

Number of courses:
Initial training: 1
Refresher: 1
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

## TABLE 11: DISPATCH AGENCY

County: Napa County

Reporting Year: 2017

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

Name: Napa Central Dispatch

Primary Contact: Gus Ulloth

Address: 1539 First Street
Napa, CA 94558

Telephone Number: 707-257-9222

Written Contract:
☐ Yes ✓ No

Medical Director:
✓ Yes ☐ No

✓ Day-to-Day
✓ Disaster

Number of Personnel Providing Services:

28 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
✓ Public ☐ Private

If Public:
✓ Fire
✓ Law
☐ Other
Explain: _____

If Public: ✓ City ☐ County ☐ State ☐ Fire District ☐ Federal

Name: CalFire St. Helena Emergency Command Center

Primary Contact: Brian York

Address: 1199 Big Tree Road
St. Helena, CA 94574

Telephone Number: 707-967-1409

Written Contract:
☐ Yes ✓ No

Medical Director:
✓ Yes ☐ No

✓ Day-to-Day
✓ Disaster

Number of Personnel Providing Services:

24 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
✓ Public ☐ Private

If Public:
✓ Fire
☐ Law
☐ Other
Explain: _____

If Public: ☐ City ☐ County ✓ State ☐ Fire District ☐ Federal

**TABLE 8: Response/Transportation/Providers**

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

**County:** Napa County **Provider:** American Canyon Fire District **Response Zone:** American Canyon Fire Protection District

**Address:** 225 James Road
American Canyon, CA 94589

**Phone Number:** 707-551-0650

**Number of Ambulance Vehicles in Fleet:** 1 (Surge unit provided by AMR)

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

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

**Transporting Agencies**

| | | | |
|---|---|---|---|
| 4 | Total number of responses | 4 | Total number of transports |
| 4 | Number of emergency responses | 4 | Number of emergency transports |
| 0 | Number of non-emergency responses | 0 | Number of non-emergency transports |

**Air Ambulance Services**

| | | | |
|---|---|---|---|
| n/a | Total number of responses | n/a | Total number of transports |
| n/a | Number of emergency responses | n/a | Number of emergency transports |
| n/a | Number of non-emergency responses | n/a | Number of non-emergency transports |

## AMBULANCE ZONE SUMMARY FORM – EOA #1

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

**Local EMS Agency or County Name:** Napa County EMS Agency

**Area or subarea (Zone) Name or Title:**
EOA #1

**Name of Current Provider(s):**
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
American Medical Response (dba AMR West – Napa)

**Area or subarea (Zone) Geographic Description:**
All of Napa County.

**Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):**
Include intent of local EMS agency and Board action.
Exclusive franchise developed and implemented through a competitive RFP process. County BOS approved contract for service. Current Franchise was awarded the contract on January 2, 2012 which expired on January 1, 2017. The County BOS has extended the current contract, to extend exclusivity until January 1, 2022.

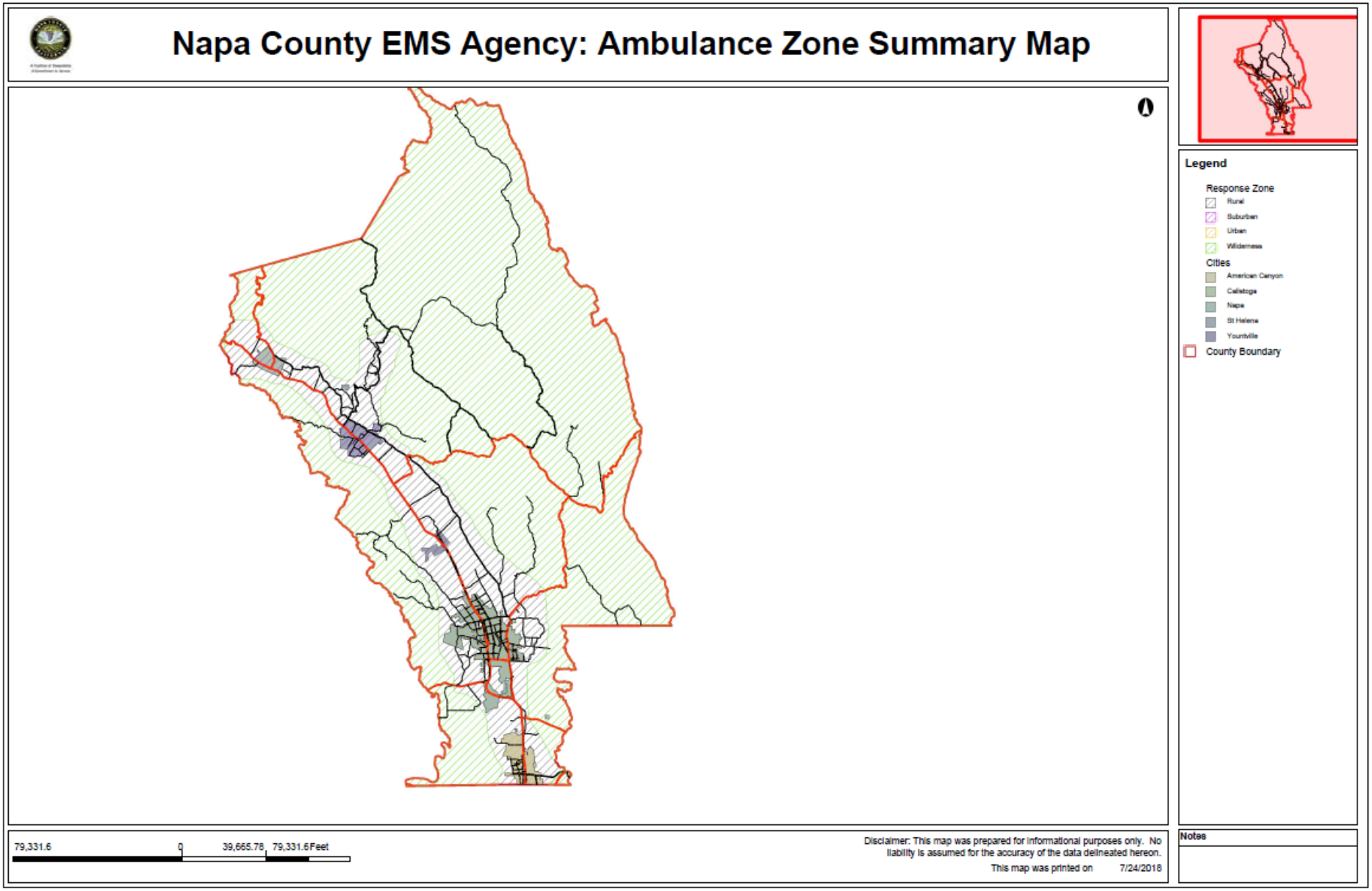
**Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Emergency Ambulance Service,
All Emergency Ambulance,
9-1-1 Emergency Response,
"7-Digit" Emergency Response,
ALS Ambulance,
All ALS Ambulance Services,
All CCT/ALS Ambulance Services,
Critical Care Transport

**Method to achieve Exclusivity, if applicable (HS 1797.224):**
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

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

The Napa County FRP, AMR's proposal and the subsequent contract can be found on the Napa County EMS Agency website: http://www.countyofnapa.org/EMS/

## AMBULANCE ZONE SUMMARY MAP



# APPENDIX 1
# Napa County Patient Destination Policy

# Patient Destination

EMS ADMINISTRATION 501

## PURPOSE

**I.** To assist in determining the most appropriate receiving facility for patients transported as part of an EMS response.

## POLICY

### I. APPROVED EMS RECEIVING FACILITIES

A. Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein.

**NOTE:** This does not preclude the transport of a patient to other facilities during the course of nonemergency inter-facility transfers (IFTs) or scheduled non-emergency transports at the request or direction of the patient's private physician.

B. Approved receiving facilities within Napa County include:

| Facility Name | ED Status | Designations | Location |
|---|---|---|---|
| Adventist Medical Center St. Helena (SHH) | Stand-by | -STEMI | 10 Woodland Rd.<br>St. Helena, CA 94574 |
| Queen of the Valley Medical Center (QVMC) | Basic | -Base Hospital<br>-STEMI<br>-Stroke<br>-Trauma – Level III | 1000 Trancas St.<br>Napa, CA 94559 |

### II. DESTINATION DETERMINATION

A. The destination for patients shall be based upon the clinical capabilities of the receiving facility and the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.

B. The following factors may also be considered in determining patient destination:

1. Patient request.
2. Family request.
3. Patient's physician request or preference.

C. Destination For STEMI Patients

1. Patients with suspected acute coronary syndrome and/or a documented STEMI shall be transported to the closest STEMI Receiving Center.
2. Approved STEMI Receiving Centers:
    a. Adventist Medical Center St. Helena.
    b. Queen of the Valley Medical Center.
    c. Kaiser Permanente Vallejo Medical Center.

POLICY

3. If the closest STEMI Receiving Center is not available the patient shall be taken to the next closest appropriate STEMI receiving center.

D. Destination For Suspected Stroke Patients

1. Suspected stroke patients shall be transported to the closest Stroke Receiving Center.
2. Approved Stroke Receiving Centers:
    a. Queen of the Valley Medical Center.
    b. Kaiser Permanente Vallejo Medical Center.
    c. Sutter Solano Medical Center.
3. If the closest Stroke Receiving Center is not available, the patient shall be taken to the next closest appropriate Stroke Receiving Center.

E. Destination For Major Trauma Patients

1. Major trauma patients (e.g. those patients meeting trauma triage criteria) shall be transported as follows:
    a. Less than (<) sixty (60) minutes transport time to a trauma center - patients shall be transported to the closest appropriate trauma center.
    b. Greater than (≥) sixty (60) minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department (ED) or directly to the closest appropriate trauma center upon base hospital physician direction.
    c. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
2. Notwithstanding the above, patients with the following conditions shall be transported to the closest appropriate emergency department:
    a. Pulseless, non-breathing following trauma.
    b. Unstable or unmanageable airway.
    c. Overall transport time to trauma center greater than (≥) sixty (60) minutes - may be waived upon direct order of base hospital physician.
    d. Base hospital physician order.
3. Approved Napa County Trauma Center
    a. Queen of the Valley Medical Center (Level III Trauma Center) - capable of receiving all trauma with 24/7 neurosurgical capabilities (Helipad On-Site).

F. Destination For Pediatric Trauma Patients

1. Pediatric patients (less than [<] fifteen [15] years of age) with major trauma should be transported by EMS helicopter to UCSF Benioff Children's Hospital Oakland (CHO) or UC Davis Medical Center (UCD) with the following exceptions:
    a. Greater than (≥) sixty (60) minutes transport time to CHO / UCD unless otherwise authorized by base hospital.

**POLICY**

b. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.

2. Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:
   a. Pulseless, non-breathing following trauma.
   b. Unstable or unmanageable airway.
   c. Rapidly deteriorating vital signs.
   d. Overall transport time to pediatric trauma center greater than (>) sixty (60) minutes may be waived upon direct order of base hospital physician.
   e. Base hospital physician order.

G. Destination For Burn Patients
   1. Consider direct transport to UC Davis Medical Center (UCD) for major / critical burns.
   2. Base hospital contact is required in these instances.
   3. EMS Aircraft should be considered.

H. Destination for patients with a suspected emerging infectious disease, e.g., Ebola
   1. Coordinate with the base hospital and the EMS Duty Officer
   2. Transportation and destinations will be determined in accordance with the CA Mutual Aid Region II Emerging Infectious Disease Transportation Plan.

**OTHER REGIONAL TRAUMA CENTERS**

| Facility Name | Trauma Center Level | Helipad |
|---|---|---|
| Santa Rosa Memorial (SRMH) | Level II | Yes |
| North Bay Medical Center (NBMC) | Level III | Yes |
| Kaiser Permanente Vacaville Medical Center (KVV) | Level II | Yes |
| John Muir Medical Center, Walnut Creek (JMMC) | Level II | Yes |
| Marin General Hospital (MGH) | Level III | No |
| San Francisco General (SFG) | Level I | No |
| UC Davis Medical Center (UCD) | Level I Adult/Pediatric | Yes |
| Sutter Eden Hospital (Eden) | Level II | Yes |
| Highland Medical Center (Highland) | Level II | No |
| UCSF Benioff Children's Hospital Oakland (CHO) | Level I Pediatric | Yes |

# APPENDIX 2
# Napa County Agreement with St. Helena Hospital – Receiving Hospital

**NAPA COUNTY AGREEMENT NO. 200081B**
**EMERGENCY MEDICAL SERVICES RECEIVING HOSPITAL AGREEMENT**

**THIS AGREEMENT** (the "Agreement"), is effective as of this 1st day of July, 2019, ("Effective Date") is by and between **NAPA COUNTY,** a political subdivision of the State of California (hereinafter referred to as "COUNTY"), and **ST. HELENA HOSPITAL, INC. d.b.a. ADVENTIST HEALTH ST. HELENA**, whose mailing address is 10 Woodland Drive, St. Helena, CA 94574 (hereinafter referred to as "HOSPITAL"), which maintains an acute care hospital located in St. Helena, CA. COUNTY and HOSPITAL may be referred to below collectively as "Parties" and individually as "Party."

## RECITALS

**WHEREAS**, COUNTY has established an Emergency Medical Services (EMS) system pursuant to Division 2.5 of the California Health and Safety Code and has designated the Napa County Department of Health and Human Services, Public Health Division as the local Emergency Medical Services Agency, hereinafter referred to as "EMS AGENCY", pursuant to Section 1797.200 of the Health and Safety Code; and

**WHEREAS**, in the judgment of the EMS AGENCY, a need exists for a receiving hospital to serve the EMS system in the County of Napa; and

**WHEREAS**, HOSPITAL is owned and operated by Adventist Health System, a non-profit corporation; and

**WHEREAS**, HOSPITAL desires to act as a receiving hospital in Napa County and is willing to reimburse COUNTY for the cost of functions associated with the designation of HOSPITAL to act as a receiving hospital in Napa County; and

**WHEREAS**, the EMS AGENCY is willing to designate HOSPITAL as a receiving hospital pursuant to Section 1798.100 of the Health and Safety Code in accordance with the terms herein below;

**NOW THEREFORE**, for good and valuable consideration, the adequacy and receipt of which are hereby acknowledged, COUNTY and HOSPITAL agree that HOSPITAL shall be designated to act as a receiving hospital to provide emergency medical services to patients presented through prehospital EMS units and shall reimburse COUNTY for the cost of functions relating to said designation pursuant to the terms and conditions set forth herein below.

## TERMS AND CONDITIONS

1. Scope of Services.

1.1 HOSPITAL's Specified Services. HOSPITAL shall perform the services described in "Exhibit A – Scope of Services" attached hereto and incorporated herein by this

reference (hereinafter "Exhibit A"). In the event of a conflict between the body of this Agreement and Exhibit A, the provisions in the body of this Agreement shall control.

1.2 Cooperation with County. HOSPITAL shall cooperate with COUNTY in the performance of all services hereunder.

1.3 Performance Standard. HOSPITAL shall perform all services hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in HOSPITAL's profession. COUNTY has relied upon the professional ability and training of HOSPITAL as a material inducement to enter into this Agreement. HOSPITAL hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable federal, state and local laws. If COUNTY determines that any of HOSPITAL's services are not in accordance with such level of competency and standard of care, COUNTY, in its sole discretion, shall have the right to do any or all of the following: (a) require HOSPITAL to meet with COUNTY to review the quality of the work and resolve matters of concern; (b) terminate this Agreement pursuant to the provisions of Section 4 below; or (c) pursue any and all other remedies at law or in equity.

1.4 Assigned Personnel.

a. HOSPITAL shall assign only competent personnel to perform services hereunder. In the event that at any time COUNTY, in its sole discretion, desires the removal of any person or persons assigned by HOSPITAL to perform services hereunder, HOSPITAL shall remove such person or persons immediately upon receiving written notice from COUNTY.

b. Any and all persons identified in this Agreement or any exhibit hereto as the project manager, project team, or other professional performing services hereunder are deemed by COUNTY to be key personnel whose services were a material inducement to COUNTY to enter into this Agreement and without whose services COUNTY would not have entered into this Agreement. HOSPITAL shall not remove, replace, substitute, or otherwise change any key personnel without the prior written consent of COUNTY.

c. In the event that any of HOSPITAL's personnel assigned to perform services under this Agreement become unavailable due to resignation, sickness or other factors outside of HOSPITAL's control, HOSPITAL shall be responsible for timely provision of adequately qualified replacements.

2. Payment. HOSPITAL shall reimburse COUNTY for functions related to HOSPITAL's designation as a receiving hospital in accordance with the following schedule:

| Period | Amount Due | Date Due |
|---|---|---|
| **FY 19-20** | **$ 15,000.00** | **08/31/19** |
| **FY 20-21** | **$ 15,000.00** | **08/31/20** |
| **FY 21-22** | **$ 15,000.00** | **08/31/21** |

3. Term of Agreement. The term of this Agreement shall be July 1, 2019 to June 30, 2022. It will cover the following fiscal years: **2019-2020, 2020-2021, 2021-2022**. Each fiscal year is recognized as commencing the first of July and ending on the thirtieth of June. This Agreement shall expire at 11:59 p.m. on June 30, 2022, unless otherwise extended or unless terminated earlier in accordance with the provisions of Section 4 below.

4. Termination.

4.1 Termination Without Cause. Notwithstanding any other provision of this Agreement, at any time and without cause, COUNTY shall have the right, in its sole discretion, to terminate this Agreement immediately upon written notice to HOSPITAL. HOSPITAL may terminate this Agreement at any time and for any reason by serving written notice upon COUNTY at least ninety (90) days prior to the effective date of such termination.

4.2 Termination for Cause. Notwithstanding any other provision of this Agreement, should HOSPITAL fail to perform any of its obligations hereunder, within the time and in the manner herein provided, or otherwise violate any of the terms of this Agreement, COUNTY may immediately terminate this Agreement by giving HOSPITAL written notice of such termination, stating the reason for termination.

4.3 Obligations After Termination. The following sections shall remain in full force and effect after termination of this Agreement: (1) Section 9.4, Records Maintenance; (2) Section 9.4.1, Right to Audit, Inspect and Copy Records; (3) Section 9.12, Confidentiality; (4) Section 13.5, Applicable Law and Forum; (5) Section 5, Indemnification/Hold Harmless/Defense; (6) Section 5.1, Employee Character and Fitness; (7) Section 5.2, Obligations Relating to Criminal Background Checks; (8) Section 6, Insurance (and including Sections 6.1-Workers' Compensation Insurance, 6.2-Liability Insurance, 6.3-Certificates, and 6.4-Deductibles/Retention).

4.4 Authority to Terminate. The Board of Supervisors has the authority to terminate this Agreement on behalf of the COUNTY. The Napa County Purchasing Agent, in consultation with County Counsel, has the authority to terminate this Agreement on behalf of COUNTY. The Director of the Napa County Health and Human Services Agency, in consultation with County Counsel has the authority to terminate this Agreement on behalf of COUNTY.

5. Indemnification/Hold Harmless/Defense. HOSPITAL agrees to accept all responsibility for loss or damage to any person or entity, including COUNTY, and to indemnify, hold harmless, and release COUNTY, its officers, agents, and employees, from and against any actions, claims, damages, liabilities, disabilities, or expenses, that may be asserted by any person or entity, including HOSPITAL, that arise out of, pertain to, or relate to HOSPITAL's performance or obligations under this Agreement. HOSPITAL agrees to provide a complete defense for any claim or action brought against COUNTY based upon a claim relating to HOSPITAL's performance or obligations under this Agreement. HOSPITAL'S obligations under this Section 5 apply whether or not there is concurrent negligence on COUNTY's part, but to the extent required by law, excluding liability due to COUNTY's conduct. COUNTY shall have the right to select its legal counsel at HOSPITAL's expense, subject to HOSPITAL's approval, which shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for HOSPITAL or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

5.1 Employee Character and Fitness. HOSPITAL accepts responsibility for determining and approving the character and fitness of its employees (including volunteers, agents or representatives) to provide the services required of HOSPITAL under this Agreement, including completion of a satisfactory criminal/background check and period rechecks to the extent permitted by law. Notwithstanding anything to the contrary in this Paragraph, HOSPITAL shall hold COUNTY and its officers, agents and employees harmless from any

liability for injuries or damages resulting from a breach of this provision or HOSPITAL's actions in this regard.

5.2 Obligations Relating to Criminal Background Checks.

a. HOSPITAL shall investigate by all lawful means, including but not limited to obtaining information from official government sources as the result of taking fingerprints, the criminal background of each and all of its officers, agents, employees, interns, and volunteers, however denominated (hereafter, "employees"), who will have direct personal contact with, or provide direct personal services to, third persons in the performance of this Agreement. Depending upon the information acquired by its investigation, HOSPITAL shall not allow any of its employees to have personal contact with, or provide direct personal services to, third persons where it may reasonably be concluded as a result of its investigation that an employee should not have such contact or provide such service. Nothing herein requires HOSPITAL to investigate the criminal background of an employee who is currently licensed by the State of California and whose license requires a criminal background investigation.

b. Notwithstanding anything to the contrary in this Agreement, HOSPITAL shall defend and indemnify COUNTY and its officers, agents and employees from any and all claims, actions, settlements or judgments of whatever kind which may arise from the failure of HOSPITAL to conduct the criminal background investigation described in Section 5.1 or Section 5.2 or from the failure of HOSPITAL after the investigation to reasonably disallow an employee from having such personal contact or providing such direct personal service.

6. Insurance. HOSPITAL shall obtain and maintain in full force and effect throughout the term of this Agreement, and thereafter as to matters occurring during the term of this Agreement, the following insurance coverage:

6.1 Workers' Compensation Insurance. To the extent required by law during the term of this Agreement, HOSPITAL shall provide workers' compensation insurance for the performance of any of HOSPITAL's duties under this Agreement, including but not limited to, coverage for workers' compensation and employer's liability and a waiver of subrogation, and shall provide COUNTY with certification of all such coverages upon request by COUNTY's Risk Manager.

6.2 Liability Insurance. HOSPITAL shall obtain and maintain in full force and effect during the term of this Agreement the following liability insurance coverages, issued by a company admitted to do business in California and having an A.M. Best rating of A:VII or better or equivalent self-insurance:

a. General Liability. Commercial general liability [CGL] insurance coverage (personal injury and property damage) of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence, covering liability or claims for any personal injury, including death, to any person and/or damage to the property of any person arising from the acts or omissions of HOSPITAL or any officer, agent, or employee of HOSPITAL under this Agreement. If the coverage includes an aggregate limit, the aggregate limit shall be no less than twice the per occurrence limit.

b. Professional Liability/Errors and Omissions. Professional liability [or errors and omissions] insurance for all activities of HOSPITAL arising out of or in connection with this Agreement in an amount not less than ONE MILLION DOLLARS ($1,000,000) per claim.

c. Comprehensive Automobile Liability Insurance. Comprehensive automobile liability insurance (Bodily Injury and Property Damage) on owned, hired, leased and non-owned

vehicles used in conjunction with HOSPITAL's business of not less than ONE MILLION DOLLARS ($1,000,000) combined single limit per occurrence.

6.3 Certificates. All insurance coverages referenced in 6.2 above, shall be evidenced by one or more certificates of coverage or, with the consent of COUNTY's Risk Manager, demonstrated by other evidence of coverage acceptable to COUNTY's Risk Manager, which shall be filed by HOSPITAL with the EMS AGENCY prior to commencement of performance of any of HOSPITAL's duties; shall reference this Agreement by its COUNTY number or title and department; shall be kept current during the term of this Agreement; shall provide that COUNTY shall be given no less than thirty (30) days prior written notice of any non-renewal, cancellation, other termination, or material change, except that only ten (10) days prior written notice shall be required where the cause of non-renewal or cancellation is non-payment of premium; and shall provide that the inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, the coverage afforded applying as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the company's liability. For the commercial general liability insurance coverage referenced in 6.2(a) and, where the vehicles are covered by a commercial policy rather than a personal policy, for the comprehensive automobile liability insurance coverage referenced in 6.2(c), HOSPITAL shall also file with the evidence of coverage an endorsement from the insurance provider naming COUNTY, its officers, employees, agents and volunteers as additional insureds and waiving subrogation, and the certificate or other evidence of coverage shall provide that if the same policy applies to activities of HOSPITAL not covered by this Agreement then the limits in the applicable certificate relating to the additional insured coverage of COUNTY shall pertain only to liability for activities of HOSPITAL under this Agreement, and that the insurance provided is primary coverage to COUNTY with respect to any insurance or self-insurance programs maintained by COUNTY. The additional insured endorsements for the general liability coverage shall use Insurance Services Office (ISO) Form No. CG 20 09 11 85 or CG 20 10 11 85, or equivalent, including (if used together) CG 2010 10 01 and CG 2037 10 01; but shall not use the following forms: CG 20 10 10 93 or 03 94. Upon request by COUNTY's Risk Manager, HOSPITAL shall provide or arrange for the insurer to provide within thirty (30) days of the request, certified copies of the actual insurance policies or relevant portions thereof.

6.4 Deductibles/Retentions. Any deductibles or self-insured retentions shall be declared to, and be subject to approval by, COUNTY's Risk Manager, which approval shall not be denied unless the COUNTY's Risk Manager determines that the deductibles or self-insured retentions are unreasonably large in relation to compensation payable under this Agreement and the risks of liability associated with the activities required of HOSPITAL by this Agreement. At the option of and upon request by COUNTY's Risk Manager if the Risk Manager determines that such deductibles or retentions are unreasonably high, either the insurer shall reduce or eliminate such deductibles or self-insurance retentions as respects COUNTY, its officers, employees, agents and volunteers or HOSPITAL shall procure a bond guaranteeing payment of losses and related investigations, claims administration and defense expenses.

7. Prosecution of Services. The execution of this Agreement shall constitute each Party's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike,

lockout, or similar labor disturbances, the time for either Party's performance of this Agreement shall be extended by a number of days equal to the number of days the Party has been delayed.

8. [Reserved.]

9. Representations of HOSPITAL.

9.1 Standard of Care. COUNTY has relied upon the professional ability and training of HOSPITAL as a material inducement to enter into this Agreement. HOSPITAL hereby agrees that all its services will be performed and that its operations shall be conducted in accordance with generally accepted and applicable professional practices and standards as well as the requirements of applicable federal, state and local laws.

9.2 Status of HOSPITAL. The Parties intend that HOSPITAL, in performing the services specified herein, shall act as an independent entity and shall control the work and the manner in which it is performed. HOSPITAL is not to be considered an agent or employee of COUNTY and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits COUNTY provides its employees. In the event COUNTY exercises its right to terminate this Agreement pursuant to Section 4, above, HOSPITAL expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

9.3 [Reserved.]

9.4 Records Maintenance. HOSPITAL shall keep and maintain full and complete documentation and accounting records concerning all services performed under this Agreement and shall make such documents and records available to COUNTY for inspection at any reasonable time. HOSPITAL shall maintain such records for a period of seven (7) years following completion of services hereunder.

9.4.1 Right to Audit, Inspect and Copy Records. HOSPITAL agrees to permit COUNTY and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services provided by HOSPITAL under this Agreement, to the extent permitted by law, for the purpose of monitoring the quality and quantity of services, accessibility and appropriateness of services. Upon request, HOSPITAL shall supply copies of any and all such records to COUNTY.

9.5 Conflict of Interest. The Parties to the Agreement acknowledge that they are aware of the provisions of Government Code section 1090, et seq., and section 87100, et seq., relating to conflict of interest of public officers and employees. HOSPITAL hereby covenants that it presently has no interest not disclosed to COUNTY and shall not acquire any interest, direct or indirect, which would conflict in any material manner or degree with the performance of its services or confidentiality obligation hereunder, except as such as COUNTY may consent to in writing prior to the acquisition by HOSPITAL of such conflict. HOSPITAL further warrants that it is unaware of any financial or economic interest of any public officer or employee of COUNTY relating to this Agreement. HOSPITAL agrees that if such financial interest does exist at the inception of this Agreement, COUNTY may terminate this Agreement immediately upon giving written notice without further obligation by COUNTY to HOSPITAL under this Agreement.

9.6 Nondiscrimination. HOSPITAL shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical

condition, pregnancy, disability, sexual orientation or other prohibited basis. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

9.7 Assignment Of Rights. HOSPITAL assigns to COUNTY all rights throughout the world in perpetuity in the nature of copyright, trademark, patent, right to ideas, in and to all versions of the plans and specifications, if any, now or later prepared by HOSPITAL in connection with this Agreement. HOSPITAL agrees to take such actions as are necessary to protect the rights assigned to COUNTY in this Agreement, and to refrain from taking any action which would impair those rights. HOSPITAL's responsibilities under this provision include, but are not limited to, placing proper notice of copyright on all versions of the plans and specifications as COUNTY may direct, and refraining from disclosing any versions of the plans and specifications to any third party without first obtaining written permission of COUNTY. HOSPITAL shall not use or permit another to use the plans and specifications in connection with this or any other project without first obtaining written permission of COUNTY.

9.8 Ownership And Disclosure Of Work Product. All reports, original drawings, graphics, plans, studies, and other data or documents ("documents"), in whatever form or format, assembled or prepared by HOSPITAL or HOSPITAL's subcontractors, HOSPITALs, and other agents in connection with this Agreement shall be the property of COUNTY. COUNTY shall be entitled to immediate possession of such documents upon completion of the services pursuant to this Agreement. Upon expiration or termination of this Agreement, HOSPITAL shall promptly deliver to COUNTY all such documents, which have not already been provided to COUNTY in such form or format, as COUNTY deems appropriate. Such documents shall be and will remain the property of COUNTY without restriction or limitation. HOSPITAL may retain copies of the above-described documents but agrees not to disclose or discuss any information gathered, discovered, or generated in any way through this Agreement without the express written permission of COUNTY.

9.9 Sanctioned Employee. HOSPITAL agrees that it shall not employ in any capacity, or retain as a subcontractor in any capacity, any individual or entity that is listed on either the Suspended and Ineligible HOSPITAL List published by the California Department of Health Services, or any list published by the Federal Office of Inspector General regarding the sanctioning, suspension or exclusion of individuals or entities from the federal Medicare and Medicaid programs. HOSPITAL agrees to periodically review said State and Federal lists to confirm the status of current employees, subcontractors and HOSPITALs. In the event HOSPITAL does employ such individual(s) or entity(s), HOSPITAL agrees to assume full liability for any associated penalties, sanctions, loss or damage that may be imposed on COUNTY by the Medicare or Medicaid programs.

9.10 Statutory Compliance. HOSPITAL agrees to comply with all applicable federal, state and local laws, regulations, statutes and policies applicable to the services provided under this Agreement as they exist now and as they are changed, amended or modified during the term of this Agreement.

9.11 Compliance with COUNTY Policies on Waste, Harassment, Drug/Alcohol-Free Workplace, and Computer Use. HOSPITAL hereby agrees to comply, and require its employees and subcontractors to comply, with the following policies, copies of which are on file with the Clerk of the Board of Supervisors and incorporated by reference herein. Future versions of the following policies shall automatically become part of this Agreement, without further amendment, upon approval by the Napa County Board of Supervisors and notice to HOSPITAL.

HOSPITAL also agrees that it shall not engage in any activities, or permit its officers, agents and employees to do so, during the performance of any of the services required under this Agreement, which would interfere with compliance or induce violation of these policies by COUNTY employees or HOSPITALs.

(a) Waste Source Reduction and Recycled Product Content Procurement Policy.

(b) Napa County "Policy for Maintaining a Harassment and Discrimination Free Work Environment."

(c) Drug and Alcohol Policy.

(d) Napa County Information Technology Use and Security Policy. To this end, all employees and subcontractors of HOSPITAL whose performance of services under this Agreement requires access to any portion of the COUNTY computer network shall sign and have on file with COUNTY's ITS Department prior to receiving such access the certification attached to said Policy.

(e) Napa County Workplace Violence Policy, adopted by the BOS effective May 23, 1995 and subsequently revised effective November 2, 2004, which is located in the County of Napa Policy Manual Part I, Section 37U.

9.12 Confidentiality. HOSPITAL agrees to maintain the confidentiality all patient medical records and client information in accordance with all applicable state and federal laws and regulations. This Paragraph 9.12 shall survive termination of this Agreement.

10. Demand for Assurance. Each Party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either Party, the other may in writing demand adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a Party with respect to performance under this Agreement, but also conduct with respect to other agreements with Parties to this Agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper delivery, service, or payment does not prejudice the aggrieved Party's right to demand adequate assurance of future performance. Nothing in this Paragraph 10 limits COUNTY's right to terminate this Agreement pursuant to Paragraph 4.

11. Assignment and Delegation. Neither Party hereto shall assign, delegate, sublet, or transfer any interest in or duty under this Agreement without the prior written consent of the other, and no such transfer shall be of any force or effect whatsoever unless and until the other Party shall have so consented.

12. Method and Place of Giving Notice, Submitting Bills and Making Payments. All notices, bills, and payments shall be made in writing and shall be given by personal delivery or by U.S. Mail or courier service. Notices, bills, and payments shall be addressed as follows:

TO COUNTY: **Emergency Medical Services Agency**

**Attn: Karen Relucio, M.D.**
**2751 Napa Valley Corporate Drive**
**Building B**
**Napa, CA 94558**

TO HOSPITAL:

**Contracting Department**
**Attn: Dr. Steven Herber, President**
**Adventist Health System**
**10 Woodland Road**
**St. Helena, CA 94574**

When a notice, bill or payment is given by a generally recognized overnight courier service, the notice, bill or payment shall be deemed received on the next business day. When a copy of a notice, bill or payment is sent by facsimile or email, the notice, bill or payment shall be deemed received upon transmission as long as (1) the original copy of the notice, bill or payment is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email (for a payment, on or before the due date), (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices, bills and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

13. Miscellaneous Provisions.

13.1 No Waiver of Breach. The waiver by COUNTY of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement.

13.2 Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The Parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. HOSPITAL and COUNTY acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one Party in favor of the other. HOSPITAL and COUNTY acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

13.3 Consent. Wherever in this Agreement the consent or approval of one Party is required to an act of the other Party, such consent or approval shall not be unreasonably withheld or delayed.

13.4 No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the Parties do not intend to create any rights in third parties.

13.5 Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach

thereof shall be brought and tried in Napa or the forum nearest to the city of Napa, in Napa County.

13.6 Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

13.7 Merger. This writing is intended both as the final expression of the Agreement between the Parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both Parties.

13.8 Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the Effective Date.

**HOSPITAL:**

ST. HELENA HOSPITAL, INC.

By _____
STEVEN HERBER. President and M.D.

By _____
TIMOTHY J. KARES, Chief Financial Officer

**COUNTY:**

NAPA COUNTY, a political subdivision of the State of California,

By _____
RYAN GREGORY, Chair of the Board of Supervisors
"COUNTY"

| | | |
|---|---|---|
| APPROVED AS TO FORM<br>Office of County Counsel<br><br>By: *Corey S. Utsurogi*<br><br>Date: 5/10/19 | ATTEST: JOSE LUIS VALDEZ<br>Clerk of the Board of Supervisors<br><br>By: _____ | APPROVED BY THE NAPA COUNTY BOARD OF SUPERVISORS<br><br>Date: 8/20/2019<br>Processed By: _____<br>Deputy Clerk of the Board |

## EXHIBIT A
## SCOPE OF WORK

### GENERAL PROVISIONS

1. Prehospital EMS provider agencies participating in the local EMS system shall be assigned to HOSPITAL by EMS AGENCY for the purposes of medical control pursuant to the provisions of the Health and Safety Code and local EMS policies and procedures.
2. Assignment of prehospital EMS provider agencies to HOSPITAL shall be made upon mutual agreement of HOSPITAL, EMS AGENCY, and the prehospital EMS provider agency.
3. HOSPITAL may enter into any agreement with an assigned prehospital EMS provider agency for medical control services that they mutually deem necessary. Any such agreements shall be subject to the approval of EMS AGENCY.
4. Prehospital EMS provider agencies participating in the local EMS system shall be responsible to COUNTY and EMS AGENCY under the applicable provisions of the Health and Safety Code, Napa County Code, and local EMS Agency policies and procedures.
5. The Parties agree that this Agreement shall be non-exclusive and that COUNTY may enter into a similar agreement with other entities pursuant to State law and regulation and consistent with the terms contained within this Agreement.

### HOSPITAL RESPONSIBILITIES

1. HOSPITAL shall be licensed by the California Department of Public Health as a general acute care hospital, and continue meeting the requirements established in Title 22, of the California Code of Regulations, including, but not limited to, Sections 70413, 70415, 70417, 70419 or in successor regulations.
2. HOSPITAL shall have a special permit for Stand By, Basic or Comprehensive Emergency Medical Service issued by the State of California Department of Health Services.
3. HOSPITAL shall follow all policies and medical protocols established by EMS AGENCY pursuant to Health and Safety Code Sections 1797.220 and 1798 or successor statutes.
4. HOSPITAL shall agree to accept and evaluate all patients promptly, by qualified medical personnel designated by hospital policy.
5. HOSPITAL agrees to staff the emergency department at all times with a physician trained and experienced in emergency medical services and whose practice includes emergency medical care in the hospital.
6. HOSPITAL shall have the capability at all times to communicate with the ambulances and the Base Hospital.
7. HOSPITAL shall establish and maintain the ability to receive electronic patient care records from ambulance providers.
8. HOSPITAL shall orient all affected hospital employees, contractors, and agents to the

Napa County EMS system, including all applicable EMS policies and procedures, and capabilities of the Prehospital personnel.

9. HOSPITAL shall participate on various EMS Committees related to Prehospital care, and participate in MCI/Disaster exercises and program development.
10. HOSPITAL shall designate a Receiving Hospital Emergency Department Medical Director who shall be a physician on the hospital staff, have experience in emergency medical care and will represent the hospital.
11. HOSPITAL shall fully participate and cooperate with any and all local EMS quality assurance/improvement programs as currently exist or as may be adopted pursuant to local EMS policies and procedures.
12. HOSPITAL shall participate in the trauma system evaluation and data collection program.
13. HOSPITAL shall cooperate with the EMS AGENCY in the collection and analysis of patient care and other data necessary to an ongoing evaluation of prehospital care and emergency ambulance operations, and provide records and other necessary information to the EMS AGENCY Medical Director or designee for assessment of emergency ambulance services.
14. HOSPITAL shall agree to participate in EMS education programs, including clinical internships and other activities as directed by quality assurance.
15. HOSPITAL shall maintain and keep in good repair any and all communications equipment assigned to or operated by HOSPITAL. All equipment shall be kept in good repair and/or adequate supply.
16. HOSPITAL shall participate in the EMS Agency designated inter-hospital communications system, and shall maintain and utilize the system in a manner that assures that information is communicated effectively.
17. HOSPITAL shall maintain a mechanical chest compression device, approved by the EMS AGENCY and available within the Emergency Department for use in cardiac arrest patients.

## COUNTY RESPONSIBILITIES

1. COUNTY'S responsibilities under this Agreement shall be carried out by the Director of the Department of Health Services, the Health Officer, the EMS Administrator, and/or the EMS Medical Director.
2. EMS AGENCY shall establish program criteria, operational policies and medical protocols in conformity with applicable Federal, State, and local laws and regulations, and accepted EMS system standards. Such criteria and protocols shall be developed with consultation from the HOSPITAL.
3. EMS AGENCY shall accredit and certify personnel for participation in the EMS system in accordance with State statutes and regulations, and local EMS policies and procedures.
4. EMS AGENCY shall monitor the receiving hospital for adequacy of services and medical quality improvement in cooperation with HOSPITAL in an ongoing evaluation of the EMS system.
5. EMS AGENCY shall maintain confidentiality of all patient specific information and quality improvement information and records provided for review and audit purposes to

the fullest extent available under the law.

6. EMS AGENCY shall designate a physician to function as the EMS Medical Director.
7. EMS AGENCY shall provide support and education to the receiving hospital for the designated inter-hospital communications system (i.e. ReddiNet).
8. EMS AGENCY shall manage eligible state funded programs for uncompensated care and distribute funds accordingly.

# APPENDIX 3
# Initial STEMI Critical Care System Plan

**EMS Agency personnel who have a role in a STEMI critical care system:**

- Brian Henricksen, EMS Administrator
- Zita Konik, EMS Medical Director
- Naila Francies, EMS Specialist - Clinical

**STEMI designated facilities and agreement expiration dates:**

- Queen of the Valley Medical Center – STEMI Receiving Center
  - STEMI agreement expiration date: December 31st, 2020
- St. Helena Hospital – STEMI Receiving Center
  - STEMI agreement expiration date: June 30, 2022

The Napa County EMS Agency has designated Queen of the Valley Medical Center and St. Helena Hospital as STEMI Receiving Centers. Kaiser Permanente Vallejo Medical Center is an approved out-of-county STEMI receiving center. There is no written agreement with this facility as they are the purview of the Solano County EMS Agency.

**Policies related to STEMI patient identification and destination policies:**

- See Appendix 3A. (C-09 Suspected Acute Coronary Syndrome)
- See Appendix 3B. (501 Patient Destination)

**Policy for field communication to the receiving hospital-specific to STEMI patients:**

- See Appendix 3C. (502 Hospital Notification)

**Policy for inter-facility transfer of STEMI patients:**

- See Appendix 3D. (504 Inter-Facility Transfer)

**Data Collection:**

The Napa County EMS Agency completes a 100% audit of all EMS initiated "STEMI Alerts," defined as pre-hospital provider confirming a STEMI or Suspected STEMI 12-lead. The STEMI Alert reports are generated through the local ImageTrend data repository. The Pre-Hospital STEMI data metrics are below.

Pre-Hospital STEMI Data Metrics

- Percentage of advanced hospital notifications (ACS-4)

- Percentage of 12 leads transmitted to receiving STEMI center
- Notification or transmission of 12 lead within 10 minutes of STEMI identification
- EMS administration of Aspirin (ACS-1)
- Documented reason for not administering Aspirin
- Scene time for suspected STEMI patients (ACS-3)
- Time to EKG (ACS-6)

Each of the three approved STEMI Receiving Centers collect and submit the below data quarterly to the Napa County EMS Agency. These data points and metrics are a combination of the California State regulation Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System and the American Heart Association Mission Lifeline Measures.

Hospital STEMI Data Points:

- EMS ePCR Number
- Facility
- Name: Last, First
- Date of Birth
- Patient Age
- Patient Gender
- Patient Race
- Hospital Arrival Date
- Hospital Arrival Time.
- Dispatch Date
- Dispatch Time
- Field ECG Performed
- 1st ECG Date
- 1st ECG Time
- Did the patient suffer out-of-hospital cardiac arrest
- CATH LAB Activated
- CATH LAB Activation Date
- CATH LAB Activation Time
- Did the patient go to the CATH LAB
- CATH LAB Arrival Date
- CATH LAB Arrival Time
- PCI Performed
- PCI Date
- PCI Time
- Fibrinolytic Infusion
- Fibrinolytic Infusion Date
- Fibrinolytic Infusion Time
- Transfer
- SRH ED Arrival Date
- SRH ED Arrival Time

- SRH ED Departure Date
- SRH ED Departure Time
- Hospital Discharge Date
- Patient Outcome
- Primary and Secondary Discharge Diagnosis

Hospital Data Metrics (as noted in the Napa County EMS Agency EQIP)

- Percentage of 911 to balloon time less than 90 minutes
- Percentage of 911 to ED in less than 30 minutes
- Percentage of ED to Cath Lab in less than 30 minutes
- Percentage of Cath Lab to balloon in less than 30 minutes
- Percentage of ED to balloon in less than 60 minutes for patients arriving by ambulance
- ED to balloon time for patients arriving by private auto

## Policy and Description for using out-of-county STEMI Receiving Centers.

- See Appendix 3B. (501 Patient Destination)

Kaiser Permanente Vallejo Medical Center is a Napa County EMS Agency approved out-of-county STEMI receiving center. Additionally, Solano County EMS Agency designates this facility as a STEMI Receiving Center. Kaiser Permanente Vallejo Medical Center has a designated STEMI Program Manager and Director. The STEMI Program Manager submits the hospital STEMI data points, listed above, quarterly to the Napa County EMS Agency. Additionally, the STEMI Program Manager attends Napa County EMS Agency's Cardiovascular Systems of Care meeting, wherein we conduct a system level overview of pre-hospital and hospital performance including multiple case reviews.

## STEMI Quality Improvement Committee

The Napa County EMS Agency hosts a Cardiovascular Systems of Care meeting. This is a multi-disciplinary group advisory to the EMS Medical Director whose purpose is to review Stroke, STEMI, and Cardiac Arrest. It is comprised of designated representatives from the EMS Agency, designated in-county and out-of-county receiving centers, and ALS provider agencies. This meeting links prehospital and hospital care to offer high-level overview and drives system changes to improve the cardiac care of Napa County patients.

- See Appendix 3E. (Cardiovascular Systems of Care Charter)

The Napa County EMS Agency completes a 100% audit of all EMS initiated "STEMI Alerts," defined as pre-hospital provider confirming a STEMI or Suspected STEMI 12-lead. The Napa County EMS Agency offers real-time clinical feedback directly to field providers on the pre-hospital STEMI data metrics, listed above.

The Napa County EMS Agency's Quality Improvement Plan incorporates the State Core Measures ACS-1, ACS-3, ACS-4, and ACS-6 as reflected above.

## Public education specific to cardiac care:

The Napa County EMS Agency conducts quarterly Public Information Education meetings comprised of all EMS stakeholders. The purpose of this group is to identify the best locations and platforms to distribute public health education specifically regarding Stroke, STEMI, and Cardiac Arrest. When hosting CPR or AED training for the public, this group actively educates on identifying heart attack symptoms and cardiac arrest. During these events, wallet sized tri-fold cards explaining when to call 9-1-1 and how to perform hands-only CPR are distributed in both English and Spanish. Additionally each card has a Quick Response Code for the PulsePoint application allowing for easy smart phone registration.

- See Appendix 3F. (Tri-Fold Card)

In 2018, EMS providers provided public education at 37 different community events. At these events, more than 4,000 people were given information about how to identify cardiac events and why early access to the 9-1-1 system is critical for patients with these symptoms.

NAPA COUNTY EMS AGENCY

# Suspected Acute Coronary Syndrome

FIELD TREATMENT GUIDELINE C-09

**INDICATION**

Retrosternal chest discomfort, heaviness, squeezing, burning or tightness; pain radiating or isolated to jaw, shoulders or back; nausea; diaphoresis; dizziness; dyspnea; anxiety; or back pain. Patient may have a history of coronary artery disease (CAD).

**BLS**

- Follow **General Medical Care M-01**.
- **12-Lead ECG BP-03**.
  - If acute ST elevation myocardial infarction (STEMI) detected on 12-Lead ECG, e.g., ***MEETS ST ELEVATION MI CRITERIA***:
    - Transmit 12-Lead ECG with direct transport to the closest authorized STEMI receiving center.
    - Contact receiving facility ASAP.
- **Aspirin**: *Adult*: 162 mg PO. Have patient chew if possible. Do not use enteric coated tablets.

**ALS**

- **Nitroglycerine**: Sublingual — *Adult*: 0.4 mg SL. Repeat every 3-5 min if discomfort persists and systolic blood pressure remains ≥ 100 mmHg.
- **Nitroglycerine**: 2% Paste — *Adult*: If transport time is > 1 hour, administer ½ inch of 2% paste to anterior chest wall. If discomfort is relieved and systolic blood pressure remains ≥ 100 mmHg, continue the use of paste.
- **Fentanyl**: Administer according to **Pain Management AP-13**.
- If patient is a STEMI, consider establishing a second IV NS TKO during transport.

**KEY CONCEPTS**

- Do not administer nitroglycerine before establishing IV access.
- Many STEMIs evolve during prehospital care and may not be noted on the initial 12-Lead.
- If no STEMI detected in ECG interpretation and providers have additional concerns about the patient, consider base hospital consultation with transmission of the 12-Lead ECG.
- Do not administer nitroglycerine to patients who have recently taken erectile dysfunction drugs: Viagra, Staxyn, Levitra, or Stendra with 24 hours, or Cialis within 36 hours.
- Consider an aortic dissection/aneurysm if unequal pulses in extremities, tearing pain, pain radiating to back (hypertensive or hypotensive), transport immediately.
- Oxygen, IV, and initial treatment of dysrhythmias (for frequent couplets or repeated non-sustained V-tach) should be started prior to transport.
- Myocardial ischemia is a frequent cause of chest pain, but consider other life-threatening causes: pneumothorax (particularly in asthmatics, COPD, trauma); pulmonary embolus (women on birth control pills, or pregnant, or patients with immobilized lower extremities); dissecting aneurysm (atherosclerotic disease); or pericarditis.
- Etiology of chest pain is frequently difficult to diagnose. If any doubt exists, assume the pain arises from a life-threatening condition.
- Patients who take other blood thinners (Lovenox, Coumadin [warfarin], Pradaxa [dabigatran], etc.) SHOULD still receive aspirin.

NAPA COUNTY EMS AGENCY

# Patient Destination

EMS ADMINISTRATION 501

## PURPOSE

**I.** To assist in determining the most appropriate receiving facility for patients transported as part of an EMS response.

## POLICY

### I. APPROVED EMS RECEIVING FACILITIES

A. Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein.

**NOTE:** This does not preclude the transport of a patient to other facilities during the course of nonemergency inter-facility transfers (IFTs) or scheduled non-emergency transports at the request or direction of the patient's private physician.

B. Approved receiving facilities within Napa County include:

| Facility Name | ED Status | Designations | Location |
|---|---|---|---|
| Adventist Medical Center St. Helena (SHH) | Stand-by | -STEMI | 10 Woodland Rd.<br>St. Helena, CA 94574 |
| Queen of the Valley Medical Center (QVMC) | Basic | -Base Hospital<br>-STEMI<br>-Stroke<br>-Trauma – Level III | 1000 Trancas St.<br>Napa, CA 94559 |

### II. DESTINATION DETERMINATION

A. The destination for patients shall be based upon the clinical capabilities of the receiving facility and the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.

B. The following factors may also be considered in determining patient destination:

1. Patient request.
2. Family request.
3. Patient's physician request or preference.

C. Destination For STEMI Patients

1. Patients with suspected acute coronary syndrome and/or a documented STEMI shall be transported to the closest STEMI Receiving Center.
2. Approved STEMI Receiving Centers:
    a. Adventist Medical Center St. Helena.
    b. Queen of the Valley Medical Center.
    c. Kaiser Permanente Vallejo Medical Center.

POLICY

3. If the closest STEMI Receiving Center is not available the patient shall be taken to the next closest appropriate STEMI receiving center.

D. Destination For Suspected Stroke Patients

1. Suspected stroke patients shall be transported to the closest Stroke Receiving Center.
2. Approved Stroke Receiving Centers:
    a. Queen of the Valley Medical Center.
    b. Kaiser Permanente Vallejo Medical Center.
    c. Sutter Solano Medical Center.
3. If the closest Stroke Receiving Center is not available, the patient shall be taken to the next closest appropriate Stroke Receiving Center.

E. Destination For Major Trauma Patients

1. Major trauma patients (e.g. those patients meeting trauma triage criteria) shall be transported as follows:
    a. Less than (<) sixty (60) minutes transport time to a trauma center - patients shall be transported to the closest appropriate trauma center.
    b. Greater than (≥) sixty (60) minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department (ED) or directly to the closest appropriate trauma center upon base hospital physician direction.
    c. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
2. Notwithstanding the above, patients with the following conditions shall be transported to the closest appropriate emergency department:
    a. Pulseless, non-breathing following trauma.
    b. Unstable or unmanageable airway.
    c. Overall transport time to trauma center greater than (≥) sixty (60) minutes - may be waived upon direct order of base hospital physician.
    d. Base hospital physician order.
3. Approved Napa County Trauma Center
    a. Queen of the Valley Medical Center (Level III Trauma Center) - capable of receiving all trauma with 24/7 neurosurgical capabilities (Helipad On-Site).

F. Destination For Pediatric Trauma Patients

1. Pediatric patients (less than [<] fifteen [15] years of age) with major trauma should be transported by EMS helicopter to UCSF Benioff Children's Hospital Oakland (CHO) or UC Davis Medical Center (UCD) with the following exceptions:
    a. Greater than (≥) sixty (60) minutes transport time to CHO / UCD unless otherwise authorized by base hospital.

**POLICY**

b. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.

2. Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:
    a. Pulseless, non-breathing following trauma.
    b. Unstable or unmanageable airway.
    c. Rapidly deteriorating vital signs.
    d. Overall transport time to pediatric trauma center greater than (>) sixty (60) minutes may be waived upon direct order of base hospital physician.
    e. Base hospital physician order.

G. Destination For Burn Patients
1. Consider direct transport to UC Davis Medical Center (UCD) for major / critical burns.
2. Base hospital contact is required in these instances.
3. EMS Aircraft should be considered.

H. Destination for patients with a suspected emerging infectious disease, e.g., Ebola
1. Coordinate with the base hospital and the EMS Duty Officer
2. Transportation and destinations will be determined in accordance with the CA Mutual Aid Region II Emerging Infectious Disease Transportation Plan.

**OTHER REGIONAL TRAUMA CENTERS**

| Facility Name | Trauma Center Level | Helipad |
|---|---|---|
| Santa Rosa Memorial (SRMH) | Level II | Yes |
| North Bay Medical Center (NBMC) | Level III | Yes |
| Kaiser Permanente Vacaville Medical Center (KVV) | Level II | Yes |
| John Muir Medical Center, Walnut Creek (JMMC) | Level II | Yes |
| Marin General Hospital (MGH) | Level III | No |
| San Francisco General (SFG) | Level I | No |
| UC Davis Medical Center (UCD) | Level I Adult/Pediatric | Yes |
| Sutter Eden Hospital (Eden) | Level II | Yes |
| Highland Medical Center (Highland) | Level II | No |
| UCSF Benioff Children's Hospital Oakland (CHO) | Level I Pediatric | Yes |

NAPA COUNTY EMS AGENCY

# Hospital Notification

EMS ADMINISTRATION 502

## PURPOSE

**I.** To outline communication responsibilities when a patient is transported from the field to a receiving facility and to identify what should be done when communication is disrupted.

## POLICY

### I. RECEIVING FACILITY NOTIFICATION

A. The receiving facility will be notified, by the ambulance crew, that a patient(s) is enroute to their facility, via ambulance, unless communication has been established with a base hospital, and the base hospital has been requested to contact the receiving facility.

B. Basic Hospital Notification Information:

1. Unit ID
2. ETA
3. Patient profile (age, gender, weight)
4. Chief Complaint
5. Treatment and response to treatment

### II. AMBULANCE COMMUNICATIONS

A. When communication with a base hospital has not been established, the ambulance will notify the receiving facility.

B. Each receiving facility shall have a dedicated phone line and Med Net located at an area which is designated for ambulance communication.

1. The phone line is to be used only to receive communications from EMS units.
2. Communications via landline will conform to the same policies and procedures that govern ambulance communications via radio communication.
3. Each ambulance will maintain a list of the dedicated landline telephone numbers for each receiving facility.

### III. RADIO LOG

A. Each receiving facility will continuously maintain a log book at the area designated for ambulance communication.

B. Legal Document: This log is a medical legal document and will be retained at the receiving facility for seven (7) years.

C. Contents: All communications by time in chronological order. This will include a brief description of all communications received or transmitted (e.g., patient cases, daily radio tests).

D. Notation of patient cases within the radio log will include, at a minimum:

1. “Event Number” assigned to the EMS call
2. Patient's chief complaint/problem.
3. Name of Radio Nurse who received the call
4. Pertinent comments

POLICY

## IV. SPECIALTY CARE CENTER ALERTS

A. When a prehospital patient requires care from a Specialty Care Center, early notification is in the best interest of the patient and shall be performed and documented on PCR/ePCR.

B. STEMI Alert:

1. Basic Hospital Notification Information
2. 12-Lead ECG indicates STEMI or suspected STEMI

C. Stroke Alert

1. Basic Hospital Notification Information
2. Last Known Well Time

D. Trauma Alert

1. Basic Hospital Notification Information
2. Mechanism
3. Injuries
4. Vital Signs

## V. DISRUPTED BASE HOSPITAL COMMUNICATION

A. When a paramedic is directed by a field treatment guideline to contact the Base Hospital and he/she is unable to establish or maintain contact and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care as specified in the Field Treatment Guidelines until Base Hospital contact can be established or until the patient is delivered to the closest appropriate receiving hospital. The paramedic shall transport the patient as soon as possible while providing necessary treatment enroute.

B. If ALS procedures normally requiring Base Hospital contact are performed under disrupted communications, the paramedic shall:

1. Immediately following delivery of the patient to the receiving hospital:
    a. Complete the ePCR documenting the ALS skills performed;
    b. Notify Napa Central Dispatch of the communication problem, if the paramedic suspects that any radio problem was due to a situation other than geographical location.
2. Within twenty-four (24) hours, send a copy of the completed PCR/ePCR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency EMS Coordinator. The paramedic shall be prepared to demonstrate that the treatment delivered was appropriate.

NAPA COUNTY EMS AGENCY

# Inter-Facility Transfers

EMS ADMINISTRATION 504

## PURPOSE

**I.** To outline the responsibility of the hospitals in the Napa County EMS system to provide emergency medical services and to assure that patients requiring transfer to another facility, for any reason, will be transferred safely and without delay.

**II.** Hospitals and transport providers within the Napa County EMS system shall adhere to any and all standards set forth here when transferring a patient to another facility.

## POLICY

### I. BASIC RESPONSIBILITIES FOR TRANSFER

A. A variety of reasons may exist for the transfer of a patient to another hospital or health facility including:

1. Needed services not available at the transferring facility;
2. A shortage of needed beds at the transferring facility;
3. Patient request;
4. Patient repatriation;
5. Patient needing a lower level of care.

B. Hospitals licensed to provide emergency services must fulfill their obligation under the California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without medical hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, physicians and hospitals should take a generally conservative view, deciding in favor of patient safety.

C. Patient transfers involve the following physician and hospital responsibilities:

1. Each hospital is expected to process all transfers in accordance with Title 22 of the California Code of Regulations, Chapter 1240 of the 1987-88 California Legislative Session, the Joint Commission on Accreditation of Hospital Standards, the OSHA Consent Manual and those conditions specified by these transfer guidelines.
2. Each hospital shall have its own written transfer policy clearly establishing administrative and professional responsibilities.
3. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. In addition, hospitals seeking consent to transfer patients to county hospitals shall execute formal transfer agreements implementing these guidelines.

D. All hospitals with basic emergency room permits must maintain a roster of specialty physicians available for consultation at all times. Hospitals shall ensure that physician specialists or services are available for the treatment of emergency patients regardless of ability to pay.

E. All hospitals with stand by emergency room permits must have transfer agreements with other hospitals that maintain a roster of specialty physicians available for consultation at all times.

POLICY

F. Notwithstanding, the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring physician and facility have responsibility for the patient until arrival at the receiving hospital. The transferring physician, in consultation with the receiving physician, decides what professional medical assistance should be provided for the patient during the transfer.

G. The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient.

H. A hospital shall not accept a patient in transfer when the appropriate level of care cannot be provided.

## II. TRANSFER STANDARDS

A. Patient Safety - Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.

B. Emergency Care - If the patient presents themselves to an emergency room, the transferring physician or other appropriate medical personnel operating under a physician's direction, must examine and evaluate the patient to determine if the patient has an emergency medical condition or is in active labor and if so, perform emergency care and emergency services until a transfer can be arranged to an appropriate facilities where services and qualified personnel are available.

C. Emergency Medical Condition - The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any body organ or part; or
4. Potential for death.

D. Active Labor - The term "active labor" means labor at a time at which:

1. There is inadequate time to safe transfer to another hospital prior to delivery; or
2. A transfer may pose a threat to the health and safety of the patient or unborn child.

E. Unavailability of Services - Facilities and personnel for emergency care and emergency services shall be consistently available to patients regardless of ability to pay. If, however, a transferring physician is, for whatever reason, faced with the unavailability of needed emergency facilities and/or personnel and therefore a greater risk exists to the patient if there is no transfer, then the transferring physician may initiate transfer and the receiving physician may accept the transfer.

F. Consent of Receiving Physician - No transfer shall be made without the consent of the receiving physician and confirmation by the receiving hospital that the patient meets the hospital's admissions criteria relating to appropriate bed, personnel and equipment necessary to treat the patient.

POLICY

G. Medical Fitness of Patient - For all other circumstances except those outlined above, the transferring physician must determine whether the patient is medically fit to transfer. This determination may include but should not be limited to:

1. Establishing and assuring an adequate airway and adequate ventilation;
2. Initiating control of hemorrhage;
3. Stabilizing and splinting the spine or fractures;
4. Establishing access routes for fluid administration as needed;
5. Initiating fluid and/or blood replacement as needed;
6. Determining that the patient's vital signs (including blood pressure, pulse, respirations as indicated) are sufficient to sustain adequate perfusion. The vital signs should remain within these parameters for a reasonable period of time prior to transfer;
7. Determining that the patient has a stable level of consciousness for a reasonable period of time prior to transfer;
8. Providing that patient receives cardiac monitoring, if appropriate; and
9. In the case of pregnant women, determining with reasonable certainty that delivery will not occur during the expected duration of transfer and that neither the mother nor fetus show any signs of distress.

H. Advisement of Patient - The patient or the patient's legal representative must be advised, if possible, of the need for the transfer and the alternatives, if any, to the transfer as well as adequate information regarding the proposed transportation plans and the benefits and risks, if any, of the proposed transfer.

I. Patient Needs - Once the decision to transfer the patient has been reached, every effort should be made to transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.

J. Scope of Practice of Transport Personnel - Transport personnel are not authorized and will not provide services beyond their scope of practice. Should services beyond scope be required, a person qualified in its performance shall accompany the patient during transport.

## III. TRANSFER PROCEDURES FOR PATIENTS WITH DNR ORDERS

A. Patients who are being transferred with Do Not Resuscitate (DNR) orders shall also have orders to the effect of the destination of the patient in the case of death during transfer. Options for destination include the patient’s intended receiving facility (e.g. home, skilled nursing home, hospital), pre-determined funeral home or the coroner’s office.

B. It shall be the responsibility of the transferring facility and the provider of the transport to ensure that these arrangements have been made prior to the initiation of the transfer.

## IV. EXCEPTIONS TO TRANSFER PROCEDURE

A. If an Advanced Life Support (ALS) transfer unit is unavailable, the transferring physician may request a Basic Life Support (BLS) unit staffed with at least one (1) Registered Nursed (RN) and appropriate equipment.

POLICY

## V. PREARRANGED TRANSFER AGREEMENTS

A. Inter-facility transfers shall be accomplished by prearranged transfer agreements between the transferring and receiving hospitals and transport shall be performed by an ALS ambulance, BLS ambulance, wheelchair / gurney car in accordance with this policy. The designated ALS transfer units shall be ALS equipped and staffed to the level required of ALS emergency response ambulances in Response and Transportation Section of Napa County EMSA policy manual. If patient transport needs exceed the paramedic scope of practice, then the transferring physician will order a critical care or emergency care level Registered Nurse and any other personnel, equipment or supplies necessary for patient care.

## VI. ADDITIONAL REQUIREMENTS FOR TRANSFER FOR NON-MEDICAL REASONS

A. When patients are transferred for non-medical reasons such as an inability to pay; the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided and shall determine that the transfer would not create a medical hazard to the patient and would not decrease that patient's chances for or delay the patient's full recovery. The transferring physician must verify these determinations on the patient transfer form. The transferring physician must still arrange for an accepting physician at the receiving facility.

## VII. SCOPE

A. This policy addresses the inter-facility transfer of patients accompanied by prehospital care personnel. This policy applies to transfers originating at a facility in Napa County with destination within or out of the same region. The EMTs and paramedics may perform any activity identified in their scope of practice, California Administrative Code, Title 22, Division 9, which has been approved by their local EMS Agency.

## VIII. TRANSFER DETERMINATION

A. Attending physician makes a determination that an inter-facility transfer is needed and the level of transfer care required, as defined in "Guidelines for Determining Level of Transfer" following:

1. Receiving physician and facility agree to accept patient.
2. Transferring facility requests appropriate level transfer unit from an EMS provider unless agreed between transferring and receiving facility that receiving facility is to make arrangement.
3. Transferring facility will advise EMS provider of the following:
    a. Patient's name.
    b. Diagnosis/level of acuity.
    c. Destination.
    d. Transfer date and time.
    e. Unit transferring patient.
    f. Level of transfer requested.
    g. Sending/receiving doctor’s name.
    h. Treatment received.
    i. History, medication, allergies and orders.
    j. Special equipment with patient.

POLICY

4. If patient requires a ventilator, respirator or in situations where additional airway management may be advantageous, a respiratory therapist or R.N. will accompany patient to assist in airway management.
5. The EMS provider agrees to accept the transfer based on reported information and advises ETA of transfer unit.
6. The transfer unit notifies their operational area dispatch of destination per county protocol.

## IX. GUIDELINES FOR DETERMINING LEVEL OF TRANSFER

| | |
|---|---|
| Basic Life Support | • EMT staffed transfer by BLS ambulance |
| Advanced Life Support | • Paramedic staffed transfer on ALS equipped ambulance |
| RN (CCT/Air Ambulance) | • R.N. (s) in attendance on ALS equipped ambulance with additional staff as appropriate (EMT, Paramedic) |
| Physician | • Physician in attendance on ALS equipped unit with additional staff as appropriate (EMT, Paramedic, R.N.) |

| **Determination of level of transfer required. (X=Minimum level of service required)** | **BLS** | **ALS** | **CCT/RN** | **MD/DO** |
|---|---|---|---|---|
| Vital signs stable | **X** | | | |
| Oxygen by mask or cannula | **X** | | | |
| Level of consciousness stable | **X** | | | |
| IV fluids running (no additives) | **X** | | | |
| Continuous respiratory assistance needed (including ventilations) | | | **X*** | |
| Peripheral IV medications running or anticipated (refer to following chart) | | | | |
| IV medications outside county protocols running or anticipated | | | **X** | |
| Central IV line in use | **X** | | | |
| PA line in use | | | **X** | |
| Arterial line in place | | | **X** | |
| Temporary pacemaker in place | | | **X** | |
| ICP line in place | | | **X** | |
| IABP in place | | | **X** | |
| Paramedic level interventions | | **X** | | |
| Chest tube – monitor previously established | | **X** | | |
| Neonatal transport | | | **X** | |
| Medical interventions/changes anticipated | | | | **X** |

X* Respiratory Therapist or RN

POLICY

## X. COMMUNICATION

A. Transport personnel shall receive appropriate patient status report from transferring physician and/or R.N.

B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the hospital, including a telephone number where the transferring physician can be reached during the patient transport.

C. Copies of all pertinent medical records, lab reports, x-rays and transfer forms accompany patient to receiving facility.

D. Transport personnel shall receive the patient's report and confirm appropriate level of care for transfer. If transport personnel and transferring physician are unable to agree, they will confer with the base hospital physician.

E. All levels of transfer will have a patient care record completed by the transport personnel.

## XI. TRANSFER SUMMARY

A. The records transferred with the patient shall include a "transfer summary" signed by the transferring physician which contains relevant transfer information. The form of the "transfer summary" shall, at a minimum, contain the patient's name, address, sex, race, age and medical condition; the name and address of the transferring doctor or emergency department personnel authorizing the transfer; the time and date the patient was first presented at the transferring hospital; the name of the physician at the receiving hospital consenting to the transfer and the time and date of the consent; the time and date of the transfer; the reason for the transfer; and the declaration of the signor that the signor is assured, within reasonable medical probability, that the benefits of the transfer outweigh any medical risk to the patient.

B. Neither the transferring physician nor transferring hospital shall be required to duplicate in the "transfer summary" information contained in medical records transferred with the patient. In addition, the "transfer summary" shall include any other information pertinent to patient care as outlined in this policy.

## XII. MEDICATIONS APPROVED FOR ALS TRANSFERS

A. Advanced Life Support Providers are approved to monitor medications identified on the Napa County EMS adult and pediatric medication lists.

B. In addition to the standard medication list, ALS providers are approved to monitor Morphine Sulfate and Potassium Chloride ≤ 40 mEq.

## XIII. APPROVED FOR BLS TRANSFERS

A. Monitor IV lines delivering intravenous glucose solutions or isotonic balanced salt solutions including lactated ringers for volume replacement.

B. Monitor, maintain and adjust as necessary to maintain a preset rate of flow and/or turn off the flow of intravenous fluid.

C. Transfer a patient, who is deemed appropriate for transfer by the transferring physician and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.

NAPA COUNTY EMS AGENCY

# Cardiovascular Systems of Care (C-SOC)

## I. PURPOSE

To establish a system-wide Cardiovascular Systems of Care, for evaluating the Napa County EMS Stroke, STEMI, and Cardiac Arrest Systems, in order to foster continuous improvement in performance and patient care. C-SOC will also assist the Napa County EMS Agency in defining standards; evaluating methodologies, and utilizing the evaluation results for continued system improvement.

## II. DEFINITION

"Cardiovascular Systems of Care": A multi-disciplinary group, advisory to the EMS Medical Director, whose purpose is to review Stroke, STEMI, and Cardiac Arrest. It is comprised of designated representatives from the EMS Agency, designated in-county and out-of-county receiving centers, and ALS provider agencies. This is a closed meeting.

## III. CARDIOVASCULAR SYSTEMS OF CARE

A. The C-SOC process provides review of Stroke data for each receiving center. Data measures are aligned with Get With The Guidelines.

B. The C-SOC process provides review of STEMI data for each receiving center. Data measures are aligned with the American Heart Association.

C. The C-SOC process provides review of Sudden Cardiac Arrest for each prehospital provider. Data measures are aligned with My Cares Registry and the current AHA guidelines.

1. Cardiac Arrest data is limited to cases of presumed cardiac etiology, excluding the following:
    a. Trauma
    b. Asphyxia
    c. Drowning/Submersion
    d. Electrocution
    e. Exsanguination/Hemorrhage
    f. Drug Overdose

D. Confidentiality:

1. The proceedings and records of this committee are confidential and are protected under section 1157.7 of the Evidence Code, State of California. Members and invited guests of C-SOC, as a condition of attendance, are required to sign a Confidentiality Agreement, which is maintained on file at the EMS agency.
2. Because of the confidentiality requirements, C-SOC meetings are closed and participants must be included by position as identified in this policy.
3. Attendees shall not divulge or discuss information that would have been obtained solely through a C-SOC invitation.
4. To maintain confidentiality, minutes and correspondence of C-SOC are stored in secure files at the Napa County EMS Agency. After review, all paperwork will be disposed of in an appropriate confidential manner.

E. C-SOC Participants

1. Napa County EMS Medical Director
2. Napa County EMS Agency Administrator
3. Napa County EMS Agency Specialist
4. Stroke, STEMI, Base Coordinators and Directors from Queen of the Valley Medical Center
5. STEMI Coordinator and Director from St. Helena Hospital
6. STEMI and Stroke Coordinators and Directors from Kaiser Vallejo
7. Stroke Coordinator and Director from Sutter Solano
8. ALS Prehospital QI Coordinators or representative
9. EMT/Paramedic Provider Representatives

F. C-SOC Process

1. Scope of Review: The review conducted by the group includes patient care in Napa County and the patients transported to designated out-of-county hospitals. The receiving hospitals shall submit quarterly data to the EMS agency two weeks prior to each meeting date. A representative from each hospital or provider will present on their data. The EMS agency will make advance notification for providers/hospitals presenting a case review. The meeting structure is limited to:
    a. Stroke Activations
        i. Queen of the Valley, Sutter Solano, Kaiser Vallejo
    b. STEMI Activations
        i. Queen of the Valley, St. Helena, Kaiser Vallejo
    c. Sudden Cardiac Arrest
        i. AMR, American Canyon FD, Napa FD, Queen of the Valley, St. Helena
2. The EMS Agency Provides:
    a. Staff support for documentation (minutes) of meetings.
    b. Maintenance of records of proceedings.
    c. Data analysis of provided metrics
    d. Design for system improvement


KNOW THE SIGNS
Cardiac Arrest
If someone collapses and is:
Not responding
Not Breathing
Call 9-1-1 Act in Time
Begin Hands Only CPR:
Use an AED as soon as possible
KNOW THE SIGNS
Heart Attack
If someone experiences:
Chest discomfort
Arm, back, neck or jaw pain
Shortness of breath
Sweating, nausea or lightheadedness
Call 9-1-1 Act in Time
KNOW THE SIGNS
Stroke
Facial Drooping
Arm Weakness
Speech Difficulty
Time to Call 9-1-1
Act F.A.S.T.
Act In Time
St.JosephHealth
Queen of the Valley
NAPA COUNTY
EMERGENCY MEDICAL SERVICES
HeartSafe Community
Know the signs
Emergency Cardiac Care Quick Reference Guide
PulsePoint
GET THE APP.
SAVE A LIFE.
Call Right away
Push hard and fast
in the center of the
chest!
911
1
2
Two Steps to save a life
HANDS ONLY CPR

## CONOZCA LA SEÑALES
# PARO CARDIACO

***Si alguien cae y:***

No Responde
No Respira

**Llame al 9-1-1** **Actué a Tiempo**

*Empiece RPC sólo con las manos:*
Use un AED lo antes posible

## CONOZCA LAS SEÑALES
# ATAQUE AL CORAZÓN

***Si alguien experimenta:***

Molestias en el pecho
Dolor de brazo, espalda, cuello o mandibula
Dificultad para respirar
Sudor, nausea o mareos

**Llame al 9-1-1** **Actué a Tiempo**

## CONOZCA LAS SEÑALES
# ATAQUE CEREBRAL

| | |
|---|---|
| Face | Rostro Caído |
| Arm | Brazo Débil |
| Speech | Dificultad para hablar |
| Time | Tiempo de llamar al **9-1-1** |

**F.A.S.T.—Actué RÁPIDO**

Actué a Tiempo

St.JosephHealth
Queen of the Valley

Conozca Las Señales
Guía de referencia de atención
cardíaca para emergencias

# PulsePoint

**DESCARGE LA APLICACIÓN. SALVE UNA.**

Llame de Inmediato
Comprima fuerte y rápido en el centro del pecho


**Dos pasos para salvar una vida**

RCP USANDO SÓLO LAS MANOS

# APPENDIX 4
# Stroke Critical Care System Plan

## 2018 Update

**EMS Agency personnel who have a role in a stroke critical care system:**

- Brian Henricksen, EMS Administrator
- Zita Konik, EMS Medical Director
- Naila Francies, EMS Specialist - Clinical

**Stroke designated facilities and agreement expiration dates:**

- Queen of the Valley Medical Center – Stroke Receiving Center (SRC)
    - Stroke agreement expiration date: December 31st, 2021

The Napa County EMS Agency designated Queen of the Valley Medical Center as the sole stroke receiving center within county limits beginning January 1, 2019. They function as a Primary Stroke Receiving Center. Sutter Solano Medical Center and Kaiser Permanente Vallejo Medical Center are approved out-of-county stroke receiving centers. There are no written agreements with either facility as they are the purview of the Solano County EMS Agency.

**Policies related to stroke patient identification and destination policies:**

- See Appendix 4A. (M-19 Stroke/CVA/TIA)
- See Appendix 4B. (501 Patient Destination)

**Policy for field communication to the receiving hospital-specific to stroke patients:**

- See Appendix 4C. (502 Hospital Notification)

**Policy for inter-facility transfer of stroke patients:**

- See Appendix 4D. (504 Inter-Facility Transfer)

**Data Collection:**

The Napa County EMS Agency completes a 100% audit of all EMS initiated "Stroke Alerts," defined as pre-hospital provider confirming acute stroke symptoms with early notification and rapid transport to the closest appropriate stroke receiving center. The Stroke Alert reports are generated through the local ImageTrend data repository. The Pre-Hospital Stroke Data Metrics are outlined below.

Pre-Hospital Stroke Data Metrics

- Last Known Well Time documented in clock time
- Type of stroke assessment utilized for suspected stroke patient (STR-1)

- Current medications documented
- Blood thinners documented
- Glucose testing documented (STR-2)
- IV Established
- IV Location
- IV Gauge
- Advanced hospital notification (STR-4)

Furthermore, Queen of the Valley Medical Center uses American Heart Association's Get With The Guidelines (GWTG) - Stroke to collect and submit data. The Napa County EMS Agency utilizes GWTG to access information regarding clinical care provided by Queen of the Valley Medical Center. Queen of the Valley Medical Center submits the below Hospital Stroke Data Metrics quarterly to the Napa County EMS Agency.

Hospital Stroke Data Metrics:

- First Medical Contact
- Last Known Well Time
- Time at Hospital
- EMS Stroke Alert Completed
- Emergency Department Stroke Activation Confirmation
- Reason for Cancellation
- Type of Stroke
- Door to CT Scan time
- Alteplase Eligible
- Alteplase Given
- At Patient to Alteplase Time
- Door to Needle time
- Large Vessel Occlusion Confirmation
- Transfer for Large Vessel Occlusion Intervention
- Time of Transfer for Intervention
- Secondary Receiving Facility Name
- Emergency Department Discharge Diagnosis

**Policy and Description for using out-of-county Stroke Receiving Centers..**

- See Appendix 4B. (501 Patient Destination)

Sutter Solano Medical Center and Kaiser Permanente Vallejo Medical Center are Napa County EMS Agency approved out of county stroke receiving centers. Both facilities have designated Stroke Program Managers and Directors. The Stroke Program Manager for each facility submits their hospital stroke data metrics, listed above, quarterly to the Napa County EMS Agency. Additionally, each Stroke Program Manager attends Napa County EMS Agency's Cardiovascular Systems of Care meeting, wherein

we conduct a system level overview of pre-hospital and hospital performance including multiple case reviews.

## Stroke Quality Improvement Committee

The Napa County EMS Agency hosts a Cardiovascular Systems of Care meeting. This is a multi-disciplinary group advisory to the EMS Medical Director whose purpose is to review Stroke, STEMI, and Cardiac Arrest. It is comprised of designated representatives from the EMS Agency, designated in-county and out-of-county receiving centers, and ALS provider agencies. This meeting links prehospital and hospital to offer high-level overview and drives system changes to improve the stroke care of Napa County patients.

- See Appendix 4E. (Cardiovascular Systems of Care Charter)

Additionally, the Napa County EMS Agency completes a 100% audit of all EMS initiated "Stroke Alerts," defined as pre-hospital provider confirming acute stroke symptoms with early notification and rapid transport to the closest appropriate stroke receiving center. The Napa County EMS Agency offers real-time clinical feedback directly to the field providers on the pre-hospital stroke data metrics, listed above.

The Napa County EMS Agency's Quality Improvement Plan incorporates the State Core Measures STR-1, STR-2, and STR-4 as reflected above.

Queen of the Valley Medical Center hosts a quarterly Stroke Steering Committee comprised of in-hospital staff from the Emergency Department, Intensive Care Unit, Radiology Department, Physical Therapy Department, and a designated representative from the Napa County EMS Agency. The purpose of this group is to review internal performance metrics, similarly aligned with GWTG-Stroke.

## Public education specific to stroke:

The Napa County EMS Agency conducts quarterly Public Information Education meetings comprised of all EMS stakeholders. The purpose of this group is to identify the best locations and platforms to distribute public health education specifically regarding Stroke, STEMI, and Cardiac Arrest. When hosting CPR or AED training for the public, this group actively educates on identifying stroke symptoms and activating 9-1-1 resources immediately. During these events, wallet sized tri-fold cards explaining stroke symptoms are distributed in both English and Spanish.

- See Appendix 4F. (Tri-Fold Card)

In 2018, EMS providers provided public education at 37 different community events. At these events, more than 4,000 people were given information about how to identify stroke symptoms and why early access to the 9-1-1 system is critical for patients with these symptoms.

NAPA COUNTY EMS AGENCY

# Stroke/CVA/TIA

FIELD TREATMENT GUIDELINE M-19

**INDICATION**

- Signs and symptoms consistent with a stroke.

**BLS**

- Follow **General Medical Care M-01**.
- If blood glucose < 60 mg/dL, refer to **Altered Mental Status M-05**.
- Perform Cincinnati Stroke Scale, visual field assessment and finger-to-nose test

| CINCINNATI PREHOSPITAL STROKE SCALE | |
|---|---|
| **Facial Droop** | Ask patient to smile or grimace. Symmetrical smile or face is normal. Asymmetry is abnormal. |
| **Arm Drift** | Have the person close their eyes and hold their arms straight out in front for about 10 seconds. If both arms stay still or move equally, this is normal. If one arm does not move, or one arm drifts down more than the other, this is abnormal. |
| **Speech Abnormalities** | Have the person say, "You can't teach an old dog new tricks," or some other simple, familiar saying. If the person slurs the words, gets some words wrong, or is unable to speak, this is abnormal. |

| VISUAL FIELDS/CEREBRAL FUNCTION EVALUATION | |
|---|---|
| **Visual Fields** | • Face the patient<br>• Ask the patient to look straight ahead or at your nose.<br>• Move your fingers in each of four visual field quadrants (upper right, upper left, lower right, lower left)<br>• Ask the patient to point to the side that they see the fingers moving.<br>• If you are moving your fingers and they do not see one side (e.g., upper right), test again on the same side but opposite quadrant (e.g., lower right).<br>• Note any field without vision |
| **Finger-to-Nose test** | • Patient holds arms at their shoulder to 90 degrees with elbows flexed to 90 degrees<br>• Place your index finger at various locations in front of the patient at a distance that requires patient to extend their elbow to reach your finger<br>• Ask patient to use their index finger on one hand to touch their index finger to your finger, then touch their index finger to their own nose, then to your finger<br>• Repeat several times with the examiner moving their target finger each time<br>• Patient repeats the process using the opposite hand's index finger |

**BLS**

- If any one of these tests is abnormal and is a new finding, this may indicate an acute stroke and the following action should occur:
  - Identify and Document Time Last Known Well and Time of Symptom Discovery (Clock Time)
  - Last Known Well < 4 hours? – Yes
    - Declare “STROKE ALERT” to the receiving facility.
    - Document “STROKE ALERT” in the PCR.
    - If “STROKE ALERT” declared and time allows.
    - ID family/historian. Document contact information or encourage them to accompany patient.
- Document and report use of anticoagulants (e.g. Coumadin (warfarin), Pradaxa (dabigatran), Xarelto (rivaroxaban), Eliquis (apixaban), Lovenox (enoxaparin), Arixtra (fondaparinux).

**ALS**

- All specific ALS treatment is identified in **General Medical Care M-01**.

**KEY CONCEPTS**

- Signs and symptoms of stroke include:
  - Altered mental status
  - Weakness or paralysis
  - Visual disturbance
  - Sensory loss
  - Aphasia or dysarthia
  - Syncope
  - Dizziness/Vertigo
  - Nausea/Vomiting
  - Headache
  - Seizure
  - Respiratory pattern change
  - Hypertension/hypotension
- With suspected stroke, when possible, bring a family member or other on-scene historian to the receiving facility.
- If exact time of onset of symptoms is unclear, use last time patient known to be at baseline for time of onset.
- EMS personnel should initiate rapid transport if the interval from the onset of Stroke symptoms to arrival at receiving facility will be 4 hours or less.

NAPA COUNTY EMS AGENCY

# Patient Destination

EMS ADMINISTRATION 501

## PURPOSE

**I.** To assist in determining the most appropriate receiving facility for patients transported as part of an EMS response.

## POLICY

### I. APPROVED EMS RECEIVING FACILITIES

A. Patients shall be transported to the nearest appropriate California licensed emergency receiving facility which is equipped, staffed and prepared to receive emergency cases and administer emergency medical care appropriate to the needs of the patient as set forth herein.

**NOTE:** This does not preclude the transport of a patient to other facilities during the course of nonemergency inter-facility transfers (IFTs) or scheduled non-emergency transports at the request or direction of the patient's private physician.

B. Approved receiving facilities within Napa County include:

| Facility Name | ED Status | Designations | Location |
|---|---|---|---|
| Adventist Medical Center St. Helena (SHH) | Stand-by | -STEMI | 10 Woodland Rd.<br>St. Helena, CA 94574 |
| Queen of the Valley Medical Center (QVMC) | Basic | -Base Hospital<br>-STEMI<br>-Stroke<br>-Trauma – Level III | 1000 Trancas St.<br>Napa, CA 94559 |

### II. DESTINATION DETERMINATION

A. The destination for patients shall be based upon the clinical capabilities of the receiving facility and the patient's condition. Although the criteria listed below are the primary factors for determining the appropriate destination for patients, when the patient's condition is unstable or life threatening, the patient should be transported to the closest appropriate hospital.

B. The following factors may also be considered in determining patient destination:

1. Patient request.
2. Family request.
3. Patient's physician request or preference.

C. Destination For STEMI Patients

1. Patients with suspected acute coronary syndrome and/or a documented STEMI shall be transported to the closest STEMI Receiving Center.
2. Approved STEMI Receiving Centers:
   a. Adventist Medical Center St. Helena.
   b. Queen of the Valley Medical Center.
   c. Kaiser Permanente Vallejo Medical Center.

POLICY

3. If the closest STEMI Receiving Center is not available the patient shall be taken to the next closest appropriate STEMI receiving center.

D. Destination For Suspected Stroke Patients

1. Suspected stroke patients shall be transported to the closest Stroke Receiving Center.
2. Approved Stroke Receiving Centers:
    a. Queen of the Valley Medical Center.
    b. Kaiser Permanente Vallejo Medical Center.
    c. Sutter Solano Medical Center.
3. If the closest Stroke Receiving Center is not available, the patient shall be taken to the next closest appropriate Stroke Receiving Center.

E. Destination For Major Trauma Patients

1. Major trauma patients (e.g. those patients meeting trauma triage criteria) shall be transported as follows:
    a. Less than (<) sixty (60) minutes transport time to a trauma center - patients shall be transported to the closest appropriate trauma center.
    b. Greater than (≥) sixty (60) minutes transport time from a trauma center - patients may be transported either to the closest hospital with an emergency department (ED) or directly to the closest appropriate trauma center upon base hospital physician direction.
    c. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.
2. Notwithstanding the above, patients with the following conditions shall be transported to the closest appropriate emergency department:
    a. Pulseless, non-breathing following trauma.
    b. Unstable or unmanageable airway.
    c. Overall transport time to trauma center greater than (≥) sixty (60) minutes - may be waived upon direct order of base hospital physician.
    d. Base hospital physician order.
3. Approved Napa County Trauma Center
    a. Queen of the Valley Medical Center (Level III Trauma Center) - capable of receiving all trauma with 24/7 neurosurgical capabilities (Helipad On-Site).

F. Destination For Pediatric Trauma Patients

1. Pediatric patients (less than [<] fifteen [15] years of age) with major trauma should be transported by EMS helicopter to UCSF Benioff Children's Hospital Oakland (CHO) or UC Davis Medical Center (UCD) with the following exceptions:
    a. Greater than (≥) sixty (60) minutes transport time to CHO / UCD unless otherwise authorized by base hospital.

**POLICY**

b. Special consideration for safety and timeliness of transport should be exercised when utilizing an EMS aircraft within urban density areas located within the Napa County EMS system.

2. Notwithstanding the above, pediatric patients with the following conditions shall be transported to the closest appropriate emergency department:
    a. Pulseless, non-breathing following trauma.
    b. Unstable or unmanageable airway.
    c. Rapidly deteriorating vital signs.
    d. Overall transport time to pediatric trauma center greater than (>) sixty (60) minutes may be waived upon direct order of base hospital physician.
    e. Base hospital physician order.

G. Destination For Burn Patients
1. Consider direct transport to UC Davis Medical Center (UCD) for major / critical burns.
2. Base hospital contact is required in these instances.
3. EMS Aircraft should be considered.

H. Destination for patients with a suspected emerging infectious disease, e.g., Ebola
1. Coordinate with the base hospital and the EMS Duty Officer
2. Transportation and destinations will be determined in accordance with the CA Mutual Aid Region II Emerging Infectious Disease Transportation Plan.

**OTHER REGIONAL TRAUMA CENTERS**

| Facility Name | Trauma Center Level | Helipad |
|---|---|---|
| Santa Rosa Memorial (SRMH) | Level II | Yes |
| North Bay Medical Center (NBMC) | Level III | Yes |
| Kaiser Permanente Vacaville Medical Center (KVV) | Level II | Yes |
| John Muir Medical Center, Walnut Creek (JMMC) | Level II | Yes |
| Marin General Hospital (MGH) | Level III | No |
| San Francisco General (SFG) | Level I | No |
| UC Davis Medical Center (UCD) | Level I Adult/Pediatric | Yes |
| Sutter Eden Hospital (Eden) | Level II | Yes |
| Highland Medical Center (Highland) | Level II | No |
| UCSF Benioff Children's Hospital Oakland (CHO) | Level I Pediatric | Yes |

NAPA COUNTY EMS AGENCY

# Hospital Notification

EMS ADMINISTRATION 502

## PURPOSE

**I.** To outline communication responsibilities when a patient is transported from the field to a receiving facility and to identify what should be done when communication is disrupted.

## POLICY

### I. RECEIVING FACILITY NOTIFICATION

A. The receiving facility will be notified, by the ambulance crew, that a patient(s) is enroute to their facility, via ambulance, unless communication has been established with a base hospital, and the base hospital has been requested to contact the receiving facility.

B. Basic Hospital Notification Information:

1. Unit ID
2. ETA
3. Patient profile (age, gender, weight)
4. Chief Complaint
5. Treatment and response to treatment

### II. AMBULANCE COMMUNICATIONS

A. When communication with a base hospital has not been established, the ambulance will notify the receiving facility.

B. Each receiving facility shall have a dedicated phone line and Med Net located at an area which is designated for ambulance communication.

1. The phone line is to be used only to receive communications from EMS units.
2. Communications via landline will conform to the same policies and procedures that govern ambulance communications via radio communication.
3. Each ambulance will maintain a list of the dedicated landline telephone numbers for each receiving facility.

### III. RADIO LOG

A. Each receiving facility will continuously maintain a log book at the area designated for ambulance communication.

B. Legal Document: This log is a medical legal document and will be retained at the receiving facility for seven (7) years.

C. Contents: All communications by time in chronological order. This will include a brief description of all communications received or transmitted (e.g., patient cases, daily radio tests).

D. Notation of patient cases within the radio log will include, at a minimum:

1. “Event Number” assigned to the EMS call
2. Patient's chief complaint/problem.
3. Name of Radio Nurse who received the call
4. Pertinent comments

POLICY

## IV. SPECIALTY CARE CENTER ALERTS

A. When a prehospital patient requires care from a Specialty Care Center, early notification is in the best interest of the patient and shall be performed and documented on PCR/ePCR.

B. STEMI Alert:

1. Basic Hospital Notification Information
2. 12-Lead ECG indicates STEMI or suspected STEMI

C. Stroke Alert

1. Basic Hospital Notification Information
2. Last Known Well Time

D. Trauma Alert

1. Basic Hospital Notification Information
2. Mechanism
3. Injuries
4. Vital Signs

## V. DISRUPTED BASE HOSPITAL COMMUNICATION

A. When a paramedic is directed by a field treatment guideline to contact the Base Hospital and he/she is unable to establish or maintain contact and determines that a delay in treatment may jeopardize the patient, the paramedic may initiate indicated ALS care as specified in the Field Treatment Guidelines until Base Hospital contact can be established or until the patient is delivered to the closest appropriate receiving hospital. The paramedic shall transport the patient as soon as possible while providing necessary treatment enroute.

B. If ALS procedures normally requiring Base Hospital contact are performed under disrupted communications, the paramedic shall:

1. Immediately following delivery of the patient to the receiving hospital:
    a. Complete the ePCR documenting the ALS skills performed;
    b. Notify Napa Central Dispatch of the communication problem, if the paramedic suspects that any radio problem was due to a situation other than geographical location.
2. Within twenty-four (24) hours, send a copy of the completed PCR/ePCR and a written report explaining the reason(s) or suspected reason(s) for communication failure to the paramedic provider agency EMS Coordinator. The paramedic shall be prepared to demonstrate that the treatment delivered was appropriate.

NAPA COUNTY EMS AGENCY

# Inter-Facility Transfers

EMS ADMINISTRATION 504

## PURPOSE

**I.** To outline the responsibility of the hospitals in the Napa County EMS system to provide emergency medical services and to assure that patients requiring transfer to another facility, for any reason, will be transferred safely and without delay.

**II.** Hospitals and transport providers within the Napa County EMS system shall adhere to any and all standards set forth here when transferring a patient to another facility.

## POLICY

### I. BASIC RESPONSIBILITIES FOR TRANSFER

A. A variety of reasons may exist for the transfer of a patient to another hospital or health facility including:

1. Needed services not available at the transferring facility;
2. A shortage of needed beds at the transferring facility;
3. Patient request;
4. Patient repatriation;
5. Patient needing a lower level of care.

B. Hospitals licensed to provide emergency services must fulfill their obligation under the California Health and Safety Code to provide emergency treatment to all patients regardless of their ability to pay. Transfers made for reasons other than immediate medical necessity must be evaluated to assure that the patient can be safely transferred without medical hazard to the patient's health and without decreasing the patient's chances for or delaying a full recovery. In these cases, physicians and hospitals should take a generally conservative view, deciding in favor of patient safety.

C. Patient transfers involve the following physician and hospital responsibilities:

1. Each hospital is expected to process all transfers in accordance with Title 22 of the California Code of Regulations, Chapter 1240 of the 1987-88 California Legislative Session, the Joint Commission on Accreditation of Hospital Standards, the OSHA Consent Manual and those conditions specified by these transfer guidelines.
2. Each hospital shall have its own written transfer policy clearly establishing administrative and professional responsibilities.
3. Transfer agreements must also be negotiated and signed with hospitals that have specialized services not available at the transferring facility. In addition, hospitals seeking consent to transfer patients to county hospitals shall execute formal transfer agreements implementing these guidelines.

D. All hospitals with basic emergency room permits must maintain a roster of specialty physicians available for consultation at all times. Hospitals shall ensure that physician specialists or services are available for the treatment of emergency patients regardless of ability to pay.

E. All hospitals with stand by emergency room permits must have transfer agreements with other hospitals that maintain a roster of specialty physicians available for consultation at all times.

POLICY

F. Notwithstanding, the fact that the receiving facility or physicians at the receiving facility have consented to the patient transfer, the transferring physician and facility have responsibility for the patient until arrival at the receiving hospital. The transferring physician, in consultation with the receiving physician, decides what professional medical assistance should be provided for the patient during the transfer.

G. The transferring physician has a responsibility to candidly and completely inform the receiving physician of the patient's condition so that the receiving physician can make suitable arrangements to receive the patient.

H. A hospital shall not accept a patient in transfer when the appropriate level of care cannot be provided.

## II. TRANSFER STANDARDS

A. Patient Safety - Physicians considering patient transfer should exercise conservative judgment, always deciding in favor of patient safety.

B. Emergency Care - If the patient presents themselves to an emergency room, the transferring physician or other appropriate medical personnel operating under a physician's direction, must examine and evaluate the patient to determine if the patient has an emergency medical condition or is in active labor and if so, perform emergency care and emergency services until a transfer can be arranged to an appropriate facilities where services and qualified personnel are available.

C. Emergency Medical Condition - The term "emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions, or
3. Serious dysfunction of any body organ or part; or
4. Potential for death.

D. Active Labor - The term "active labor" means labor at a time at which:

1. There is inadequate time to safe transfer to another hospital prior to delivery; or
2. A transfer may pose a threat to the health and safety of the patient or unborn child.

E. Unavailability of Services - Facilities and personnel for emergency care and emergency services shall be consistently available to patients regardless of ability to pay. If, however, a transferring physician is, for whatever reason, faced with the unavailability of needed emergency facilities and/or personnel and therefore a greater risk exists to the patient if there is no transfer, then the transferring physician may initiate transfer and the receiving physician may accept the transfer.

F. Consent of Receiving Physician - No transfer shall be made without the consent of the receiving physician and confirmation by the receiving hospital that the patient meets the hospital's admissions criteria relating to appropriate bed, personnel and equipment necessary to treat the patient.

POLICY

G. Medical Fitness of Patient - For all other circumstances except those outlined above, the transferring physician must determine whether the patient is medically fit to transfer. This determination may include but should not be limited to:

1. Establishing and assuring an adequate airway and adequate ventilation;
2. Initiating control of hemorrhage;
3. Stabilizing and splinting the spine or fractures;
4. Establishing access routes for fluid administration as needed;
5. Initiating fluid and/or blood replacement as needed;
6. Determining that the patient's vital signs (including blood pressure, pulse, respirations as indicated) are sufficient to sustain adequate perfusion. The vital signs should remain within these parameters for a reasonable period of time prior to transfer;
7. Determining that the patient has a stable level of consciousness for a reasonable period of time prior to transfer;
8. Providing that patient receives cardiac monitoring, if appropriate; and
9. In the case of pregnant women, determining with reasonable certainty that delivery will not occur during the expected duration of transfer and that neither the mother nor fetus show any signs of distress.

H. Advisement of Patient - The patient or the patient's legal representative must be advised, if possible, of the need for the transfer and the alternatives, if any, to the transfer as well as adequate information regarding the proposed transportation plans and the benefits and risks, if any, of the proposed transfer.

I. Patient Needs - Once the decision to transfer the patient has been reached, every effort should be made to transfer as rapidly and safely as possible. The transferring physician must take into account the needs of the patient during transport and the ability of the transport personnel to care for the patient.

J. Scope of Practice of Transport Personnel - Transport personnel are not authorized and will not provide services beyond their scope of practice. Should services beyond scope be required, a person qualified in its performance shall accompany the patient during transport.

## III. TRANSFER PROCEDURES FOR PATIENTS WITH DNR ORDERS

A. Patients who are being transferred with Do Not Resuscitate (DNR) orders shall also have orders to the effect of the destination of the patient in the case of death during transfer. Options for destination include the patient’s intended receiving facility (e.g. home, skilled nursing home, hospital), pre-determined funeral home or the coroner’s office.

B. It shall be the responsibility of the transferring facility and the provider of the transport to ensure that these arrangements have been made prior to the initiation of the transfer.

## IV. EXCEPTIONS TO TRANSFER PROCEDURE

A. If an Advanced Life Support (ALS) transfer unit is unavailable, the transferring physician may request a Basic Life Support (BLS) unit staffed with at least one (1) Registered Nursed (RN) and appropriate equipment.

POLICY

## V. PREARRANGED TRANSFER AGREEMENTS

A. Inter-facility transfers shall be accomplished by prearranged transfer agreements between the transferring and receiving hospitals and transport shall be performed by an ALS ambulance, BLS ambulance, wheelchair / gurney car in accordance with this policy. The designated ALS transfer units shall be ALS equipped and staffed to the level required of ALS emergency response ambulances in Response and Transportation Section of Napa County EMSA policy manual. If patient transport needs exceed the paramedic scope of practice, then the transferring physician will order a critical care or emergency care level Registered Nurse and any other personnel, equipment or supplies necessary for patient care.

## VI. ADDITIONAL REQUIREMENTS FOR TRANSFER FOR NON-MEDICAL REASONS

A. When patients are transferred for non-medical reasons such as an inability to pay; the transferring hospital must follow all of the above requirements. In particular, the transferring physician must ensure that emergency care and emergency services have been provided and shall determine that the transfer would not create a medical hazard to the patient and would not decrease that patient's chances for or delay the patient's full recovery. The transferring physician must verify these determinations on the patient transfer form. The transferring physician must still arrange for an accepting physician at the receiving facility.

## VII. SCOPE

A. This policy addresses the inter-facility transfer of patients accompanied by prehospital care personnel. This policy applies to transfers originating at a facility in Napa County with destination within or out of the same region. The EMTs and paramedics may perform any activity identified in their scope of practice, California Administrative Code, Title 22, Division 9, which has been approved by their local EMS Agency.

## VIII. TRANSFER DETERMINATION

A. Attending physician makes a determination that an inter-facility transfer is needed and the level of transfer care required, as defined in "Guidelines for Determining Level of Transfer" following:

1. Receiving physician and facility agree to accept patient.
2. Transferring facility requests appropriate level transfer unit from an EMS provider unless agreed between transferring and receiving facility that receiving facility is to make arrangement.
3. Transferring facility will advise EMS provider of the following:
    a. Patient's name.
    b. Diagnosis/level of acuity.
    c. Destination.
    d. Transfer date and time.
    e. Unit transferring patient.
    f. Level of transfer requested.
    g. Sending/receiving doctor’s name.
    h. Treatment received.
    i. History, medication, allergies and orders.
    j. Special equipment with patient.

POLICY

4. If patient requires a ventilator, respirator or in situations where additional airway management may be advantageous, a respiratory therapist or R.N. will accompany patient to assist in airway management.
5. The EMS provider agrees to accept the transfer based on reported information and advises ETA of transfer unit.
6. The transfer unit notifies their operational area dispatch of destination per county protocol.

## IX. GUIDELINES FOR DETERMINING LEVEL OF TRANSFER

| | |
|---|---|
| Basic Life Support | • EMT staffed transfer by BLS ambulance |
| Advanced Life Support | • Paramedic staffed transfer on ALS equipped ambulance |
| RN (CCT/Air Ambulance) | • R.N. (s) in attendance on ALS equipped ambulance with additional staff as appropriate (EMT, Paramedic) |
| Physician | • Physician in attendance on ALS equipped unit with additional staff as appropriate (EMT, Paramedic, R.N.) |

| **Determination of level of transfer required. (X=Minimum level of service required)** | **BLS** | **ALS** | **CCT/RN** | **MD/DO** |
|---|---|---|---|---|
| Vital signs stable | **X** | | | |
| Oxygen by mask or cannula | **X** | | | |
| Level of consciousness stable | **X** | | | |
| IV fluids running (no additives) | **X** | | | |
| Continuous respiratory assistance needed (including ventilations) | | | **X*** | |
| Peripheral IV medications running or anticipated (refer to following chart) | | | | |
| IV medications outside county protocols running or anticipated | | | **X** | |
| Central IV line in use | **X** | | | |
| PA line in use | | | **X** | |
| Arterial line in place | | | **X** | |
| Temporary pacemaker in place | | | **X** | |
| ICP line in place | | | **X** | |
| IABP in place | | | **X** | |
| Paramedic level interventions | | **X** | | |
| Chest tube – monitor previously established | | **X** | | |
| Neonatal transport | | | **X** | |
| Medical interventions/changes anticipated | | | | **X** |

X* Respiratory Therapist or RN

POLICY

## X. COMMUNICATION

A. Transport personnel shall receive appropriate patient status report from transferring physician and/or R.N.

B. The paramedic shall receive the transferring orders from the transferring physician prior to leaving the hospital, including a telephone number where the transferring physician can be reached during the patient transport.

C. Copies of all pertinent medical records, lab reports, x-rays and transfer forms accompany patient to receiving facility.

D. Transport personnel shall receive the patient's report and confirm appropriate level of care for transfer. If transport personnel and transferring physician are unable to agree, they will confer with the base hospital physician.

E. All levels of transfer will have a patient care record completed by the transport personnel.

## XI. TRANSFER SUMMARY

A. The records transferred with the patient shall include a "transfer summary" signed by the transferring physician which contains relevant transfer information. The form of the "transfer summary" shall, at a minimum, contain the patient's name, address, sex, race, age and medical condition; the name and address of the transferring doctor or emergency department personnel authorizing the transfer; the time and date the patient was first presented at the transferring hospital; the name of the physician at the receiving hospital consenting to the transfer and the time and date of the consent; the time and date of the transfer; the reason for the transfer; and the declaration of the signor that the signor is assured, within reasonable medical probability, that the benefits of the transfer outweigh any medical risk to the patient.

B. Neither the transferring physician nor transferring hospital shall be required to duplicate in the "transfer summary" information contained in medical records transferred with the patient. In addition, the "transfer summary" shall include any other information pertinent to patient care as outlined in this policy.

## XII. MEDICATIONS APPROVED FOR ALS TRANSFERS

A. Advanced Life Support Providers are approved to monitor medications identified on the Napa County EMS adult and pediatric medication lists.

B. In addition to the standard medication list, ALS providers are approved to monitor Morphine Sulfate and Potassium Chloride ≤ 40 mEq.

## XIII. APPROVED FOR BLS TRANSFERS

A. Monitor IV lines delivering intravenous glucose solutions or isotonic balanced salt solutions including lactated ringers for volume replacement.

B. Monitor, maintain and adjust as necessary to maintain a preset rate of flow and/or turn off the flow of intravenous fluid.

C. Transfer a patient, who is deemed appropriate for transfer by the transferring physician and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines.

NAPA COUNTY EMS AGENCY

# Cardiovascular Systems of Care (C-SOC)

## I. PURPOSE

To establish a system-wide Cardiovascular Systems of Care, for evaluating the Napa County EMS Stroke, STEMI, and Cardiac Arrest Systems, in order to foster continuous improvement in performance and patient care. C-SOC will also assist the Napa County EMS Agency in defining standards; evaluating methodologies, and utilizing the evaluation results for continued system improvement.

## II. DEFINITION

"Cardiovascular Systems of Care": A multi-disciplinary group, advisory to the EMS Medical Director, whose purpose is to review Stroke, STEMI, and Cardiac Arrest. It is comprised of designated representatives from the EMS Agency, designated in-county and out-of-county receiving centers, and ALS provider agencies. This is a closed meeting.

## III. CARDIOVASCULAR SYSTEMS OF CARE

A. The C-SOC process provides review of Stroke data for each receiving center. Data measures are aligned with Get With The Guidelines.

B. The C-SOC process provides review of STEMI data for each receiving center. Data measures are aligned with the American Heart Association.

C. The C-SOC process provides review of Sudden Cardiac Arrest for each prehospital provider. Data measures are aligned with My Cares Registry and the current AHA guidelines.

1. Cardiac Arrest data is limited to cases of presumed cardiac etiology, excluding the following:
    a. Trauma
    b. Asphyxia
    c. Drowning/Submersion
    d. Electrocution
    e. Exsanguination/Hemorrhage
    f. Drug Overdose

D. Confidentiality:

1. The proceedings and records of this committee are confidential and are protected under section 1157.7 of the Evidence Code, State of California. Members and invited guests of C-SOC, as a condition of attendance, are required to sign a Confidentiality Agreement, which is maintained on file at the EMS agency.
2. Because of the confidentiality requirements, C-SOC meetings are closed and participants must be included by position as identified in this policy.
3. Attendees shall not divulge or discuss information that would have been obtained solely through a C-SOC invitation.
4. To maintain confidentiality, minutes and correspondence of C-SOC are stored in secure files at the Napa County EMS Agency. After review, all paperwork will be disposed of in an appropriate confidential manner.

E. C-SOC Participants

1. Napa County EMS Medical Director
2. Napa County EMS Agency Administrator
3. Napa County EMS Agency Specialist
4. Stroke, STEMI, Base Coordinators and Directors from Queen of the Valley Medical Center
5. STEMI Coordinator and Director from St. Helena Hospital
6. STEMI and Stroke Coordinators and Directors from Kaiser Vallejo
7. Stroke Coordinator and Director from Sutter Solano
8. ALS Prehospital QI Coordinators or representative
9. EMT/Paramedic Provider Representatives

F. C-SOC Process

1. Scope of Review: The review conducted by the group includes patient care in Napa County and the patients transported to designated out-of-county hospitals. The receiving hospitals shall submit quarterly data to the EMS agency two weeks prior to each meeting date. A representative from each hospital or provider will present on their data. The EMS agency will make advance notification for providers/hospitals presenting a case review. The meeting structure is limited to:
    a. Stroke Activations
        i. Queen of the Valley, Sutter Solano, Kaiser Vallejo
    b. STEMI Activations
        i. Queen of the Valley, St. Helena, Kaiser Vallejo
    c. Sudden Cardiac Arrest
        i. AMR, American Canyon FD, Napa FD, Queen of the Valley, St. Helena
2. The EMS Agency Provides:
    a. Staff support for documentation (minutes) of meetings.
    b. Maintenance of records of proceedings.
    c. Data analysis of provided metrics
    d. Design for system improvement


KNOW THE SIGNS
Cardiac Arrest
If someone collapses and is:
Not responding
Not Breathing
Call 9-1-1 Act in Time
Begin Hands Only CPR:
Use an AED as soon as possible
KNOW THE SIGNS
Heart Attack
If someone experiences:
Chest discomfort
Arm, back, neck or jaw pain
Shortness of breath
Sweating, nausea or lightheadedness
Call 9-1-1 Act in Time
KNOW THE SIGNS
Stroke
Facial Drooping
Arm Weakness
Speech Difficulty
Time to Call 9-1-1
Act F.A.S.T.
Act In Time
St.JosephHealth
Queen of the Valley
NAPA COUNTY
EMERGENCY MEDICAL SERVICES
HeartSafe Community
Know the signs
Emergency Cardiac Care Quick Reference Guide
PulsePoint
GET THE APP.
SAVE A LIFE.
Call Right away
Push hard and fast
in the center of the
chest!
911
1
2
Two Steps to save a life
HANDS ONLY CPR

# CONOZCA LA SEÑALES
# PARO CARDIACO

***Si alguien cae y:***

No Responde
No Respira

**Llame al 9-1-1 Actué a Tiempo**

***Empiece RPC sólo con las manos:***
Use un AED lo antes posible

# CONOZCA LAS SEÑALES
# ATAQUE AL CORAZÓN

***Si alguien experimenta:***

Molestias en el pecho
Dolor de brazo, espalda, cuello o mandibula
Dificultad para respirar
Sudor, nausea o mareos

**Llame al 9-1-1 Actué a Tiempo**

# CONOZCA LAS SEÑALES
# ATAQUE CEREBRAL

| | |
|---|---|
| Face | Rostro Caído |
| Arm | Brazo Débil |
| Speech | Dificultad para hablar |
| Time | Tiempo de llamar al **9-1-1** |

## F.A.S.T.—Actué RÁPIDO

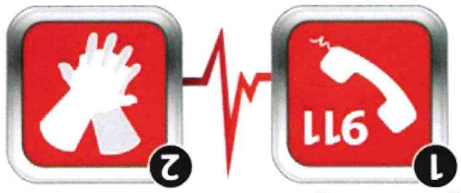
Actué a Tiempo

St.JosephHealth
Queen of the Valley

Conozca Las Señales
Guía de referencia de atención
cardíaca para emergencias

# PulsePoint

## DESCARGE LA APLICACIÓN. SALVE UNA.




## Dos pasos para salvar una vida

RCP USANDO SÓLO LAS MANOS

# APPENDIX 5
# Annual Trauma Critical Care System Plan

## 2018 Update

Submitted on October 2, 2019

In accordance with established guidelines, attached is the annual update to the Napa County Trauma Care system Plan.

**Trauma System Summary** –

The Napa County trauma system was created by resolutions of the Napa County Board of Supervisors in 1981 and 2009. Queen of the Valley Medical Center (QVMC) is a designated Level III trauma center with 24/7 neurosurgical coverage. The system design is documented and memorialized through contracts between the County of Napa and QVMC. A new three year contract extension was established effective July 1, 2019. This contract with QVMC will extend Level III trauma services in the Napa County EMS system until at least June 30, 2022.

Dr. Matthew Shepherd, MD and a team of five (5) board certified dedicated trauma surgeons, heads the trauma service. Katie Potter, RN was appointed in 2014 as the full-time Trauma Coordinator for QVMC. The trauma center's catchment area includes most of the Napa Valley; 98% of this population is within thirty (30) minutes ground transport time of the trauma center. In addition, QVMC cares for a few patients from adjoining Lake, Sonoma, Yolo and Solano Counties. The only other hospital within Napa County is St. Helena Hospital (SHH) which is not a designated trauma center.

Napa County emergency medical technicians (EMTs) and paramedics utilize both the basic and local optional scopes of practice in caring for patients. Trauma-specific procedures are used daily to guide the care of the injured patient. A robust trauma triage procedure that aligns with the trauma center's internal triage procedure is utilized for all patients transported to the Level III trauma center. The County uses an Auto-Launch system for utilization of aircraft related to high-priority trauma mechanisms in outlying rural areas of the county.

Pediatric patients that meet physiologic and anatomic triage criteria are transported preferentially from the field, usually by air, to UCSF Benioff Children's Hospital Oakland. These transports are guided and sanctioned by the base hospital emergency department physicians. Trauma patients who require a level of care that is not available at the Level III trauma center are transferred through agreements to Santa Rosa Memorial Medical Center, and other surrounding trauma centers. Letters of agreement have been established between Local EMS Agencies, including, Alameda, Contra Costa, Sacramento, Solano, Sonoma (Coastal Valleys EMS Agency), and Yolo.

**Changes in Trauma System** –

While no significant changes have been made to the Napa County Trauma System since the last submission of the Trauma Care System Plan in late 2014, the below updates have been occurred within the system:

- Establishment of the Prehospital Trauma Advisory Committee (Pre-TAC)
    - The Napa County EMS Prehospital Trauma Advisory Committee has continued to meet since it was first started in late 2015. The Pre-TAC continues to meet every four months to review prehospital aspects of the trauma system.
- American College of Surgeons Verification Site Visit on July 18 & 19, 2016 and most recently on July 15 & 16, 2019. No deficiencies were found by the surveyors during these visits.

- On January 31, 2017, the American College of Surgeons Verified Queen of the Valley Medical Center as a Level III Trauma Center for a period of three years. Current Verification is extended to July 19, 2019. The EMS Agency is anticipating the re-verification of the center in the coming months.

**Number and Designation Level of Trauma Centers** –

There are no potential problems or possible changes in designation for any of the below listed trauma centers at this time.

Queen of the Valley Medical Center (QVMC)
1000 Trancas St.
Napa, CA 94558
Level III

**Trauma System Goals and Objectives** –

Objective #1: Adoption of Trauma Policies
In 2012, trauma policies and procedures were thoroughly revamped after the EMCC and other key stakeholders/committees provided input via a public comment process. The Napa County policies and procedures were aligned both with neighboring counties and with modern evidence-based trauma care. Current Trauma Policies undergo an annual review and are updated as necessary.
GOAL: Maintain up-to-date trauma policies
OBJECTIVES: 1- Review and modify annually; 2- Incorporate applicable Regional Trauma System policy/procedure.
PROCESS: 1- Prehospital Trauma Advisory Committee (PreTAC) discussion and review; 2- Attendance at Regional Trauma Coordinating Committee Meetings.
TIMELINE: Goal has been achieved: Yearly, ongoing

Objective #2: Training Plan
All system providers have been thoroughly and completely trained through an annual train-the-trainer session that occurs in October of each year.
GOAL: Provide updated training to all providers.
PROCESS: Through PreTAC, focused training and annual (October) train-the-trainer session.
TIMELINE: Goal has been achieved: Yearly, ongoing.

Objective #3: Trauma Data Collection
While trauma data collection software (Trauma One) has been in use since early 2012, personnel errors in data collection prohibited submission of trauma system data for calendar years 2012 and 2013. The personnel errors have been corrected by QVMC and data collection is now contemporaneous and up-to-date. QVMC has assisted the EMS Agency to submit timely reports since January, 2014. Reports are being

submitted at the conclusion of data collection for the preceding quarter. All data is up to date through the first quarter of calendar year 2019.
GOAL: Secure quarterly and annual reports from trauma center.
PROCESS: 1- Ensure appropriate training for new trauma staff; 2- Review data capabilities of trauma registry software; 3- Ensure compliance with National Trauma Data Bank (NTDB) and California EMS Information System (CEMSIS); 4- Provide required data set to trauma center.
TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #4: Trauma Quality Improvement (QI) Process
Queen of the Valley Medical Center has had a comprehensive, bimonthly multidisciplinary QI Committee in place since late 2011. The committee, led by Dr. Matthew Shepard, reviews in detail the cases filtered through American College of Surgeons audit criteria, triggered by deaths, complications, transfers to other centers or picked for clinical interest. The committee attendees include trauma surgery, appropriate subspecialty physicians and nurses, Napa County EMS Agency staff, the medical examiners (ME) representative and when possible, outside surgical trauma expertise.
Additionally, the Level III Trauma Center and Napa County EMS Agency have worked together to develop local measures to identify field provider performance around trauma care. These measures include, but are not limited to: pain intervention, advanced airway use/success, use of spinal restriction equipment, helicopter utilization, and scene times.
GOAL: To refine and update Trauma QI process
PROCESS: Through meeting, communication, direct observation.
TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #5: Establishment of a Prehospital Trauma Advisory Committee (PreTAC)
The Napa County EMS Agency and Level III Trauma Center worked to establish a PreTAC committee in late 2015. This committee has met every four months since its inception. The PreTAC committee is a multi-disciplinary committee, advisory to the EMS Medical Director, whose purpose is to review prehospital trauma care. It is comprised of designated representatives from the EMS Agency, the local trauma center, and ALS Provider agencies.
GOAL: Establishment of a PreTAC Committee that will assist in evaluating the Napa County EMS Trauma System, in order to foster continuous improvement in performance and patient care.
PROCESS: Through meeting and communication.
TIMELINE: Goal has been achieved: Quarterly, ongoing.

Objective #6: American College of Surgeons – Committee on Trauma Level III Verification
The Level III Trauma Center needs to complete the process to receive verification status from the American College of Surgeons – Committee on Trauma. Site visits were held on July 18 & 19, 2016 and July 15 & 16, 2019.
GOAL: Verification from the American College of Surgeons as a Level III Trauma Center. Verification as a Level III Trauma Center was received on January 31, 2017 and extends the verification until July 19, 2019. Re-verification is expected by the EMS Agency in the coming months, as required by written agreement between the Level III Trauma Center and the EMS Agency.

PROCESS: Through meeting and communication.
TIMELINE: Goal has been achieved: Yearly, ongoing.

**Changes to Implementation Schedule** –

No changes have occurred to the current implementation schedule.

**System Performance Improvement** –

Local trauma system improvement is ongoing. Improvements are accomplished through the items discussed above and by regular discussions with local trauma surgeons. These discussions occur at the PreTAC meetings and the bimonthly Trauma Advisory Committee meetings.

The Napa County EMS System has developed a robust Continuous Quality Improvement system that continues to evolve into the future. This CQI system includes the development of local measures that go beyond State Core Measures to identify areas for improvement within the trauma system and larger EMS system.

The Level III Trauma Center and the Napa County EMS Agency have worked hard to get current trauma data submitted to the State EMS Authority and National Trauma Data Bank in a timely manner. These submissions have been timely (meeting the established deadlines) for calendar year 2018.

**Progress on Addressing EMS Authority Trauma System Plan Comments** –

No comments were received from the EMS Authority on the last Trauma System Plan Submitted.

**Other Issues** –

No other issues have been identified.

***END OF REPORT***

# APPENDIX 6

# Emergency Medical Services Quality Improvement Program (EQIP) Plan and Toolkit

Effective: August 1, 2019

Napa County EMS Quality Improvement Program

# INTRODUCTION

## Mission Statement:

The Napa County EMS Agency will improve community health by facilitating a collaborative and integrated emergency medical services (EMS) system that delivers high-quality, cost-effective, and reliable clinical care.

## Vision Statement:

The Napa County EMS Agency envisions a sustainable EMS system that is driven to improve community health through robust systems of care, focused prevention strategies, research-driven decision making, and a culture of innovation & accountability.

## Napa County Emergency Medical Services

Napa County is one of four counties making up the greater North Bay Area, serving a population of 139,417 residents (United States Census, 2018), and comprising 748 square miles. Napa County consists of urban, suburban, rural and wilderness areas.

Continuous Quality Improvement (CQI) is a formal approach to the analysis of system performance and efforts to improve it. The Napa County EMS Agency is committed to the process of CQI. CQI is, by its very name, a continuous process. CQI includes such things as:

- Recognizing excellence, both individually and organizationally;
- Quantifying objectively what EMS does by trending, analyzing and identifying issues, concerns, and excellence based on those trends;
- Setting benchmarks;
- Promoting remediation rather than discipline. CQI also makes a powerful distinction between the two. Remediation is education. Discipline involves licensure/certification;
- Working hand in hand with training, education and with risk management;
- Identifying system issues when possible rather than individual issues;
- Presenting itself as an evidence-based process equal to industry programs for education and personnel.

Continuous Quality Improvement is a never-ending process in which all levels of healthcare workers are encouraged to work together, without fear of repercussions, to develop and enhance the system they work in. Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS system, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and improvement.

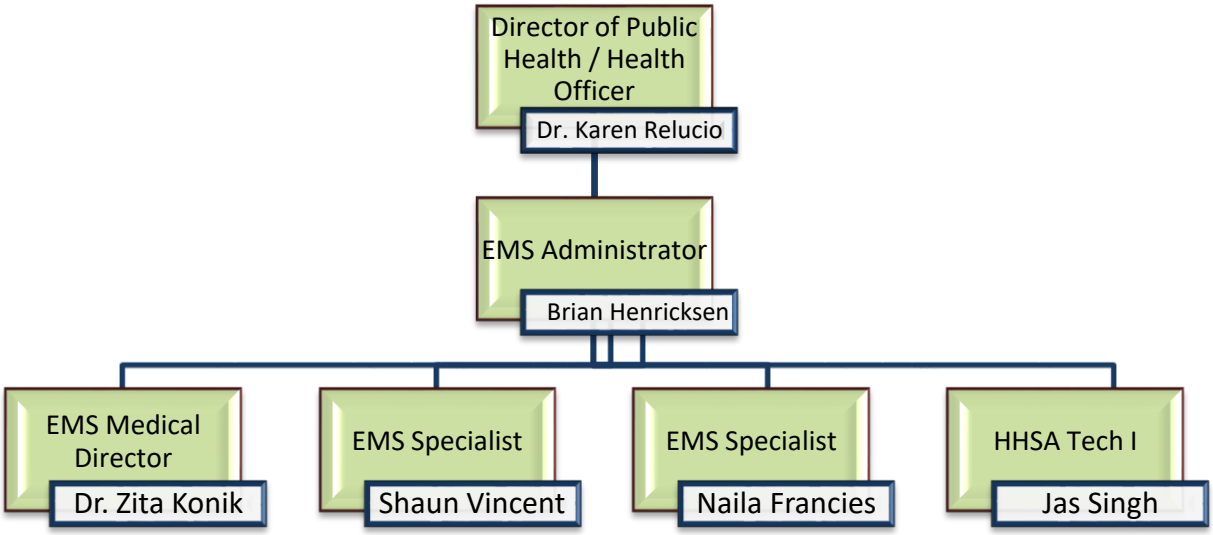
The Napa County EMS Agency monitors the Continuous Quality Improvement (CQI) activities of all of the different components of the EMS System in a prospective (protocols, research), concurrent (ride-alongs, Field Training Officers), and retrospective (incident investigation, random audits) manner. Many of the QI activities take place at the organizational level.

This plan is a guideline for each Napa County provider and Base Hospital to use when rewriting their organization's CQI plan. All EMS providers and Base Hospitals are required to submit their CQI plan to the Napa County EMS Agency for review and approval. All CQI plans must be in accordance with the Napa County EMS Agency's CQI plan.

The Napa County Emergency Medical Services Agency is responsible for the oversight of the Emergency Medical Services (EMS) system in Napa County. This system consists of Advanced Life Support (ALS) and Basic Life Support (BLS) First Responders; ALS, BLS and Critical Care Transport (CCT) Ambulances; BLS rescue, ALS rescue and Air Ambulance aircraft; dispatch agencies with trained dispatchers; Base Hospitals; Prehospital Receiving Centers; and various specialty centers (STEMI, Stroke Receiving Centers and a Trauma Center). Guided by EMS Agency protocols, online medical direction is provided by the Base Hospitals to the EMS personnel in the field.

The Napa County EMS Agency CQI Plan has been written in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04).

## Napa County EMS Agency Organization Chart




**Deputy Director of HHSA - Public Health/Health Officer:** Dr. Karen Relucio

**EMS Administrator:** Brian Henricksen, EMT-P

**EMS Medical Director (contractor):** Dr. Zita Konik

**EMS Agency Administrative Assistant:** Jaswindar Singh

**EMS Specialist:** Shaun Vincent, EMT-P

**EMS Specialist:** Naila Francies, EMT-P

## Authority:

On January 1, 2006 the California Emergency Medical Services Authority (EMSA) implemented regulations related to quality improvement for EMS throughout the state. Napa County EQIP satisfies the requirements of Title 22, Chapter 12, Section 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.

This document defines eight areas of focus for QI activities as it relates to the entirety of the EMS system and not just in the areas of patient care and training. These are:

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

# STRUCTURE, ORGANIZATIONAL DESCRIPTION, RESPONSIBILITIES

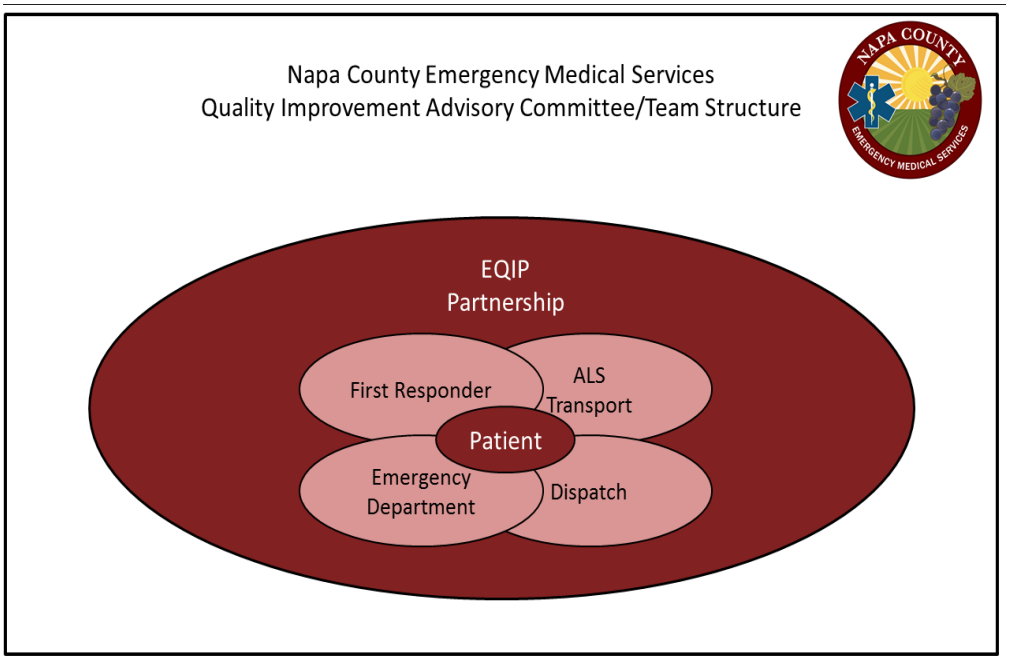
## Local Emergency Medical Services Continuous Quality Improvement (CQI)

The purpose of the Napa County EMS Continuous Quality Improvement (CQI) Program is to monitor, review, evaluate, and improve the delivery of prehospital care services in Napa County. The Quality Improvement Plan of the Napa County EMS system is designed to create a consistent approach to facilitate attainment of the key EMS quality objectives based on input from the providers and customers of those services. These objectives include:

- Assuring that the level of patient care is consistent with policies, procedures and guidelines.
- Maintain and continually improve the quality of patient care given by all EMS personnel/providers.
- Provide a mechanism whereby EMS personnel or other interested parties can have quality improvement (QI) issues and questions related to out-of-hospital care and the continuum of care addressed.
- Evaluate, on a continual basis, the Napa County EMS Plan and/or Emergency Medical Services Quality Improvement Program (EQIP), including the effectiveness of local policies and treatment protocols.
- Evaluate and improve system performance.
- Establish an advisory committee to the EMS Agency to: monitor; evaluate and report on the quality of care given by EMS personnel (e.g. County CQI, Medical Advisory Committee [MAC], Prehospital Trauma Advisory Committee [Pre-TAC], Cardiovascular Systems of Care [C-SOC]).
- Create a consistent approach to QI and a resource document for Paramedic Liaison Officers (PLO), Prehospital Liaison Nurse (PLN) and base hospital Physicians.

## EMS Quality Improvement Partnership: Napa County EMS Continuous Quality Improvement (CQI) Committee

The Napa County EMS CQI Committee is a patient focused partnership consisting of designated stakeholders, EMS Agency Medical Director, Provider EMS Medical Directors, and members of the EMS Agency staff assigned to clinical programs. EMS QI activities are coordinated under the EMS Medical Director and assigned EMS staff. This committee is advisory to the EMS Medical Director.




## EMS CQI Team Membership Comprisal

Membership shall consist of the following:

1. EMS Agency:
    a. Medical Director
    b. Assigned staff member(s)
2. BLS First Responder Providers
    a. One representative from each provider agency.
3. ALS First Responder Providers
    a. One representative from each provider agency
4. ALS Ground Ambulance Providers
    a. One representative from each provider agency
5. BLS Ground Ambulance Providers
    a. One representative from each provider agency

6. Base Hospital
    a. One representative
7. Aircraft Providers
    a. One representative from each helicopter/fixed-wing provider
8. Receiving Hospitals
    a. One representative from each facility
9. Dispatch
    a. One representative from each EMS dispatch center

## Responsibilities of EMS CQI Committee

The EMS QI Committee performs the following functions in accordance with state guidelines as defined in the California Code of Regulations Title 22, Division 9, Chapter 12, Section 100400:

- Develop and implement a system-wide EMS QI program which will include indicators to address the State EQIP focus areas.
- Annual evaluation of the system-wide EMS QI Program for effectiveness and outcomes
- Incorporation of input and feedback to and from EMS provider groups.
- Assure availability of training and in-service education for EMS personnel.
- Develop in cooperation with appropriate personnel/agencies a performance improvement action plan to address identified needs for improvement and provide technical assistance and medical oversight for system and clinical issues.

## EMS Continuous Quality Improvement (CQI) Committee Procedures

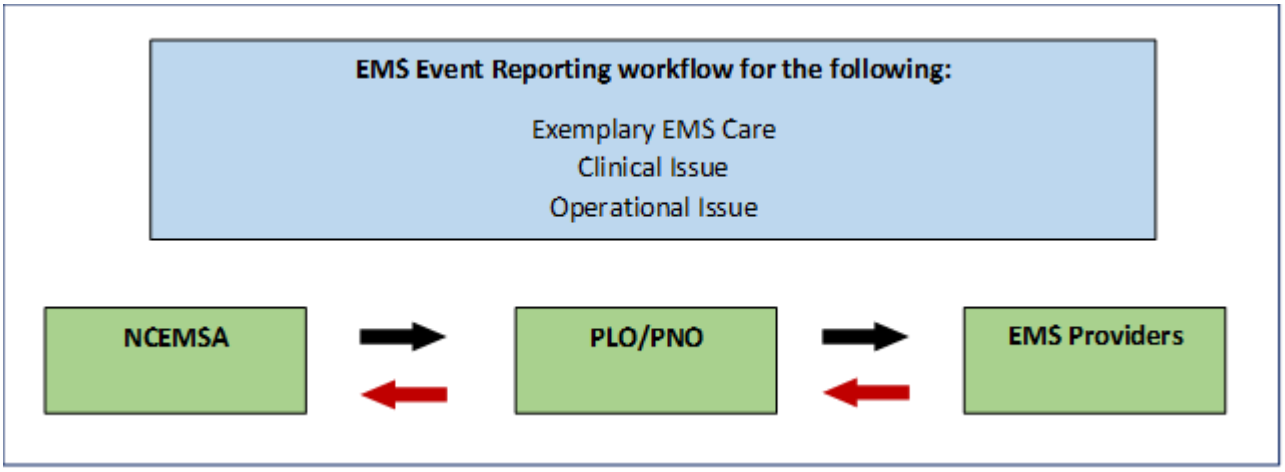
- The EMS Agency Medical Director will oversee the QI program.
- EMS Staff will act to coordinate CQI committee programs and activities.
- The EMS CQI Committee shall meet at regular intervals as identified in EMS Agency policy. The CQI Committee currently meets bi-annually.
- All proceedings, documents, and discussions of the County CQI Committee are confidential and are covered under sections 1040, 1157.5 and 1157.7 of the Evidence Code of the State of California. All members shall sign a confidentiality agreement not to divulge or discuss information that has been obtained through County CQI Committee membership.
- The EMS Agency shall maintain all records in a confidential manner during the review process, and shall destroy identifiable patient information directly following the review process.

## EMS Event Reporting

The Napa County EMS system has developed an EMS Event Reporting system, designed so that each system participant has the opportunity to provide clinical and operational feedback and

input into the operation and effectiveness of the EMS system. The EMS Event Report affords the EMS Agency and affected providers a process to document and evaluate policies, treatment guidelines, and general system performance issues (both positive and negative). This form replaces both the previous Quality Improvement Reporting and the Unusual Occurrence Form. Positive recognition and acknowledging exemplary patient care is an important part of the EMS Event Reporting structure. Since implementation this new form, EMS system participants and the Napa County EMS Agency have used it to recognize a job well done on several occasions. It is the goal of Napa County EMS to develop a HIPAA compliant online mechanism for submitting EMS Event Reports no later than 2021.

The Napa County EMS Event Reporting policy is included in this plan as Appendix B.




## Interagency Quality Improvement Responsibilities

Interagency quality improvement responsibilities are summarized below and are based on Title 22 California Code of Regulations Chapter 12 EMS System Quality Improvement.

### EMS Agency Responsibilities

1. Approve and review of primary training programs for: public safety first aid and first responder; Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT) and paramedic programs and continuing education (CE) programs for all levels of certification.
2. Seek innovative training programs and materials.
3. Certification of all EMTs and Emergency Medical Dispatchers (EMDs) in the Napa County EMS system.
4. Accreditation of paramedics in the Napa County EMS system.
5. Provide prospective system-wide direction through established county policies, treatment guidelines and procedures.

6. Establish procedures for informing all providers and hospitals of EMS system changes and updates.
7. Retrospective review of the Napa County EMS system via advisory committee(s), data collection and review, patient care report and tape reviews and special studies.
8. Coordination of data from the receiving hospitals into the PCR system.
9. Review and investigate all EMS Event Reporting forms and take appropriate action. The EMS Agency will notify involved parties of resolutions.
10. Develop mechanism for the Paramedic Liaison Officers (PLO's) to notify the EMS Agency when paramedics are hired or leave their agency.

### Base Hospital Responsibilities

1. The Base Hospital Shall:
    a. Designate an emergency department (ED) physician as base hospital medical director.
    b. Designate a PLN.
    c. Assure the presence of a base hospital physician in the ED at all times to give radio direction / medical control to pre-hospital personnel.
    d. Provide for CE of certified EMS personnel, including clinical exposure time in specified areas in the hospital for both BLS and ALS pre-hospital care personnel.
    e. Establish and utilize a system of critiquing ALS care responses, both written and taped. This system would include but is not limited to:
        i. Providing feedback to the personnel involved.
        ii. Providing EMS Agency with findings and suggestions for changes, improvements, etc.
    f. Provide the EMS Agency with statistics and information needed for monitoring and evaluating all aspects of the EMS system.
    g. Maintain a log of all EMS calls related to patient care.
    h. Maintain a medically and legally proper system for documentation and storage of all out of hospital care written reports.
    i. EMS tape transmissions will be kept for ninety (90) days and used for the purpose of QI only.
    j. Develop and implement a QI program within the ED consistent with guidelines outlined in the Napa County's QI Program.
2. Criteria for PLN:
        i. Experienced in or have knowledge within the Napa County EMS system.
        ii. Knowledge of regulations, policies, treatment guidelines, protocols and local optional scope of practice items developed for pre-hospital care providers.

iii. Comprehension of QI principles and practices.

3. PLN shall:
    i. Cooperate with the EMS Agency, hospitals, and providers in providing any necessary information needed on QI issues.
    ii. Investigate, critique, document, and report to the EMS Agency all reported incidences of deficiencies in patient care or non-compliance with local policy.
    iii. Provide both base hospital staff and field personnel with feedback on the outcome of any EMS Event Reporting Form which were initiated by them.
    iv. Actively participate on appropriate EMS Committee(s). This would include but not be limited to:
    v. Field Care Audit
    vi. Emergency Medical Care Committee (EMCC);
    vii. Medical Advisory Committee (MAC);
    viii. Prehospital Trauma Advisory Committee (Pre-TAC)
    ix. County CQI Committee and
    x. Cardiocascular Systems of Care (C-SOC)
    xi. Facilitate education programs for pre-hospital care personnel.
    xii. Relay information on EMS activities, system changes, and EMS policies to hospital administration, medical and nursing staff, as needed.
    xiii. Keep monthly statistics of base hospital activities and other statistics that may be needed for system planning.
    xiv. Organize and/or assist with pre-hospital training (e.g. FCA).
    xv. Assist providers with remedial education as needed.
    xvi. Provide pre-hospital feedback via:
    xvii. EMS Event Reporting form.
    xviii. Verbal or written patient care follow up.
    xix. Flagging calls via computer for County CQI Committee audit.
    xx. Assist in tracking information/data needed by the County CQI Committee.
4. Base hospital physicians shall:
    i. Provide on-line medical control to all EMS personnel.
    ii. Participate in the clinical training of EMT's, paramedics and other base hospital Physicians.
    iii. Act as a liaison between EMS personnel and physicians not familiar with the policies, treatment guidelines, protocols and local optional scope of practice items developed for pre-hospital care providers.
    iv. Report any QI issues, according to County policy.
    v. Provide vision for system improvement.

### Receiving Hospital Responsibilities

1. Provide admission or treatment and release diagnosis of patients transported to the facility by ambulance, upon request.
2. Assign a nurse liaison to interact with provider agencies, EMS Agency, base hospital and CQI Committee.
3. Participate in educational activities.

### Prehospital ALS Provider Agencies

1. Pre-Hospital ALS provider agencies shall:
    a. Participate in accreditation courses and the training of pre-hospital care providers. Design and participate in educational programs based on problem identification and trend analysis.
    b. Establish procedure for promptly informing all field personnel of system changes/updates. Assure all employees are properly oriented to the EMS System.
    c. Designate a Pre-hospital Liaison Officer (PLO) who will be responsible for coordinating the provider agency's interaction with the EMS system.
    d. Utilize criteria, approved by the local EMS medical director, for evaluation of individual pre-hospital care personnel. These should include, but not be limited to, the following:
        i. PCR / audio tape review.
        ii. Field evaluations.
        iii. New employee evaluations.
        iv. Routine and problem orientated evaluations.
    e. Establish a system to maintain current records on all personnel. These should include copies of the items listed below:
        i. ACLS competency;
        ii. BLS certification;
        iii. Employee and field evaluations;
        iv. Paramedic/EMT licensure/certification; and
        v. County accreditation confirmation.
2. RN license for the State of California (flight and CCT nurses) shall:
    a. Develop and implement a QI program within the provider agency consistent with guidelines outlined in the Napa County EMS Quality Improvement Program (EQIP). In addition, all aircraft provider agencies shall:
        i. Provide the EMS Agency with statistical reports on all helicopter activity regulated by Napa County EMS policies / treatment guidelines.
        ii. Provide area hospitals and provider agencies with helicopter safety courses.

iii. Assign a paramedic or RN to the County CQI Committee.
iv. Facilitate education programs for flight crews specific to out of hospital care and flight medicine.

3. Criteria for PLO:
    a. Experienced in or have knowledge in the EMS system in Napa County.
    b. Knowledge of regulations, policies, treatment guidelines, protocols and local optional scope of practice items developed for pre-hospital care providers.
    c. Comprehension of QI principles and practices.
4. PLO shall:
    a. Cooperate with the EMS Agency, hospitals, and other providers agencies in providing any necessary information needed on QI issues.
    b. Investigate, critique, document, and report to the EMS Agency all reported incidences of deficiencies in patient care or non-compliance with local policy.
    c. Provide both base hospital staff and field personnel with feedback on the outcome of any EMS Event Reporting form which were initiated by them.
    d. Actively participate on appropriate EMS Committee(s). This would include but not be limited to:
        i. Emergency Medical Care Committee (EMCC);
        ii. Field Care Audit;
        iii. Medical Advisory Committee (MAC);
        iv. Prehospital Trauma Advisory Committee (Pre-TAC);
        v. County CQI Committee and
        vi. Cardiovascular Systems of Care (C-SOC)
    e. Facilitate education programs for pre-hospital care personnel.
    f. Relay information on EMS activities, system changes, and EMS policies to provider administration and other staff as needed.
    g. Keep monthly statistics of provider activities and other statistics that may be needed for system planning.
    h. Organize and or assist with pre-hospital training (e.g. FCA).
    i. Provide remediation for QI issues and keep appropriate documentation on file.
5. Pre-hospital care personnel shall:
    a. Participate in QI within own agency.
    b. Provide thorough and complete documentation on all PCRs as per policy.
    c. Promptly comply with the investigation of any QI incident your agency is involved in.
    d. Maintain record of your attendance at CE courses and tape reviews.
    e. Maintain certification/licensure as required by the State of California and the Napa County EMS Agency.

# DATA COLLECTION & REPORTING

## State Core Measures

The Napa County EMS system participates in the Emergency Medical Services Authority Core Measures Project. All measurable Core Measures are submitted to the State EMS Authority by March 31st of each year. The measureable Core Measures that Napa County currently submits are listed below:

| CCR Title 22, Div 9, Chap 12 100404 | SET NAME | SET ID | PERFORMANCE MEASURE NAME | YEAR BEGIN TO BE MEASURED |
|---|---|---|---|---|
| **D Clinical Care and Patient Outcome** | **Trauma (n=5)** | TRA-1 | Scene time for trauma patients | 2014 |
| | | TRA-2 | Patients meeting CDC Step 1 or 2 or 3 criteria originating from a 911 request who were transported to a trauma center. | 2014 |
| | **Acute Coronary Syndrome (n=4)** | ACS-1 | Aspirin administration for chest pain/discomfort | 2014 |
| | | ACS-3 | Scene time for suspected heart attack patients | 2014 |
| | | ACS-4 | Advance hospital notification for suspected STEMI patients | 2017 |
| | | ACS-6 | Time to EKG | 2017 |
| | **Hypoglycemia (n=1)** | HYP-1 | Treatment administered for hypoglycemia | 2017 |
| | **Stroke (n=3)** | STR-1 | Suspected Stroke Patient Receiving Prehospital Screening | 2017 |
| | | STR-2 | Glucose testing for suspected stroke patients | 2014 |
| | | STR-4 | Advance hospital notification for suspected stroke patients | 2017 |
| | **Pediatric (n=1)** | PED-3 | Pediatric Respiratory Assessment | 2017 |
| **F Transportation and Facilities** | **Response and Transport (n=2)** | RST-4 | Rate of emergency lights and sirens responses to include each vehicle responding to an incident | 2017 |
| | | RST-5 | Rate of emergency lights and sirens transports to include each vehicle transporting from incidents with one or more patients | 2017 |

| HEALTH AND SAFETY CODE 1797.120 | SET NAME | SET ID | PERFORMANCE MEASURE NAME | YEAR BEGIN TO BE MEASURED |
|---|---|---|---|---|
| | **Ambulance Patient Offload Times (n=2)** | APOT-1 | An ambulance patient offload time interval measure. This metric is a continuous variable measured in minutes and seconds then aggregated and reported at the 90th percentile. | 2016 |
| | | APOT-2 | An ambulance patient offload time interval process measure. This metric demonstrates the incidence of ambulance patient offload times expressed as a percentage of total EMS patient transports within a twenty (20) minute target and exceeding that time in reference to 60, 120 and 180 minute time intervals, | 2016 |

## Local Indicators

In addition to the Emergency Medical Services Authority Core Measures Project, the Napa County EMS System has developed additional indicators locally. The measureable Local Indicators that the Napa County EMS system currently uses or plans to use in the future are listed below:

| AREAS OF FOCUS | SET NAME | SET ID | PERFORMANCE MEASURE NAME | YEAR BEGIN TO BE MEASURED |
|---|---|---|---|---|
| **A Personnel** | **Cert/Licensure (n=1)** | NPER-1 | Certification/Authorization/licensure for all EMS personnel is current | 2015 |
| **B Equipment and Supplies** | **Narcotics Check Sheets (n=1)** | NNARC-1 | Narcotics are checked daily, and narcotic check sheets are completed daily | 2015 |
| **C Documentation** | **ePCRs (n=1)** | NDOC-1 | Each patient encounter shall have at least one ePCR completed | 2015 |

| | | | | |
|---|---|---|---|---|
| **D Clinical Care and Patient Outcomes** | **Cardiac Arrest (n=7)** | NCAR-1 | Cardiac arrest patients where waveform ETCO2 was performed | 2014 |
| | | NCAR-2 | Cardiac arrest patients where mechanical compressions were utilized | 2014 |
| | | NCAR-3 | Cardiac arrest patients where ROSC was achieved (shockable) | 2014 |
| | | NCAR-4 | Cardiac arrest patients where ROSC was achieved (non-shockable) | 2014 |
| | | NCAR-5 | Cardiac arrest patients who survived to hospital discharge with CPC of 1 or 2 (UTSTEIN-1) | 2013 |
| | | NCAR-6 | Post ROSC 12-lead obtained | 2019 |
| | | NCAR-7 | Cardiac Arrests where continuous compressions are performed for duration of case | 2019 |
| | **Pain Intervention (n=1)** | NPAI-1 | Analgesia administered within 15 minutes | 2014 |
| | **Acute Coronary Syndrome (n=7)** | NACS-1 | 911 to balloon time less than 90 min | 2015 |
| | | NACS-2 | 911 to ED in less than 30 min | 2015 |
| | | NACS-3 | ED to Cath Lab in less than 30 min. | 2015 |
| | | NACS-4 | ED to balloon (Ambulance) in less 60 min | 2015 |
| | | NACS-5 | ED to balloon (Private Auto) | 2015 |
| | | NACS-6 | Documented reason for no ASA administration | 2019 |
| | | NACS-7 | Transmission of 12-lead or notification to STEMI Receiving Center within 10 minutes of identifying a STEMI | 2019 |
| | **Stroke (n=1)** | NSTR-1 | Last Known Well Time documented in clock time. | 2019 |

| | | | | |
|---|---|---|---|---|
| **E Skills Maintenance and Competency** | **Performance of Skills (n=6)** | NSKL-1 | Overall advanced airway success rate | 2014 |
| | | NSKL-2 | Overall Endotracheal tube (ETT) success rate (per attempt) | 2014 |
| | | NSKL-3 | Overall Endotracheal tube (ETT) success rate (per patient) | 2019 |
| | | NSKL-4 | Endotracheal tube first attempt success rate | 2014 |
| | | NSKL-5 | Endotracheal tube greater than three attempts | 2014 |
| | | NSKL-6 | Endotracheal tube not successfully placed | 2014 |
| | | NSKL-7 | Supraglotic airway (SGA) as primary first attempt success | 2014 |
| | | NSKL-8 | Overall supraglotic airway success rate | 2014 |
| **F Transportation and Facilities** | **EMD (n=2)** | NEMD-1 | Key Questions asked | 2019 |
| | | NEMD-2 | Pre-Arrival Instructions | 2019 |
| | **Helicopter Utilization (n=5)** | NHEL-1 | Overall helicopter utilization | 2014 |
| | | NHEL-2 | Transport by Air Ambulance | 2014 |
| | | NHEL-3 | Transport by ALS Rescue | 2014 |
| | | NHEL-4 | Utilization of ALS Air Rescue (non-transport) | 2014 |
| | | NHEL-5 | Utilization of BLS Air Rescue (non-transport) | 2014 |
| **G Public Education** | **Bystander CPR/AED (n=2)** | NPUB-1 | Out-of-hospital cardiac arrests receiving bystander (non-EMS personnel/responder) CPR | 2014 |
| | | NPUB-2 | Out-of-hospital cardiac arrests receiving bystander use of public access AED | 2014 |
| **H Risk Management** | **Against Medical Advice (n=1)** | NAMA-1 | % of all 9-1-1 calls that result in the patient refusing medical treatment and/or transport against medical advice | 2015 |

# EVALUATION OF EMS SYSTEM INDICATORS

## Current Status of EMS System

### Personnel

Napa County EMS has established policies related to the initial certification, re-certification, and accreditation of EMT, paramedic, and dispatch personnel in Napa County. Additional requirements for EMS personnel are included in provider contracts, including requirements for Advanced Cardiac Life Support (ACLS) or equivalent, Pediatric Advanced Life Support (PALS) or equivalent, and Prehospital Trauma Life Support (PHTLS) or equivalent.

EMTs, paramedics and dispatchers are required to stay current and knowledgeable regarding the policies and procedures of Napa County EMS. This is accomplished via the provider agencies holding treatment guideline and policy update classes during the fourth quarter of each year. Napa County EMS assists with this process by developing training tools and hosting a train-the-trainer session each year on the new guidelines and procedures.

Prehospital personnel performance issues are primarily addressed at the employer level. However, if an incident involves a potential threat to public health and safety, or if the incident involves the potential for patient harm, the incident must be reported to the Napa County EMS Agency. The Napa County EMS Agency established an EMS Event Reporting policy to replace both the Quality Improvement and Unusual Occurrence policy. The policy is attached as Appendix B of this document and addresses the process for providing feedback and input regarding the EMS system.

### Equipment and Supplies

The Napa County EMS Agency has established minimum equipment requirements for ALS ambulances and first response vehicles and BLS ambulances and first response vehicles. These requirements can be found in Administrative Policy-401.

The minimum equipment requirements are reviewed no less than once annually. Provider agencies are invited to provide feedback regarding minimum equipment requirements.

### Documentation

Napa County EMS providers are currently using several different software vendors for electronic patient care reporting. These vendors include, but are not limited to: MEDS, Zoll, ESO, and Emergency Reporting. The Napa County EMS Agency has implemented ImageTrend as a data repository. All Napa County EMS Providers are expected to be integrated into this repository by early 2020. This repository is essential to enhancing our robust quality improvement program. Additionally, we have acquired a Tableu license for data analytics to complement our data repository.

### Clinical Care and Patient Outcome

Clinical care in Napa County is guided prospectively by treatment guidelines. This effort is led by the Medical Advisory Committee (MAC), a group made up of the Napa EMS Agency Medical Director and interested personnel from provider agencies and hospitals. Napa County currently uses a smartphone app and its webpage for distribution of policy and treatment guideline updates. Both the smartphone application and webpage can be updated anytime there is a policy or treatment guideline change. Changes to existing or the establishment of new policies and treatment guidelines is usually done effective January 1st of each year when possible. The Napa County EMS Agency uses a public comment process prior to deploying planned/non-urgent treatment guideline changes.

Napa County EMS currently has Trauma, STEMI, Stroke, and Cardiac Arrest systems of care in place. The Napa County EMS system recently hired an additional full-time EMS Specialist to replace the contracted Systems of Care Coordinator. Our new EMS Specialist oversees all systems of care with the EMS Medical Director, and is working to develop an Emergency Medical Services for Children Program compliant with state regulation.

### Skills Maintenance/Competency

Regular skills maintenance and competency verification is conducted by provider agencies throughout the Napa County EMS system. These skills competencies include review of infrequent skills, local optional scope of practice (LOSOP) skills, and any trial study skills that may be occurring in the EMS system. In 2018, Napa County EMS began working to improve endotracheal intubation success rates through the establishment of additional training requirements. In 2019, the Napa County EMS Agency continued this work through collaboration with ALS providers by establishing an "Airway Workgroup." A design thinking process was used to address intubation challenges and airway management as a whole. This workgroup of dedicated clinicians produced several policy changes that will go into effect January 1st 2020. As a requirement for continuous accreditation, Napa County Paramedics are required to perform three successful simulated endotracheal intubations bi-annually.

### Transportation/Facilities

Napa County has a total of 2 prehospital receiving centers; both are STEMI receiving centers, and one is also a Base Hospital, Trauma, and Stroke receiving center.

9-1-1 callers receive at least both an ALS first responder (via fire department or AMR Quick Response Vehicle) in most areas of the county. American Medical Response provides all ALS transport services either directly or through a sub-contracted ambulance provider. Currently, The California Highway Patrol ALS Air Rescue program and REACH Air Ambulance Services are located at the Napa County Airport. Other ALS helicopters regularly respond to calls in Napa County, including neighboring REACH and CalSTAR programs.

ALS interfacility transports are handled by American Medical Response under their county-wide EOA and through their current agreement with Napa County. All ground BLS and CCT level calls are serviced by one of six different non-emergency providers.

### Public Education and Prevention

The Napa County EMS system is fortunate to have many providers dedicated to public education and prevention. The Emergency Medical Care Committee (EMCC) has established the sub-committee Public Information and Education (PIE) that focuses on providing information and education about EMS to the public. The EMS system also benefits from several fire departments, local ambulance providers, and hospitals that routinely provide critical public information and education from hands only CPR to "Every 15 Minutes" programs.

Significant efforts have been made to improve public education through the PIE group. This education includes the use of PulsePoint, Hands-only CPR, and "Know the Signs".

### Risk Management

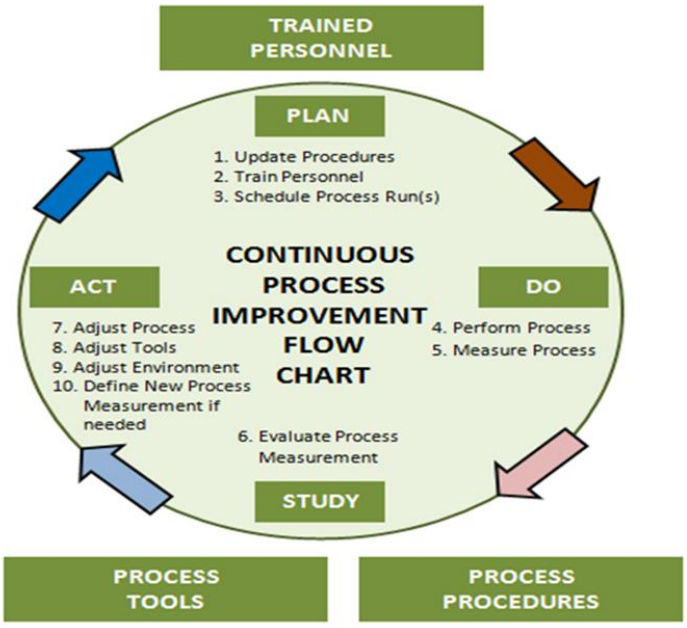
The Napa County EMS Agency fully investigates all complaints and issues regarding patient care or on-scene communications issues that are brought to their attention. These incident reviews are tracked and recorded and kept in a secure file. All incident reviews are protected from disclosure by the California Evidence Code 1157 and 1157.7. During annual inspection of each provider in Napa County, records are reviewed to ensure compliance with all federal, state, and local ordinances, laws, regulations, and policies.

No less than once annually, the Napa County EMS Agency inspects the records, equipment, personnel standards at all provider agencies in the County. These inspections include a thorough inspection of each ambulance for compliance with the Napa County Equipment and Supply Standard policy.

## ACTION TO IMPROVE

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. The Napa County CQI Committee follows the Plan, Do, Study, Act (PDSA) Cycle for all improvements in the EMS system

1. Plan
    a. What is the objective?
    b. Questions and predictions
    c. Plan to carry out the cycle (who, what where, when?)
    d. Plan for data collection
2. Do
    a. Carry out the plan
    b. Document problems and unexpected observations
    c. Begin analysis of the data
3. Study
    a. Complete the analysis of the data
    b. Compare data to predictions
    c. Summarize what was learned
4. Act
    a. What changes are to be made?
    b. What is the next cycle?



# TRAINING AND EDUCATION

## Educational Process

Training and CQI go hand in hand. As the CQI model identifies trends and quantifies issues in the EMS system, the provider QI coordinators incorporate training programs directed at correcting opportunities identified in the CQI process.

Currently, required education is provided by providers and base hospitals, and consists of:

- Basic Cardiac Life Support (BCLS)
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Prehospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS)
- Annual Protocol and Policy Update

The EMS Medical Director performs case assessments and offers clinical feedback directly to field providers. Pre-hospital cases with a Stroke, STEMI, or Cardiac Arrest "Alert" are flagged for review. The focus of each case assessment is performance metrics unique to that system of care. Additionally, Cardiac Arrest feedback is accompanied by an annotated CPR Report providing an objective clinical summary of events. The Napa County EMS Agency aims to provide all feedback in a timely fashion in hopes of maximizing effectiveness. All Medical Director case assessment feedback forms are included in this document as Appendix E.

The Napa County EMS Agency recognizes the value of video based education as a training tool, and has collaborated with EMS system stakeholders to create several. Once viewed, they remain a resource to providers. Below are the videos currently available.

- Stroke Screening
    - With implementation of the Stroke System of Care, two additional screenings were included to capture posterior strokes including, "finger-to-nose," and "visual fields" exam. This video explains brain pathophysiology, provides live skill demonstrations, and offers key takeaways consistent with county policy.
- CPR Reports
    - This offers step-by-step instructions on interpreting CPR Reports and clarifying expectations for transmitting cardiac arrest data.
- MIVT Trauma Reporting
    - To address a need identified by the Trauma Center, this video explains how to use a standardized reporting format for trauma patients during the initial notification and bedside report through a live demonstration.

## Annual Update

### Napa County Annual Report

The Napa County EMS Agency Medical Director will evaluate the QI Program with the EMS CQI Committee at least once annually. This group will be tasked with ensuring that the QI Plan is in alignment with the County's strategic goals, and will review the plan to identify what did and did not work. From this evaluation, an Annual Update will be provided that includes the following information:

1. Description of agency
2. Statement of EMS QI Program goals and objectives
3. List and define indicators utilized during the reporting year
    a. Define state and local indicators
    b. Define methods to retrieve data from receiving hospitals regarding patient diagnoses and disposition
    c. Audit critical skills
    d. Identify issues for further system consideration
    e. Identify trending issues
    f. Create improvement action plans (what was done and what needs to be done)
    g. Describe issues that were resolved
    h. List opportunities for improvement and plans for next review cycle
    i. Describe continuing education and skill training provided as a result of Performance Improvement Plans
    j. Describe any revision of in-house policies
    k. Report to constituent groups
    l. Describe next year's work plan based on the results of the reporting year's indicator review

# Appendix A: Napa County EMS Quality Improvement (QI) Program Policy

NAPA COUNTY EMS AGENCY

# EMS Quality Improvement Program

EMS ADMINISTRATION 603

**PURPOSE**

I. This policy identifies the primary responsibilities of all participants in the Napa County EMS Quality Improvement Program (EQIP) and to ensure optimal quality of care for all patients who access the EMS system.

**POLICY**

## I. REQUIREMENTS

A. EQIP includes all Napa County EMS provider agencies participating in patient care and delivery.

B. EQIP shall be compliant with the California Code of Regulations, Title XXII, Division 9, Chapter 12 and modeled after the State of California Emergency Medical Services Authority (EMSA) Publication: Emergency Medical Services System QI Program Model Guidelines.

C. The oversight for EQIP will be the responsibility of the Napa County EMS Agency Medical Director, who will solicit input from stakeholders participating in the Prehospital Quality Improvement (QI) Committee.

D. All proceedings, documents and discussions of the Prehospital QI Committee are confidential pursuant to section 1157.7 of the Evidence Code of the State of California.

1. Each member of the Prehospital QI Committee shall sign a confidentially agreement.
2. Each agency shall maintain all records in a confidential manner consistent with current patient privacy laws (HIPAA).

E. Appropriate QI indicators shall be reviewed at the EMS provider agency level on a monthly basis and a report of findings shall be made to the Napa County EMS Agency at agreed upon intervals. Aggregate data for the EMS System will be maintained by the Napa County EMS Agency and reported quarterly to all system stakeholders.

F. Each provider agency shall submit an annual report of QI activities to the Napa County EMS Agency.

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# Appendix B: Napa County EMS Event Reporting Policy

NAPA COUNTY EMS AGENCY

# EMS Event Reporting

EMS ADMINISTRATION 602

**PURPOSE**

I. To establish a system of patient safety and EMS response-related reporting requirements for the purposes of review, data analysis, patient safety and EMS system performance

II. To define reporting requirements for events which may have the potential to cause community concern or represent a threat to public health and safety

III. To define the reporting and monitoring responsibilities of all EMS system participants

IV. To recognize exemplary prehospital care in the EMS system.

**POLICY**

## I. REPORTING RESPONSIBILITY

A. The reporting requirements established by this policy apply to prehospital care providers, EMS service providers, EMD centers, and hospitals.

B. Providers shall directly report to the Napa County EMS Agency any event that is "required to be reported" by this policy.

## II. REPORTING REQUIREMENTS

A. The following events shall be submitted to the Napa County EMS Agency on the **Napa County EMS Event Reporting Form** within twenty-four (24) hours of the incident.

1. Any event that has resulted in or has the potential to lead to an adverse patient outcome.
2. Any deviation from a Napa County EMS Agency policy or protocol that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
3. Medication, treatment or clinical errors that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
4. Equipment failure or malfunction that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
5. Technology or communications systems errors or malfunctions that resulted in patient harm, had the potential to result in harm or had a potential threat to public safety;
6. The collision of any ambulance or EMS response vehicle that results in injury;
7. Any unusual event/occurrence (e.g. MCI, abnormal patient condition, Base Hospital communication failure);
8. Any event or circumstance that is or shall be reported to another regulatory or enforcement agency, including but not limited to the California Emergency Medical Services Authority (EMSA), Napa County Public Health or California Department of Public Health (CDPH), or the Centers for Disease Control and Prevention (CDC).

B. Timely reporting of the following types of events is strongly encouraged:

1. Exemplary care in the field deserving of recognition and/or commendation.
2. Great Catches: A "great catch" includes recognition of provider action that contributes to the prevention of negative or adverse patient outcomes.
3. Any event in which the provider agency determines a case review would be beneficial (e.g. educational component; unusual/abnormal component).

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# Appendix C: Napa County EMS Event Reporting Form

NAPA COUNTY EMS AGENCY

# EMS EVENT REPORTING FORM

*CONFIDENTIAL*

| Exemplary EMS Care ☐ | Clinical Issue ☐ | Operational Issue ☐ |
|---|---|---|

| Date: | Time: | Reporting Agency: |
|---|---|---|

| On Scene ☐ | Enroute ☐ | At Hospital ☐ | Other ☐ |
|---|---|---|---|

Event Number: _____

| Personnel Involved | Agency | Discussed with Individual |
|---|---|---|
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |
| | | Yes ☐ No ☐ |

**Reporting Party Information**

Signature: _____ Date: _____

Print Name: _____ Agency Name: _____

**Key Issue(s)**

| |
|---|
| |

**Provider Agency's Account of Incident**

**Initial:** _____ **Date:** _____

**Action Taken by Provider Agency**

**Initial:** _____ **Date:** _____

**EMS Agency's Final Resolution**

Agree with action taken. ☐ Additional action needed. Comments below. ☐

**Initial:** _____ **Date:** _____

# Appendix D: Napa County EMS Continuous Quality Improvement (CQI) Committee Policy

NAPA COUNTY EMS AGENCY

# Continuous Quality Improvement Committee

EMS ADMINISTRATION 606

**PURPOSE**

I. To establish an advisory committee to the respective medical control committees and the Napa County EMS Agency to monitor, evaluate and report on the quality of out of hospital care.

II. This committee will not address individual performance or practice issues.

**POLICY**

## I. OBJECTIVES

A. Delineate/evaluate scope of care including policies and treatment guidelines.

B. Set up criteria for identifying potential system problems before patient care is compromised.

C. Identify concurrent system problems involving patient care.

D. Develop and recommend to the medical control committees criteria for correcting potential or real problems.

E. Monitor effectiveness of corrective action strategies through re-audit activities.

F. It shall not be the function of this committee to become directly involved in the certification review process of any specific individual as the authority lies with the State EMS Authority or the Napa County EMS medical director or designee (Division 2.5, Section 1798.200 of the Health and Safety Code).

## II. CONFIDENTIALITY

A. All proceedings, documents, and discussions of the County CQI Committee are confidential and are covered under sections 1040, 1157.5 and 1157.7 of the Evidence Code of the State of California. All members shall sign a confidentiality agreement not to divulge or discuss information that has been obtained through County CQI Committee membership.

## III. MEMBERSHIP GUIDELINES

A. Membership will be assigned from each provider agency or hospital.

B. Each committee member shall be active in quality improvement (QI) within their agency or hospital.

## IV. MEMBERSHIP COMPRISAL

A. Membership shall consist of the following:

1. EMS Agency:
   a. Medical director.
   b. Staff member(s).
2. BLS First Responder Provider(s):
   a. One (1) representative (PLO or designee) from each provider agency.
3. ALS First Responder Provider(s):
   a. One (1) representative (PLO or designee) from each provider agency.
4. ALS Ground Ambulance Provider(s):

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POLICY

a. One (1) representative (PLO or designee) from each provider agency.

5. Angwin Community Ambulance (ACA).
6. Base Hospital (Queen of the Valley Medical Center – QVMC):
    a. One (1) representative (PLN or designee).
7. Helicopter Providers:
    a. One (1) representative from each helicopter provider.
8. Receiving Hospital(s):
    a. One (1) representative from each facility.
9. Dispatch:
    a. One (1) representative from each EMS dispatch center.

## V. SCOPE OF REVIEW

A. Delineate/evaluate scope of care including policies and treatment guidelines.

1. Take an inventory of the most common types of patients served, diagnoses and conditions treated, treatments and activities performed and types of practitioners providing care. This helps assure all aspects of care provided are considered during the evaluation process.
2. This inventory provides a basis for subsequent steps in the monitoring and evaluation process by helping assure that all aspects of the care provided are considered.
3. Utilization statistics collected at the EMS Agency, Dispatch, each facility and EMS provider agency, will help in determining high volume important activities.
4. Identify special cases that may serve to educate or allow the system to develop future contingency plans or changes in policies and/or guidelines.

## VI. SENTINEL INDICATORS

A. The following are examples of indicators that may be used on a rotational basis to track trends in out of hospital care:

1. High volume areas-the aspect of care that occurs frequently or affects a large number of patients (e.g., chest pain, dyspnea, seizures).
2. High-risk areas-patients that are at risk for serious consequences or are deprived of substantial benefit if the care is not provided correctly (e.g. STEMI, RAS/AMA, local optional scope of practice [LOSOP] items, SCA management, etc.).
3. The aspect of care has tended to produce problems for prehospital personnel or patients (e.g., MCIs, pediatric patients).
4. Deviations from standards of care (e.g., treatment/procedure variation).
5. Transportation issues (e.g., non-transports, helicopter utilizations, code three (3) transports).
6. Appropriateness of protocol/treatment guideline adherence to specific criteria for a condition or procedure.
7. Adverse patient outcomes-unexpected events.
8. Threshold indicators-from statistical data.

# Appendix E: Medical Director Case Assessment Feedback Forms

## Medical Director Case Assessment-Stroke

Call Number:

Date sent to medics:

**Best Practices:**

| | Case | Goal |
|---|---|---|
| Stroke screen done and documented: | | *CPSS, visual fields, FNF documented* |
| Stroke alert called: | | |
| BS done: | | |
| Last Known Well documented: | | *Documented in clock time* |

**Comments for the case:**

**Medical Director Case Assessment-STEMI Case**

Call Number:

Date sent to medics:

**Best Practices:**

| | Case | Goal |
|---|---|---|
| ECG done | | Within 10 min on scene |
| Aspirin given by EMS or prior to arrival:<br>If not, why documented: | | Always given, either by EMS or prior to arrival. If not, valid reason why not |
| ECG transmitted to hospital: | | Always |
| STEMI alert made: | | Within 10 min of ECG showing STEMI |

**Comments for the case:**

## Medical Director Case Assessment-SCA

| | |
|---|---|
| Call Number: | |
| Date sent to medics: | |

**Best Practices:**

| Measure | | | Goal |
|---|---|---|---|
| Compression fraction: | | | *80-100%* |
| Pre-shock pause | Longest: | | *<5 seconds* |
| | Average: | | |
| Post-shock pause | Longest: | | *<5 seconds* |
| | Average: | | |
| Longest Pause: | | | *<10 seconds* |
| Number of pauses >10 seconds | | | |
| 12-lead obtained after ROSC | | | |

**Comments for the case:**

| |
|---|
| |

A Tradition of Stewardship
A Commitment to Service

Health & Human Services Agency
Napa County Emergency Medical Services Agency

Brian Henricksen
EMS Administrator

2751 Napa Valley Corporate Drive
Napa, CA 94558

Main: (707) 253-4341
Fax: (707) 299-4126
www.countyofnapa.org/hhsa

February 13, 2020

Tom McGinnis, Chief, EMS Systems Division
Emergency Medical Services Authority
10901 Gold Center Dr., Suite 400
Rancho Cordova, CA 95670

**RE: Napa County EMS Agency Plan – Response and Transportation, ALS Agreements**

Dear Mr. McGinnis:

Your letter dated December 16, 2019 requested a written response indicating the status of advanced life support (ALS) agreements for these providers:

- American Canyon Fire District
- California Highway Patrol, Golden Gate Division
- Napa City Fire Department

The Napa County EMS Agency is aware of the requirements of HSC § 1797.178 and CCR, Title 22, § 100168(b)(4). We are providing a detailed explanation regarding the status of ALS agreements for each of these providers.

**American Canyon Fire Protection District**
The District first began providing ALS services in 2014 and does not currently have an ALS agreement with the Napa County EMS Agency. The American Canyon Fire Protection District and the Napa County EMS Agency are working collaboratively to finalize an ALS agreement. We are anticipating final execution of this agreement by May 31, 2020.

**California Highway Patrol, Golden Gate Division**
The California Highway Patrol (CHP) provides ALS services as part of their ALS-Rescue aircraft located at the Napa County Airport. The Napa County EMS Agency has authorized CHP to provide these services consistent with CCR, Title 22, § 100300(c)(5). The attached Napa County EMS Agency Administrative Policy #105: EMS Aircraft, addresses the express authorization of ALS Rescue aircraft services through the County's designated helicopter dispatch center. An ALS agreement with CHP is not required per CCR, Title 22, § 100300(c)(5).

**Napa City Fire Department**
As a Wedworth-Townsend Paramedic Act pilot provider, the Napa City Fire Department is exempted from the requirement for an ALS agreement. The City of Napa first passed its "Paramedic Tax" in November 1977 and officially began its Paramedic services on June 1, 1978. The three attached articles from the Napa Valley Register affirm these dates and the existence of the City's paramedic service prior to the establishment of CA EMS Law.

The Napa County EMS Agency is requesting the approval of our EMS Plan with the expectation that we will finalize an agreement with the American Canyon Fire Protection District this year.

Due to my pending departure from Napa County, Shaun Vincent has been appointed as the Interim EMS Administrator and will be the main point of contact on EMS Plan related issues. Please contact Mr. Vincent directly with any questions or concerns.

Sincerely,

Brian M. Henricksen
EMS Administrator

Enclosures
cc: Shaun Vincent, Napa County EMS Agency
Dr. Zita Konik, Napa County EMS Agency
Dr. Karen Relucio, Napa County Public Health

# EMS Aircraft

EMS ADMINISTRATION 105

## PURPOSE

**I.** To define guidance for the utilization of EMS aircraft by EMS personnel.

## POLICY

### I. AIRCRAFT AUTHORIZATION:

A. All EMS aircraft providing prehospital patient transport within the Napa County shall be authorized by the Napa County EMS Agency. Authorization will be confirmed by written agreements between the Napa County EMS Agency and the EMS aircraft provider.

B. Notwithstanding the requirement for a written agreement set forth above, aircraft operated by California Highway Patrol, California Department of Forestry and California National Guard may be authorized to operate as an EMS aircraft by EMSA.

C. A request to other EMS aircraft providers by a designated dispatch center to respond to an emergency shall constitute temporary authorization to respond to that emergency.

### II. AIRCRAFT DISPATCH

A. The Napa County Emergency Command Center (ECC) is the designated helicopter dispatch center for Napa County. Any request for EMS Helicopter services in Napa County shall be coordinated through the Napa County Emergency Command Center.

B. The Napa County ECC will automatically dispatch an air ambulance and/or ALS rescue aircraft when the incident or patient meets autolaunch criteria established by the Napa County EMS Agency or when requested by EMS personnel.

C. The simultaneous dispatch of an EMS helicopter and a ground ambulance shall occur when the following criteria are met:

1. The patient's condition meets an autolaunch EMD determinant code; and
2. The patient is located within an autolaunch response zone.

### III. CANCELLATION

A. After a complete patient assessment, qualified on-scene personnel shall cancel the aircraft if they determine that ground transport is appropriate.

### IV. SPECIAL CONSIDERATIONS

A. ALS Rescue Aircraft

1. In the event that an ALS Rescue aircraft is available, and has the fastest response time by ≥ 20 minutes to the scene, the ALS Rescue may also be dispatched in addition to the air ambulance. It is the responsibility of the IC (or designee) to cancel the resource that is not needed.
2. The ECC shall advise EMS aircraft and field personnel when multiple aircraft are responding.
3. An ALS Rescue aircraft shall be dispatched, when available, to any rescue incident where air rescue services are needed.

POLICY

B. Scene Safety

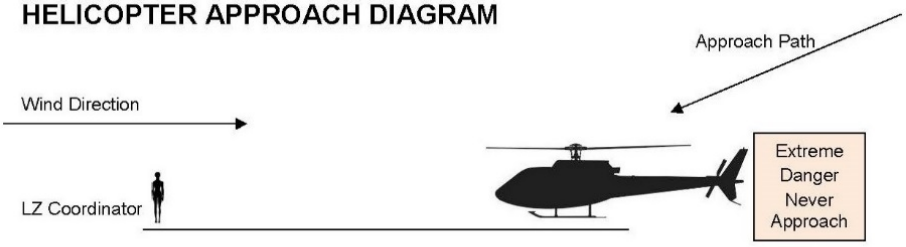
1. The responsibility for scene management and safety shall be under the control of the Incident Commander (IC).
2. The IC shall be responsible for coordinating the scene activities including establishing a safe and appropriate landing site.
3. The IC shall consult with on-scene emergency medical personnel in making decisions regarding the utilization, or landing of, an EMS aircraft.
4. In the absence of on-scene public safety or EMS personnel, the decision to land at any incident shall be at the discretion of the aircraft pilot.

C. Transportation of Emergency Personnel

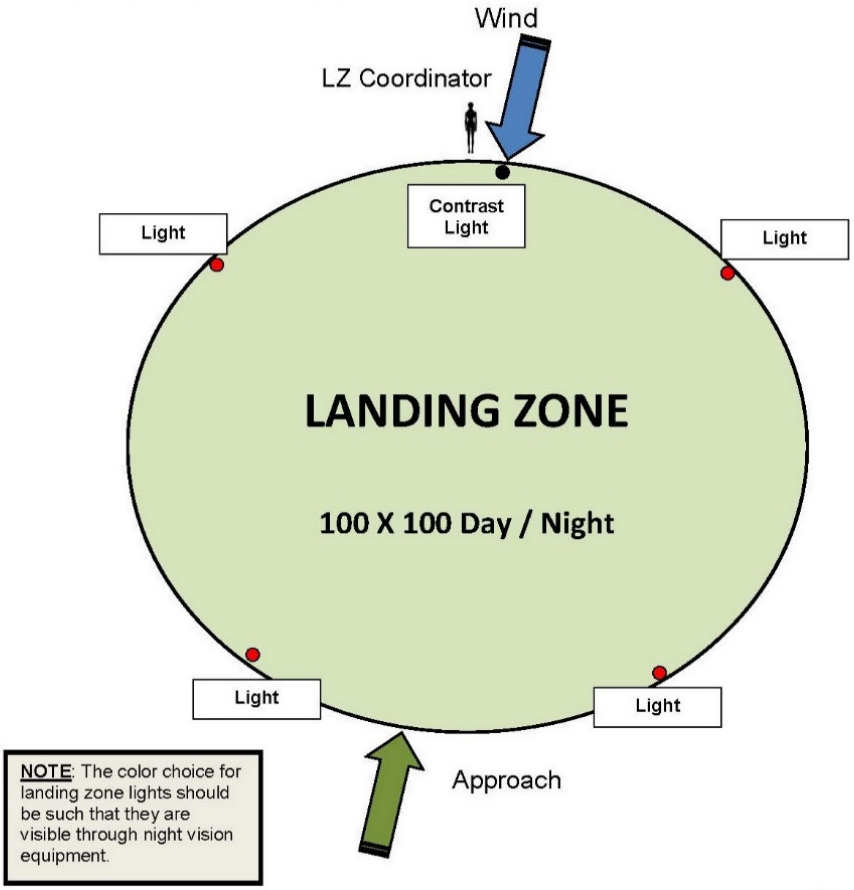
1. When appropriate and necessary, EMS aircraft may be used to transport emergency personnel or equipment/supplies to the scene of an emergency.

AIRCRAFT SAFETY

**HELICOPTER APPROACH DIAGRAM**




**NIGHT TIME LIGHTING DIAGRAM**




PUTTING THE finishing touches on The Napa Register's new Saturday magazine section, "Focus," is entertainment editor L. Pierce Carson. The enlarged tabloid will contain greatly expanded TV listings plus a variety of timely features, including a cover story on Dolly Parton's popularity with Bay Area rock and rollers. (Register Photo by Bob McKenzie)

## Focus Offers New Look On Saturdays

The Napa Register's Saturday magazine section gets a facelift beginning with this week's edition.

Starting with the June 3 publication, the Saturday tabloid will get a new title as well — "Focus."

"Focus" will continue to provide the reader with a variety of feature articles on a number of activities, as well as weekly columns by arts critic Bernice Dunn and historian Louis Ezettie. Ann Landers will offer advice to all who seek it and book reviews and arts features will be included as usual.

The major change in the tabloid section focuses on television logs. Starting on Saturday, the weekly TV listings will be offered in an expanded format in order to given the reader an opportunity to pick and choose with greater discretion. TV specials and sporting events will be showcased and features on TV personalities will be included.

The size of the tabloid will be increased by four pages as well.

The first "Focus" focuses on last weekend's Day on the Green, includes a pictoral and written feature on Napa rock "n" rolers Born Ready and includes a Dick Kleiner interview with Carrie Snodgrass, plus a wealth of other features and reviews.

Get in "Focus" each and every Saturday.

## ☆ Napans Favor Prop. 13

(Continued from Page 1)

scribers whose numbers were in a specific location on each page.

Respondents were asked first if they were planning to vote June 6. Voters were asked if they had decided their positions on Propositions 8 and 13. Decided voters were then asked to give reasons for their position.

Most telephone calls for the survey were placed during mid to late afternoon hours. A few calls were made during early evening hours. Results from those calls generally conformed to results from the larger afternoon survey.

Nearly all voters who preferred Proposition 13 cited high property taxes as the primary motivation behind their decision.

"I'm retired. I have a fixed income. My money is going down the drain," said one Napa woman.

"We have a lot of property and my taxes are ever going up. My husband is a teacher and so is my son," said another, adding she preferred having lower property taxes upon retirement and paying more out of pocket for school books now, if that is what Proposition 13 will mean.

"I'm sick and tired of those clowns up in Sacramento who burn up my money wastefully," another Napa woman said.

A substantial number of survey responses indicated they will vote for Proposition 13, despite reservations.

"Actually, they haven't found a good method yet," a Napa woman said, "but it's the best method they've offered so far."

"I think somebody should be shaken up on taxes," a Napa voter said. "I know it's not a perfect bill, but somebody has to be shaken up."

"I don't think either one of them are good," a Napa man said. "Something has to be done. They might as well take the most drastic step and modify that."

Another voters said campaign tactics had put her in the yes on 13 column. She had been undecided until a mailer arrived saying senior citizen benefits would be taken away under Proposition 13. "It was absolute blackmail," she said.

A female landlord responding to the Register survey said she favored Proposition 13 and plans to lower rents if the measure is approved next Tuesday.

Another respondent said he favored Proposition 8 because of apartment owner backing of Proposition 13. Survey respondents who identified themselves as renters generally favored Proposition 8.

The Register survey produced a few responses from voters indicating they would cast a no ballot on 13 but were still undecided over the merits of Proposition 8.

Those who favored 8 and opposed 13 were generally concerned about the impact of Jarvis - Gann on schools and public employees. The effect on social services such as local mental health programs was also mentioned occasionally. Others called Proposition 13 too drastic.

"I won't have a job if Proposition 13 passes," said one Napa man.

"I'm still a renter and they will have to make up the money if the property taxes are cut," said another Napa man, adding he feared renters would be hit with higher taxes from other areas under Proposition 13.

"Thirteen doesn't give renters any solace whatsoever," said a Calistoga man. "... I'm afraid that on Proposition 13, with that gross reduction in property taxes, they'll have to raise money from other sources. As soon as the money from the state surplus is used up, they'll start jumping the sales tax and everything else."

"It (13) doesn't really deal with the real complications involved," a Napa man said. "I think Peter Behr's bill (8) takes into consideration a great deal more, all the other factors involved than simply a tax break. And further, I think that if Jarvis-Gann does pass, it's going to be in the courts indefinitely."

"I really don't know about 8. I feel really uninformed on 8," said another respondent. He said he would vote against 13, however, because "of the radical effect on very important programs such as mental health programs and education programs. I really don't feel that, at this point, we have adequate contingency plans for maintaining those kinds of programs."

The Register survey found no Napa County residents who were unaware of Proposition 13, which among other things, would limit property taxes to 1 percent of market value, or Proposition 8, which in part would reduce homeowner taxes by 30 percent while expanding benefits for renters or senior citizens.

The undecided voters indicated they were still studying both measures. Several who placed themselves in the undecided column said they were getting plenty of advice from proponents of both sides.

"I'm still in the middle," a Napa woman said. "I've had a lot of friends tell me things one way and the other. I'm going to have to do a lot of reading."

## ☆ Running For Judge Is Unique Experience

(Continued from Page 1)

incumbents. This year, legal observers report that an unprecedented number of candidates are running for judge.

And, with a growing number of attorneys in Napa County, the willingness to challenge a judge here has grown. However, the challengers were careful to choose their target.

While Napa County's other three judges are running unopposed, Shifflett is faced with three challengers, all of whom said they decided to run in large part because of the belief that Shifflett is politically vulnerable.

"He does not have the personal qualities resulting in people feeling they were not fully heard...that their contact with the judicial system is not completely fair," Quigley said.

Cooley is more blunt, charging that Shifflett often dispenses one type of justice to the "old line resident" while "if you're some punk kid on the street . . . there's a different character of justice."

Shifflett strongly denies such charges, while admitting his years on the bench has earned him some critics.

"I suppose the longer you are on the bench the more cases you have to decide, and you can pick up some more dissatisfied customers. And, I think that encourages people to run," he said.

He cautioned that being a judge "is not a popularity contest, you have to do what is right and sometimes you are guided by laws that are not popular laws."

Shifflett described his courtroom demeanor as being "very understanding."

"I want to be friendly and put people at ease," he said. "I wouldn't treat one (defendent) any different than the other."

Fershko takes a different tack in urging voters to reject the incumbent and vote him in.

Because the canons of ethics prohibit criticizing the way a judge has dealt with specific cases, Fershko said he does not intent to attack the incumbent.

"The closest I have come is (that) I intend to restore dignity and respect to the Municipal Court."

Rather, Fershko stresses a set of issues, including the establishment of a night small claims court, that there be more restitution for the victims of crime and that defendents who are able should be required to pay the cost of a public defender.

His desire to implement a number of reforms shows that he will be a concerned and innovative judge, Fershko believes.

Shifflett said he has already examined Fershko's proposed reforms.

He said that a night small claims court would increase court costs and would not necessarily be more convenient for those who prefer to visit court during the day.

"The most efficient way to utilize your judges is to run both small claims sessions at the same time," Shifflett said.

He said he twice tried to get state funding for an official who would investigate defendents more to see if they actually could afford to pay for their own defense. (If they cannot, the law requires the court appoint a public defender free of charge.)

Quigley also said the cost of better investigating defendents would mitigate the value of the extra fees.

"I don't think the amount of money that would come back to the taxpayer would be substantial," Quigley said.

Shifflett also said his court is already doing everything it can to collect restitution for victims of crime.

There are other issues.

Cooley talks of "crime on credit," charging that persons who fall behind on their fine payments are sometimes convicted of the same charge again, with the new fine merely being added to their account. They should be thrown in jail, he said.

Shifflett responds that the law says he cannot put a person in jail without giving them a full opporutnity to pay off their fine. To do otherwise, he said, would discriminate against poorer defendents.

Quigley advocates some streamlining of the Municipal Court operation. He said fine collection could be more automated and that matters can be calendered at more specific times — reducing the amount of time attorneys and their clients have to spend waiting around the courtroom. In addition, he would look at re-scheduling small claims court.

Even such discussions involve gray areas as far as the canons of ethics of the American Bar Association. One canon says that judicial candidates "should not make pledges or promises of conduct in office other than the faithful and impartial performance of the duties of the office."

Thus, the candidates as much as anything stress their fitness for the office. Both Quigley and Cooley likened the procedure of choosing a judge to that of choosing a doctor or a lawyer.

Shifflett argues he should be returned to office because of his extensive experience and post judgeship education. "In a campaign like this, (the voter) should vote the incumbent back in to take advantage of his training."

Cooley says he is the only certified specialist in criminal law of the candidates. He said he would enjoy being a judge because he enjoys the "administration of justice."

When he was with the district attorney's office, he often had to decide whether the evidence warranted prosecution, a task similar to that of being a judge.

"I think my ability to be analytical, and feel my advocacy role (as an attorney) will enable me to be a good judge. I would enjoy mediating more," said Fershko.

Claiming to be the first candidate in history to walk door-to-door throughout the county, Fershko said his extensive contact with the public shows his concern for serving the people.

"People are entitled to meet the candidate that is seeking their vote and should get to know this person better before voting," he said.

Quigley said his even disposition would be a plus as a judge.

"I think I'm a very good listener and I feel I'm slow in forming opinions until I have the information to do it."

If none of the four candidates gains a majority vote in Tuesday's election, the two highest vote-getters will have a run-off in the November election.


## Paramedics Start Today

A paramedic van rolls out of Napa Fire Station One on Seminary Street today during the first day of service for the rescue unit, funded by a tax override approved by voters in 1976. Paramedics can be contacted through either the fire emergency number at 226-7424 or the police emergency number at 252-4511. (Register Photo by Al Francis)

## No Criminal Charges Filed Against Cigar Store Owner

Napa County District Attorney James Boitano Wednesday announced that he will not file a criminal complaint against downtown businessman Louis Paine, who was accused of firing three shots at a car he thought carried a shoplifter April 15.

Boitano held a citation hearing last week and took the case under advisement at that time.

The district attorney explained Wednesday that the facts of the case did not warrant criminal prosecution, especially in light of Paine's stature in the community.

"Mr. Paine has been in business in downtown Napa for 30 or 40 years," noted Boitano. "He has had a stable influence on a rather crummy area."

Paine reportedly fired rifle shots at a car driven by Stephanie Habl, 17, as she drove out of a parking lot on Main Street about 9 p.m. She was not injured, but both of her rear tires were punctured by bullets.

Paine, who owns and operates the Oasis Cigar Store, told police he thought a young man who had stolen several magazines from his shop was riding with Miss Habl.

He said he wanted to prevent the thief from fleeing the area.

Boitano said he felt the charge sought against Paine was much too severe considering the circumstances.

"By no stretch of the imagination were the facts there to support an assault with a deadly weapon charge, as was being sought," Boitano noted.

Although Boitano refused to file charges against Paine, he says he believes Paine's action was wrong.

"This doesn't make what he did any less wrong," commented Boitano. "I guess he had just reached a point where he is sick and tired of being ripped off.

"But he can't just take the law into his own hands...he was apparently pushed beyond the ability to reason," he said.

Boitano confirmed also that in August of 1973, Paine admitted firing several warning shots into the air in an attempt to catch another shoplifter. No one was injured in the incident.

The local district attorney's decision not to prosecute may be appealed to the state attorney general's office, Boitano reported.

"But I predict that if the attorney general tries the case, he won't get a conviction," Boitano said.

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## ☆ City Officials Discuss Growth

(Continued from Page 1)

"I don't feel this is a proper thing to put on the ballot," said Vic Holanda, city administrator of Calistoga. Since voters haven's been informed about the economic impacts of each population choice, how can they make an informed decision, he asked.

James Busby, an American Canyon developer, argued that the population choices were so limited that support for growth controls was a preordained conclusion.

Growth management is a "shoe-in," predicted Busby. "The county will be directed by this vote to engineer a population by the year 2000 that's less than current trends."

Citing a county growth study, Busby said Napa County would have a population of 175,000 at the turn of the century if present trends continue. Yet only one of the five population options allows voters to select the present growth rate; the other four are lower, he argued.

"There are some very far-reaching negative aspects to that ballot measure," Busby concluded.

Supervisor Dowell Martz, who along with Chapman is running for re-election next week, said Busby was misrepresenting the facts. Napa County would hit 175,000 only if the growth rate of the last three years was speeded up, he said.

Present growth rates would bring about a population of about 150,000 by the year 2000, while the county general plan — based on a 1974 voter survey — calls for only 115,000, Martz indicated.

Anthony McClimans, a county planner, said there were definite advantages and disadvantages if voters select 115,000 or 150,000. Officials on both sides of the growth issue agreed to these pros and cons in 1974, he said.

Restricting the county's population to 115,000 would preserve the area's rural character, maintain environmental quality and result in lower taxes for public services, he said.

Disadvantages of this slow-growth option include the need for strict growth controls, housing that is scarce and expensive and limited construction jobs.

There would be greater variety in housing price and style if a 150,000 population were allowed, said McClimans. However, maintaining the county's rural character would be more difficult and higher taxes for schools would be needed.

McClimans quoted Will Rogers who advised folks to "buy land. They're not making any more of it."

"You have a limited resource," said McClimans. "You have a choice what you will do with it."

One questioner wanted to know why Napa County's population was heading for more than 115,000 since citizens had endorsed slow-growth on earlier questionnaires and plebiscites.

"There's been a lot of challenge of that first vote of 115,000, responded Chapman. "We hope with this issue on the ballot to get a clearer picture of what people want. We hope there will be little dispute after the election."

Napa Planning Director Michael Foley said his city was only now recognizing that current growth rates would cause the city to exceed its goal of 75,000 by the year 2000.

"The number of building permits has to drop rather substantially from what we've seen the past six-seven years... for us to meet the general plan goal of 75,000," said Foley.

"I don't think we have growth control now, at least not to the extent that the people have asked us to," noted Foley. The decision to impose a growth management system rests with elected officials, he added.

If voters and politicians agreed that growth must be slowed, planners said there were several systems being used elsewhere that the county and its cities could try.

Foley said the growth control system he helped establish for Davis has been successful. "There's several years of experience we can use to our benefit to try to avoid the mistakes," he noted.

A "spirit of compromise" must exist between Napa County and the four cities if growth management is to work, McClimans advised.

John Lander, city administrator of Yountville, said his city was planning to double the population of its core area by the year 2000. Yountville would be willing to cooperate with county growth plans, although cutting back severely on its own growth would be difficult, he said.

Emphasizing the importance of cooperation, Foley noted, "The City of Napa could actually swallow Yountville by expanding north to that extent."

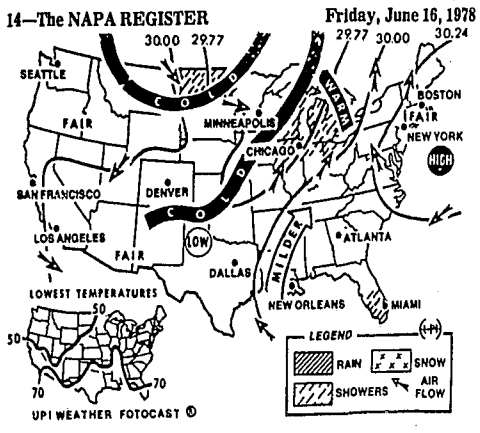
In the other extreme, Napa could clamp down on its own growth, thereby creating pressures on Yountville to build housing for families squeezed out of Napa, he said.

George Musso, planning director for St. Helena, said his city was planning a 3 percent growth rate, which equals about 30 housing units per year.

St. Helena would be pressured to grow beyond 3 percent if the county allowed rampant growth in other areas, including American Canyon, said Musso.

Tuesday's growth plebiscite will give voters five choices: lower than 115,000, 125,000, 150,000 or higher than 150,000.

County officials have said that another ballot measure in November might be needed for voters to select a growth management system, assuming that slow growth is endorsed Tuesday.




# Weather Report

By United Press International

## Regional Forecast

Napa and Sonoma valleys: Fair and mild through Saturday. Variable winds to 15 mph. Santa Rosa 50 and 82.

San Francisco Bay Area: Fair through Saturday except local low cloudiness night and morning. Highs near 60 along the coast to the 70s inland. Lows tonight in the 50s. Small craft advisory including Suisun Bay and west delta for west to northwest winds 15 to 25 mph afternoons and evenings.

Northwestern California: Partly cloudy through Saturday with widely scattered thundershowers likely over northern mountains during afternoons and evenings. Patchy low clouds on coast. Continued cool. Fort Bragg 45 and 60, Ukiah 48 and 78.

Sacramento Valley: Mostly fair through Saturday but some cloudiness afternoons and evenings with chance of an isolated thundershower. Highs in the upper 70s and 80s. Lows tonight in the 50s. Variable winds to 15 mph except southwest to 25 mph in the delta.

Mount Shasta-Siskiyou area: Variable clouds through Saturday with widely scattered thundershowers likely during afternoons and evenings. Continued cool. Mount Shasta City 37 and 67.

Sierra Nevada: Fair in the south through Saturday. Variable clouds in the north with widely scattered thundershowers likely from about Lake Tahoe northward during afternoons and evenings. Lake Tahoe 30 and 64, Yosemite Valley 45 and 77.

San Joaquin Valley: Fair and mild through Saturday. Highs in the 80s. Lows tonight in the 50s to low 60s. Northwest winds to 15 mph except westerly to 25 mph in the delta and along the west side.

Monterey Bay area: Fair and mild through Saturday with local low cloudiness night and morning. Highs in the 60s to low 70s. Lows tonight in the upper 40s to mid 50s. Small craft advisory for northwesterly winds 15 to 25 mph.

Santa Clara Valley: Fair and mild through Saturday with patchy low clouds nights and mornings. Highs in the 70s to low 80s. Lows tonight in the 50s. Northwest winds to 20 mph in afternoons.

Diablo, San Ramon and Livermore valleys: Fair and mild through Saturday. Highs in the 70s to low 80s. Lows tonight in the 50s. Westerly winds 10 to 25 mph afternoons and evenings.

Los Angeles: Late night through mid morning low clouds, otherwise fair through Saturday. Highs Saturday near 80. Lows tonight near 60.

## National Roundup

Little change in the California weather pattern is expected the next few days.

Thundershowers which swept parts of Northern California dissipated by early today and a brief recurrence was expected this afternoon.

Moist unstable air associated with a weak upper level disturbance moved over the northern mountains and the upper Sacramento Valley Thursday evening, triggering thunderstorms and light showers. Red Bluff reported four-hundredths of an inch.

Some morning low clouds and fog were along the coast but skies were fair Thursday afternoon. Highs were in the 60s and 70s along the coast, in the 80s inland and as high as 107 degrees at Blythe. The deserts also had strong gusty winds in the afternoon.

Thunderstorms struck scattered sections of the nation early today with a few tornadoes reported but most areas had clear or partly cloudy skies.

Tornadoes touched down late Thursday near several communities in the Dakotas but no damage was reported. South Dakota communities where tornadoes were reported were Sioux Falls, Java, Onida and Parker. North Dakota communities with touchdowns were Strasburg, Napoleon, Hettinger, Wilton and Marion.

Cross City, Fla., also reported a touchdown but no damage.

A heavy thunderstorm produced golf ball-sized hail and heavy rains at Lemmon, S.D. Windows were broken, small trees uprooted and street intersections flooded.

Sections of Aberdeen, S.D., were without electricity for awhile.

Scattered thunderstorms occurred in the Ohio Valley, upper Great Lakes, northern Plains and Missouri Valley.

Florida and Northern California also had thunderstorms.

Severe rains hit Panhandle Florida's Gulf Coast Thursday, closing U.S. 319 south of Sopchoppy and making driving on other roads hazardous, but causing no major damage. The St. James Fire Tower, south of Crawfordville, reported 11 inches of rain between 3 a.m. and 2 p.m.

## Temperatures

Temperature and precipitation table for the 24-hour period ending at 4 a.m. Pacific time, as prepared by the National Weather Service in San Francisco:

| | Hi | Lo | Pcp |
|---|---|---|---|
| Albany | 71 | 41 | .... |
| Albuquerque | 97 | 61 | .... |
| Atlanta | 82 | 62 | .... |
| Bakersfield | 88 | 61 | .... |
| Bismarck | 81 | 55 | .24 |
| Boise | 69 | 42 | .... |
| Boston | 76 | 56 | .... |
| Brownsville | 96 | 74 | .... |
| Buffalo | 66 | 53 | .... |
| Charlotte | 80 | 62 | .... |
| Chicago | 76 | 63 | .... |
| Cincinnati | 75 | 62 | .... |
| Cleveland | 74 | 58 | .... |
| Dallas | 96 | 74 | .... |
| Denver | 95 | 54 | .... |
| Des Moines | 85 | 74 | .... |
| Detroit | 73 | 55 | .... |
| Duluth | 57 | 46 | .04 |
| Eureka | 61 | 53 | .... |
| Fairbanks | 62 | 46 | .14 |
| Fresno | 81 | 59 | .... |
| Helena | 71 | 43 | .... |
| Honolulu | 86 | 74 | .... |
| Indianapolis | 73 | 63 | .... |
| Kansas City | 91 | 74 | .... |
| Las Vegas | 97 | 74 | .... |
| Los Angeles | 81 | 60 | .... |
| Louisville | 80 | 66 | .... |
| Memphis | 88 | 61 | .... |
| Miami | 83 | 80 | .22 |
| Milwaukee | 79 | 56 | .60 |
| Minneapolis | 74 | 63 | .92 |
| New Orleans | 91 | 74 | .... |
| New York | 76 | 58 | .... |
| North Platte | 92 | 63 | .... |
| Oakland | 70 | 54 | .... |
| Oklahoma City | 90 | 71 | .... |
| Omaha | 94 | 76 | .... |
| Palm Springs | 105 | 67 | .... |
| Paso Robles | 82 | 48 | .... |
| Philadelphia | 75 | 52 | .... |
| Phoenix | 107 | 74 | .... |
| Pittsburgh | 74 | 53 | .... |
| Portland, Me. | 71 | 45 | .... |
| Portland, Ore. | 67 | 53 | .01 |
| Rapid City | 85 | 56 | .... |
| Red Bluff | 85 | 58 | .04 |
| Reno | 77 | 35 | .... |
| Richmond | 78 | 54 | .... |
| Sacramento | 84 | 57 | .... |
| St. Louis | 86 | 62 | .... |
| Salt Lake | 81 | 54 | .... |
| San Diego | 76 | 65 | .... |
| San Francisco | 66 | 53 | .... |
| Seattle | 67 | 49 | .... |
| Spokane | 63 | 43 | .... |
| Thermal | 105 | 75 | .... |
| Washington | 78 | 60 | .... |

HIGH AND LOW

| | |
|---|---|
| Napa | 78-45 |
| St. Helena | 83-49 |
| Yountville | 82-46 |
| Calistoga | 84-45 |
| Lake Berryessa | 84-53 |
| Angwin | 78-50 |
| Bothe | 79-49 |

TIDES AT FIRST STREET BRIDGE

| High | Low |
|---|---|
| Saturday, June 17 | |
| 12:12 p.m. 5.6 | 5:23 a.m. 0.0 |
| 11:43 p.m. 7.7 | 5:45 p.m. 1.9 |
| Sunday, June 18 | |
| | 7:11 a.m. -0.6 |
| 1:29 p.m. 5.9 | 6:36 p.m. 2.1 |

NAPA VALLEY RAINFALL

| | 24 Hours To 8 a.m. Today | Season To Date (Since July 1) | Last Year To Date | Season Normal To Date | Season Normal |
|---|---|---|---|---|---|
| Napa | .00 | 39.24 | 12.65 | 23.45 | 23.88 |
| St. Helena | .00 | 48.66 | 13.81 | 32.98 | 33.11 |
| Calistoga | .00 | 53.42 | 13.34 | 35.35 | 36.78 |
| Lake Berryessa | .00 | 40.37 | 9.86 | 19.90 | 19.90 |
| Pacific Union Col. | .00 | 56.32 | 17.06 | 39.40 | 39.81 |
| Yountville | .00 | 46.09 | 14.32 | 28.78 | 29.41 |
| Bothe-NV State Park | .00 | 63.13 | 16.97 | 43.00 | 43.00 |

## Programs Scheduled At Library

A summer reading program, story hours, a game truck and a "Volunteer Page" program for older children are on the agenda at the Napa City/County Library for Valley children.

The summer reading game for kids begins at the Napa City/County Library Monday, with the theme "The Buccaneer Brigade."

Children of all reading levels are welcome to join.

Registration will take place from Monday June 19, through Friday, July 28.

Members of the pirate crew (players) will receive a treasure chest game card with which to record summer reading progress.

Readers who complete four, eight, 12 and 16 books will have a chance to open a treasure chest — if the key fits the lock — and choose a prize.

Those who read 16 books will have completed the game and will be awarded a certificate and be invited to a party during Children's Book Week in November.

Potential pirates in Yountville, Napa, at Napa Junction branches and in areas visited by the bookmobile can play the game.

Additional activities at the library this summer include:

A game truck for children in grades kindergarten and up will be loaded with games, puzzles and special books.

Picture book story hours for children kindergarten age and up will be held Thursday afternoons from 2:30 to 3:30 July 13 through Aug. 3.

Children grade six and up are eligible for the Volunteer Page program.

Visit the Children's Room at the main library, 1150 Division St., the branch libraries or the bookmobile for details about summer activities, or call 253-4241 for information.

## Pretenders Auditioning

Auditions for Pretenders Playhouse summer melodrama, "Curse You, Jack Dalton!" will be held at 7 p.m. June 19, 20, 21 at the Pretenders Garage located on the corner of Pearl St. and West, directly across from the Napa Teen Center and the New Roma Bar.

There are seven parts available — three men and four women with ages ranging from late teens through early fifties. Anyone with the desire to be a manly hero, a deep-dyed villain, or a pure-as-the-driven-snow heroine, then "Curse You, Jack Dalton!" is just perfect for you.

"Olio" acts will also be needed to round out the production. If you have a dog act, juggle, sing, tap dance, belly dance, swallow swords, or have a peculiar talent please come to the auditions, Pretenders spokesmen said.

The performances of the melodrama will be part of the Napa Town and Country Fair, Aug. 2-6, with an additional performance Aug. 26. The production will be under the direction of Richard Miami. For further information regarding auditions please phone 226-9612 or 963-3075.

## *Dead Waiting, Living Walking*

LOS ANGELES (UPI) — Two unexpected results of the tax cutback imposed by voters last week may leave the dead lying around while putting the living on their feet.

Coroner Thomas Noguchi protested that unless his department gets more money, his assistants will be unable to pick up bodies promptly from public places, such as the scenes of accidents and crimes.

And the police department motorcycle drill team will go ahead with plans to attend an American Legion convention in San Mateo, Calif., next week, the police commission was told.

They will pay their own way, rather than use city money, but because of the cutbacks, they will have to leave their city-owned motorcycles at home — and march in the Legion parade instead of riding.

### Five-Day Run

# County Fair Opens June 30

CALISTOGA — The five - day run of the 1978 Napa County Fair gets started 4 p.m. Friday, June 30, at the fairgrounds here.

Festivities this year will include the Maid of Napa County contest, a five - mile footrace, sprint car racing, two nights of fireworks and the traditional Silverado Parade on the Fourth of July.

A horse pulling contest, agricultural exhibits, flower show, art show, camptown races, sheep dog trails, carnival and circus will all add to the fairtime fun.

A champagne preview of the 1978 fair art show will unofficially open fairtime at 6 p.m. Thursday, June 29. Art fans will get a peek at the show and may purchase exhibits at that time.

Proceeds go to support the Calistoga High School American Field Service program.

The Maid of Napa County contest will officially open the fair at 6 p.m. Friday in the Fiesta Center. Eight young women will compete for the privilege to reign over the fair festivities and to compete in the Maid of California contest in Sacramento in August.

A fireworks display telling the story of county fairs will top off the evening starting at 9:30 p.m. in the grandstand.

Saturday at the fair gets started with the first Great Calistoga Footrace at 10 a.m. at the fairgrounds entrance.

Runners from the Napa Valley and the Bay Area are expected to turn out for the American Amateur Union sanctioned race. Proceeds will go to the March of Dimes.

Radio KNBR personlity Wanda Lust from Napa's Whorse - Around Ranch will start the race, which will wind around the city and end up back at the fairgrounds.

Fair gates open to the public at noon Saturday through Tuesday.

Sprint car racing on Calistoga's half - mile track will start at 7 p.m. both Saturday and Sunday.

Sunday, Agricultural Day, will feature 4-H and Future Farmers of America dairy judging at 8 a.m., the horse pull at 1 p.m., sheep judging at 1:15 p.m. and sheep dog trials at 3 p.m.

Monday is Senior Citizens' and Kid's Day. Seniors will get in at half the $1.50 gate price and kids under 12 will be admitted free that day.

The Appeletts, a senior citizens fun band from Sebastopol, will play in the Fiesta Center at 12:30 p.m. as part of the senior's day activities.

Kids will get a chance to compete in a watermelon - eating contest, sack races, the diaper derby and other events on their special day at the fair.

One $3.50 ticket gets fairgoers unlimited carnival rides from noon until 6 p.m. Monday.

Tuesday, the Fourth of July, gets off to a grand start with the Silverado Parade starting at 11 a.m.

City councilman Bill Smith has been selected as this year's grand marshall.

Fairgoers can enjoy a variety of free entertainment — from Dixieland to Broadway sounds — throughout fairtime. Comedian Skip Stephenson will perform Saturday through Tuesday.

A mariachi band will play at 1:30 an. 3:30 p.m. Tuesday, which has been designated as Mexican - American Day at the fair.

The fireworks display at 9:30 p.m. Tuesday will officially end the fair.

### *First Day Busiest Day*

# Napa Paramedics Gaining Experience

By KEVIN COURTNEY
Register Staff Writer

Napa's paramedic firefighters have been averaging three medical calls per day since they went into service two weeks ago.

Citizens haven't become fully accustomed to calling the fire department for medical emergencies, reported paramedic Jon Trebotich.

"I feel many people aren't tuned in to the fact there is a paramedic program," he said.

The busiest day was June 1, the first day of service, when a two - man paramedic team responded to six medical aid calls. There were 39 calls in the first 14 days.

A majority of calls have involved motor vehicle accidents, plus an assortment of possible heart attacks and a stabbing.

Approximately one - third of the calls have been situations in which paramedic skill: came into play, the fire department estimated.

Perhaps the most dramatic case involved an elderly man who had lost a great deal of blood from a stabbing wound.

The man had no blood pressure when paramedics arrived. After receiving 600 cc's of a blood substitute on the way to the hospital, the patient was partially revived, paramedics reported.

Unaccustomed to how the program works, several citizens have expressed concern when paramedics haven't immediately transferred a patient into an ambulance for a dash to the hospital, said Trebotich.

"We're taking a lot more time to assess the patient," said paramedic Bob Putney. "We're treating them in the field."

Paramedics work under radio guidance from doctors in the Queen of the Valley Hospital emergency room, Putney noted. Doctors authorize medical procedures to stabilize a patient's condition before transportation is begun.

There will still be situations in which lights - and - siren runs to the hospital are called for, paramedics noted.

Rapport is gradually building between paramedics and emergency room doctors and nurses, paramedics believe.

"They're having to satisfy themselves that these persons in the field can do the things they're supposed to," said fire department training officer Lee Mitchell.

Paramedics and emergency room personnel have sat down for one session to critique recent cases. This will occur at least monthly.

Both the paramedic team and the nearest fire engine company respond to all medical emergencies.

The men in the engine company are trained in first aid and provide invaluable assistance to the paramedics, noted Trebotich.

A recent example of the close cooperation required between paramedics, regular duty firemen and private ambulance company personnel occurred on Lincoln Avenue when a vehicle hit a telephone pole, requiring five people to be sent to the hospital, he said.

## No Nude Children Contest

RENSSELAER, Ind. (UPI) — Naked City, a nudist camp in northwest Indiana, has lost its fight to hold nude children contests on its grounds.

Dick Drost, president of Naked City, Inc., agreed Thursday to the final judgment by Jasper Circuit Court Judge Michael Kanne, restraining him from conducting nude contests in which children ages 6-16 would parade in front of adults with cameras.

Kanne issued the order after an agreement reached by parties in a suit filed in August 1977 in Newton Circuit Court to stop the "Mr. and Miss Teeny Bopper" contest planned at Naked City, near Roselawn.

The suit for an injunction was filed by Gov. Otis R. Bowen, Attorney General Theodore Sendak and Newton County Prosecuting Attorney George Vann, citing moral, health and traffic reasons.

The judgment requires Naked City owners to allow state police on the grounds to make sure they comply with the order.

## Napa Grange Meets At 6:30

Napa Grange 307 will meet tonight at 6:30 p.m. in American Legion Hall, Pearl and Randolph streets, for a potluck dinner.

A program will follow.

## *Giving Up Hope On State Funds*

FRESNO (UPI) — Acting City Manager James Aldredge said Thursday the city has given up hope of the state providing funds to offset the revenue losses anticipated because of Propostion 13.

He said that to cope with the lower property tax revenue the city may have to cut fire and police services and lay off about 200 workers.

Just what jobs will be eliminated will be up to the City Council to decide next week when it resumes reviewing the budget for the fiscal year beginning July 1.

Aldredge said police and fire are the biggest departments in the city and probably will take the brunt of the cuts.

Acting Police Chief James Packard already has submitted a revised budged with 30 to 35 fewer officers included.

Fire Chief Leland Hill's revised budget called for elimination of 41 firefighters.

## *Motorcyclist Reported Hurt*

A 26-year-old Napa motorcyclist was hurt early today when he lost control of his cycle on Silverado Trail south of Hagen Road, Napa police reported.

Thomas Hile, 93 Winding Way, was treated at Queen of the Valley Hospital and released.

Police said Hile's cycle went out of control on a curve, ran off the road and struck a paddle marker about 12:30 a.m.

## *Started At Age 61*

Character actor Sidney Greenstreet's first movie was made in 1941, when he was 61 years old — "The Maltese Falcon."

# Obituaries

### Frances Ethel Pettit

ST. HELENA — Frances Ethel Pettit, 89, died Wednesday at the Vintage Convalescent Hospital following a long illness.

A native of London, she was born Dec. 7, 1888 and was educated there.

In 1923 she came to the United States and settled in Long Beach where she met Clarence Benjamin Pettit. They were married in Pasadena where they made their first home.

The Pettits lived in various parts of California and Canada, finally settling in Oakland. Mrs. Pettit worked for the Oakland Tribune from 1943 to 1963.

Following her husband's death in 1967 Mrs. Pettit moved to St. Helena.

She is survived by two sons, Geoffrey M. Ruff of Elk Grove Village, Ill. and Capt. Kenneth E. Pettit, USMC Ret. of Alpine, a daughter, Margot Nichols of St. Helena, and three sisters: Dorothy Dangremond of St. Helena, one sister in England and one sister in Canada.

She also leaves three granddaughters and many nieces, nephews and cousins.

A private service was held under the direction of Morrison Funeral Chapel.

Interment will be private.

### Gladys Vivian Babcock

Gladys Vivian Babcock, 76, died Thursday at Queen of the Valley Hospital following a lingering illness.

Mrs. Babcock, a Napa resident since 1967, lived at 3966 Lassen St.

Born June 16, 1901 at Rapid River, Mich., she grew up and received her education there.

Mrs. Babcock, a homemaker, and her husband, James, retired to Napa from Mountain View to be near their granddaughter, Mrs. Judy Pridmore of Yountville.

Survivors include her husband, James A. Babcock of Napa, a daughter, Mrs. Joan Battle of Hayward, one sister, Mrs. Alice Rea of Portland, Ore., two grandchildren and two great-grandchildren.

The funeral was held today at Treadway & Wigger Funeral Chapel with the Rev. Erwin Bollinger officiating.

A graveside service was conducted by the Rev. Gary Cockrell at Alta Mesa Memorial Park, Palo Alto.

### Frieda Goldsmith

SACRAMENTO — Frieda Goldsmith, 88, long-time resident of Napa, died at a Sacramento hospital Wednesday, June 7 after a long illness.

She was born in Colusa to Mr. & Mrs. Peter Hinrichs.

Mrs. Goldsmith worked 25 years as a psychiatric technician at Napa State Hospital. During the time she was at the hospital she was presented with a Recognition of Employment award for service there.

She was a former member of the California States Employees Association and a member of the Retired Public Employees Association and a member of the Retired Public Employees Association of Napa Valley Chapter 11.

Survivors include cousins Eldo Barnett of Napa; Emma Lewis, Frieda Grant, George Harsten, Edwilda Lewis, Marjorie Wiseman, all of Sacramento; and Dorothy Stivers of Pudach, Kan. Her husband and son preceded her in death.

Entombment at Tulocay Cemetery was private.

Memorial contributions may be made to the American Heart Association, Sacramento chapter, or to Hannah Boys' Center, Sonoma.

### Stella Edith Miller

CARMEL VALLEY — Stella Edith Miller, 89, mother of Steele Park resident Mrs. William (Patricia) Monthei, died Sunday at her home in Carmel Valley Village.

She was born April 12, 1889 in Howell County, Mo. and was a 34-year resident of Carmel Valley.

Mrs. Miller was a member of Carmel Valley Community Chapel.

Besides Patricia Monthei, Mrs. Miller is survived by daughters Mrs. Raymone (Imogene) Danielson of Carmel Valley and Mrs. H. R. (Margaret) Smith of Yates Center, Kansas. She also leaves a sister, Mrs. A. E. Walls of Wichita, Kansas, 13 grandchildren and 13 great-grandchildren. Another daughter, Ruth Mayfield, preceded her in death.

A memorial service was held Thursday in Carmel Valley with the Rev. Don Johnson officiating.

The Paul Mortuary was in charge of arrangements.

### Constance Kay Kalamaras

*HAYWARD — Constance Kay Kalamaras, 21, died today at* Kaiser Foundation Hospital.

She was a resident of San Lorenzo and lived at 1169 Los Trancos.

Born in Vallejo March 27, 1957, she lived there with her parents until the age of six when the family moved to Napa. She attended Napa schools, graduating from Napa High School.

She was active in 4-H and raised dogs for Guide Dogs for the Blind. When she was 12, one of the dogs she had raised was selected California champion and received the Hamilton Perpetual Tropny award at the Guide Dog Field Day in San Rafael.

After graduating from high school, Miss Kalamaras worked at the Napa County Credit Bureau for a year, then went to work at Mare Island. A month ago she began employment as an executive secretary with P.I.E. Credit Union.

Her parents, Gus Kalamaras and Elaine Kalamaras, three sisters, Vicky Erickson, Christine Bledsoe and Stephanie Kalamaras and two brothers, Nick and John Kalamaras, all Napa residents, survive.

Funeral arrangements are pending at Richard Pierce Funeral Service.

The Napa Register

116th Year No. 118 Wednesday, January 11, 1978 Price: 20 Cents

# Corps Of Engineers Won't Dredge River

The U. S. Army Corps of Engineers will not construct a Napa River channel bypass through the downtown Napa Oxbow area nor will it dredge the navigational channel in the near future, city and county officials were told Tuesday.

The Napa County Board of Supervisors had requested the Corps to investigate both possibilities as a result of a November election and subsequent discussion.

The board indicated area residents had suggested the possibility of straightening out the Oxbow channel as a result of the defeat of the recent river project ballot issue.

Public Works Director Harry Hamilton claims the river channel south of town is rife with navigational hazards and should be dredged. In fact, Hamilton would like to effect a channel clean-up all the way to Calistoga as well. A disagreement with state Fish and Game officials over the scope of the project delayed such an action this past year.

"We do not believe that these activities either separately or in conjunction would reduce the present flood problem enough to establish a federal interest (i.e., money)," Corps Col. John M. Adsit wrote in a letter to supervisors.

"We feel that construction of partrial or ineffective flood control measures could be deceptive and have the adverse effect of contributing to a false sense of security for flood plain residents. A flase sense of security would encourage additional development and continued residence in flood prone areas, resulting in greater property damage and increased danger to human life during future floods.

"We do not believe that maintenance dredging of the navigational channel is warranted at this time.

"Recent hydrographic surveys of the channel do not show serious shoaling problems for past and present traffic. In addition, the relatively light traffic in the channel and lack of complaints from navigation operators do not indicate a serious problem."

Federal officials have recently asked city and county government leaders to implement federal flood insurance regulations here that will in effect prohibit all new building within the Napa River's narrow floodway.

The fact that the river channel will remain as is will undoubtedly prompt city and county officials to discuss what can be done with local tax dollars to alleviate the flood threat here — particularly in light of the Corps' unwillingness to appropriate federal funds or manpower for such endeavors.

Supervisors indicated they'll pass the Corps letter on to City of Napa officials as well as officers of the Napa County Taxpayers Association.

# Filling Of Rector Reservoir Gives Water To Yountville

YOUNTVILLE — This city will once again be allowed to obtain its water from Rector Reservoir, meaning that residents may eventually see a reduction in their water bills.

Officials from the California Veterans Home, which owns Rector, said they decided yesterday there is enough water to spare for Yountville.

Weekend rains apparently filled the reservoir faster than expected. Last week, home officials said the reservoir was Reservoir, which is located off the Silverado Trail near Yountville Cross Road.

Rector water will be more expensive now, Home Administrator Paul Battisti said this morning.

He told the Register that the home will have to raise the price of water to cover rising costs. "I have no idea" what the home will charge, he said.

City Administrator Jon Lander said he hopes the city will be able to lower its water charges since Rector water should remain cheaper than water from Napa.

Users inside the city now pay 65 cents per 1,000 gallons of water, plus a bimonthly base charge of $5.20.

Users outside the city pay $1.30 per 1,000 gallons and the same base charge. Water rates had been raised twice in the last 16 months, to pay

(Continued on Page 2)

# Paramedic Transport Refused

By KEVIN COURTNEY
Register Staff Writer

Fire department paramedics will have to operate within the city limits and abandon plans for a patient transport capability, the Napa City Council directed Tuesday night.

With paramedic service scheduled to begin by April, the council said the only citizens to be served would be city residents who are footing the bill.

The fire department was also told to drop plans for an ambulance - type vehicle for transporting patients to the hospital whenever a private ambulance wasn't available.

"The exception to the rule is likely to become the actual practice," suggested City Manager William Bopf, who said he was opposed to the patient-carrying capability.

Mayor Ralph Bolin agreed, noting, "Who would want to go in a private ambulance when you'd have to pay if the city would do it for free?"

Several council members expressed surprise that the transport issue was being raised at this late date, noting that the city pledged not to compete with Piner's Napa Ambulance Service when the paramedic question was put to voters in November, 1976.

Several fire department paramedic trainees were at the council meeting to argue for an ambulance-type vehicle, but Bolin said their appeal would only add unwanted emotional overtones to the issue.

"You can probably make a very dramatic and emotional appeal for doing that and the question will be how can you (the council) turn them down with peoples' lives at stake," said the mayor.

Because paramedics are the equivalent of bringing a hospital emergency room to an accident scene, council members doubted that patient transportation would ever be required before the private ambulance arrived. Those situations would be "very, very minimal," said Bopf.

A memo from training director Lee Mitchell to Fire Chief Milton Ochs argued that a patient transport capability would be needed whenever an ambulance was late in arriving to carry a critically-hurt patient.

Situations involving multiple accident victims or an am-

(Continued on Page 2)

# Napa County EMS Agency

## CE Provider Number 28-0001
## Approved CE Providers

| CE Provider Number | Provider Agency | Effective Date | Expiration Date | Contact |
|---|---|---|---|---|
| 28-0001 | Napa County EMS Agency | 08/01/2015 | 07/31/2099 | 2751 Napa Valley Corporate Drive<br>Bldg. B<br>Napa, CA 94559<br><br>PH : (707) 253-4341<br>Fax: (707) 299-4129 |
| 28-0002 | Napa Valley College | 08/01/2018 | 07/31/2022 | 2277 Napa-Vallejo Hwy.<br>Napa, CA 94558<br><br>PH: (707) 256-4596<br>Fax: (707) 259-8933 |
| 28-0003 | Pacific Union College | 01/01/2016 | 12/31/2019 | 1 Angwin Ave.<br>Angwin, CA 94508<br><br>PH: (707) 965-7032<br>Fax: (707) 965-7033 |
| 28-0004 | Queen of the Valley Medical Center | 08/01/2019 | 07/31/2023 | 1000 Trancas Ave.<br>Napa, CA 94558<br><br>PH: (707) 252-4411 x2341<br>Fax: (707) 257-4013 |
| 28-0005 | City of Napa Fire Department | 08/01/2019 | 07/31/2023 | 930 Seminary St.<br>Napa, CA 94558<br><br>PH: (707) 257-9598<br>Fax: (707) 258-7819 |
| 28-0006 | American Canyon Fire Protection District | 08/01/2019 | 07/31/2023 | 911 Donaldson Way E.<br>American Canyon, CA 94503<br><br>PH: (707) 551-0650<br>Fax: (707) 642-0201 |
| 28-0010 | American Medical Response (AMR) Napa County | 01/01/2016 | 12/31/2023 | 841 Latour Court, Suite D<br>Napa, CA 94558<br><br>PH: (707) 501-5280<br>Fax: (707) 265-6281 |
| 28-0013 | Napa State Hospital Fire Department | 04/11/2018 | 04/30/2022 | 2100 Napa-Vallejo Hwy.<br>Napa, CA 94558<br><br>PH: (707) 253-5235<br>Fax: (707) 254-2441 |
| 28-0014 | Calistoga Fire Department | 05/01/2016 | 04/30/2020 | 1232 Washington Street<br>Calistoga, CA 94515<br><br>PH: (707) 942-2840<br>Fax: (707) 942-4863 |

# Napa County EMS
# Administrative Policies &
# Field Treatment Guidelines

*The EMS Agency would like to emphasize that not all patients will fit the following treatment guidelines and that, like medicine, the practice of pre-hospital care is an art that involves training, judgment, experience and strong involvement from the medical community.*

*The guidelines encompass both ALS and BLS patient management, so as to emphasize the importance of the continuum of care that our EMS system provides.*

*These Administrative Policies and Field Treatment Guidelines are approved in accordance with H&SC 1797.220.*

Dr. Zita Konik
Medical Director
Napa County EMS Agency

Brian M. Henricksen
EMS Administrator
Napa County EMS Agency

***Effective January 1, 2019***

https://www.countyofnapa.org/756/Emergency-Medical-Services-EMS-Agency


**For additional information, visit the "App Store" and search for: Napa County**