EMERGENCY MEDICAL SERVICES AUTHORITY
11120 INTERNATIONAL DRIVE SUITE 200
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

December 19, 2023

Steve Carroll, EMS Administrator
Public Health Division Manager
Ventura County Public Health
Emergency Medical Services Agency
2220 E. Gonzales Rd. #200
Oxnard, CA 93036

Dear Steve Carroll,

This letter is in response to Ventura County Emergency Medical Services (EMS) Agency's 2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to the EMS Authority on August 21, 2023.

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

In accordance with HSC § 1797.254, EMS Plans are required to be submitted to the EMS Authority annually. Ventura 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 December 19, 2024. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

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

Sincerely,

Tom McGinnis

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

Enclosure
AW: rd

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Ventura County 2022 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT	Standby Service with Transport Auth.
ZONE	**EXCLUSIVITY**			**TYPE**			**LEVEL**						
ASA 1		X	Non-Competitive	X				X					
ASA 2		X	Non-Competitive	X				X					
ASA 3		X	Non-Competitive	X				X					
ASA 4		X	Non-Competitive	X				X					
ASA 5		X	Non-Competitive	X				X					
ASA 6		X	Non-Competitive	X				X					
ASA 7		X	Non-Competitive	X				X					

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, EMT-P
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

August 18, 2023

Tom McGinnis
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Tom,

I am pleased to submit the Ventura County EMS Plan Update for calendar year 2022 for your review, including updated Tables 1 through 11, and the specialty care system and QIP updates. Additionally, the Ambulance Zone Summary Forms are being resubmitted with no changes during the 2022 reporting period. We are currently in the initial stages of developing a request for proposal process to select future ambulance service providers.

As identified in previous EMS Plan updates, Ventura County EMS does not have an enhanced level pediatric emergency medical and critical care system as addressed in Standard 5.10. Ventura County does have two hospitals with Pediatric Intensive Care Units (PICU), however, no changes in services have occurred in the reporting period. We continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

Ventura County has one licensed rural general acute care hospital that is designated as a standby emergency department and therefore is considered as an Alternate Receiving Facility. Community Memorial Hospital - Ojai serves a rural area that is geographically separated from our larger population areas. The closest basic emergency department is located about 20 miles to the south. This hospital operates with full-time staff including an emergency physician on-site at all times, however, their facility does not meet the physical requirements to be licensed as a basic emergency department. VCEMS Policy 420, addresses the designation of a standby emergency department as an ambulance receiving center and a copy of our policy is provided with this EMS Plan update. Additionally, I have included a copy of our current review and approval for this facility.

Ventura County EMS has an active Medical Health Operational Area Coordination (MHOAC) program where we actively participate in the development of the County's operational area disaster plan. Steve Carroll is the primary MHOAC and Chris Rosa and Adriane Gil-Stefansen are alternate MHOAC designees. 2022 remained busy for the MHOAC program as we continued to respond to the COVID-19 pandemic and worked to increase our healthcare system preparedness capacity.

Please feel free to contact me at (805) 981-5305 should you require any additional information or should you have any questions.

Sincerely,

Steve Carroll
EMS Administrator

SECTION II - ASSESSMENT OF SYSTEM 2021
E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard	Recommended Guidelines
5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation of the system.	

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section as we have not developed a pediatric emergency medical and critical care system. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and two Pediatric Intensive Care Units (PICU), one located at Los Robles Hospital and Medical Center in Thousand Oaks and the other reopened in 2018 at Ventura County Medical Center (VCMC) in Ventura. As necessary, local hospitals work with pediatric specialty centers in neighboring counties to coordinate transfers when a higher level of care is needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County.

SECTION II - ASSESSMENT OF SYSTEM 2020
E. Facilities and Critical Care

5.10 (Cont'd.)

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Ventura County EMS will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

OBJECTIVE:

Ventura County EMS plans to revisit the pediatric capabilities available locally, however, we do not have a proposed timeframe at this time.

LEMSA: Ventura **FY: 2022-23**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS	
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
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		☐	☐	☐		
		☐	☐	☐		

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			
1.02 LEMSA Mission		X			
1.03 Public Input		X			
1.04 Medical Director		X	X		
Planning Activities:					
1.05 System Plan		X			
1.06 Annual Plan Update		X			
1.07 Trauma Planning*		X	X		
1.08 ALS Planning*		X			
1.09 Inventory of Resources		X			
1.10 Special Populations		X	X		
1.11 System Participants		X	X		
Regulatory Activities:					
1.12 Review & Monitoring		X			
1.13 Coordination		X			
1.14 Policy & Procedures Manual		X			
1.15 Compliance w/Policies		X			
System Finances:					
1.16 Funding Mechanism		X			
Medical Direction:					
1.17 Medical Direction*		X			
1.18 QA/QI		X	X		
1.19 Policies, Procedures, Protocols		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
1.21 Determination of Death		X			
1.22 Reporting of Abuse		X			
1.23 Interfacility Transfer		X			
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			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:					
1.27 Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:					
1.28 EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
2.02 Approval of Training		X			
2.03 Personnel		X			
Dispatchers:					
2.04 Dispatch Training		X	X		
First Responders (non-transporting):					
2.05 First Responder Training		X	X		
2.06 Response		X			
2.07 Medical Control		X			
Transporting Personnel:					
2.08 EMT-I Training		X	X		
Hospital:					
2.09 CPR Training		X			
2.10 Advanced Life Support		X			
Enhanced Level: Advanced Life Support:					
2.11 Accreditation Process		X			
2.12 Early Defibrillation		X			
2.13 Base Hospital Personnel		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
3.04	Dispatch Center		X			
3.05	Hospitals		X	X		
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/ Coordination		X	X		
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X	X		
3.10	Integrated Dispatch		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X	X		
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design	X				X
5.11	Emergency Departments		X			X
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
6.03	Prehospital Care Audits		X	X		
6.04	Medical Dispatch		X			
6.05	Data Management System*		X	X		
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X	X		
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X	X		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

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			
8.02 Response Plans		X	X		
8.03 HazMat Training		X			
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			
8.08 Inventory of Resources		X	X		
8.09 DMAT Teams		X			
8.10 Mutual Aid Agreements*		X			
8.11 CCP Designation*		X			
8.12 Establishment of CCPs		X			
8.13 Disaster Medical Training		X	X		
8.14 Hospital Plans		X	X		
8.15 Interhospital Communications		X			
8.16 Prehospital Agency Plans		X	X		
Enhanced Level: Advanced Life Support:					
8.17 ALS Policies		X			
Enhanced Level: Specialty Care Systems:					
8.18 Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:					
8.19 Waiving Exclusivity		X			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2022

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

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

County: Ventura

A.	Basic Life Support (BLS)	____%
B.	Limited Advanced Life Support (LALS)	____%
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: Public Health Director**

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

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 1,809,657
Contract Services (e.g. medical director, legal)	332,406
Operations (e.g. copying, postage, facilities)	278,058
Travel	22,4666
Fixed assets	105,735
Indirect expenses (overhead)	129,564
Ambulance subsidy	60,000
EMS Fund payments to physicians/hospital	1,279,995
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Vehicle Charges	62,315
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$ 4,080,196

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	855,349
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	532,338
Certification fees	97,096
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	150,000
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	442,012
Contributions	_____
EMS Fund (SB 12/612)	1,843,735
Other grants: MRC, WRP, FoPH	158,666
Other fees: Misc.	1,000
Other (specify): _____	_____
TOTAL REVENUE	$ 4,080,196

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	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	136.00
EMT-I recertification	96.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	80.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	535.00
AEMT training program approval	N/A
EMT-P training program approval	766.00
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	15,000.00
Trauma center designation	75,000.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Public Health Division Manager	1.0	78.53 / hr.	37%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	63.36 / hr.	37%	Deputy EMS Administrator
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	61.21 / hr.	39%	Senior Hospital Systems Coordinator
Medical Director	EMS Medical Director	0.5	120.75 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	98.43 / hr.	0	Independent Contractor
Disaster Medical Planner	Program Administrator III	1.0	52.84 / hr.	50%	EMS Operations Specialist
Disaster Medical Planner	Senior Registered Nurse Public Health	1.0	58.77 / hr.	50%	Senior Emergency Preparedness Nurse
QA/QI Coordinator	Senior Program Administrator	1.0	59.38 / hr.	38%	Specialty Care Systems Manager
QA/QI Coordinator	Program Administrator III	1.0	50.47 / hr.	38%	Clinical Quality Manager
Executive Secretary	Administrative Assistant II	1.0	37.53 / hr.	57%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	37.53 / hr.	48%	EMS Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	37.53 / hr.	48%	EMS Admin. Asst.
Other Clerical	HCA Training / Education Asst.	1.0	32.24 / hr.	57%	EMS Certification Specialist

Other Clerical	Community Health Worker	1.0	28.43 / hr.	56%	EMS Certification Specialist
Other	Community Services Coordinator	1.0	37.55 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	37.55 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	37.55 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	37.55 / hr.	53%	EPO Logistics Coordinator
Other	Program Administrator II	1.0	50.47 / hr.	34%	EMS Specialist and Safety Officer
Other	Program Administrator II	1.0	50.47 / hr.	45%	EMS Specialist and CISM Coordinator
Other	Program Assistant	1.0	45.88 / hr.	47%	EMS Investigator
Other	PH Program Coordinator	1.0	45.70 / hr.	47%	PH Data Program Coordinator
Other	Warehouse Coordinator	1.0	26.99 / hr	59%	EMS Logistics Specialist
Other	Community Health Worker	1.0	28.43 / hr.	56%	EMS Certification Specialist
Other	Community Health Worker	1.0	28.43 / hr.	56%	EMS Certification Specialist
Other	Community Health Worker	1.0	28.43 / hr.	56%	EMS Certification Specialist
Other	Technical Specialist	1.0	23.96 / hr	18%	Extra Help - COVID

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.

Ventura County Emergency Medical Services Agency
Organizational Chart

2022

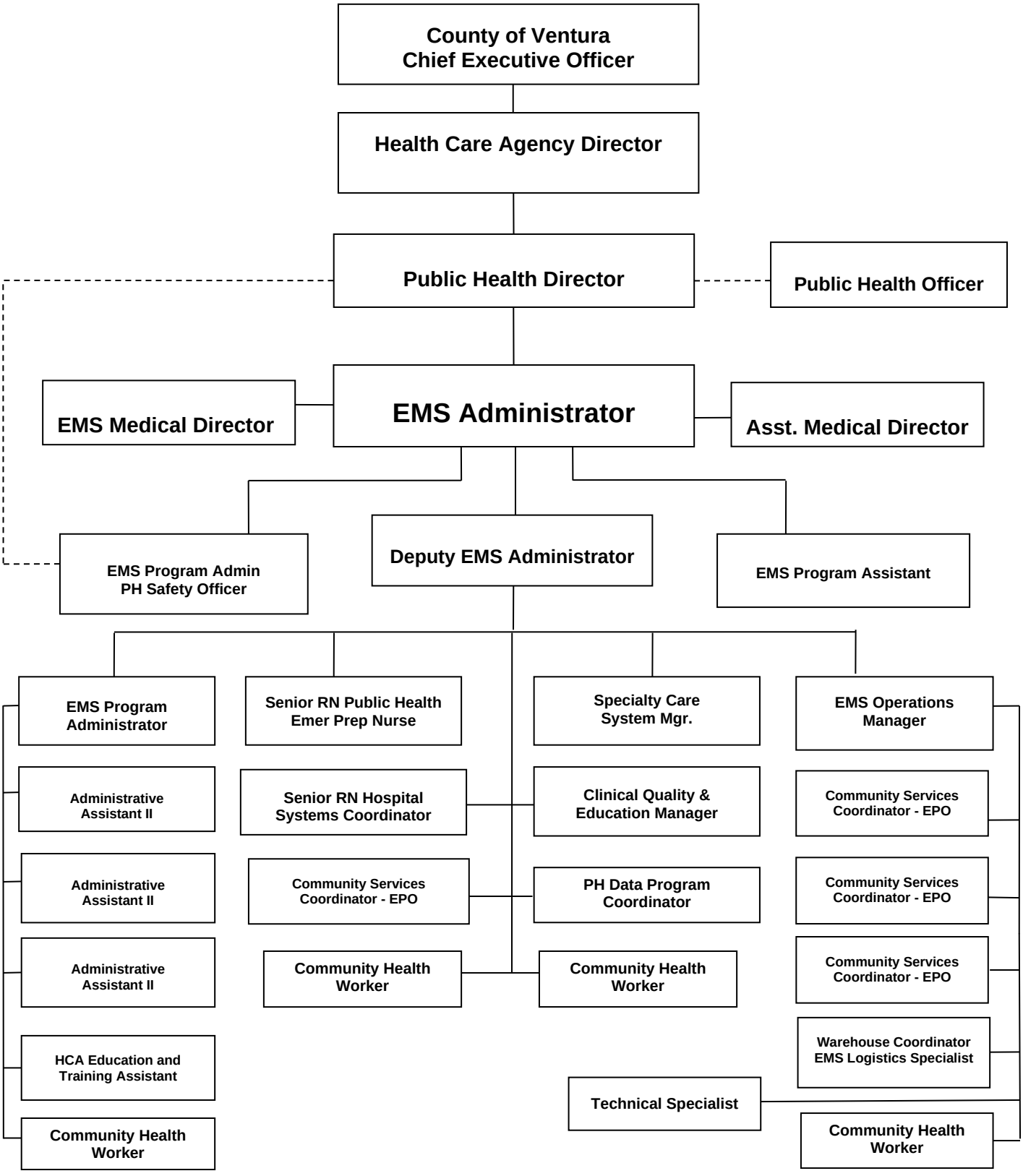


TABLE 3: STAFFING/TRAINING

Reporting Year: __2022_____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	904	0		83
Number newly certified this year	373	0		18
Number recertified this year	531	0		65
Total number of accredited personnel on July 1 of the reporting year	2188	0	247	140
Number of certification reviews resulting in:				
a) formal investigations	7	0		0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	7	0	0	0

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

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

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2022

1. Number of primary Public Service Answering Points (PSAP) 9
2. Number of secondary PSAPs 1
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?
   Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?
   Ventura County Sheriff's Dept. and Ventura County Fire Protection District
8. Do you have an operational area disaster communication system? **X** Yes ☐ No
   a. Radio primary frequency 154.055
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? **X** Yes ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? **X** Yes ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? **X** Yes ☐ No
      1) Within the operational area? **X** Yes ☐ No
      2) Between operation area and the region and/or state? **X** Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: _____2022_____

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers ___8____

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	7 min, 30 sec	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec or ASAP	Not Defined

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: 2022

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	3917
2. Number of major trauma victims transported directly to a trauma center by ambulance	638
3. Number of major trauma patients transferred to a trauma center	52
4. Number of patients meeting triage criteria who were not treated at a trauma center	1798

Emergency Departments

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	7
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	2

TABLE 7: DISASTER MEDICAL

Reporting Year: 2022

County: Ventura

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Hospital Parking Lots
   b. How are they staffed? Hospital personnel, PH nurses, and Medical Reserve Corps
   c. Do you have a supply system for supporting them for 72 hours? **X** Yes ☐ No

2. CISD
   Do you have a CISD provider with 24 hour capability? **X** Yes ☐ No

3. Medical Response Team
   a. Do you have any team medical response capability? **X** Yes ☐ No

   b. For each team, are they incorporated into your local response plan? **X** Yes ☐ No

   c. Are they available for statewide response? ☐ Yes **X** No

   d. Are they part of a formal out-of-state response system? ☐ Yes **X** No

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? ☐ Yes **X** No
   b. At what HazMat level are they trained? _____
   c. Do you have the ability to do decontamination in an emergency room? **X** Yes ☐ No
   d. Do you have the ability to do decontamination in the field? **X** Yes ☐ No

OPERATIONS

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

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12

3. Have you tested your MCI Plan this year in a:
   a. real event? **X** Yes ☐ No
   b. exercise? **X** Yes ☐ No

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement.
   __Medical Mutual Aid with all Region 1 and Region 6 counties_____

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

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

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

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

9. If not, to whom do you report? Health Care Agency, Public Health Department

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** American Medical Response **Response Zone:** 2,3,4,5,7

Address: 616 Fitch Ave
Moorpark, CA 93021

Phone Number: 805-517-2000

Number of Ambulance Vehicles in Fleet: 34

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 24

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

Transporting Agencies

49943	Total number of responses	35277	Total number of transports
48377	Number of emergency responses	33724	Number of emergency transports
1566	Number of non-emergency responses	1553	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Gold Coast Ambulance **Response Zone:** 1, 6

Address: 200 Bernoulli Circle
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 31

Phone Number: 805-485-3040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 23

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

Transporting Agencies

39060	Total number of responses	31478	Total number of transports
22678	Number of emergency responses	15370	Number of emergency transports
16382	Number of non-emergency responses	16108	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura City Fire Dept. **Response Zone:** _____

Address: 1425 Dowell Dr.
Ventura, CA 93003

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-339-4300

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:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X ALS X 9-1-1 X Ground X Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Oxnard Fire Dept. **Response Zone:** _____

Address: 360 W. Second St.
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-385-7722

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:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X ALS X 9-1-1 X Ground X Non-Transport X BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Fillmore Fire Dept. **Response Zone:** _____

Address: PO Box 487
Fillmore, CA 93015

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-524-0586

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:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X ALS X 9-1-1 X Ground X Non-Transport X BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura County Fire Dept. **Response Zone:** _____

Address: 165 Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-389-9710

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:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X Non-Transport	X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT X Ground ❑ Air ❑ Water
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State X Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura County Sheriff's Dept. **Response Zone:** _____

Address: 375A Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 805-388-4212

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:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport ❑ Non-Transport X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑IFT ❑ Ground X Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	❒ Fire X Law ❒ Other Explain: _____	❒ City X County ❒ State ❒ Fire District ❒ Federal	X Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance X ALS Rescue X BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

Response numbers are for rescue aircraft only

TABLE 9: FACILITIES

County: Ventura

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

Facility: Community Memorial Hospital Telephone Number: 805-652-5011
Address: Loma Vista and Brent
Ventura, CA 93003

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	❒ Yes **X** No		
EDAP[2]	❒ Yes **X** No		
PICU[3]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** 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

County: Ventura

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

Facility: Los Robles Regional Medical Center Telephone Number: 805-497-2727
Address: 215 W. Janss Road
Thousand Oaks, CA 91360

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

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

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** 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 9: FACILITIES

County: Ventura

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

Facility: Community Memorial Hospital - Ojai Telephone Number: 805-646-1401
Address: 1406 Maricopa Highway
Ojai, CA 93023

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency **X** Standby Emergency ❒ Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[7]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[8]	❒ Yes **X** No		
PICU[9]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	❒ Yes **X** No

[7] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[8] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[9] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: St. John's Hospital Camarillo Telephone Number: 805-389-5800
Address: 2309 Antonio Ave.
Camarillo, CA 93010

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[10]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[11]	❒ Yes **X** No		
PICU[12]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[10] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[11] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[12] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave
Oxnard, CA 93033

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[13]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[14]	❒ Yes **X** No		
PICU[15]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** Yes ❒ No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Adventist Health Simi Valley Telephone Number: 805-955-6000
Address: 2975 N. Sycamore Dr.
Simi Valley, CA 93065

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[16]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[17]	❒ Yes **X** No		
PICU[18]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** Yes ❒ No

[16] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[17] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[18] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Ventura County Medical Center Telephone Number: 805-652-6000
Address: 3291 Loma Vista Road
Ventura, CA 93003

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[19]	❒ Yes **X** No	**X** Yes ❒ No	❒ Level I **X** Level II ❒ Level III ❒ Level IV
EDAP[20]	❒ Yes **X** No		
PICU[21]	**X** Yes ❒ No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[19] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[20] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[21] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: VCMC Santa Paula Hospital Telephone Number: 805-933-8600

Address: 525 N. 10th Street
Santa Paula, CA 93060

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[22]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[23]	❒ Yes **X** No		
PICU[24]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	❒ Yes **X** No

[22] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[23] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[24] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2022

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

Training Institution: Conejo Valley Adult School Telephone Number: 805-497-2761
Address: 1025 Old Farm Road
Thousand Oaks, CA 91360

Student Eligibility*: General Public **Program Level EMT

Cost of Program:
Basic: 1500.00
Refresher: 299.00

Number of students completing training per year:
Initial training: 12
Refresher: 6
Continuing Education: 0
Expiration Date: 2/28/27

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

Training Institution: Moorpark College Telephone Number: 805-378-1433
Address: 7075 Campus Rd.
Moorpark, CA 93021

Student Eligibility*: General Public **Program Level EMT

Cost of Program:
Basic: 1154.26
Refresher:

Number of students completing training per year:
Initial training 59
Refresher: 0
Continuing Education: 44
Expiration Date: 5/31/24

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 28

*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

County: Ventura **Reporting Year:** 2022

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

Training Institution: Adventist Health Simi Valley Telephone Number: 805-955-6103
Address: 2975 Sycamore Dr
Simi Valley, CA 93035

Student Eligibility*: Private

**Program Level MICN

Cost of Program:
Basic: 0
Refresher:

Number of students completing training per year:
Initial training: 16
Refresher: 0
Continuing Education: 153
Expiration Date: 8/31/2023

Number of courses:
Initial training: 1
Refresher: 0
Continuing Education: 21

Training Institution: Oxnard College Telephone Number: 805-377-2250
Address: 4000 South Rose Avenue
Oxnard, CA 93033

Student Eligibility*: General

**Program Level EMT

Cost of Program:
Basic: 1337.00
Refresher: 190.00

Number of students completing training per year:
Initial training: 124
Refresher: 42
Continuing Education: 1
Expiration Date: 1/31/24

Number of courses:
Initial training: 8
Refresher: 3
Continuing Education: 1

*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

County: Ventura **Reporting Year:** 2022

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

Training Institution: Simi Institute for Careers and Education Telephone Number: 805-579-6200
Address: 1880 Blackstock Avenue
Simi Valley, CA 93065

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 1185.00
Refresher: 325.00

Number of students completing training per year:
Initial training: 35
Refresher: 7
Continuing Education: 0
Expiration Date: 11/30/23

Number of courses:
Initial training: 5
Refresher: 1
Continuing Education: 0

Training Institution: Ventura College – Paramedic Program Telephone Number: 805-289-6364
Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General **Program Level Paramedic

Cost of Program:
Basic: 4228.00
Refresher:

Number of students completing training per year:
Initial training: 31
Refresher: 0
Continuing Education: 362
Expiration Date: 4/30/24

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 19

*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

County: Ventura **Reporting Year:** 2022

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

Training Institution: Ventura College Telephone Number: 805-289-6364

Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General

**Program Level EMT

Cost of Program:

Basic: 1127.00

Refresher:

Number of students completing training per year:

Initial training:	100
Refresher:	0
Continuing Education:	0
Expiration Date:	11/30/23

Number of courses:

Initial training:	4
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 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2022

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

Name: Ventura County Fire Protection District Primary Contact: Michael Weisenberg

Address: 165 Durley Ave. Camarillo, CA 93010

Telephone Number: 805-389-9710

Written Contract:
☐ Yes X No

Medical Director:
☐ Yes X No

X Day-to-Day
☐ Disaster

Number of Personnel Providing Services:
35 EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
X Public ☐ Private

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

Area or subarea (Zone) Name or Title: **ASA 1**

Name of Current Provider(s): **Gold Coast Ambulance**
Serving since 1935

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Effective June 2021, Ojai Ambulance Inc., dba LifeLine Medical Transport, sold all operating assets and transferred complete operations to Gold Coast Ambulance Service, Inc., a subsidiary of American Medical Response Ambulance Service, Inc. They will continue to serve ASA 1 in the same manner and scope as they have since 1935. Paramedic service was added to the service area in 1986. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001.

Previous Owners:

Jerry Clauson and Family 1935 - 1994
Steve Frank 1994 - 2021
Gold Coast Ambulance 2021 - present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

Area or subarea (Zone) Name or Title: **ASA 2**

Name of Current Provider(s): **American Medical Response**
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 3**
Name of Current Provider(s):	**American Medical Response** **Serving since 1962**
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	**Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.	**Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	**Emergency Ambulance for 911 calls only**
Method to achieve Exclusivity, if applicable (HS 1797.224):	**Grandfathered** **American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.** **Previous Owners:** **Brady Ambulance 1962-1975** **Pruner Health Services 1975-1993** **Careline 1993-1996** **Medtrans 1996-1999** **American Medical Response 1999-present**
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

Area or subarea (Zone) Name or Title: **ASA 4**

Name of Current Provider(s): **American Medical Response**
Serving since 1962

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Conejo Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 5**
Name of Current Provider(s):	**American Medical Response** **Serving since 1962**
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	**Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.	**Exclusive**
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	**Emergency Ambulance for 911 calls only**
Method to achieve Exclusivity, if applicable (HS 1797.224):	**Grandfathered**

American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Camarillo Ambulance 1962-1978
Pruner Health Services 1978-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

Area or subarea (Zone) Name or Title: **ASA 6**

Name of Current Provider(s): **Gold Coast Ambulance**
Serving since 1949

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

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation, which is now American Medical Response Ambulance Service Inc. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Previously known as Oxnard Ambulance Service, the business name changed to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.

Previous Owners:
Robert Brown 1949 - 1980
Kendall Cook 1980 - 2010
American Medical Response 2010 - present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 7**
Name of Current Provider(s):	**American Medical Response** **Serving since 1962**

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

Area or subarea (Zone) Geographic Description:

Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.

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

Exclusive

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

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

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

Grandfathered

American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.

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.

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, Paramedic
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

August 18, 2023

Haady Lashkari
Chief Administrative Officer
Community Memorial Hospital-Ojai
1306 Maricopa Highway
Ojai, CA 93023

Dear Mr. Lashkari,

Community Memorial Hospital-Ojai has successfully passed the biennial review outlined in VCEMS Policy 420 – Receiving Hospital Standards and will continue to operate as a Receiving Hospital Standby Emergency Department in the County of Ventura. Utilizing the criteria outlined in Policy 420, VCEMS has reviewed the materials related to Community Memorial Hospital-Ojai standby emergency department capabilities and staffing and have determined them to be appropriate. We feel that it remains in the best interest of the Ojai Valley community to continue allowing ambulance transport to Community Memorial Hospital-Ojai for patients meeting general (non-specialty care) criteria. This designation will remain in effect from August 18, 2023 until your next review scheduled for July 31, 2025, provided Community Memorial Hospital-Ojai continues to meet all standards outlined in VCEMS Policy 420.

Please do not hesitate to contact either one of use with any questions or concerns related to this matter.

Sincerely,

Steve Carroll, Paramedic
VCEMS Administrator

Daniel Shepherd, MD
VCEMS Medical Director

Community Memorial
HOSPITAL – OJAI

August 18, 2023

Steve Carroll, EMS Administrator
Ventura County Emergency Medical Services Agency
2220 E. Gonzales Rd, Suite 200
Oxnard, CA 93036

Re: Biennial Review and application to renew Receiving Hospital Status Designation

Dear Mr. Carroll:

We would like to formally request that Community Memorial Hospital Ojai be approved to continue as a Ventura County Receiving Hospital, operating as a Standby Emergency Department per EMS definitions.

Please find enclosed the completed Ventura County EMS Policy 420 "Receiving Hospital Criteria Compliance Checklist" and additional "Compliance Checklist for Standby Emergency Departments" documentation.

We reaffirm our commitment to the Ojai Valley community to provide care for emergency patients as a VC EMS receiving hospital and our compliance with EMS Policy 420. Please contact us right away if you have any questions related to this matter, as we look forward to your positive reply.

Sincerely,

Neil Canby, MD
Community Memorial Hospital Ojai
Emergency Department

Bret McClure, MSN, RN
Director of Emergency Services
Community Memorial Healthcare

CC: Haady Lashkari, Chief Administrative Officer
Diane Drexler, Chief Nursing Officer
Colleen Wheeler, Associate Director, Quality

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Community Memorial Hospital - Ojai Date: 8/18/23

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:	N/A	
1.	Be licensed by the State of California as an acute care hospital.	✓	
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.	✓	
3.	Be accredited by a CMS accrediting agency	✓	
4.	Operate an Intensive Care Unit.	✓	
5.	Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
	• Cardiology	✓	
	• Anesthesiology	✓	
	• Neurosurgery	✓	
	• Orthopedic Surgery	✓	
	• General Surgery	✓	
	• General Medicine	✓	
	• Thoracic Surgery	✓	
	• Pediatrics	✓	
	• Obstetrics	✓	
6.	Have operating room services available within 30 minutes.	✓	
7.	Have the following services available within 15 minutes.	NA	
	• X-Ray	✓	
	• Laboratory	✓	
	• Respiratory Therapy	✓	
8.	Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician, or other qualified medical personnel designated by hospital policy.	✓	
9.	Have the capability at all times to communicate with the ambulances and the BH.	✓	
10.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
	a. Be regularly assigned to the Emergency Department.	✓	
	b. Have knowledge of VC EMS policies and procedures.	✓	

	YES	NO
c. Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.	✓	
d. Attend or have designee attend PSC meetings.	✓	
e. Provide Emergency Department staff education.	✓	
f. Schedule medical staffing for the ED on a 24-hour basis.	✓	
11. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:	N/A	
a. All Emergency Department physicians shall:	N/A	
1) Be immediately available to ED at all times.	✓	
2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.	✓	
b) Have and maintain current Advanced Trauma Life Support (ATLS)certification.	✓	
c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	✓	
b. RH EDs shall be staffed by:	N/A	
1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or	✓	
2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.	✓	
a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month	✓	
b) Physicians working in more than one hospital may total their hours	✓	
c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician	✓	

		YES	NO
	d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.	✓	
	c. All RH RNs shall:	N/A	
	1) Be regular hospital staff assigned solely to the ED for that shift.	✓	
	2) Maintain current ACLS certification.	✓	
	d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.	✓	
	e. Sufficient licensed personnel shall be utilized to support the services offered.	✓	
12.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.	✓	
13.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.	✓	
14.	Participate with the BH in evaluation of paramedics for reaccreditation.	✓	
15.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises. VC Sheriffs landing Pad - offsite	*	
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.	✓	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Miguel Arribus, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Jeffrey Barrett, MD

Date: 3/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Neil Canby, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Alena Chauhan, MD

Date: 8/15/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	NA	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	✓	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Gordon Clawson, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		✓
a.	Have and maintain current ACLS certification.	✓	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	✓	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	✓	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Sophia Froelich, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA.	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Andrea Gonzales, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	N.A	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	N.A	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	N.A	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	N.A	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Christopher Inabnit, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Matthew Koger, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Ross Levin, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Miles Mazzsen, DO

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Rodney Owen, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Brian Raffetto, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Nicolas Saenz, MD Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Caleb Scarth, DO

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Evan Wu, MD

Date: 8/18/23

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.	✓	
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:	✓	
a.	Have and maintain current ACLS certification.	NA	
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.	NA	
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.	NA	

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL STANDBY EMERGENCY DEPARTMENT ADDITIONAL CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital w/Standby ED: Community Memorial Hospital - Ojai Date: 8/18/23

	EMS REVIEW	
The RH with standby ED has:	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.	✓	
B. Ability of staff to care for the degree and severity of patient injuries or condition.	✓	
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.	✓	
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.	✓	
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.	✓	
COMMENTS		

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	Steven L. Carroll, Paramedic	Date: July 1, 2022
APPROVED Medical Director:	Daniel Shepherd, MD	Date: July 1, 2022
Origination Date: April 1, 1984 Date Revised: February 10, 2022 Date Last Reviewed: February 10, 2022 Review Date: February 28, 2025		Effective Date: July 1, 2022

I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.

II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.

III. POLICY:

A. A RH, approved and designated by the Ventura County EMS Agency, shall:

1. Be licensed by the State of California as an acute care hospital.
2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
3. Be accredited by a CMS accrediting agency.
4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a “Comprehensive Emergency Department,” “Basic Emergency Department” or a “Standby Emergency Department.”
5. Operate an Intensive Care Unit.
6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics

7. Have operating room services available within 30 minutes.
8. Have the following services available within 15 minutes.

   X-ray Laboratory Respiratory Therapy
9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.
10. Always have the capability to communicate with the ambulances and the Base Hospital (BH).
11. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.
    a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations
12. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
    a. Be regularly assigned to the ED.
    b. Have knowledge of VCEMS policies and procedures.
    c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
    d. Attend, or have designee attend, PSC meetings.
    e. Provide ED staff education.
    f. Schedule medical staffing for the ED on a 24-hour basis.
13. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
    a. All Emergency Department physicians shall:
        1) Be immediately available to the Emergency Department at all times.
        2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
            a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
            b) Have and maintain current Advanced Trauma Life Support (ATLS) certification.

c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.

b. RH EDs shall be staffed by:

1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or

2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.

a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.

b) Physicians working in more than one hospital may total their hours.

c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.

d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.

c. All RH RNs shall:

1) Be regular hospital staff assigned solely to the ED for that shift.

2) Maintain current ACLS certification.

d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.

e. Sufficient licensed personnel shall be staffed to support the services offered.

13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.

14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.

15. Participate with the BH in evaluation of paramedics for reaccreditation.

16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.

B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.

C. EMS shall review its agreement with each RH at least every two years.

D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.

E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.

F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.

1. Application:
   Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
2. Approval:
   Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.

G. ALS RHs shall be reviewed every two years.

1. All RH shall receive notification of evaluation from the EMS.
2. All RH shall respond in writing regarding program compliance.
3. On-site visits for evaluative purposes may occur.
4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:

1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness

2. Chest pain or discomfort of known or suspected cardiac origin
3. Sustained respiratory distress not responsive to field treatment
4. Suspected pulmonary edema not responsive to field treatment
5. Potentially significant cardiac arrhythmias
6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status
7. Suspected spinal cord injury of new onset
8. Burns greater than 10% body surface area
9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital

I. A RH with a standby emergency department only, offering "standby emergency medical service," is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.

1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
    a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
    b. With bleeding that cannot be controlled
    c. Without an effective airway
2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____ Date: _____

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1.	Be licensed by the State of California as an acute care hospital.		
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3.	Be accredited by a CMS accrediting agency		
4.	Operate an Intensive Care Unit.		
5.	Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
	• Cardiology		
	• Anesthesiology		
	• Neurosurgery		
	• Orthopedic Surgery		
	• General Surgery		
	• General Medicine		
	• Thoracic Surgery		
	• Pediatrics		
	• Obstetrics		
6.	Have operating room services available within 30 minutes.		
7.	Have the following services available within 15 minutes.		
	• X-Ray		
	• Laboratory		
	• Respiratory Therapy		
8.	Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician, or other qualified medical personnel designated by hospital policy.		
9.	Have the capability at all times to communicate with the ambulances and the BH.		
10.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
	a. Be regularly assigned to the Emergency Department.		
	b. Have knowledge of VC EMS policies and procedures.		

				YES	NO
	c.		Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
	d.		Attend or have designee attend PSC meetings.		
	e.		Provide Emergency Department staff education.		
	f.		Schedule medical staffing for the ED on a 24-hour basis.		
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:				
	a.		All Emergency Department physicians shall:		
		1)	Be immediately available to ED at all times.		
		2)	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
			a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
			b) Have and maintain current Advanced Trauma Life Support (ATLS)certification.		
			c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
	b.		RH EDs shall be staffed by:		
		1)	Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
		2)	Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
			a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
			b) Physicians working in more than one hospital may total their hours		
			c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

	YES	NO
d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.		
c. All RH RNs shall:		
1) Be regular hospital staff assigned solely to the ED for that shift.		
2) Maintain current ACLS certification.		
d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
e. Sufficient licensed personnel shall be utilized to support the services offered.		
12. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14. Participate with the BH in evaluation of paramedics for reaccreditation.		
15. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____ Date: _____

All Emergency Department physicians shall:		YES	NO
1.	Be immediately available to the RH ED at all times.		
2.	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a.	Have and maintain current ACLS certification.		
b.	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c.	Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL STANDBY EMERGENCY DEPARTMENT ADDITIONAL CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital w/Standby ED:_____ Date: _____

	EMS REVIEW	
The RH with standby ED has:	YES	NO
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B. Ability of staff to care for the degree and severity of patient injuries or condition.		
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		

TRAUMA SYSTEM STATUS REPORT
Reporting for Calendar Year 2022

July 2023

Steve Carroll, EMS Administrator
Karen Beatty Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, Specialty Care System Manager

Trauma System Summary

The Ventura County trauma system was created by a resolution of the Ventura County Board of Supervisors in 2010. Ventura County Medical Center (VCMC) and Los Robles Regional Medical Center (LRRMC) are County-designated Level II trauma centers and are geographically situated to provide similar access to trauma care for all areas of the County.

Both trauma centers are required by County EMS contract to maintain American College of Surgeons (ACS) verification. LRRMC was awarded their latest ACS verification in January 2019. Due to COVID-19, their next renewal was delayed until February 2023. VCMC renewed their verification in August 2021.

VCMC provides trauma care for the West County, including the south coast and Los Padres National Forest areas. Their trauma director is Dr. Thomas Duncan and Gina Ferrer, RN, is their trauma program manager (TPM).

LRRMC provides trauma care for the East County, including areas bordering Kern County to the north and Los Angeles County to the south. Their trauma director was Dr. Walid Arnaout until November of 2022, then they hired Dr. Tim Deaconson. Their TPM is Bill Ashland.

Trauma Center catchment areas are assigned according to drive time from an incident to the trauma center. With the population centers and division of trauma destinations, most trauma patients from a 911 incident arrive at a trauma center within fifteen minutes after an ambulance departs the scene.

Ventura County Trauma Center Catchment Map

2022 Ventura County Trauma Destinations

Trauma Catchment Base Hospital **-Trauma Center**

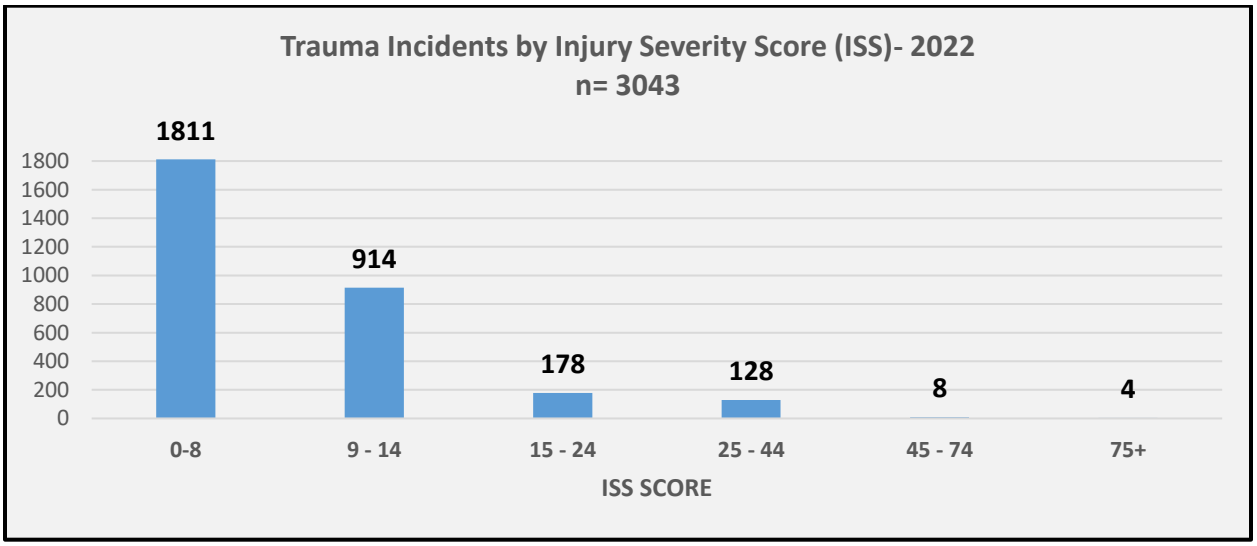
Destination	Step 1 TOTAL 357	Step 2 TOTAL 287	Step 3 TOTAL 462
VCMC Trauma Catchment Calls	**208**	**235**	**276**
Community Memorial Hospital	1	0	4
-Henry Mayo Newhall Memorial Hospital	**3**	**2**	**4**
-Los Robles Hospital and Medical Center	2	6	10
Ojai Valley Hospital	0	1	2
-Santa Barbara Cottage Hospital	**0**	**0**	**2**
Santa Paula Hospital	1	0	2
St. John's Regional Medical Center	1	2	8
-Ventura County Medical Center	**200**	**224**	**244**
LRHMC Trauma Catchment Calls	**110**	**95**	**156**
Adventist Health Simi Valley	1	1	2
-Henry Mayo Newhall Memorial Hospital	**0**	**1**	**2**
-Los Robles Hospital and Medical Center	**105**	**90**	**148**
-Northridge Medical Center	**0**	**1**	**3**
-Providence Holy Cross	**1**	**0**	**0**
St. John's Hospital Camarillo	2	0	1
-Ventura County Medical Center	**1**	**2**	**0**

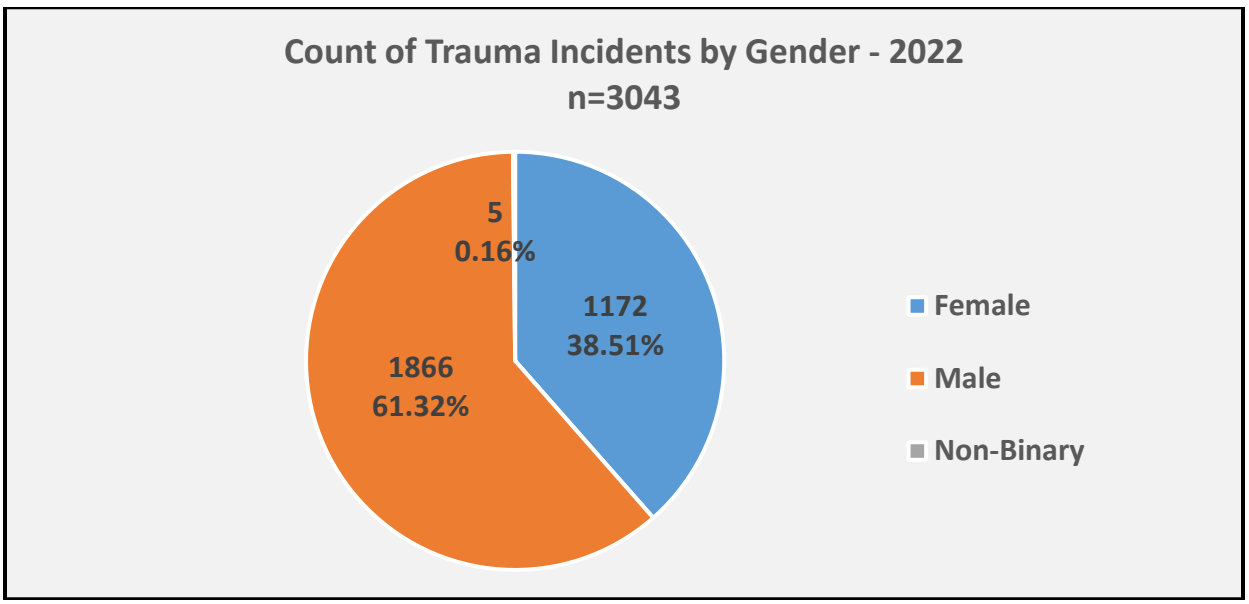
2021 Step 1-3 by Hospital	**N**
Adventist Health Simi Valley	4
Community Memorial Hospital	5
-Henry Mayo Newhall Memorial Hospital	**12**
-Los Robles Hospital and Medical Center	**361**
-Northridge Medical Center	**4**
Ojai Valley Hospital	3
-Providence Holy Cross	**1**
-Santa Barbara Cottage Hospital	2
Santa Paula Hospital	3
St. John's Hospital Camarillo	3
St. John's Regional Medical Center	11
-Ventura County Medical Center	**671**
TOTAL	**1080**

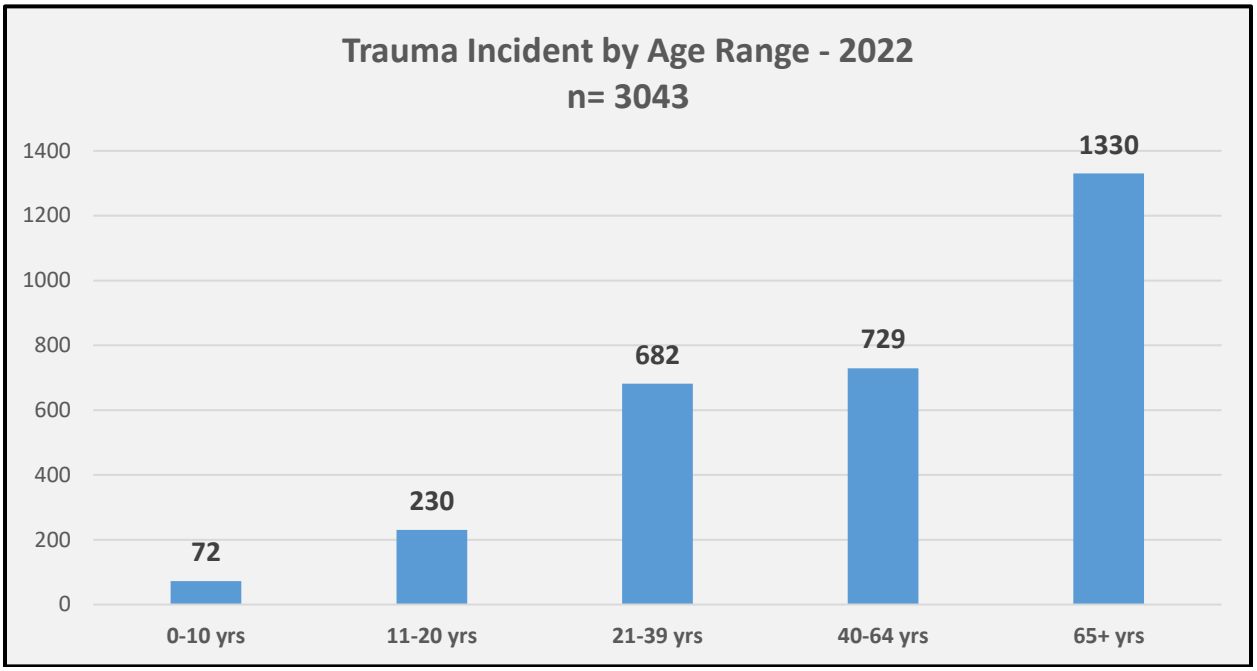
2021 Step 4 by Hospital	**N**
Adventist Health Simi Valley	357
Community Memorial Hospital	325
-Henry Mayo Newhall Memorial Hospital	**2**
-Los Robles Hospital and Medical Center	**607**
Ojai Valley Hospital	102
Santa Paula Hospital	63
St. John's Pleasant Valley Hospital	266
St. John's Regional Medical Center	656
-Ventura County Medical Center	**459**
TOTAL	**2837**

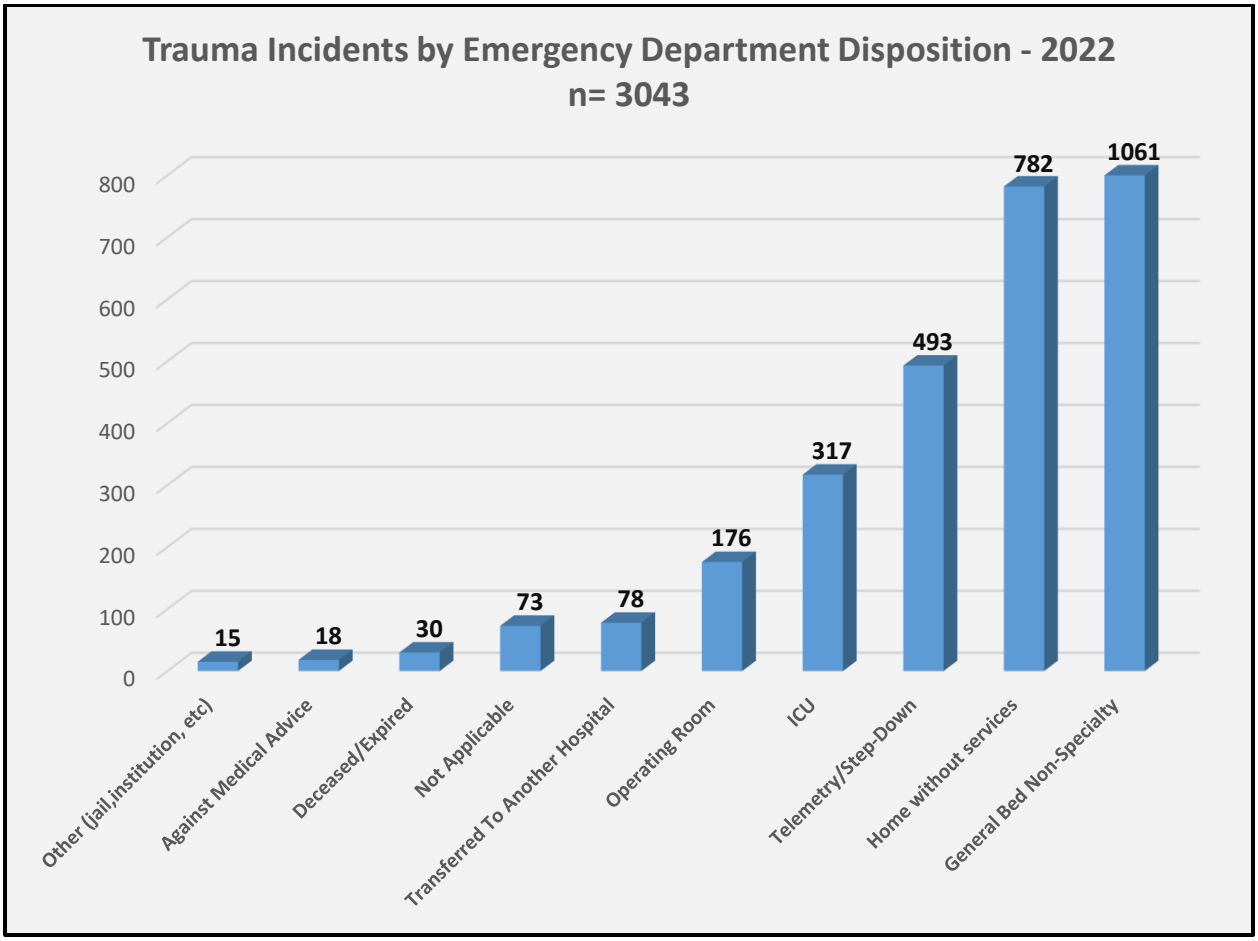
Ventura County Trauma System Statistics 2022

Ventura County Trauma System Statistics 2021	N
Pts meeting trauma triage criteria Step 1-3	1080
Major trauma (ISS ≥ 16) (Step 1) transported directly to trauma center by EMS	312
Major trauma pts (ISS ≥ 16) (POV & EMS) transferred (Urgent or Emergent) to a trauma center	16
Major trauma pts (ISS ≥ 16) *arrived non-trauma hospital by EMS*, transferred (Urgent or Emergent) to a trauma center	6
Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	26
Step 1-3 Under Triage rate = 6/1080	0.6%
Step 1-4 (all trauma) Under Triage rate = 56/3917	1.4%






Trauma Incident by Age Range - 2022
n= 3043
1400
1200
1000
800
600
400
200
0
72
230
682
729
1330
0-10 yrs
11-20 yrs
21-39 yrs
40-64 yrs
65+ yrs


Trauma Incidents by Emergency Department Disposition - 2022
n= 3043
800
700
600
500
400
300
200
100
0
15
18
30
73
78
176
317
493
782
1061
Other (jail,institution, etc)
Against Medical Advice
Deceased/Expired
Not Applicable
Transferred To Another Hospital
Operating Room
ICU
Telemetry/Step-Down
Home without services
General Bed Non-Specialty

TXA Administration

In 2022, we administered Tranexamic Acid (TXA) to 35 patients, which is an increase from the 19 patients who received TXA in 2021. 29/35 patients survived and 16/35 received a second dose of TXA at the Trauma Center. In Fall 2021, we added language to our TXA policy to include asking for a Base Hospital order for post-partum hemorrhage and other bleeding emergencies not indicated in the policy. This most likely is the reason for the increase of TXA administration in 2022. Base Hospital orders were received for 11/35 patients. We will continue to monitor in 2023.

Changes in Trauma System

Changes to the trauma system include the following:

In late 2022, we familiarized ourselves with the new "Resources for Optimal Care of the Injured Patient" (2022 Standards-Gray book) by the American College of Surgeons. In 2023, we will adopt the new guidelines in the gray book and update any policies as needed.

A new Policy 132 "Special Events or Mass Gatherings" was approved as a guideline for how many EMTs, Paramedics, and ambulances should be on stand-by during these events.

Policy 715 Needle Thoracostomy was updated to address criteria for use as "Signs of hypoperfusion **and/or** systolic blood pressure less than 90 mmHg" to include more patients to be eligible. This policy also states the lateral placement is the preferred adult site.

We developed a "How to Transfer a Patient from Your Facility" book which includes how to transfer an Emergent/Urgent Trauma transfer in a timely manner and delivered to all 8 hospital Emergency Departments.

We instituted an on-line tool to report any unusual occurrence or medication error electronically by following a link or using a QR Code.

We continue to monitor "Step 4" being transported directly by EMS to a Trauma Center. We found a slight decrease from 39% in 2021 to 38% in 2022. We also monitor what % of Step 4s are transferred after arriving to a non-trauma center by EMS. We saw a decrease from 2% in 2021 to 1% in 2022. This data is monitored at our quarterly Trauma Operations Review Committee (TORC).

Ventura County Field Triage Decision Scheme

For patients with visible or suspected traumatic injuries

Measure vital signs and level of consciousness

STEP 1

1.1 Unable to follow commands (motor < 6)

1.2 Systolic Blood Pressure
- Age 0-9 years SBP < 70 mmHg + (2 x age years)
- Age 10-64 years SBP < 90 mmHg or HR > SBP
- Age 65 or older SPB SBP < 110 mmHg or HR > SBP

1.3 Respiratory
- RR < 10 or > 29 breaths/min
- Resp Distress or need for respiratory support
- Room-air pulse oximetry < 90%

Yes → **Contact base trauma center**

Transport to trauma center

Assess anatomy of injury

STEP 2

2.1 All penetrating injuries to head, neck, torso and extremities proximal to elbow and knee
2.2 Chest wall instability, deformity, or suspected flail chest
2.3 Suspected two or more proximal long-bone fractures (femur, humerus)
2.4 Crushed, degloved, mangled or pulseless extremity
2.5 Amputation proximal to wrist or ankle
2.6 Suspected pelvic fractures
2.7 Skull deformity, suspected skull fracture
2.8 Acute paralysis, extremity weakness, or sensory loss possibly due to spinal cord injury
2.9 Seat belt injury: significant bruising to neck, chest, or abdomen
2.10 Diffuse abdominal tenderness from blunt trauma
2.11 Active bleeding requiring a tourniquet or wound packing with continuous pressure

Yes → **Transport to trauma center**

Assess mechanism of injury and evidence of high-energy impact

STEP 3

Falls
- **3.1.1** Adults: Fall from height > 10 feet (one story is equal to 10 feet)
- **3.1.2** Children < 15 years old: Fall from height > 10 feet or two times the height of the child

High-risk auto crash
- **3.2.1** Intrusion (Including roof) > 12" patient site **or** > 18" any occupant site
- **3.2.2** Ejection: partial or complete from automobile
- **3.2.3** Death in same passenger compartment

3.3 Auto vs. pedestrian/bicyclist thrown, run over, with significant impact or > 20 mph
3.4 Unenclosed vehicle crash > 20 mph **or** Rider separated from transport vehicle with significant impact (e.g. motorcycle, ATV, Horse, etc.)
3.5 Child (age 0-9) unrestrained or in unsecured child safety seat

Yes → **Contact base trauma center for destination decision**

Assess special patient or system considerations

STEP 4

4.1 Age > 65
4.2 Low level Falls in young children (age < 5 years) or older adults (age 65 or older) with significant head impact
4.3 Burns with trauma mechanism
4.4 Time sensitive extremity injury (open fracture, neurovascular compromise)
4.5 Pregnancy > 20 weeks with known or suspected abdominal trauma
4.6 Prehospital care provider or MICN judgment
4.7 Amputation or partial amputation of any part of the hand
4.8 Penetrating injury to the globe of the eye, at risk for vision loss
4.9 Anticoagulation use[1]

Yes → **Contact regular catchment base hospital**

Consider transport to trauma center or specific resource hospital

[1]See list

Transport to closest ED or by patient preference

Version 7 Revised 06/30/2022

Number and Designation Level of Trauma Centers

There are presently two designated and accredited Level II trauma centers in Ventura County. Both trauma centers are TQIP participants.

East County:
Los Robles Regional Medical Center (LRRMC)
215 West Janss Road
Thousand Oaks, CA 91360

West County:
Ventura County Medical Center (VCMC)
300 Hillmont Avenue
Ventura, CA 93003

Trauma System Goals and Objectives

In keeping with the context of the EMS System in general, goals and objectives have been established or revised with realistic tasks, stakeholders, and target dates.

1. Identification and Access:

Goal: To monitor and possibly improve injury identification and transport to the most appropriate hospital.

Objective: Ventura County EMS under triage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries. 2022= 1.4% n=56/3917

Update: VCEMS bases prehospital trauma triage policy on current research and best practice recommendations from the 2011 Morbidity & Mortality Weekly Report (MMWR) "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage," as well as a limited set of system-specific criteria (see Policy 1405, "Trauma Triage and Destination Criteria").

In 2022, we began to look at the "National Guideline for the Field Triage of Injured Patients" recommended by the American College of Surgeons and make changes to our "Trauma Triage and Destination Criteria". After several meetings with our Stakeholders, a new "Trauma Triage and Destination Criteria" was drafted and set to go live January 2023.

According to Resources for Optimal Care of the Injured Patient, ACS 2014 (Orange Book), under triage for prehospital trauma patients may be defined by a variety of ways, including analysis of "major trauma patients who were transported incorrectly to a non-trauma center." For Ventura County's trauma system, we currently track and review each "emergent" trauma transfer for appropriateness of care and transfer criteria. For those who were transported to a non-trauma hospital by EMS and subsequently emergently transferred to a trauma center, the prehospital care and decision making is reviewed as well.

January – December 2022:

220 =Total number of patients transported from the field by EMS to a trauma center, who had ISS ≥ 16

35	Los Robles	3	Henry Mayo	1	Northridge Hospital
181	Ventura County Medical Center	0	Holy Cross		

35 ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital **by POV** regardless of ISS.*

17 ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital **by EMS** regardless of ISS.*

Objective: under triage analysis of the system will also include a review of patients "who were taken to a non-trauma center hospital and then died of potentially preventable causes" (Orange Book).

VCEMS works with the Ventura County Office of Vital Statistics to discover and review cases in which a patient died of a trauma-related cause, in a Ventura County non-trauma center hospital. Each case is brought to the Trauma Operational Review Committee (TORC) for committee discussion as to appropriateness of care. Due to COVID-19, the TORC committee continued to be held virtually.

Timeline: Goal has been achieved: Follow-up is triannual, ongoing.

2. Prehospital Care/Transportation:

Goal: Assure high quality prehospital treatment and transportation systems for the movement of injured patients.

Objective: VCEMS will plan for trauma-specific education of prehospital care providers.

Update: Trauma-specific education of prehospital care providers has been delivered by first responder fire departments, ambulance providers, base hospital prehospital care coordinators, and regular presentations of trauma-specific topics by the two trauma centers. A master calendar is maintained at VCEMS and posted on the website. Due to COVID-19, this education continued to be completed virtually.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year. Due to COVID-19, this education was completed virtually.

Revisions in policies that affect the delivery of prehospital care to trauma patients are brought to a twice-yearly EMS update for EMTs, MICNs, and paramedics. Due to COVID-19, this education was completed virtually.

EMS will continue to monitor and review prehospital trauma care throughout system using current methods of tracking and loop closure when appropriate.

Timeline: Goal has been achieved: Follow-up is biannual, ongoing.

Goal: Assure high quality prehospital treatment and transportation systems for the movement of injured patients.

Objective: VCEMS will oversee and monitor EMS transports of patients triaged into Step 1 – 4 of the Trauma Triage Decision Scheme to assure appropriateness of destinations.

Update: EMS tracks all trauma destinations monthly and conducts follow-up for incidents in which trauma patients who meet Step 1 – 3 criteria are transported to a non-trauma hospital.

Timeline: Goal has been achieved: Follow-up is monthly, occasional case-by-case, and ongoing.

Goal: Collaborate with county agencies and trauma centers to provide "STOP THE BLEED" education and equipment.

Objective: Establish and maintain the "Ventura County Stop the Bleed Program."

Update: This program consists of educating the public in lifesaving skills required in the first few minutes of major trauma and strategically locating "Bleeding Control Kits" in government buildings throughout Ventura County. In 2022, classes continued with an on-line portion of lecture, then a skills portion check-off.

Both Trauma Centers completed classes with skills including classes at high schools and community outreach events.

Train the trainer for Stop The Bleed instructors were completed by the EMS agency to our eligible Medical Reserve Corp members.

Timeline: Goal achieved: Will follow-up quarterly at each Trauma meeting.

3. Hospital Care:

Goal: Development of a network of trauma care that meets the needs of an appropriately regionalized system.

Objective: Patients who are injured in multiple casualty incidents (MCIs) and patients injured at locations significantly closer to out-of-county trauma centers, may be appropriately transported to a Los Angeles or Santa Barbara trauma center.

The base hospital for incidents located near the northern border of Ventura County may direct patients to Santa Barbara Cottage Hospital, and patients injured near the northeastern edge of the County may be directed to Henry Mayo Hospital, Northridge Hospital, and Holy Cross Hospital in Los Angeles County. Letters of agreement regarding accepting and providing care for patients with traumatic injuries are in place between Ventura, Los Angeles, and Santa Barbara Counties.

For 2022, EMS out-of-county transports for trauma care include the following:

<u>Step 1</u>
3 Henry Mayo Newhall Memorial Hospital
1 Providence Holy Cross Hospital
<u>Step 2</u>
3 Henry Mayo Newhall Memorial Hospital
1 Northridge Regional Medical Center
<u>Step 3</u>
6 Henry Mayo Newhall Memorial Hospital
3 Northridge Regional Medical Center
2 Santa Barbara Cottage Hospital

Timeline: Goal has been achieved: Follow-up is yearly, ongoing.

4. Evaluation:

Goal: To establish a monitoring program designed to assure appropriate access, flow, and treatment of the trauma patient and to assist with trauma system refinements.

Objective: For Step 1-4 trauma patients transported to non-trauma center hospitals in the County, as well as trauma centers out-of-county, VCEMS will establish a system for obtaining a limited dataset (including outcome) that will be used to provide a clearer evaluation of the trauma system.

Update: VC EMS Policy 1403 “Trauma Hospital Data” requires data and details from significant trauma incidents in which patients are transported to a non-trauma center hospital, to be available for review on a case-by-case basis to discuss at our TORC quarterly meeting.

Timeline: Goal has been achieved: Follow-up is triannual, ongoing and on a case-by-case as needed.

5. Injury Prevention:

Goal: Integrate injury control program standards into the trauma system that are sensitive to the special needs/epidemiology of Ventura County.

Objectives:

1. *VCEMS will have fully implemented the EMS portion of the Elderly Fall Prevention Coalition project*

2. *VCEMS will identify and collaborate with all County trauma centers’ fall prevention efforts.*

Update: The Elderly Fall Prevention Coalition (EFPC) fall prevention project continues to be fully implemented in the pilot area, which is the catchment area for VCMC. This is primarily a “secondary fall” prevention effort and is directed toward assisting elderly individuals who have already experienced a fall in the home with resources to prevent another fall. LRRMC is a member of EFPC and actively participates in fall prevention planning and programs.

EMS providers who respond to 911 requests for assistance for elderly patients who have had a ground-level fall do quick home assessments for fall risk and if appropriate, ask the patient and family members for permission for a fall-prevention coordinator with Ventura County Area Agency on Aging to contact them by phone. The coordinator then matches up patients with services to help prevent recidivist falls.

A feature of the Elderly Fall Prevention Program directs efforts toward elderly individuals who have been referred from Ventura County Public Health after a fall risk assessment, as well as self-referral of seniors. “Stepping On” is a workshop that provides exercises and strategies to prevent falling. “A Matter of Balance” is a program designed to manage risks of falls and increase activity levels. “Tai Chi” is a simplified class intended for beginners, is appropriate for seniors, and concentrates on moving through better balance. Classes are free of charge, evidence-based, and funded by a grant from the State.

A Fall Prevention Symposium was held virtually the week of September 12, 2022. The event included prevention presentations by local physicians, nurses, physical therapists, social workers, and other experts in elderly trauma prevention. We found by doing this symposium virtually, we were

able to reach many more people and will likely have a hybrid option in 2023. We were unable to administer seasonal flu vaccine, or other vaccines (shingles, pneumonia) due to not meeting in-person as we have done in past years. We did remind people to check with their local pharmacies and doctors to receive these vaccines if eligible.

County trauma centers' injury prevention efforts are identified and discussed at specific multidisciplinary trauma center meetings, which the EMS trauma manager attends, as well as EMS-led meetings of the trauma program managers. Dr. Duncan, the trauma medical director for VCMC, has presented the EFPC program at national conferences, and our innovative, inclusive model has been acclaimed in many other systems.

Ventura County Trauma of Elderly Statistics 2022

Ventura County EMS Elderly Population	**N**
Patients age ≥ 65 years With ICD-10 indicating "fall"	755
ISS 0 – 8	458
ISS 9-15	261
ISS 16-24	21
ISS ≥ 25	15
Expired in hospital	20
Discharged to hospice	16

Timeline: Due to financial and staffing considerations, objective 1 remains in process. Objective 2 has been achieved. Follow-up for both objectives is at least quarterly, ongoing.

6. Inclusive Trauma System:

Goal: Promote collaboration and partnership in improving trauma care throughout the County. Facilitate the establishment of networks in which trauma care providers may learn, share, and operate as an inclusive system.

Objective: Provide a forum for trauma care providers working in Ventura County's six non-trauma center hospitals to participate in trauma education, problem-solving, and policy development/review.

Update: VCEMS encourages the non-trauma center hospitals to be active in the trauma system through the triannual meetings of the Trauma Operational Review Committee. All emergent transports of trauma patients from a non-trauma center hospital to a trauma center are tracked and discussed with sending facility personnel.

Timeline: Follow-up is at least triannual, with individual incidents addressed as they occur. Ongoing.

7. Assure Currency of Trauma Policies:

Goal: Assure EMS trauma policies conform to national standards of the ACS and CDC.

Objective: VCEMS Trauma Policies will be reviewed for consistency with current ACS and CDC recommendations.

Update: All trauma policies reflect current national standards. Policies are reviewed, revised, and updated on a three-year cycle, and are brought to TORC and TAC, as appropriate.

Policy 705.01 Trauma Treatment Guidelines was updated to included fluid administration guidelines for 65 years and older and isolated head injuries. Policy 1405 Step 4.7 & 4.8 Trauma Triage Criteria was updated to transport as any Step 4, and not preferentially to either LRH or VCMC.

Policy Number	Name	Reviewed/ Revised	Next Review
705.01	Trauma Treatment Guidelines	2/10/2022	2/28/2024
1400	Trauma Care System General Provisions	6/30/2022	6/30/2024
1401	Trauma Center Designation	6/30/2022	6/30/2024
1402	Trauma Committees	7/8/2020	7/31/2023
1403	Trauma Hospital Data Elements	12/1/2021	12/31/2024
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	9/1/2022	9/30/2024
1405	Trauma Triage and Destination Criteria	9/1/2022	9/30/2024
1406	Trauma Center Standards	12/1/2021	12/31/2024

Timeline: Follow-up is triannual, ongoing.

System Performance Improvement

Trauma system performance review currently includes the following:
(All committees continued to meet as scheduled virtually instead of in-person due to COVID-19)

Trauma Operational Review Committee (TORC): This committee meets tri-annually, to discuss and act upon issues affecting the delivery of trauma care in the County. As an inclusive committee, TORC is a forum for quality improvement activities involving every prehospital care provider and hospital in the County. Case reviews are provided by each trauma center that address system issues.

Trauma Audit Committee (TAC): This committee meets tri-annually to serve as a collaborative forum in which trauma issues and trauma cases that meet specific audit filter criteria may be discussed and reviewed. The committee consists of VC EMS personnel, trauma surgeons, program managers and prehospital coordinators from three level II trauma centers and two-Level III trauma center, located in the tri-county region of Ventura, Santa Barbara, and San Luis Obispo Counties.

Changes to Implementation Schedule

There are no changes to implementation schedule to report currently.

Progress on Addressing EMS Authority Trauma System Plan Comments

We reviewed Mr. McGinnis 12/5/2022 letter approving the VCEMS Trauma System for 2021. All categories of the trauma system status report were accepted as written, with no required actions or recommendations.

Other Issues

There are presently no other issues.

END OF REPORT

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil Stefansen
Specialty Care Systems Manager

Ventura County EMS Plan
QUALITY IMPROVEMENT PROGRAM
Reporting for Calendar Year 2022
July 2023

Steve Carroll, EMS Administrator
Karen Beatty, Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, Specialty Care System Manager

QI Program Summary

Ventura County EMSA continues the process of redefining our current QI Plan. We are re-organizing our structure as it relates to how our core measure data is collected and how best to disseminate the information to our key stakeholders. We are ensuring that all core measures are patient focused and implementation for improvement will be timely and sustainable.

Changes in the QI program

Thus far, in 2023, we have analyzed our 2022 data to identify improvement projects. Through our quarterly meetings (done virtually due to COVID-19) with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our PRESTO study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival. We continue to identify ELVO stroke patients prehospital and transport them directly to a thrombectomy capable acute stroke center (TCASC) or Comprehensive Stroke Center (CSC). We have one Advanced Thrombectomy Capable Stroke Center (TSC) designated by The Joint Commission, and one (CSC) designated by Det Norske Veritas (DNV).

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital. We saw an increase in our times due to COVID-19 prehospital precautions put in place for screening and placing increased PPE. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: In 2022 we had a median time of 62 minutes, which is an increase from a median time of 57 minutes in 2021.

2. Dispatch notified to t-PA given in ED: In 2022, we had a median time of 72 minutes which is a slight decrease from a median time of 74 minutes in 2021. We have a median scene time of 15 minutes in 2022 which is holding steady from 15 minutes in 2021.

3. Dispatch to PCI time for our STEMI patients has a median time of 89 minutes for 2022, which is a decrease from 98 minutes in 2021.

The hospitals utilize the AHA/ASA “Guidelines for Early Management of Patients with Acute Ischemic Stroke” and the American College of Cardiology guidelines for the Management of STEMI”.

In 2022, VCEMS continued to work with one EMS provider and one STEMI Receiving Center (SRC) to trial a company called Pulsara, which will transmit in real time ECGs to the SRC. We were hoping to extend this county wide but did not meet this goal. We have seen a decrease in false positive STEMI alerts at this hospital and the other 3 SRCs are in the process of going live with Pulsara in 2023.

We continue to screen for ELVO type stroke patients. Once identified, using a prehospital screening tool called the Ventura ELVO Score (VES), the patient is transported to a TCASC or CSC. This addition to our stroke triage system is designed to preferentially divert patients to a facility capable of performing mechanical thrombectomy. Paramedics perform a two-part screen: First, they screen for stroke using the (CPSS). Second, patients are screened for an ELVO using the VES. If the patient is positive for ***all 3 elements*** of the CPSS and is positive for 1 or more on the VES. We call this the 3 + 1 model. Patients are transported directly as an "ELVO Alert" to one of our designated TCASCs. For 2022, we had 58% True Positive ELVO alerts including hemorrhage.

We are participating in Ventura County's Fall Prevention program by gathering data on patients that have fallen or have a potential to fall and are *not* transported by EMS to the hospital. We answer a set of questions that are sent to the fall prevention coordinator along with leaving educational material about fall prevention at the home. We meet quarterly to discuss the data and areas of improvement. A Fall Prevention Symposium was held virtually the week of September 12, 2022. The event included prevention presentations by local physicians, nurses, physical therapists, social workers, and other experts in elderly trauma prevention. We found by doing this symposium virtually, we were able to reach many more people and will likely have a hybrid option in 2023. We were unable to administer seasonal flu vaccine, or other
vaccines (shingles, pneumonia) due to not meeting in-person as we have done in past years. We did remind people to check with their local pharmacies and doctors to receive these vaccines if eligible.

In reviewing our Sudden Cardiac Arrest data, we saw an increase in our Utstein survival to hospital discharge rate percentages from 33% to 43%, along with an increase in our bystander CPR from 79% to 81%. This increase is occurring as we recover from COVID-19 and resume in-person "hands only" CPR classes.

In 2022, we administered Tranexamic Acid (TXA) to 35 patients, which is an increase from the 19 patients who received TXA in 2021. 29/35 patients survived and 16/35 received a second dose of TXA at the Trauma Center. In Fall 2021, we added language to our TXA policy to include asking for a Base Hospital order for post-partum hemorrhage and other bleeding emergencies not indicated in the policy. This most likely is the reason for the increase of TXA administration in 2022. Base Hospital orders were received for 11/35 patients. We will continue to monitor in 2023.

Data Collection

We receive our data from receiving hospitals using IQVIA Get With The Guidelines (GWTG) Registry for our Stroke Program, CARES Registry for our Sudden Cardiac Arrest, Image Trend Trauma Registry for our Trauma data, and Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) for our STEMI data. We use Image Trend for our EMS e-PCR data. We submit data to CEMSIS and CEMSIS-Trauma quarterly.

Ventura County's two Trauma Centers actively participate in data collection, which helps to identify severity index scores on EMS patients. We can analyze this data and use it for injury prevention education in the community. Data measures are patient focused and implementation for improvement is timely and sustainable through the collaboration of our key stakeholders.

Audit Critical skills

Due to COVID-19, Ventura County EMS moved from in-person paramedic skills lab training to an on-line educational platform. In addition, various critical procedures are monitored regularly through the First-Watch data surveillance software. Skills monitored through this method are advanced Airway, transcutaneous pacing, and intraosseous infusion, along with needle thoracostomies and tourniquet use.

Performance Improvement

AHA changed the requirements for submitting the data to receive the 2022 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures. County EMS Agencies were no longer eligible to submit their systems data, only First Responder Agencies were allowed to individually submit their data to receive their 2022 Mission Lifeline Gold Plus Level Award.
Six First Responder Agencies applied and received their award.

We purchased and applied a new platform for our First Responders to distribute training, education, and EMS update through a system called Prodigy Learning Management System.

We provided education regarding Sepsis verses Stroke symptoms to help decrease false positive Stroke Alerts. In 2022 we are at 13.8% FP which is a decrease from 14.3% in 2021.

We developed a "How to Transfer a Patient from Your Facility" book which includes how to transfer a Stroke, STEMI, Trauma, or any other emergent type patient needing to be transferred in a timely manner to a Specialty Care Facility and delivered to all 8 hospital Emergency Departments.

Thermometers were added to ambulances to help identify Sepsis verses Stroke alert patients.

We instituted an on-line tool to report any unusual occurrence or medication error electronically by following a link or using a QR Code.

We re-engaged with community Sidewalk CPR Training and increased the bystander CPR rate in Utstein patients to 81.3%.

Policies

On July 1, 2022, we changed our Sepsis Alert Policy 705.27 to include EtCO2 sustained < 25 mmHg as an added criteria to initiate a Sepsis Alert.

On July 1, 2022, Policy 715 Needle Thoracostomy was updated to address criteria for use as "Signs of hypoperfusion **and/or** systolic blood pressure less than 90 mmHg" to include more patients to be eligible. This policy also states the lateral placement is the preferred adult site.

2023 Goals

Follow the "National Guideline for the Field Triage of Injured Patients" recommended by the American College of Surgeons and make changes to our "Trauma Triage and Destination Criteria".

In late 2022, we familiarized ourselves with the new "Resources for Optimal Care of the Injured Patient" (2022 Standards-Gray book) by the American College of Surgeons. In 2023, we will adopt the new guidelines in the gray book and update any policies as needed.

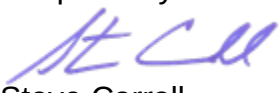
All Stroke Centers will transition to the new Get With the Guidelines Registry from AHA.

Apply and receive the 2023 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures, if AHA allows EMS Agencies to submit their data measures.

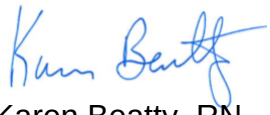
Establish a trial use with Pulsara for prehospital Stroke/ELVO alerts. This goal was not met in 2022, and we hope to complete in 2023.

Implement Pulsara (real-time ECG review) countywide due to the success from the trial in 2021. This goal was not met in 2022, and we hope to complete in 2023.

Respectfully submitted by,



Steve Carroll
EMS Administrator



Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil-Stefansen
Specialty Care System Manager

Ventura County EMS Plan
Stroke Critical Care System Plan
Reporting for Calendar Year 2022

July 2023

Steve Carroll, EMS Administrator
Karen Beatty, Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, Specialty Care System Manager

Stroke Critical Care System Plan Summary

The Stroke Critical Care System Plan for Ventura County is, first and foremost, a patient advocacy document. Its purpose is to provide a framework for the establishment of a comprehensive Stroke program for the County that addresses the needs of the patient suffering from an acute Stroke. This plan recognizes that a partnership of organizations, institutions and individuals form the nucleus of a quality Stroke system. Through this partnership and adherence to quality Stroke care standards, the goals and core measures are reviewed and updated at our quarterly meetings.

Changes in the Stroke Critical Care System Plan

Thus far, in 2023, we have analyzed our 2022 data to identify improvement projects. Through our quarterly meetings with our Stroke committee, we continue to monitor our Stroke Core Measures which include Emergent Large Vessel Occlusion (ELVO) data as well.

Measures

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital and to follow a patient who is transferred from a Primary Stroke Center (PSC) to a Thrombectomy Capable Acute Stroke Center (TCASC) for higher level of care. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: median time of 62 minutes for 2022, which is a slight increase from 57 minutes in 2021.

2. Dispatch notified to t-PA given in ED: median time of 72 minutes for 2022, which is a decrease from 74 minutes in 2021.

3. EMS On-Scene Time for Stroke Alerts: median time of 15 minutes for 2022, which is holding steady from 15 minutes in 2021.

4. Door to First Pass: (***patients arriving directly to the TCASC***): median time of 100 minutes for 2022, which is a decrease from 109 minutes for 2021, and 47% of patients received their first pass within 90 minutes of arrival which is an increase from 23% in 2021. AHA benchmark for this measure is 50%.

Data Collection

We receive our data from receiving hospitals using IQVIA Get With The Guidelines (GWTG) Registry for our Stroke Program and ImageTrend for our EMS ePCR data. The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke."

Performance Improvement

1. We provided education regarding Sepsis verses Stroke symptoms and updated our Sepsis Alert Policy 705.27 to help decrease false positive Stroke Alerts. In 2022 we are at 13.8% FP which is a decrease from 14.3% in 2021.

2. Thermometers were added to ambulances to help identify Sepsis verses Stroke alert patients.

3. TCASC Door to First Pass: Decrease median time to 90 minutes and increase % of the time patients receive their first pass within 90 minutes above 50%.
    - Goal not met. For 2022 we are at 100 minutes and 42%. We will work with our TCASCs for improvement and monitor for 2023.

4. We developed a "How to Transfer a Patient from Your Facility" book which includes how to transfer a Stroke patient rapidly to a TCASC or Acute Stroke Center in a timely manner and delivered to all 8 hospital Emergency Departments.

5. We review and monitor hospitals administering Tenecteplase for door to t-PA times and complications. Three of our Stroke Centers are using Tenecteplase with a combined door to thrombolytic median time of 43 minutes and a complication rate of 4.2%.

Policies

All Stroke policies reflect current national standards. Policies are reviewed, revised, and updated on a 2-year or 3-year cycle, and are brought to the Stroke Committee for approval.

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	01/12/2023	01/31/2025
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	2/10/2022	2/28/2025
450	Acute Stroke Center (ASC) Standards	6/22/2022	6/30/2024
451	Stroke System Triage and Destination	6/22/2022	6/30/2024
452	Thrombectomy Capable Acute Stroke Center (TCASC) Standards	12/28/2022	12/31/2024
460	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	6/22/2022	6/30/2024
705.26	705.26: Suspected Stroke	10/14/2021	10/31/2023

2023 Goals

Establish a trial use with Pulsara for prehospital Stroke/ELVO alerts. This was a goal for 2022, however it was not met.

Decrease our door to IVtPA administration median times. In 2022 we are at 44 median minutes and would like to be at 30 median minutes.

Continue to monitor and decrease FP Stroke Alerts that are Sepsis patients.

All Stroke Centers will transition to the new Get With the Guidelines Registry from AHA.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil-Stefansen
Specialty Care System Manager

Ventura County EMS Plan
STEMI Critical Care System Plan
Reporting for Calendar Year 2022

July 2023

Steve Carroll, EMS Administrator
Karen Beatty, Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, Specialty Care System Manager

STEMI Critical Care System Plan Summary

The STEMI Critical Care System Plan for Ventura County is, first and foremost, a patient advocacy document. Its purpose is to provide a framework for the establishment of a comprehensive STEMI program for the County that addresses the needs of the patient suffering from an acute STEMI. This plan recognizes that a partnership of organizations, institutions and individuals form the nucleus of a quality STEMI system. Through this partnership and adherence to quality STEMI care standards, the goals and core measures are reviewed and updated at our tri-annual meetings.

Changes in the STEMI Critical Care System Plan

Thus far, in 2023, we have analyzed our 2022 data to identify improvement projects. Through our tri-annual meetings with our STEMI committee, we continue to monitor our STEMI Core Measures, Cardiac Arrest data, and review cases that fall out of our measures.

Measures

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital and to follow a patient who is transferred from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC) for PCI. The following are a few of those core measures:

1. Dispatch to PCI time for STEMI patients: median time of 89 minutes for 2022, which is a decrease from 95 minutes in 2021.
2. Arrival at STEMI Referral Hospital (SRH) to PCI at the SRC for STEMI patients: median time of 89 minutes for 2022, which is a decrease from 98 minutes in 2021.
3. EMS On-Scene Time for STEMI patients: median time of 14 minutes for 2022, which is slight decrease from 15 minutes in 2021.
4. Door-in-to-Door-out for STEMI patients transferred from SRH to SRC for PCI: median time of 32 minutes for 2022, a decrease from 37 minutes in 2021.

ALL PRESUMED CARDIAC	2019	2020	2021	2022
Presumed Cardiac Etiology	**419**	**469**	**462**	**431**
Bystander CPR Provided	**55.1%**	**53.5%**	**53.3%**	**54.9%**
Survival to Hospital Discharge	**12.6%**	**8.7%**	**9.1%**	**13.0%**
CARES National Benchmark for survival to Hospital Discharge	**9.9%**	**8.0%**	**8.1%**	**8.5%**
Survival to Hospital Discharge for CPC 1 or 2	**10.5%**	**7.2%**	**8.4%**	**10.7%**
CARES National Benchmark for survival to Hospital Discharge **CPC 1 or 2**	**7.9%**	**6.3%**	**6.4%**	**6.8%**
UTSTEIN				
Bystander Witnessed, Shockable Rhythm	**63**	**54**	**72**	**67**
% of presumed cardiac arrests that are Utstein cases	**15.0%**	**11.5%**	**15.6%**	**15.5%**
Bystander CPR Provided	**74.6%**	**64.8%**	**79.2%**	**67.2%**
Survival to Hospital Discharge	**49.2%**	**22.2%**	**33.3%**	**43.3%**
CARES National Benchmark for survival to Hospital Discharge	**33.4%**	**28.8%**	**29.2%**	**30.9%**

In 2022 we continued community Sidewalk CPR Training. Overall bystander CPR rates increased to 54.9% for 2022, from 53.3% in 2021. For ***all presumed cardiac etiology***, we saw an increase to 10.7% from 8.4% in 2021, of patients discharged from the hospital with a cerebral perfusion category (CPC) of a 1 or 2.

Data Collection

We receive our data from receiving hospitals using CARES Registry for our Sudden Cardiac Arrest and Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) for our STEMI data. We use ImageTrend for our EMS ePCR data. The hospitals utilize the “American College of Cardiology Guidelines for the Management of STEMI”.

Performance Improvement

1. Increased measure to 66% in obtaining an ECG within 10 minutes of a walk-in arrival at a SRH for STEMI patients by quality improvement process. In 2021 we were at 41%.

2. Increase measure to 75% in transferring STEMI patients DIDO within 45 minutes by quality improvement process. In 2022 we were at 83% which is an increase from 67%.

3. We engaged with community Sidewalk CPR Training utilizing our Medical Reserve Corp (MRC) and increased the bystander CPR rate in presumed cardiac etiology patients to 54.9%.

4. We increased our overall survival rate to 13.0%, which is an increase from 9.1% in 2021. Our goal was to reach 10% in 2022.

5. AHA changed the requirements for submitting the data to receive the 2022 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures. County EMS Agencies were no longer eligible to submit their systems data, only First Responder Agencies were allowed to individually submit their data to receive their 2022 Mission Lifeline Gold Plus Level Award. Below is Ventura County's System's STEMI data:

   - 84.6% of the time patients having non-traumatic chest pain with cardiac symptoms received an ECG within 10 minutes of first medical contact.
   - 81.1% of the time hospital notification of a STEMI alert was completed within 10 minutes of a positive STEMI ECG.
   - 78.8% of the time first medical contact to PCI time was obtained within 90 minutes.

Policies

All STEMI policies reflect current national standards. Policies are reviewed, revised, and updated on a 2-year or 3-year cycle, and are brought to the STEMI Committee for approval.

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	01/12/2023	01/31/2025
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	2/10/2022	2/28/2025
430	STEMI Receiving Centers and STEMI Referral Hospital Standards	2/9/2023	2/28/2025
440	Code STEMI Transfer of Patients with STEMI for PCI	7/13/2022	7/31/2024
705.09	Chest Pain-Acute Coronary Syndrome	2/10/2022	2/28/2024
726	12 Lead ECG	10/14/2021	10/31/2023

2023 Goals

Full Implementation of Pulsara (real-time ECG review) countywide due to this goal not being met in 2022.

Increase measure to 75% in obtaining an ECG within 10 minutes of arrival at hospital for STEMI patients by quality improvement process. In 2022 we were at 67%, which is an increase from 41% in 2021.

Apply and receive the 2023 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures, if AHA allows EMS Agencies to submit their data measures.

Maintain our DIDO for STEMI transfers between 30-35 minutes with continued QI monitoring.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Specialty Systems Coordinator

Adriane Gil-Stefansen
Specialty Care Systems Manager

LEMSA: Ventura **FY: 2022-23**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS will continue to review pediatric care capabilities in Ventura County to meet the minimum guidelines, however, this remains a long range plan due to other EMS System priorities.	
3.01	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.02	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.03	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.04	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.05	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.06	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.07	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.08	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.09	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
3.1	Communications	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
4.09	Response and Transportation	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
4.1	Response and Transportation	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.01	Disaster Medical Response	☑	☐	☐	Updated to show current status and to document H&S and CCR compliance.	
		☐	☐	☐		
		☐	☐	☐		
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SECTION II - ASSESSMENT OF SYSTEM 2023
C. Communications

GENERAL INFORMATION:
The local EMS system should make provision for two-way communications between personnel and facilities within coordinated communications system(s). The communications system should include public access to the EMS system, resource management, and medical direction on both the basic life support and advanced life support levels.

Communications Equipment

Minimum Standard	Recommended Guidelines
3.01 The local EMS Agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.	The local EMS Agency's communications plan should consider the availability and use of satellites and cellular telephones.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets both the minimum standard and the recommended guidelines for this section. The Ventura County EMS system utilizes the Ventura County Fire Department's Regional Fire Communication Center (FCC) as the single point of EMS communication and emergency medical dispatch (EMD) for all fire department and ambulance responses countywide. FCC is a public safety agency and provides EMD services through utilization of the Medical Priority Dispatch System, approved by Ventura County EMS Agency, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (CCR) 100170. All transport providers have cellular phones available for routine use and satellite phones are available for supervisor and administrative level personnel at transport providers, hospitals, fire departments, law enforcement, County Office of Emergency Services, EMS Agency, Public Health Department Operations Center and a variety of medical/health stakeholders.

Additionally, FCC dispatches our county based EMS aircraft, who utilize countywide frequencies and standard hospital communication capabilities, in compliance with local EMS policies and procedures and CCR 100306.

COORDINATION WITH OTHER EMS AGENCIES:

Ventura County EMS coordinates with all neighboring EMS Agencies through the Regional Disaster Medical Health System and with all regional hospitals through the ReddiNet electronic emergency communication system.

NEEDS: N/A

OBJECTIVE: N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.	Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets both the minimum standard and the recommended guidelines for the section. ALS providers primarily use cellular phones for hospital communications. All providers are now required to program radios to be compatible with the Ventura County EMS Communications Plan and hospitals have access to the County radio system for disaster communication redundancy.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This may be accomplished by cellular telephone.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. Current ambulance providers have the capability to communicate with all local Base and Receiving Hospitals. The units also have cellular phones which allow them to access other phone numbers or facilities as needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.04 All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. In normal operations the EMS communications network can handle the volume of emergency calls and radio traffic. All ambulances and all fire agencies within the County of Ventura are dispatched by the Ventura County Fire Protection District's Regional Fire Communications Center (FCC). This regional system allows us to routinely coordinate emergency medical and fire resources countywide and allows us to better coordinate large scale incidents, along with the capability of having a larger selection of radio frequencies, when needed.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.	All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

STATUS DESCRIPTION:

Ventura County EMS meets both the minimum standard and the recommended guidelines for the section. Several systems are in place that allow hospitals to communicate with one another. These systems are primarily limited to emergency room and field operations. All hospitals have county provided radios installed that will allow them to access the local emergency providers, dispatch centers and emergency operations centers in the event of an emergency. All hospitals within Ventura County also have the capability to communicate with each other via the Reddinet system. This system allows each hospital to see what services are available at each hospital in the County which facilitates the timely delivery of pre-hospital patients to a facility equipped to handle the patient's needs. Satellite backup service is provided to allow redundant communication capability for the ReddiNet system in the event of a failure of the regular internet connections.

Additionally, HAM radio units have been placed in the emergency rooms of all Ventura County hospitals. In the event of disaster, members of the Amateur Radio Emergency Services (ARES) would respond to the hospitals to provide emergency radio communications. There are also HAM radios positioned in the EOC and in the Public Health Department's Operations Center and Disaster Response Vehicles.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.06 The local EMS Agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. The Ventura County EMS Communications System is routinely reviewed. All EMS responders in Ventura County are dispatched by the Ventura County Fire Protection District's Regional Fire Communications Center (FCC).

The ambulances utilize cell phones as the primary method of communication with the hospitals to relay BLS patient information, non-emergency transports and pre-arrival instructions for admission and ALS ambulances will utilize either standard telephone or cellular phone equipment for Base Station contact in the delivery of Paramedic services.

During multi-casualty incidents, determination of available medical resources occurs through the ReddiNet system. The highest medical authority on-scene determines the total number of victims and their triage status and makes contact with the trauma center base hospital. Patient destinations are coordinated with the trauma centers according to our trauma and multi-casualty incident plans.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013

C. Communications

Minimum Standard	Recommended Guidelines
3.07 The local EMS Agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.	The local EMS Agency should promote the development of enhanced 9-1-1 systems.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets both the minimum standard and the recommended guidelines for the section. Ventura County has maintained countywide 9-1-1 coverage for many years and Emergency Medical Dispatch has been consolidated into the Ventura County Fire Protection District's Regional Fire Communications Center (FCC). There are currently 9 primary PSAP's (law enforcement) and one secondary PSAP (FCC) operating in Ventura County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.08 The local EMS Agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. As mentioned in the preceding section 3.07, 9-1-1 has been in use within Ventura County for many years. Public Education was widespread during the first few years of implementation, but is now coordinated primarily through the PSAP's and other public safety agency public outreach events.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Resource Management

Minimum Standard	Recommended Guidelines
3.09 The local EMS Agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.	The local EMS Agency should establish an emergency medical dispatch priority reference system, including systematized caller interrogation, dispatch triage policies, and pre-arrival instructions.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS now meets both the minimum standard and the recommended guidelines for the section. Ventura County Fire Protection District's Regional Fire Communications Center (FCC) provides Emergency Medical Dispatch services using protocols to triage calls and provide pre-arrival instructions through the Medical Priority Dispatch System, as approved by the Ventura County EMS Agency, in compliance with Health and Safety Codes 1797.223 and 1798.8 and California Code of Regulations (CCR) 100170.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
C. Communications

Minimum Standard	Recommended Guidelines
3.10 The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.	The local EMS Agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines	X	Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets both the minimum standard and the recommended guidelines for the section. All emergency ambulances are dispatched through the Ventura County Fire Protection District's Regional Fire Communications Center and coverage is maintained using a standardized system status plan.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
D. Response and Transportation

Minimum Standard	Recommended Guidelines
4.09 The local EMS Agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. Emergency calls requiring helicopter transport are dispatched by the Ventura County Fire Department's Regional Fire Communications Center (FCC) according to established policies and protocols. Air Rescue units utilize countywide frequencies and standard hospital communication capabilities, in compliance with local EMS policies and procedures and CCR 100306.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
D. Response and Transportation

Minimum Standard	Recommended Guidelines
4.10 The local EMS Agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aero-medical services operating within the EMS area.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. The Ventura County Sheriff's Air Unit is the only air medical provider in the County of Ventura. Their rescue aircraft are dispatched by the Ventura County Fire Department's Regional Fire Communications Center (FCC) according to established EMS policies and procedures. An ALS provider agreement has been in place with the Sheriff's Department since 2004.

COORDINATION WITH OTHER EMS AGENCIES:

Ventura County EMS coordinates with all neighboring EMS Agencies through the Regional Disaster Medical Health System and has mutual aid agreements with all counties in Southern California. As needed, additional air ambulances or rescue aircraft could be requested from the neighboring counties through FCC.

NEED(S):

N/A

OBJECTIVE:

N/A

SECTION II - ASSESSMENT OF SYSTEM 2013
H. Disaster Medical Response

GENERAL INFORMATION
The local EMS system must be capable of expanding its standard operations to meet the needs created by multi-casualty incident and medical disasters, including integration of out-of-area resources.

Minimum Standard	Recommended Guidelines
8.01 In coordination with the local Office of Emergency Services (OES), the local EMS Agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. The Ventura County EMS Agency coordinates with the Ventura County Sheriff's Office of Emergency Services (OES) to develop disaster preparedness, response and recovery plans. OES depends on EMS to provide medical input throughout each document and partner with multiple response agencies through the incident command system. The EMS Agency oversees the Public Health Emergency Preparedness Office (EPO) which handles a variety of disaster medical issues including, mass casualties, bioterrorism, hazmat, epidemics and more. EPO oversees the Ventura County Medical Reserve Corps and the Ventura County Health Care Coalition.

The EMS Administrator and the County Health Officer jointly act at the Ventura County Medical Health Operational Area Coordinator (MHOAC) and the Deputy EMS Administrators act as MHOAC designees as needed. In compliance with 1797.152 and 1797.153, the MHOACs routinely communicate with the Regional Disaster Medical and Health Coordinator (RDMHC) and the Regional Disaster Medical and Health Specialists (RDMHS).

The MHOAC, in cooperation with the Ventura County Office of Emergency Services, Public Health Department, Environmental Health, Behavioral Health, EMS Agency, fire departments, RDMHC, and the Governor's Office of Emergency Services local representative, is responsible for ensuring the development of a medical and health disaster plan for the operational area following SEMS and NIMS. This plan includes preparedness, response, recovery, and mitigation functions consistent with the State Emergency Plan and includes the 17 MHOAC functions. In the event of a local, state, or federal declaration of emergency, the MHOAC shall assist in the coordination of medical and health disaster resources within the operational area and be the point of contact, for coordination with the RDMHC and RDMHS, state and local OES, the state Department of Public Health, and the EMS Authority."

COORDINATION WITH OTHER EMS AGENCIES:

The Ventura County EMS Agency meets quarterly with all Region 1 EMS Agencies through RDMHS Meetings. These meetings are valuable in assisting us with developing/updating our mutual aid plans and assuring an open line of communication with neighboring counties.

NEEDS: N/A

OBJECTIVE: N/A

Ventura County

Emergency Medical Services Agency

Quality Improvement Plan

Fall 2023

Table of Contents

I. Organizational Overview and Program Description

Ventura County is a geographically diverse region covering over 2200 square miles with a population of over 850,000. With 10 incorporated cities, a number of unincorporated communities, 43 miles of coastline, two offshore islands, two military installations, a variety of lakes and a large area of national forest and state park land, Ventura County offers a distinct mix of urban cities, rural sectors and wilderness.

A division of the Ventura County Public Health Department, the EMS Agency monitors and evaluates the quality of advanced life support (ALS) and basic life support (BLS) emergency medical care provided to the residents of and visitors to Ventura County by authorized pre-hospital personnel, provider agencies, and hospitals. In this role, and under the authority and responsibilities outlined in the California Health and Safety Code and The California Code of Regulations, the EMS Agency:

- Serves as the lead agency for the emergency medical services system in the county and coordinates all system participants in its jurisdiction, encompassing both public and private sectors.
- Provides system guidance and direction through provider and community driven policy development aimed at establishing and maintaining standards for care.
- Monitors patient care through a comprehensive quality improvement program.
- Ensures medical disaster preparedness through the emergency planning process and coordinates response to local disasters and incidents with multiple casualties.
- Ensures prehospital personnel excellence through training, certification, accreditation and continuing education program review.

The Ventura County EMS System is comprised of various disciplines, including fire departments, law enforcement, ambulance services, hospitals, and other provider agencies. These agencies respond to provide lifesaving care to those in need 24 hours a day, seven days a week. From the dispatchers who talk with 9-1-1 callers and the responders who provide care in the field and transport patients, to the emergency room staff and specialty care teams who receive the patients and provide definitive care in the hospital, the EMS Agency ensures the highest quality care for those in need of emergency medical services in Ventura County through an integrated and coordinated system of services.

The EMS Agency is staffed with 19 full-time personnel, a medical director and an assistant medical director. Positions include EMS Administrator, two Deputy Administrators, Senior Hospital Systems Coordinator, Clinical Quality Manager, four Program Administrators, Program Assistant, four Community Services Coordinators, EMS Logistics Specialist, two Administrative Assistants, EMS Certification Specialist and one Community Health Worker.

The EMS Agency is proud of its strong team of professionals that are called to action with every call for service. This team is made up of people who care about serving the community while maintaining high standards in a demanding career. No matter the uniform, all team members strive for excellence each and every time they respond. Through a state-of-the-art communication system, ongoing training and modern equipment, Ventura County EMS providers can respond quickly and efficiently to the needs of the community.

VCEMS Mission Statement

To promote the health and well-being of everyone in Ventura County though coordinated and collaborative policy-development, education, planning, and disaster medical response.

VCEMS Vision Statement

Through collaborative and people-centered planning and policy development, VCEMS will lead the way with respect to prehospital care and disaster medical coordination.

VCEMS Quality Improvement Program Purpose

The Ventura County EMS Quality Improvement Plan is intended to be an inclusive, multidisciplinary document that focuses on identification of system-wide opportunities for improvement. Continuous Quality Improvement (CQI) refers to methods of data evaluation that consider factors such as structure, process, and outcome. Improvement efforts focus on identification of the root causes of problems, interventions to reduce or eliminate these causes, and the development of steps to correct inadequate or faulty processes. The focus of the CQI Program is not disciplinary in nature, but rather to use the analysis of high-quality data for ongoing educational efforts.

The county requires that all EMS partners, both first responder BLS and ALS providers, as well as base hospital providers and specialty care centers, institute CQI programs within their organizations. Each ALS and BLS provider and hospital provides qualified personnel to coordinate their internal CQI program. These personnel are responsible for developing and maintaining their agencies internal CQI program including CQI processes related to personnel, equipment and supplies, safety, skills maintenance, and competency. This individual is responsible for representing their agency at the county CQI functions, specifically the CQI Committee groups.

Outline of Provider Agency Responsibilities related to CQI:

1. Designate personnel who manage the internal quality improvement process for that agency. The pre-hospital agency representative is responsible for internal CQI processes related to personnel, equipment and supplies, safety, skills maintenance, and competency.
2. In cooperation with VCEMS, implement an internal CQI plan and provide education to all personnel within the agency regarding CQI responsibilities.
3. Assist in the identification of indicators needed and ensure compliance with the county CQI plan.
4. Share results of internal CQI activities with the CQI committees, as well as disseminate appropriate information forwarded from the CQI committees to all EMS personnel within the agency.
5. Maintain records of CQI activities for review and action regarding exemplary practice, unanticipated events, and utilization management.
6. Review internal CQI efforts regularly for effectiveness in identifying and resolving provider related CQI issues, and revise as needed.

The provider agencies, through their internal CQI process and in conjunction with the CQI committee, are responsible for creating and monitoring programs for ongoing medical training & issue resolution, including individual performance improvement plans. Each provider agency will submit reports of clinical indicators based on the care that their personnel render to the patient. The clinical quality committee will review and validate the data and look for trends. Trends derived from the clinical indicators will be discussed at the committee meetings and also passed on to PSC for periodic review and discussion.

The CQI committees provide leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The committees also discuss current trends and research in EMS care that has an impact on pre-hospital care as well as to review information developed through the use of clinical indicators. Continuous quality improvement is achieved through assessment of clinical care, research, evidence–based implementation of initiatives, monitoring the outcomes of the changes implemented, and the ongoing study of EMS practice for continued progress. The committees strive to use a multidisciplinary approach for issue resolution and to promote county-wide standardization of the quality improvement process with an emphasis on education.

Members of all CQI committees are required to sign a confidentiality agreement, in accordance with Federal and State regulations and/or Statute, stating a pledge to not divulge or discuss any information that would have been obtained solely through the CQI committee membership. It is agreed that no information will be disclosed to parties outside of these committees except as agreed to by attendees for the purposes of follow-up or resolution of system design change.

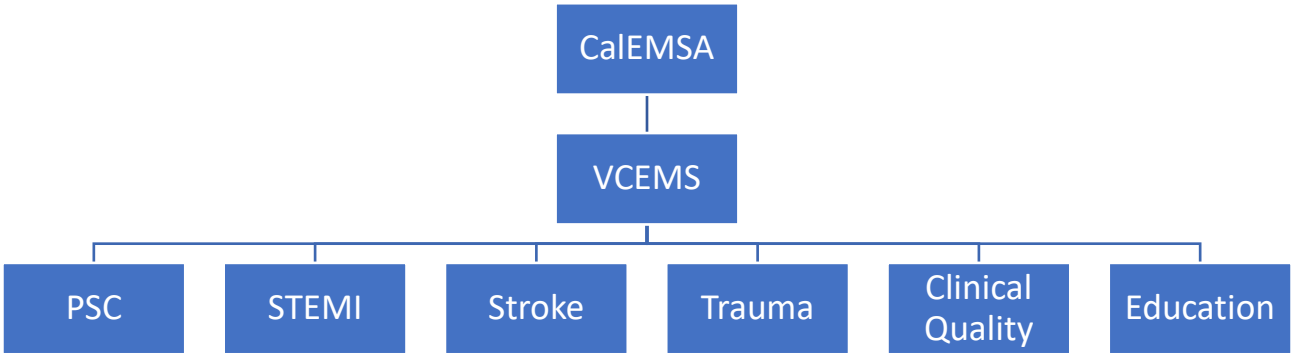
Indicators which are likely to result in the review of high risk/ low frequency or otherwise significant events are used to measure outcomes. The clinical indicator information is presented at each CQI committee meeting to generate discussion, evaluation, and responses to any trends that are recognized. The committee is expected to provide leadership on systemic issues and/or trends to develop a system-wide approach to quality improvement, and to develop information that will be disseminated to all personnel in the system based on identified issues.

Updates to the patient treatment protocols are reviewed by EMS system stakeholders at the prehospital services committee, who make recommendations to the EMS Medical Director before consensus is reached and final approval is made. All updates and changes are formulated into EMS update and delivered twice per year. All training materials are made available to each agency.

Specific specialties within the Ventura County EMS System have their own focused QI Committees to address quality improvement activities that are unique to their functions. These committees include the STEMI Committee, the Stroke Committee and the Trauma Committee which consists of the Trauma Operational Review Committee (TORC) and the Trauma Audit Committee (TAC). Each of these committees is

comprised of stakeholders with responsibility for and expertise in the specialty area. In addition, prehospital members of the system wide CQI Committee attend these specialty care committee meetings to provide continuity and consistency.

VC EMS System Quality Improvement Framework



Prehospital Services Committee (PSC)

A. Purpose

To provide input to the VC Emergency Medical Services (EMS) Medical Director and VC EMS administration on matters pertaining to emergency medical services, including, but not limited to, dispatch, first responders, ambulance services, communications, medical equipment, training, personnel, facilities, and disaster medical response. In terms of system-wide QI coordination and oversight, this committee serves in the capacity of the Technical Advisory Group (TAG).

B. Composition

Membership shall be comprised of representatives from base and receiving hospitals, first responder agencies, ambulance providers, air unit, ALS training programs, law enforcement and emergency medical dispatch.

C. Tasks

1. Review EMS policies and patient treatment protocols, make recommendations for edits, and approve changes made prior to documents being made ready for biannual EMS updates.
2. Discuss current events, issues, and trends that are impacting the local EMS system, in addition to impacts at a regional and statewide level.
3. Receive and file reports from committee members and their respective agencies and discuss related issues that may impact the broader EMS system

4. Make recommendations to the EMS Medical Director regarding the need for sub-committees and/or task forces for the purposes of addressing specific issues or initiatives.

STEMI Committee

A. Purpose

To provide input to the VC Emergency Medical Services (EMS) Medical director and VC EMS administration on matters pertaining to the STEMI specialty care system.

B. Composition

Representatives from each hospital in the county – including STEMI receiving centers and STEMI referral hospitals, in addition to clinical/QI manager and a senior administrator or agency medical director from each fire agency and ambulance provider agency. At a minimum, the EMS Agency medical director and specialty care program manager will participate.

C. Tasks

1. Reviews identification and management of STEMI patients
2. Identify and measure preventable death and disability from a STEMI.
3. Assure timely, optimal STEMI services in a cost-efficient manner through close coordination of prehospital, hospital and rehabilitation services.
4. Match patient medical needs with resources of the SRC.
5. Review identification and management of cardiac arrest patients and system of care.

Stroke Committee

A. Purpose

To provide input to the VC Emergency Medical Services (EMS) Medical director and VC EMS administration on matters pertaining to the stroke specialty care system.

B. Composition

Representatives from each hospital in the county – including Acute Stroke Centers (ASC) and non-ASC facilities, in addition to clinical/QI manager and a senior administrator or agency medical director from each fire agency and ambulance provider agency. At a minimum, the EMS Agency medical director and specialty care program manager will participate.

C. Tasks

1. Reviews identification and management of stroke and Large Vessel Occlusion (LVO) patients.
2. Identify and measure preventable death and disability from a stroke.
3. Assure timely, optimal stroke services in a cost-efficient manner through close coordination of prehospital, hospital and rehabilitation services.
4. Match patient medical needs with resources of the ASC or TCASC.

Trauma Committees

A. Purpose

To advise the EMS Medical director on the establishment of trauma related policies, procedures, and treatment protocols. To advise the EMS Medical director on trauma related education, training, quality improvement, and data collection issues. To review

and improve trauma care in a collaborative manner among the trauma centers in Ventura County as well as trauma centers in neighboring counties.

B. Composition

Trauma Operational Review Committee (TORC)

The membership of TORC shall be broad based regionally and represent the participants in the Trauma Care System and the regional medical community. TORC shall be chaired by the Ventura County EMS Agency Trauma System Manager. The membership of TORC includes the following:

1. Ventura County EMS Agency
    a. Medical Director
    b. Administrator
    c. Deputy Administrators
    d. Trauma System Manager
    e. Ventura County Medical Examiner
2. Ventura County Trauma Centers
    a. Hospital Administrator
    b. Trauma Medical Director
    c. Trauma Manager
    d. Emergency Department Medical Director
    e. Emergency Department Nurse Manager
    f. Prehospital Liaison Physician
    g. Prehospital Care Coordinator
3. Ventura County Non-Trauma Base Hospitals
    a. Hospital Administrator
    b. Emergency Department Medical Director
    c. Emergency Department Nurse Manager
    d. Prehospital Liaison Physician
    e. Prehospital Care Coordinator
4. Ventura County Receiving Hospitals
    a. Hospital Administrator
    b. Emergency Department Medical Director
    c. Emergency Department Nurse manager
5. Transport Providers
    One representative, to be selected by individual agency
6. First Responders
    One representative, to be selected by individual agency
7. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

Trauma Audit Committee (TAC)

The membership shall be limited to representatives of Local EMS Agencies and trauma centers from Ventura, Santa Barbara and San Luis Obispo counties. TAC shall be chaired by an EMS Medical Director from one of the three local EMS Agencies, and the membership of TAC will include the following:

1. Local EMS Agencies

a. Medical Director
b. Administrator / Deputy Administrator(s)
c. Trauma System Manager

3. Trauma Centers
   a. Trauma Medical Director
   b. Trauma Program Manager
   c. Prehospital Care Coordinator
4. Medical examiner, pathologist or physician designee from each represented county
5. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

C. Committee Tasks

TORC

1. Reviews, analyzes and proposes corrective actions for operational issues that occur within Ventura County's inclusive trauma system. Identifies problems and problem resolutions (loop closure).
2. Based on trauma system maturation and needs, recommend development and/or revisions of policies that impact trauma care.
3. Reviews interfacility transport issues, particularly problematic or recurring themes, and occasionally, specific cases. Recommends improvement measures.
4. Reviews criteria for IFT for ongoing appropriateness and recommends policy revisions when needed.
5. Reviews prehospital trauma transport statistics for appropriateness of patient destinations, system trends and educational or other needs.
6. Reviews trauma registry reports.
7. Evaluates system needs and recommends trauma education or certification courses for emergency department personnel.
8. Recommends and collaborates with other Ventura County agencies and organizations on injury prevention projects.
9. Recommends and collaborates on research efforts.
10. Recommends and conducts educational programs toward the goal of enhancing an inclusive trauma system approach in Ventura County.

TAC

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.
2. Conducts review of cases that involve system issues or are regarded as having exceptional educational or scientific benefit.
3. For each case reviewed, provides finding of lessons learned, and when appropriate, makes recommendations regarding changes in the system to improve the process of trauma care.
4. Presents and reviews individual trauma center-specific issues with the goal of awareness, education and collaboration.
5. Identifies county and intra-county problems, issues and trends. Identifies and implements, or recommends implementation, of resolutions (loop closure).

D. Clinical Quality Committee

Purpose

To review, assess and analyze the delivery of prehospital care, and to improve the quality of services to those receiving emergency care in the County of Ventura.

Composition

1. Adventist Health Simi Valley
2. American Medical Response
3. Fillmore Fire Department
4. Gold Coast Ambulance
5. Los Robles Regional Medical Center
6. Oxnard Fire Department
7. St. John's Regional Medical Center
8. Ventura County Fire Department
9. Ventura County Medical Center
10. Ventura County Sheriff's Aviation Unit
11. Ventura Fire Department

Committee Tasks

1. Knowledge and acceptance of regulations guiding CQI performance indicators for local EMS Agencies.
2. Selecting and defining Key Performance Indicators (KPI)
3. Setting performance standards for KPIs.
4. Develop a system for process of improvement
5. Receives data for county wide projects from provider agencies
6. Reporting CQI updates to VCEMS and broader EMS system stakeholders through the prehospital services committee.

E. EMS Education Committee

Purpose

To promote high quality EMS education and training amongst ALS, BLS and continuing education training programs approved by the Ventura County EMS Agency. To collectively support the ongoing training of existing prehospital personnel and to support the success of students as they undertake their initial training and pathways into the EMS profession.

Composition

Membership of the EMS Education Committee will be comprised of, at a minimum, of the training program director and the clinical coordinator of each approved training program. For approved ALS training programs, the training program medical director will also attend.

Committee Tasks

1. Reviews, analyzes, and proposes corrective actions for issues occurring with the broader prehospital education framework that impact local training initiatives and goals.

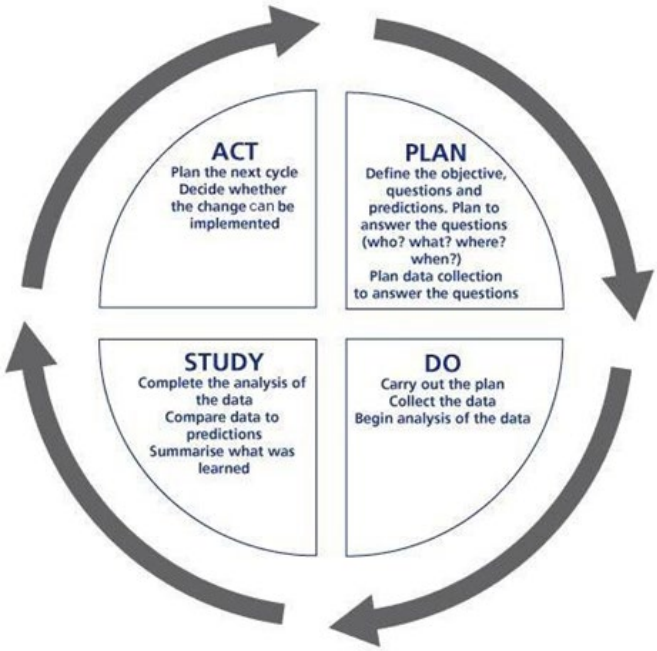
2. Recommend development and/or revisions of policies that impact prehospital education and training.
3. Evaluates system needs and recommends education or certification courses for prehospital personnel.
4. Recommends and collaborates with other Ventura County agencies and organizations on various projects or initiatives.
5. Recommends and collaborates on research efforts.

II. Data Collection and Reporting

Prehospital patient care is documented through a single system-wide electronic patient care reporting system utilizing the ImageTrend Elite platform. This framework provides consistency in documentation and helps to ensure a certain degree of uniformity in patient care information that is collected, in accordance with the National EMS Information System (NEMSIS) and the California EMS Information System (CEMSIS). Additionally, specialty care centers are required to input data into data registries that are maintained at a system level. These registries are Get With the Guidelines (stroke), CAD (STEMI) and ImageTrend trauma registry. Cardiac arrest data is also compiled using the Cardiac Arrest Registry to Enhance Survival (CARES). Collectively, these individual components represent a broader initiative of data collection and analyzation with the purpose of ensuring patients cared for in Ventura County receive superior care, from the time of initial onset of symtpoms through patient care provided by prehospital personnel, all the way through discharge from specialty care centers. EMS Agency personnel work with agencies, hospital administrators and clinical staff, as well as specialty care coordinators at each center to analyze data over a given timeframe and make informed decisions and adjustments to policy and programs.

While there are many methodologies that can be utilized with the implementation of a quality improvement program, the method most oftem utilized in Ventura County is the Plan-Do-Study-Act (PDSA) cycle:

Plan – The change to be tested or implemented.
Do – carry out the test or change
Study – data before and after the change and reflect on what was learned.
Act – plan the next change cycle or full implementation



Utilizing benchmarks and key performance indicators that have been developed both locally and at a national level, reports are prepared and presented at standing specialty care meetings. Additional reports are generated in the ImageTrend System and sent to aplicable stakeholders automatically at regularly scheduled intervals. Fall out cases are internally reviewed by prehospital agencies as well as aplicable specialty care center staff, in collaboration with VCEMS Medical Director and specialty care manager.

KPIs currently untilized for the purposes this comprehensive quality improvement plan are as follows:

1. The California EMS Authority's Core Quality Measures
2. The measure set developed by the National EMS Quality Alliance (NEMSQA)
3. Key Performance Indicators utilized for trauma specialty care, as identified in the Ventura County trauma system status report
4. Key Performance Indicators utilized for trauma specialty care, as identified in the Ventura County STEMI system status report
5. Cardiac arrest resuscitation and survival metrics
6. Key Performance Indicators utilized for trauma specialty care, as identified in the Ventura County Stroke system status report

III. Personnel

Newly hired personnel are required to enter into a training program with their employer to ensure minimum competency in their respective roles. This is accomplished through a field training process with a field training officer (FTO). For a Paramedic, minimum requirements are set forth in VCEMS Policy 315 – Paramedic Accreditation to Practice, and in VCEMS Policy 318 – Independent Practice Paramedic. Agencies are required to report changes in personnel employment status and or certification/licensure status to the Ventura County EMS Agency. Additionally, individual EMTs, Paramedics and MICNs are required to notify

VCEMS of changes to their contact information. Additionally, mandatory training requirements are outlined in VCEMS Policy 334. These requirements are in place to ensure prehospital personnel maintain proficiency related to Cardiac Arrest Management, pediatric care, multi-casualty incident response and high-risk patient care procedures.

IV. Equipment and Supplies

Ventura County EMS Agency, in collaboration with EMS system stakeholders, maintains EMS Policy 504 – BLS and ALS equipment and supplies. The purpose of this is policy to provide a standardized list of equipment and supplies for response and/or transport units in Ventura County. Additionally, this policy identifies a process in which an agency can request a deviation due to medication/equipment supply chain challenges.

Through the prehospital services Committee, or one of the other CQI committees listed above, new/additional equipment and/or medication may be presented to the EMS Agency Medical Director for consideration that it be added to the inventory list for prehospital personnel. This process is identified in EMS Policy 105 – Prehospital Services Committee Guidelines. New ítems may be added on an optional or mandatory basis, and some may only be added for a particular platform (ALS engine versus BLS ambulance, etc.).

Through the EMS Safety Event process, issues related to equipment and supplies – regardless of whether or not they impact patient care – are reported and reviewed for potential opportunities related to education and policy changes.

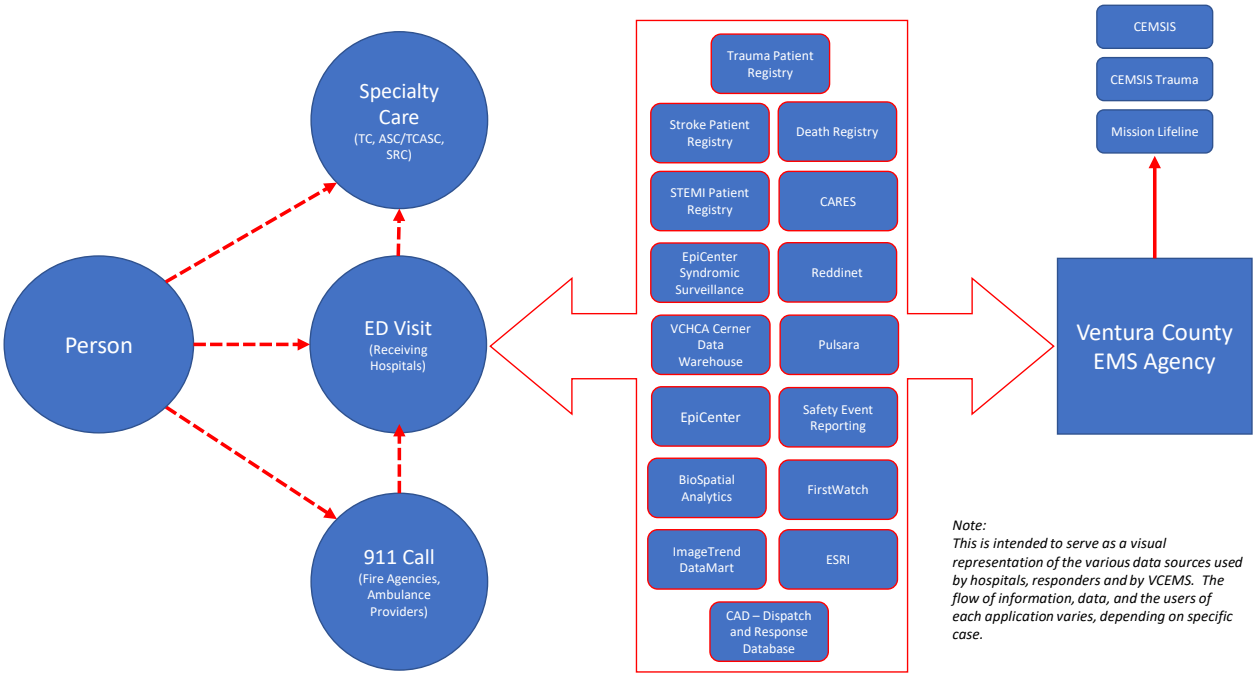
V. Documentation and Data Collection

As highlighted in Section II of this plan, prehospital patient care is documented through a single System-wide electronic patient care reporting system utilizing the ImageTrend Elite platform in accordance with the National EMS Information System (NEMSIS) and the California EMS Information System (CEMSIS). This framework provides consistency in documentation and helps to ensure a certain degree of uniformity in patient care information that is collected. Additionally, specialty care centers are required to input data into data registries that are maintained at a System level . These registries are Get With the Guidelines (stroke), CAD (STEMI) and ImageTrend trauma registry. Cardiac arrest data is also compiled using the Cardiac Arrest Registry to Enhance Survival (CARES). Collectively, these individual components represent a broader initiative of data collection and analyzation with the purpose of ensuring patients cared for in Ventura County receive superior care, from the time of initial onset of symtpoms through patient care provided by prehospital personnel, all the way through discharge from specialty care centers. EMS personnel work with agencies, hospital administrators and Clinical staff, as well as specialty care coordinators at each center to analyze data over a given timeframe and make informed decisions and adjustments to policy and programs.

Several policies VCEMS policies are in place related to documentation of prehospital care, in addition to specialty care data collection and guidelines:

Policy 430 – STEMI Receiving Center Standards
Policy 450 – Acute Stroke Center Standards
Policy 452 – Thrombectomy Capable Acute Stroke Center Standards
Policy 1000 – Documentation of Prehospital Care
Policy 1403 – Trauma Registry and Data

Data is sourced in a variety of ways/methods. The ImageTrend Elite platform is the main method of collecting prehospital patient care data. In addition to the Elite product, Ventura County EMS Agency also leverages ImageTrend technology in the form of its Patient Registry platform and the DataMart product. Computer Aided Dispatch data is collected through a connection with the Ventura County Fire Department's regional dispatch center. Other sources of data include BioSpatial, and ESRI's GIS platform. Pulsara is utilized for specialty care activation (STEMI and Stroke) from the field, and is verified/reviewed by base hospital and specialty care center for critical data related to ECG, patient condition, etc.



VI. Clinical Care

VCEMS Policy Sections 600 and 700 generally guide the BLS and ALS treatment of patient care in Ventura County, with patient treatment protocols specifically outlined in VCEMS Policy 705. These policies, under the guidance and oversight of the VCEMS Medical Director, are developed and monitored collaboratively through PSC, but also as part of the broader specialty care system (STEMI, Stroke, Trauma and Cardiac Arrest), in addition to the Safety Event reporting process as identified in VCEMS Policy 121. Changes to policies are developed and made primarily through consensus. In all cases, changes are informed through patient care data, patient care outcomes, findings reported by Ventura County

Medical Examiner during death investigation and/or autopsy, and broader evidence-based studies.

VII. Clinical Competency and Prehospital Education

There are currently five EMT training programs, two Paramedic training programs and 13 continuing education provider programs authorized by the Ventura County EMS Agency. These programs are responsible for the initial and ongoing training for individuals entering into the EMS field for the first time, or for veteran prehospital personnel that are in need of continuing education to satisfy requirements for their specific cert/licensure level. Through the education CQI committee, various projects and initiatives are discussed and implemented for the purposes of improving the quality of education that is delivered.

The Ventura County EMS Agency has established mandatory training requirements that are described in VCEMS Policy 334. Inclusive in this policy are requirements to maintain training in cardiac arrest management, advanced cardiac life support, pediatric life support training, MCI training. Additionally, Paramedic skills refresher training is required once per licensure year. This scenario-based training includes low-frequency higher risk procedures and affords prehospital personnel the opportunity to train in a low-stress team environment.

Agencies utilize a variety of methods to ensure clinical competency are maintained continuously. Methods of evaluation may include utilization of online education, psychomotor skills evaluations, individual competency sessions with Field Training Officers (FTOs) and specialty training with agency Medical Directors. Through the clinical quality committee, various metrics can be evaluated to identify any opportunities that might exist in the EMS system with regard to ongoing clinical competency and training.

VIII. Transportation and Facilities

In addition to the minimum mandatory equipment defined in EMS policy 504 – BLS and ALS Equipment and Supplies, agencies authorized to provide ground ambulance services in the County of Ventura are subject to inspections and a permitting process to ensure minimum expectations are met and maintained. These standards ensure that vehicles operating in the County of Ventura meet mileage or age requirements, are well maintained, and are equipped in accordance with established policies.

Receiving facilities, base hospitals, and specialty care centers are designated by the Ventura County EMS Agency, and standards related to these facilities are outlined in the following VCEMS policies:

0410: ALS Base Hospital Standards

0420: Receiving Hospitals Criteria

0430: STEMI Receiving Center Standards

0450: Acute Stroke Center (ASC) Standards

1401: Trauma Center Designation

1406: Trauma Center Standards

IX. Public Education and Prevention

EMS System stakeholders, in addition to specialty care centers are encouraged, and in some cases, required to engage in public education and prevention programs. Examples of these programs include hands-only CPR, Stop the Bleed, and an annual drowning prevention / water safety initiative. In all cases, these programs are intended to be collaborative and multi-disciplinary. Stop the Bleed, for example, offers a layered approach in which the trauma centers in Ventura County focus on community-based education utilizing the curriculum developed by the American College of Surgeons. Additional training is offered to various groups around the county in the form of a locally developed (Ventura County EMS, Ventura County Fire and Ventura County Sheriff's Office) stop the bleed curriculum that incorporates situational awareness training with bleeding control / trauma care education.

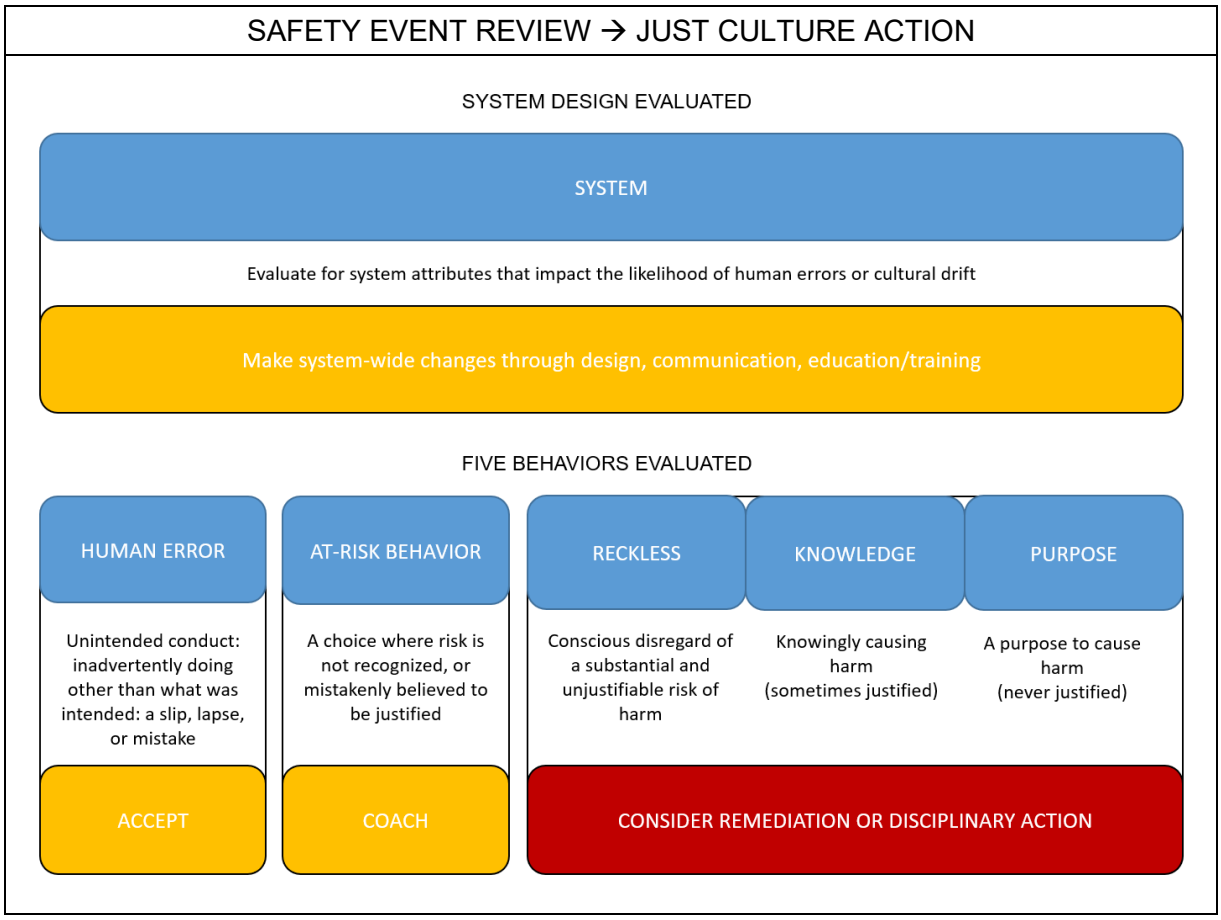
The drowning prevention and water safety initiative takes place annually (Springtime) and involves representatives from local first responder agencies, hospitals, non-profit organizations and local swim schools. The goal of this program is primarily to distribute educational material to families with the hopes of limiting drownings and near-drownings, and to promote safe and healthy behaviors ahead of the Summer months.

Metrics related to traumatic injuries, cardiac arrest, and drownings are monitored for the purpose of trending and situational awareness / monitoring.

X. Safety Event Reporting Process

A safety event is defined as any circumstance, error, or action, which causes an actual or potential risk to the safety of provider(s), patient(s), or the community. Reportable safety events include, but are not limited to, incorrect medication administration, deviation from policies and/or procedures, vehicle accidents involving EMS personnel, and events which may delay the response to an EMS incident. Reportable safety events are not limited to incidents that have already occurred and may include any observations of potential safety risks or other concerns. The intent of the review is to evaluate system design and individual behaviors with a focus on learning and improving safety and is not intended to be punitive in nature.

Safety event reviews will be conducted in accordance with VCEMS Policy 121. These reviews are conducted in accordance with BETA Healthcare's Just Culture algorithm, and reviews will be in collaboration with involved agencies, hospitals, etc.



XI. Plan Updates

This plan will be reviewed and updated annually, with major reviews and revisions conducted at least once per five years. Updates for each CQI committee's guidance policies will be conducted in accordance with established policy review cycles outlined on those documents. Reviews will be collaborative in nature and will involve a significant cross-section of committee membership.

Prehospital provider agencies will be required to provide annual updates on their respective CQI plans and projects, and that information will inform the broader system-wide plan update prior to submission to the California EMS Authority. Annual updates provided to CalEMSA, will include:

- QI Program Summary
- Changes to the QI Plan/Program in the previous twelve months
- Summary/Overview of the data collection process
- Audit of Critical Skills
- Summary/Overview of performance improvement activities
- Summary of changes to relevant policies that impact the broader QI program in a meaningful/significant way.
- Goals for the next twelve months