

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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August 16, 2024

Jared Bagwell, EMS Director  
San Joaquin County Emergency Medical Services Agency  
P.O. Box 220  
French Camp, CA 95231-0220

Dear Jared Bagwell,

This letter is in response to San Joaquin County Emergency Medical Service (EMS) Agency's 2023 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plans submissions to EMSA on May 20, 2024.

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

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. San Joaquin County EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2024 EMS plan will be due on or before August 16, 2025. 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 Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or [roxanna.delao@emsa.ca.gov](mailto:roxanna.delao@emsa.ca.gov).

Sincerely,

*Tom McGinnis*

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

Enclosure:  
AW: rd

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San Joaquin County EMS Agency 2023 EMS Areas or Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS and CCT Ambulance	BLS non-emergency	Standby Service with Transport Authorization
Area/Subarea Name	EXCLUSIVITY			TYPE			LEVEL						
Zone X		X	Competitive	X				X	X	X	X		
Zone D		X	Non- Competitive	X				X	X	X			
Zone E		X	Non- Competitive	X				X	X	X			
Zone F		X	Non- Competitive	X				X	X	X			

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# Emergency Medical Services Plan 2023 Annual Update

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## **San Joaquin County Emergency Medical Services Agency**

PO Box 220, French Camp, CA 95231  
(209) 468-6818

Jared Bagwell, EMS Administrator  
Dr. Katherine Shafer, M.D., EMS Medical Director  
Matthew Esposito, EMS Coordinator  
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Submitted May 17, 2024

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## EXECUTIVE SUMMARY

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

This EMS plan update provides information relevant to the period from January 1, 2023, through December 31, 2023. This document includes information that meets the requirement to provide annual plans for the San Joaquin County CQI Plan, the Stroke Critical Care System Plan, the STEMI Critical Care System Plan, and the San Joaquin County 2020 Trauma System Plan. As demonstrated in the San Joaquin County 2020 EMS 5 Year Plan, the San Joaquin EMS System generally meets or exceeds EMSA's minimum standards and recommended guidelines. This document meets the EMSA requirement for the submission of an annual EMS Plan update.

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

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

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

In 2023 SJCEMSA procured a professional EMS System Assessment consultant to provide a comprehensive EMS assessment in preparation of an RFP for emergency ambulance services to commence services on May 1, 2026. SJCEMSA will be working with the consultant through the assessment and RFP development through early 2025.

## **GOALS AND PROGRAM SOLUTIONS**

1. Goal: Improve ability to collect, measure, collate, report, and analyze EMS data to evaluate the performance and effectiveness of all aspects of the EMS system.

Program Solution: Continue to enhance agreements and adopt policies and measures to ensure complete access to EMS CAD systems and all EMS provider data sources to allow for the evaluation of the efficiency and effectiveness of all aspects of the EMS system. In 2023 SJCEMSA budgeted for, and received, funding to expand a CAD data interface with the Stockton Fire Department Emergency Communications to receive EMS data into our EMS data repository. Continue to work with ImageTrend and FirstWatch Online Compliance Utility (OCU) programs for system assessment reports and monitoring response time compliance.

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

Program Solution: SMART goals have been adopted by SJCEMSA to reduce the APOT/APOD times in San Joaquin County. SJCEMSA modified the response time exemption process for APOD's by including ambulance turnaround time measurements to ensure the effective return to the EMS system by the ambulance providers. Continue to measure and report APOT/APOD bimonthly showing performance of each hospital and an aggregate for San Joaquin County. In 2024, SJCEMSA will stand up an APOT/APOD subcommittee through our EMS Advisory Committee to work on solutions.

3. Goal: Revise, update, and standardize first responder non transport agreements, receiving hospital agreements, and emergency ambulance agreements throughout the county.

Program Solution: Assign appropriate staff to meet the need in CY 2024. Continue to revise, update, and evaluate provisions needed in such agreements.

4. Goal: Adopt policies to improve and enhance the efficiency of EMS system response to multi-casualty incidents (MCIs).

Program Solution: Engage stakeholders, draft, and vet policies, adopt policies, measure response as needed to ensure performance. SJCEMSA staff are currently assigned to

develop and revise MCI plans and policy in 2024.

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

Program Solution: Ensure EMS policies provide the direction to ensure efficient communication by and between public safety answering points and EMS dispatch centers. MPDS QI Committee established and meeting quarterly to evaluate processes and performance to ensure consistent delivery between both centers.

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

Program Solution: SJCEMSA partnered with NCTI to establish a bridge paramedic training program for 2023-2024. SJCEMSA sought and obtained grant funding to procure paramedic training supplies and equipment in 2023. SJCEMSA added (1) FTE position in 2023-2024 to administer LEMSA – Delta Community College partnership-based paramedic training in 2025 and beyond.

7. Goal: Improve the radio system throughout the county with all 7 hospitals.

Program Solution: SJCEMSA will work with the providers to update the MedNet radios to ensure proper communication channels between prehospital care and the hospitals. SJCEMSA working with San Joaquin County ISD on a grant to upgrade MedNet infrastructure in 2024.

## **SUMMARY OF CHANGES SINCE LAST UPDATE**

### **System Organization and Management:**

SJCEMSA has successfully promoted within the organization to fill vacancies including EMS Coordinator and EMS Analyst. SJCEMSA created an additional full-time position to administer paramedic training programs locally. SJCEMSA continues to evaluate the EMS system with stakeholder engagement through quarterly EMS Advisory Committee and MPDS QI Committee meetings.

### **Manpower and Training**

In February 2023, an autism curriculum was added to Paramedic Accreditation Orientation and Policy Skills Review, after EMS personnel discussed a need for education on how to care for patients with this particular need.

In July 2023, Delta College was approved for an EMT Training program. This is the second program in San Joaquin County.



## **Communications:**

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

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

On July 1, 2023, EMS Policy No. 3202, Medical Priority Dispatch System Use and Assignments, was revised to add BLS response to BRAVO and ALPHA level MPDS determinants. The expansion of tiered response in San Joaquin County will be continually monitored through our CQI Council and internal CQI reviews.

## **Response and Transportation:**

In June 2023, SJCEMSA expanded ALS and SCT levels of service to existing BLS non-emergency ambulance permitting processes. This was done in an effort to facilitate additional interfacility transportations to assist with hospital throughput.

In July 2023 EMS Policy 4101, EMS Response Vehicle Medication and Equipment, was updated to include equipment and medication that will improve patient outcomes.

On July 1, 2023, EMS Policy No. 3202, Medical Priority Dispatch System Use and Assignments, was revised to add BLS response to BRAVO and ALPHA level MPDS determinants. The expansion of tiered response in San Joaquin County will be continually monitored through our CQI Council and internal CQI reviews.

## **Facilities and Critical Care:**

In November 2023, all Primary Stroke Centers transitioned to Tenecteplase.

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

## **Data Collection and System Evaluation:**

On September 20, 2023, AMR, MDA, RCFD, and ECA transitioned from using MEDS as their ePCR provider to using ImageTrend. During this time, SJCEMSA also transitioned to NEMSIS v.3.5. SJCEMSA worked with all providers servicing San Joaquin County to successfully

transition to the updated version before the December 31, 2023, deadline.

SJCEMSA continues to work with Stockton Fire Department to begin integrating the EMS CAD data to our data repository. In 2024, SJCEMSA will be able to collate both EMS dispatch centers data.

### **Public Information and Education:**

In January 2023, SJCEMSA created informational pamphlets for the hospitals to summarize and clarify appropriate levels of service to accomplish BLS, ALS, or CCT interfacility transfers.

SJCEMSA continued to place public and stakeholder comments on draft SJCEMSA policies onto the website.

### **Disaster Medical Response:**

San Joaquin County EMS Agency, in conjunction with the Emergency Preparedness Committee, developed the Pediatric Surge Annex to the San Joaquin Operational Area Healthcare Coalition Emergency Operations Plan (EOP). On June 14, 2023, the Pediatric Surge Annex was evaluated during a tabletop exercise.

SJCEMSA coordinates medical and health mutual aid, as the Medical Health Operational Area Coordinator<sup>1</sup>, including the following activities in 2023:

- The deployment of two Advanced Life Support ambulances to the City and County of San Francisco, to provide support for the Asia-Pacific Economic Cooperation (APEC) Summit. (11/14-18/23).
- The acquirement of names and addresses of all at risk Medicare beneficiaries (4,418) living within San Joaquin County, through the U.S. Department of Health and Human Services emPOWER program<sup>2</sup>. The dataset was used for flood evacuation planning, to help identify individuals with access and functional needs (5/8/23).
- The deployment of one Ambulance Strike Team Leader and one Advanced Life Support ambulance (four-wheel drive) to Lake County, to provide support for a hospital evacuation (2/24/23).
- The deployment of one Ambulance Task Force Leader and one Advanced Life Support ambulance to Santa Barbara County, to support the State of California's Winter Storm 2023 response (1/8-16/23).
- The deployment of one Ambulance Task Force Leader and one Ambulance Task Force to Monterey County, to support the State of California's Winter Storm 2023 response (1/6-16/23).
- Deployed the following mutual aid resources to healthcare coalition member organizations:

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<sup>1</sup> California Health and Safety Code §1797.153

<sup>2</sup> <https://empowerprogram.hhs.gov/>

- 21,160 COVID-19 Rapid Antigen Tests
- 2,525 COVID-19/Influenza A/B Rapid Antigen Tests
- 1,100 Isolation Gowns
- 24 Portable Medical Beds

## **SYSTEM ASSESSMENT**

### **EMS System Organization and Management**

- SJCEMSA is compliant with all State statutes, regulations, and local ordinances that govern the delivery of local emergency medical services. In 2023, San Joaquin County adopted by resolution a written policy on contracts for emergency ambulance services to be compliant with H&S Code 1797.230.
- SJCEMSA has a designated, qualified, part time licensed physician with substantial experience in the practice of emergency medicine contracted to act as medical director to provide medical control and assure medical accountability through our quality improvement and evaluation of the EMS system.
- SJCEMSA provides access and opportunity for stakeholder engagement and feedback through the EMS Advisory Committee, CQI Council, and public/stakeholder comment processes with any policy revisions or
- SJCEMSA policies, procedures, and protocols are available for free on our website and available on our EMS app. In addition, SJCEMSA policy and protocol manuals can be purchased through our office. SJCEMSA policies, procedures, and protocols are updated regularly through stakeholder input processes including the SJCEMSA CQI Council, EMS Advisory Committee, and public/stakeholder comment periods.

### **Staffing and Training**

- SJCEMSA requires all locally accredited paramedics to successfully complete a paramedic orientation and skills review every 2 years to ensure all EMS personnel are properly oriented to our EMS system policies and protocols.
- SJCEMSA certifies EMT's, accredits licensed paramedics, authorizes emergency medical dispatchers and mobile intensive care nurses locally through a web based ImageTrend licensing portal.
- SJCEMSA authorizes and closely monitors all San Joaquin County prehospital Continued Education programs and two EMT training programs. As indicated in this plan update, SJCEMSA has authorized a local paramedic training program that started in March of 2024.

### **Communication**

- SJCEMSA uses the Medical Priority Dispatch Center (MPDS) and has two secondary PSAP's that are authorized EMS 911 call processing centers. Both are medical Accredited Centers of Excellence (ACE) through the International Academies of Emergency Dispatch (IAED). SJCEMSA has one authorized emergency ambulance and air ambulance dispatch center.
- Medical radio communications systems use a combination of VHF and Med Net radio frequencies to dispatch and communicate to ambulance resources and field to hospital communications.

### **Response and Transport**

- SJCEMSA has established response time requirements for all emergency ambulance providers through written agreements.
- SJCEMSA has established written agreements for all ground and air emergency

ambulance providers in accordance with Health and Safety Code 1797.224.

- SJCEMSA has established policies for emergency ambulance transport to receiving hospitals and specialty care destinations.
- SJCEMSA is compliant with EMSA's requirement to submit CEMSIS complaint EMS response and transport data.

### **Facilities and Critical Care**

- SJCEMSA has established one (1) base hospital to provide prehospital medical control guidance to all prehospital ambulance providers.
- SJCEMSA has authorized seven (7) receiving hospitals for the delivery of prehospital patients in the San Joaquin County EMS System.
- SJCEMSA has designated one (1) Level II Trauma Center that receives all trauma patients in San Joaquin County. SJCEMSA has requirements and procedures to rapidly transfer of trauma patients from other receiving hospitals.
- SJCEMSA receives all trauma registry information from the Level II Trauma Center and reports trauma data as required by regulations.
- SJCEMSA evaluates the trauma care provided in San Joaquin County through a quarterly Trauma Audit Committee
- SJCEMSA has designated two (2) STEMI Receiving Centers in San Joaquin County and evaluates the effective delivery of STEMI specialty care through a bi annual STEMI QI Committee.
- SJCEMSA has designated seven (7) Primary Stroke Centers in San Joaquin County and evaluates the effective delivery of Stroke specialty care through a bi annual Stroke QI Committee. All seven (7) receiving hospitals in San Joaquin County are designated as Primary Stroke Centers.

### **Data Collection and System Evaluation**

- SJCEMSA is compliant with Health and Safety Code 1797.227 and has established an electronic patient care record (ePCR) repository with Inspironix. All prehospital care providers have NEMSIS and CEMSIS complaint ePCR systems and submit their ePCR's through interfaces to Inspironix for data collection, analyzation, and reporting.
- SJCEMSA submits ePCR data directly to EMSA from the prehospital emergency ambulance ePCR systems.
- SJCEMSA is compliant with the CORE Measures data requirements.
- SJCEMSA participates in the Cardiac Arrest Registry to Enhance Survival (CARES) program and works with all of the emergency ambulance providers to submit required data.
- SJCEMSA has established a local EMS Advisory Committee comprised of various EMS stakeholders to assist with the EMS policy review and EMS system evaluation through advisory reports and discussion.
- SJCEMSA has established a CQI Council Committee, MPDS QI Committee, and Stroke and STEMI QI Committee's to evaluate the delivery of care in all aspects of EMS. The Medical Director actively participates in all these QI Committees to provide medical control.

### **Public Information and Education**

- SJCEMSA requires our EOA providers to conduct public hands only CPR.
- SJCEMSA requires each designated specialty care hospital to develop and implement educational campaigns for Trauma, STEMI, and Stroke specialty care systems in San Joaquin County.
- The San Joaquin County Base Hospital and Trauma Center provides child and infant car seat and helmet fitting.

### **Disaster Medical Response**

- SJCEMSA uses EMResource to facilitate local and regional hospital bed status and operational status situational awareness.
- SJCEMSA uses WebEOC for real time information sharing platform to be used during emergencies, disasters, training, planned events, and daily operations.
- SJCEMSA EMS Director is designated as the Medical Health Operational Area Coordinator (MHOAC) for our operational area and works closely with the Office of Emergency Services (OES), Public Health, and Fire departments in accordance with Health and Safety Code 1797.153.
- SJCEMSA Administers the local Emergency Preparedness Committee (EPC).
- SJCEMSA has established a Hospital Evacuation Plan and a Long-Term Care Facility Evacuation Plan.
- SJCEMSA administers the San Joaquin Unit of the California Disaster Healthcare Volunteer (DHV) Program.
- SJCEMSA administers the San Joaquin County Healthcare Coalition.
- SJCEMSA conducted the following disaster exercises and trainings in 2023:
  - ICS 100, 200, 300, and 400 Incident Command System training
  - Pediatric surge workshop and tabletop exercise
  - Statewide Disaster Healthcare Volunteer System Drill
  - Medical Response and Surge Exercise
  - Healthcare Coalition HAM Radio Communications Drill
  - 15 'til 50 Mass Casualty Incident Response for Healthcare Facilities Drill
  - Radiological Training for Hospital Personnel

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

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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



## B. STAFFING/TRAINING

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

## C. COMMUNICATIONS

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

## D. RESPONSE/TRANSPORTATION

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

## E. FACILITIES/CRITICAL CARE

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

## F. DATA COLLECTION/SYSTEM EVALUATION

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

## G. PUBLIC INFORMATION AND EDUCATION

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

## H. DISASTER MEDICAL RESPONSE

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

## TABLE 2: SYSTEM RESOURCES AND OPERATIONS

### System Organization and Management

Reporting Year: 2023

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

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

County: San Joaquin County EMS Agency

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

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

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

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

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



**Table 2 - System Organization & Management (cont.)**

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

**5. EXPENSES**

Salaries and Benefits	\$2,242,838
Services and Supplies	\$1,497,106
Centrally Budgeted	(\$168,642)
<b>Total Expenses</b>	<b>\$3,571,302</b>

**6. SOURCES OF REVENUE**

Licenses, Permits, Franchises	\$1,175,735
Intergovernmental Revenue (grants)	\$318,777
Charges for Services	\$545,420
Penalties and Fines	\$200,500
Fund Transfers	\$24,000
Net County Cost (General Fund)	\$1,306,870
<b>Total Revenue</b>	<b>\$3,571,302</b>

**Table 2 - System Organization & Management (cont.)**

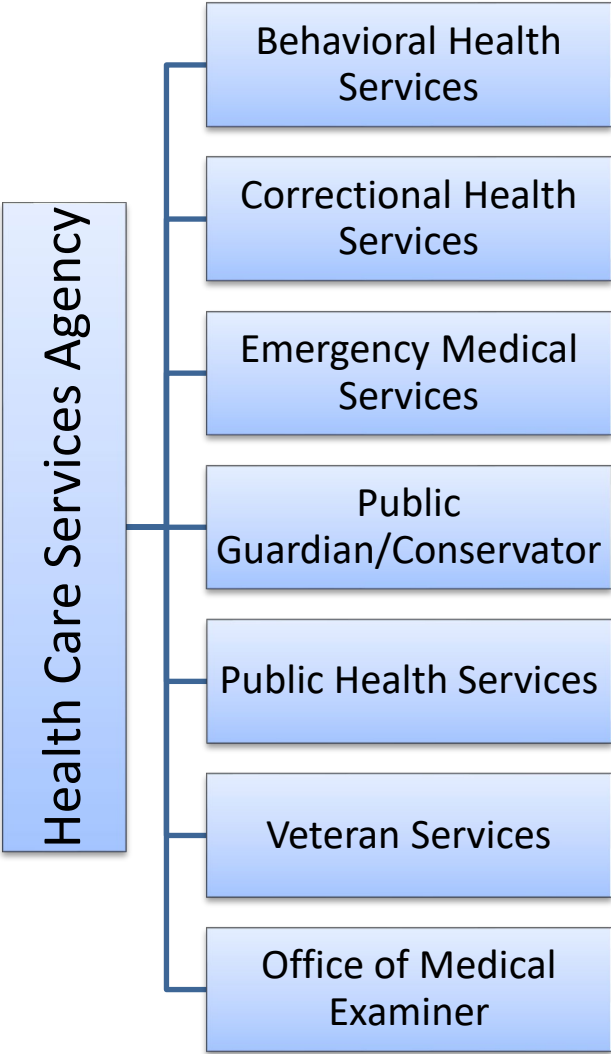
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
EMS Admin./Coord./Director	EMS Administrator	1FTE	\$88	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1FTE	\$59	36%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1FTE	\$46	36%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	2FTE	\$43	36%	
Trauma Coordinator	Trauma Coordinator	1FTE	\$70	36%	
	EMS Critical Care Coordinator	1FTE	\$70	36%	
Medical Director	Medical Director	.25FTE	\$150	0%	Contract
Disaster Medical Planner	Regional Disaster Medical Health Specialist And Disaster Medical Health Specialist	1FTE	\$43	36%	

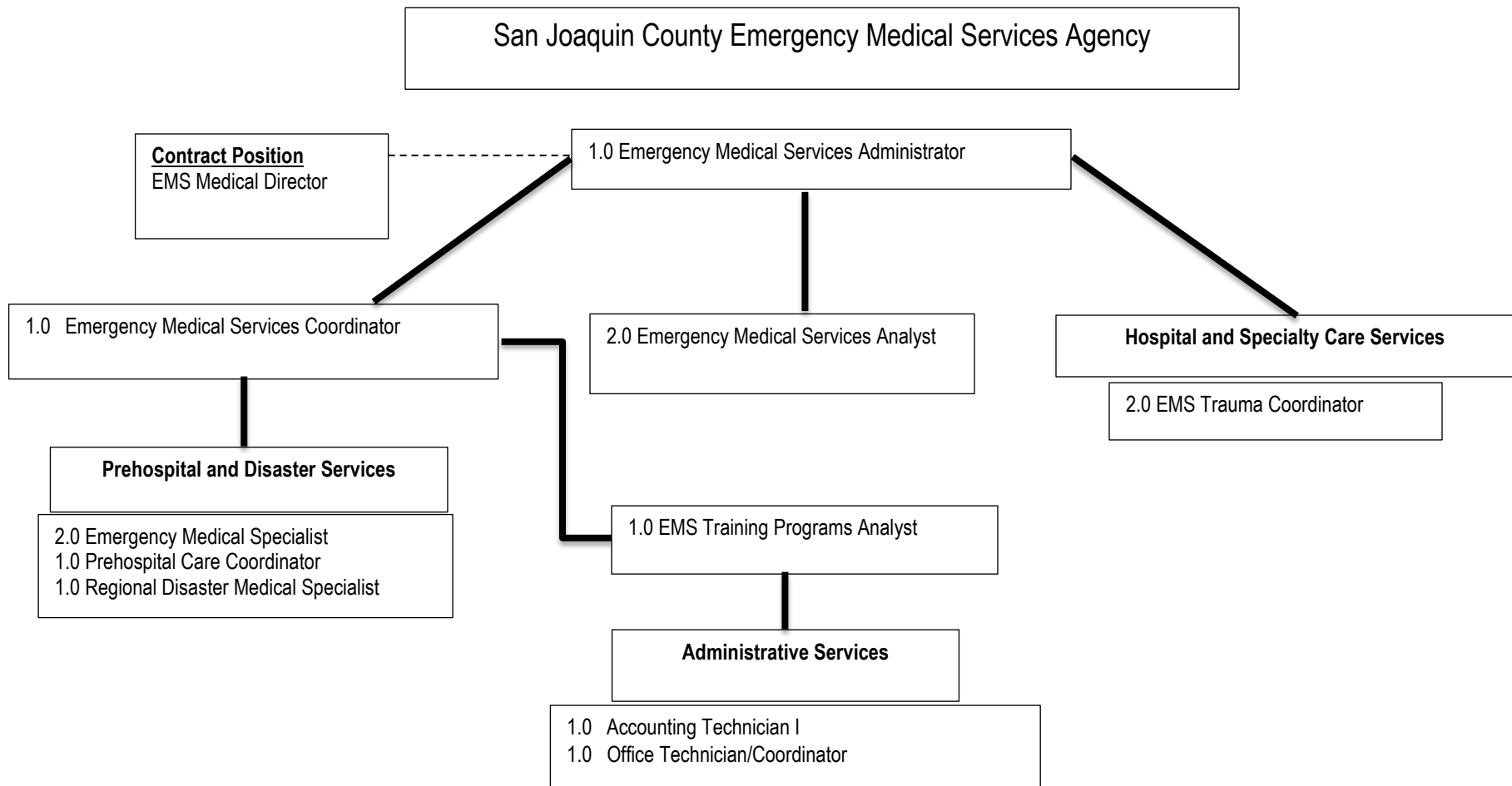
**Table 2 - System Organization & Management (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	EMS Analyst	3FTE	\$46	36%	Responsible for ambulance contract oversight.
QA/QI Coordinator	See Prehospital Care Coordinator				
Public Info. & Education Coordinator	See Prehospital Care Coordinator and EMS Specialist				
Executive Secretary	N/A				
Other Clerical	Office Technician Coordinator	1FTE	\$26	36%	
Other Clerical	Accounting Technician I	1FTE	\$28	36%	
Other	N/A				

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

**San Joaquin County Organizational Chart**





**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - PERSONNEL/TRAINING**Reporting Year: 2023**NOTE:** Table 3 is to be reported by agency.

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

## 1. Early defibrillation:

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

674

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

22

## 2. Do you have an EMR training program

☒ yes ☐

#### TABLE 4: SYSTEM RESOURCES AND OPERATIONS - COMMUNICATIONS

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

County: San Joaquin County EMS Agency

Reporting Year: 2023(Calendar year)

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

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - RESPONSE/TRANSPORTATION**

Reporting Year: 2023(fiscal year)

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

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 18

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

Enter the response times in the appropriate boxes:

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



**TABLE 6: SYSTEM RESOURCES & OPERATIONS – FACILITIES/CRITICAL CARE**Reporting Year: 2023

NOTE: Table 6 is to be reported by agency.

**Trauma**

- a) Number of patients meeting trauma triage criteria: 2023: 3,751
- b) Number of major trauma victims transported directly to a trauma center by ambulance: 2023: 3,362
- c) Number of major trauma patient transferred to a trauma center: 105
- d) Number of patients meeting triage criteria who weren't treated at a trauma center: Unknown (not collected as an aggregate)

**Emergency Departments**

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

**Receiving Hospitals**

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

## TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- DISASTER MEDICAL

Reporting Year: 2023 (calendar year)

County: San Joaquin County

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Stockton Metropolitan Airport
  - b. How are they staffed? Depending on the purpose, the CCP would be staffed with one or more of the following: first responders, ambulance personnel, Disaster Healthcare Volunteers, CALMAT, DMAT.
  - c. Do you have a supply system for supporting them for 72 hours? ☒ Yes ☐ No
2. CISD
  - Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☒ Yes ☐ No
  - b. For each team, are they incorporated into your local response plan? ☒ Yes ☐ No
  - c. Are they available for statewide response? ☐ Yes ☒ No
  - d. Are they part of a formal out-of-state response system? ☐ Yes ☒ No
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? Specialist, Technician, First Responder Operations Decontaminations (FRO Decon) and First Responder Operations (FRO)
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

## OPERATIONS

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

# TABLE 8: RESOURCE DIRECTORY – RESPONSE/TRANSPORTATION/PROVIDERS

Reporting Year: 2023

## Response/Transportation/Providers

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

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

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

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

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

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

### Air Ambulance Services

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

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

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

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

## Transporting Agencies

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

## Air Ambulance Services

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

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

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

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

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

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

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

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

### **Transporting Agencies**

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

### **Air Ambulance Services**

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

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

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

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

## Transporting Agencies

1,061 Total number of responses  
737 Number of emergency responses  
324 Number of non-emergency responses

926 Total number of transports  
645 Number of emergency transports  
271 Number of non-emergency transports

## Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

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

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

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

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

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

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

**Transporting Agencies**  
5 Total number of transports  
Number of emergency transports  
5 Number of non-emergency transports

Total number of responses  
Number of emergency responses

**Air Ambulance Services**  
Total number of transports  
Number of emergency transports



# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

**Address:** 5551 Ciccarelli Rd **Number of Ambulance Vehicles in Fleet:** 14  
Salida, CA 95368

**Phone Number:** 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

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

## Transporting Agencies

2,662 Total number of responses  
0 Number of emergency responses  
2,662 Number of non-emergency responses

2,662 Total number of transports  
0 Number of emergency transports  
2,662 Number of non-emergency transports

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

**Address:** 959 Detroit Ave **Number of Ambulance Vehicles in Fleet:** 18  
Concord, CA 94518

**Phone Number:** 916-381-9000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

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

## Transporting Agencies

3,477 Total number of responses  
0 Number of emergency responses  
3,477 Number of non-emergency responses

3,477 Total number of transports  
0 Number of emergency transports  
3,477 Number of non-emergency transports

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

**Address:** 8030 Lorraine Avenue, Ste. 336 **Number of Ambulance Vehicles in Fleet:** 5  
Stockton, CA 95210

**Phone Number:** 209-227-5133 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

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

## Transporting Agencies

2,395 Total number of responses  
0 Number of emergency responses  
2,395 Number of non-emergency responses

2,395 Total number of transports  
0 Number of emergency transports  
2,395 Number of non-emergency transports

## Air Ambulance Services

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

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

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

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

**Address:** 1525 Leonard Ave  
Modesto, CA 95350 **Number of Ambulance Vehicles in Fleet:** 23

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

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

## **Transporting Agencies**

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

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

## **Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

Address: 2363 Maggio Cir Number of Ambulance Vehicles in Fleet: 13  
Lodi, CA 95240

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

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

## Transporting Agencies

16,674 Total number of responses  
         Number of emergency responses  
16,674 Number of non-emergency responses

14,477 Total number of transports  
         Number of emergency transports  
14,477 Number of non-emergency transports

## Air Ambulance Services

         Total number of responses  
         Number of emergency responses

         Total number of transports  
         Number of emergency transports

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

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

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

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

## Transporting Agencies

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

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

## Air Ambulance Services

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

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

## Table 8: Resource Directory

Reporting Year: 2023

### Response/Transportation/Providers

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

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

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

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

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

### Transporting Agencies

<u>29,674</u>	Total number of responses	<u>0</u>	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

### Air Ambulance Services

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

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

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

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

## **Transporting Agencies**

10,628 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

## **Air Ambulance Services**

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

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



## Table 8: Resource Directory

Reporting Year: 2023

### Response/Transportation/Providers

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

County: San Joaquin Provider: Clements Fire District Response Zone: \_\_\_\_\_

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

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

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

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

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

### Air Ambulance Services

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

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

**Table 8: Resource Directory**Reporting Year: 2023**Response/Transportation/Providers****Note:** Table 8 is to be completed for each provider by county. Make copies as needed.County: San Joaquin Provider: Collegeville Fire District Response Zone: \_\_\_\_\_Address: 13225 E. Mariposa Road  
Stockton, CA 95215 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_Phone Number: (209) 462-3838 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

**Transporting Agencies**
98 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

 \_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports
**Air Ambulance Services**
 \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

Address: 1749 Coley Avenue  
Escalon, CA 95320  
Phone Number: (209) 838-7500  
Number of Ambulance Vehicles in Fleet:  
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:

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

## Transporting Agencies

1,221 Total number of responses  
 Number of emergency responses  
 Number of non-emergency responses

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

## Air Ambulance Services

Total number of responses  
 Number of emergency responses

Total number of transports  
 Number of emergency transports

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

**County:** San Joaquin **Provider:** Farmington Fire District **Response Zone:** \_\_\_\_\_

**Address:** P.O. Box 25 **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_  
Farmington, CA 95230

**Phone Number:** (209) 886-5321 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** \_\_\_\_\_

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

## **Transporting Agencies**

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

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

## **Air Ambulance Services**

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

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

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

**County:** San Joaquin **Provider:** French Camp-McKinley Fire District **Response Zone:** \_\_\_\_\_

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

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

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

## **Transporting Agencies**

<u>*1,336</u>	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

## **Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

County: San Joaquin Provider: Lathrop-Manteca Fire District Response Zone: \_\_\_\_\_

Address: 19001 Somerston Parkway Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
Lathrop, CA 95330

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

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

## Transporting Agencies

2,389 Total number of responses\*  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

## Air Ambulance Services

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

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

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

## Table 8: Resource Directory

Reporting Year: 2023

### Response/Transportation/Providers

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

County: San Joaquin Provider: Liberty Fire District Response Zone: \_\_\_\_\_

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

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

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

### Transporting Agencies

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

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

### Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

County: San Joaquin Provider: Linden Peters Fire District Response Zone: \_\_\_\_\_

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

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

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

## Transporting Agencies

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

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

## Air Ambulance Services

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

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



# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

Address: 210 W Elm Street  
Lodi, CA 95240

Number of Ambulance Vehicles in Fleet:

Phone Number: (209) 333-6739

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

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

## Transporting Agencies

7,861 Total number of responses\*  
 Number of emergency responses  
 Number of non-emergency responses

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

## Air Ambulance Services

Total number of responses  
 Number of emergency responses

Total number of transports  
 Number of emergency transports

## Table 8: Resource Directory

Reporting Year: 2023

### Response/Transportation/Providers

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

County: San Joaquin Provider: Manteca Fire Department Response Zone: \_\_\_\_\_

Address: 1154 S. Union Road  
Manteca, CA 95337  
 Phone Number: (209) 456-8300  
 Number of Ambulance Vehicles in Fleet: \_\_\_\_\_  
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: \_\_\_\_\_

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

### Transporting Agencies

2,526 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

### Air Ambulance Services

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

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

- Number provided by PCRs submitted to SJCEMSA

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

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

Address: 13157 E. Brandt Road  
Lockeford, CA 95237

Number of Ambulance Vehicles in Fleet:

Phone Number: (209) 727-0564

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

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

## Transporting Agencies

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

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

## Air Ambulance Services

Total number of responses  
 Number of emergency responses

Total number of transports  
 Number of emergency transports

# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

**County:** San Joaquin **Provider:** Montezuma Fire District **Response Zone:** \_\_\_\_\_

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

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

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

## **Transporting Agencies**

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

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

## **Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

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

**Address:** 911 Traditions St  
Mountain House, CA 95391 **Number of Ambulance Vehicles in Fleet:** \_\_\_\_\_

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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



# **Table 8: Resource Directory**

Reporting Year: 2023

## **Response/Transportation/Providers**

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

**County:** San Joaquin **Provider:** Thornton Fire District **Response Zone:** \_\_\_\_\_

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

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

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

## **Transporting Agencies**

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

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

## **Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: 2023

## Response/Transportation/Providers

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

County: San Joaquin Provider: Waterloo Morada Fire District Response Zone: \_\_\_\_\_

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

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

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

## Transporting Agencies

1,895 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

## Air Ambulance Services

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

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



**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

**County:** San Joaquin **Provider:** Woodbridge Fire District **Response Zone:** \_\_\_\_\_

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

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

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

**Transporting Agencies**

1,126 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

**Air Ambulance Services**

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

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

## Table 8: Resource Directory

Reporting Year: 2024

### Response/Transportation/Providers

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

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

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

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

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

### Transporting Agencies

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

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

### Air Ambulance Services

503 Number of Responses( Scene and IFT)  
 \_\_\_\_\_ Number of emergency responses (Scene)

356 Total number of transports (Scene and IFT)  
 \_\_\_\_\_ Number of emergency transports (Scene)

## Table 8: Resource Directory

Reporting Year: 2023

### Response/Transportation/Providers

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

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

**Address:** 8880 Cal Center Drive  
Sacramento, CA 95826

**Phone Number:** (925) 798-7670

**Number of Ambulance Vehicles in Fleet:** 2 based near county

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

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

### Transporting Agencies

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

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

### Air Ambulance Services

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

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

**Table 8: Resource Directory**

Reporting Year: 2023

**Response/Transportation/Providers**

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

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

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

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

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

64 \_\_\_\_\_ Total number of responses (IFT and Scene)  
 \_\_\_\_\_ Number of emergency responses (Scene)

29 \_\_\_\_\_ Total number of transports (IFT and Scene)  
 \_\_\_\_\_ Number of emergency transports (Scene)

TABLE 9: RESOURCE DIRECTORY – FACILITIES

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>3</sup></b> <b>EDAP<sup>4</sup></b> <b>PICU<sup>5</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>3</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>4</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>5</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>6</sup></b> <b>EDAP<sup>7</sup></b> <b>PICU<sup>8</sup></b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>6</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>7</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>8</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>9</sup></b> <b>EDAP<sup>10</sup></b> <b>PICU<sup>11</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>9</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>10</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>11</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>12</sup></b> <b>EDAP<sup>13</sup></b> <b>PICU<sup>14</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>12</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>13</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>14</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Referral Emergency  <input checked="" type="checkbox"/> Basic Emergency         </div> <div> <input type="checkbox"/> Standby Emergency  <input type="checkbox"/> Comprehensive Emergency         </div> </div>	<b><u>Base Hospital:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>15</sup></b> <b>EDAP<sup>16</sup></b> <b>PICU<sup>17</sup></b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No         </div> </div>	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Level I  <input type="checkbox"/> Level III         </div> <div> <input type="checkbox"/> Level II  <input type="checkbox"/> Level IV         </div> </div>
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<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>15</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>16</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>17</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>18</sup></b> <b>EDAP<sup>19</sup></b> <b>PICU<sup>20</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>18</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>19</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>20</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**Table 9: Resources Directory**

**Facilities**

**County:** San Joaquin County

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

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

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>21</sup></b> <b>EDAP<sup>22</sup></b> <b>PICU<sup>23</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>21</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>22</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>23</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>American Medical Response</b>		Telephone Number:	<u>209-948-5136</u>
Address:		<u>3755 West Lane</u>			
		<u>Stockton, CA 95204</u>			
Student Eligibility:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>04/30/2026</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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

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

# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>Farmington Rural Protection District</b>		Telephone Number:	<u>209-886-5321</u>
Address:		<u>25474 E. Hwy 4</u>			
		<u>Farmington, CA 95230</u>			
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>05/31/2026</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:		<b>Lathrop-Manteca Fire District</b>		Telephone Number:	<u>209-941-5100</u>
Address:		<u>19001 Somerston Parkway</u>			
		<u>Lathrop, CA 95330</u>			
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>02/28/2026</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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

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

**TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS**

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>Lodi Fire Department</b>		Telephone Number:		<u>209-333-6735</u>
Address:		<u>210 W. Elm Street</u> <u>Lodi, CA 95240</u>				
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>03/06/2025</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

Training Institution:		<b>Manteca District Ambulance</b>		Telephone Number:		<u>209-823-1032</u>
Address:		<u>245 E. Center Street</u> <u>Manteca, CA 95336</u>				
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		
				Expiration Date:		
				<u>12/31/2024</u>		
				Number of courses:		
				Initial training:		
				<u>N/A</u>		
				Refresher:		
				<u>N/A</u>		
				Continuing Education:		
				<u>N/A</u>		

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

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

# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>Manteca Fire Department</b>		Telephone Number:		<u>209-239-8435</u>
Address:		<u>1154S. Union Road</u>				
		<u>Manteca, CA 95337</u>				
Student Eligibility:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	
				Expiration Date:	<u>06/30/2025</u>	
				Number of courses:		
				Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	

Training Institution:		<b>Montezuma Fire District</b>		Telephone Number:		<u>209-464-5234</u>
Address:		<u>2405 S. B Street</u>				
		<u>Stockton, CA 95206</u>				
Student Eligibility*:	<u>Open</u>	Cost of Program:	<u>**Program Level</u>	<u>CE Provider</u>		
		Basic:	<u>N/A</u>	Number of students completing training per year:		
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	
				Expiration Date:	<u>04/30/2026</u>	
				Number of courses:		
				Initial training:	<u>N/A</u>	
				Refresher:	<u>N/A</u>	
				Continuing Education:	<u>N/A</u>	

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

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

# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>Stockton Fire Department</b>		Telephone Number:	<u>209-937-8657</u>
Address:		<u>400 E. Main Street, 4<sup>th</sup> Floor</u>			
		<u>Stockton, CA 95202</u>			
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	
				Expiration Date:	<u>04/30/2025</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

Training Institution:		<b>San Joaquin County EMS Agency</b>		Telephone Number:	<u>209-468-6818</u>
Address:		<u>P.O Box 220</u>			
		<u>French Camp, CA 95231</u>			
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>	
		Basic:	<u>N/A</u>	Number of students completing training per year:	
		Refresher:	<u>N/A</u>	Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>
				Expiration Date:	<u>12/31/2024</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>N/A</u>

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

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



# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>San Joaquin General Hospital</b>		Telephone Number:		<u>209-468-6800</u>	
Address:		<u>500 W. Hospital Road</u> <u>French Camp, CA 95231</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>04/30/2025</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		<b>South San Joaquin County Fire Authority</b>		Telephone Number:		<u>209-831-6700</u>	
Address:		<u>835 Central Ave</u> <u>Tracy, CA 95376</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level	<u>CE Provider</u>			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>03/31/2025</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

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

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

# TABLE 10: RESOURCES DIRECTORY – APPROVED TRAINING PROGRAMS

County: San Joaquin County

Reporting Year: 2023

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

Training Institution:		<b>Bradford College of Nursing</b>		Telephone Number:		<u>209-475-9854</u>	
Address:		<u>9 S. El Dorado Street</u> <u>Stockton, CA 95202</u>					
Student Eligibility:	Open	Cost of Program:	**Program Level	EMT Training Provider			
		Basic:	<u>125</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>125</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>10/31/2027</u>	
				Number of courses:			
				Initial training:		<u>9</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

Training Institution:		<b>San Joaquin Delta College</b>		Telephone Number:		<u>209-954-5151</u>	
Address:		<u>5151 Pacific Ave</u> <u>Stockton, CA 95207</u>					
Student Eligibility*:	Open	Cost of Program:	**Program Level	EMT Training Provider			
		Basic:	<u>N/A</u>	Number of students completing training per year:			
		Refresher:	<u>N/A</u>	Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	
				Expiration Date:		<u>07/31/2027</u>	
				Number of courses:			
				Initial training:		<u>N/A</u>	
				Refresher:		<u>N/A</u>	
				Continuing Education:		<u>N/A</u>	

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

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

**TABLE 11: RESOURCES DIRECTORY - DISPATCH AGENCY**

**County:** San Joaquin

**Reporting Year:** 2023

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

Name:	American Medical Response, Valley Regional Emergency Communications Center (Secondary PSAP)	Primary Contact:	Rich Silva, Communications Director
Address:	4701 Stoddard Road, Modesto, CA 95356		
Telephone Number:	(209) 236-8302		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 63 EMD _____ BLS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	_____ EMT-D _____ ALS _____ LALS _____ Other If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

Name:	City Of Stockton Emergency Medical Dispatch Center (Secondary PSAP)	Primary Contact:	John Votaw, Communications Director
Address:	110 West Sonora Street, Stockton, CA 95203		
Telephone Number:	(209) 937-8801		
Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 20 EMD _____ BLS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	_____ EMT-D _____ ALS _____ LALS _____ Other If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	

### Ambulance Zone Summary Form

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

<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>
Zone X
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
American Medical Response. Exclusive effective May 1, 2006
<b>Area or subarea (Zone) Geographic Description:</b>
Greater Lodi area, Stockton area, and Tracy area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Type: Emergency Ambulance
Level: Emergency Ambulance, 9-1-1, 7-Digit, All CCT ambulance services, ALS IFT, ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Competitive bid. A request for proposals was issued on June 30, 2014, leading to a contract, for emergency ambulance service effective May 1, 2016, for an initial five year period with a possible five year extension. On July 21, 2020, Board of Supervisors approved AMR for ALS services in X zones from May 1, 2021 to May 1, 2026.

### Ambulance Zone Summary Form

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

<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>
Zone D
<b>Name Of Current Provider(S):</b> Include Company Name(s) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
Manteca District Ambulance Services (73 years)
<b>Area or subarea (Zone) Geographic Description:</b>
Greater Manteca and Lathrop areas
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered. Manteca District Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Manteca District Ambulance entered into a renewed agreement in November of 2021. Manteca District Ambulance Service (MDA) originally began providing transportation services in November 1951. This service has continued, without interruption or competition and since then, no changes to the scope and manner of service have occurred. MDA provides advanced life support service in a 9-1-1 setting. MDA is a not for profit ambulance service with an independent board of directors.

### Ambulance Zone Summary Form

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

<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or subarea (Zone) Name or Title:</b>
Zone E
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Subarea.
Ripon Fire Protection District (50 years)
<b>Area or subarea (Zone) Geographic Description:</b>
Greater Ripon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered. Ripon Fire Protection District entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Ripon Fire Protection District originally began providing transportation services in February 1974. This service has continued without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Ripon Fire Protection District provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Ripon Fire Protection District is fire protection district operated by an independent board of directors which is responsible for the ambulance service

### Ambulance Zone Summary Form

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

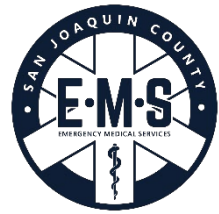
<b>Local EMS Agency or County Name:</b>
San Joaquin County EMS Agency
<b>Area or sub area (Zone) Name or Title:</b>
Zone F
<b>Name Of Current Provider(S):</b> Include Company Name(S) And Length Of Operation (Uninterrupted) In Specified Area Or Sub area.
Escalon Community Ambulance (63 years)
<b>Area or sub area (Zone) Geographic Description:</b>
Greater Escalon area
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.
Exclusive
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b>
Type: Emergency Ambulance
Level: 911 Emergency Response; "7-Digit" Emergency Response; ALS Ambulance.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitive-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered. Escalon Community Ambulance entered into a written agreement with San Joaquin County acknowledging the award of a non-competitive EOA on January 1, 1995. Escalon Community Ambulance originally began providing transportation services in April 1961. This service has continued without interruption or competition since then and no changes to the scope and manner of the service have occurred. Also, Escalon Community Ambulance provides advanced life support service in a 9-1-1 setting and no changes to its zone have occurred. Escalon Community Ambulance is a not for profit ambulance services with an independent board of directors.



# San Joaquin County

## Emergency Medical Services Agency

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### **2023 Trauma System Plan Update**

September 19, 2023

Amada Petroske, MSN, RN, EMS Trauma Coordinator

#### **Summary:**

On August 26, 2021, a survey team from the American College of Surgeons (ACS) Committee on Trauma (COT) conducted a level II trauma center verification visit of San Joaquin General Hospital (SJGH). ACS-COT notified SJGH of successfully passing the verification process. SJGH is currently preparing for ACS-COT renewal level II survey scheduled for August 2024.

#### **Revisions to the Trauma System Policies:**

On April 1, 2023, EMS Policy No. 5210, Major Trauma Triage Criteria was updated to improve trauma system responses to multicausality incidents (MCI). Additionally, changes were made for individuals suffering from falls to ensure their hospital of choice is taken into consideration. On July 1, 2023, EMS Policy No. 5115, Cervical Spine Stabilization was released to include more clinical findings and to include the suspicion of injury by presentation or mechanism. , EMS Policy No. 5115 changes were supported by findings in the continuous quality improvement processes put in place by SJCEMSA with prehospital and hospital stakeholders.

#### **Number and Designation Level Trauma Centers:**

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

#### **Trauma System Goals and Objectives:**

2023-24 goals and objectives include: 1.) Analyzing data received from the level II trauma center to produce periodic and annual trauma reports and participate in CEMSIS trauma data submissions. 2.) Continue to assess and monitor the San Joaquin County EMS Trauma System for opportunities for improvement. 3.) Update and improve San Joaquin County MCI plan for both field and hospital operations.

#### **System Performance Improvement:**

SJGH Trauma Services has an active Performance Improvement and Patient Safety Program (PIPS) with 3rd level of review. SJCEMSA maintains an active Trauma Audit Committee chaired by a practicing trauma surgeon from the level I trauma center at the UC Davis



Medical Center. SJCEMSA TAC provides a fourth level of case review with participation of service provider physician directors and surgeons. SJGH has added two additional trauma surgeons to ensure quality improvement, intensive care unit treatment, and procurement procedures.

Addendum D

**SAN JOAQUIN COUNTY  
EMERGENCY MEDICAL SERVICES  
AGENCY**

**Continuous Quality Improvement Plan**

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February 16, 2024

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

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

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

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## INTRODUCTION

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

### Mission

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

### San Joaquin County EMS CQI Plan Purpose

*To establish a system wide process for evaluating a purpose of the EMS*

*Continuous Quality Improvement plan and improving the quality of prehospital care  
in San Joaquin County.*

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

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

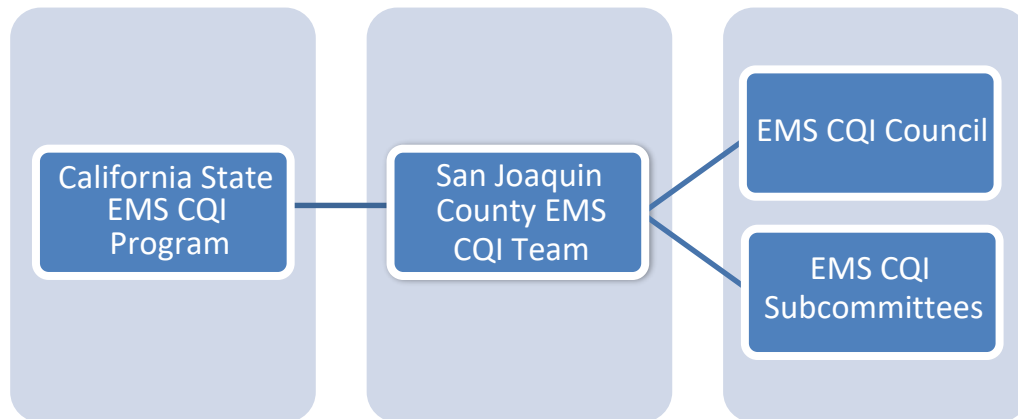
The SJCEMSA's CQI Plan has been written in accordance with Title 22 Division 9: Chapter 12 EMS System Quality Improvement. Included in the plan is a description of SJCEMSA responsibilities, EMS provider organization responsibilities, and references to program related policies.

## SECTION I      STRUCTURE AND ORGANIZATIONAL DESCRIPTION

### San Joaquin County EMS Agency CQI Council

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

1. EMS Medical Director
2. EMS Administrator
3. EMS Pre-Hospital care Coordinator
4. Critical Care Coordinator
5. EMS Trauma Coordinator
6. EMS Analyst



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

- Participate in the development, approval, and implementation of state required and optional EMS system indicators.
- Provide leadership and technical assistance for organizations participating in the SJCEMSA EMS System CQI Program.
- Facilitate regular CQI Council meetings.
- Provide initial and ongoing EMS CQI Program training and in-service education for EMS personnel.
- Review and approve CQI Plans submitted by SJCEMSA EMS System providers and the designated base hospital.

- Seek and maintain relationships with all EMS providers and participants including but not limited to the following entities, as appropriate for CQI activity:
  - State EMSA
  - Other Local EMS Agencies (LEMSAs)
  - EMS Service Providers
  - Local Department of Public Health
  - Specialty Care Centers
  - Law Enforcement
  - Public Safety Answering Points (PSAPs)
  - EMS Dispatch Center(s)
  - Constituent Stakeholder Groups

### **San Joaquin County EMS System CQI Council**

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

CQI Council responsibilities include:

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

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

- EMS Medical Director

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

Responsibilities of the CQI Council membership include:

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

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



## **CQI Program Philosophy and Goals**

Based on EMS community collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement of the EMS System, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis and improvement.

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

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

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

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

## SECTION II. CURRENT STATUS

### Personnel

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

Prospective methods used to assist in meeting this goal include:

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

Retrospective methods used to assist in meeting this goal include:

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

### Equipment and Supplies

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

### Documentation

The requirement that all EMS Providers and ambulance providers must utilize NEMSIS v3.5 compliant patient care reports is incorporated into all written agreements between those agencies and the SJCEMSA and must submit NEMSIS compliant data to SJCEMSA.

### Clinical Care and Patient Outcome

Clinical care in San Joaquin County is guided prospectively by treatment protocols. The development of treatment protocols is led by the SJCEMSA Medical Director, SJCEMSA staff, and the CQI Council, a group made up of SJCEMSA, ALS, and base hospital personnel. The process for changing and developing treatment protocols includes a 45-day stakeholder comment period wherein SJCEMSA discusses all suggestions and comments, drafts a formal reply to each comment, makes any necessary changes to the

protocols, and shares the final draft protocols with the EMS Advisory Committee. The finalized new or updated protocols are added to the SJCEMSA website and a memo summarizing the changes is sent to all prehospital providers. SJCEMSA staff also provide train-the-trainer classes for prehospital provider trainers to ensure all prehospital personnel become familiar with new or updated protocols.

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

### **Skills Maintenance/Competency**

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

### **Transportation/Facilities**

San Joaquin County has seven hospitals, of which one is a Base Hospital and Level II Trauma Center, seven are designated primary stroke centers, and two are STEMI Receiving Centers (SRCs). Additionally, SJCEMSA has included two additional SRCs in neighboring counties so that these specialty patients are able to seamlessly cross county lines to go to the closest specialty receiving center. SJCEMSA staff play an active role in addressing QI issues pertaining to SRCs, the Level II Trauma Center, stroke centers, STEMI centers, and receiving facilities.

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

### **Public Education and Prevention**

SJCEMSA relies heavily on the prehospital ALS providers and hospitals to provide public education. Typical activities focus on “hands-only” CPR, use of AEDs, the proper use of

the 9-1-1 system, and the “Every 15 Minutes” program which is designed to discourage drinking and driving in the high school population.

### **Risk Management**

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

### **EMS Authority Core Measures**

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

### SECTION III DATA COLLECTION AND REPORTING

SJCEMSA collects key performance indicator data monthly and quarterly. The reports are submitted to the EMS Pre-Hospital Care Coordinator or EMS Analyst for review and analysis. The following categories are included in the data collection and reporting process:

Monthly KPI	Quarterly KPI
<ol style="list-style-type: none"> <li>1. Advanced airway skills (100% of all uses)               <ol style="list-style-type: none"> <li>a. OTI success rate</li> <li>b. Identifying Cormack-Lehan grades</li> <li>c. Use of ETTI or Stylet</li> <li>d. Appropriate use of supraglottic airways</li> <li>e. Use of end title CO2</li> </ol> </li> <li>2. Lucas usage (If equipped) (100% of all uses)               <ol style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Compression ratio</li> <li>d. Complications</li> </ol> </li> <li>3. Vent usage on ROSC patients (If equipped) (100% of all uses)               <ol style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Parameters changed</li> <li>d. Complications</li> </ol> </li> <li>4. Mechanical CPAP usage (100% of all uses)               <ol style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Parameters changed</li> <li>d. Complications</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. Narcotics usage (80% of all uses)               <ol style="list-style-type: none"> <li>a. Correct usage</li> <li>b. Correct dose</li> </ol> </li> <li>2. Documentation (15% of PCRs)               <ol style="list-style-type: none"> <li>a. Impression matches PCR treatments</li> <li>b. Drug dose</li> <li>c. PCR reviews statistics</li> </ol> </li> <li>3. Against Medical Advice calls (30% of AMA)               <ol style="list-style-type: none"> <li>a. Number of AMAs</li> <li>b. Number of AMAs reviewed</li> </ol> </li> <li>4. Training performed by topic and hour               <ol style="list-style-type: none"> <li>a. Cardiac</li> <li>b. Respiratory</li> <li>c. Trauma</li> <li>d. Pediatric</li> <li>e. Pharmacology</li> <li>f. Miscellaneous medical</li> </ol> </li> <li>5. Quarterly skills maintenance</li> <li>6. Documentation of stroke activation (100% of all alerts)               <ol style="list-style-type: none"> <li>a. LKWT</li> </ol> </li> <li>7. 12 lead on ROSC patients (100% of all ROSCs)</li> <li>8. EKG strips on cardiac arrest (100% of all arrests)</li> <li>9. STEMI (25% of all STEMI Alerts)               <ol style="list-style-type: none"> <li>a. EKG Transmission</li> </ol> </li> <li>10. Tourniquets and Hemostatic Dressings (100% of all uses)</li> </ol>

Specific performance indicators are selected on an annual basis by the SJCEMSA CQI Council. Ad hoc indicators may be added during the calendar year based upon trend analysis or opportunities for improvement that present through the incident and sentinel

event reporting process. Copies of the sentinel event and issue resolution reporting policies are included with this plan in Appendix F.

The 2024 list of key performance indicators (KPIs) will be collected by each ALS transport and ALS non-transport EMS provider focuses on measuring the frequency and success of select patient care skills seen in Appendix G and H. In response to input from key personnel from each ALS EMS provider, new KPIs have been added to the 2023 CQI Work Plans. In 2022, the KPI list was largely, quarterly submission of statistics and rates. The additional KPIs for 2024 are less about the report of rates and more about reporting on what was done by the ALS transport and ALS non-transport EMS providers with those statistics and rates.

The additional KPIs for 2024 focus largely on narcotics usage, documentation assessment, against medical advice call review, training type, and CES activity.

### **Narcotics usage**

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

### **Documentation**

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

### **Training performed by topic and hour**

In 2024 not only will ambulance companies and ALS fire departments be submitting quarterly EMS education and training hours, those hours will be categorized into six (6) different KPIs:

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

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

### **CES Activity**

All system providers are required to utilize the standard forms or templates provided by the SJCEMSA for submitting their monthly and quarterly reports. Examples of reporting forms and templates are included in Appendices J, and K. Additionally, SJCEMSA requires EMS providers to utilize standardized computer aided dispatch and patient care record data fields.

## **SECTION IV. EVALUATION OF INDICATORS**

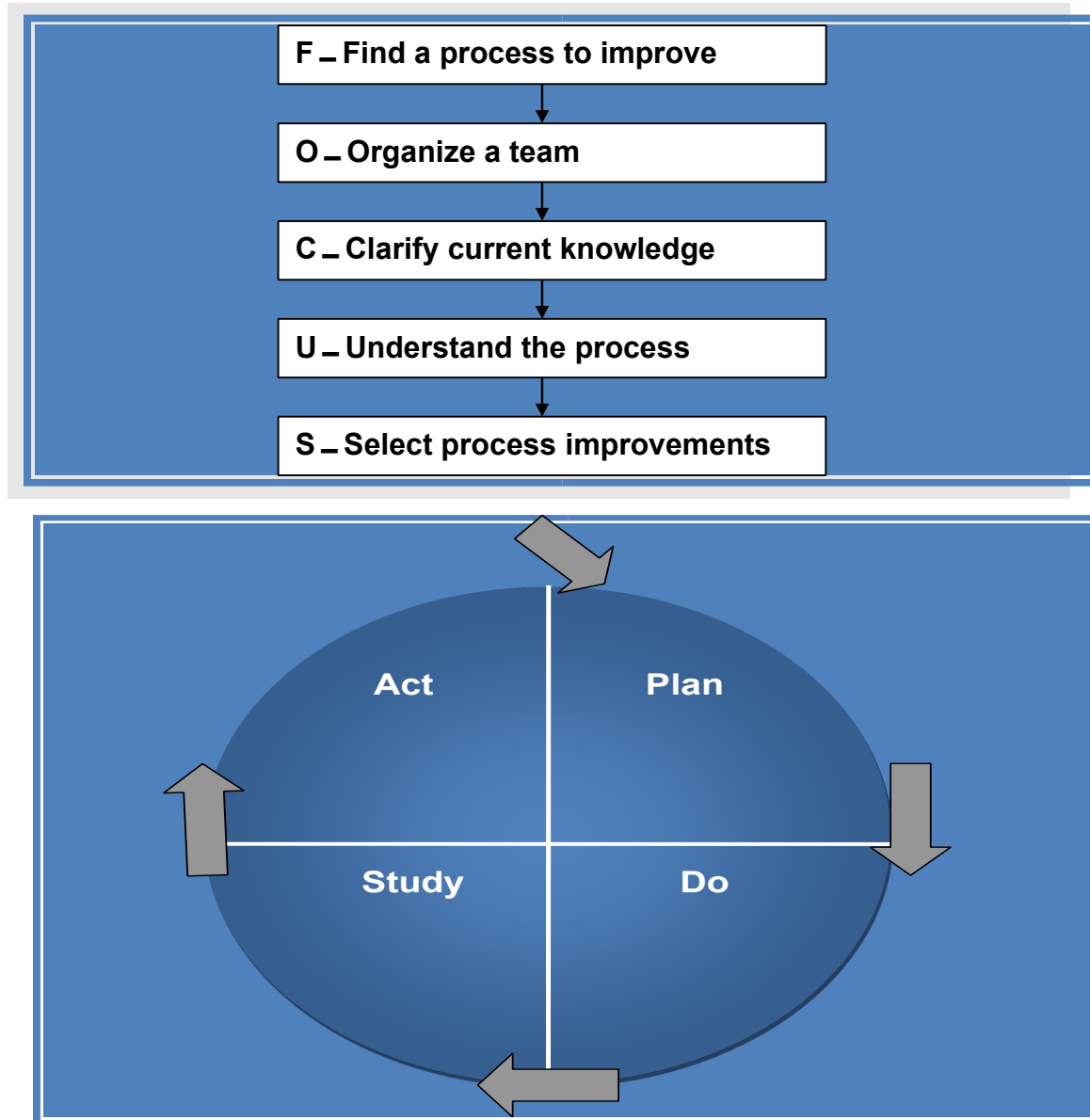
The EMS Pre-Hospital Care Coordinator in collaboration with the EMS CQI Council analyzes performance indicator data monthly and when appropriate prepares a report for the CQI Council. Monthly and quarterly data may be reported in chart or report form depending on the type of data being reviewed.

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



## SECTION V ACTION TO IMPROVE

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



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

## **SECTION VI      TRAINING AND EDUCATION**

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

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

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

## **SECTION VII CQI PLAN ANNUAL UPDATE**

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

A CQI Plan update will be submitted to the State EMS Authority every year. The next submission date is 2024.

## **APPENDICES**

### **Appendix A      EMS Policy No. 6620 CQI Process**

#### **PURPOSE:**

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

#### **AUTHORITY:**

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

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

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

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

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

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

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



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

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

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

F. Trauma Care System Participant Responsibilities

- 1. To be developed

VI. Continuous Quality Improvement Committee Responsibilities A.

Purpose:

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

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

C. Membership:

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

VII. Quality Improvement Standard Compliance

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

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

## **Appendix B      EMS Policy No. 6630, CQI Council**

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

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

### **DEFINITIONS:**

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

### **POLICY:**

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

#### **A. SJCEMSA Pre-Hospital Care Coordinator responsibilities include:**

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

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

10. CQI Council Guests

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

D. Data/System Review:

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

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

E. Individual Quality Improvement Reports

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

F. EMS Research

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

G. Internal/External Customers

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

1. Internal Customers  
Paramedics/EMT-IIs/EMT-Is/First Responders  
MICNs/Flight Nurses  
Dispatch Personnel  
EMS Students and Interns  
Ambulance Providers  
EMS Councils  
Hospitals  
State/Regional EMS Personnel  
Base Hospital Physicians
2. External Customers  
Patients  
Families of patients  
Community/Public  
Third Party Payors (Insurance Companies, HMOs)  
Government Agencies (e.g. Public Health)  
Nursing Homes  
Private Physicians



## **Appendix C      Acknowledgement of CQI Confidentiality**

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

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

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

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PRINT NAME/TITLE: \_\_\_\_\_

## Appendix D      Baldrige Quality Values

### Baldrige Quality Core Values & Concepts

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

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

8. **Management by Evidence:**

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

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

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

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

11. **Systems Perspective:**

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

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

## **Appendix E      EMS Policy No. 6101, Sentinel Event Reporting**

### **PURPOSE:**

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

### **AUTHORITY:**

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

### **DEFINITIONS:**

- A. "EMS Provider" means ambulance providers, first response providers, and any other entity employing, paid or volunteer, prehospital emergency medical care personnel.
- B. "Prehospital Emergency Medical Care Personnel" means those persons who have been certified or licensed as qualified to provide prehospital emergency medical care pursuant to the provisions of Health and Safety Code, Division 2.5.
- C. "Receiving Hospital" means an acute care hospital approved by the San Joaquin County EMS Agency to receive pre-hospital patients.
- D. "Sentinel event" means an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious physical injury includes, but is not limited to, loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence of the variation or event carries a significant chance of morbidity, or mortality, or other serious adverse outcome.

### **POLICY:**

- I. EMS providers, receiving hospitals and pre-hospital emergency medical care personnel shall report the occurrence or suspected occurrence of a sentinel event to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after becoming aware of the sentinel event.
- II. A sentinel event may include continuous actions such as the use of defective equipment that causes an ongoing but urgent or emergent threat to the welfare, health, or safety of patients or personnel. Such actions should be reported to the SJCEMSA Duty Officer upon discovery; however, notification shall not exceed eight (8) hours after discovery.
- III. After notifying the SJCEMSA Duty Officer, the reporting party shall complete and submit a Sentinel Event Investigation Report (Form 6101A) to the SJCEMSA

within 24 hours of the event. This time frame may be extended to the next business day with the approval of the EMS Duty Officer.

- IV. A sentinel event may be identified and reported to the SJCEMSA by anyone within the EMS system or by a member of the general public.
- V. The failure of an EMS provider or receiving hospital to notify the SJCEMSA of a sentinel event may result in disciplinary action being taken against all parties with knowledge of the event.
- VI. Specific examples of reportable sentinel events include:
  - A. The refusal and/or failure of prehospital EMS personnel to implement a Base Hospital order.
  - B. Any deviation from an EMS treatment protocol with significant potential for serious patient harm.
  - C. Medication or procedural errors with significant potential for serious patient harm.
  - D. Any significant EMS related event reported to the reporting party's risk management department, or Continuous Quality Improvement (CQI) Pre Hospital Care Coordinator.
  - E. Any significant EMS related event reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
  - F. Any of the occurrences defined as a threat to the public health and safety cited in Health and Safety Code § 1798.200(c):
    - (1) Fraud in the procurement of any certificate or license.
    - (2) Gross negligence.
    - (3) Repeated negligent acts.
    - (4) Incompetence.
    - (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
    - (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of the conviction.
    - (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.

- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- (12) Unprofessional conduct exhibited by any of the following:
  - a. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance.
  - b. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
- (13) The commission of any sexually related offense specified under Section 290 of the Penal Code.

VII. Upon receipt of a sentinel event report the SJCEMSA shall take the following actions:

- A. Confirm receipt of the sentinel event report with the reporting party.
- B. Evaluate the report to determine if an investigation of the sentinel event is warranted. When deemed appropriate, the SJCEMSA may address the event in accordance with EMS Policy No. 6102, EMS System Issue Resolution Process.

VIII. Sentinel event investigations are part of the CQI process and all documents, reports, and information are confidential and protected by § 1040 of the Evidence Code.

IX.

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

**PURPOSE:** The purpose of this policy is to outline a process for reporting non-sentinel event issues occurring within the EMS system.

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

**POLICY:**

It is the policy of SJCEMSA to maintain a reporting process of unusual occurrences within the EMS system to ensure effective process improvement and to reduce or mitigate future negative occurrences. EMS system participants shall report Unusual Occurrences to SJCEMSA in accordance with this policy.

**PROCEDURE:**

I. This policy reflects the EMS Agency's commitment of improvement through process ownership by all EMS system participants and involved parties. EMS system participants experiencing misunderstandings or disagreements in the course of field operations that do not rise to the level of Unusual Occurrence reporting to SJCEMSA (which may include emergency medical dispatch, on scene operations and hospital related operational issues) are expected to resolve such issues:

- A. As soon as possible after the call;
- B. In person or by telephone with the involved party or parties;
- C. Among the participants;
- D. At a mutually convenient time and location.

II. EMS system participants shall report Unusual Occurrences to SJCEMSA by completing and submitting an Unusual Occurrence Report Form (Appendix 6102A) online from the SJCEMSA website

<https://www.sjgov.org/departments/ems/unusualoccurrences-form> or scanned copy sent to the SJCEMSA Duty Officer email [emsdutyofficer@sjgov.org](mailto:emsdutyofficer@sjgov.org) within three (3) working days of the incident. EMS personnel submitting an Unusual Occurrence Report Form shall also include all applicable supporting documentation.

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

## Appendix G 2024 ALS Provider Monthly & Quarterly Report Template

The current list of key performance indicators (KPIs) collected by each ALS transport and ALS non-transport EMS provider focuses on measuring the frequency and success of select patient care skills. In response to the input from key personnel from each ALS EMS provider, KPIs will be divided into monthly KPI reports and quarterly KPI reports.

Monthly KPI	Quarterly KPI
5. Advanced airway skills (100% of all uses) <ul style="list-style-type: none"> <li>a. OTI success rate</li> <li>b. Identifying Cormack-Lehan grades</li> <li>c. Use of ETTI or Stylet</li> <li>d. Appropriate use of supraglottic airways</li> <li>e. Use of end title CO2</li> </ul>	11. Narcotics usage (80% of all uses) <ul style="list-style-type: none"> <li>a. Correct usage</li> <li>b. Correct dose</li> </ul>
6. Lucas usage (If equipped) (100% of all uses) <ul style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Compression ratio</li> <li>d. Complications</li> </ul>	12. Documentation (15% of PCRs) <ul style="list-style-type: none"> <li>a. Impression matches PCR treatments</li> <li>b. Drug dose</li> <li>c. PCR reviews statistics</li> </ul>
7. Vent usage on ROSC patients (If equipped) (100% of all uses) <ul style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Parameters changed</li> <li>d. Complications</li> </ul>	13. Against Medical Advice calls (30% of AMA) <ul style="list-style-type: none"> <li>a. Number of AMAs</li> <li>b. Number of AMAs reviewed</li> </ul>
8. Mechanical CPAP usage (100% of all uses) <ul style="list-style-type: none"> <li>a. Number of deployments</li> <li>b. Number of deployments reviewed</li> <li>c. Parameters changed</li> <li>d. Complications</li> </ul>	14. Training performed by topic and hour <ul style="list-style-type: none"> <li>a. Cardiac</li> <li>b. Respiratory</li> <li>c. Trauma</li> <li>d. Pediatric</li> <li>e. Pharmacology</li> <li>f. Miscellaneous medical</li> </ul>
	15. Quarterly skills maintenance
	16. Documentation of stroke activation (100% of all alerts) <ul style="list-style-type: none"> <li>a. LKWT</li> </ul>
	17. 12 lead on ROSC patients (100% of all ROSCs)
	18. EKG strips on cardiac arrest (100% of all arrests)
	19. STEMI (25% of all STEMI Alerts) <ul style="list-style-type: none"> <li>a. EKG Transmission</li> </ul>
	20. Tourniquets and Hemostatic Dressings (100% of all uses)



### **Monthly KPI**

Monthly KPI's are directed at system evaluation of high risk or new skills.

### **Advance Airway Skills**

Completion of the monthly advanced airway report to include OTI success rate, use of ETTI or stylet, identifying Cormack-Lehan grades, appropriate use of supraglottic airways and use of end title CO2.

### **Lucas Device Usage**

SJCEMSA will continue to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

### **Ventilator Usage on ROSC Patients**

SJCEMSA will continue to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

### **Mechanical CPAP Usage**

SJCEMSA would like to evaluate 100% QA/QI of all uses. Usage review will consist of number of deployments, if those deployments were evaluated, if they were successful, and if there were any complications.

## **Quarterly KPI**

### **Narcotics Usage**

The focus will be on if narcotics are used according to policy concerning the correct patient situation, as well as the correct dose. With this KPI available on a quarterly basis as confirmation of adherence to currently policy, it can be used in conjunction with current medical studies on narcotics usage, to provide a framework to make an objective assessment of current treatment policy in San Joaquin County.

### **Documentation**

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

### **Against Medical Advice Calls**

Against Medical Advice (AMA) calls can be the most challenging and often the riskiest calls that prehospital staff can be involved in. For this reason, AMA calls require great attention to detail not only in patient care but also in the documentation of that patient care.

### **Training Performed by Topic and Hour**

Ambulance companies and ALS fire departments will submit quarterly EMS education and training hours that are categorized into six (6) different KPIs:

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

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

### **Documentation of Stroke Activation**

As our Stroke system of care continues to evolve, the focus of this KPI is if Last Known Well Times (LKWTT) have been documented on each Stroke activation.

### **12 Lead on ROSC Patients**

With the importance of 12 lead acquisition on ROSC patients, this will continue to be a KPI for 2024. This KPI will consist of not only documenting 12 leads on 100% of ROSC patients but also attaching them to the PCR.

### **EKG Strips on Cardiac Arrest**

This KPI will focus on EKG strips on 100% of cardiac arrest patients with the primary concern being if the initial rhythm was captured and attached and if subsequent rhythm changes were captured and attached.

### **Tourniquets and Hemostatic Dressings**

This KPI is in place to evaluate the use of Tourniquets and Hemostatic Dressings in our system.

## Appendix H      Advanced Airway Summary Form 2024

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



# San Joaquin County

## Emergency Medical Services Agency

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### **2023 Basic Life Support QI plan**

PREPARED BY: Matthew R. Esposito, MS, M.I.C.P.  
EMS Coordinator

SUBJECT: Basic Life Support (BLS) Quality Assurance / Quality Improvement.

In 2023, San Joaquin County EMS Agency (SJCEMSA) has evaluated and assessed our tiered response system. As a continued effort of quality assurance and quality improvement (QA/QI), the SJCEMSA CQI Council has adopted multiple BLS key performance indicators (KPI) to monitor. SJCEMSA's CQI Council will continue to monitor tiered response through ongoing KPIs.

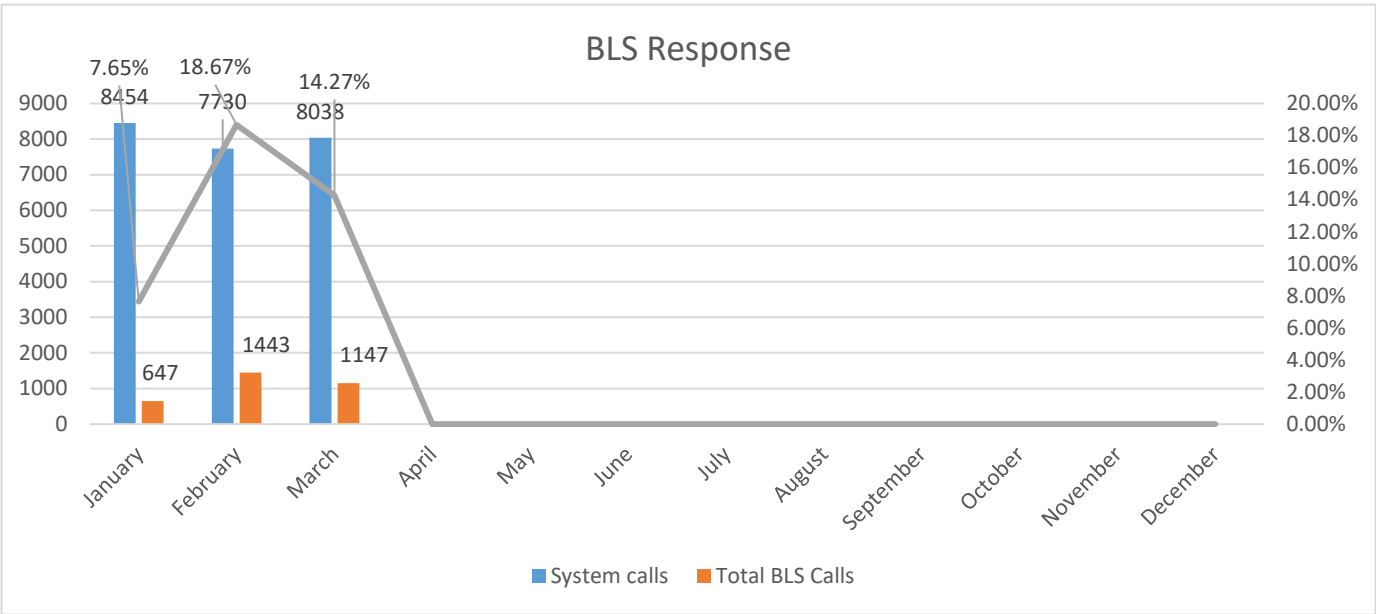
#### BLS KPIs:

1. Overall BLS call volume,
2. Incidents of transport to hospital with red lights and sirens,
3. M.P.D.S. determinant compliance with EMS Policy No. 3202, Medical Priority Dispatch System use and Assignments,
4. Medications and procedures:
  - a. Nitroglycerin (NTG),
  - b. Aspirin (ASA),
  - c. Naloxone,
  - d. Blood Glucose Level Determination,
  - e. Epinephrine via auto injector,
5. Non transport ALS provider continues care to hospital.

#### Current findings:

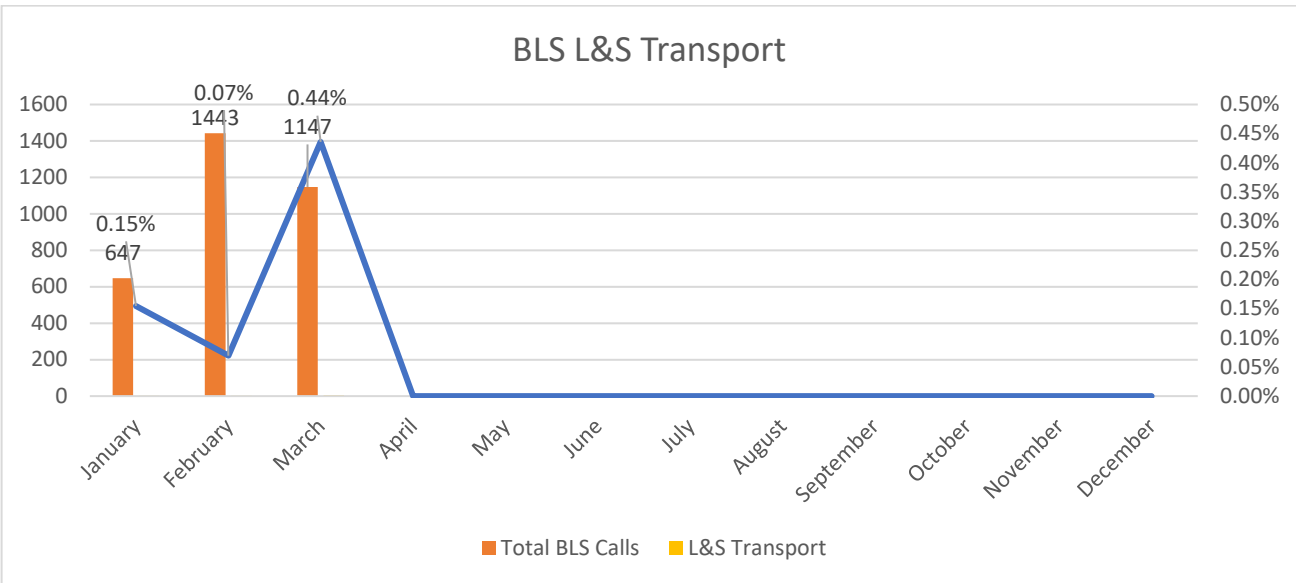
1. Overall BLS system volume.

Since tiered response was expanded in July 2023, BLS usage in the 911 system has ranged between 8-12% of all 911 responses. We have seen an increase in BLS response in the last three months from 7.6% in January, to 18.6% in February, and 14.2% in March. SJCEMSA CQI Council will continue to analyze this data to identify trends.



2. Lights and sirens transport:

In the first quarter of 2024, although an increase in overall BLS response was seen, the percentage of lights and sirens transports (7) is down when compared to the percentage of lights and sirens transport (10) for the last quarter of 2023.

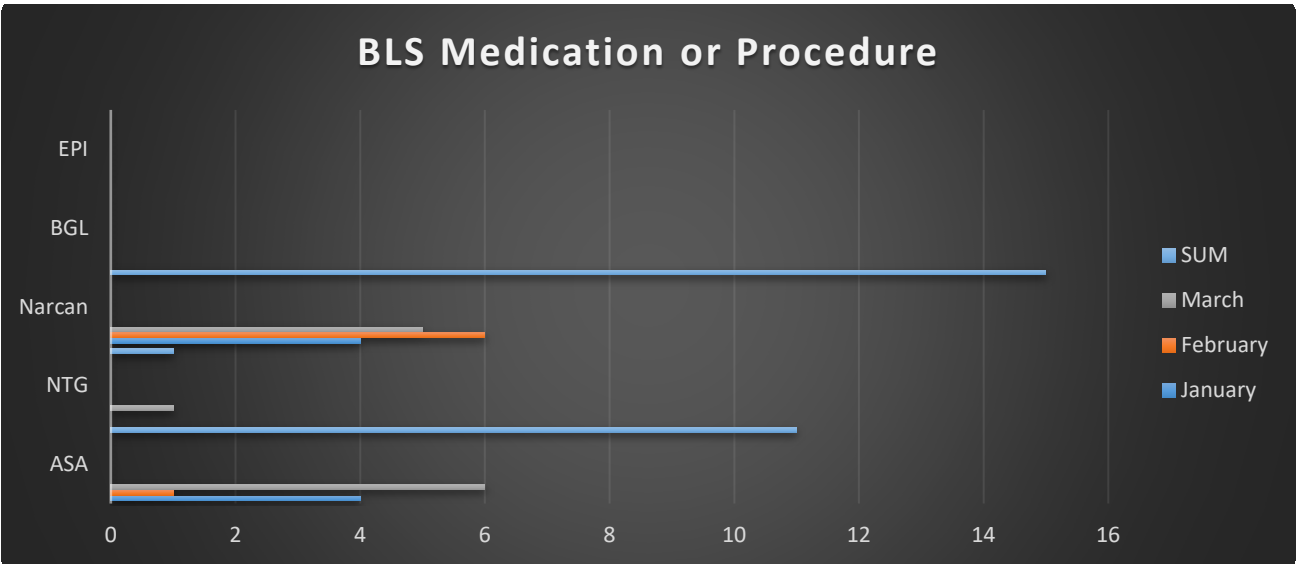


3. M.P.D.S. determinant compliance with EMS Policy No. 3202.

Each lights and sirens transport receives an individual QA/QI assessment that not only looks at the appropriateness of the use of lights and sirens transport as well as if the call followed EMS Policy No. 3202, Medical Priority Dispatch System use and Assignments. In the last quarter of 2023 BLS used lights and sirens to transport a patient 10 times. On individual incident QA/QI, all calls followed policy No. 3202 appropriately. Transport with lights and sirens was most often due to a seizure patient that was no longer seizing during MPDS questioning but then had seizure like activity enroute to the hospital. Thus far in 2024 BLS units have transported lights and sirens 7 times, with the most common reason being ALOC at a doctor's office or clinic. In one case it was faster to transport the patient, via BLS, to the ED than to wait for an ALS unit. MPDS determinants for all the doctor's office and clinics coded out as card 33, Transfer/ Interfacility / Palliative care, and appropriately received a BLS response.

4. Medications and procedures:

All medication administration are evaluated to determine correct usage. In Q4 of 2023 there was a total of 57 medication administrations with 21 of them being ASA, 35 being Naloxone and 1 NTG. In Q1 2024 we have seen a reduction of medication administration with a total of 26. 11 being ASA, 1 NTG and the majority being naloxone at 15.



5. Non transport ALS provider continues care to hospital.

In 2024, one of our main focuses will be on Non transport ALS paramedics riding in on BLS units. These QA/QI processes will focus initially on appropriate use of EMS policy No. 3202 as well as appropriateness of non-transport ALS personnel maintaining patient care and riding into the hospital.



# San Joaquin County

## Emergency Medical Services Agency

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### **2023 STEMI System Plan Update**

February 16, 2023 (Rev. May 2023)

Jeff Costa, MBA, RN, EMS Critical Care Coordinator

#### **Summary:**

On April 1, 2023, SJCEMSA renewed designation of the two (2) San Joaquin County hospitals as STEMI receiving centers following successful completion of a SJCEMSA renewal process that included site surveys and renewed written agreements. Both San Joaquin County STEMI receiving centers are designated by SJCEMSA through March 31, 2027.

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

#### **Number and Designation of STEMI Receiving Centers:**

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

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

#### **STEMI System Goals and Objectives:**

2024 goals and objectives include: 1.) Analyzing data received from STEMI Receiving Centers to produce periodic and annual STEMI reports and participate in STEMI data submissions. 2.) Continue to assess and monitor the SJCEMSA STEMI System for opportunities for improvement.

#### **System Performance Improvement:**

SJCEMSA maintains an active STEMI Quality Improvement Committee with multidisciplinary participants elected by stakeholders within organized STEMI System of Care. Committee meetings are held quarterly and or as needed. In 2023, The Committee created a proposed workflow for STEMI transfers from non-STEMI Receiving Centers.



# San Joaquin County

## Emergency Medical Services Agency

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### **2023 Stroke System Plan Update**

February 16, 2023 (Rev. May 2023)

Jeff Costa, MBA, RN, EMS Critical Care Coordinator

#### **Summary:**

In 2023, SJCEMSA renewed designation of all seven (7) San Joaquin County hospitals as primary stroke centers following successful completion of a process that included site surveys and renewal of written agreements. All San Joaquin County hospitals are currently designated by SJCEMSA as primary stroke centers through October 31, 2027.

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

#### **Number and Designation of Primary Stroke Centers:**

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

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

#### **Stroke System Goals and Objectives:**

2024 goals and objectives include: 1.) Analyzing data received from primary stroke centers to produce periodic and annual Stroke reports and participate in Stroke data submissions. 2.) Continue to assess and monitor the SJCEMSA stroke system for opportunities for improvement.



### **System Performance Improvement:**

SJCEMSA maintains an active Stroke Quality Improvement Committee with multidisciplinary participants designated by stakeholders within the organized stroke system of care. Committee meetings are held quarterly and or as needed.