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

July 5, 2024

Dan Bates, EMS Administrator
Riverside County Emergency Medical Services Agency
450 East Alessandro Boulevard
Riverside, CA 92508

Dear Dan Bates,

This letter is in response to Riverside County Emergency Medical Service (EMS) Agency's 2019-2020 and 2021-2022 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan, submissions to EMSA on June 19, 2022, and March 3, 2023.

EMSA has reviewed the EMS plans based on compliance with statutes, regulations, and case law. It has been determined that the plans meet 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 approved each for implementation.

Per HSC § 1797.254, local EMS agencies must annually submit an EMS plan to EMSA. Subsequently, your 2023 EMS plan is now due. Your 2024 EMS plan will be due on or before July 5, 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.

Sincerely,

Tom McGinnis

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

Enclosure:
AW: rd

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Riverside County EMS Agency 2019-2022 EMS Areas and Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS and CCT Ambulance Services	BLS non-emergency	Standby Service with Transport Authorization
Area/Subarea Name	**EXCLUSIVITY**			**TYPE**			**LEVEL**						
Cathedral City	X							X					
Central Zone		X	Non-Competitive	X				X					
Cove Communities		X	Non-Competitive	X				X					
Desert Zone		X	Non-Competitive	X				X					
Idyllwild FPD		X	Non-Competitive	X				X					
Indio City Zone	X							X					
Mountain Plateau	X							X					
Northwest		X	Non-Competitive	X				X					
Palo Verde Valley Zone/Blythe		X	Non-Competitive	X				X					
Pass Area		X	Non-Competitive	X				X					
San Jacinto/Hemet Valley		X	Non-Competitive	X				X					
Southwest		X	Non-Competitive	X				X					

COUNTY OF RIVERSIDE
EMD
Emergency Management Department

Bruce Barton
Director

June 18, 2022

Tom McGinnis, Chief EMS Systems Division
California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA. 95670

Dear Tom,

Please accept the submission of the Riverside County EMS Agency's (REMSA) 2019 and 2020 EMS Plan Updates. REMSA has continued to utilize the historical EMS System Standards and Guidelines format to provide this two-year update. The submission delay of these updates was due to extremely high staff workloads related to the COVID-19 pandemic. However, system improvement activities did continue despite the pandemic. Lastly, there are no changes to the approved 2018 Transportation Plan, and REMSA will submit the 2021 EMS Plan Update by December 1, 2022.

We look forward to the EMS Authority's review, comments, and approval. Please contact me if you have questions at (951) 358-5029.

Thank you,

Trevor Douville
EMS Administrator
Riverside County Emergency Management Department

RIVERSIDE COUNTY
EMS
AGENCY

EMS Plan
2019 & 2020

Executive Summary

2019 & 2020 Accomplishments and Improvements to the EMS System Page 1
Current Challenges and Major System Improvement Initiatives for 2021 Page 4

Tables

Table 1a – 1h Minimum Standards and Recommended Guidelines Page 7
Table 2 System Organization and Management Page 18
Table 3 Credentialing and Enforcement Page 25
Table 4 Communications Page 27
Table 5 Response and Transportation Page 28
Table 6 Facilities and Critical Care Page 29
Table 7 Disaster Medical Page 30
Table 8 Resource List of EMS Providers Page 31
Table 9 Resource List of Hospitals Page 45
Table 10 Resource List of Approved Training Programs Page 54
Table 11 Resource List of Approved Dispatching Agencies Page 62

Ambulance Zone Summary Forms

Page 71

System Assessment Forms

Section 1 - System Organization and Management Page 80
Section 2 - Staffing and Training (no updates)
Section 3 - Communications Page 86
Section 4 - Response and Transportation Page 97
Section 5 - Facilities and Critical Care Page 110
Section 6 - Data Collection and System Evaluation Page 118
Section 7 - Public Information and Education (no updates)
Section 8 - Disaster Medical Response Page 123

The EMS Plan ("*Plan*") has been completed with input from Riverside County EMS stakeholder organizations. The Plan reveals how our system complies with the EMS System Standards and Guidelines and identifies accomplishments since the last Plan approval, as well as areas of improvement, to continuously enhance EMS service delivery to the residents and visitors of Riverside County. EMSA approved the previous Plan on March 7, 2019.

Major Accomplishments and Improvements to the EMS System

1. Following the Board of Supervisors' approval, REMSA implemented an updated 9-1-1 emergency ambulance contract with American Medical Response (AMR), effective July 1, 2015. The sixth year of performance under the contract was completed on June 30, 2021. (EMS Strategic Plan Goal 10, pg. 24). Highlights of the updated contract include:
   a. Improvements in all operational, clinical, and customer service aspects of contractor performance.
   b. Enhanced operational, clinical, patient satisfaction, community service, and financial performance monitoring and reporting.
   c. Retention of ambulance services to Mental Health patients, including partnering with law enforcement and the Department of Mental Health for the care and transportation of 5150 patients from the field.
   d. Terms for support of Fire Department ALS First Responder services within a two-tiered cooperative regional EMS system.
   e. An upgraded emergency ambulance fleet.
   f. Upgraded medical equipment.
   g. Support for patient outcome-focused research.
   h. Improved integration with EMS system partners.
   i. Increased system enhancement fees (formerly known as penalty fees) based upon response time performance.
   j. Increased reserve resource requirements for EMS system surge events and Disasters.

2. All EMS providers continue to utilize the ImageTrend Elite ePCR system (EMS Strategic Plan Goal 1, pg. 21). Highlights of the data system include:
   a. All EMS providers on a single integrated patient care reporting platform.
   b. Provides significant improvement in data collection, management, and reporting functionality that enables REMSA and EMS system partners to improve patient care.
   c. Provides a digital platform for integration with Hospital EMR systems.
   d. Provides a digital platform for integration with the Inland Empire Healthcare Information Exchange (HIE).
   e. Complies with State data reporting and the National EMS Information System (NEMSIS) requirements.
   f. A complete transition to online credentialing for all EMTs, Paramedics, and Mobile Intensive Care Nurses (MICN) working in the county EMS system through the ImageTrend Licensure module.

3. All new and current ambulance providers must be credentialed by the Commission on Accreditation of Ambulance Standards (CAAS), the National "gold standard" of quality for ambulance services. The first full year of the permitting process utilizing this standard was completed in April 2018. (EMS Strategic Plan Goal 6, pg. 23).

4. The EMS Quality Improvement Plan (EMSQIP) was updated by REMSA and approved by EMSA in February 2021.

5. In November of 2017, REMSA applied and received approval to implement a trial study to determine the efficacy of Ketamine for analgesia. After a short but successful trial, in June of 2018, REMSA applied to add Ketamine as a local optional scope of practice (LOSOP) medication for all ALS providers in the county. The application was approved, and Ketamine was added to treatment protocols and the standard medication list later that year (EMS Strategic Plan Goals 1 and 3, pgs. 21 & 22).

6. Year over year, ambulance patient offload delays (APOD) and ambulance patient offload times (APOT) trended appropriately throughout calendar years 2018 and 2019 based on historical data, seeing an increase of only 7% and 2.98%, respectively. Q1 2020 APODs increased modestly over Q1 2019 by 2.6%, while APOT hours decreased by 8.8%.

   In the first month of Q2 2020, shortly after the COVID-19 epidemic was officially declared a pandemic, the APOD and APOT numbers dipped, only to begin surging in May and remain elevated through 2020 and into 2021. APOD numbers in Q2-Q4 2020 increased over Q2-Q4 2019 by 8%, with APOT times decreasing by 6.1% over the same period, most likely due to EDs over capacity and Hospital Staffing shortages.

   The total transports in CY 2020 decreased by 4.9% compared to CY 2019. Additionally, the total number of transports between Q2-Q4 in 2020 decreased by 6.8%.

   Entering 2021, staffing shortages in the prehospital and hospital setting exacerbated an already high call volume at the time. REMSA will continue to work with all Hospitals and EMS providers to mitigate the impacts of APOD. (EMS Strategic Plan Goal 5, pg. 22)

7. REMSA Stroke and STEMI specialty care programs continued to mature. Of the seventeen (17) General Acute Care Hospitals (GACH) approved as Prehospital Receiving Centers (PRCs) within the Riverside County EMS system, six (6) were designated as STEMI Receiving Centers, and twelve (12) were designated as Stroke Receiving Centers.

   In September 2019, Loma Linda University Medical Center – Murrieta resigned their designation as a Primary Stroke Center (PSC) in Riverside County. Less than two months later, in November of 2019, John F. Kennedy Memorial Hospital was designated as a PSC, allowing the total number of SRCs to remain at twelve (12). Additionally, in July of 2020, Desert Regional Medical Center and Riverside Community Hospital were both designated as Comprehensive Stroke Centers (CSCs), becoming the first two CSCs in Riverside County.

STEMI and Stroke system advisory committees meet quarterly to review performance reports and identify quality improvement opportunities. REMSA continues to employ a Specialty Care Coordinator with an RN license and a Master's level education, to develop and implement plans to realign specialty care programs with new Title 22 requirements for STEMI and Stroke, as needed. When the regulations for both programs are implemented, REMSA plans to adopt these requirements as a basis for Stroke and STEMI center standards.

8. REMSA updated the County Trauma Plan and continues to utilize the data dashboard for the enhanced evaluation and reporting of trauma patient demographics, care, and outcomes. The trauma patient dashboard will assist the Regional Trauma Audit Committee (TAC) in evaluating patient care and provide direction for developing trauma policies and protocols. The State EMS Authority approved the most recent update in April 2021. (EMS Strategic Plan Goal 1, pg. 21). Riverside Community Hospital was designated as a Level 1 trauma center in July 2020.

9. Riverside County EMS System data reports can be accessed at http://www.rivcoems.org/Documents/Reports-Current.

Current Challenges and Major System Improvement Initiatives for 2021

1. **Data Collection, Analysis, and Reporting** - The Image Trend Elite implementation has been completed with all 9-1-1 EMS prehospital providers on the system as of September 2017. Consistent participation and cooperation of all hospitals to fully integrate with data collection efforts, utilize the tools provided by REMSA (e.g., FirstWatch TOC), and provide patient outcome data has continued as a challenge in 2018. REMSA and system partners will continue implementing and developing the Riverside County EMS Information System (REMSIS). REMSIS consists of several data collection, analysis, and reporting tools, including Image Trend Elite electronic patient care report, Image Trend Licensing Management System (LMS), Digital Innovations Trauma Registry, ReddiNet, and First Watch Informatics Systems. System-wide education and maturation in using these tools will enable consistent improvement in data analytics, reporting, and meaningful use, specifically toward continuously improving EMS patient care. In 2021-2022 REMSA will continue to work with EMS system partners on EMS information systems integration, automation, and development of the System Clinical and Operational Performance Evaluation (SCOPE) dashboard. SCOPE will utilize the outputs from REMSIS to communicate key performance metrics. Those metrics allow REMSA and EMS partners to develop evidence-based clinical treatment protocols, education/training initiatives, and system design improvements. The first draft of the SCOPE dashboard has been in place since July 2018 and can be viewed at the RivCoEMS.org website. (EMS System Strategic Plan Goal 1, 2, 3, 7, 9, and 12).

2. Patient Management and Movement During Mass Casualty Events –REMSA will continue the development of a Multiple Patient Management Plan (MPMP) that includes the capability of REMSA and the MHOAC Program to manage the system-wide movement and tracking of patients. In 2018, a comprehensive review of relevant plans and supporting documentation was completed, and a detailed assessment report was submitted to the stakeholder workgroup for approval. A regional multi-discipline discussion-based tabletop exercise was completed in March 2018, and items identified in the After Action Report (AAR) and Improvement Plan (IP) will be incorporated into the final MPMP. Additional funding through Homeland Security was provided to host the regional full-scale patient distribution exercise in October 2018. Incorporating lessons learned during the COVID pandemic, the plan will be completed by December 2023. Elements of the plan will include:

    - Develop criteria for quickly communicating mass casualty incidents' occurrence and severity (size).
    - Automated triggers identify all EMS system partner's roles and responsibilities.
    - Medical mutual aid processes and procedures are aligned with the California Public Health and Medical Emergency Operations Manual (EOM).
    - Expanded technical and staffing development of the Medical and Health Coordination Center (MHCC) to provide for single-point coordination of medical mutual aid, patient movement, and patient tracking.
    - Development of healthcare facility evacuation plans.

- Development of improved pediatric disaster readiness with all General Acute Care Hospitals (GACH)
- Integration with the Hospital Preparedness Program (HPP) for improving hospital resiliency.
- Integration with the EMSA California Patient Movement Plan.
- REMSA has initiated a broad stakeholder and partner workgroup comprised of representatives from Hospitals, Ambulance Providers, Fire Departments, Law Enforcement, educational institutions, and neighboring Counties who will be providing expert subject matter input into the development of the plan.

3. Specialty Care Programs – REMSA will continue the realignment of STEMI, Stroke, and EMS for Children (EMSC) specialty care programs for improved regional continuity of care and compliance with State regulations governing specialty care program approval. In 2019-2020 REMSA continued implementation and refinements to the Specialty Care Program Plans to implement program improvements in compliance with proposed and existing regulations, guidelines, and criteria determined by the REMSA Medical Director. Specific activities to be conducted by REMSA include:

    - Develop and maintain written plans and timelines
    - Conduct stakeholder and partner meetings and work groups to solicit input from the appropriate subject matter experts
    - Update all REMSA contracts, policies, protocols, and procedures related to specialty care.
    - Update designated specialty care hospital contracts.
    - Work with EMS partners to develop clinical, patient outcome, and operational performance data reports.
    - Assist hospitals with the implementation of new Specialty Care data registries in 2019.
    - Realign advisory committee membership, activities, and outputs.
    - Assist in developing and communicating educational and training requirements with hospitals and EMS providers. Including standards for field triage, treatment, and transportation of patients requiring emergency medical care; monitors the performance of EMS providers to ensure adherence to authorized standards of practice and identify training needs.
    - Provide specialty care-related subject matter recommendations for developing the Multiple Patient Management Plan (Mass Casualty Plan in the draft, see above).
    - Provide oversight and direction to hospitals for specialty care programs (i.e., STEMI, Stroke) and update policies/ protocols/ contracts/ perform hospital audits as needed.
    - Develop and implement a Specialty Care fee schedule to cover the county's cost for regulatory oversight of Specialty Care Programs, including STEMI, Stroke, EMSC, and Trauma.
    - Evaluate initial results from the implementation of the Specialty Care Realignment Plan.

- Perform CQI case reviews. Assure all related Continuous Quality Improvement (CQI) meetings meet State regulatory requirements relating to patient privacy and appropriate evidence codes.
- Deliver specialty care system reports quarterly. (EMS System Strategic Plan Goal 1)

4. All Riverside County EMS system improvement goals are included in the EMS System Strategic Plan. The plan can be accessed at rivcoems.org. REMSA plans to update the Strategic Plan in 2022 with a new 3-5 year plan implemented by June 2023.

TABLE 1A – SYSTEM ORGANIZATION AND MANAGEMENT

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Agency Administration:								
1.01	LEMSA Structure		X			X		X
1.02	LEMSA Mission		X			X	X	
1.03	Public Input		X			X	X	
1.04	Medical Director		X			X	X	
Planning Activities:								
1.05	System Plan		X			X	X	
1.06	Annual Plan Update		X		X			X
1.07	Trauma Planning		X			X		X
1.08	ALS Planning		X		X			X
1.09	Inventory of Resources		X			X		X
1.10	Special Populations		X			X		X
1.11	System Participants		X			X		X
Regulatory Activities:								
1.12	Review and Monitoring		X			X		X
1.13	Coordination		X			X		X
1.14	Policy & Procedures Manual		X			X	X	
1.15	Compliance w/ Policies		X				X	

System Finances:								
1.16	Funding Mechanism		X		X			
Medical Direction:								
1.17	Medical Direction		X				X	
1.18	QA / QI		X		X			X
1.19	Policies, Procedures & Protocols		X	X			X	
1.20	DNR Policy		X				X	
1.21	Determination of Death		X				X	
1.22	Reporting of Abuse		X				X	
1.23	Interfacility Transfer		X				X	
Enhanced Level: Advanced Life Support								
1.24	ALS System	X			X	X		X
1.25	Online Medical Direction		X	X			X	
Enhanced Level: Trauma Care System								
1.26	Trauma System Plan		X		X	X		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System								
1.27	Pediatric System Plan		X			X	X	
Enhanced Level: Exclusive Operating Areas								
1.28	EOA Plan		X				X	

TABLE 1B – STAFFING AND TRAINING

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Local EMS Agency:								
2.01	Assessment of Needs		X		X		X	
2.02	Approval of Training		X				X	
2.03	Personnel		X				X	
Planning Activities:								
2.04	Dispatch Training		X	X		X	X	
First Responders (Non-Transporting):								
2.05	First Responder Training		X	X	X		X	
2.06	Response	X			X	X	X	
2.07	Medical Control		X				X	
First Responders (Transporting):								
2.08	EMT-I Training		X	X			X	
Hospital:								
2.09	CPR Training		X				X	
2.10	Advanced Life Support		X				X	
Enhanced Level: Advanced Life Support								
2.11	Accreditation Process		X			X	X	
2.12	Early Defibrillation		X				X	
2.13	Base Hospital Personnel		X				X	

TABLE 1C - COMMUNICATIONS

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Communications Equipment:								
3.01	Communications Plan		X	X		X	X	
3.02	Radios		X	X			X	
3.03	Interfacility Transfer		X			X	X	
3.04	Dispatch Center		X			X	X	
3.05	Hospitals		X	X				X
3.06	MCI / Disasters		X			X	X	
Public Access:								
3.07	9-1-1 Planning / Coordination		X	X				X
3.08	9-1-1 Public Education		X		X			X
Resource Management:								
3.09	Dispatch Triage		X	X		X		X
3.10	Integrated Dispatch		X	X		X		X

TABLE 1D – RESPONSE AND TRANSPORTATION

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Universal Level:								
4.01	Service Area Boundaries		X	X				X
4.02	Monitoring		X	X		X		X
4.03	Classifying Medical Requests		X			X	X	
4.04	Prescheduled Responses		X		X		X	
4.05	Response Time Standards	X				X	X	
4.06	Staffing		X					X
4.07	First Responder Agencies		X		X			X
4.08	Medical & Rescue Aircraft		X			X	X	
4.09	Air Dispatch Center		X				X	
4.10	Aircraft Availability	X				X	X	
4.11	Specialty Vehicles		X					X
4.12	Disaster Response		X			X		X
4.13	Intercounty Response		X	X		X		X
4.14	Incident Command System		X					X
4.15	MCI Plans		X			X		X
Enhanced Level: Advanced Life Support								
4.16	ALS Staffing		X	X			X	
4.17	ALS Equipment		X				X	

TABLE 1D – RESPONSE AND TRANSPORTATION

Enhanced Level: Ambulance Regulation								
4.18	Transport Compliance		X		X			X
Enhanced Level: Exclusive Operating Permits								
4.19	Transportation Plan		X		X			X
4.20	“Grandfathering”		X					X
4.21	EOA Compliance		X		X			X
4.22	EOA Evaluation		X				X	

TABLE 1E – FACILITIES AND CRITICAL CARE

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Universal Level:								
5.01	Assessment of Capabilities		X					X
5.02	Triage & Transfer Protocols		X		X			X
5.03	Transfer Guidelines		X					X
5.04	Specialty Care Facilities		X		X			X
5.05	Mass Casualty Management		X	X		X		X
5.06	Hospital Evacuation		X			X		X
Enhanced Level: Advanced Life Support								
5.07	Base Hospital Designation		X		X		X	
Enhanced Level: Trauma Care System								
5.08	Trauma System Design		X			X		X
5.09	Public Input		X				X	
Enhanced Level: Pediatric Emergency Medical and Critical Care System								
5.10	Pediatric System Design		X			X	X	
5.11	Emergency Departments		X	X		X	X	
5.12	Public Input		X				X	
Enhanced Level: Other Specialty Care Systems								
5.13	Specialty System Design		X			X	X	
5.14	Public Input						X	

TABLE 1F – DATA COLLECTION AND SYSTEM EVALUATION

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Universal Level:								
6.01	QA / QI Program		X	X		X		X
6.02	Prehospital Records		X		X			X
6.03	Prehospital Care Audits		X			X		X
6.04	Medical Dispatch		X			X		X
6.05	Data Management System		X			X		X
6.06	System Design Evaluation		X		X	X	X	
6.07	Provider Participation		X				X	
6.08	Reporting		X		X		X	
Enhanced Level: Advanced Life Support								
6.09	ALS Audit		X			X	X	
Enhanced Level: Trauma Care System								
6.10	Trauma System Evaluation		X		X		X	
6.11	Trauma Center Data		X			X	X	

TABLE 1G – PUBLIC INFORMATION AND EDUCATION

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Universal Level:								
7.01	Public Information Materials		X	X		X	X	
7.02	Injury Control		X	X		X	X	
7.03	Disaster Preparedness		X	X			X	
7.04	First Aid & CPR Training		X	X		X	X	

TABLE 1H – DISASTER MEDICAL

		Does not meet standard	Meets minimum standard	Meets recommended guidelines	Short-term plan	Long-term plan	No Changes for 19'&20' Plan Update	19'&20' Update Narrative Included
Universal Level:								
8.01	Disaster Medical Planning		X			X		X
8.02	Response Plans		X	X		X		X
8.03	HAZMAT Training		X					X
8.04	Incident Command System		X	X		X		X
8.05	Distribution of Casualties		X			X		X
8.06	Needs Assessment		X	X		X		X
8.07	Disaster Communications		X					X
8.08	Inventory of Resources		X					X
8.09	Disaster Medical Assistance Team (DMAT)		X	X				X
8.10	Mutual Aid Agreements		X					X
8.11	Casualty Collection Point (CCP) Designation		X			X		X
8.12	Establishment of CCPs		X			X		X
8.13	Disaster Medical Training		X					X
8.14	Hospital Plans		X	X				X
8.15	Interhospital Communications		X					X
8.16	Prehospital Agency Plans		X	X				X

TABLE 1H – DISASTER MEDICAL

Enhanced Level: Advanced Life Support								
8.17	ALS Policies		X					X
Enhanced Level: Specialty Care Systems								
8.18	Specialty Center Roles		X			X		X
Enhanced Level: Exclusive Operating Areas / Ambulance Regulation								
8.19	Waiving Exclusivity		X			X		X

TABLE 2 – SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year(s)	2019 & 2020

NOTE: Number (1) below is to be completed for each county. #2 – 7 refer to each agency.

1. Percentage of the population served by each level of care by county:

(Identify the maximum level of service offered; the total of a, b, and c should equal 100%.)

a.	Basic Life Support	100%
b.	Limited Advanced Life Support	0%
c.	Advanced Life Support	100%

2. Type of agency

a.	Public Health Department	
b.	County Health Services Agency	
c.	Other (non-health) County Department	✓ Emergency Management Department
d.	Joint Powers Agency	
e.	Private Non-profit Entity	
f.	Other:	

3. The person responsible for day-to-day activities of the EMS agency reports to:

a.	Public Health Officer	
b.	Health Services Agency Director / Administrator	
c.	Board of Directors	
d.	Other:	✓ Director of Emergency Management

4. Indicate the non-required functions that the agency performs:

Implementation of exclusive operating areas (ambulance franchising)	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Implementation of exclusive operating areas (ambulance franchising)	X
Administration of Disaster Assistance Medical Teams (DMAT)	
Administration of EMS Fund (SB 12 / 612)	X

5. Expenses:	2019	2020
Salaries and benefits (all but contract personnel)	2,205,482	2,157,091
Contract Services (e.g., medical director)	450,974	491,122
Operations (e.g., copying, postage, facilities)	377,351	301,504
Travel	36,605	17,507
Fixed assets	309,956	
Indirect expenses (overhead)	376,325	328,988
Ambulance subsidy	955,265	876,622
EMS Fund payments to physicians/hospital	3,935,423	3,405,381
Dispatch center operations (non-staff)	325,000	325,000
Training program operations	3,653	6,598
Total Expenses	**$8,976,034**	**$7,909,813**

6. Sources of Revenue:	2019	2020
Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant		
Office of Traffic Safety (OTS)		
State general fund		
County general fund		
Other local tax funds (e.g., EMS district)		
County contracts (e.g., multi-county agencies)	207,536	
Certification fees	223,337	93,309
Training program approval fees		
Training program tuition/Average daily attendance funds (ADA)		
Job Training Partnership ACT (JTPA) funds / other payments		
Base hospital application fees		
Trauma center application fees		
Trauma center designation fees		
Pediatric facility approval fees		
Pediatric facility designation fees		
Ambulance service/vehicle fees	951,863	877,122
Contributions	2,055,308	2,076,211
EMS Fund (SB 12/612)	4,110,867	3,393,474
Other grants: RDMHS	119,278	120,001
Other fees: Contract Fees and Monitoring	1,307,845	1,349,696
Total Revenue:	**$8,976,034**	**$7,909,813**

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

7. Fee Structure

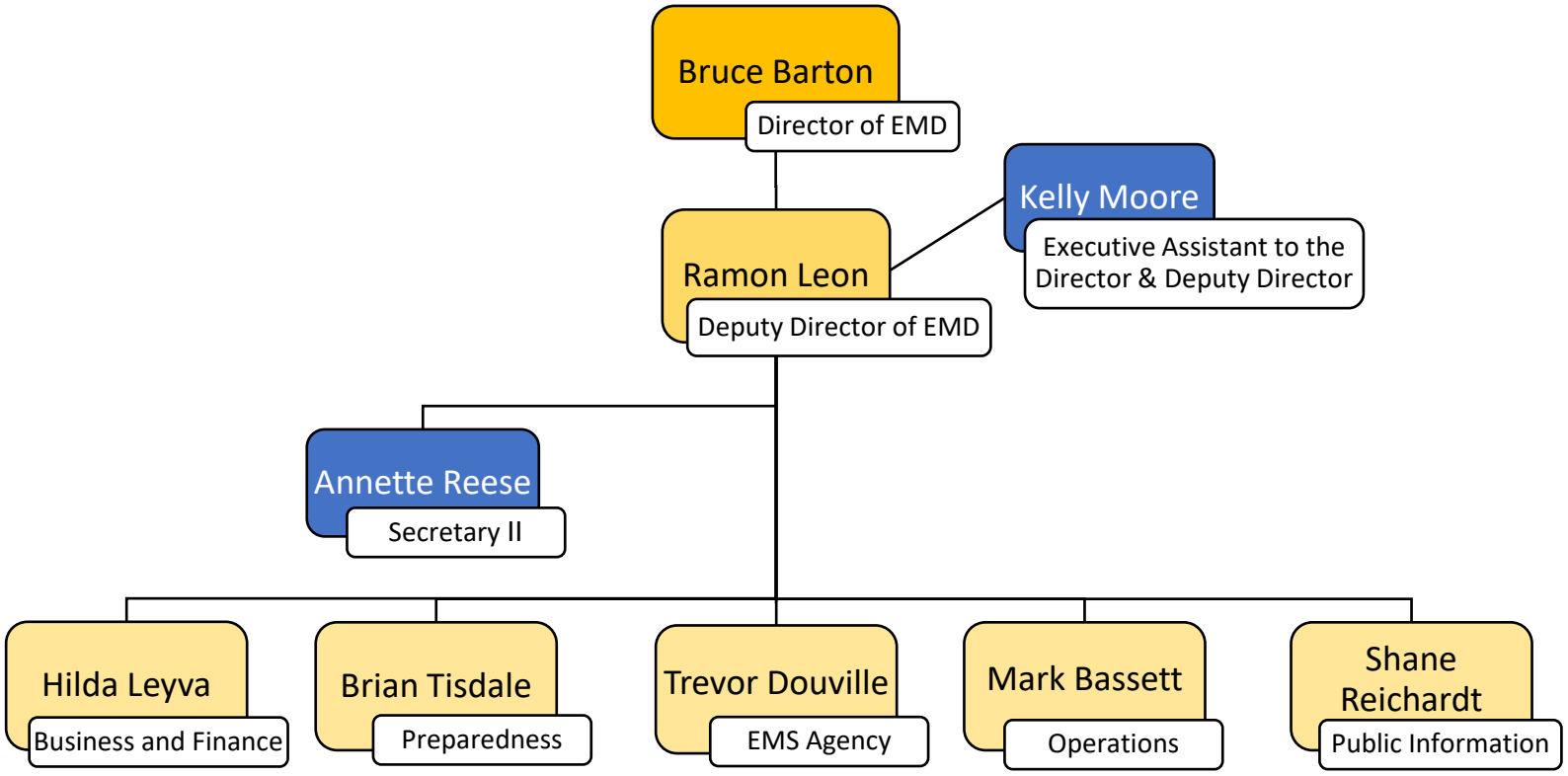
We do not charge fees	✓ We do charge fees*
First responder certification	0
EMS dispatcher certification	0
EMT-I certification	$100.00
EMT-I recertification	$62.00
EMT-defibrillation certification	na
EMT-defibrillation recertification	na
AEMT certification	na
AEMT recertification	na
EMT-P accreditation	$75.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	$75.00
EMT-I training program approval	0
AEMT training program approval	na
EMT-P training program approval	0
MICN/ARN training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	0
Pediatric facility approval	0
Pediatric facility designation	0
Ambulance service license	$6,000.00
Ambulance vehicle permits	$250.00

***No change in fees in either 2019 or 2020**

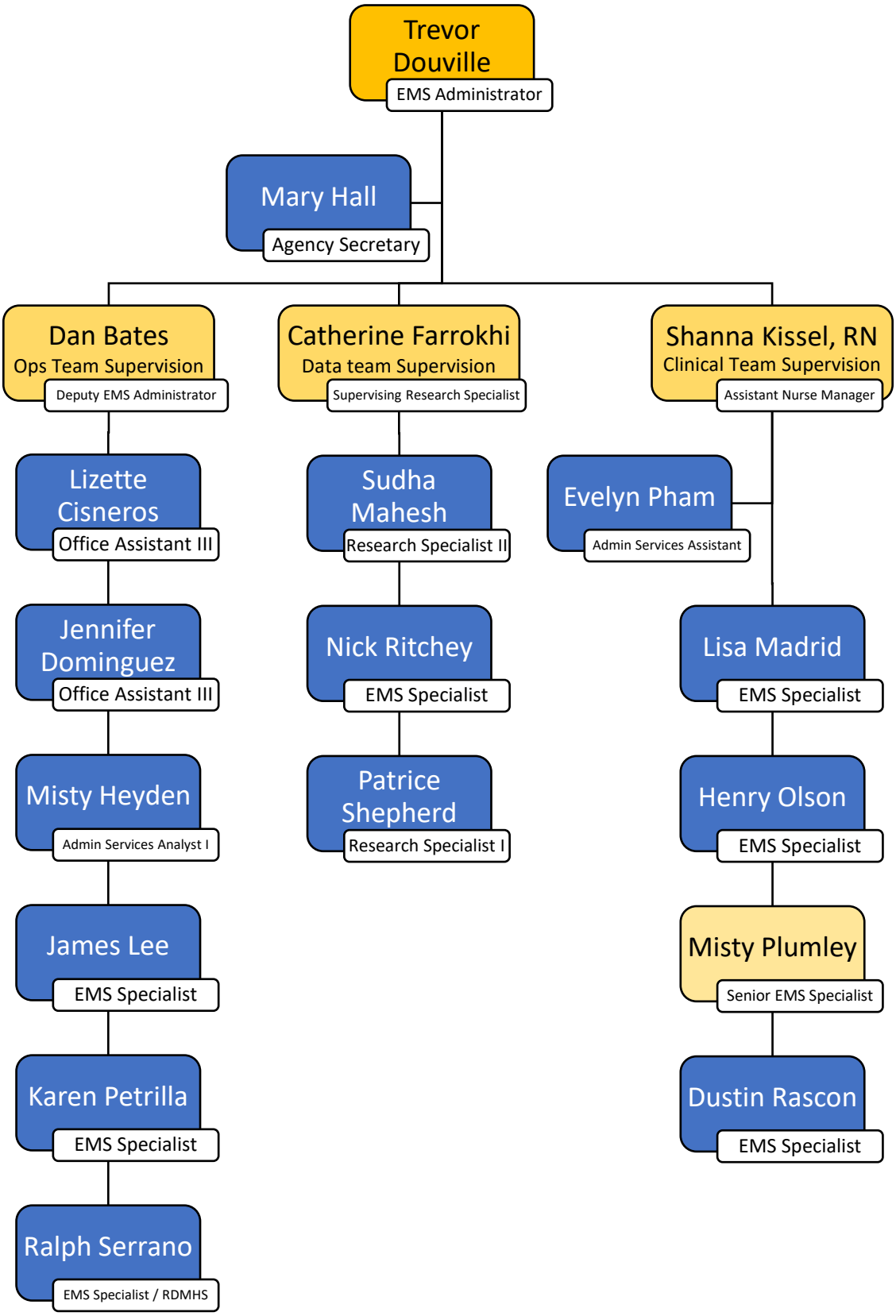
TABLE 2 – SYSTEM ORGANIZATION AND MANAGEMENT (CONT.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin. / Coord. / Director	EMS Administrator	1	65.09	45%	
Asst. EMS Admin. / Coord. / Director	Deputy EMS Administrator	1	47.07	45%	
ALS Coord. / Field Coord. / Training Coordinator	Senior EMS Specialist	1	42.91	45%	
Program Coordinator / Field Liaison (Non-clinical)	EMS Specialist	1	40.69	45%	
Trauma Coordinator	Assist Nurse Manager	1	52.65	45%	
Medical Director	Medical Director	Contract		45%	$150,000 annual
Other MD / Medical Consult / Training Medical Director	NA				
Disaster Medical Planner	Senior EMS Specialist	1	42.91	45%	
Medical Planner	EMS Specialist	1	40.69	45%	
Data Evaluator / Analyst	Research Specialist	1	27.01	45%	
QA / QI Coordinator	EMS Specialist	4	40.69	45%	
Public Information & Education Coordinator	Senior EMS Specialist	1	42.91	45%	
Executive Secretary	Secretary	1	27.87	45%	
Other Clerical	Office Assistant II/III	2	15.01	45%	
Data Entry Clerk	Administrative Services Analyst I/II	1	19.07	45%	
Other	RDMHS – Emergency Management Coordinator	1	41.77	45%	

Riverside County Emergency Management Department Organization Chart – 2019 & 2020



Riverside County EMS Agency Organization Chart – **2019**



Riverside County EMS Agency Organization Chart - **2020**

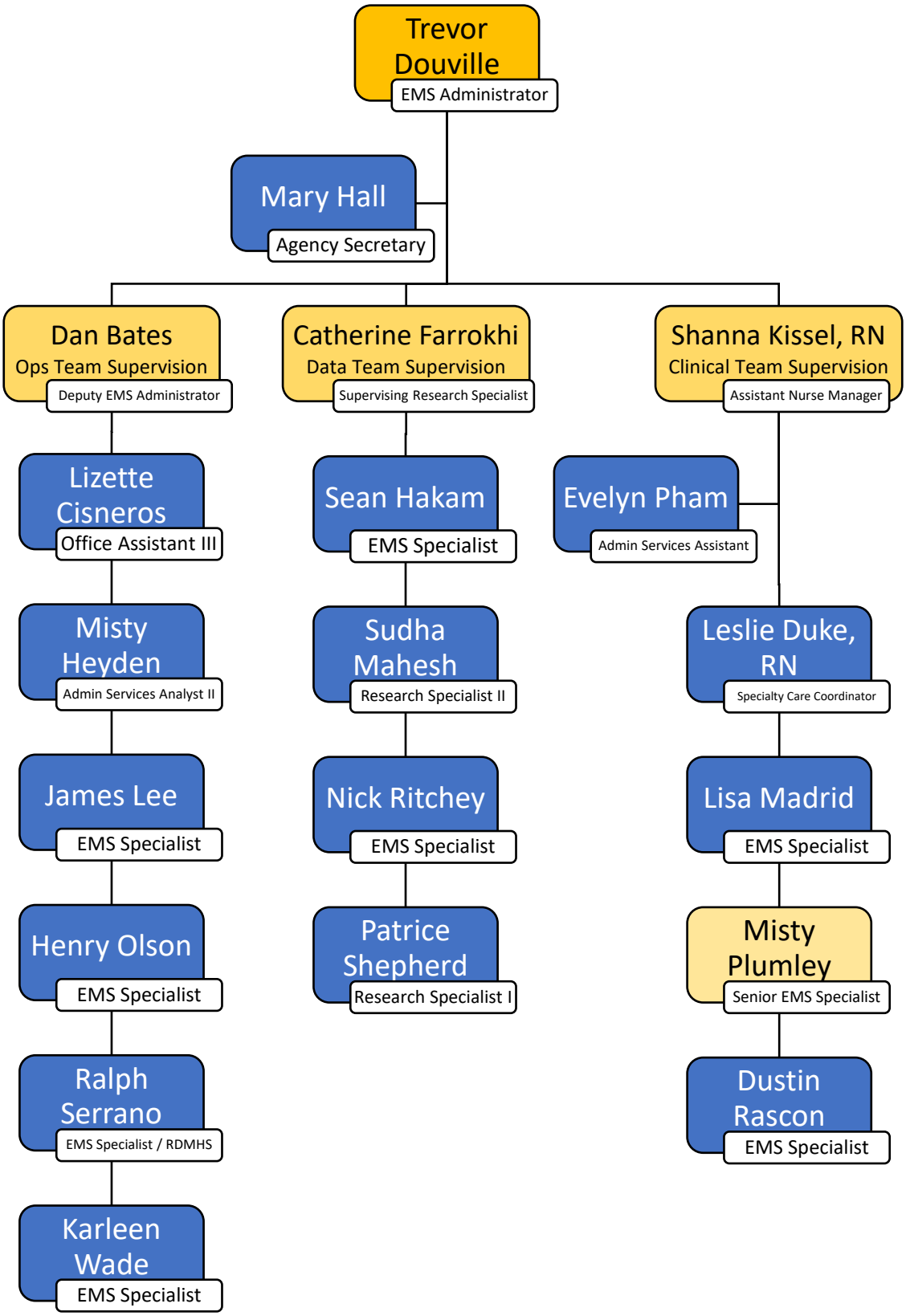


TABLE 3 – CREDENTIALING AND ENFORCEMENT

Reporting Year: **2019**

	EMT-I	EMT-II / AEMT	EMT-P	MICN
Total Certified	1371		731	152
Number of new certifications this year	497		212	52
Number of recertifications this year	874		529	100
Total number of accredited personnel on July 1 of the reporting year	3386		1217	245

Number of certification reviews performed, resulting in:

a.	Formal Investigations	34		5	0
b.	Probations	11		0	0
c.	Suspensions	0		0	0
d.	Revocations	5		0	0
e.	Denials	2		0	0
f.	Denial of Renewal	0		0	0
g.	No Action Taken	13		1	0

Early defibrillation:

1.	Number of EMT-I authorized to use an AED:	3386
2.	Number of Public Safety certified (non-EMT-I)	0

Do you have an EMR training program?	Yes	✓ No

TABLE 3 – CREDENTIALING AND ENFORCEMENT (CONT.)

Reporting Year: **2020**

	EMT-I	EMT-II / AEMT	EMT-P	MICN
Total Certified	1476		678	175
Number of new certifications this year	490		176	53
Number of recertifications this year	986		502	125
Total number of accredited personnel on July 1 of the reporting year	3483		1253	257

Number of certification reviews performed, resulting in:

a.	Formal Investigations	38		2	0
b.	Probation	12		0	0
c.	Suspensions	0		0	0
d.	Revocations	2		0	0
e.	Denials	5		0	0
f.	Denial of Renewal	0		0	0
g.	No Action Taken	30		0	1

Early defibrillation:

1.	Number of EMT-I authorized to use an AED:	3483
2.	Number of Public Safety certified (non-EMT-I)	0

Do you have an EMR training program?	Yes	✓ No

TABLE 4 – COMMUNICATIONS

Reporting Year: **2019**		County:	**Riverside**
1.	Number of primary Public Service Answering Points (PSAP)		17
2.	Number of secondary PSAPs		1
3.	Number of dispatch centers directly dispatching ambulances		8
4.	Number of EMS dispatch agencies utilizing EMD guidelines		4
5.	Number of designated dispatch centers for EMS Aircraft		1
6.	Who is your primary dispatch agency for day-to-day emergencies?	Riverside County FD ECC	
7.	Who is your primary dispatch agency for a disaster?	Riverside County FD ECC	
8.	Do you have an operational area disaster communication system?	✓ Yes	No
a.	Radio Primary Freq. 156.075 CALCORD		
b.	Other Methods: PSEC (700 Mhz), CAHAN, RACES		
c.	Can all medical response units communicate on the same disaster communications system?	✓ Yes	No
d.	Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes	No
e.	Do you have a plan to utilize Radio Amateur Civil Emergency Services (RACES)?	✓ Yes	No
	1. Within the operational area?	✓ Yes	No
	2. Between operational areas and the region and/or state?	✓ Yes	No

Reporting Year: **2020**		County:	**Riverside**
1.	Number of primary Public Service Answering Points (PSAP)		16
2.	Number of secondary PSAPs		1
3.	Number of dispatch centers directly dispatching ambulances		8
4.	Number of EMS dispatch agencies utilizing EMD guidelines		4
5.	Number of designated dispatch centers for EMS Aircraft		1
6.	Who is your primary dispatch agency for day-to-day emergencies?	Riverside County FD ECC	
7.	Who is your primary dispatch agency for a disaster?	Riverside County FD ECC	
8.	Do you have an operational area disaster communication system?	✓ Yes	No
a.	Radio Primary Freq. 156.075 CALCORD		
b.	Other Methods: PSEC (700 Mhz), CAHAN, RACES		
c.	Can all medical response units communicate on the same disaster communications system?	✓ Yes	No
d.	Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes	No
e.	Do you have a plan to utilize Radio Amateur Civil Emergency Services (RACES)?	✓ Yes	No
	1. Within the operational area?	✓ Yes	No
	2. Between operational areas and the region and/or state?	✓ Yes	No

TABLE 5 – RESPONSE AND TRANSPORTATION

Reporting Years	**2019 & 2020**

Early Defibrillation Providers

Number of EMT defibrillation providers 2

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

	Metro / Urban	Suburban / Rural	Wilderness	System Wide
BLS & CPR Capable First Responder	None	None	None	None
Early Defibrillation Responder	None	None	None	None
Advanced Life Support Responder	10 minutes	14 / 20 / 30 minutes	60 minutes	N/A
Transport Ambulance	10 minutes	14 / 20 / 30 minutes	60 minutes	N/A

TABLE 6 – FACILITIES AND CRITICAL CARE

Reporting Year **2019**

Trauma

Number of patients meeting trauma triage criteria	
Number of critical trauma patients transported directly to a trauma center by ambulance	
Number of critical trauma patients transferred to a trauma center	
Number of patients meeting trauma triage criteria who weren't treated at a trauma center	

Emergency Department

Total number of emergency departments	17
Total number of referral emergency services	0
Total number of standby emergency services	0
Total number of basic emergency services	17
Total number of comprehensive emergency services	0

Receiving Hospitals

Total number of receiving hospitals with written agreements	6
Total number of base hospitals with written agreements	6

Reporting Year **2020**

Trauma

Number of patients meeting trauma triage criteria	
Number of critical trauma patients transported directly to a trauma center by ambulance	
Number of critical trauma patients transferred to a trauma center	
Number of patients meeting trauma triage criteria who weren't treated at a trauma center	

Emergency Department

Total number of emergency departments	17
Total number of referral emergency services	0
Total number of standby emergency services	0
Total number of basic emergency services	17
Total number of comprehensive emergency services	0

Receiving Hospitals

Total number of receiving hospitals with written agreements	6
Total number of base hospitals with written agreements	6

TABLE 7 – DISASTER MEDICAL

Reporting Years **2019 & 2020**

System Resources

1.	**Casualty Collection Points (CCP)**				
a.	Where are your CCPs located?	Delineated in the REMSA Field Treatment Site (FTS) Plan			
b.	How are they staffed?	EMS personnel			
c.	Do you have a supply system for supporting them for 72 hours?	✓	Yes		No
2.	**Critical Incident Stress Debriefing (CISD)**				
	Do you have a CISD provider with 24-hour response capabilities?	✓	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 a statewide response?		Yes	✓	No
d.	Are they part of a formal out-of-state response system?		Yes	✓	No
4.	**Hazardous Materials (HazMat)**				
a.	Do you have any HazMat-trained medical response teams?	✓	Yes		No
b.	At what HazMat level are they trained?	Type A teams, First Responder Operational (FRO)			
c.	Are they able to decontaminate an emergency department?	✓	Yes		No
d.	Are they able to decontaminate in the field?	✓	Yes		No

Operations

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command (ICS) structure?	✓	Yes		No
2.	What is the maximum number of local EOCs you will need to interact with within a disaster?	1			
3.	Have you tested your MCI plan this year:				
a.	In a real event?	✓	Yes		No
b.	In an exercise?	✓	Yes		No
4.	List all counties you have a written medical mutual aid agreement with:	All counties in Regions I & VI			
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
a.	If not, to whom do you report?	Emergency Management Dept.			
b.	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 LIST OF EMS PROVIDERS

Reporting Years	**2019 & 2020**	County	Riverside

Provider	**American Medical Response / Global Medical Response**	Address:	879 Marlborough Ave, Riverside 92507
Phone number:	(951) 782-5234		
Response Zones:	**Blythe, Central, Desert, Hemet, Mountain plateau, Northwest, Pass, Southwest**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	179
Average Number of Ambulances on Duty At noon on Any Given Day:	145

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport		✓	ALS	✓	BLS		LALS		
			✓	9-1-1		✓	7-digit	✓	CCT	✓	IFT		
						✓	Ground		Water		Air		
IF AIR:									Rotary		Fixed-wing		
				Aux. Rescue			Air Ambulance		ALS Rescue		BLS Rescue		

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	210,946	Total number of responses	232,274
Number of emergency responses	175,889	Number of emergency responses	196,992
Number of non-emergency responses	35,057	Number of non-emergency responses	35,282
Total number of transports	178,140	Total number of transports	167,864
Number of emergency transports	145,348	Number of emergency transports	132,582
Number of non-emergency transports	32,792	Number of non-emergency transports	35,282

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Care Ambulance / Falck Global**	Address:	1517 W. Braden Ct, Orange 92868
Phone number:	(714) 288-3800		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	0
Average Number of Ambulances on Duty At noon on Any Given Day:	0

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed-wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2019		Reporting Year: 2020	
Total number of responses	0	Total number of responses	0
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	0	Total number of transports	0
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	0	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Cathedral City Fire Department**	Address:	32-100 Desert Vista, Cathedral City 92224
Phone number:	(760) 770-8200		
Response Zones:	**Cathedral City**		

Ownership	✓	Public		Private							
If public:		Fire District	✓	City		State		County		Federal	
	✓	Fire		Law		Other		Explain:			

Total Number of Ambulance Vehicles in Fleet:	4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	4

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1			7-digit		CCT			IFT	
						✓	Ground		Water			Air	
IF AIR:									Rotary			Fixed-wing	
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	4,365	Total number of responses	6,363
Number of emergency responses	4,340	Number of emergency responses	6,363
Number of non-emergency responses	25	Number of non-emergency responses	0
Total number of transports	3,591	Total number of transports	3,686
Number of emergency transports	3,574	Number of emergency transports	3,686
Number of non-emergency transports	17	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Cavalry Ambulance**	Address:	420 N. McKinley St, Corona 92879
Phone number:	(951) 278-3700		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	8
Average Number of Ambulances on Duty At noon on Any Given Day:	3

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS			LALS	
				9-1-1	✓	7-digit	✓	CCT		✓	IFT	
					✓	Ground		Water			Air	
IF AIR:								Rotary			Fixed-wing	
				Aux. Rescue		Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	374	Total number of responses	54
Number of emergency responses	1	Number of emergency responses	0
Number of non-emergency responses	373	Number of non-emergency responses	54
Total number of transports	338	Total number of transports	53
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	338	Number of non-emergency transports	53

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**California Highway Patrol**	Address:	56-855 Liberator Lane, Thermal 92274
Phone number:	(760) 984-5300		
Response Zones:	**N/A**		

Ownership	✓	Public		Private								
If public:		Fire District		City	✓	State		County		Federal		
		Fire	✓	Law		Other	Explain:					

Total Number of Ambulance Vehicles in Fleet:	1
Average Number of Ambulances on Duty At noon on Any Given Day:	1

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No	
Level of service available:	✓	Transport		Non-transport	✓	ALS	✓	BLS		LALS				
			✓	9-1-1		7-digit		CCT		IFT				
						Ground		Water	✓	Air				
IF AIR:							✓	Rotary		Fixed-wing				
				Aux. Rescue		Air Ambulance	✓	ALS Rescue		BLS Rescue				

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	2	Total number of responses	10
Number of emergency responses	2	Number of emergency responses	10
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	2	Total number of transports	5
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	2	Number of non-emergency transports	5

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Desert Critical Care Transport**	Address:	121 E. Hobson, Blythe 92225
Phone number:	(760) 922-5911		
Response Zones:	**N/A**		

Ownership		Public	✓	Private						
If public:		Fire District		City		State		County		Federal
		Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	3
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	1

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	
Available 24/7?	✓	Yes		No						

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS
				9-1-1	✓	7-digit	✓	CCT	✓	IFT
					✓	Ground		Water		Air
IF AIR:								Rotary		Fixed-wing
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses		Total number of responses	316
Number of emergency responses		Number of emergency responses	0
Number of non-emergency responses		Number of non-emergency responses	316
Total number of transports		Total number of transports	309
Number of emergency transports		Number of emergency transports	0
Number of non-emergency transports		Number of non-emergency transports	309

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Idyllwild Fire Protection District**	Address:	54160 Maranatha Dr, Idyllwild 92549
Phone number:	(951) 659-2153		
Response Zones:	**Idyllwild FPD**		

Ownership	✓	Public		Private						
If public:	✓	Fire District		City		State		County		Federal
	✓	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	5
Average Number of Ambulances on Duty At noon on Any Given Day:	2

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No	
Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS			
			✓	9-1-1			7-digit		CCT			IFT			
						✓	Ground		Water			Air			
IF AIR:									Rotary			Fixed-wing			
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue			

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	696	Total number of responses	632
Number of emergency responses	643	Number of emergency responses	632
Number of non-emergency responses	53	Number of non-emergency responses	0
Total number of transports	451	Total number of transports	421
Number of emergency transports	424	Number of emergency transports	421
Number of non-emergency transports	27	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Lynch Ambulance**	Address:	2950 La Jolla St, Anaheim 92806
Phone number:	(800) 347-3262		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	5
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No		
Level of service available:	✓	Transport		Non-transport		ALS		✓	BLS		LALS				
				9-1-1	✓	7-digit			CCT	✓	IFT				
					✓	Ground			Water		Air				
IF AIR:									Rotary		Fixed-wing				
				Aux. Rescue		Air Ambulance			ALS Rescue		BLS Rescue				

Responses

Reporting Year: 2019		Reporting Year: 2020	
Total number of responses	358	Total number of responses	182
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	358	Number of non-emergency responses	182
Total number of transports	351	Total number of transports	178
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	351	Number of non-emergency transports	178

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Mercy Air Services / Air Methods**	Address:	625 E. Carnegie Dr, San Bernardino 92408
Phone number:	(909) 357-9006		
Response Zones:	**N/A**		

Ownership		Public	✓	Private						
If public:		Fire District		City		State		County		Federal
		Fire		Law		Other		Explain:		

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

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1		✓	7-digit		✓	CCT	✓	IFT	
							Ground			Water	✓	Air	
IF AIR:									✓	Rotary		Fixed-wing	
				Aux. Rescue		✓	Air Ambulance			ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses		Total number of responses	514
Number of emergency responses		Number of emergency responses	181
Number of non-emergency responses		Number of non-emergency responses	333
Total number of transports		Total number of transports	474
Number of emergency transports		Number of emergency transports	161
Number of non-emergency transports		Number of non-emergency transports	313

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Mission Ambulance**	Address:	1055 E. 3rd St, Corona 92879
Phone number:	(800) 899-9100		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	25
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	16

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes	No	Available 24/7? ✓ Yes No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS	LALS
				9-1-1	✓	7-digit	✓	CCT	✓ IFT
					✓	Ground		Water	Air
IF AIR:								Rotary	Fixed-wing
				Aux. Rescue		Air Ambulance		ALS Rescue	BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	9,474	Total number of responses	17,541
Number of emergency responses	25	Number of emergency responses	0
Number of non-emergency responses	9,449	Number of non-emergency responses	17,541
Total number of transports	8,863	Total number of transports	16,351
Number of emergency transports	22	Number of emergency transports	0
Number of non-emergency transports	8,841	Number of non-emergency transports	16,351

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Premier Medical Transport**	Address:	260 N Palm St, Ste. 200, Brea 92821
Phone number:	(714) 256-2141		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?	Yes	✓	No	Medical Director?	Yes	✓	No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS	
				9-1-1	✓	7-digit	✓	CCT	✓	IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed-wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	3,449	Total number of responses	2,027
Number of emergency responses	8	Number of emergency responses	0
Number of non-emergency responses	3,441	Number of non-emergency responses	2,027
Total number of transports	3,310	Total number of transports	1,454
Number of emergency transports	4	Number of emergency transports	0
Number of non-emergency transports	3,306	Number of non-emergency transports	1,454

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**REACH Air**	Address:	2360 Becker Blvd, Santa Rosa 95403
Phone number:	(707) 324-2400		
Response Zones:	**N/A**		

Ownership		Public	✓	Private						
If public:		Fire District		City		State		County		Federal
		Fire		Law		Other		Explain:		

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

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1		✓	7-digit	✓	CCT		✓	IFT	
							Ground		Water		✓	Air	
IF AIR:								✓	Rotary			Fixed-wing	
				Aux. Rescue		✓	Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		Reporting Year: 2020	
Total number of responses	6	Total number of responses	131
Number of emergency responses	2	Number of emergency responses	131
Number of non-emergency responses	4	Number of non-emergency responses	0
Total number of transports	7	Total number of transports	34
Number of emergency transports	3	Number of emergency transports	34
Number of non-emergency transports	4	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Riverside County Fire Department / Cal Fire**	Address:	16902 Bundy Ave, Riverside 92518
Phone number:	(951) 486-4753		
Response Zones:	**Cove Cities and Indio**		

Ownership	✓	Public		Private					
If public:		Fire District		City	✓	State	✓	County	Federal
	✓	Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	18
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	18

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1			7-digit		CCT			IFT	
						✓	Ground		Water			Air	
IF AIR:									Rotary			Fixed-wing	
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	21,676	Total number of responses	18,367
Number of emergency responses	21,556	Number of emergency responses	18,367
Number of non-emergency responses	120	Number of non-emergency responses	0
Total number of transports	13,422	Total number of transports	11,879
Number of emergency transports	13,389	Number of emergency transports	11,879
Number of non-emergency transports	33	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Symons Ambulance / Symbiosis**	Address:	18592 Cajon Blvd, San Bernardino 92427
Phone number:	(909) 880-2979		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County		Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	17
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	13

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed-wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2019		Reporting Year: 2020	
Total number of responses	6,582	Total number of responses	15,450
Number of emergency responses	6	Number of emergency responses	0
Number of non-emergency responses	6,576	Number of non-emergency responses	15,450
Total number of transports	6,461	Total number of transports	12,298
Number of emergency transports	6	Number of emergency transports	0
Number of non-emergency transports	6,455	Number of non-emergency transports	12,298

TABLE 9 – RESOURCE LIST OF HOSPITALS

Facility:	Corona Regional Medical Center	County:	**Riverside**
Address:	800 S. Main St, Corona 92882	Phone:	(951) 808-6730

Written Contract?	✓ Yes	No		Base Hospital?	Yes	✓	No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		

Trauma center?	Yes	✓	No				
If yes:	Level I		Level II		Level III		Level IV

Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓ Primary		Comprehensive
STEMI center?	Yes	✓	No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Desert Regional Medical Center	County:	**Riverside**
Address:	1150 N. Indian Canyon Dr., Palm Springs 92220	Phone:	(760) 449-5373

Written Contract?	✓ Yes	No		Base Hospital?	✓ Yes		No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		

Trauma center?	✓ Yes		No				
If yes:	Level I	✓	Level II		Level III		Level IV

Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	Primary	✓*	Comprehensive
STEMI center?	✓ Yes		No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

**Designated as a Comprehensive Stroke Center in July 2020*

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Eisenhower Medical Center	County:	**Riverside**
Address:	39000 Bob Hope Dr, Rancho Mirage 92270	Phone:	(760) 773-1550

Written Contract?	✓	Yes		No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	

Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III		Level IV

Burn Center?		Yes	✓	No			
Stroke center?	✓	Yes		No	If yes: ✓	Primary	Comprehensive
STEMI center?	✓	Yes		No			

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Hemet Valley Medical Center	County:	**Riverside**
Address:	1117 E. Devonshire Ave, Hemet 92546	Phone:	(951) 652-2811

Written Contract?		Yes	✓	No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	

Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III		Level IV

Burn Center?		Yes	✓	No			
Stroke center?		Yes	✓	No	If yes:	Primary	Comprehensive
STEMI center?		Yes	✓	No			

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Inland Valley Medical Center				County:	**Riverside**		
Address:	36485 Inland Valley Drive, Wildomar 92595				Phone:	(951) 200-8859		
Written Contract?	✓	Yes		No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	
Trauma center?	✓	Yes		No				
If yes:		Level I	✓	Level II	Level III		Level IV	
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓	No				
Meets Pediatric Critical Care Center standards?				Yes	✓	No		
Meets EDAP standards?			✓	Yes		No		
Meets CA Children's Services PICU standards?				Yes	✓	No		

Facility:	John F. Kennedy (JFK) Memorial Hospital				County:	**Riverside**		
Address:	47111 Monroe St, Indio 92201				Phone:	(760) 775-2574		
Written Contract?	✓	Yes		No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	
Trauma center?		Yes	✓	No				
If yes:		Level I		Level II	Level III		Level IV	
Burn Center?		Yes	✓	No				
Stroke center?	✓*	Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?	✓	Yes		No				
Meets Pediatric Critical Care Center standards?				Yes	✓	No		
Meets EDAP standards?			✓	Yes		No		
Meets CA Children's Services PICU standards?				Yes	✓	No		

**Designated as a Primary Stroke Center in November 2019*

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Kaiser Permanente – Moreno Valley Campus			County:	**Riverside**		
Address:	27300 Iris Ave, Moreno Valley 92555			Phone:	(951) 243-2022		
Written Contract?		Yes	✓ No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓ No				
If yes:		Level I	Level II	Level III		Level IV	
Burn Center?		Yes	✓ No				
Stroke center?	✓	Yes	No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?		✓	Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

Facility:	Kaiser Permanente – Riverside Campus			County:	**Riverside**		
Address:	10800 Magnolia Ave, Riverside 92505			Phone:	(951) 353-3975		
Written Contract?	✓	Yes	No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓ No				
If yes:		Level I	Level II	Level III		Level IV	
Burn Center?		Yes	✓ No				
Stroke center?	✓	Yes	No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?		✓	Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Loma Linda University Medical Center – Murrieta				County:	**Riverside**	
Address:	28062 Baxter Rd, Murrieta 92563				Phone:	(951) 704-1945	
Written Contract?	✓ Yes		No		Base Hospital?	Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III	Level IV	
Burn Center?		Yes	✓	No			
Stroke center?		Yes	✓*	No	If yes:	Primary	Comprehensive
STEMI center?	✓	Yes		No			
Meets Pediatric Critical Care Center standards?				Yes	✓	No	
Meets EDAP standards?			✓	Yes		No	
Meets CA Children's Services PICU standards?				Yes	✓	No	

**Voluntary de-designation in September 2019*

Facility:	Menifee Valley Medical Center				County:	**Riverside**	
Address:	28400 McCall Blvd, Menifee 92586				Phone:	(951) 679-8888	
Written Contract?		Yes	✓	No	Base Hospital?	Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III	Level IV	
Burn Center?		Yes	✓	No			
Stroke center?		Yes	✓	No	If yes:	Primary	Comprehensive
STEMI center?		Yes	✓	No			
Meets Pediatric Critical Care Center standards?				Yes	✓	No	
Meets EDAP standards?			✓	Yes		No	
Meets CA Children's Services PICU standards?				Yes	✓	No	

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Palo Verde Hospital				County:	**Riverside**	
Address:	250 N. 1st St, Blythe 92225				Phone:	(760) 921-5235	
Written Contract?	Yes	✓	No		Base Hospital?	Yes	✓ No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	
Burn Center?	Yes	✓	No				
Stroke center?	Yes	✓	No	If yes:	Primary	Comprehensive	
STEMI center?	Yes	✓	No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

Facility:	Parkview Community Hospital Medical Center				County:	**Riverside**	
Address:	3865 Jackson St, Riverside 92503				Phone:	(951) 688-2211	
Written Contract?	✓ Yes		No		Base Hospital?	Yes	✓ No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	
Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓ Primary	Comprehensive	
STEMI center?	Yes	✓	No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Rancho Springs Medical Center	County:	**Riverside**
Address:	25500 Medical Center Drive, Murrieta 92562	Phone:	(951) 686-6015

Written Contract?	✓	Yes	No	Base Hospital?	Yes	✓	No
Services offered:		Referral Emergency			Standby Emergency		
	✓	Basic Emergency			Comprehensive Emergency		

Trauma center?		Yes	✓	No				
If yes:		Level I		Level II		Level III		Level IV
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓	No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Riverside Community Hospital	County:	**Riverside**
Address:	4445 Magnolia Ave, Riverside 92501	Phone:	(951) 788-3507

Written Contract?	✓	Yes	No	Base Hospital?	✓	Yes		No
Services offered:		Referral Emergency				Standby Emergency		
	✓	Basic Emergency				Comprehensive Emergency		

Trauma center?	✓	Yes		No				
If yes:	✓*	Level I		Level II		Level III		Level IV
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:		Primary	✓* Comprehensive
STEMI center?	✓	Yes		No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

**Designated as a Level 1 trauma center and a Comprehensive Stroke Center in July 2020*

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Riverside University Health System – Medical Center				County:	**Riverside**	
Address:	26520 Cactus Ave, Moreno Valley 92555				Phone:	(951) 486-5648	
Written Contract?	✓ Yes		No		Base Hospital?	✓ Yes	No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?	✓ Yes		No				
If yes:		Level I	✓ Level II		Level III	Level IV	
Burn Center?		Yes	✓ No				
Stroke center?	✓ Yes		No		If yes: ✓	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			✓ Yes		No		
Meets EDAP standards?			✓ Yes		No		
Meets CA Children's Services PICU standards?			✓ Yes		No		

Facility:	San Gorgonio Memorial Hospital				County:	**Riverside**	
Address:	600 N. Highland Springs Blvd				Phone:	(951) 769-2185	
Written Contract?		Yes	✓ No		Base Hospital?	Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓ No				
If yes:		Level I		Level II	Level III	Level IV	
Burn Center?		Yes	✓ No				
Stroke center?		Yes	✓ No		If yes:	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?			✓ Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Temecula Valley Hospital			County:	**Riverside**		
Address:	31700 Temecula Valley Parkway, Temecula 92592			Phone:	(951) 331-2200		
Written Contract?	✓ Yes		No	Base Hospital?	Yes	✓	No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II		Level III		Level IV
Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓ Primary		Comprehensive
STEMI center?	✓ Yes		No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**College of the Desert**			Phone:	(760) 776-1313
Address:	43-500 Monterey Ave, Palm Desert 92260			Program Director:	Chantae Wilson
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$893		Accelerated:	
	Refresher:	$90		Additional Costs:	$91 (PSP course)

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	25	24	--	--	--	--	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	11/30/2024	--	--	--	--	--	--	--
Number of Courses:	1	2	--	--	--	--	--	--
Initial Training	--	--	--	--	--	--	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**HealthPro EMS Training Inc.**			Phone:	(951) 370-1617
Address:	2900 Adams Street Ste C5, Riverside 92504			Program Director:	Matthew Chelette
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)		Basic:	$895	Accelerated:	
		Refresher:	$265	Additional Costs:	Textbooks and uniforms

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	28	72	--	--	--	--	--	--
Refresher	--	19	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	05/30/2025	--	--	--	--	--	--	--
Number of Courses:	2	16	--	--	--	--	--	--
Initial Training	2	9	--	--	--	--	--	--
Refresher	--	7	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**Mt. San Jacinto College**			Phone:	(951) 639-5577
Address:	1499 N. State St., San Jacinto 92583			Program Director:	Fabian Lopez
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,300	Accelerated:		
	Refresher:		Additional Costs:		

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	UTO	77	--	--	--	--	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	09/30/2023	--	--	--	--	--	--	--
Number of Courses:	4	4	--	--	--	--	--	--
Initial Training	4	4	--	--	--	--	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**NCTI**			Phone:	(951) 384-7813
Address:	895 Marlborough Ave Ste #100, Riverside 92507			Program Director:	Austin Toole
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,895		Accelerated:	
	Paramedic:	$12,390		Additional Costs:	$489 (books / supplies)

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	0	6	--	--	91	49	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	10/31/2024	--	--	--	--	--	--	--
Number of Courses:	0	1	--	--	3	3	--	--
Initial Training	0	1	--	--	3	3	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**Riverside County Fire Department (Cal FIRE)**			Phone:	(951) 571-8619
Address:	16902 Bundy Ave, Riverside 92518			Program Director:	Scott Philippbar
Student Eligibility:		General Public	✓	Other	
Cost of Program(s)	Basic:	No cost	Accelerated:		
	Refresher:		Additional Costs:		

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	--	--	--	--	--	--	--	--
Refresher	--	--	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	12/2021	--	--	--	--	--	--	--
Number of Courses:	0	0	--	--	--	--	--	--
Initial Training	0	0	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**Riverside County Office of Education**			Phone:	(951) 826-6535
Address:	3939 13th St, Riverside 92502			Program Director:	Magdalena Robles
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$0		Accelerated:	
	Refresher:	$250		Additional Costs:	

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	41	13	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	4/30/2025		--	--	--	--	--	--
Number of Courses:	4	2	--	--	--	--	--	--
Initial Training	4	2	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**SoCal EMS Training Institute**			Phone:	(951) 304-0099
Address:	21440 Lemon St. Wildomar 92595			Program Director:	Art Durbin
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,295		Accelerated:	
	Refresher:	$120		Additional Costs:	$51 (background check)

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	145	322	--	--	--	--	--	--
Refresher	45	63	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	6/30/2025		--	--	--	--	--	--
Number of Courses:	20	23	--	--	--	--	--	--
Initial Training	10	12	--	--	--	--	--	--
Refresher	10	11	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2019 & 2020**
Training Institution:	**West Coast EMT**			Phone:	(714) 558-9604
Address:	1960 Chicago Ave #D19, Riverside 92507			Program Director:	Matt Horan
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$895		Accelerated:	
	Refresher:			Additional Costs:	$160 (textbooks)

Program Level: *Total number of students per year	EMT-I		AEMT		EMT-P		MICN	
	2019	**2020**	**2019**	**2020**	**2019**	**2020**	**2019**	**2020**
Initial Training	438	474	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--
Program Expiration	09/30/25		--	--	--	--	--	--
Number of Courses:	25	25	--	--	--	--	--	--
Initial Training	25	25	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	--	--	--	--	--	--	--	--

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES

Changes of note since 2018: AMR Blythe Ops is no longer dispatched by AMR Havasu / River Medical. AMR Desert Cities absorbed dispatching duties

In 2020: Dispatching duties of Riverside Sheriff's Department East Ops (Blythe) consolidated with Desert Ops (Palm Desert)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	American Medical Response - Riverside	Address:	879 Marlborough Ave, Riverside 92507
Phone number:	(951) 782-5234	Primary Contact:	Mark Karlin

Ownership	Public	✓	Private						
IF PUBLIC:	Fire District		City		County		State		Federal
	Fire		Law		Other	Explain:			

Written Contract?	✓	Yes		No	**Medical Director?**	✓	Yes		No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	EMD Trained			EMT-D			ALS		
	BLS			LALS		34	Other		

Number of personnel providing services in 2020:	EMD Trained			EMT-D			ALS		
	BLS			LALS		34	Other		

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Banning Police Department	Address:	225 E. Ramsey St, Banning 92220
Phone number:	(951) 922-3170	Primary Contact:	Chelsea Youngblood

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District	✓	City		County	State		Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?	✓	Yes		No	**Medical Director?**	✓	Yes		No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	EMD Trained			EMT-D			ALS		
	BLS			LALS		8	Other		

Number of personnel providing services in 2020:	EMD Trained			EMT-D			ALS		
	BLS			LALS		8	Other		

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Beaumont Police Department	Address:	660 Orange St, Beaumont 92223
Phone number:	(951) 769-8500	Primary Contact:	Gretchen Nyman

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County		State		Federal
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	8	Other

Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	8	Other

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Blythe Police Department	Address:	240 N. Spring St., Blythe, CA 92225
Phone number:	760-922-6111	Primary Contact:	Pam Bush

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County		State		Federal
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	5	Other:

Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	5	Other:

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	CHP – Border Division	Address:	7183 Opportunity Rd, San Diego 92111
Phone number:	(858) 637-3800	Primary Contact:	Gina Wheeler

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City		County	✓	State	Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	58	Other
Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	58	Other

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	CHP – Indio Division	Address:	79-650 Varner Rd, Indio 92203
Phone number:	(760) 772-8900	Primary Contact:	Courtney Lamet

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City		County	✓	State	Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	17	Other
Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	18	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year:	**2019 & 2020**	County:	**Riverside**

Provider:	CHP – Inland Communication Center	Address:	13892 Victoria St, Fontana, CA 92336
Phone number:	(909) 428-5400	Primary Contact:	Jeanie Alexander

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City		County	✓	State	Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	EMD Trained		EMT-D			ALS
	BLS		LALS		58	Other

Number of personnel providing services in 2020:	EMD Trained		EMT-D			ALS
	BLS		LALS		61	Other

Reporting Year:	**2019 & 2020**	County:	**Riverside**

Provider:	Cathedral City Fire & Police Departments	Address:	68-700 Avenida Lalo Guerrero, Cathedral City 92234
Phone number:	(760) 202-2443	Primary Contact:	Nate Hanley

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District	✓	City		County		State	Federal
	✓	Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	EMD Trained		EMT-D			ALS
	BLS		LALS		14	Other

Number of personnel providing services in 2020:	EMD Trained		EMT-D			ALS
	BLS		LALS		14	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Corona Fire & Police Departments					Address:	730 Public Safety Way, Corona, CA 92880				
Phone number:	(951) 736-2394					Primary Contact:	Joanne Zaratan-Webster				
Ownership	✓	Public		Private							
IF PUBLIC:		Fire District	✓	City		County	State		Federal		
	✓	Fire	✓	Law		Other	Explain:				

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes		No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	17	EMD Trained		EMT-D		ALS		
		BLS		LALS		Other		
Number of personnel providing services in 2020:	17	EMD Trained		EMT-D		ALS		
		BLS		LALS		Other		

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Hemet Fire and Police Departments					Address:	450 E. Latham Ave, Hemet 92543				
Phone number:	(951) 765-2400					Primary Contact:	Dale Digiambattista				
Ownership	✓	Public		Private							
IF PUBLIC:		Fire District	✓	City		County	State		Federal		
	✓	Fire	✓	Law		Other	Explain:				

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:		EMD Trained		EMT-D		ALS		
		BLS		LALS	11	Other		
Number of personnel providing services in 2020:		EMD Trained		EMT-D		ALS		
		BLS		LALS	11	Other		

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Murrieta Fire & Rescue & Police Departments		Address:	24701 Jefferson St, Murrieta 92562	
Phone number:	(951) 696-3615		Primary Contact:	Mattie Medina	
Ownership	✓ Public	Private			
IF PUBLIC:	Fire District	✓ City	County	State	Federal
	✓ Fire	✓ Law	Other	Explain:	

Written Contract?	Yes	✓ No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓ Yes	No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	28	EMD Trained	EMT-D	ALS
		BLS	LALS	Other
Number of personnel providing services in 2020:	31	EMD Trained	EMT-D	ALS
		BLS	LALS	Other

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Palm Springs Fire and Police Departments		Address:	200 S. Civic Drive, Palm Springs, CA 92263	
Phone number:	(760) 327-1441		Primary Contact:	William Hutchinson	
Ownership	✓ Public	Private			
IF PUBLIC:	Fire District	✓ City	County	State	Federal
	✓ Fire	✓ Law	Other	Explain:	

Written Contract?	Yes	✓ No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓ Yes	No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:		EMD Trained	EMT-D		ALS
		BLS	LALS	16	Other
Number of personnel providing services in 2020:		EMD Trained	EMT-D		ALS
		BLS	LALS	16	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Riverside County Sheriff – Desert & East Operations	Address:	73520 Fred Waring Dr., Palm Desert 92260
Phone number:	(760) 836-1600	Primary Contact:	Heather Watson

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City	✓	County	State		Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	Yes	✓ No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	30	Other
Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	30	Other

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Riverside County Sheriff – Main	Address:	4095 Lemon St, Riverside 92501
Phone number:	(951) 776-1099	Primary Contact:	Margarita Gemende

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City	✓	County	State		Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2019:	EMD Trained	EMT-D		ALS
	BLS	LALS	76	Other
Number of personnel providing services in 2020:	EMD Trained	EMT-D		ALS
	BLS	LALS	76	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Riverside County Fire Department / ECC					Address:	210 W. San Jacinto Ave, Perris 92570			
Phone number:	(951) 940-6900					Primary Contact:	Scott Davis			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District		City	✓	County	State		Federal	
	✓	Fire		Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes	No

Number of personnel providing services in 2019:	34	EMD Trained	EMT-D	ALS
		BLS	LALS	Other
Number of personnel providing services in 2020:	32	EMD Trained	EMT-D	ALS
		BLS	LALS	Other

Reporting Year: **2019 & 2020** County: **Riverside**

Provider:	Riverside City Fire & Police Departments					Address:	10540 Magnolia Ave., Ste. B., Riverside 92510			
Phone number:	(951) 787-7911					Primary Contact:	Joe Christopher			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
	✓	Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes	No

Number of personnel providing services in 2019:	39	EMD Trained	EMT-D	ALS
		BLS	LALS	Other
Number of personnel providing services in 2020:	37	EMD Trained	EMT-D	ALS
		BLS	LALS	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year:	**2019 & 2020**	County:	**Riverside**

Provider:	University of Riverside Police Department	Address:	3500 Canyon Crest Dr, Riverside 92521
Phone number:	(951) 827-5212	Primary Contact:	Michael Andert

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District		City		County	✓	State		Federal
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2019:	EMD Trained		EMT-D			ALS
	BLS		LALS		6	Other

Number of personnel providing services in 2020:	EMD Trained		EMT-D			ALS
	BLS		LALS		6	Other

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS

Riverside County has 12 ambulance zones in this EMS Transportation Plan. There has been no change in the geographic configuration of these zones, nor has there been any change to the providers for the respective zones since our last EMS Plan that EMSA approved in March of 2019.

Within the Riverside County EMS system, the following apply to the scope of operations for 9-1-1 emergency ambulance transports within the EOAs that meet grandfathering criteria under 1797.224:

- Seven (7) and ten (10) digit requests for emergency ambulance service that occasionally come into Public Safety Answering Points (PSAPs) are treated as 9-1-1 calls and receive a 9-1-1 system response if they are a medical emergency.

- REMSA has never authorized non-9-1-1 event medical standby service providers to transport patients from the prehospital environment to acute care hospital emergency departments. These are considered prehospital medical emergencies. As such, they require response and transport by the 9-1-1 emergency ambulance EOA provider.

1.01 – LEMSA Structure
Agency Administration

MINIMUM STANDARDS:
Each local EMS agency shall have a formal organizational structure, including agency staff, non-agency resources, and appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has four (4) functional teams, each with a supervisor that meets established subject matter expert criteria. The teams are organized in the following functional categories:

- Administration
- Clinical Programs
- Data Management
- Operations

In addition to the agency Administrator and Medical Director, REMSA has the following staff assigned across the four (4) functional teams:

- One (1) Deputy Administrator
- One (1) Assistant Nurse Manager
- One (1) Supervising Research Specialist
- One (1) Senior EMS Specialist
- One (1) Specialty Care Nurse
- Nine (9) EMS Specialists
- One (1) Administrative Services Analyst
- One (1) Administrative Services Assistant
- One (1) Agency Secretary
- One (1) Office Assistant
- Two (2) Research Specialists
- One (1) Senior GIS Specialist

EMS Specialists must possess either an EMT certificate, paramedic license, or R.N. license or have the appropriate education and experience in EMS.

Pursuant to California Health and Safety Code, Section 1797.200, REMSA, a division of the Emergency Management Department (EMD), is the Riverside County Board of Supervisors designated LEMSA. REMSA is provided with Human Resources, Information Technology, and fiscal and administrative support services from the EMD. Additionally, REMSA has developed several advisory committees that utilize stakeholder subject matter experts in the evaluation, design, development, and implementation of EMS system improvements.

- **NEED(S):**

REMSA continuously identifies staffing needs and reviews and modifies job descriptions and employee classifications as needed. Continuous evaluation of non-agency resources and established relationships that enhance the technical and clinical expertise available to REMSA also occurs.

- **OBJECTIVE(S):**
  1. Continuously evaluate REMSA's organization chart, determine internal staffing needs, initiate partnerships, and develop staff to support continuous growth and improvement of the EMS system.
  2. Continue development of REMSA's data management unit.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

1.06 - Annual Plan Update
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's EMS plan update was last approved by EMSA in August 2017. The 2019 and 2020 EMS plan updates due in 2020 and 2021, respectively, were delayed due to the COVID-19 Pandemic

- **NEED(S):**

The five-year EMS plan is due for submission to EMSA in 2023.

- **OBJECTIVE(S):**

Submit the 2021 updates inclusive of 2019 and 2021 data to EMSA by July 1, 2022
Submit the EMS Plan to Cal EMSA every five (5) years for approval, with updates submitted annually.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  - ☒ Short-term plan (one year or less)
  - ☐ Long-term plan (more than one year)

1.07– Trauma Planning
Planning Activities

MINIMUM STANDARDS:
The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:
The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The Riverside County Trauma Plan has been adopted by the County Board of Supervisors and is approved by Cal EMSA. Cal EMSA approved the last update to the trauma plan in April 2021. An update of the trauma plan will be submitted to EMSA in June 2022. The Trauma Audit Committee (TAC) comprises regional representatives from stakeholder organizations within Riverside County, the ICEMA region, and Los Angeles County trauma centers. These representatives provide CQI oversight and recommend the trauma system's design, development, and function.

COORDINATION WITH OTHER EMS AGENCIES:
Coordination is accomplished through formal and informal communication with ICEMA, San Diego County EMS, Imperial County EMS, and Orange County EMS.

- **NEED(S):**

Continuously refine the trauma plan and implement / complete plans initiated by the TAC.

- **OBJECTIVE(S):**

Continue to utilize the approved, comprehensive trauma plan, and modify it as necessary to meet the systems' needs and support TAC goals.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

1.08 – ALS Planning
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall plan for the eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All emergency ambulances that respond to 9-1-1 calls within Riverside County provide ALS service. First responder services are provided at either the ALS or BLS level throughout the County. ALS providers have a written agreement with REMSA to participate in the EMS system.

In the Spring of 2020, REMSA Policy #3203 (ALS Interfacility Transport Service Provider Criteria) was published, defining and establishing the criteria for permitting ALS IFT service providers within Riverside County.

In the Spring of 2021, with feedback obtained directly from Riverside County field personnel, REMSA reorganized and simplified the Treatment Protocols section (#4000) of the Policy and Protocols Manual. Additionally, a REMSA-authored and sponsored mobile application was created and published, allowing field providers to access treatment protocols on their mobile devices.

- **NEED(S):**

The ALS Program has grown considerably in the last ten years. Accordingly, REMSA has identified the need for a comprehensive written policy, encompassing all ALS Program documents into one overarching, living document regulated by REMSA.

- **OBJECTIVE(S):**

To develop and implement a comprehensive ALS Program policy by April 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long-term plan (more than one year)

1.09 – Inventory of Resources
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA implemented the ImageTrend Licensing Management System (LMS), which is linked to the ImageTrend Elite ePCR. The LMS maintains a comprehensive real-time inventory of EMS resources, including personnel, vehicles, and facilities. This LMS is complemented by the annual ambulance permitting process and REMSA Policy #8101 (*EMS System Resource List*), which is a comprehensive EMS system resource list that is updated, at a minimum, annually through the policy review process.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

Continuous updating of the LMS and policy #8101.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

1.10 – Special Populations
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:
Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA participates in programs that service special populations, such as the Emergency Medical Services for Children (EMSC) and Curtailing Abuse Related to the Elderly (CARE), and we are partnering with the Preparedness division (a branch of the EMD) on an outreach program to the deaf community. The REMSA Assistant Nurse Manager participates in the child death review and domestic violence and elder abuse death review teams. Additionally, paramedics working for contracted EMS providers must have a recognized pediatric program certification. REMSA facilitates exposure to specialized population training, such as geriatric emergency medical services. REMSA has served as a distribution point for literature that seeks to educate and assist EMS providers in serving special needs populations.

REMSA's Assistant Nurse Manager has developed a team for reviewing concerns related to falls in the elderly population. The Injury Prevention Branch provides prevention education related to active drowning/near-drowning events and co-sleeping events and collects related data accordingly. Tools used by REMSA to identify special needs populations include the Riverside University Healthcare System, Department of Public Health, community health profile report, the trauma database, and the REMSA data collection system (ImageTrend Elite ePCR) and feedback from the EMD Preparedness and Operations branches.

- **NEED(S):**

Identify and develop additional EMS training programs focusing on geriatric, children, handicapped, and non-English speaking populations.

- **OBJECTIVE(S):**

Coordinate with the Department of Public Social Services and population health programs to develop specific training for EMS personnel.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

1.11 – System Participants
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall identify system participants' optimal roles and responsibilities.

RECOMMENDED GUIDELINES:
Each local EMS agency should ensure that system participants conform to their assigned EMS system roles and responsibilities through mechanisms such as written agreements, facility designations, and exclusive operating areas.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All participants in the EMS system have clear roles and responsibilities assigned to them through REMSA policies. Adherence to assigned roles and responsibilities is ensured through CQI processes, which are also codified in system policies. Additionally, REMSA has written agreements in place with all ALS providers except for one (the Idyllwild Fire Department), as well as agreements with all base hospitals and specialty care hospitals (trauma, pediatrics, STEMI, and stroke). Base hospitals assist REMSA with assuring policy compliance. All 9-1-1 emergency ambulance service areas of the County are identified as either exclusive or non-exclusive operating areas.

- **NEED(S):**

Written agreements need to be developed and put into practice with air ambulance service providers and non-specialty care prehospital receiving centers. Agreements, policies, protocols, and procedures governing the use of air medical providers should be developed to maximize their use as a regional resource.

- **OBJECTIVE(S):**

Develop and implement written agreements with the parties identified above.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

1.12 – Review and Monitoring

Regulatory Activities

MINIMUM STANDARDS:
Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

EMS system operations are routinely reviewed and monitored through EMS and trauma data surveillance, CQI reviews, and performance-based contract reviews. REMSA provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system:

- By documenting compliance with performance-based contracts
- Enforcing penalties for performance-based contract noncompliance
- Communication of system review findings to affected system participants
- Facilitation of programs to improve operational efficiency and effectiveness

REMSA has established an Operations unit, including a Duty Officer program, EMS Communications Center (EMS COMM), field response capability, and integrated communications systems like FirstWatch, ReddiNet, and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations unit monitors EMS system function 24 / 7 through the on-call Duty Officer program.

- **NEED(S):**

Monitoring EMS system operations through an on-call system Duty Officer program is sub-optimal. Response times of Duty Officer staff to the EMS COMM leave a critical gap in real-time operational monitoring, management, and coordination of the EMS system. This gap is particularly problematic for managing large numbers of patients during multiple casualty / patient incidents (MCI / MPI).

- **OBJECTIVE(S):**

REMSA and partner agencies will develop and implement multiple patient management plans that include 24 / 7 staffing and operation of the EMS COMM.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long-term plan (more than one year)

1.13 – Coordination
Regulatory Activities

MINIMUM STANDARDS:
Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

System operations are coordinated and refined continuously. REMSA accomplishes this by coordinating the development of EMS planning documents, policies, and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance-based contracts and agreements.

REMSA has established an Operations unit, including a Duty Officer program, EMS Communications Center (EMS COMM), field response capability, and integrated communications systems like FirstWatch, ReddiNet, and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations unit monitors EMS system function 24 / 7 through the on-call Duty Officer program

- **NEED(S):**

REMSA's capability to coordinate and manage the EMS system during day-to-day and multiple/mass casualty incidents must be improved. Integrated infrastructure for coordinating information and activities between the Medical Health Operational Area Coordinator (MHOAC) and the Regional Disaster Medical Health Coordinator / Specialist (RDMHC/S) must be implemented. Internal OA and mutual aid systems for patient distribution require robust communication and information management capability.

REMSA policies and procedures need to be aligned with the EMSAAC MHOAC Program Guide and the EMSA State Patient Movement Plan.

- **OBJECTIVE(S):**

Same as Standard 1.12 - REMSA and partner agencies will develop and implement a multiple patient management plans that includes 24/7 staffing and operation of the EMS COMM.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

1.16 - Funding Mechanism
System Finances

MINIMUM STANDARDS:
Each local EMS agency shall have a sufficient funding mechanism to ensure its continued operation and maximize the use of its emergency medical services fund.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA is fully funded by a combination of dollars from various sources, including system fees and the EMS fund. Occasionally, REMSA receives grant funds for specific projects. In the past decade, REMSA's budget has either grown or, at a minimum, maintained previous-year funding levels. Funding received by REMSA is maximized by securing staff and technology improvements for improved system monitoring, expanding the scope of services, and implementing EMS system enhancements. Additional staffing has provided the capabilities to enhance the system with the addition of specialty care programs and a two-tiered duty officer program that monitors the system 24 / 7. Improved technologies include data collection systems (e.g., FirstWatch, trauma database, ePCR, etc.) and the addition of a stand-up communications center (EMS COMM) that enables REMSA to collect and communicate information during unusual events.

- **NEED(S):**

Maddy (SB12) and Richie's (SB 1773) Funding has decreased over time. REMSA must assess ongoing costs to maintain sufficient staffing, particularly with increasing regulatory requirements for data collection and submission, specialty care (Trauma, STEMI, Stroke, and EMS for Children), and operational management and coordination. REMSA is one of the few remaining LEMSAs that does not charge fees for any of the above to offset the County's cost of regulating the EMS system as required by law.

- **OBJECTIVE(S):**

Develop a comprehensive fee schedule to cover the County's cost of regulating the EMS system.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long-term plan (more than one year)

1.18 - Quality Assurance & Quality Improvement (QA / QI)
Medical Direction

MINIMUM STANDARDS:
Each local EMS agency shall establish a quality assurance/quality improvement (QA / QI) program. This may include the use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:
Pre-hospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA facilitates a system-wide CQI program to monitor, review, evaluate and improve the delivery of prehospital care services. This program involves all system participants and involves prospective, concurrent, retrospective, and reporting/feedback mechanisms. Each provider agency is required to submit a CQI plan to REMSA annually for review and approval before implementation. REMSA coordinates efforts with all EMS system participants through the CQI Leadership Team (CQILT) to update CQI plans and procedures to comply with regulations of Title 22, Chapter 12. Cal EMSA approved REMSAs current EMS Quality Improvement Plan (QIP) on February 23, 2021.

- **NEED(S):**

REMSA will begin requesting information from learning management vendors in hopes of implementing a system-wide, online training platform with a comprehensive reporting suite. Once the new system is fully implemented, REMSA will need to update elements of the QIP.

- **OBJECTIVE(S):**

Continue collaborative efforts to utilize the CQI platform within Image Trend and build protocol-based system-wide reports for the reporting module within ImageTrend (*Report Writer*). Update QIP with detailed Indicator Specification Sheets. Due to the volume of reports and data elements in our Data Collection and reporting section (pages 34-40 in the QIP), the format of these Specification Sheets is under review before building and implementation.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

1.24 - ALS System
Enhanced Level: Advanced Life Support

MINIMUM STANDARDS:
Advanced life support services shall be provided only as an approved part of a local EMS system, and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:
Each local EMS agency should develop exclusive operating areas for ALS providers when appropriate, based on state approval.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

DOES NOT MEET MINIMUM STANDARD.

Riverside County is divided into twelve (12) operational areas, with each area being served by an ALS provider agency. Eight operational areas are Exclusive Operating Areas (EOAs), Blythe, Desert, Cove Communities, Idyllwild Fire Protection District, Central, San Jacinto, Southwest, and Northwest areas. Four (4) are non-Exclusive Operating Areas (non-EOAs), Cathedral City, Indio, Mountain, and Pass areas. Written ALS agreements are in place with all ALS transportation providers except the Idyllwild Fire Protection District (IFPD).

An agreement was drafted and sent to the IFPD, but there is no progress to report. A final draft ALS agreement was provided to IFPD in October 2018. IFPD continues to assert they are not required to enter into an ALS agreement due to their claim they are grandfathered into the system under 1797.201.

REMSA plans to coordinate with local and regional EMS stakeholders to establish HEMS ALS agreement templates. All HEMS providers are permitted annually and comply with all REMSA policies.

- **NEED(S):**

To comply with Title 22, Chapter 4, Article 7, § 100167(b)(4), an ALS provider authorization agreement is needed with the IFPD. Agreements with HEMS providers are also needed and should consider the need for a regional approach to service the EMS system.

- **OBJECTIVE(S):**

1. Work with surrounding LEMSAs to develop a regional solution to the ALS agreement requirement for HEMS providers by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  ☒ Short-term plan (one year or less)
  ☒ Long-term plan (more than one year)

1.26 - Trauma System Plan
Enhanced Level: Trauma Care System

MINIMUM STANDARDS:
The local EMS agency shall develop a trauma care system plan based on community needs and utilization of appropriate resources for optimal system design.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS:**

Meets Minimum Standard.

Riverside County has two Level I Trauma Centers, two Level II trauma centers, and one Level IV Trauma Center. All Level I and II Trauma Centers are verified by the American College of Surgeons (ACS).

EMSA approved Riverside County's current Trauma Plan in April 2021. See that plan for additional details on the trauma system.

- **NEED(S):**

Review injury prevention strategies from a system-based perspective. Injury prevention is housed in the Public Health Department and does not currently coordinate outreach and initiatives with REMSA.

- **OBJECTIVE(S):**

1. Develop an annual injury prevention and community outreach plan in partnership with Public Health Injury Prevention Branch.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  - ☒ Short-term plan (one year or less)
  - ☒ Long-term plan (more than one year)

3.01– Communications Plan
Communications Equipment

MINIMUM STANDARDS:
The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:
The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA updates its communication policies annually to require all entities listed in the EMS system resource list to have interoperable communications capabilities. The Radio Communication Standard policy (#2201, found here: http://www.remsa.us/policy/2201.pdf) defines standard radio frequencies for all EMS providers and guidelines to be observed by prehospital and hospital personnel operating in Riverside County during normal and multi-casualty / disaster, operations. The standard includes requirements for provider communications centers for dispatch, support, and tactical (car-to-car) operations. A universal countywide radio frequency annex was also implemented. REMSA policy #2201, with the associated annexes, constitutes the county EMS Communications plan.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA also houses the Region VI RDMHC Program. Coordinating communications and resources between LEMSAs is a standing agenda item in that meeting. The RDMHS has developed a communications matrix for use by all LEMSAs within Region VI.

- **NEED(S):**

The current communications center configuration has developed over the last 30 years. There are seventeen (17) PSAPs and one (1) emergency ambulance dispatch center operated by the contracted 9-1-1 emergency ambulance provider. There are multiple non-911 ambulance dispatch providers. REMSA has developed an EMS System Resource and Coordination Group to develop improvements to EMS communications. Current reviews have shown that the EMS communications infrastructure is inadequate to support EMS management requirements during disaster operations. The following needs have been identified:

1. A single point of contact for field providers to receive patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Communications infrastructure and staffing within a centralized venue to support the single point of contact model.
3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long-term plan (more than one year)

3.02– Radios
Communications Equipment

MINIMUM STANDARDS:
Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment that complies with the local EMS communications plan and provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:
Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA requires that all EMS responders and response vehicles have two-way radio equipment that complies with the communications policy/plan and provides for off-the-hip, and vehicle-to-vehicle, communication. The county has invested significant capital in the new Public Safety Communications (PSEC) System. The PSEC system provides an integrated county-wide 700 MHz backbone for radio and data communications. Riverside County fire agencies, including exclusive and non-exclusive operating area ambulance providers, operate on a VHF radio communications network utilizing a standardized frequency plan (annex).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

3.03– Interfacility Transfer
Communications Equipment

MINIMUM STANDARDS:
Emergency medical transport vehicles used for interfacility transfers shall be able to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA requires that all ALS and BLS ambulances have two-way communications capabilities with all sending and receiving facilities. This includes two-way vehicles and on-the-hip radios, and cellular telephones. All REMSA authorized Prehospital Receiving Centers (PRCs) are provided 700 MHz PSEC radios through the Hospital Preparedness Program (HPP).

- **NEED(S):**

Better two-way radio communications interoperability with surrounding operational areas (OAs).

- **OBJECTIVE(S):**

Work with the RDMHC program to explore options to improve communications capabilities with out-of-county facilities.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

3.04– Dispatch Center
Communications Equipment

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

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has implemented a communication policy that standardizes the criteria for frequency use and provider requirements for radio interoperability. This policy/plan provides the capability for any EMS unit in the field to be able to communicate on the same countywide disaster communications system or talk to any communications center or incident command post in the county; however, command and control of EMS system resources does not occur under a single dispatch center. REMSA currently houses the EMS COMM that stands up during large MCIs or unusual events to coordinate medical and health information and resources.

- **NEED(S):**
  1. Develop EMS COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan.
  2. Upgrade EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of coordination model.
  3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

3.06 – MCI / Disasters
Communications Equipment

MINIMUM STANDARDS:
The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA reviews its communication capabilities regularly through countywide disaster drills and review of communications policies. A single REMSA communications policy (Plan), with its associated equipment requirements and frequency annex, provides the capability for providers to communicate with each other during day-to-day operations and MCIs.

- **NEED(S):**
  1. A single point of contact (EMS COMM) coordinates patient destinations and distribution across the operational area and the region during mass casualty events.
  2. EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of contact model.
  3. A single operational area EMS/ambulance dispatch center.
  4. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

3.07 – 9-1-1 Planning / Coordination
Public Access

MINIMUM STANDARDS:
The local EMS agency shall participate in the ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:
The local EMS agency should promote the development of enhanced 9-1-1 systems.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

There are enhanced 9-1-1 system resources in Riverside County, including hang-up address location and call-back capabilities. REMSA participates in the Riverside County Public Safety Communications Workgroup.

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

3.08 – 9-1-1 Public Education
Public Access

MINIMUM STANDARDS:
The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA is not directly involved in 9-1-1 public education; however, other offices within the Riverside County Emergency Management Department (REMSA's parent agency) provide age-and language-appropriate education as part of the Community Preparedness program. Additionally, REMSA has developed and implemented public education requirements that have been included in the county ambulance agreement for the appropriate use of 9-1-1.

- **NEED(S):**

REMSA recognizes that the public misuse of the 9-1-1 system for EMS is a growing problem in Riverside County. Efforts must be made to continue with programs that educate the public on the proper use of 9-1-1. Expanding EMD with priority dispatch by PSAPs would help alleviate this problem.

- **OBJECTIVE(S):**

To work with Public Information Officers (PIO) to develop community message points on the appropriate use of 9-1-1.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

3.09 – Dispatch Triage
Resource Management

MINIMUM STANDARDS:
The local EMS agency shall establish proper dispatch triage guidelines that identify appropriate medical responses.

RECOMMENDED GUIDELINES:
The local EMS agency should establish an emergency medical dispatch (EMD) priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All EMS dispatch centers adhere to REMSA guidelines for EMS responses. Currently, there is no mandate for organizations to be EMD provider agencies and/or utilize priority resource triage or a modified resource response. This is costly, and many providers do not have the funding to implement such a program. Organizations requesting approval of their EMD program must submit a request to REMSA, including compliance with Medical Priority Dispatch System (MPDS) protocols, program performance objectives, and other program and quality assurance information.

In 2008, the City of Riverside, the largest city in the county, implemented an IAED-certified EMD program. In August 2012, the Riverside County Fire Department implemented an IAED-certified EMD program. In October 2016, the City of Corona's Police and Fire Department implemented an IAED-certified EMD program. In August 2020, Murrieta Fire and Rescue also implemented an IAED-certified EMD program.

The EMD program continues to expand, covering 92 percent of the county's 9-1-1 EMS requests for service. These incidents are processed through PSAPs that have implemented a REMSA-approved EMD program utilizing Medical Priority Dispatch System (MPDS) protocols. In the EMS system strategic plan, REMSA established an objective to implement full EMD with Priority Dispatch and accredited International Academies of Emergency Dispatch (IAED) Centers of Excellence in the next 5-7 years. In 2016, REMSA modified its EMD policy to require system-wide adaptation of IAED's MPDS protocols for PSAP centers that triage 9-1-1 medical aid requests. All approved EMD dispatch center personnel undergo education and training programs in compliance with IAED standards, which vastly exceed EMSA guidelines.

- **NEED(S):**

Continue to work with all PSAPs to implement full EMD programs and work toward IAED credentialing.

- **OBJECTIVE(S):**

All REMSA-approved PSAPs that triage EMS requests utilize full EMD (with Priority Dispatch) standards and achieve IAED certification by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

3.10 – Integrated Dispatch
Resource Management

MINIMUM STANDARDS:
The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:
The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's communication standard policy establishes processes for system-wide integrated dispatch for all EMS providers and is integrated with countywide emergency services using standardized communication frequencies. Contracts with major ALS providers address adequate coverage during peak demand periods in all county areas.

- **NEED(S):**

Functional integration is not the same as a single point for coordinating and managing EMS resources. The following needs have been identified:

1. Develop a single point of contact (EMS COMM) to coordinate patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Develop EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of contact model.
3. Develop an EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

4.01– Service Area Boundaries
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County is divided into twelve (12) operational areas, with each area being served by an ALS provider agency. Eight operational areas are Exclusive Operating Areas (EOAs), Blythe, Desert, Cove Communities, Idyllwild Fire Protection District, Central, San Jacinto, Southwest, and Northwest areas. Four (4) are non-Exclusive Operating Areas (non-EOAs), Cathedral City, Indio, Mountain, and Pass areas. The Riverside County Board of Supervisors established the boundaries of emergency medical transportation service areas in coordination with the Western Riverside Council of Governments and the Coachella Valley Association of Governments.

EMS Transportation Operational Areas:

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.02– Monitoring
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall monitor emergency medical transportation services to comply with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's policies and licensing measures provide retrospective, concurrent, and prospective quality assurance to ensure compliance. Riverside County Ordinance No. 756 (found here: https://www.rivcocob.org/ords/700/756.htm) provides for the authorization and permitting of ambulance services within the county.

- **NEED(S):**

The ambulance ordinance is due to be updated.

- **OBJECTIVE(S):**

Update Riverside County Ordinance No. 756 by December 2022.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

4.06– Staffing
Universal Level

MINIMUM STANDARDS:
All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately for the service level provided.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA policies, procedures, contracts, and County Ordinance No. 756 establish staffing and equipment requirements. All emergency medical transport vehicles currently meet state and local regulations for staffing and equipment. As of April 1, 2017, all non-government 9-1-1 and IFT ambulance providers must be accredited by the Commission on Accreditation of Ambulance Services (CAAS) as a condition of permitting to operate within the county.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.07– First Responder Agencies
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All fire department first responders are integrated into the EMS System. A first responder AED policy is in place. Industrial first aid teams may integrate through the Emergency Management Department (EMD) Disaster Preparedness program. REMSA supported the Pechanga Fire Department in incorporating the Pechanga Casino and Morongo Casino first aid teams into the organized EMS system.

- **NEED(S):**

REMSA needs to continue to increase its efforts in incorporating public safety and first aid agencies REMSA currently has 14 LE agencies on board and is working with the 29 Palms Mission Band of Indians to incorporate their public safety program. Each agency provides a bi-annual update and training to all staff. REMSA has made training available online to provide resiliency through the pandemic. REMSA needs to continue its efforts toward the industrial first aid teams and incorporate them into the overall EMS system response mechanism where such coordination does not currently exist.

- **OBJECTIVE(S):**
  1. Evaluate where entities providing public safety first responders and first aid may be operating outside the current sphere of the organized EMS system.
  2. Evaluate Title 22, Chapter 1.5 Regulations for Public Safety, CPR, and first aid responders and implement REMSA policies, protocols, and procedures to integrate these providers into the organized EMS system.
  3. Develop, and enter into, written agreements with such entities as deemed appropriate.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.11 – Specialty Vehicles

Universal Level

MINIMUM STANDARDS:
Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snowmobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:
The local EMS agency should plan for response by and use of all-terrain vehicles, snowmobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures, and catchment area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has established personnel, drug, and equipment standards in the policy. This policy aims to set equipment, and staffing requirements for REMSA authorized FR/EMR, EMT, AEMT, PM, or CCP staffed light response, first response, ground transport, and air transport operations. A detailed list of all EMS response vehicles is maintained in the ImageTrend Licensing Management System (LMS), which is linked to the ImageTrend Elite electronic patient care reporting (ePCR) program. The REMSA EMS System Resource List (#8101, found here: http://www.remsa.us/policy/8101.pdf) contains all EMS system provider agencies. Special services (water rescue, technical rescue, ATVs) are shared amongst provider agencies when needed through the mutual aid process.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Region VI RDMHC program. Specialty EMS resources may be requested through the California Public health and Medical Emergency Operations Manual (EOM) processes.

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.12 – Disaster Response
Universal Level

MINIMUM STANDARDS:
The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has developed an Operational Area Medical and Health Communications Center (EMS COMM), which is part of the already established Medical and Health Operational Area Coordination (MHOAC) Program. EMS COMM is responsible for managing and coordinating EMS resources during a disaster. Complementary to the MHOAC program, the master ambulance agreement, county ambulance ordinance, and County Emergency Operations Plan include provisions for mobilizing EMS response and transport vehicles under the MHOAC during disasters. In 2015, REMSA was incorporated into the Emergency Management Department (EMD), along with what was formerly known as the Office of Emergency Services (OES) and Public Health Emergency Preparedness and Response (PHEPR). This new alignment of county agencies within a unified department further improves overall emergency management functionality during disasters.

- **NEED(S):**

Develop and implement improved functional capabilities of Med / Health COMM, including exploration of 24/7 staffing.

- **OBJECTIVE(S):**

Incorporate the function of Med / Health COMM into the Multiple Patient Management Plan by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

4.13 – Intercounty Response

Universal Level

MINIMUM STANDARDS:
The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:
The local EMS agency should encourage and coordinate the development of mutual aid agreements that identify financial responsibility for mutual aid responses.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA houses the RDMHC program for Region VI. All counties within Region VI and Region I participate in a regional cooperative agreement for medical and health mutual aid following the California Public Health and Medical Emergency Operations Manual (EOM) principles. The Region I and VI cooperative agreement identifies financial responsibility for mutual aid resource requests.

COORDINATION WITH OTHER EMS AGENCIES:
The Region I and VI Cooperative Agreement is in place.

- **NEED(S):**

Identify opportunities to integrate concepts from the EMSA Statewide Patient Movement Plan into the MHOAC and Multiple Patient Management Plan (MPMP).

- **OBJECTIVE(S):**

Update the MHOAC and draft the MPMP.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

4.14 – Incident Command System

Universal Level

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures, including provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Currently, this standard is met by a singular policy that establishes flexible medical management and documentation strategy for multi-casualty incidents to improve medical management and decrease scene time. REMSA policy is incorporated into the county's overall disaster plans. ICS is included in all levels of operational planning. The current MCI policy has been updated to be consistent with FIRESCOPE.

- **NEED(S):**

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.15 – MCI Plans
Universal Level

MINIMUM STANDARDS:
Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA MCI policies meet all EMSA standards and guidelines. The MHOAC program establishes policies, procedures, and processes that meet EMSA Disaster Medical Services (DMS) guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). EMSA will be completing the Statewide Patient Movement Plan in April of 2019. REMSA will re-align the MHOAC program and develop the multiple patient management plans utilizing the new EMSA guidance.

- **NEED(S):**
  1. Evaluate principles and recommendations contained in the statewide patient movement plan.
  2. Develop EMS COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan and EOM.
  3. Upgrade EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of coordination model.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

4.18– Transport Compliance

Enhanced Level: Ambulance Regulation

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

County Ordinance No. 756 and written agreements ensure compliance by EMS transportation agencies. Policies and procedures govern other elements of clinical care, EMSQIP and system operations. REMSA has an ambulance permitting process overseen by the ambulance enforcement officer. The ambulance enforcement officer ensures provider agency compliance with REMSA protocols, policies, and procedures. The enforcement officer performs field inspections and audits of permitted providers throughout the year. In 2015, the County of Riverside contracted with ImageTrend to use the Licensing Management System (LMS) to integrate the Elite ePCR platform, further improving provider agency data collection and compliance reporting. As of April 2017, all non-government ambulance providers are credentialed by the Commission on Accreditation of Ambulance Services (CAAS).

- **NEED(S):**

The ambulance ordinance is now 20 years old and requires a comprehensive review for potential updating to include reference to the REMSA ALS program policy.

- **OBJECTIVE(S):**

Update the ambulance ordinance by December 2022.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.19– Transportation Plan
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County is divided into twelve (12) 9-1-1 emergency ambulance operating areas. REMSA-authorized 9-1-1 ALS emergency ambulance providers serve all areas within the County. Eight (8) of the twelve (12) areas are deemed exclusive operating areas pursuant to Section 1797.224 of the Health and Safety Code. These include the Northwest, Central, Southwest, San Jacinto, Desert, Cove Communities, Palo Verde, and Idyllwild Fire Protection District Zones. The four (4) remaining areas have been determined by EMSA in previous transportation plans to be non-exclusive. These include the; Pass, Mountain, Cathedral City, and Indio Zones. The non- exclusive areas are serviced by the historical REMSA authorized 9-1-1 ALS emergency ambulance providers. REMSA assures compliance with established standards through written ALS agreements, permitting via the county ambulance ordinance and the EMSQIP.

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.20– "Grandfathering"
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
Any local EMS agency that desires to grant an exclusive operating permit without a competitive process shall document in its EMS transportation plan that its existing provider meets all requirements for non-competitive selection ("Grandfathering") under HSC § 1797.224.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Eight (8) of the twelve (12) 9-1-1 emergency ambulance operating areas in the transportation plan are identified as exclusive operating areas (EOAs) under the grandfathering clause of Section 1797.224 of the H&SC. EMSA has approved all eight (8) 9-1-1 emergency ambulance EOAs as grandfathered EOAs in previous EMS Plans. Within those EOAs, the providers have continuously provided uninterrupted 9-1-1 emergency ambulance service without a change to manner or scope since the last EMS plan approval by EMSA.

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

4.21– EOA Compliance
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to HSC § 1797.224, comply with applicable policies and procedures regarding the system operations and patient care.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County Ordinance No. 756 and written ALS agreements with all EMS transportation and/or authorized ALS agencies with exclusive operating permits must comply with applicable REMSA policies, protocols, and procedures regarding system operations and patient care. The ambulance enforcement officer works with the ambulance permit officer to ensure provider agency compliance with policies. All EMS transportation and ALS provider agencies must comply with the REMSA EMSQIP and submit data using the REMSA ImageTrend Elite ePCR. Quarterly quality improvement and specialty care performance metrics are collected from all ALS providers. REMSA analyzes and reports quarterly performance metrics in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care (STEMI and stroke) meetings.

- **NEED(S):**

Analyze REMSA staffing and resources to continuously support improvements in data collection, analysis, and reporting capabilities.

- **OBJECTIVE(S):**

Update the REMSA organization chart annually.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

5.01 – Assessment of Capabilities
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency should have written agreements with acute care facilities in its service area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities and patient capacity. REMSA maintains ongoing communications with all acute care facilities through various means, including direct polling via ReddiNet and reports through advisory committees. REMSA maintains written agreements with all base hospitals, trauma centers, STEMI receiving hospitals, and stroke receiving centers in the county. There are no current written agreements with the four (4) remaining acute care receiving facilities that do not fit into one of these specialty categories. REMSA performs periodic site visits to all general acute care hospitals designated as Prehospital Receiving Centers (PRCs) and periodic formal on-site audits for base, trauma, and specialty care hospitals. Through the Hospital Preparedness Program (HPP), the Planning Division (a branch of the Emergency Management Department) performs regular site visits to assure hospital compliance with disaster medical capabilities and planning.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

5.02 – Triage and Transfer Protocols

Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish pre-hospital triage protocols and assist hospitals with establishing transfer protocols and agreements.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA protocols and policies establish prehospital triage procedures. These include a prehospital triage scheme based upon the patient's identified medical need matched to the patient preference or hospital medical care capability. Following prehospital assessment and triage, patients are transported to a REMSA Prehospital Receiving Centers (PRCs) that includes authorized specialty care hospitals such as trauma centers, STEMI centers, stroke centers, pediatric trauma centers, OB/childbirth centers, and/or a regional burn center.

REMSA has also established continuity of care policies where STEMI, stroke, and trauma patients can be stabilized, re-triaged, and emergently transferred by non-specialty care hospitals to specialty care receiving centers without delay, utilizing 9-1-1 emergency ambulances. Those policies can be found here:

- 5302 – Continuation of Trauma Care: http://www.remsa.us/policy/5302.pdf
- 5402 – Continuation of STEMI Care: http://www.remsa.us/policy/5402.pdf
- 5702 – Continuation of Stroke Care: http://www.remsa.us/policy/5702.pdf

Appropriate patient destinations, including the use of the continuation of care policy, are evaluated through the REMSA CQILT and specialty care center reporting. The REMSA EMS system resource list is maintained so that transferring hospitals may quickly identify hospital medical capabilities for transferring patients to a higher level of care.

- **NEED(S):**

Improvements in data collection continue to provide for better analysis of patient destinations. It has been identified that many pediatric trauma patients are being transported and transferred to out-of-county pediatric trauma centers.

- **OBJECTIVE(S):**

Perform a detailed analysis of pediatric trauma patient destinations and evaluate the possible drivers for out-of-county pediatric trauma transports and transfers.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long-term plan (more than one year)

5.03 – Transfer Guidelines
Universal Level

MINIMUM STANDARDS:
With the participation of acute care hospital administrators, physicians, and nurses, the local EMS agency shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA maintains an EMS resource list of specialty care facilities to assist hospitals in determining patient transfer destinations (#8101, found here: http://www.remsa.us/policy/8101.pdf) and assists trauma, STEMI, stroke, and non-specialty care centers in developing agreements to facilitating transfers for higher levels of care.

REMSA has an Interfacility Transport (IFT) policy (#5501, found here: http://www.remsa.us/policy/5501.pdf) that establishes criteria and a scope of practice for personnel that provides care to patients during transfer to a higher level of care. The EMS system has a robust Critical Care Transportation (CCT) program that provides hospital resources when the highest level of care is required for IFT. All REMSA policies are created with and maintained by input from hospitals and specialty care subject matter experts and are vetted through the Pre-hospital Medical Care Committee (PMAC).

COORDINATION WITH OTHER EMS AGENCIES:
Specialty care transportation policies include transporting patients across county lines in coordination with the Inland Counties Emergency Management Agency (ICEMA).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

5.04 – Specialty Care Facilities
Universal Level

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

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Policy #8101 (EMS System Resource List, found here: http://www.remsa.us/policy/8101.pdf) includes a matrix of all receiving and specialty care facilities currently designated by REMSA. These facilities include:

- Seventeen (17) pre-hospital receiving centers (PRC)
- Thirteen (13) facilities with OB services
  - Eight (8) facilities with NICU services
  - One (1) facility with PICU services
- Twelve (12) Stroke centers
  - Nine (9) Primary
  - Three (3) Comprehensive
- Six (6) Base Hospitals
- Six (6) STEMI centers
- Five (5) trauma centers (TC)
  - Two (2) Level I TCs
    - One of these (RUHS) is also a designated Level II pediatric receiving TC
  - Two (2) Level II TCs
  - One (1) Level IV TC

All hospitals are monitored through periodic on-site audits, retrospective data collection, incident reporting, and communication between the hospitals, EMS providers, and REMSA's 24 / 7 Duty Officer program.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA recognizes specialty care receiving centers authorized by ICEMA. ICEMA and REMSA staff coordinate on CQI-related issues.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  ☒ Short-term plan (one year or less)
  ☐ Long-term plan (more than one year)

5.05 – Mass Casualty Management
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:
The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The MHOAC program establishes policies, procedures, and processes that meet EMSA DMS Guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). All hospitals receiving EMS patients must participate in the Emergency Counsel (Healthcare Coalition) meeting and be trained on REMSA policies. The Preparedness Division (a branch of the Emergency Management Department), in cooperation with REMSA, administers the Hospital Preparedness Program (HPP) and utilizes the Healthcare Coalition Committee (HCC) as the advisory body for the program. All hospitals have developed medical surge plans and have received training, equipment, and supplies to prepare for MCIs through the HPP program. Integrating EMS system functional needs and hospital capabilities are addressed annually through the HPP planning process and vetted through the Riverside County Emergency Council. EMSA will be completing the statewide patient movement plan in April of 2019. REMSA will re-align the MHOAC program, develop the multiple patient management plans utilizing the new EMSA patient movement guidance, and ensure associated preparedness activities and participation by all hospitals.

- **NEED(S):**
  1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations, and pediatric surge guidelines that impact hospital preparedness.
  2. Include a written hospital evacuation component in the multi-patient management plan.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

5.06 – Hospital Evacuation
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA does not have a specific written hospital evacuation plan in place. Individual hospitals have a disaster and multi-casualty plans and periodically conduct drills to assess their plan(s). The Preparedness Division (a branch of the Emergency Management Department), in cooperation with REMSA, conducts countywide drills that include hospital evacuations and the integration of Hospital and EMS system processes for medical surge and patient movement. These drills are supported by the HPP program and conducted under the County Emergency Operations Plan, with processes established by the Medical and Health Operational Area Coordination (MHOAC) Program. The MHOAC program contains specific processes and procedures to be followed for managing and coordinating hospital evacuations. Existing REMSA policies establish diversion criteria and communications procedures for affected hospitals.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the RDMHC program for Region VI, and a Region I and VI cooperative assistance agreement is in place, which includes medical transportation and patient destinations. REMSA and the Region program follow medical and health procedures stipulated in the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**
  1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations, and pediatric surge guidelines that impact hospital preparedness.
  2. Include a written hospital evacuation component in the multi-patient management plan.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)
  ☒ Long-term plan (more than one year)

5.08– Trauma System Design
Enhanced Level: Trauma Care System

MINIMUM STANDARDS:
Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- The number and level of trauma centers (including the use of trauma centers in other counties)
- The design of geographical locations (including areas in other counties, as appropriate), with consideration of workload and patient mix
- Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

See REMSAs Trauma System Plan. EMSA approved the last update in April 2021.

- **NEED(S):**

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

6.01 – QA / QI Program
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish an EMS quality assurance/quality improvement (QA / QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, identify preventable morbidity and mortality and utilize state standards and guidelines. The program shall use provider-based QA / QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:
The local EMS agency should have the resources to evaluate response to and the care provided to specific patients.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

An entire section of the REMSA policy and procedures manual is dedicated to the county's QIP. The program addresses the entire EMS system and includes all system participants. The program evaluates incident-specific data, as well as aggregate system data, which is coordinated by REMSA with the assistance of all system participants. QIP activities and reports are discussed in quarterly meetings of the Continuous Quality Improvement Leadership Team (CQILT). The last REMSA QIP update was approved by EMSA on February 23, 2021. All prehospital provider agencies and base hospitals have REMSA-approved EQIPs. An updated EQIP was submitted to EMSA in June of 2021.

- **NEED(S):**

1. Assure provider agencies and base hospitals are compliant with Title 22 requirements for annual QIP updates.
2. An update of the QIP plan will be due in February 2022, which will need to incorporate updates that improve paramedic training requirements for low frequency / high-risk skills, paramedic preceptor requirements, and a comprehensive update of retrospective elements based on the expanded capabilities of REMSIS with the inclusion of TQIP, STEMI, Stroke and CARES registries.

- **OBJECTIVE(S):**

Develop a fluid CQI process between all provider agencies using the REMSIS CQI Module. Complete an update with the Indicator Specification Sheets for the QIP for submission to EMSA.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

6.02 – Prehospital Records
Universal Level

MINIMUM STANDARDS:
Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All EMS providers use the Riverside County EMS Information System (REMSIS), except for two (2) ground First Response Agencies and Air Ambulance providers. However, they export into and integrate with REMSIS so that Riverside County's data collection remains 100%. REMSIS consists of a Riverside County customized ImageTrend Elite ePCR platform and other data collection tools such as Specialty Care Registries (STEMI, stroke, trauma, and CARES), FirstWatch, and ReddiNet.

In addition, REMSA has taken a novel approach with data collected through the use of a Base Hospital Contact Log, which all Base Hospital MICNs utilize to document contacts within the same unified platform on REMSIS. The aggregated data and system surveillance of the Base Hospital log continues to expand and allow for integrated and improved CQI activities performed by both Prehospital providers and Base Hospitals.

REMSA has also revised Policy #7701 (Patient Care Records), which requires an ePCR to be completed for every responding apparatus making patient contact. Unifying these records via ePCR transfer in the prehospital setting allows provider agencies, Prehospital Receiving Centers (PRCs), and Base Hospitals to have confidential access through the REMSIS database. REMSA policy also stipulates timelines for completion and reconciliation processes to occur at the agency level to ensure timely and accurate submission for all patient encounters.

- **NEED(S):**

Continue developing the ImageTrend Elite platform focusing on CQI activities and integration with surrounding EMS and hospital information systems for automated outcome reporting.

- **OBJECTIVE(S):**

Continue to implement ePCR program refinements through 2021. Integrate fully with our 17 receiving hospitals to automate the transfer of ePCRs into their electronic health care records. Integrate all patient transports with Riverside County's 17 hospitals to receive full *eOutcome* elements consistent with NEMSIS 3.4 and 3.5 elements.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

6.03 – Prehospital Care Audits
Universal Level

MINIMUM STANDARDS:
Pre-hospital care audits shall be conducted, including system response and clinical aspects.

RECOMMENDED GUIDELINES:
The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient, and discharge records.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Based on county policy and written agreement, base hospitals must review and evaluate system response and clinical performance through prehospital care audits, achieved through shared CQI activities on the REMSIS platform. Additionally, all authorized ALS provider agencies must perform concurrent and retrospective CQI as part of their REMSA-approved CQI plan. Through the REMSA QIP Program, system responses and clinical data are reviewed regularly, and appropriate actions are taken as necessary.

All Emergency Medical Dispatch (EMD) activities are captured through a CAD integration into REMSIS and are used to regularly provide system reports on EMD.

- **NEED(S):**

Continue to secure hospital participation to collect and integrate with REMSIS for NEMSIS *eOutcome* data for all patient transports.

- **OBJECTIVE(S):**

Continue to develop CQI activities for Base Hospitals to audit all prehospital agencies using REMSIS. Develop *eOutcome*-driven CQI reviews for prehospital providers to regularly review patients with poor outcomes unrelated to specialty care registries.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

6.04 – Medical Dispatch
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival/post-dispatch directions.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Currently, Emergency Medical Dispatch (EMD) is not mandated in the County of Riverside. However, through existing EMD policies, REMSA has the mechanism to obtain medical dispatching activities and appropriateness of pre-arrival and post-dispatch directions for CQI purposes from agencies that choose to participate as EMD provider agencies.

In August 2017, the first phase of implementing medically prioritized resource responses occurred, and Code 2 (no lights or siren) responses were approved for all 9-1-1 requests for EMS responses triaged as "Omega" and "Alpha," per MPDS protocols. This included Riverside County Fire Department response areas and associated ALS emergency ambulance responses. The Riverside County Fire Department has worked with REMSA and AMR to implement all required program elements to assure medical oversight and CQI activities. Pre-arrival and post-dispatch instructions have been approved and have been in place with Riverside County Fire Department, Corona Fire Department, Murrieta Fire and Rescue, and Riverside City Fire Department for several years.

- **NEED(S):**

EMD utilizing the Medical Priority Dispatch System (MPDS) with associated resource response tied to the patients' identified medical needs must continue to be developed and implemented across the EMS system.

- **OBJECTIVE(S):**

All REMA-approved EMD PSAPs will continue to apply their approved EMD Quality Management Program to assure proper dispatching and proper pre-arrival and post-dispatch instructions.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

6.05 – Data Management System
Universal Level

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

RECOMMENDED GUIDELINES:
The local EMS agency should establish an integrated data management system that includes system response and clinical (both pre-hospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all system stages.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Using the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) Data sets as a core, REMSA has implemented a county-wide data system for reporting prehospital and hospital data. The trauma, STEMI, and stroke registries are utilized for capturing hospital data. Through the QIP Program, REMSA and EMS system participants review response and clinical data and take appropriate actions.

REMSA utilizes the Imagetrend Report Writer and FirstWatch analysis tools and its research analysts to query, audit, and report on prehospital and specialty care for clinical quality review, assurance, and improvement. Aggregate reports on key EMS system indicators and incident-specific action items are reviewed in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care advisory meetings. The Prehospital Medical Advisory Committee (PMAC) makes system improvement recommendations to REMSA based on reports and root cause analysis. Refinements to the data system will continue into and throughout 2021.

• NEED(S):
The data collection and reporting tools that comprise the Riverside County EMS Information System (REMSIS) include, but are not limited to, the ImageTrend Elite ePCR platform, Digital Innovations Trauma Data Base, ImageTrend STEMI, stroke, and trauma registries, CARES, FirstWatch, and ReddiNet. They are and will continue to be continuously developed and integrated.

• OBJECTIVE(S):
REMSA will work with EMS system participants to improve EMS information systems integration, data analysis, and reporting and continue the development of the System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

• TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-term plan (one year or less)

☒ Long-term plan (more than one year)

8.01 - Disaster Medical Planning
Universal Level

MINIMUM STANDARDS:
In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA and Emergency Management Department (EMD) participate in multiple meetings with multi-agency and multi-disciplinary representation. In addition, planning efforts are presented at multiple committees, including the EMD Preparedness Division Steering Committee; the Operational Area Planning Committee (OAPC); Terrorism Early Warning Group (TEWG); Riverside County Committee on Terrorism (RCCOT); Terrorism Oversight Committee (TOC); Western Regional Emergency Council (WREC); Coachella Communications Committee; County HazMat Operations Group (CHOG); Prehospital Medical Advisory Committee (PMAC); and the Emergency Medical Care Committee (EMCC). These committees continue to meet regularly and are committed to developing overall operational area preparedness, response, and training for weapons of mass destruction, hazardous material incidents, natural disasters, or mass casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Regional Disaster Medical and Health Coordination (RDMHC) program for Region VI. The current REMSA Administrator is the RDMHC appointed jointly by the Director of Cal EMSA and the Director of CDPH. Regional coordination meetings are held quarterly.

- **NEED(S):**

1 Evaluate principles and recommendations contained in EMSA's MPMP, trauma system recommendations, and pediatric surge guidelines.
2 Include a written hospital evacuation component in the MPMP.
3 Include the development of the REMSA Medical and Health Communications Center (Med / Health COMM) for management and coordination of medical and health information, patient distribution, and EMS resources consistent with the MHOAC functions and the California Public Health and Medical Emergency Operations Manual (EOM).

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by April 2019.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long-term plan (more than one year)

8.02– Response Plans
Universal Level

MINIMUM STANDARDS:
Medical response plans and procedures for catastrophic disasters shall apply to incidents caused by various hazards, including toxic substances.

RECOMMENDED GUIDELINES:
The California Office of Emergency Services' multi-hazard functional plan should serve as the model for developing medical response plans for catastrophic disasters.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has a well-developed multi-hazard functional Emergency Operations Plan (EOP) maintained by the Emergency Management Department (EMD). The EOP provides for coordinating all County departments, volunteer organizations, individuals, and other political jurisdictions within Riverside County to perform emergency tasks to meet incident objectives.

- **NEED(S):**

The County EOP, Medical, and Health annex need to reflect changes to medical and health system management processes following the Emergency Management Department (EMD) formation and incorporate actions for improvement following the COVID-19 Pandemic.

- **OBJECTIVE(S):**
  - Update the Medical and Health annex of the EOP regarding the multiple patient management plans once it has been developed.
  - Update the MHOAC Program with lessons learned during the COVID-19 Pandemic

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.03– HAZMAT Training
Universal Level

MINIMUM STANDARDS:
All EMS providers shall be properly trained and equipped for response to hazardous materials (HazMat) incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

- Riverside County Fire Department (RivCo FD) has a FIRESCOPE Type 1 HazMat Team
- Corona Fire Department and Riverside City Fire Department have HazMat Level-A Teams
- Hemet City Fire Department has a Level-B HazMat team.

REMSA protocols include equipment and training requirements for HazMat. Written ALS agreements require that providers comply with all applicable federal, state, and local laws, including Occupational Safety and Health Agency (OSHA) regulations. Riverside County Department of Environmental Health (DEH) also responds to all HazMat incidents with the RivCo FD. DEH is the regulatory agency for business and household HazMat waste management and environmental safety. DEH ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary ALS ambulance provider in Riverside County. AMR has personnel trained in WMD/HazMat Operations and regularly participates in training throughout the county. All AMR personnel and Riverside County fire agency (County, district, municipal and tribal) firefighters are trained to California Department of Transportation standards for first responders' awareness level.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.04– Incident Command System
Universal Level

MINIMUM STANDARDS:
Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that ICS training is provided for all medical providers.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All agencies involved in terrorism and disaster preparedness follow the Standardized Emergency Management System (SEMS) during a Weapons of Mass Destruction (WMD) incident, natural disaster, or mass casualty incident. ICS is well developed and practiced within Riverside County, consistent with the REMSA MCI policy. The MCI policy includes specific training requirements for all EMS responders. The FIRESCOPE ICS is used at the field level, the Hospital Emergency Incident Command System (HEICS) is used within the hospitals, and SEMS is utilized at the operational area level. Within the Emergency Operations Center (EOC), a unified command is used, with participating command staff being determined by the nature of the incident. Using an IMS creates integration with the County and State emergency operations plans. Using these standardized systems across response entities ensures that all responder agencies can communicate effectively and that response plans are written with these standard systems as a base.

- **NEED(S):**

The current MCI policy has been updated to be consistent with updates to FIRESCOPE. However, a countywide multiple patient management plan consistent with the California EOM is needed to address system-wide MCIs.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long-term plan (more than one year)

8.05– Distribution of Casualties
Universal Level

MINIMUM STANDARDS:
The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:
Using state guidelines and in consultation with Regional Poison Centers, the local EMS agency should identify hospitals with special facilities and capabilities for receiving and treating patients with radiation and chemical contamination and injuries.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

ReddiNet allows communication between REMSA, the local EMS providers, and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital. During an incident, EMS providers on the scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. Local base stations will initiate an MCI on the ReddiNet and coordinate casualties distribution to the closest, most appropriate facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM. EMS COMM is a communications center housed within REMSA that is activated to support large or unusual incidents.

- **NEED(S):**

This current system lacks a single point of coordination across the operational area. In a large mass casualty incident, base hospitals would be unable to keep up with patient distribution demands, coordinate EMS resources, track all patients and care for patients within the hospital at the same time. A multiple-patient management plan needs to be developed that includes the development of the Medical and Health Coordination Center (Med/Health COMM). Med/Health COMM would be EMS COMM's next development phase. The multiple patient management plan will also anticipate automated processes for this initial distribution of patients from the field to pre-determined hospitals, re-triage, patient tracking, hospital evacuations, and communications. The plan will include linkages to the Riverside County EOP and MHOAC plan and utilize medical mutual processes included in the EMSA Statewide Patient Movement Plan and the California Public Health and Medical Emergency Operations Manual (EOM)

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.06– Needs Assessment
Universal Level

MINIMUM STANDARDS:
The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:
The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital. During an incident, EMS providers on the scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The local base station hospital will initiate an MCI program on the ReddiNet system and coordinate casualties distribution to the closest, most appropriate medical facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM.

EMS COMM provides the Medical and Health Operational Area Coordinator (MHOAC) with an operational and communications capability. The 24/7 contact for the MHOAC program is the REMSA and EMD Duty Officers and Duty Chiefs. REMSA and EMD duty officers facilitate communications and a common operating picture for the EMS system as a part of the early assessment of an incident. The MHOAC program can expand from duty officer coverage to full activation of the Medical and Health Departmental Operations Center (DOC). The MHOAC program establishes policies for communicating medical and health requests to the region program and state.

- **NEED(S):**

Develop improved centralized 24/7 EMS COMM capability for REMSA to evaluate, coordinate and manage the EMS system during a disaster.

- **OBJECTIVE(S):**

Codify the roles and responsibilities of EMS COMM within the multiple patient management plans and upgrade communications equipment, technology and staffing accordingly.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.07– Disaster Communications
Universal Level

MINIMUM STANDARDS:
A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has several alert and notification systems, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). The seventeen (17) hospitals, fire dispatch centers, and AMR are linked to the ReddiNet system. ReddiNet is an alert and information system operated on the internet or via a satellite backup system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital.

The State of California Department of Health Services (CDHS) has developed the CAHAN system, which is web-based and is designed to broadcast key health, medical, disaster, or terrorism-related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability and is based on "find me, follow me" technology. Users can set their profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative online environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement, and hospitals. The 700 MHz system will complement the existing UHF and VHF infrastructure utilized by fire departments. REMSA policy requires the utilization of the county-wide frequency annex. Public safety agencies, hospitals, and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the county's seventeen (17) hospitals has received fixed-base radios. REMSA and EMD have established dedicated frequencies to communicate with hospitals, county departments, and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals within Riverside County and EMD have RACES capabilities.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.08– Inventory of Resources
Universal Level

MINIMUM STANDARDS:
In cooperation with the local OES, the local EMS agency shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

EMS system resources are identified in the REMSA policy #8101 (Resource List, found here: http://www.remsa.us/policy/8101.pdf).

The REMSA MCI policy and agency/department standard response plans dictate initial and ongoing incident resource response.

Medical mutual aid or resource requests are made through the MHOAC program. Through numerous grants, Riverside County has gained many necessary resources to mitigate natural or man-made disasters or mass casualties due to weapons of mass destruction. Each grant specifies what type of equipment or preparedness efforts are appropriate. The EMD Preparedness Division maintains inventory controls per grant requirements and has allocated equipment to specific locations and agencies such as hospitals. Equipment and supply aches are dispersed throughout the county. The MHOAC program has a current list of all resources available to the community, public safety, first responders, and/or hospital/clinic systems. Protocols are being established to discern levels of response and the distribution of resources. When a request is made to the MHOAC, it will then be coordinated

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.09– Disaster Medical Assistance Team (DMAT)
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:
The local EMS agency should support the development and maintenance of DMAT teams in its area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Should an event occur in Riverside County, additional health care professionals would be needed to implement a local mass casualty/surge care response. The National Disaster Medical System (NDMS) would be able to provide DMATs, Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT), and Veterinary Medical Assistance Teams (VMAT). These teams include nurses, physicians, pharmacists, emergency medical technicians (EMTs), paramedics, and respiratory therapists. Depending on the incident's scope and magnitude, additional health care providers would be needed. Although federal assets have been identified and incorporated into the planning process, Riverside County is prepared to be self-sustaining for 72 hours. Additionally, the local Regional Disaster Medical and Health Specialist (RDMHS) assists with planning and preparedness efforts within the county.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.10– Mutual Aid Agreements
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere that ensure sufficient emergency medical response and transport vehicles. Other relevant resources will be available during significant medical incidents and periods of extraordinary system demand.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The state of California has adapted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) to manage any disaster or large-scale incident. California already has an established master mutual aid agreement that includes fire departments, law enforcement agencies, the State EMS Authority, and all state agencies, including the University of California (UC) system. Six (6) mutual aid regions exist in California, each assisting with mutual aid requests and assistance when needed. If an incident occurs at the local level and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government.

Resources must be exhausted at each level before requesting assistance at the next higher level. Region I (LA, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a medical assistance agreement between the two regions. A health officer in Region I or VI can call another health officer in Region I or VI and request medical assistance. This medical assistance agreement is the only one in California and has been signed by eleven (11) County Board of Supervisors in Regions I and VI. Under the agreement, the Riverside County MHOAC interacts directly with the MHOAC programs in surrounding OAs and the RDMHC program in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the RDMHC Program for Region VI. The current REMSA Administrator is the RDMHC appointed jointly by the Director of Cal EMSA and the Director of CDPH. Regional coordination meetings are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☐ Long-term plan (more than one year)

8.11– Casualty Collection Point (CCP) Designation
Universal Level

MINIMUM STANDARDS:
In coordination with the local OES and county health officer(s) and using state guidelines, the local EMS agency shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County EMD is the overall disaster preparedness, response, and recovery coordinator. REMSA will establish CCPs based on the event's scope and magnitude, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type county facilities, major shopping centers, fire stations, and other facilities. Under most circumstances, CCPs will be established near hospitals to use their resources. Additionally, REMSA may activate the Field Treatment Site (FTS) program to support CCPs.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Regional Disaster Medical and Health Coordination Program for Region VI. The current REMSA Director is the RDMHC appointed jointly by the Director of the California EMS Authority and the California Department of Public Health Director. Regional coordination meetings are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**

REMSA will re-evaluate the CCP and FTS concepts while developing the multiple patient management plan.

- **OBJECTIVE(S):**

Complete the multiple patient management plan by April 2019.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.12– Establishment of Casualty Collection Points (CCP)

Universal Level

MINIMUM STANDARDS:
In coordination with the local OES, the local EMS agency shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County EMD is the overall disaster preparedness, response, and recovery coordinator. CCPs will be established in locations based on the scope and magnitude of the event, the number of victims, and the weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations, and other facilities. CCP sites will be established at or near hospitals in all possible cases to use their resources, including the 700 MHz PSEC radio equipment the county has procured. REMSA has also developed a Field Treatment Site (FTS) Program that includes a large equipment cache and a communications trailer to support CCP / FTS operations.

- **NEED(S):**

REMSA will re-evaluate the CCP and FTS concepts while developing the multiple patient management plan.

- **OBJECTIVE(S):**

Complete the multiple patient management plan by April 2019.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.13– Disaster Medical Training
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall review the disaster medical training of EMS responders in its service area, including properly managing casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including properly managing casualties exposed to or contaminated by toxic or radioactive substances.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

As a baseline, all EMS responders have trained at the HazMat First Responder Operations (FRO) or Awareness (FRA) levels. Maintaining trained personnel is critical in ensuring a competent workforce ready to respond during an emergency. The EMD Preparedness and Operations Divisions offer ongoing training for the first responder, medical, public health, and emergency management communities to address this issue. EMD routinely brings in the ICS, Weapons of Mass Destruction (WMD), EOC / DOC, and other emergency preparedness classes offered by Texas A&M to the county; enrollment in the class is open to all response entities. In addition, EMD has brought in Unified Command and Threat and Vulnerability Classes for county agencies. Historically, these classes have been well attended and continue to be one part of EMD's continuing education program. MMRS funding was used to provide HazMat-specific training during the initial contract period.

The EMD Preparedness and Operations Divisions have a staff of health educators and community partners to provide training on biological agents, chemical agents, radiological response, public health / medical response to a terrorism incident, and mass prophylaxis distribution. This group can be requested by any agency in the County, free of charge, and is available for ongoing training.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.14– Hospital Plans
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:
At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All Riverside County hospitals are accredited by The Joint Commission (TJC) and, as such, maintain robust disaster plans, including provisions for internal and external disasters. Each hospital utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the county's medical response plan(s).

Exercising plans and procedures remains a critical component of preparedness efforts to ensure a capable and robust response system. Each year, the Hospital Association of Southern California (HASC), the EMD, and many of the hospitals in the county participate in the Statewide Disaster Drill, a Healthcare Coalition Committee-sponsored disaster drill or terrorism exercise, and an exercise coordinated by Coachella Communications for the east end of the county. Each hospital must participate in two (2) disaster exercises annually to maintain TJC or other accreditation.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.15– Interhospital Communications
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has several alert and notification systems, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). The seventeen (17) hospitals, fire dispatch centers, and AMR are linked to the ReddiNet system. ReddiNet is an alert and information system operated on the internet or via a Satellite backup system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system broadcasts key health, medical, disaster, or terrorism-related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability and is based on the "find me, follow me" technology. Users can set their profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative online environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement, and hospitals. REMSA policy requires the utilization of the Countywide frequency annex. All public safety agencies, hospitals, and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the seventeen
(17) hospitals within the County have received fixed-base radios. REMSA and EMD have established dedicated frequencies to communicate with hospitals, County departments, and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals in Riverside County and EMD have RACES capabilities.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.16– Prehospital Agency Plans
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure the availability of training in managing significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staff in its service area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

As with the hospitals, each fire department and EMS provider in Riverside County has disaster plans. EMD coordinates at least two (2) disaster and emergency preparedness drills annually. One of the drills is a fully functional exercise with prehospital participation. Frequently this is in conjunction with the annual statewide disaster drill. EMD hosts several training programs throughout the year, including HazMat response drills, ICS, and EOC / DOC operations. REMSA policy requires periodic training on the MCI policy.

All Riverside County hospitals are accredited by The Joint Commission (TJC) and, as such, maintain robust disaster plans, including provisions for internal and external disasters. Each hospital utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the county's medical response plan(s). During drills, hospitals train on managing patient surges, patient and staff decontamination, patient tracking, public and family communications, and managing an assortment of security threats. The EMD Preparedness Division coordinates incident after-action de-briefing and reports. Lessons learned are discussed in advisory committee meetings.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.17– ALS Policies
Enhanced Level: Advanced Life Support

MINIMUM STANDARDS:
The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Existing mutual aid agreements provide for a response from other EMS systems. These agreements, REMSA policies, and State regulations allow ALS providers to perform according to their scope of practice as established by their accrediting LEMSA.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long-term plan (more than one year)

8.18– Specialty Center Roles
Enhanced Level: Specialty Care System

MINIMUM STANDARDS:
Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The Riverside County hospital system includes:

- Seventeen (17) pre-hospital receiving centers (PRC)
- Twelve (12) Stroke centers
  - Nine (9) Primary
  - Three (3) Comprehensive
- Six (6) STEMI centers
- Five (5) trauma centers (TC)
  - Two (2) Level I TCs
    - One of these (RUHS) is also a designated Level II pediatric receiving TC
  - Two (2) Level II TCs
  - One (1) Level IV TC

Specialty care designation requirements are detailed in REMSA policy, and each facility's surge plan to maintain standards of care is included in their hospital disaster plans. The EMD Preparedness Division supports updating hospital plans periodically. Surge capacity is key to any natural disaster or terrorism incident response; these issues are addressed regionally. HPP, HRSA, and UASI funding were used to purchase equipment caches/trailers consisting of trauma/burn equipment, BLS equipment, and drug caches, which have been strategically staged throughout the county. HRSA funds were also used for each hospital to obtain its surge capacity caches.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year)

8.19– Waiving Exclusivity
Enhanced Level: Exclusive Operating Areas / Ambulance Regulation

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MINIMUM STANDARDS:
Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Contracts with providers holding exclusive operating areas require that the contractors develop mutual aid agreements. The Master 9-1-1 Emergency Ambulance agreement contains specific language for mutual aid response in county EOAs.

- **NEED(S):**

Evaluate the feasibility of a single, countywide ambulance mutual aid agreement as discussed in the Riverside County EMS System Strategic Plan.

- **OBJECTIVE(S):**

Develop a master ambulance mutual aid agreement as applicable.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long-term plan (more than one year

RIVERSIDE COUNTY EMS AGENCY

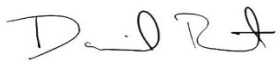
March 3, 2023

Tom McGinnis, Chief EMS Systems Division
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Tom,

Please accept the submission of the Riverside County EMS Agency's (REMSA) 2021 and 2022 EMS Plan updates. There were minimal changes during 2021 and 2022, and all updates regarding new projects have been included in the Executive Summary. We look forward to the EMS Authority's review, comments, and approval. If you have any questions, please feel free to contact me at (951) 358- 5029.

Sincerely,



Dan Bates
Program Chief II
Riverside County EMS Agency (REMSA)

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RIVERSIDE COUNTY
EMS
AGENCY

EMS Plan
2021 & 2022

Executive Summary

2021 & 2022 Accomplishments and Improvements to the EMS System	Page 1
Current Challenges and Major System Improvement Initiatives for 2023	Page 4

Tables

Tables 1a – 1h: Minimum Standards and Recommended Guidelines	Page 6
Table 2: System Organization and Management	Page 15
Table 3: Credentialing and Enforcement	Page 22
Table 4: Communications	Page 23
Table 5: Response and Transportation	Page 24
Table 6: Facilities and Critical Care	Page 25
Table 7: Disaster Medical	Page 26
Table 8: Resource List of EMS Providers	Page 27
Table 9: Resource List of Hospitals	Page 42
Table 10: Resource List of Approved Training Programs	Page 51
Table 11: Resource List of Approved Dispatching Agencies	Page 60

Ambulance Zone Summary Forms

Page 69

System Assessment Forms

Section 1 - System Organization and Management	Page 70
Section 2 - Staffing and Training - NO UPDATES	
Section 3 - Communications	Page 84
Section 4 - Response and Transportation	Page 95
Section 5 - Facilities and Critical Care	Page 108
Section 6 - Data Collection and System Evaluation	Page 116
Section 7 - Public Information and Education - NO UPDATES	
Section 8 - Disaster Medical Response	Page 121

EXECUTIVE SUMMARY

The EMS Plan ("*Plan*") has been completed with input from Riverside County EMS stakeholder organizations. The Plan reveals how our system complies with the EMS System Standards and Guidelines and identifies accomplishments since the last Plan approval, as well as areas of improvement, to continuously enhance EMS service delivery to the residents and visitors of Riverside County. The Riverside County EMS agency's last Plan was approved by EMSA on March 7, 2019.

Major Accomplishments and Improvements to the EMS System

1. Following the Riverside County Board of Supervisors' approval, the Riverside County EMS Agency (REMSA) implemented an updated 9-1-1 emergency ambulance contract with American Medical Response (AMR and/or "Contractor"), effective July 1, 2015. The seventh year of performance under the contract was completed on June 30, 2022. (EMS Strategic Plan Goal 10, pg. 24). Highlights of the updated contract include:
   a. Improvements in all operational, clinical, and customer service aspects of Contractor performance.
   b. Enhanced operational, clinical, patient satisfaction, community service, and financial performance monitoring and reporting.
   c. Retention of ambulance services to Mental Health patients, including partnering with law enforcement and the Department of Mental Health for the care and transportation of 5150 patients from the field.
   d. Terms for support of Fire Department ALS First Responder services within a two-tiered cooperative regional EMS system.
   e. An upgraded emergency ambulance fleet.
   f. Upgraded medical equipment.
   g. Support for patient outcome-focused research.
   h. Improved integration with EMS system partners.
   i. Increased system enhancement fees (formerly known as penalty fees) based upon response time performance.
   j. Increased reserve resource requirements for EMS system surge events and disasters.

2. The EMS Quality Improvement Plan (EMSQIP) was updated by REMSA and approved by EMSA in February 2021.

   STEMI and Stroke system advisory committees meet quarterly to review performance reports and identify quality improvement opportunities. REMSA continues to employ a Specialty Care Coordinator, who possesses an active RN license and a master's level education, to develop and implement plans to realign specialty care programs with new Title 22 requirements for STEMI and Stroke, as needed. When the regulations for both programs are implemented, REMSA will adopt these standards for our Stroke and STEMI programs.

3. In accordance with the preparedness, response, recovery, and mitigation functions outlined in Health and Safety Code §1797.153, the Riverside County Medical and Health Operational Area Coordination (MHOAC) Program has developed standardized policies and procedures (e.g., situation reporting, resource requesting, etc.) to ensure basic operational processes involving the Medical Health System are well understood and practiced. Ultimately, this enhances coordination between the operational area and successive SEMS levels to maintain situational awareness and efficiently meet resource requests. In Riverside County, the County Public Health Officer and the County EMS Administrator, or their designee, jointly act as the MHOAC.

4. The Community Assessment and Transport Team (CATT) is a pilot program that started in Riverside County on October 18, 2022. This program provides assessment, transportation, and referral services to individuals in crisis. The CATT is comprised of an EMT and a behavioral health clinician, who respond to the scene of an individual in crisis with the primary goal of helping provide the needed care at the right time and in the right treatment setting. It can achieve this goal by connecting individuals in crisis to mental health urgent cares, psychiatric emergency services, sobering centers, veteran affairs, or other Riverside County Mental Health Crisis services. By diverting individuals in crisis to more appropriate treatment settings, this program can reduce the burden on emergency departments and help prevent unnecessary incarcerations.

5. The Leave Behind Naloxone program was implemented on March 15, 2022, and its goal is to reduce overdose deaths caused by opioid drugs (e.g., prescription opioids, heroin, fentanyl, etc.) by increasing the availability of naloxone in our communities. This is an EMS-based distribution program in which trained EMS personnel provide naloxone, and instruction on how to use it, to individuals who have overdosed on opioids, or to their friends, family members, or other caregivers. After receiving naloxone and instruction on its use, these individuals are able to keep the medication with them and use it in the event of another overdose. As of December 30, 2022, a total of 117 kits have been distributed in Riverside County and there have been seven (7) documented overdose reversals.

6. The Riverside Overdose Data to Action (RODA) program was established in September 2019 and is a public health initiative aimed at reducing morbidity and mortality due to overdoses in Riverside County. The RODA program aims to reduce overdose deaths in Riverside County through a combination of education, access to treatment, data-driven strategies, and collaboration with a wide range of partners. The cornerstone of RODA is enhanced overdose surveillance, which is used to advance local insight into overdose incidences in Riverside County and create more responsive and collaborative prevention efforts to address the upstream causes of substance use disorders and overdoses.

7. REMSA updated the County Trauma Plan and continues to utilize a data dashboard for the enhanced evaluation and reporting of trauma patient demographics, care, and outcomes. The trauma patient dashboard will assist the Regional Trauma Audit Committee (TAC) in evaluating patient care and provide direction for developing trauma policies and protocols. EMSA approved the most recent update in April 2021. (EMS Strategic Plan Goal 1, pg. 21). Riverside University Health System was designated as a Level 1 trauma center in June 2021, John F. Kennedy Memorial Hospital was designated as a Level 4 trauma center in September 2021, and Eisenhower Medical Center was designated as a Level 4 trauma center in October 2022.

8. The REMSA Medical Director maintains medical control of the EMS system prospectively, and retrospectively, through the establishment and maintenance of REMSA policies and procedures that include but are not limited to treatment protocols, policies/procedures regarding hospitals and service providers, ePCR, communication policies, and continuing education policies.

9. REMSA Policy #2101 (*Emergency Medical Dispatch*) identifies the requirements necessary to become an approved emergency medical dispatch provider pursuant with California Health & Safety Code Section 1797.220 and 1797.223. http://www.remsa.us/policy/2101.

Pursuant to the Ground Emergency Ambulance Service Contract #15-097, Contractor shall establish policies and procedures for the integration of radio and data communications. As requested, and as authorized by REMSA, Contractor will establish and maintain digital CAD-to-CAD interfaces with PSAPs. Contractor shall pay for all associated interface costs (setup, maintenance, etc.) with REMSA and any provider agencies.
https://rivcoems.org/Portals/13/Documents/DOCUMENTS/CONTRACTS/AMR/Current%20AMR%20Contract%20%202015.pdf

10. The REMSA Policy Manual, agency personnel, and medical direction does not limit, supplant, prohibit, or alter 9-1-1 call processing authority as described in 1798.8 of the California Health & Safety Code.

11. All providers in Riverside County adhere to the radio communication standards established in REMSA Policy #2201 (*Radio Communication Standards*). This policy meets California Code of Regulations §100306(d)(1). http://www.remsa.us/policy/2201

12. Riverside County EMS System data reports can be accessed at http://www.rivcoems.org/Documents/Reports-Current.

Current Challenges and Major System Improvement Initiatives for 2023

1. **Data Collection, Analysis, and Reporting** - In 2023, REMSA will continue to work with EMS system partners on EMS information systems integration, automation, and development of the System Clinical and Operational Performance Evaluation (SCOPE) dashboard. SCOPE will utilize the outputs from REMSIS to communicate key performance metrics. Those metrics allow REMSA and EMS partners to develop evidence-based clinical treatment protocols, education/training initiatives, and system design improvements. The first iteration of the SCOPE dashboard was released in July 2018 and has been updated regularly since. It can be viewed here: https://lookerstudio.google.com/reporting/0BykHNCGE-ixib29ZUGl3TGc3V2s/page/p_4ri3czri2c (EMS System Strategic Plan Goal 1, 2, 3, 7, 9, and 12).

2. **Patient Management and Movement During Mass Casualty Events** - REMSA will continue the development of a Multiple Patient Management Plan (MPMP) that includes the capability of REMSA and the MHOAC program to manage the system-wide movement and tracking of patients. Incorporating lessons learned during the COVID pandemic, the plan will be completed by December 2023. Elements of the plan will include:

    - Develop criteria for quickly communicating mass casualty incidents' occurrence and severity (size).
    - Automated triggers identify all EMS system partner's roles and responsibilities.
    - Medical mutual aid processes and procedures are aligned with the California Public Health and Medical Emergency Operations Manual (EOM).
    - Expanded technical and staffing development of the Medical and Health Coordination Center (MHCC) to provide for single-point coordination of medical mutual aid, patient movement, and patient tracking.
    - Development of healthcare facility evacuation plans.
    - Development of improved pediatric disaster readiness with all General Acute Care Hospitals (GACH)
    - Integration with the Hospital Preparedness Program (HPP) for improving hospital resiliency.
    - Integration with the EMSA California Patient Movement Plan.
    - REMSA has initiated a broad stakeholder and partner workgroup comprised of representatives from Hospitals, Ambulance Providers, Fire Departments, Law Enforcement, educational institutions, and neighboring Counties who will be providing expert subject matter input into the development of the plan.

3. **Flu Season Impact** – The 2019-2020 Flu Season covering the second half of Q4-2019 through first half of CY Q1-2020, was the last period of time EMS volume displayed a predictable and consistent level of activity. During the peak flu season months of December through January 2020, transport volume predictably increased by up to 15%, while APOD compliance dipped 12% to an average of 67%- typical impacts during high activity flu seasons. Following re-stabilization of volume and APOD compliance by February of 2020, the Covid-19 pandemic began unpredictably impacting EMS. Peaks and declines in volume and APOD described in the 2019-2020 EMS plan continued into FY 2021-2022.

    By the start of FY Q1-2021 (July), a historically stable EMS volume period, transports increased approximately 15% and peaked in August of 2021. During the first three quarters of FY 2021-2022, APOD compliance fluctuated between 63-79%. The lowest APOD level was observed in January 2022 at 63% offload compliance. Similar to flu season recovery periods, APOD began to decrease by February 2022, while EMS volume fluctuated monthly through the end of the fiscal year (June, 2022). During the final

quarter of FY 2021-22 (April-June), EMS transport volume increased by nearly 1000 patients over a single month (8%); however, APOD compliance reached a steady 81% indicating a recovery of volume and staffing challenges of Covid-19 on Emergency Departments.

Staffing challenges in the prehospital and hospital setting exacerbated an already high call volume at the time. REMSA will continue to work with all Hospitals and EMS providers to mitigate the impacts of APOD. (EMS Strategic Plan Goal 5, pg. 22)

4. **Specialty Care Programs** – REMSA realigned STEMI and Stroke Programs for improved regional continuity of care and compliance with State regulations governing specialty care program approval. In 2021-2022 REMSA continued refining the Specialty Care Program plans in order to implement improvements in compliance with proposed and existing regulations, guidelines, and criteria as determined by the REMSA Medical Director. Specific activities conducted by REMSA in 2023 will include:

   - Developing and maintaining written plans and timelines.
   - Conducting stakeholder and partner meetings and work groups to solicit input from the appropriate subject matter experts.
   - Updating all REMSA contracts, policies, protocols, and procedures related to specialty care.
   - Updating designated specialty care hospital contracts.
   - Working with EMS partners to develop clinical, patient outcome, and operational performance data reports.
   - Assisting hospitals with onboarding and maintenance of the trauma registry when appropriate.
   - Realigning advisory committee memberships, activities, and outputs.
   - Assisting in the development, and communication, of educational and training requirements with hospitals and EMS providers, including standards for field triage, treatment, and transportation of patients requiring emergency medical care; monitoring the performance of EMS providers to ensure adherence to authorized standards of practice and identification of training needs.
   - Providing specialty care related subject matter recommendations for developing the Multiple Patient Management Plan (Mass Casualty Plan in the draft, see above).
   - Providing oversight and direction to hospitals for specialty care programs (i.e., STEMI, Stroke) and updating policies / protocols / contracts / performing hospital audits as needed.
   - Developing and implementing a Specialty Care fee schedule to cover the county's cost for regulatory oversight of specialty care programs, including STEMI, Stroke, EMSC, and Trauma.
   - Evaluating initial results from the implementation of the specialty care realignment plan.
   - Performing CQI case reviews, assuring all related CQI meetings meet State regulatory requirements relating to patient privacy and appropriate evidence codes.
   - Delivering specialty care system reports quarterly. (EMS System Strategic Plan Goal 1)

5. All Riverside County EMS system improvement goals are included in the EMS System Strategic Plan, which can be found here: http://remsa.us/documents/plans/140923FINALEMSSystemStratPlan.pdf. REMSA plans to update the Strategic Plan in 2023 with a new 5-year plan implemented by March 2024.

MINIMUM STANDARDS AND RECOMMENDED GUIDELINES
TABLE 1A – SYSTEM ORGANIZATION AND MANAGEMENT

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

1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS System	X			X	X
1.25	Online Medical Direction		X	X		
Enhanced Level: Trauma Care System						
1.26	Trauma System Plan		X		X	X
Enhanced Level: Pediatric Emergency Medical and Critical Care System						
1.27	Pediatric System Plan		X			X
Enhanced Level: Exclusive Operating Areas						
1.28	EOA Plan		X			

TABLE 1B – STAFFING AND TRAINING

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

TABLE 1C - COMMUNICATIONS

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

TABLE 1D – RESPONSE AND TRANSPORTATION

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

TABLE 1E – FACILITIES AND CRITICAL CARE

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

TABLE 1F – DATA COLLECTION AND SYSTEM EVALUATION

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

TABLE 1G – PUBLIC INFORMATION AND EDUCATION

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

TABLE 1H – DISASTER MEDICAL RESPONSE

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

TABLE 2 – SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year(s)	2021 & 2022

NOTE: Number (1) below is to be completed for each county. #2 – 7 refer to each agency.

1. Percentage of population served by each level of care by county:

(Identify the maximum level of service offered; the total of a, b, and c should equal 100%.)

a.	Basic Life Support	0%
b.	Limited Advanced Life Support	0%
c.	Advanced Life Support	100%

2. Type of agency

a.	Public Health Department	
b.	County Health Services Agency	
c.	Other (non-health) County Department	✓ Emergency Management Department
d.	Joint Powers Agency	
e.	Private Non-profit Entity	
f.	Other:	

3. The person responsible for day-to-day activities of the EMS agency reports to:

a.	Public Health Officer	
b.	Health Services Agency Director / Administrator	
c.	Board of Directors	
d.	Other:	✓ Director of Emergency Management

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

Implementation of exclusive operating areas (ambulance franchising)	X
Designation/approval of pediatric facilities	X
Designation of other critical care centers	X
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	
Continuing education	X
Personnel training	X
Operation of oversight of EMS dispatch center	X
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	
Implementation of exclusive operating areas (ambulance franchising)	X
Administration of Disaster Assistance Medical Teams (DMAT)	
Administration of EMS Fund (SB 12 / 612)	X

5. Expenses:	2021	2022
Salaries and benefits (all but contract personnel)	2,926,351	3,220,797
Contract Services (e.g., medical director)	715,257	990,191
Operations (e.g., copying, postage, facilities)	316,791	484,107
Travel	2,653	29,067
Fixed assets		
Indirect expenses (overhead)	215,527	534,109
Ambulance subsidy	961,602	-
EMS Fund payments to physicians/hospital	1,664,373	2,011,303
Dispatch center operations (non-staff)	325,000	371,026
Training program operations		
Total Expenses	**$7,127,553**	**$7,640,601**

6. Sources of Revenue:	2021	2022
Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant		
Office of Traffic Safety (OTS)		
State general fund		
County general fund		
Other local tax funds (e.g., EMS district)		
County contracts (e.g., multi-county agencies)	336,726	660,391
Certification fees	175,536	229,368
Training program approval fees		
Training program tuition/Average daily attendance funds (ADA)		
Job Training Partnership ACT (JTPA) funds / other payments		
Base hospital application fees		
Trauma center application fees		
Trauma center designation fees		
Pediatric facility approval fees		
Pediatric facility designation fees		
Ambulance service/vehicle fees	1,278,010	-
Contributions		1,891,335
EMS Fund (SB 12/612)	3,032,979	3,215,329
Other grants: RDMHS	246,016	239,988
Other fees: Contract Fees and Monitoring	2,058,287	1,404,190
	2021	**2022**
Total Revenue:	**$7,127,553**	**$7,640,601**

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

7. Fee Structure

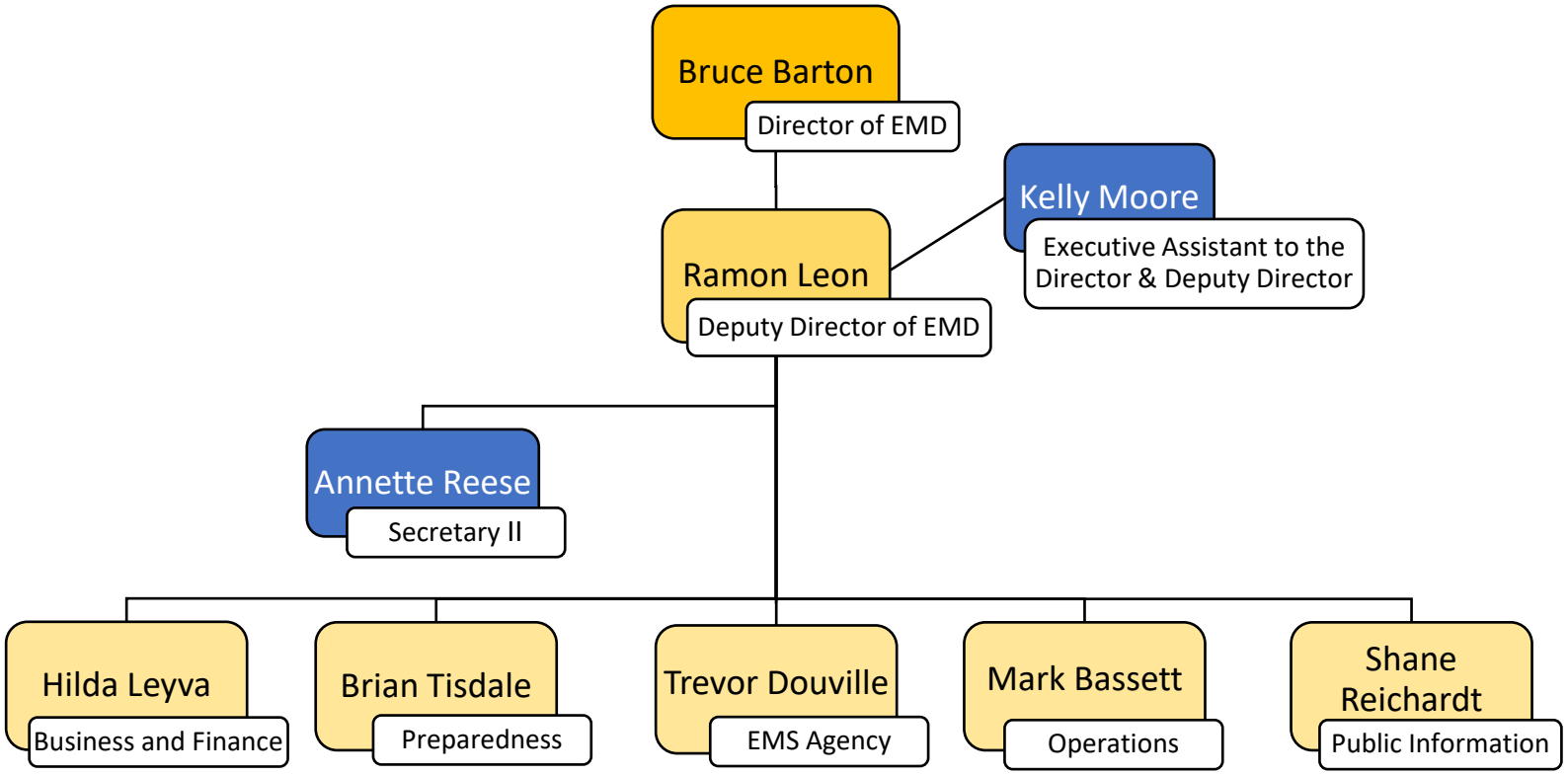
We do not charge fees	✓ We do charge fees*
First responder certification	$0
EMS dispatcher certification	$0
EMT-I certification	$100
EMT-I recertification	$62
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	$75
EMT-P reverification of accreditation	$50
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	$75
Mobile Intensive Care Nurse/Authorized Registered Nurse certification Renewal	$50
EMT-I training program approval	$0
AEMT training program approval	$0
EMT-P training program approval	$0
MICN/ARN training program approval	$0
Base hospital application	$0
Base hospital designation	$0
Trauma center application	$0
Trauma center designation	$0
Pediatric facility approval	$0
Pediatric facility designation	$0
Ambulance service license	$6,000
Ambulance vehicle permits	$250

***No change in fees in either 2021 or 2022**

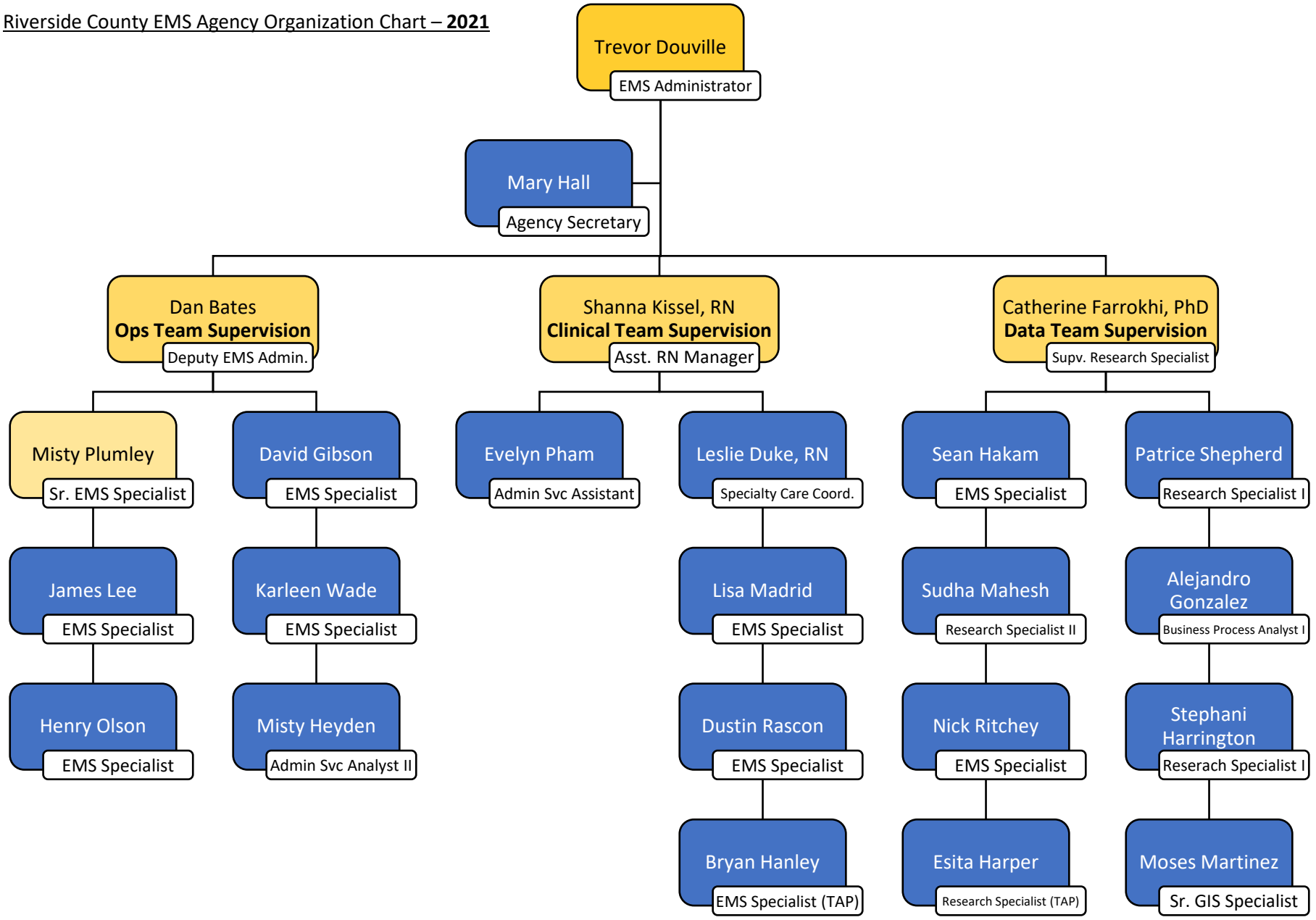
TABLE 2 – SYSTEM ORGANIZATION AND MANAGEMENT (CONT.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin. / Coord. / Director	EMS Administrator	1	65.09	45%	
Asst. EMS Admin. / Coord. / Director	Deputy EMS Administrator	1	47.07	45%	
ALS Coord. / Field Coord. / Training Coordinator	Senior EMS Specialist	1	42.91	45%	
Program Coordinator / Field Liaison (Non-clinical)	EMS Specialist	1	40.69	45%	
Trauma Coordinator	Assist Nurse Manager	1	52.65	45%	
Medical Director	Medical Director	Contract		45%	$150,000 annual
Other MD / Medical Consult / Training Medical Director	NA				
Disaster Medical Planner	Senior EMS Specialist	1	42.91	45%	
Medical Planner	EMS Specialist	1	40.69	45%	
Data Evaluator / Analyst	Research Specialist	1	27.01	45%	
QA/QI Coordinator	EMS Specialist	4	40.69	45%	
Public Information & Education Coordinator	Senior EMS Specialist	1	42.91	45%	
Executive Secretary	Secretary	1	27.87	45%	
Other Clerical	Office Assistant II/III	2	15.01	45%	
Data Entry Clerk	Administrative Services Analyst I/II	1	19.07	45%	
Other	RDMHS – Emergency Management Coordinator	1	41.77	45%	

Riverside County Emergency Management Department Organization Chart – 2021 & 2022



Riverside County EMS Agency Organization Chart – **2021**



Riverside County EMS Agency Organization Chart – **2022**

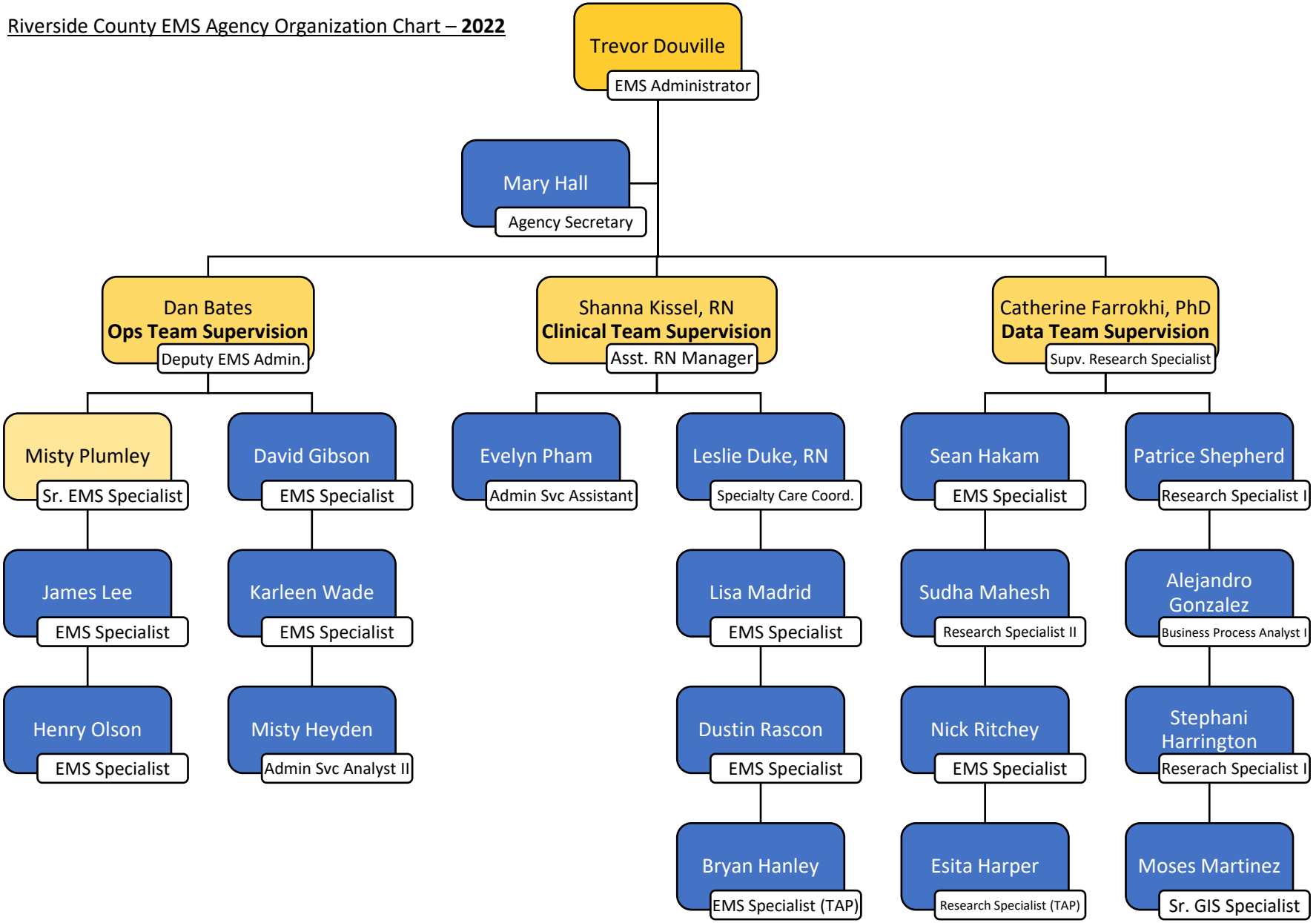


TABLE 3 – CREDENTIALING AND ENFORCEMENT

Reporting Year: **2021**	EMT-I	EMT-II / AEMT	EMT-P	MICN
Total Certified	**1547**		**724**	**146**
Number of new certifications this year	**549**		**160**	**43**
Number of recertifications this year	**998**		**564**	**103**
Total number of accredited personnel on July 1 of the reporting year	**3520**		**1284**	**268**

Number of certification reviews performed, resulting in:

a.	Formal Investigations	**35**		**3**	**1**
b.	Probation	**13**		**0**	**0**
c.	Suspensions	**0**		**0**	**0**
d.	Revocations	**8**		**1**	**1**
e.	Denials	**1**		**0**	**0**
f.	Denial of Renewal	**0**		**0**	**0**
g.	No Action Taken by REMSA	**13**		**2**	**0**
h.	Submitted to State Authority for final disposition	**0**		**2**	**0**

Reporting Year: **2022**	EMT-I	EMT-II / AEMT	EMT-P	MICN
Total Certified	**1506**		**727**	**152**
Number of new certifications this year	**570**		**217**	**43**
Number of recertifications this year	**936**		**510**	**109**
Total number of accredited personnel on July 1 of the reporting year	**3746**		**1257**	**272**

Number of certification reviews performed, resulting in:

a.	Formal Investigations	**37**		**6**	**1**
b.	Probation	**10**		**0**	**0**
c.	Suspensions	**1**		**0**	**0**
d.	Revocations	**8**		**0**	**0**
e.	Denials	**1**		**0**	**0**
f.	Denial of Renewal	**0**		**0**	**0**
g.	No Action Taken by REMSA	**14**		**0**	**0**
h.	Submitted to State Authority for final disposition	**3**		**6**	**1**

Early defibrillation:	Year: **2021**	Year: **2022**
1. Number of EMT-I's authorized to use an AED:	**3520**	**3746**
2. Number of Public Safety certified (non-EMT-I)	**50**	**50**

TABLE 4 – COMMUNICATIONS

Reporting Year: **2021**		County: **Riverside**
1. Number of primary Public Service Answering Points (PSAP)		17
2. Number of secondary PSAPs		1
3. Number of dispatch centers directly dispatching ambulances		8
4. Number of EMS dispatch agencies utilizing EMD guidelines		4
5. Number of designated dispatch centers for EMS Aircraft		1
6. Who is your primary dispatch agency for day-to-day emergencies?	Riverside County FD ECC	
7. Who is your primary dispatch agency for a disaster?	Riverside County FD ECC	
8. Do you have an operational area disaster communication system?	✓ Yes	No
a. Radio Primary Freq. 156.075 CALCORD		
b. Other Methods: PSEC (700 Mhz), CAHAN, RACES		
c. Can all medical response units communicate on the same disaster communications system?	✓ Yes	No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes	No
e. Do you have a plan to utilize Radio Amateur Civil Emergency Services (RACES)?	✓ Yes	No
1. Within the operational area?	✓ Yes	No
2. Between operational areas and the region and/or state?	✓ Yes	No

Reporting Year: **2022**		County: **Riverside**
1. Number of primary Public Service Answering Points (PSAP)		16
2. Number of secondary PSAPs		1
3. Number of dispatch centers directly dispatching ambulances		8
4. Number of EMS dispatch agencies utilizing EMD guidelines		4
5. Number of designated dispatch centers for EMS Aircraft		1
6. Who is your primary dispatch agency for day-to-day emergencies?	Riverside County FD ECC	
7. Who is your primary dispatch agency for a disaster?	Riverside County FD ECC	
8. Do you have an operational area disaster communication system?	✓ Yes	No
a. Radio Primary Freq. 156.075 CALCORD		
b. Other Methods: PSEC (700 Mhz), CAHAN, RACES		
c. Can all medical response units communicate on the same disaster communications system?	✓ Yes	No
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes	No
e. Do you have a plan to utilize Radio Amateur Civil Emergency Services (RACES)?	✓ Yes	No
1. Within the operational area?	✓ Yes	No
2. Between operational areas and the region and/or state?	✓ Yes	No

TABLE 5 – RESPONSE AND TRANSPORTATION

Reporting Years	**2021 & 2022**

Early Defibrillation Providers

Number of EMT defibrillation providers 2

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

	Metro / Urban	Suburban / Rural	Wilderness	System Wide
BLS & CPR Capable First Responder	None	None	None	None
Early Defibrillation Responder	None	None	None	None
Advanced Life Support Responder	10 minutes	14 / 20 / 30 minutes	60 minutes	N/A
Transport Ambulance	10 minutes	14 / 20 / 30 minutes	60 minutes	N/A

TABLE 6 – FACILITIES AND CRITICAL CARE

Reporting Year **2021**

Trauma

Number of patients meeting trauma triage criteria	3,715
Number of critical trauma patients transported directly to a trauma center by ambulance	3,167
Number of critical trauma patients transferred to a trauma center	812
Number of patients meeting trauma triage criteria who weren't treated at a trauma center	239

Emergency Department

Total number of emergency departments	17
Total number of referral emergency services	0
Total number of standby emergency services	0
Total number of basic emergency services	17
Total number of comprehensive emergency services	0

Receiving Hospitals

Total number of receiving hospitals with written agreements	6
Total number of base hospitals with written agreements	6

Reporting Year **2022**

Trauma

Number of patients meeting trauma triage criteria	3,625
Number of critical trauma patients transported directly to a trauma center by ambulance	3,234
Number of critical trauma patients transferred to a trauma center	562
Number of patients meeting trauma triage criteria who weren't treated at a trauma center	187

Emergency Department

Total number of emergency departments	17
Total number of referral emergency services	0
Total number of standby emergency services	0
Total number of basic emergency services	17
Total number of comprehensive emergency services	0

Receiving Hospitals

Total number of receiving hospitals with written agreements	6
Total number of base hospitals with written agreements	6

TABLE 7 – DISASTER MEDICAL

Reporting Years **2021 & 2022**

System Resources

1.	**Casualty Collection Points (CCP)**				
a.	Where are your CCPs located?	Delineated in the REMSA Field Treatment Site (FTS) Plan			
b.	How are they staffed?	EMS personnel			
c.	Do you have a supply system for supporting them for 72 hours?	✓	Yes		No
2.	**Critical Incident Stress Debriefing (CISD)**				
	Do you have a CISD provider with 24-hour response capabilities?	✓	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 a statewide response?		Yes	✓	No
d.	Are they part of a formal out-of-state response system?		Yes	✓	No
4.	**Hazardous Materials (HazMat)**				
a.	Do you have any HazMat trained medical response teams?	✓	Yes		No
b.	At what HazMat level are they trained?	Type A teams, First Responder Operational (FRO)			
c.	Are they able to decontaminate an emergency department?	✓	Yes		No
d.	Are they able to decontaminate in the field?	✓	Yes		No

Operations

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command (ICS) structure?	✓	Yes		No
2.	What is the maximum number of local EOCs you will need to interact within a disaster?	1			
3.	Have you tested your MCI plan this year:				
a.	In a real event?	✓	Yes		No
b.	In an exercise?	✓	Yes		No
4.	List all counties you have a written medical mutual aid agreement with:	All counties in Regions I & VI			
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
a.	If not, to whom do you report?	Emergency Management Dept.			
b.	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 LIST OF EMS PROVIDERS

Reporting Years	**2021 & 2022**	County	Riverside

Provider	**American Medical Response / Global Medical Response**	Address:	879 Marlborough Ave, Riverside 92507
Phone number:	(951) 782-5234		
Response Zones:	**Blythe, Central, Desert, Hemet, Mountain plateau, Northwest, Pass, Southwest**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	181
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	90

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No	
Level of service available:	✓	Transport		Non-transport		✓	ALS	✓	BLS		LALS				
			✓	9-1-1		✓	7-digit	✓	CCT	✓	IFT				
						✓	Ground		Water		Air				
IF AIR:									Rotary		Fixed wing				
				Aux. Rescue			Air Ambulance		ALS Rescue		BLS Rescue				

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	224,411	Total number of responses	241,161
Number of emergency responses	191,343	Number of emergency responses	204,352
Number of non-emergency responses	33,068	Number of non-emergency responses	36,809
Total number of transports	178,068	Total number of transports	185,457
Number of emergency transports	146,985	Number of emergency transports	151,712
Number of non-emergency transports	31,083	Number of non-emergency transports	33,745

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Care Ambulance / Falck Global**	Address:	1517 W. Braden Ct, Orange 92868
Phone number:	(714) 288-3800		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other	Explain:		

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

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No
Available 24/7?	✓	Yes		No					

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS	LALS
				9-1-1	✓	7-digit	✓	CCT	✓ IFT
					✓	Ground		Water	Air
IF AIR:								Rotary	Fixed wing
				Aux. Rescue		Air Ambulance		ALS Rescue	BLS Rescue

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	26*	Total number of responses	14*
Number of emergency responses	26	Number of emergency responses	14
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	7	Total number of transports	5
Number of emergency transports	7	Number of emergency transports	5
Number of non-emergency transports	0	Number of non-emergency transports	0

*Not a permitted provider in Riverside County; however, they will occasionally provide 9-1-1 mutual aid services at the Orange County / Riverside County line

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years: **2021 & 2022** County: Riverside

Provider: **Cathedral City Fire Department** Address: 32-100 Desert Vista, Cathedral City 92224
Phone number: (760) 770-8200
Response Zones: **Cathedral City**

Ownership	✓	Public		Private						
If public:		Fire District	✓	City		State		County		Federal
	✓	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet: 4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 3

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS
			✓	9-1-1			7-digit		CCT			IFT
						✓	Ground		Water			Air
IF AIR:									Rotary			Fixed wing
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue

Responses

Reporting Year: 2021		Reporting Year: 2022	
Total number of responses	7,465	Total number of responses	11,576
Number of emergency responses	7,465	Number of emergency responses	11,576
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	3,658	Total number of transports	3,993
Number of emergency transports	3,658	Number of emergency transports	3,993
Number of non-emergency transports	0	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Cavalry Ambulance**	Address:	420 N. McKinley St, Corona 92879
Phone number:	(951) 278-3700		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	8
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	3

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS
				9-1-1		✓	7-digit	✓	CCT		✓	IFT
						✓	Ground		Water			Air
IF AIR:									Rotary			Fixed wing
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue

Responses

Reporting Year: 2020		**Reporting Year: 2022**	
Total number of responses	7	Total number of responses	5
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	7	Number of non-emergency responses	5
Total number of transports	4	Total number of transports	0
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	4	Number of non-emergency transports	3

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**California Highway Patrol**	Address:	56-855 Liberator Lane, Thermal 92274
Phone number:	(760) 984-5300		
Response Zones:	**N/A**		

Ownership	✓	Public		Private								
If public:		Fire District		City	✓	State		County		Federal		
		Fire	✓	Law		Other	Explain:					

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

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport	✓	ALS	✓	BLS		LALS		
			✓	9-1-1		7-digit		CCT		IFT		
						Ground		Water	✓	Air		
IF AIR:							✓	Rotary		Fixed wing		
				Aux. Rescue		Air Ambulance	✓	ALS Rescue		BLS Rescue		

Responses

Reporting Year: 2020		**Reporting Year: 2022**	
Total number of responses	4	Total number of responses	17
Number of emergency responses	4	Number of emergency responses	17
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	3	Total number of transports	2
Number of emergency transports	3	Number of emergency transports	2
Number of non-emergency transports	0	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Desert Critical Care Transport**	Address:	121 E. Hobson, Blythe 92225
Phone number:	(760) 922-59-1-1		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	3
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	1

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	0*	Total number of responses	0*
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	0	Total number of transports	0
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	0	Number of non-emergency transports	0

*Unable to obtain call data, Provider refuses to utilize ImageTrend as their ePCR platform

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Idyllwild Fire Protection District**	Address:	54160 Maranatha Dr, Idyllwild 92549
Phone number:	(951) 659-2153		
Response Zones:	**Idyllwild FPD**		

Ownership	✓	Public		Private						
If public:	✓	Fire District		City		State		County		Federal
	✓	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS
			✓	9-1-1			7-digit		CCT			IFT
						✓	Ground		Water			Air
IF AIR:									Rotary			Fixed wing
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	644	Total number of responses	592
Number of emergency responses	644	Number of emergency responses	592
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	381	Total number of transports	276
Number of emergency transports	381	Number of emergency transports	276
Number of non-emergency transports	0	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Lynch Ambulance**	Address:	2950 La Jolla St, Anaheim 92806
Phone number:	(800) 347-3262		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	5
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit		CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	329	Total number of responses	502
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	329	Number of non-emergency responses	502
Total number of transports	327	Total number of transports	500
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	327	Number of non-emergency transports	500

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Mercy Air Services / Air Methods**	Address:	625 E. Carnegie Dr, San Bernardino 92408
Phone number:	(909) 357-9006		
Response Zones:	**N/A**		

Ownership		Public	✓	Private						
If public:		Fire District		City		State		County		Federal
		Fire		Law		Other		Explain:		

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

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1		✓	7-digit	✓	CCT		✓	IFT	
							Ground		Water		✓	Air	
IF AIR:								✓	Rotary			Fixed wing	
				Aux. Rescue		✓	Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2021		Reporting Year: 2022	
Total number of responses	625	Total number of responses	659
Number of emergency responses	299	Number of emergency responses	426
Number of non-emergency responses	326	Number of non-emergency responses	233
Total number of transports	616	Total number of transports	637
Number of emergency transports	297	Number of emergency transports	420
Number of non-emergency transports	319	Number of non-emergency transports	217

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Mission Ambulance**	Address:	1055 E. 3rd St, Corona 92879
Phone number:	(800) 899-9100		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County		Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	25
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	16

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	15,474	Total number of responses	16,745
Number of emergency responses	40	Number of emergency responses	29
Number of non-emergency responses	15,434	Number of non-emergency responses	16,716
Total number of transports	14,715	Total number of transports	15,801
Number of emergency transports	31	Number of emergency transports	23
Number of non-emergency transports	14,684	Number of non-emergency transports	15,778

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Premier Medical Transport**	Address:	260 N Palm St, Ste. 200, Brea 92821
Phone number:	(714) 256-2141		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?		Yes	✓	No	Medical Director?		Yes	✓	No	Available 24/7?	✓ Yes / No
Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS	
				9-1-1	✓	7-digit	✓	CCT	✓	IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	1,361	Total number of responses	2,725
Number of emergency responses	0	Number of emergency responses	15
Number of non-emergency responses	1,361	Number of non-emergency responses	2,710
Total number of transports	1,354	Total number of transports	2,707
Number of emergency transports	0	Number of emergency transports	14
Number of non-emergency transports	1,354	Number of non-emergency transports	2,693

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**REACH Air**	Address:	2360 Becker Blvd, Santa Rosa 95403
Phone number:	(707) 324-2400		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

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

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport	✓	ALS		BLS			LALS		
	✓	9-1-1	✓	7-digit	✓	CCT	✓	IFT					
				Ground		Water	✓	Air					
IF AIR:					✓	Rotary		Fixed wing					
				Aux. Rescue	✓	Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	404	Total number of responses	540
Number of emergency responses	56	Number of emergency responses	91
Number of non-emergency responses	348	Number of non-emergency responses	449
Total number of transports	402	Total number of transports	539
Number of emergency transports	56	Number of emergency transports	91
Number of non-emergency transports	346	Number of non-emergency transports	448

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Riverside County Fire Department / Cal Fire**	Address:	16902 Bundy Ave, Riverside 92518
Phone number:	(951) 486-4753		
Response Zones:	**Cove Cities and Indio**		

Ownership	✓	Public		Private					
If public:		Fire District		City	✓	State	✓	County	Federal
	✓	Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	18
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	18

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS
			✓	9-1-1			7-digit		CCT			IFT
						✓	Ground		Water			Air
IF AIR:									Rotary			Fixed wing
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	160,315	Total number of responses	192,077
Number of emergency responses	160,315	Number of emergency responses	192,077
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	13,128	Total number of transports	14,640
Number of emergency transports	13,128	Number of emergency transports	14,640
Number of non-emergency transports	0	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2021 & 2022**	County	Riverside
Provider	**Symons Ambulance / Symbiosis***	Address:	18592 Cajon Blvd, San Bernardino 92427
Phone number:	(909) 880-2979		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	17
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	13

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2021		**Reporting Year: 2022**	
Total number of responses	4,902	Total number of responses	8,557
Number of emergency responses	12	Number of emergency responses	21
Number of non-emergency responses	4,890	Number of non-emergency responses	8,536
Total number of transports	4,834	Total number of transports	8,400
Number of emergency transports	10	Number of emergency transports	9
Number of non-emergency transports	4,824	Number of non-emergency transports	8,391

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2020 & 2021**	County	Riverside
Provider	**P.R.N. Ambulance**	Address:	8928 Sepulveda Blvd., North Hills 91343
Phone number:	(818) 810-3600		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	7
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	3

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	0	Total number of responses	20
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	0	Number of non-emergency responses	20
Total number of transports	0	Total number of transports	20
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	0	Number of non-emergency transports	20

TABLE 9 – RESOURCE LIST OF HOSPITALS

Facility:	Corona Regional Medical Center	County:	**Riverside**
Address:	800 S. Main St, Corona 92882	Phone:	(951) 808-6730

Written Contract?	✓	Yes	No	Base Hospital?	Yes	✓	No
Services offered:		Referral Emergency			Standby Emergency		
	✓	Basic Emergency			Comprehensive Emergency		

Trauma center?		Yes	✓	No				
If yes:		Level I		Level II		Level III		Level IV
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓	No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Desert Regional Medical Center	County:	**Riverside**
Address:	1150 N. Indian Canyon Dr., Palm Springs 92220	Phone:	(760) 449-5373

Written Contract?	✓	Yes	No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency			Standby Emergency		
	✓	Basic Emergency			Comprehensive Emergency		

Trauma center?	✓	Yes		No				
If yes:		Level I	✓	Level II		Level III		Level IV
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:		Primary	✓ Comprehensive
STEMI center?	✓	Yes		No				

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Eisenhower Medical Center	County:	**Riverside**
Address:	39000 Bob Hope Dr, Rancho Mirage 92270	Phone:	(760) 773-1550

Written Contract?	✓	Yes		No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency				Standby Emergency		
	✓	Basic Emergency				Comprehensive Emergency		

Trauma center?	✓	Yes		No					
If yes:		Level I		Level II		Level III	✓*	Level IV	
Burn Center?		Yes	✓	No					
Stroke center?	✓	Yes		No	If yes:	✓	Primary		Comprehensive
STEMI center?	✓	Yes		No					

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

**Designated as a Level IV trauma center in October 2022*

Facility:	Hemet Valley Medical Center	County:	**Riverside**
Address:	1117 E. Devonshire Ave, Hemet 92546	Phone:	(951) 652-2811

Written Contract?		Yes	✓	No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency		
	✓	Basic Emergency				Comprehensive Emergency		

Trauma center?		Yes	✓	No					
If yes:		Level I		Level II		Level III		Level IV	
Burn Center?		Yes	✓	No					
Stroke center?		Yes	✓	No	If yes:		Primary		Comprehensive
STEMI center?		Yes	✓	No					

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Inland Valley Medical Center				County:	**Riverside**	
Address:	36485 Inland Valley Drive, Wildomar 92595				Phone:	(951) 200-8859	
Written Contract?	✓ Yes	No		Base Hospital?	✓ Yes	No	
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	✓ Yes	No					
If yes:	Level I	✓ Level II	Level III	Level IV			
Burn Center?	Yes	✓ No					
Stroke center?	✓ Yes	No	If yes:	✓ Primary	Comprehensive		
STEMI center?	Yes	✓ No					
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?			✓ Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

Facility:	John F. Kennedy (JFK) Memorial Hospital				County:	**Riverside**	
Address:	47111 Monroe St, Indio 92201				Phone:	(760) 775-2574	
Written Contract?	✓ Yes	No		Base Hospital?	✓ Yes	No	
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓ No					
If yes:	Level I	Level II	Level III	Level IV			
Burn Center?	Yes	✓ No					
Stroke center?	✓* Yes	No	If yes:	✓ Primary	Comprehensive		
STEMI center?	✓ Yes	No					
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?			✓ Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

**Designated as a Level IV trauma center in September 2021*

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Kaiser Permanente – Moreno Valley Campus			County:	**Riverside**		
Address:	27300 Iris Ave, Moreno Valley 92555			Phone:	(951) 243-2022		
Written Contract?		Yes	✓ No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓ No				
If yes:		Level I	Level II	Level III		Level IV	
Burn Center?		Yes	✓ No				
Stroke center?	✓	Yes	No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?		✓	Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

Facility:	Kaiser Permanente – Riverside Campus			County:	**Riverside**		
Address:	10800 Magnolia Ave, Riverside 92505			Phone:	(951) 353-3975		
Written Contract?	✓	Yes	No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency				Standby Emergency	
	✓	Basic Emergency				Comprehensive Emergency	
Trauma center?		Yes	✓ No				
If yes:		Level I	Level II	Level III		Level IV	
Burn Center?		Yes	✓ No				
Stroke center?	✓	Yes	No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓ No				
Meets Pediatric Critical Care Center standards?			Yes	✓ No			
Meets EDAP standards?		✓	Yes	No			
Meets CA Children's Services PICU standards?			Yes	✓ No			

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Loma Linda University Medical Center – Murrieta	County:	**Riverside**
Address:	28062 Baxter Rd, Murrieta 92563	Phone:	(951) 704-1945

Written Contract?	✓	Yes	No	Base Hospital?	Yes	✓	No
Services offered:		Referral Emergency			Standby Emergency		
	✓	Basic Emergency			Comprehensive Emergency		

Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III		Level IV

Burn Center?		Yes	✓	No			
Stroke center?		Yes	✓	No	If yes:	Primary	Comprehensive
STEMI center?	✓	Yes		No			

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

Facility:	Menifee Valley Medical Center	County:	**Riverside**
Address:	28400 McCall Blvd, Menifee 92586	Phone:	(951) 679-8888

Written Contract?		Yes	✓	No	Base Hospital?	Yes	✓	No
Services offered:		Referral Emergency			Standby Emergency		
	✓	Basic Emergency			Comprehensive Emergency		

Trauma center?		Yes	✓	No			
If yes:		Level I		Level II	Level III		Level IV

Burn Center?		Yes	✓	No			
Stroke center?		Yes	✓	No	If yes:	Primary	Comprehensive
STEMI center?		Yes	✓	No			

Meets Pediatric Critical Care Center standards?		Yes	✓	No
Meets EDAP standards?	✓	Yes		No
Meets CA Children's Services PICU standards?		Yes	✓	No

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Palo Verde Hospital				County:	**Riverside**	
Address:	250 N. 1st St, Blythe 92225				Phone:	(760) 921-5235	
Written Contract?	Yes	✓	No		Base Hospital?	Yes	✓ No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	
Burn Center?	Yes	✓	No				
Stroke center?	Yes	✓	No	If yes:	Primary	Comprehensive	
STEMI center?	Yes	✓	No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

Facility:	Parkview Community Hospital Medical Center				County:	**Riverside**	
Address:	3865 Jackson St, Riverside 92503				Phone:	(951) 688-2211	
Written Contract?	✓ Yes		No		Base Hospital?	Yes	✓ No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	
Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓ Primary	Comprehensive	
STEMI center?	Yes	✓	No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Rancho Springs Medical Center	County:	**Riverside**
Address:	25500 Medical Center Drive, Murrieta 92562	Phone:	(951) 686-6015

Written Contract?	✓ Yes	No		Base Hospital?	Yes	✓	No
Services offered:	Referral Emergency			Standby Emergency			
	✓ Basic Emergency			Comprehensive Emergency			

Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	

Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?	Yes	✓	No				

Meets Pediatric Critical Care Center standards?	Yes	✓	No
Meets EDAP standards?	✓ Yes		No
Meets CA Children's Services PICU standards?	Yes	✓	No

Facility:	Riverside Community Hospital	County:	**Riverside**
Address:	4445 Magnolia Ave, Riverside 92501	Phone:	(951) 788-3507

Written Contract?	✓ Yes	No		Base Hospital?	✓	Yes	No
Services offered:	Referral Emergency			Standby Emergency			
	✓ Basic Emergency			Comprehensive Emergency			

Trauma center?	✓ Yes		No				
If yes:	✓ Level I		Level II	Level III		Level IV	

Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:		Primary	✓ Comprehensive
STEMI center?	✓ Yes		No				

Meets Pediatric Critical Care Center standards?	Yes	✓	No
Meets EDAP standards?	✓ Yes		No
Meets CA Children's Services PICU standards?	Yes	✓	No

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Riverside University Health System – Medical Center	County:	**Riverside**
Address:	26520 Cactus Ave, Moreno Valley 92555	Phone:	(951) 486-5648

Written Contract?	✓	Yes		No	Base Hospital?	✓	Yes	No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	

Trauma center?	✓	Yes		No				
If yes:		Level I	✓	Level II	Level III		Level IV	
Burn Center?		Yes	✓	No				
Stroke center?	✓	Yes		No	If yes:	✓	Primary	Comprehensive
STEMI center?		Yes	✓	No				

Meets Pediatric Critical Care Center standards?	✓	Yes	No
Meets EDAP standards?	✓	Yes	No
Meets CA Children's Services PICU standards?	✓	Yes	No

**Designated as a Level I trauma center in June 2021*

Facility:	San Gorgonio Memorial Hospital	County:	**Riverside**
Address:	600 N. Highland Springs Blvd	Phone:	(951) 769-2185

Written Contract?		Yes	✓	No	Base Hospital?		Yes	✓ No
Services offered:		Referral Emergency					Standby Emergency	
	✓	Basic Emergency					Comprehensive Emergency	

Trauma center?		Yes	✓	No				
If yes:		Level I		Level II	Level III		Level IV	
Burn Center?		Yes	✓	No				
Stroke center?		Yes	✓	No	If yes:		Primary	Comprehensive
STEMI center?		Yes	✓	No				

Meets Pediatric Critical Care Center standards?		Yes	✓ No
Meets EDAP standards?	✓	Yes	No
Meets CA Children's Services PICU standards?		Yes	✓ No

TABLE 9 – RESOURCE LIST OF HOSPITALS (CONT.)

Facility:	Temecula Valley Hospital			County:	**Riverside**		
Address:	31700 Temecula Valley Parkway, Temecula 92592			Phone:	(951) 331-2200		
Written Contract?	✓ Yes		No	Base Hospital?	Yes	✓	No
Services offered:	Referral Emergency				Standby Emergency		
	✓ Basic Emergency				Comprehensive Emergency		
Trauma center?	Yes	✓	No				
If yes:	Level I		Level II	Level III		Level IV	
Burn Center?	Yes	✓	No				
Stroke center?	✓ Yes		No	If yes:	✓ Primary		Comprehensive
STEMI center?	✓ Yes		No				
Meets Pediatric Critical Care Center standards?			Yes	✓	No		
Meets EDAP standards?		✓	Yes		No		
Meets CA Children's Services PICU standards?			Yes	✓	No		

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**College of the Desert**			Phone:	(760) 776-1313
Address:	43-500 Monterey Ave, Palm Desert 92260			Program Director:	Chantae Wilson
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$893 (2021) $405 (2022)	Accelerated:		
	Refresher:	$90	Additional Costs:	$91 (PSP course) $450 – uniforms, backgrounds, medical	

Program Level: *Total number of Students per year	**EMT-I**		**AEMT**		**EMT-P**		**MICN**	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	0	83	--	--	--	--	--	--
Refresher	0	4	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	09/30/2024	--	--	--	--	--	--
Number of Courses:	0	5	--	--	--	--	--	--
Initial Training	0	4	--	--	--	--	--	--
Refresher	0	1	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**HealthPro EMS Training Inc.**			Phone:	(951) 370-1617
Address:	2900 Adams Street Ste C5, Riverside 92504			Program Director:	(2021) Matthew Chelette
					(2022) Ros Brown
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)		Basic:	$895 (2021) $1100 (2022)	Accelerated:	
		Refresher:	$265 (2021) $275 (2022)	Additional Costs:	$250 - Textbooks and uniforms

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	104	378	--	--	--	--	--	--
Refresher	16	19	--	--	--	--	--	--
Continuing Education	0	6	--	--	--	--	--	--
Program Expiration	--	05/30/2025	--	--	--	--	--	--
Number of Courses:	11	17	--	--	--	--	--	--
Initial Training	9	10	--	--	--	--	--	--
Refresher	2	7	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**Mt. San Jacinto College**			Phone:	(951) 639-5577
Address:	1499 N. State St., San Jacinto 92583			Program Director:	Fabian Lopez
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,300		Accelerated:	
	Refresher:			Additional Costs:	

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	63	58	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	09/30/2023	--	--	--	--	--	--
Number of Courses:	4	2	--	--	--	--	--	--
Initial Training	4	2	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**Moreno Valley College / Riverside Community College**			Phone:	(951) 571-6395
Address:	20629 11th Street Riverside, CA 92518			Program Director:	Robert Fontaine
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	(EMT) $1,054 (Medic) $4,022		Accelerated:	
	Refresher:			Additional Costs:	

Program Level: *Total number of Students per year	**EMT-I**		**AEMT**		**EMT-P**		**MICN**	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	287	285	--	--	27	28	--	--
Refresher	0	0	--	--	0	0	--	--
Continuing Education	0	0	--	--	0	0	--	--
Program Expiration	--	09/30/2024	--	--	--	09/30/2024	--	--
Number of Courses:	9	9	--	--	1	1	--	--
Initial Training	9	9	--	--	1	1	--	--
Refresher	0	0	--	--	0	0	--	--
Continuing Education	0	0	--	--	0	0	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**NCTI**			Phone:	(951) 384-7813
Address:	895 Marlborough Ave Ste #100, Riverside 92507			Program Director:	Austin Toole
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,895	Accelerated:		
	Paramedic:	$12,410 (2021) $14,800 (2022)	Additional Costs:	$489 (books, uniforms, misc. supplies)	

Program Level: *Total number of Students per year	**EMT-I**		**AEMT**		**EMT-P**		**MICN**	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	12	17	--	--	27	80	--	--
Refresher	0	0	--	--	0	0	--	--
Continuing Education	0	0	--	--	0	0	--	--
Program Expiration	--	10/31/2024	--	--	--	10/31/2024	--	--
Number of Courses:	1	1	--	--	2	3	--	--
Initial Training	1	1	--	--	2	3	--	--
Refresher	0	0	--	--	0	0	--	--
Continuing Education	0	0	--	--	0	0	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**Riverside County Fire Department (Cal FIRE)**			Phone:	(951) 571-8619
Address:	16902 Bundy Ave, Riverside 92518			Program Director:	Chris Lowder
Student Eligibility:		General Public	✓	Other	
Cost of Program(s)	Basic:	(Employees only)(2021) $700 (2022)		Accelerated:	
	Refresher:			Additional Costs:	

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	0	8	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	06/30/2026	--	--	--	--	--	--
Number of Courses:	0	1	--	--	--	--	--	--
Initial Training	0	1	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**Riverside County Office of Education**			Phone:	(951) 826-6535
Address:	3939 13th St, Riverside 92502			Program Director:	Magdalena Robles
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$0		Accelerated:	
	Refresher:	$250 (2021) / $275 (2022)		Additional Costs:	

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	4	24	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	4/30/2025	--	--	--	--	--	--
Number of Courses:	1	3	--	--	--	--	--	--
Initial Training	1	3	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**SoCal EMS Training Institute**			Phone:	(951) 304-0099
Address:	21440 Lemon St. Wildomar 92595			Program Director:	Art Durbin
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$1,295		Accelerated:	
	Refresher:	$120		Additional Costs:	$51 (background check)

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	288	286	--	--	--	--	--	--
Refresher	12	12	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	6/30/2025	--	--	--	--	--	--
Number of Courses:	16	19	--	--	--	--	--	--
Initial Training	11	13	--	--	--	--	--	--
Refresher	5	6	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 10 – RESOURCE LIST OF APPROVED TRAINING PROGRAMS (CONT.)

County:	**Riverside**	EMS System:	**REMSA**	Reporting Years:	**2021 & 2022**
Training Institution:	**West Coast EMT**			Phone:	(714) 558-9604
Address:	1960 Chicago Ave #D19, Riverside 92507			Program Director:	Matt Horan
Student Eligibility:	✓ General Public		Other		
Cost of Program(s)	Basic:	$895		Accelerated:	
	Refresher:	$160		Additional Costs:	$160 (textbooks)

Program Level: *Total number of Students per year	EMT-I		AEMT		EMT-P		MICN	
	2021	**2022**	**2021**	**2022**	**2021**	**2022**	**2021**	**2022**
Initial Training	311	311	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--
Program Expiration	--	09/30/2025	--	--	--	--	--	--
Number of Courses:	21	21	--	--	--	--	--	--
Initial Training	21	21	--	--	--	--	--	--
Refresher	0	0	--	--	--	--	--	--
Continuing Education	0	0	--	--	--	--	--	--

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	American Medical Response - Riverside	Address:	879 Marlborough Ave, Riverside 92507
Phone number:	(951) 782-5234	Primary Contact:	Mark Karlin

Ownership: Public | ✓ Private

IF PUBLIC: Fire District | City | County | State | Federal

Fire | Law | Other | Explain:

Written Contract?	✓ Yes	No	**Medical Director?**	✓ Yes	No
Day-to-day?	✓ Yes	No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2021:

EMD Trained	EMT-D		ALS
BLS	LALS	34	Other

Number of personnel providing services in 2022:

EMD Trained	EMT-D		ALS
BLS	LALS	30	Other

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Banning Police Department	Address:	225 E. Ramsey St, Banning 92220
Phone number:	(951) 922-3170	Primary Contact:	Vickie Hernandez

Ownership: ✓ Public | Private

IF PUBLIC: Fire District | ✓ City | County | State | Federal

Fire | ✓ Law | Other | Explain:

Written Contract?	✓ Yes	No	**Medical Director?**	✓ Yes	No
Day-to-day?	✓ Yes	No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2021:

EMD Trained	EMT-D		ALS
BLS	LALS	8	Other

Number of personnel providing services in 2022:

EMD Trained	EMT-D		ALS
BLS	LALS	8	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Beaumont Police Department					Address:	660 Orange St, Beaumont 92223			
Phone number:	(951) 769-8500					Primary Contact:	Gretchen Nyman			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	EMD Trained		EMT-D		ALS
	BLS		LALS	8	Other

Number of personnel providing services in 2022:	EMD Trained		EMT-D		ALS
	BLS		LALS	8	Other

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Blythe Police Department					Address:	240 N. Spring St., Blythe, CA 92225			
Phone number:	760-922-6111					Primary Contact:	Pam Bush			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	EMD Trained		EMT-D		ALS
	BLS		LALS	5	Other:

Number of personnel providing services in 2022:	EMD Trained		EMT-D		ALS
	BLS		LALS	5	Other:

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	CHP – Border Division	Address:	7183 Opportunity Rd, San Diego 92111
Phone number:	(858) 637-3800	Primary Contact:	Gina Wheeler

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City		County	✓	State	Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2021:	EMD Trained	EMT-D		ALS
	BLS	LALS	58	Other
Number of personnel providing services in 2022:	EMD Trained	EMT-D		ALS
	BLS	LALS	58	Other

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	CHP – Indio Division	Address:	79-650 Varner Rd, Indio 92203
Phone number:	(760) 772-8900	Primary Contact:	Dispatch Supervisor

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City		County	✓	State	Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2021:	EMD Trained	EMT-D		ALS
	BLS	LALS	17	Other
Number of personnel providing services in 2022:	EMD Trained	EMT-D		ALS
	BLS	LALS	18	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year:	**2021 & 2022**	County:	**Riverside**

Provider:	CHP – Inland Communication Center	Address:	13892 Victoria St, Fontana, CA 92336
Phone number:	(909) 428-5400	Primary Contact:	Jeanie Alexander

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District		City		County	✓	State		Federal
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	EMD Trained		EMT-D			ALS
	BLS		LALS		61	Other

Number of personnel providing services in 2022:	EMD Trained		EMT-D			ALS
	BLS		LALS		61	Other

Reporting Year:	**2021 & 2022**	County:	**Riverside**

Provider:	Cathedral City Fire & Police Departments	Address:	68-700 Avenida Lalo Guerrero, Cathedral City 92234
Phone number:	(760) 202-2443	Primary Contact:	Catherine Cox

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County		State		Federal
	✓	Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	EMD Trained		EMT-D			ALS
	BLS		LALS		11	Other

Number of personnel providing services in 2022:	EMD Trained		EMT-D			ALS
	BLS		LALS		14	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Corona Fire & Police Departments					Address:	730 Public Safety Way, Corona, CA 92880				
Phone number:	(951) 736-2394					Primary Contact:	Nakia Reese				
Ownership	✓	Public		Private							
IF PUBLIC:		Fire District	✓	City		County	State		Federal		
	✓	Fire	✓	Law		Other	Explain:				

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes		No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	17	EMD Trained		EMT-D		ALS		
		BLS		LALS		Other		
Number of personnel providing services in 2022:	15	EMD Trained		EMT-D		ALS		
		BLS		LALS	3	Other		

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Hemet Fire and Police Departments					Address:	450 E. Latham Ave, Hemet 92543				
Phone number:	(951) 765-2400					Primary Contact:	Casey Bostrom				
Ownership	✓	Public		Private							
IF PUBLIC:		Fire District	✓	City		County	State		Federal		
	✓	Fire	✓	Law		Other	Explain:				

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:		EMD Trained		EMT-D		ALS		
		BLS		LALS	10	Other		
Number of personnel providing services in 2022:		EMD Trained		EMT-D		ALS		
		BLS		LALS	11	Other		

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Murrieta Fire & Rescue & Police Departments					Address:	24701 Jefferson St, Murrieta 92562			
Phone number:	(951) 696-3615					Primary Contact:	Mattie Medina			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
	✓	Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	33	EMD Trained		EMT-D		ALS		
		BLS		LALS		Other		
Number of personnel providing services in 2022:	31	EMD Trained		EMT-D		ALS		
		BLS		LALS		Other		

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Palm Springs Fire and Police Departments					Address:	200 S. Civic Drive, Palm Springs, CA 92263			
Phone number:	(760) 327-1441					Primary Contact:	Heather Topliff			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
	✓	Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:		EMD Trained		EMT-D		ALS		
		BLS		LALS	16	Other		
Number of personnel providing services in 2022:		EMD Trained		EMT-D		ALS		
		BLS		LALS	16	Other		

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Riverside County Sheriff – Desert & East Operations	Address:	73520 Fred Waring Dr., Palm Desert 92260
Phone number:	(760) 836-1600	Primary Contact:	Heather Watson

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City	✓	County	State		Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	Yes	✓ No

Number of personnel providing services in 2021:	EMD Trained	EMT-D		ALS
	BLS	LALS	30	Other
Number of personnel providing services in 2022:	EMD Trained	EMT-D		ALS
	BLS	LALS	30	Other

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Riverside County Sheriff – Main	Address:	4095 Lemon St, Riverside 92501
Phone number:	(951) 776-1099	Primary Contact:	Margarita Gemende

Ownership	✓	Public		Private					
IF PUBLIC:		Fire District		City	✓	County	State		Federal
		Fire	✓	Law		Other	Explain:		

Written Contract?		Yes	✓	No	**Medical Director?**	Yes	✓ No
Day-to-day?	✓	Yes		No	**Disaster?**	✓ Yes	No

Number of personnel providing services in 2021:	EMD Trained	EMT-D		ALS
	BLS	LALS	76	Other
Number of personnel providing services in 2022:	EMD Trained	EMT-D		ALS
	BLS	LALS	76	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Riverside County Fire Department / ECC					Address:	210 W. San Jacinto Ave, Perris 92570			
Phone number:	(951) 940-6900					Primary Contact:	Michele Mainwaring			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District		City	✓	County	State		Federal	
	✓	Fire		Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes	No

Number of personnel providing services in 2021:	54	EMD Trained	EMT-D	ALS
		BLS	LALS	Other
Number of personnel providing services in 2022:	52	EMD Trained	EMT-D	ALS
		BLS	LALS	Other

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	Riverside City Fire & Police Departments					Address:	10540 Magnolia Ave., Ste. B., Riverside 92510			
Phone number:	(951) 787-79-1-1					Primary Contact:	Joe Christopher			
Ownership	✓	Public		Private						
IF PUBLIC:		Fire District	✓	City		County	State		Federal	
	✓	Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**	✓	Yes	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes	No

Number of personnel providing services in 2021:	32	EMD Trained	EMT-D	ALS
		BLS	LALS	Other
Number of personnel providing services in 2022:	39	EMD Trained	EMT-D	ALS
		BLS	LALS	Other

TABLE 11 – RESOURCE LIST OF APPROVED DISPATCHING AGENCIES (CONT.)

Reporting Year: **2021 & 2022** County: **Riverside**

Provider:	University of Riverside Police Department	Address:	3500 Canyon Crest Dr, Riverside 92521
Phone number:	(951) 827-5212	Primary Contact:	Vickie Hernandez

Ownership	✓	Public		Private						
IF PUBLIC:		Fire District		City		County	✓	State		Federal
		Fire	✓	Law		Other	Explain:			

Written Contract?		Yes	✓	No	**Medical Director?**		Yes	✓	No
Day-to-day?	✓	Yes		No	**Disaster?**	✓	Yes		No

Number of personnel providing services in 2021:	EMD Trained		EMT-D			ALS
	BLS		LALS		4	Other

Number of personnel providing services in 2022:	EMD Trained		EMT-D			ALS
	BLS		LALS		6	Other

SECTION VI – AB 3153 COMPLIANCE: EXCLUSIVE OPERATING AREAS

Riverside County has 12 ambulance zones in this EMS Transportation Plan. There has been no change in the geographic configuration of these zones nor has there been any change with respect to the providers for the respective zones since our last EMS Plan update was approved by EMSA in March 2019.

Within the Riverside County EMS system, the following apply to the scope of operations for 9-1-1 emergency ambulance transports within the EOAs that meet grandfathering criteria under 1797.224:

- Seven (7) and ten (10) digit requests for emergency ambulance service that occasionally come into Public Safety Answering Points (PSAPs) are treated as 9-1-1 calls and receive 9-1-1 system response if they are a medical emergency.

- REMSA has never authorized non-9-1-1 event medical stand-by service providers to transport patients from the prehospital environment to acute care hospital emergency departments. These are considered prehospital medical emergencies. As such they require response and transport by the 9-1-1 emergency ambulance EOA provider.

1.01 – LEMSA Structure
Agency Administration

MINIMUM STANDARDS:
Each local EMS agency shall have a formal organization structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has four (4) functional teams, each with a supervisor that meets established subject matter expert criteria. The teams are organized in the following functional categories:

- Administration
- Clinical Programs
- Data Management
- Operations

In addition to the agency Administrator and Medical Director, REMSA has the following staff assigned across the four (4) functional teams:

- One (1) Deputy Administrator
- One (1) Assistant Nurse Manager
- One (1) Supervising Research Specialist
- One (1) Senior EMS Specialist
- One (1) Specialty Care Nurse
- Nine (9) EMS Specialists
- One (1) Administrative Services Analyst
- One (1) Administrative Services Assistant
- One (1) Agency Secretary
- One (1) Office Assistant
- Two (2) Research Specialists
- One (1) Senior GIS Specialist

EMS Specialists assigned to the Clinical Team are required to possess and maintain, at a minimum, paramedic licensure, and have previous field experience in EMS. All other EMS Specialists are encouraged to have, and maintain, at a minimum, EMT-B certification.

Pursuant to California Health and Safety Code, Section 1797.200, REMSA, a division of the Emergency Management Department (EMD), is the Riverside County Board of Supervisors designated LEMSA. REMSA is provided Human Resources, Information Technology, fiscal and administration support services from the EMD. Additionally, REMSA has developed several advisory committees that utilize stakeholder subject matter experts in the evaluation, design, development, and implementation of EMS system improvements.

- **NEED(S):**

REMSA continuously identifies staffing needs and reviews and modifies job descriptions and employee classifications as needed. Continuous evaluation of non-agency resources and established relationships that enhance the technical and clinical expertise available to REMSA also occurs.

- **OBJECTIVE(S):**
  1. Continuously evaluate REMSA's organization chart, determine internal staffing needs, initiate partnerships, and develop staff to support continuous growth and improvement of the EMS system.
  2. Continue development of REMSA's data management unit.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

1.06 – Annual Plan Update
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall develop an annual update to its EMS System Plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's EMS plan update was last approved by EMSA in March 2019. The 2019 and 2020 EMS plan updates due in 2020 and 2021, respectively, were delayed due to the COVID-19 Pandemic but have since been submitted for review and approval.

- **NEED(S):**

Submission of annual EMS Plan updates prior to July 1 every year.

- **OBJECTIVE(S):**

Submission of annual EMS Plan updates prior to July 1 every year.
Submit the EMS Plan to EMSA every five (5) years for approval, with updates submitted annually.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  - ☒ Short-term plan (one year or less)
  - ☐ Long term plan (more than one year)

1.07 – Trauma Planning
Planning Activities

MINIMUM STANDARDS:
The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:
The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The Riverside County Trauma Plan has been adopted by the county Board of Supervisors and is approved by EMSA. The last update to the trauma plan was approved by EMSA in November 2020. An update of the trauma plan will be submitted to EMSA in December 2021. The Trauma Audit Committee (TAC) is comprised of regional representatives from stakeholder organizations within Riverside County, the ICEMA region, and Los Angeles county trauma centers. These representatives provide CQI, oversight, and make recommendations on the design, development, and function of the trauma system.

COORDINATION WITH OTHER EMS AGENCIES:
Coordination is accomplished through formal and informal communication with ICEMA, San Diego County EMS, Imperial County EMS and Orange County EMS.

- **NEED(S):**

Continuously refine the trauma plan and implement / complete plans initiated by the RTCC.

- **OBJECTIVE(S):**

Continue to utilize the approved, comprehensive trauma plan, and modify it as necessary to meet the needs of the systems as well as support RTCC goals.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

1.08 – ALS Planning
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All emergency ambulances that respond to 9-1-1 calls within Riverside County provide ALS service. First responder services are provided at either the ALS or BLS level throughout the County. All ALS providers have a written agreement with REMSA to participate in the EMS system.

In the Spring of 2020, REMSA Policy #3203 (ALS Interfacility Transport Service Provider Criteria) was published, which defines and establishes the criteria for permitting ALS IFT service providers within Riverside County.

In the Spring of 2021, with feedback obtained directly from Riverside County field personnel, REMSA reorganized and simplified the Treatment Protocols section (#4000) of the Policy and Protocols Manual. Additionally, a REMSA-authored, and sponsored, mobile application was created and published that allows field providers to access treatment protocols on their mobile devices.

- **NEED(S):**

The ALS Program has grown considerably in the last ten years. Accordingly, REMSA has identified the need for a comprehensive written policy, encompassing all ALS Program documents into one overarching, living document regulated by REMSA.

- **OBJECTIVE(S):**

To develop and implement a comprehensive ALS Program policy by April 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long term plan (more than one year)

1.09 – Inventory of Resources
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA implemented the ImageTrend Licensing Management System (LMS), which is linked to the ImageTrend Elite ePCR. The LMS maintains a comprehensive real time inventory of EMS resources including personnel, vehicles, and facilities. This LMS is complemented by the annual ambulance permitting process and REMSA Policy #8101 (*EMS System Resource List*), which is a comprehensive EMS system resource list that is updated, at a minimum, annually through the policy review process.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

Continuous updating of the LMS and policy #8101.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

1.10 – Special Populations
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

RECOMMENDED GUIDELINES:
Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA participates in programs that service special populations such as the Emergency Medical Services for Children (EMSC) and Curtailing Abuse Related to the Elderly (CARE) and we are partnering with the Preparedness division (a branch of the EMD) on an outreach program to the deaf community. The REMSA Assistant Nurse Manager participates in the child death review and domestic violence and elder abuse death review teams. Additionally, paramedics working for contracted EMS providers are required to have a recognized pediatric program certification. REMSA facilitates exposure to specialized population training, such as geriatric emergency medical services. REMSA has served as a distribution point for literature that seeks to educate and assist EMS providers in serving special needs populations.

REMSA's Assistant Nurse Manager has developed a team for reviewing concerns related to falls in the elderly population. The Injury Prevention Branch provides prevention education related to active drowning / near drowning events, as well as co-sleeping events, and collects related data accordingly. Tools used by REMSA to identify special needs populations include the Riverside University Healthcare System, Department of Public Health, community health profile report, the trauma data base, the REMSA data collection system (ImageTrend Elite ePCR) and feedback from the EMD Preparedness and Operations branches.

- **NEED(S):**

Identification and development of additional EMS training programs focusing on geriatric, children, handicapped, and non-English speaking populations.

- **OBJECTIVE(S):**

Coordinate with the Department of Public Social Services and population health programs to develop specific training for EMS personnel.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

1.11 – System Participants
Planning Activities

MINIMUM STANDARDS:
Each local EMS agency shall identify the optimal roles and responsibilities of system participants.

RECOMMENDED GUIDELINES:
Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All participants in the EMS system have clear roles and responsibilities assigned to them through REMSA policies. Adherence to assigned roles and responsibilities is ensured through CQI processes, which are also codified in system policies. Additionally, REMSA has written agreements in place with all ALS providers except for one (the Idyllwild Fire Department), as well as agreements with all base hospitals and specialty care hospitals (trauma, pediatrics, STEMI, and stroke). Base hospitals assist REMSA with assuring policy compliance. All 9-1-1 emergency ambulance service areas of the County are identified as either exclusive or non-exclusive operating areas.

- **NEED(S):**

Written agreements need to be developed and put into practice with air ambulance service providers and non-specialty care prehospital receiving centers. Agreements, policies, protocols, and procedures governing the use of air medical providers should be developed to maximize their use as a regional resource.

- **OBJECTIVE(S):**

Develop and implement written agreements with the parties identified above.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

1.12 – Review and Monitoring

Regulatory Activities

MINIMUM STANDARDS:
Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

EMS system operations are routinely reviewed and monitored through EMS and trauma data surveillance, CQI reviews, and performance-based contract reviews. REMSA provides ongoing and direct review and monitoring of system components and service providers participating in the EMS system:

- By documenting compliance of performance-based contracts
- Enforcing penalties for performance-based contract noncompliance
- Communication of system review findings to affected system participants
- Facilitation of programs to improve operational efficiency and effectiveness

REMSA has established an Operations unit, inclusive of a Duty Officer program, EMS Communications Center (EMS COMM), field response capability and integrated communications systems like FirstWatch, ReddiNet and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations unit monitors EMS system function 24/7 through the on-call Duty Officer program.

- **NEED(S):**

Monitoring EMS system operations through an on-call system Duty Officer program is sub-optimal. Response times of Duty Officer staff to the EMS COMM leaves a critical gap in real-time operational monitoring, management, and coordination of the EMS system. This gap is particularly problematic for managing large numbers of patients during multiple casualty / patient incidents (MCI / MPI).

- **OBJECTIVE(S):**

REMSA and partner agencies will develop and implement a multiple patient management plan that includes 24/7 staffing and operation of the EMS COMM.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long term plan (more than one year)

1.13 – Coordination
Regulatory Activities

MINIMUM STANDARDS:
Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

System operations are coordinated and refined continuously. REMSA accomplishes this by coordinating the development of EMS planning documents, policies, and procedures, review of compliance by EMS provider agencies and individuals, coordination and staffing of various committees and task forces, and monitoring of performance-based contracts and agreements.

REMSA has established an Operations unit, including a Duty Officer program, EMS Communications Center (EMS COMM), field response capability, and integrated communications systems like FirstWatch, ReddiNet, and 700 MHz two-way radio communication on the County Public Safety Communications System (PSEC). The REMSA Operations unit monitors EMS system function 24/7 through the on-call Duty Officer program.

- **NEED(S):**

REMSA's capability to coordinate and manage the EMS system during day-to-day and multiple/mass casualty incidents must be improved. Integrated infrastructure for coordinating information and activities between the Medical Health Operational Area Coordinator (MHOAC) and the Regional Disaster Medical Health Coordinator / Specialist (RDMHC/S) must be implemented. Internal OA and mutual aid systems for patient distribution require robust communication and information management capability.

REMSA policies and procedures need to be aligned with the EMSAAC MHOAC Program Guide and the EMSA State Patient Movement Plan.

- **OBJECTIVE(S):**

Same as Standard 1.12 - REMSA and partner agencies will develop and implement a multiple patient management plan that includes 24/7 staffing and operation of the EMS COMM.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

1.16 – Funding Mechanism

System Finances

MINIMUM STANDARDS:
Each local EMS agency shall have a funding mechanism, which is sufficient to ensure its continued operation and shall maximize use of its emergency medical services fund.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA is fully funded by a combination of dollars from various sources, including system fees and the EMS fund. Occasionally, REMSA receives grant funds for specific projects. In the past decade, REMSA's budget has either grown or, at a minimum, maintained previous-year funding levels. Funding received by REMSA is maximized by securing staff and technology improvements for improved system monitoring, expanding the scope of services, and implementing EMS system enhancements. Additional staffing has provided the capabilities to enhance the system with the addition of specialty care programs and a two-tiered duty officer program that monitors the system 24/7. Improved technologies include data collection systems (e.g., FirstWatch, trauma database, ePCR, etc.) and the addition of a stand-up communications center (EMS COMM) that enables REMSA to collect and communicate information during unusual events.

- **NEED(S):**

Maddy (SB12) and Richie's (SB 1773) Funding has decreased over time. REMSA must assess ongoing costs to maintain sufficient staffing, particularly with increasing regulatory requirements for data collection and submission, specialty care (Trauma, STEMI, Stroke, and EMS for Children), and operational management and coordination. REMSA is one of the few remaining LEMSAs that does not charge fees for any of the above to offset the County's cost of regulating the EMS system as required by law.

- **OBJECTIVE(S):**

Develop a comprehensive fee schedule to cover the County's cost for regulating the EMS system.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

1.18 – Quality Assurance & Quality Improvement (QA/QI)
Medical Direction

MINIMUM STANDARDS:
Each local EMS agency shall establish a quality assurance / quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:
Pre-hospital care providers should be encouraged to establish in-house procedures, which identify methods of improving the quality of care provided.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA facilitates a system wide CQI program to monitor, review, evaluate and improve the delivery of prehospital care services. This program involves all system participants and involves prospective, concurrent, retrospective, and reporting / feedback mechanisms. Each provider agency is required to submit a CQI plan to REMSA annually for review and approval prior to implementation. REMSA coordinates efforts with all EMS system participants through the CQI Leadership Team (CQILT) to update CQI plans and procedures to comply with regulations of Title 22, Chapter 12. REMSAs current EMS Quality Improvement Plan (QIP) was approved by EMSA on February 23, 2021.

- **NEED(S):**

REMSA will begin requesting information from learning management vendors in hopes of implementing a system-wide, online training platform with a comprehensive reporting suite. Once the new system is fully implemented, REMSA will need to update elements of the QIP.

- **OBJECTIVE(S):**

Continue collaborative efforts in utilizing the CQI platform within Image Trend and building protocol-based system wide reports for the reporting module within ImageTrend (*Report Writer*). Update QIP with detailed Indicator Specification Sheets. Due to the volume of reports and data elements in our Data Collection and reporting section (pages 34-40 in the QIP), the format of these Specification Sheets is under review prior to building and implementing.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

1.24 – ALS System
Enhanced Level: Advanced Life Support

MINIMUM STANDARDS:
Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:
Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

DOES NOT MEET MINIMUM STANDARD.

Riverside County is divided into twelve (12) operational areas, with each area being served by an ALS provider agency. Eight operational areas are Exclusive Operating Areas (EOAs), Blythe, Desert, Cove Communities, Idyllwild Fire Protection District, Central, San Jacinto, Southwest, and Northwest areas. Four (4) are non-Exclusive Operating Areas (non-EOAs), Cathedral City, Indio, Mountain, and Pass areas. Written ALS agreements are in place with all ALS transportation providers except the Idyllwild Fire Protection District (IFPD).

An agreement was drafted and sent to the IFPD, but there is no progress to report. A final draft ALS agreement was provided to IFPD in October 2018. IFPD continues to assert they are not required to enter into an ALS agreement due to their claim they are grandfathered into the system under 1797.201.

REMSA plans to coordinate with local and regional EMS stakeholders to establish HEMS ALS agreement templates. All HEMS providers are permitted annually and comply with all REMSA policies.

- **NEED(S):**

To comply with Title 22, Chapter 4, Article 7, § 100167(b)(4), an ALS provider authorization agreement is needed with the IFPD. Agreements with HEMS providers are also needed and should consider the need for a regional approach to service the EMS system.

- **OBJECTIVE(S):**

Work with surrounding LEMSAs to develop a regional solution to the ALS agreement requirement for HEMS providers by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  - ☒ Short-term plan (one year or less)
  - ☒ Long term plan (more than one year)

1.26 – Trauma System Plan
Enhanced Level: Trauma Care System

MINIMUM STANDARDS:
The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, for optimal system design.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS:**

Meets Minimum Standard.

The current trauma plan was approved by EMSA in November 2020 with an updated plan to be submitted in December 2021.

- **NEED(S):**

Align system performance improvement plans (PIPs) with the recommendations from the American College of Surgeons (ACS) review, best practices, and the benchmarking of TQIP.

- **OBJECTIVE(S):**

1. All Trauma Centers to obtain ACS verification within one (1) year
2. Update the Trauma Plan for submission to EMSA in December 2021.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)
☒ Long term plan (more than one year)

3.01 – Communications Plan
Communications Equipment

MINIMUM STANDARDS:
The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

RECOMMENDED GUIDELINES:
The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA updates its communication policies annually to require all entities listed in the EMS system resource list to have interoperable communications capabilities. The Radio Communication Standard policy (#2201, found here: http://www.remsa.us/policy/2201.pdf) defines standard radio frequencies for all EMS providers and guidelines to be observed by prehospital and hospital personnel operating in Riverside County during normal and multi-casualty / disaster, operations. The standard includes requirements for provider communications centers for dispatch, support, and tactical (car-to-car) operations. A universal countywide radio frequency annex was also implemented. REMSA policy #2201, with the associated annexes, constitutes the county EMS Communications plan.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA also houses the Region VI RDMHC Program. Coordinating communications and resources between LEMSAs is a standing agenda item in that meeting. The RDMHS has developed a communications matrix for use by all LEMSAs within Region VI.

- **NEED(S):**

The current communications center configuration has developed over the last 30 years. There are seventeen (17) PSAPs and one (1) emergency ambulance dispatch center operated by the contracted 9-1-1 emergency ambulance provider. There are multiple non-9-1-1 ambulance dispatch providers. REMSA has developed an EMS System Resource and Coordination Group to develop improvements to EMS communications. Current reviews have shown that the EMS communications infrastructure is inadequate to support EMS management requirements during disaster operations. The following needs have been identified:

1. A single point of contact for field providers to receive patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Communications infrastructure and staffing within a centralized venue to support the single point of contact model.
3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long term plan (more than one year)

3.02 – Radios
Communications Equipment

MINIMUM STANDARDS:
Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan, and which provides for dispatch and ambulance-to-hospital communication.

RECOMMENDED GUIDELINES:
Emergency medical transport vehicles should have two-way radio communications equipment that complies with the local EMS communications plan and that provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA requires that all EMS responders and response vehicles have two-way radio equipment that comply with the communications policy / plan and provide for off-the-hip, and vehicle to vehicle, communication. The county has invested significant capital in the new Public Safety Communications (PSEC) System. The PSEC system provides an integrated county-wide 700 MHz backbone for radio and data communications. Riverside County fire agencies, including exclusive and non-exclusive operating area ambulance providers, operate on a VHF radio communications network utilizing a standardized frequency plan (annex).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

3.03 – Interfacility Transfer
Communications Equipment

MINIMUM STANDARDS:
Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA requires that all ALS and BLS ambulances have two-way communications capabilities with all sending and receiving facilities. This includes two-way vehicles and on-the-hip radios, and cellular telephones. All REMSA authorized Prehospital Receiving Centers (PRCs) are provided 700 MHz PSEC radios through the Hospital Preparedness Program (HPP).

- **NEED(S):**

Better two-way radio communications interoperability with surrounding operational areas (OAs).

- **OBJECTIVE(S):**

Work with the RDMHC program to explore options to improve communications capabilities with out-of-county facilities.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

3.04 – Dispatch Center
Communications Equipment

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

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has implemented a communication policy that standardizes the criteria for frequency use and provider requirements for radio interoperability. This policy/plan provides the capability for any EMS unit in the field to be able to communicate on the same countywide disaster communications system or talk to any communications center or incident command post in the county; however, command and control of EMS system resources does not occur under a single dispatch center. REMSA currently houses the EMS COMM that stands up during large MCIs or unusual events to coordinate medical and health information and resources.

- **NEED(S):**
  1. Develop EMS COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan.
  2. Upgrade EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of coordination model.
  3. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

3.06 – MCI / Disasters
Communications Equipment

MINIMUM STANDARDS:
The local EMS agency shall review communications linkages among providers (pre-hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA reviews its communication capabilities regularly through countywide disaster drills and review of communications policies. A single REMSA communications policy (Plan), with its associated equipment requirements and frequency annex, provides the capability for providers to communicate with each other during day-to-day operations and MCIs.

- **NEED(S):**
  1. A single point of contact (EMS COMM) coordinates patient destinations and distribution across the operational area and the region during mass casualty events.
  2. EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of contact model.
  3. A single operational area EMS/ambulance dispatch center.
  4. An EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

3.07 – 9-1-1 Planning/Coordination
Public Access

MINIMUM STANDARDS:
The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

RECOMMENDED GUIDELINES:
The local EMS agency should promote the development of enhanced 9-1-1 systems.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

There are enhanced 9-1-1 system resources in Riverside County, including hang-up address location and call-back capabilities. REMSA participates in the Riverside County Public Safety Communications Workgroup.

- **NEED(S):**

None

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

3.08 – 9-1-1 Public Education
Public Access

MINIMUM STANDARDS:
The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA is not directly involved in 9-1-1 public education; however, other offices within the Riverside County Emergency Management Department (REMSA's parent agency) provide age-and language-appropriate education as part of the Community Preparedness program. Additionally, REMSA has developed and implemented public education requirements that have been included in the county ambulance agreement for the appropriate use of 9-1-1.

- **NEED(S):**

REMSA recognizes that the public misuse of the 9-1-1 system for EMS is a growing problem in Riverside County. Efforts must be made to continue with programs that educate the public on the proper use of 9-1-1. Expanding EMD with priority dispatch by PSAPs would help alleviate this problem.

- **OBJECTIVE(S):**

To work with Public Information Officers (PIO)s to develop community message points on the appropriate use of 9-1-1.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

3.09 – Dispatch Triage
Resource Management

MINIMUM STANDARDS:
The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:
The local EMS agency should establish an emergency medical dispatch (EMD) priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All EMS dispatch centers adhere to REMSA guidelines for EMS responses. Currently, there is no mandate for organizations to be EMD provider agencies and/or utilize priority resource triage or a modified resource response. This is a very expensive undertaking and many providers do not have the funding to implement such a program. Organizations requesting approval of their EMD program must submit a request to REMSA which must include compliance with Medical Priority Dispatch System (MPDS) protocols, program performance objectives, and other program and quality assurance information.

In 2008, the City of Riverside, the largest city in the county, implemented an IAED certified EMD program. In August 2012, the Riverside County Fire Department implemented an IAED certified EMD program. In October of 2016, the City of Corona's Police and Fire Department implemented an IAED certified EMD program. In August 2020, Murrieta Fire and Rescue implemented an IAED certified EMD program as well.

The EMD program continues to expand, covering 92 percent of the county's 9-1-1 EMS requests for service. These incidents are processed through PSAPs that have implemented a REMSA approved EMD program utilizing Medical Priority Dispatch System (MPDS) protocols. In the EMS system strategic plan, REMSA established an objective to implement full EMD with Priority Dispatch and accredited International Academies of Emergency Dispatch (IAED) Centers of Excellence in the next 5-7 years. In 2016, REMSA modified its EMD policy to require system wide adaptation of IAED's MPDS protocols for PSAP centers that triage 9-1-1 medical aid requests. All approved EMD dispatch center personnel go through education and training programs in compliance with IAED standards, which vastly exceed EMSA guidelines.

- **NEED(S):**

Continue to work with all PSAPs to implement full EMD programs and work toward IAED credentialing.

- **OBJECTIVE(S):**

All REMSA approved PSAPs that triage EMS requests utilize full EMD (with Priority Dispatch) standards and achieve IAED certification by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

3.10 – Integrated Dispatch
Resource Management

MINIMUM STANDARDS:
The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

RECOMMENDED GUIDELINES:
The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's communication standard policy establishes processes for system-wide integrated dispatch for all EMS providers and is integrated with countywide emergency services using standardized communication frequencies. Contracts with major ALS providers address adequate coverage during peak demand periods in all county areas.

- **NEED(S):**

Functional integration is not the same as a single point for coordinating and managing EMS resources. The following needs have been identified:

1. Develop a single point of contact (EMS COMM) to coordinate patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events.
2. Develop EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of contact model.
3. Develop an EMS communications plan for coordinated countywide management of EMS assets during mass casualty events. This plan will provide for functional and operational elements consisting of multiple radio communications redundancies.

- **OBJECTIVE(S):**

To address the identified communications needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

4.01 – Service Area Boundaries
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County is divided into twelve (12) operational areas, with each area being served by an ALS provider agency. Eight operational areas are Exclusive Operating Areas (EOAs), Blythe, Desert, Cove Communities, Idyllwild Fire Protection District, Central, San Jacinto, Southwest, and Northwest areas. Four (4) are non-Exclusive Operating Areas (non-EOAs), Cathedral City, Indio, Mountain, and Pass areas. The Riverside County Board of Supervisors established the boundaries of emergency medical transportation service areas in coordination with the Western Riverside Council of Governments and the Coachella Valley Association of Governments.

- **NEED(S):**

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.02 – Monitoring
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

RECOMMENDED GUIDELINES:
The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA's policies and licensing measures provide retrospective, concurrent, and prospective quality assurance to ensure compliance. Riverside County Ordinance No. 756 (found here: https://www.rivcocob.org/ords/700/756.htm) provides for the authorization and permitting of ambulance services within the county.

- **NEED(S):**

The ambulance ordinance is due to be updated.

- **OBJECTIVE(S):**

Update Riverside County Ordinance No. 756.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

4.06 – Staffing
Universal Level

MINIMUM STANDARDS:
All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA policies, procedures, contracts, and County Ordinance No. 756 establish staffing and equipment requirements. All emergency medical transport vehicles currently meet state and local regulations for staffing and equipment. As of April 1, 2017, all non-government 9-1-1 and IFT ambulance providers must be accredited by the Commission on Accreditation of Ambulance Services (CAAS) as a condition of permitting to operate within the county.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.07 – First Responder Agencies
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All fire department first responders are integrated into the EMS System. A first responder AED policy is in place. Industrial first aid teams may integrate through the Emergency Management Department (EMD) Disaster Preparedness program. REMSA supported the Pechanga Fire Department in incorporating the Pechanga Casino and Morongo Casino first aid teams into the organized EMS system.

- **NEED(S):**

REMSA needs to continue to increase its efforts in incorporating public safety and first aid agencies REMSA currently has 14 LE agencies on board and is working with the 29 Palms Mission Band of Indians to incorporate their public safety program. Each agency provides a bi-annual update and training to all staff. REMSA has made training available online to provide resiliency through the pandemic. REMSA needs to continue its efforts toward the industrial first aid teams and incorporate them into the overall EMS system response mechanism where such coordination does not currently exist.

- **OBJECTIVE(S):**
  1. Evaluate where entities providing public safety first responders and first aid may be operating outside the current sphere of the organized EMS system.
  2. Evaluate Title 22, Chapter 1.5 Regulations for Public Safety, CPR, and first aid responders and implement REMSA policies, protocols, and procedures to integrate these providers into the organized EMS system.
  3. Develop, and enter into, written agreements with such entities as deemed appropriate.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.11 – Specialty Vehicles

Universal Level

MINIMUM STANDARDS:
Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

RECOMMENDED GUIDELINES:
The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has established personnel, drug, and equipment standards in the policy. This policy aims to set equipment, and staffing requirements for REMSA authorized FR/EMR, EMT, AEMT, PM, or CCP staffed light response, first response, ground transport, and air transport operations. A detailed list of all EMS response vehicles is maintained in the ImageTrend Licensing Management System (LMS), which is linked to the ImageTrend Elite electronic patient care reporting (ePCR) program. The REMSA EMS System Resource List (#8101, found here: http://www.remsa.us/policy/8101.pdf) contains all EMS system provider agencies. Special services (water rescue, technical rescue, ATVs) are shared amongst provider agencies when needed through the mutual aid process.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Region VI RDMHC program. Specialty EMS resources may be requested through the California Public health and Medical Emergency Operations Manual (EOM) processes.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.12 – Disaster Response
Universal Level

MINIMUM STANDARDS:
The local EMS agency, in cooperation with the local Office of Emergency Services (OES), shall plan for mobilizing response and transport vehicles for disaster.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA has developed an Operational Area Medical and Health Communications Center (EMS COMM), which is part of the already established Medical and Health Operational Area Coordination (MHOAC) Program. EMS COMM is responsible for managing and coordinating EMS resources during a disaster. Complementary to the MHOAC program, the master ambulance agreement, county ambulance ordinance, and County Emergency Operations Plan include provisions for mobilizing EMS response and transport vehicles under the MHOAC during disasters. In 2015, REMSA was incorporated into the Emergency Management Department (EMD), along with what was formerly known as the Office of Emergency Services (OES) and Public Health Emergency Preparedness and Response (PHEPR). This new alignment of county agencies within a unified department further improves overall emergency management functionality during disasters.

- **NEED(S):**

Develop and implement improved functional capabilities of Med / Health COMM, including exploration of 24/7 staffing.

- **OBJECTIVE(S):**

Incorporate the function of Med / Health COMM into the Multiple Patient Management Plan by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

4.13 – Intercounty Response

Universal Level

MINIMUM STANDARDS:
The local EMS agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

RECOMMENDED GUIDELINES:
The local EMS agency should encourage and coordinate development of mutual aid agreements that identify financial responsibility for mutual aid responses.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA houses the RDMHC program for Region VI. All counties within Region VI and Region I participate in a regional cooperative agreement for medical and health mutual aid following the California Public Health and Medical Emergency Operations Manual (EOM) principles. The Region I and VI cooperative agreement identifies financial responsibility for mutual aid resource requests.

COORDINATION WITH OTHER EMS AGENCIES:
The Region I and VI Cooperative Agreement is in place.

- **NEED(S):**

Identify opportunities to integrate concepts from the EMSA Statewide Patient Movement Plan into the MHOAC and Multiple Patient Management Plan (MPMP).

- **OBJECTIVE(S):**

Update the MHOAC and draft the MPMP.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

4.14 – Incident Command System

Universal Level

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Currently, this standard is met by a singular policy that establishes flexible medical management and documentation strategy for multi-casualty incidents to improve medical management and decrease scene time. REMSA policy is incorporated into the county's overall disaster plans. ICS is included in all levels of operational planning. The current MCI policy has been updated to be consistent with FIRESCOPE.

- **NEED(S):**

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.15 – MCI Plans
Universal Level

MINIMUM STANDARDS:
Multi-casualty response plans and procedures shall utilize state standards and guidelines.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA MCI policies meet all EMSA standards and guidelines. The MHOAC program establishes policies, procedures, and processes that meet EMSA Disaster Medical Services (DMS) guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). EMSA will be completing the Statewide Patient Movement Plan in April of 2019. REMSA will re-align the MHOAC program and develop the multiple patient management plans utilizing the new EMSA guidance.

- **NEED(S):**
  1. Evaluate principles and recommendations contained in the statewide patient movement plan.
  2. Develop EMS COMM into a single point of contact for management of patient destinations and coordinate patient distribution across the operational area and the region during mass casualty events consistent with the California Patient Movement Plan and EOM.
  3. Upgrade EMS COMM communications infrastructure and staffing within a centralized venue to support the single point of coordination model.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

4.18 – Transport Compliance
Enhanced Level: Ambulance Regulation

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

County Ordinance No. 756 and written agreements ensure compliance by EMS transportation agencies. Policies and procedures govern other elements of clinical care, EMSQIP and system operations. REMSA has an ambulance permitting process overseen by the ambulance enforcement officer. The ambulance enforcement officer ensures provider agency compliance with REMSA protocols, policies, and procedures. The enforcement officer performs field inspections and audits of permitted providers throughout the year. In 2015, the County of Riverside contracted with ImageTrend to use the Licensing Management System (LMS) to integrate the Elite ePCR platform, further improving provider agency data collection and compliance reporting. As of April 2017, all non-government ambulance providers are credentialed by the Commission on Accreditation of Ambulance Services (CAAS).

- **NEED(S):**

The ambulance ordinance is now 20 years old and requires a comprehensive review for potential updating to include reference to the REMSA ALS program policy.

- **OBJECTIVE(S):**

Update the ambulance ordinance by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long term plan (more than one year)

4.19 – Transportation Plan
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County is divided into twelve (12) 9-1-1 emergency ambulance operating areas. REMSA-authorized 9-1-1 ALS emergency ambulance providers serve all areas within the County. Eight (8) of the twelve (12) areas are deemed exclusive operating areas pursuant to Section 1797.224 of the Health and Safety Code. These include the Northwest, Central, Southwest, San Jacinto, Desert, Cove Communities, Palo Verde, and Idyllwild Fire Protection District Zones. The four (4) remaining areas have been determined by EMSA in previous transportation plans to be non-exclusive. These include the Pass, Mountain, Cathedral City, and Indio Zones. The non- exclusive areas are serviced by the historical REMSA authorized 9-1-1 ALS emergency ambulance providers. REMSA assures compliance with established standards through written ALS agreements, permitting via the county ambulance ordinance and the EMSQIP.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.20 – "Grandfathering"
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all requirements for non-competitive selection ("Grandfathering") under HSC § 1797.224.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Eight (8) of the twelve (12) 9-1-1 emergency ambulance operating areas in the transportation plan are identified as exclusive operating areas (EOAs) under the grandfathering clause of Section 1797.224 of the H&SC. EMSA has approved all eight (8) 9-1-1 emergency ambulance EOAs as grandfathered EOAs in previous EMS Plans. Within those EOAs, the providers have continuously provided uninterrupted 9-1-1 emergency ambulance service without a change to manner or scope since the last EMS plan approval by EMSA.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

4.21 – EOA Compliance
Enhanced Level: Exclusive Operating Permits

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to HSC § 1797.224, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County Ordinance No. 756 and written ALS agreements with all EMS transportation and/or authorized ALS agencies with exclusive operating permits must comply with applicable REMSA policies, protocols, and procedures regarding system operations and patient care. The ambulance enforcement officer works with the ambulance permit officer to ensure provider agency compliance with policies. All EMS transportation and ALS provider agencies must comply with the REMSA EMSQIP and submit data using the REMSA ImageTrend Elite ePCR. Quarterly quality improvement and specialty care performance metrics are collected from all ALS providers. REMSA analyzes and reports quarterly performance metrics in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care (STEMI and stroke) meetings.

- **NEED(S):**

Analyze REMSA staffing and resources to continuously support improvements in data collection, analysis, and reporting capabilities.

- **OBJECTIVE(S):**

Update the REMSA organization chart annually.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

5.01 – Assessment of Capabilities
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall assess and periodically reassess the EMS related capabilities of acute care facilities in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency should have written agreements with acute care facilities in its service area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA regularly evaluates the EMS-related capabilities of acute care facilities and maintains an updated inventory of specialty care capabilities as well as patient capacity. REMSA maintains ongoing communications with all acute care facilities through various means, including direct polling via ReddiNet and reports through advisory committees. REMSA maintains written agreements with all base hospitals, trauma centers, STEMI receiving hospitals and stroke receiving centers in the county. There are no current written agreements with the four (4) remaining acute care receiving facilities that do not fit into one of these specialty categories. REMSA performs periodic sight visits to all general acute care hospitals that are designated as Prehospital Receiving Centers (PRCs) as well as periodic formal on-site audits for base, trauma, and specialty care hospitals. Through the Hospital Preparedness Program (HPP), the Preparedness Division (a branch of the Emergency Management Department) performs regular site visits to assure hospital compliance with disaster medical capabilities and planning.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

5.02 – Triage and Transfer Protocols

Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Prehospital triage procedures are established by REMSA protocols and policies. These include a prehospital triage scheme based upon the patients identified medical need matched to the patient preference or hospital medical care capability. Following prehospital assessment and triage, patients are transported to a REMSA Prehospital Receiving Centers (PRCs) that includes authorized specialty care hospitals such as trauma centers, STEMI centers, stroke centers, pediatric trauma centers, OB/childbirth centers and/or a regional burn center.

REMSA has also established continuation of care policies where STEMI, stroke and trauma patients can be stabilized, re-triaged and emergently transferred by non-specialty care hospitals to specialty care receiving centers without delay, utilizing 9-1-1 emergency ambulances. Those policies can be found here:

- 5302 – Continuation of Trauma Care: http://www.remsa.us/policy/5302.pdf
- 5402 – Continuation of STEMI Care: http://www.remsa.us/policy/5402.pdf
- 5702 – Continuation of Stroke Care: http://www.remsa.us/policy/5702.pdf

Appropriate patient destinations, including use of the continuation of care policy, are evaluated through the REMSA CQILT and specialty care center reporting. The REMSA EMS system resource list is maintained so that transferring hospitals may quickly identify hospital medical capabilities for transfer of patients to higher level of care.

- **NEED(S):**

Improvements in data collection continue to provide for better analysis of patient destinations. It has been identified that many pediatric trauma patients are being transported and transferred to out-of-county pediatric trauma centers.

- **OBJECTIVE(S):**

Perform a detailed analysis of pediatric trauma patient destinations and evaluate the possible drivers for out-of-county pediatric trauma transports and transfers.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long term plan (more than one year)

5.03 – Transfer Guidelines
Universal Level

MINIMUM STANDARDS:
The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA maintains an EMS resource list of specialty care facilities to assist hospitals in making determinations about patient transfer destinations (#8101, found here: http://www.remsa.us/policy/8101.pdf) and assists trauma, STEMI, stroke, and non-specialty care centers in developing agreements to facilitate transfers for higher levels of care.

REMSA has an Interfacility Transport (IFT) policy (#5501, found here: http://www.remsa.us/policy/5501.pdf) that establishes criteria and a scope of practice for personnel that provide care to patients during transfer to higher level of care. The EMS system has a robust Critical Care Transportation (CCT) program that provides resources to hospitals when the highest level of care is required for IFT. All REMSA policies are created with, and maintained by, input from hospitals, specialty care subject matter experts and are vetted through the Pre-hospital Medical Care Committee (PMAC).

COORDINATION WITH OTHER EMS AGENCIES:
Specialty care transportation policies include transport of patients across county lines in coordination with the Inland Counties Emergency Management Agency (ICEMA).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☐ Long term plan (more than one year)

5.04 – Specialty Care Facilities
Universal Level

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

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Policy #8101 (EMS System Resource List, found here: http://www.remsa.us/policy/8101.pdf) includes a matrix of all receiving and specialty care facilities currently designated by REMSA. These facilities include:

- Seventeen (17) pre-hospital receiving centers (PRC)
- Thirteen (13) facilities with OB services
  - Eight (8) facilities with NICU services
  - One (1) facility with PICU services
- Twelve (12) Stroke centers
  - Nine (9) Primary
  - Three (3) Comprehensive
- Six (6) Base Hospitals
- Six (6) STEMI centers
- Five (5) trauma centers (TC)
  - Two (2) Level I TCs
    - One of these (RUHS) is also a designated Level II pediatric receiving TC
  - Two (2) Level II TCs
  - One (1) Level IV TC

All hospitals are monitored through periodic on-site audits, retrospective data collection, incident reporting and communication between the hospitals, EMS providers and REMSA's 24/7 Duty Officer program.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA recognizes specialty care receiving centers authorized by ICEMA. ICEMA and REMSA staff coordinate on CQI related issues.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**
  ☒ Short-term plan (one year or less)
  ☐ Long term plan (more than one year)

5.05 – Mass Casualty Management
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall encourage hospitals to prepare for mass casualty management.

RECOMMENDED GUIDELINES:
The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The MHOAC program establishes policies, procedures, and processes that meet EMSA DMS Guidelines (EMSA 214) and are consistent with guidance provided in the California Public Health and Medical Emergency Operations Manual (EOM). All hospitals receiving EMS patients must participate in the Emergency Counsel (Healthcare Coalition) meeting and be trained on REMSA policies. The Preparedness Division (a branch of the Emergency Management Department), in cooperation with REMSA, administers the Hospital Preparedness Program (HPP) and utilizes the Healthcare Coalition Committee (HCC) as the advisory body for the program. All hospitals have developed medical surge plans and have received training, equipment, and supplies to prepare for MCIs through the HPP program. Integrating EMS system functional needs and hospital capabilities are addressed annually through the HPP planning process and vetted through the Riverside County Emergency Council. EMSA will be completing the statewide patient movement plan in April of 2019. REMSA will re-align the MHOAC program, develop the multiple patient management plans utilizing the new EMSA patient movement guidance, and ensure associated preparedness activities and participation by all hospitals.

- **NEED(S):**
  1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations, and pediatric surge guidelines that impact hospital preparedness.
  2. Include a written hospital evacuation component in the multi-patient management plan.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

5.06 – Hospital Evacuation
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA does not have a specific written hospital evacuation plan in place. Individual hospitals have a disaster and multi-casualty plans and periodically conduct drills to assess their plan(s). The Preparedness Division (a branch of the Emergency Management Department), in cooperation with REMSA, conducts countywide drills that include hospital evacuations and the integration of Hospital and EMS system processes for medical surge and patient movement. These drills are supported by the HPP program and conducted under the County Emergency Operations Plan, with processes established by the Medical and Health Operational Area Coordination (MHOAC) Program. The MHOAC program contains specific processes and procedures to be followed for managing and coordinating hospital evacuations. Existing REMSA policies establish diversion criteria and communications procedures for affected hospitals.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the RDMHC program for Region VI, and a Region I and VI cooperative assistance agreement is in place, which includes medical transportation and patient destinations. REMSA and the Region program follow medical and health procedures stipulated in the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**
  1. Evaluate principles and recommendations contained in EMSA's Statewide Patient Movement Plan, trauma system recommendations, and pediatric surge guidelines that impact hospital preparedness.
  2. Include a written hospital evacuation component in the multi-patient management plan.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

5.08 – Trauma System Design
Enhanced Level: Trauma Care System

MINIMUM STANDARDS:
Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- The number and level of trauma centers (including the use of trauma centers in other counties)
- The design of geographical locations (including areas in other counties, as appropriate), with consideration of workload and patient mix
- Identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers
- The role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center and
- A plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The REMSA Trauma Plan addresses all of the listed elements. Riverside County has four (4) designated trauma centers. Riverside Community Hospital (RCH) and Riverside University Health System - Medical Center (RUHS-MC) have been designated as Level I trauma centers. Riverside Community Hospital has a Level I American College of Surgeons (ACS) verification visit scheduled for October 2022. In southwest Riverside county, Inland Valley Medical Center (IVMC) is a Level II designated and verified trauma center. Desert Regional Medical Center (DRMC) is the Coachella Valley's designated Level II trauma center and will be going through ACS verification for Level II designation in December 2021. REMSA prehospital trauma triage criteria have been aligned with the CDC recommendations and a trauma continuation of care (re-triage) policy has been implemented for the immediate transfer of critical trauma patients from non-trauma hospitals to trauma centers. REMSA and ICEMA co-lead the Trauma Audit Committee (TAC) that includes membership from all trauma centers in Riverside and San Bernardino Counties as well as one (1) trauma center located in Los Angeles County. TAC is advisory to REMSA and the Medical Director for all trauma related issues. Review of key performance indicators, patient demographics, new/updated policy development and patient morbidity and mortality cases are regular agenda items for the quarterly TAC meetings.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

6.01 – QA/QI Program
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish an EMS quality assurance / quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all pre-hospital provider agencies, base hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and shall utilize state standards and guidelines. The program shall use provider-based QA/QI programs and shall coordinate them with other providers.

RECOMMENDED GUIDELINES:
The local EMS agency should have the resources to evaluate response to, and the care provided to, specific patients.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

An entire section of the REMSA policy and procedures manual is dedicated to the county's QIP. The program addresses the entire EMS system and includes all system participants. The program evaluates incident-specific data, as well as aggregate system data, which is coordinated by REMSA with the assistance of all system participants. QIP activities and reports are discussed in quarterly meetings of the Continuous Quality Improvement Leadership Team (CQILT). The last REMSA QIP update was approved by EMSA on February 23, 2021. All prehospital provider agencies and base hospitals have REMSA-approved EQIPs. An updated EQIP was submitted to EMSA in June of 2021.

- **NEED(S):**

1. Assure provider agencies and base hospitals are compliant with Title 22 requirements for annual QIP updates.
2. An update of the QIP plan will be due in February 2022, which will need to incorporate updates that improve paramedic training requirements for low frequency / high-risk skills, paramedic preceptor requirements, and a comprehensive update of retrospective elements based on the expanded capabilities of REMSIS with the inclusion of TQIP, STEMI, Stroke and CARES registries.

- **OBJECTIVE(S):**

Develop a fluid CQI process between all provider agencies using the REMSIS CQI Module. Complete an update with the Indicator Specification Sheets for the QIP for submission to EMSA.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

6.02 – Prehospital Records
Universal Level

MINIMUM STANDARDS:
Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All EMS providers are using the Riverside County EMS Information System (REMSIS), except for two (2) ground First Response Agencies and Air Ambulance providers. They do, however, export into and integrate with REMSIS so that Riverside County's data collection remains at 100%. REMSIS consists of a Riverside County customized ImageTrend Elite ePCR platform along with other data collection tools such as Specialty Care Registries (for STEMI, stroke, trauma, and CARES), FirstWatch, and ReddiNet.

In addition, REMSA has taken a novel approach with data collection through the use of a Base Hospital Contact Log, which is utilized by all Base Hospital MICNs to document contacts within the same unified platform on REMSIS. The aggregated data and system surveillance of the Base Hospital log continues to expand and allow for integrated and improved CQI activities performed by both Prehospital providers and Base Hospitals.

REMSA has also revised Policy #7701 (Patient Care Records) which requires an ePCR to be completed for every responding apparatus making patient contact. Unification of these records via ePCR transfer in the prehospital setting allows for provider agencies, Prehospital Receiving Centers (PRCs) and Base Hospitals to have confidential access through the REMSIS database. REMSA policy also stipulates timelines for completion and reconciliation processes to occur at the agency level to ensure timely and accurate submission for all patient encounters.

- **NEED(S):**

Continue development of the ImageTrend Elite platform with a focus on CQI activities and integration with surrounding EMS and hospital information systems for automated outcome reporting.

- **OBJECTIVE(S):**

Continue to implement ePCR program refinements through 2021. Integrate fully with our 17 receiving hospitals to automate transfer of ePCRs into their electronic health care records. Integrate all patient transports with Riverside County's 17 hospitals to receive full *eOutcome* elements consistent with NEMSIS 3.4 and 3.5 elements.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

6.03 – Prehospital Care Audits
Universal Level

MINIMUM STANDARDS:
Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:
The local EMS agency should have a mechanism to link pre-hospital records with dispatch, emergency department, in-patient and discharge records.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Base hospitals are required by county policy and written agreement to provide review and evaluation of system response and clinical performance through prehospital care audits, which is achieved through shared CQI activities on the REMSIS platform. Additionally, all authorized ALS provider agencies are required to perform concurrent and retrospective CQI as part of their REMSA approved CQI plan. Through the REMSA QIP Program, system responses and clinical data are reviewed regularly, and appropriate actions are taken as necessary.

All Emergency Medical Dispatch (EMD) activities are captured through a CAD integration into REMSIS and are used to provide system reports on EMD on a regular basis.

- **NEED(S):**

Continue to secure hospital participation to collect and integrate with REMSIS for NEMSIS *eOutcome* data for all patient transports.

- **OBJECTIVE(S):**

Continue to develop CQI activities for Base Hospitals to audit all prehospital agencies using REMSIS. Develop *eOutcome* driven CQI reviews for prehospital providers to regularly review patients with poor outcomes unrelated to specialty care registries.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

6.04 – Medical Dispatch
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of pre-arrival / post-dispatch directions.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Currently, Emergency Medical Dispatch (EMD) is not mandated in the County of Riverside. However, through existing EMD policies, REMSA has the mechanism to obtain medical dispatching activities and appropriateness of pre-arrival and post-dispatch directions for CQI purposes from agencies that choose to participate as EMD provider agencies.

In August 2017, the first phase of implementing medically prioritized resource responses occurred and Code 2 (no lights or siren) responses were approved for all 9-1-1 requests for EMS responses triaged as "Omega" and "Alpha," per MPDS protocols. This included Riverside County Fire Department response areas and associated ALS emergency ambulance responses. The Riverside County Fire Department has worked with REMSA and AMR to implement all required program elements to assure medical oversight and CQI activities. Pre-arrival and post-dispatch instructions have been approved and have been in place with Riverside County Fire Department, Corona Fire Department, Murrieta Fire and Rescue and Riverside City Fire Department for several years.

- **NEED(S):**

EMD utilizing the Medical Priority Dispatch System (MPDS) with associated resource response tied to the patients' identified medical needs must continue to be developed and implemented across the EMS system.

- **OBJECTIVE(S):**

All REMA approved EMD PSAPs will continue to apply their approved EMD Quality Management Program to assure proper dispatching and proper pre-arrival and post-dispatch instructions.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

6.05 – Data Management System
Universal Level

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

RECOMMENDED GUIDELINES:
The local EMS agency should establish an integrated data management system which includes system response and clinical (both pre- hospital and hospital) data. The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Using the California Emergency Medical Services Information System (CEMSIS) and National Emergency Medical Services Information System (NEMSIS) Data sets as a core, REMSA has implemented a county-wide data system for reporting prehospital and hospital data. The trauma, STEMI and stroke registries are utilized for capturing hospital data. Through the QIP Program, REMSA and EMS system participants review response and clinical data and take appropriate actions as necessary.

REMSA utilizes the Imagetrend Report Writer and FirstWatch analysis tools, along with its team of research analysts to query, audit, and report on prehospital and specialty care for clinical quality review, assurance, and improvement. Aggregate reports on key EMS system indicators and incident specific action items are reviewed in the Continuous Quality Improvement Leadership Team (CQILT) and specialty care advisory meetings. The Prehospital Medical Advisory Committee (PMAC) makes system improvement recommendations to REMSA based upon reports and root cause analysis. Refinements to the data system will continue into and throughout 2021.

• NEED(S):
The data collection and reporting tools that comprise the Riverside County EMS Information System (REMSIS) include, but are not limited, to the ImageTrend Elite ePCR platform, Digital Innovations Trauma Data Base, ImageTrend STEMI, stroke, and trauma registries, CARES, FirstWatch and ReddiNet. They are, and will continue to be, continuously developed and integrated.

• OBJECTIVE(S):
REMSA will work with EMS system participants to improve EMS information systems integration, data analysis, reporting and continue development of the System-Based Clinical and Operational Performance Evaluation (SCOPE) dashboard.

• TIME FRAME FOR MEETING OBJECTIVE:

☐ Short-term plan (one year or less)

☒ Long term plan (more than one year)

8.01 – Disaster Medical Planning
Universal Level

MINIMUM STANDARDS:
In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

REMSA and Emergency Management Department (EMD) participate in multiple meetings with multi-agency and multi-disciplinary representation. In addition, planning efforts are presented at multiple committees, including the EMD Preparedness Division Steering Committee; the Operational Area Planning Committee (OAPC); Terrorism Early Warning Group (TEWG); Riverside County Committee on Terrorism (RCCOT); Terrorism Oversight Committee (TOC); Western Regional Emergency Council (WREC); Coachella Communications Committee; County HazMat Operations Group (CHOG); Prehospital Medical Advisory Committee (PMAC); and the Emergency Medical Care Committee (EMCC). These committees continue to meet regularly and are committed to developing overall operational area preparedness, response, and training for weapons of mass destruction, hazardous material incidents, natural disasters, or mass casualty incidents.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Regional Disaster Medical and Health Coordination (RDMHC) program for Region VI. The current REMSA Administrator is the RDMHC appointed jointly by the Director of EMSA and the Director of CDPH. Regional coordination meetings are held quarterly.

- **NEED(S):**
  1. Evaluate principles and recommendations contained in EMSA's MPMP, trauma system recommendations, and pediatric surge guidelines.
  2. Include a written hospital evacuation component in the MPMP.
  3. Include the development of the REMSA Medical and Health Communications Center (Med / Health COMM) for management and coordination of medical and health information, patient distribution, and EMS resources consistent with the MHOAC functions and the California Public Health and Medical Emergency Operations Manual (EOM).

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.02 – Response Plans
Universal Level

MINIMUM STANDARDS:
Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

RECOMMENDED GUIDELINES:
The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has a well-developed multi-hazard functional Emergency Operations Plan (EOP) maintained by the Emergency Management Department (EMD). The EOP provides for coordinating all County departments, volunteer organizations, individuals, and other political jurisdictions within Riverside County to perform emergency tasks to meet incident objectives.

- **NEED(S):**

The County EOP, Medical, and Health annex need to reflect changes to medical and health system management processes following the Emergency Management Department (EMD) formation and incorporate actions for improvement following the COVID-19 Pandemic.

- **OBJECTIVE(S):**
  1. Update the Medical and Health annex of the EOP regarding the multiple patient management plans once it has been developed.
  2. Update the MHOAC Program with lessons learned during the COVID-19 Pandemic

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☒ Long term plan (more than one year)

8.03 – HAZMAT Training
Universal Level

MINIMUM STANDARDS:
All EMS providers shall be properly trained and equipped for response to hazardous materials (HazMat) incidents, as determined by their system role and responsibilities.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

- Riverside County Fire Department (RivCo FD) has a FIRESCOPE Type 1 HazMat Team
- Corona Fire Department and Riverside City Fire Department have HazMat Level-A Teams
- Hemet City Fire Department has a Level-B HazMat team.

REMSA protocols include equipment and training requirements for HazMat. Written ALS agreements require that providers comply with all applicable federal, state, and local laws, including Occupational Safety and Health Agency (OSHA) regulations. Riverside County Department of Environmental Health (DEH) also responds to all HazMat incidents with the RivCo FD. DEH is the regulatory agency for business and household HazMat waste management and environmental safety. DEH ensures that the environment and personnel are safe after an event.

American Medical Response (AMR) is the primary ALS ambulance provider in Riverside County. AMR has personnel trained in WMD/HazMat Operations and regularly participates in training throughout the county. All AMR personnel and Riverside County fire agency (County, district, municipal and tribal) firefighters are trained to California Department of Transportation standards for first responders' awareness level.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.04 – Incident Command System
Universal Level

MINIMUM STANDARDS:
Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that ICS training is provided for all medical providers.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All agencies involved in terrorism and disaster preparedness follow the Standardized Emergency Management System (SEMS) during a Weapons of Mass Destruction (WMD) incident, natural disaster, or mass casualty incident. ICS is well developed and practiced within Riverside County, consistent with the REMSA MCI policy. The MCI policy includes specific training requirements for all EMS responders. The FIRESCOPE ICS is used at the field level, the Hospital Emergency Incident Command System (HEICS) is used within the hospitals, and SEMS is utilized at the operational area level. Within the Emergency Operations Center (EOC), a unified command is used, with participating command staff being determined by the nature of the incident. Using an IMS creates integration with the County and State emergency operations plans. Using these standardized systems across response entities ensures that all responder agencies can communicate effectively and that response plans are written with these standard systems as a base.

- **NEED(S):**

The current MCI policy has been updated to be consistent with updates to FIRESCOPE. However, a countywide multiple patient management plan consistent with the California EOM is needed to address system-wide MCIs.

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

8.05 – Distribution of Casualties
Universal Level

MINIMUM STANDARDS:
The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

ReddiNet allows communication between REMSA, the local EMS providers, and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital. During an incident, EMS providers on the scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. Local base stations will initiate an MCI on the ReddiNet and coordinate casualties distribution to the closest, most appropriate facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM. EMS COMM is a communications center housed within REMSA that is activated to support large or unusual incidents.

- **NEED(S):**

This current system lacks a single point of coordination across the operational area. In a large mass casualty incident, base hospitals would be unable to keep up with patient distribution demands, coordinate EMS resources, track all patients and care for patients within the hospital at the same time. A multiple-patient management plan needs to be developed that includes the development of the Medical and Health Coordination Center (Med/Health COMM). Med/Health COMM would be EMS COMM's next development phase. The multiple patient management plan will also anticipate automated processes for this initial distribution of patients from the field to pre-determined hospitals, re-triage, patient tracking, hospital evacuations, and communications. The plan will include linkages to the Riverside County EOP and MHOAC plan and utilize medical mutual processes included in the EMSA Statewide Patient Movement Plan and the California Public Health and Medical Emergency Operations Manual (EOM)

- **OBJECTIVE(S):**

To address the identified needs by developing capabilities within a comprehensive multiple-patient management plan to be completed by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

8.06 – Needs Assessment
Universal Level

MINIMUM STANDARDS:
The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

RECOMMENDED GUIDELINES:
The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital. During an incident, EMS providers on the scene will make base station contact to notify the hospital(s) of the MCI or potential MCI. The local base station hospital will initiate an MCI program on the ReddiNet system and coordinate casualties distribution to the closest, most appropriate medical facility. If the local base station becomes overwhelmed, REMSA is available to assist with coordination activities from EMS COMM.

EMS COMM provides the Medical and Health Operational Area Coordinator (MHOAC) with an operational and communications capability. The 24/7 contact for the MHOAC program is the REMSA and EMD Duty Officers and Duty Chiefs. REMSA and EMD duty officers facilitate communications and a common operating picture for the EMS system as a part of the early assessment of an incident. The MHOAC program can expand from duty officer coverage to full activation of the Medical and Health Departmental Operations Center (DOC). The MHOAC program establishes policies for communicating medical and health requests to the region program and state.

- **NEED(S):**

Develop improved centralized 24/7 EMS COMM capability for REMSA to evaluate, coordinate and manage the EMS system during a disaster.

- **OBJECTIVE(S):**

Codify the roles and responsibilities of EMS COMM within the multiple patient management plans and upgrade communications equipment, technology and staffing accordingly.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year)

8.07 – Disaster Communications
Universal Level

MINIMUM STANDARDS:
A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has several alert and notification systems, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). The seventeen (17) hospitals, fire dispatch centers, and AMR are linked to the ReddiNet system. ReddiNet is an alert and information system operated on the internet or via a satellite backup system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital.

The State of California Department of Health Services (CDHS) has developed the CAHAN system, which is web-based and is designed to broadcast key health, medical, disaster, or terrorism-related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability and is based on "find me, follow me" technology. Users can set their profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative online environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement, and hospitals. The 700 MHz system will complement the existing UHF and VHF infrastructure utilized by fire departments. REMSA policy requires the utilization of the county-wide frequency annex. Public safety agencies, hospitals, and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the county's seventeen (17) hospitals has received fixed-base radios. REMSA and EMD have established dedicated frequencies to communicate with hospitals, county departments, and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals within Riverside County and EMD have RACES capabilities.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.08 – Inventory of Resources
Universal Level

MINIMUM STANDARDS:
The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

EMS system resources are identified in the REMSA policy #8101 (Resource List, found here: http://www.remsa.us/policy/8101.pdf).

The REMSA MCI policy and agency/department standard response plans dictate initial and ongoing incident resource response.

Medical mutual aid or resource requests are made through the MHOAC program. Through numerous grants, Riverside County has gained many necessary resources to mitigate natural or man-made disasters or mass casualties due to weapons of mass destruction. Each grant specifies what type of equipment or preparedness efforts are appropriate. The EMD Preparedness Division maintains inventory controls per grant requirements and has allocated equipment to specific locations and agencies such as hospitals. Equipment and supply aches are dispersed throughout the county. The MHOAC program has a current list of all resources available to the community, public safety, first responders, and/or hospital/clinic systems. Protocols are being established to discern levels of response and the distribution of resources. When a request is made to the MHOAC, it will then be coordinated.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.09 – Disaster Medical Assistance Team (DMAT)
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

RECOMMENDED GUIDELINES:
The local EMS agency should support the development and maintenance of DMAT teams in its area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Should an event occur in Riverside County, additional health care professionals would be needed to implement a local mass casualty/surge care response. The National Disaster Medical System (NDMS) would be able to provide DMATs, Disaster Mortuary Operational Response Teams (DMORT), National Pharmacy Response Team (NPRT), National Nurse Response Team (NNRT), and Veterinary Medical Assistance Teams (VMAT). These teams include nurses, physicians, pharmacists, emergency medical technicians (EMTs), paramedics, and respiratory therapists. Depending on the incident's scope and magnitude, additional health care providers would be needed. Although federal assets have been identified and incorporated into the planning process, Riverside County is prepared to be self-sustaining for 72 hours. Additionally, the local Regional Disaster Medical and Health Specialist (RDMHS) assists with planning and preparedness efforts within the county.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.10 – Mutual Aid Agreements

Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, that ensure sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The state of California has adapted into law (Government Code 8607 and the Emergency Services Act) the Standardized Emergency Management System (SEMS) to manage any disaster or large-scale incident. California already has an established master mutual aid agreement that includes fire departments, law enforcement agencies, the State EMS Authority, and all state agencies, including the University of California (UC) system. Six (6) mutual aid regions exist in California, each assisting with mutual aid requests and assistance when needed. If an incident occurs at the local level and additional resources are needed, SEMS must be followed. The SEMS levels include the local jurisdiction (cities), then the operational area (county), then the regional area, then the state, and finally the federal government.

Resources must be exhausted at each level before requesting assistance at the next higher level. Region I (LA, Orange, Santa Barbara, Ventura, and San Luis Obispo Counties) and Region VI (Riverside, San Bernardino, San Diego, Imperial, Mono, and Inyo Counties) have also developed a medical assistance agreement between the two regions. A health officer in Regions I or VI can call another health officer in Region I or VI and request medical assistance. This medical assistance agreement is the only one in California and has been signed by eleven (11) County Board of Supervisors in Regions I and VI. Under the agreement, the Riverside County MHOAC interacts directly with the MHOAC programs in surrounding OAs and the RDMHC program in Regions I and VI.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the RDMHC Program for Region VI. The current REMSA Administrator is the RDMHC appointed jointly by the Director of EMSA and the Director of CDPH. Regional coordination meetings are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☐ Long term plan (more than one year)

8.11 – Casualty Collection Point (CCP) Designation
Universal Level

MINIMUM STANDARDS:
The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County EMD is the overall disaster preparedness, response, and recovery coordinator. REMSA will establish CCPs based on the event's scope and magnitude, number of victims, and weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type county facilities, major shopping centers, fire stations, and other facilities. Under most circumstances, CCPs will be established near hospitals to use their resources. Additionally, REMSA may activate the Field Treatment Site (FTS) program to support CCPs.

COORDINATION WITH OTHER EMS AGENCIES:
REMSA houses the Regional Disaster Medical and Health Coordination Program for Region VI. The current REMSA Director is the RDMHC appointed jointly by the Director of the California EMS Authority and the California Department of Public Health Director. Regional coordination meetings are held quarterly. All medical mutual aid processes are compliant with the California Public Health and Medical Emergency Operations Manual (EOM).

- **NEED(S):**

REMSA will re-evaluate the CCP and FTS concepts while developing the multiple patient management plan.

- **OBJECTIVE(S):**

Complete the multiple patient management plan by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☒ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.12 – Establishment of Casualty Collection Points (CCP)

Universal Level

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County EMD is the overall disaster preparedness, response, and recovery coordinator. CCPs will be established in locations based on the scope and magnitude of the event, the number of victims, and the weather. CCP sites include parks, recreational areas, community centers, libraries, large non-emergency type County facilities, major shopping centers, fire stations, and other facilities. CCP sites will be established at or near hospitals in all possible cases to use their resources, including the 700 MHz PSEC radio equipment the county has procured. REMSA has also developed a Field Treatment Site (FTS) Program that includes a large equipment cache and a communications trailer to support CCP / FTS operations.

- **NEED(S):**

REMSA will re-evaluate the CCP and FTS concepts while developing the multiple patient management plan.

- **OBJECTIVE(S):**

Complete the multiple patient management plan by December 2023.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☒ Short-term plan (one year or less)

☐ Long term plan (more than one year)

8.13 – Disaster Medical Training
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

As a baseline, all EMS responders have trained at the HazMat First Responder Operations (FRO) or Awareness (FRA) levels. Maintaining trained personnel is critical in ensuring a competent workforce ready to respond during an emergency. The EMD Preparedness and Operations Divisions offer ongoing training for the first responder, medical, public health, and emergency management communities to address this issue. EMD routinely brings in the ICS, Weapons of Mass Destruction (WMD), EOC / DOC, and other emergency preparedness classes offered by Texas A&M to the county; enrollment in the class is open to all response entities. In addition, EMD has brought in Unified Command and Threat and Vulnerability Classes for county agencies. Historically, these classes have been well attended and continue to be one part of EMD's continuing education program. MMRS funding was used to provide HazMat-specific training during the initial contract period.

The EMD Preparedness and Operations Divisions have a staff of health educators and community partners to provide training on biological agents, chemical agents, radiological response, public health / medical response to a terrorism incident, and mass prophylaxis distribution. This group can be requested by any agency in the County, free of charge, and is available for ongoing training.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.14 – Hospital Plans
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

RECOMMENDED GUIDELINES:
At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and pre-hospital medical care agencies.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

All Riverside County hospitals are accredited by The Joint Commission (TJC) and, as such, maintain robust disaster plans, including provisions for internal and external disasters. Each hospital utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the county's medical response plan(s).

Exercising plans and procedures remains a critical component of preparedness efforts to ensure a capable and robust response system. Each year, the Hospital Association of Southern California (HASC), the EMD, and many of the hospitals in the county participate in the Statewide Disaster Drill, a Healthcare Coalition Committee-sponsored disaster drill or terrorism exercise, and an exercise coordinated by Coachella Communications for the east end of the county. Each hospital must participate in two (2) disaster exercises annually to maintain TJC or other accreditation.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.15 – Interhospital Communications
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Riverside County has several alert and notification systems, including Rapid Emergency Digital Data Information Network (ReddiNet) and the California Health Alert Network (CAHAN). The seventeen (17) hospitals, fire dispatch centers, and AMR are linked to the ReddiNet system. ReddiNet is an alert and information system operated on the internet or via a Satellite backup system. ReddiNet allows communication between REMSA, the local EMS providers (including fire), and the hospitals. This system can obtain hospital diversion status, manage mass casualty incidents, and send polls and memos to each hospital.

The State of California Department of Health Services (CDHS) has developed the California Health Alert Network (CAHAN). The web-based CAHAN system broadcasts key health, medical, disaster, or terrorism-related information to local health departments. CAHAN is capable of sending alerts by email, telephone, fax, alphanumeric pagers, and cell phones with short message service capability and is based on the "find me, follow me" technology. Users can set their profile that dictates the contact sequence from CAHAN. CAHAN also provides a collaborative online environment where sensitive disaster planning and emergency response information may be securely shared between California local and state health agencies.

Through the County Public Safety Enterprise System (PSEC), 700 MHz radios are being purchased with funding from the Department of Homeland Security, Domestic Preparedness Program to ensure effective communication between REMSA, EMD, fire departments, law enforcement, and hospitals. REMSA policy requires the utilization of the Countywide frequency annex. All public safety agencies, hospitals, and ambulance providers can communicate on common radio frequencies for interagency communication and coordination. Each of the seventeen
(17) hospitals within the County have received fixed-base radios. REMSA and EMD have established dedicated frequencies to communicate with hospitals, County departments, and EMS providers.

Radio Amateur Civil Emergency Service (RACES) is a public service provided by a reserve (volunteer) communications group within government agencies in times of extraordinary need. The primary mission of RACES during an emergent event or disaster is to provide communication services that include the use of portable stations, either as a back-up or as a fill-in where communications do not normally exist or offer redundancy in communication. Each of the seventeen (17) hospitals in Riverside County and EMD have RACES capabilities.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.16 – Prehospital Agency Plans
Universal Level

MINIMUM STANDARDS:
The local EMS agency shall ensure that all pre-hospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

RECOMMENDED GUIDELINES:
The local EMS agency should ensure the availability of training in management of significant medical incidents for all pre-hospital medical response agencies and acute-care hospital staffs in its service area.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

As with the hospitals, each fire department and EMS provider in Riverside County has disaster plans. EMD coordinates at least two (2) disaster and emergency preparedness drills annually. One of the drills is a fully functional exercise with prehospital participation. Frequently this is in conjunction with the annual statewide disaster drill. EMD hosts several training programs throughout the year, including HazMat response drills, ICS, and EOC / DOC operations. REMSA policy requires periodic training on the MCI policy.

All Riverside County hospitals are accredited by The Joint Commission (TJC) and, as such, maintain robust disaster plans, including provisions for internal and external disasters. Each hospital utilizes the Hospital Emergency Incident Command System (HEICS) and is integrated into the county's medical response plan(s). During drills, hospitals train on managing patient surges, patient and staff decontamination, patient tracking, public and family communications, and managing an assortment of security threats. The EMD Preparedness Division coordinates incident after-action de-briefing and reports. Lessons learned are discussed in advisory committee meetings.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.17 – ALS Policies

Enhanced Level: Advanced Life Support

MINIMUM STANDARDS:

The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Existing mutual aid agreements provide for a response from other EMS systems. These agreements, REMSA policies, and State regulations allow ALS providers to perform according to their scope of practice as established by their accrediting LEMSA.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

- **TIME FRAME FOR MEETING OBJECTIVE:**

  ☐ Short-term plan (one year or less)

  ☐ Long term plan (more than one year)

8.18 – Specialty Center Roles

Enhanced Level: Specialty Care System

MINIMUM STANDARDS:

Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

RECOMMENDED GUIDELINES:

None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

The Riverside County hospital system includes:

- Seventeen (17) pre-hospital receiving centers (PRC)
- Twelve (12) Stroke centers
  - Nine (9) Primary
  - Three (3) Comprehensive
- Six (6) STEMI centers
- Five (5) trauma centers (TC)
  - Two (2) Level I TCs
    - One of these (RUHS) is also a designated Level II pediatric receiving TC
  - Two (2) Level II TCs
  - One (1) Level IV TC

Specialty care designation requirements are detailed in REMSA policy and each facility's surge plan to maintain standards of care are included in their hospital disaster plans. The EMD Preparedness Division supports updating of hospital plans periodically. Surge capacity is key to any natural disaster or terrorism incident response; accordingly, these issues are addressed regionally. HPP, HRSA and UASI funding was used to purchase equipment caches/trailers consisting of trauma/burn equipment, BLS equipment and drug caches, which have been strategically staged throughout the county. HRSA funds were also used for each hospital to obtain their own surge capacity caches.

- **NEED(S):**

None.

- **OBJECTIVE(S):**

None.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)

☒ Long term plan (more than one year)

8.19 – Waiving Exclusivity

Enhanced Level: Exclusive Operating Areas / Ambulance Regulation

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MINIMUM STANDARDS:
Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

RECOMMENDED GUIDELINES:
None.

INDICATE 'MEETS MINIMUM STANDARD' OR 'DOES NOT MEET MINIMUM STANDARD'

- **CURRENT STATUS**:

Meets minimum standard.

Contracts with providers holding exclusive operating areas require that the contractors develop mutual aid agreements. The Master 9-1-1 Emergency Ambulance agreement contains specific language for mutual aid response in county EOAs.

- **NEED(S):**

Evaluate the feasibility of a single, countywide ambulance mutual aid agreement as discussed in the Riverside County EMS System Strategic Plan.

- **OBJECTIVE(S):**

Develop a master ambulance mutual aid agreement as applicable.

- **TIME FRAME FOR MEETING OBJECTIVE:**

☐ Short-term plan (one year or less)
☒ Long term plan (more than one year

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**FY 2019 - 20, FY 2020 - 21, FY 2021 - 22**	County	Riverside
Provider	**Idyllwild Fire Protection District**	Address:	54160 Maranatha Dr, Idyllwild 92549
Phone number:	(951) 659-2153		
Response Zones:	**Idyllwild FPD**		

Ownership	✓	Public		Private						
If public:	✓	Fire District		City		State		County		Federal
	✓	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	

Written Contract?		✓	No*	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes	No

Level of service available:	✓	Transport		Non-transport	✓	ALS		BLS		LALS		
			✓	9-1-1		7-digit		CCT		IFT		
					✓	Ground		Water		Air		
IF AIR:								Rotary		Fixed wing		
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue		

Responses	
Reporting Year: 2021	
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	

* Provider is a recognized 201 entity; a written agreement is not required.

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS

Reporting Years	**2019 & 2020**	County	Riverside

Provider	**American Medical Response / Global Medical Response**	Address:	879 Marlborough Ave, Riverside 92507
Phone number:	(951) 782-5234		
Response Zones:	**Blythe, Central, Desert, Hemet, Mountain plateau, Northwest, Pass, Southwest**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	179
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	145

Written Contract?	✓	Yes		No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No			
Level of service available:	✓	Transport		Non-transport		✓	ALS	✓	BLS		LALS						
			✓	9-1-1		✓	7-digit	✓	CCT	✓	IFT						
						✓	Ground		Water		Air						
IF AIR:									Rotary		Fixed wing						
				Aux. Rescue			Air Ambulance		ALS Rescue		BLS Rescue						

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	210,946	Total number of responses	232,274
Number of emergency responses	175,889	Number of emergency responses	196,992
Number of non-emergency responses	35,057	Number of non-emergency responses	35,282
Total number of transports	178,140	Total number of transports	167,864
Number of emergency transports	145,348	Number of emergency transports	132,582
Number of non-emergency transports	32,792	Number of non-emergency transports	35,282

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019**	County	Riverside
Provider	**Care Ambulance / Falck Global**	Address:	1517 W. Braden Ct, Orange 92868
Phone number:	(714) 288-3800		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

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

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7? ✓ Yes	No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS
				9-1-1	✓	7-digit	✓	CCT	✓	IFT
					✓	Ground		Water		Air
IF AIR:								Rotary		Fixed wing
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020 (NOT PERMITTED IN RIVCO IN 2020)**	
Total number of responses	1798	Total number of responses	X
Number of emergency responses	0	Number of emergency responses	X
Number of non-emergency responses	1798	Number of non-emergency responses	X
Total number of transports	1658	Total number of transports	X
Number of emergency transports	0	Number of emergency transports	X
Number of non-emergency transports	1658	Number of non-emergency transports	X

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years **2019 & 2020** County Riverside

Provider **Cathedral City Fire Department** Address: 32-100 Desert Vista, Cathedral City 92224
Phone number: (760) 770-8200
Response Zones: **Cathedral City**

Ownership	✓	Public		Private							
If public:		Fire District	✓	City		State		County		Federal	
	✓	Fire		Law		Other		Explain:			

Total Number of Ambulance Vehicles in Fleet: 4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

Written Contract? ✓ Yes No Medical Director? ✓ Yes No Available 24/7? ✓ Yes No

Level of service available:	✓	Transport		Non-transport	✓	ALS		BLS		LALS	
			✓	9-1-1		7-digit		CCT		IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	4,365	Total number of responses	6,363
Number of emergency responses	4,340	Number of emergency responses	6,363
Number of non-emergency responses	25	Number of non-emergency responses	0
Total number of transports	3,591	Total number of transports	3,686
Number of emergency transports	3,574	Number of emergency transports	3,686
Number of non-emergency transports	17	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Cavalry Ambulance**	Address:	420 N. McKinley St, Corona 92879
Phone number:	(951) 278-3700		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	8
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	3

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS	
				9-1-1	✓	7-digit	✓	CCT	✓	IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	374	Total number of responses	54
Number of emergency responses	1	Number of emergency responses	0
Number of non-emergency responses	373	Number of non-emergency responses	54
Total number of transports	338	Total number of transports	53
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	338	Number of non-emergency transports	53

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**California Highway Patrol**	Address:	56-855 Liberator Lane, Thermal 92274
Phone number:	(760) 984-5300		
Response Zones:	**N/A**		

Ownership	✓	Public		Private								
If public:		Fire District		City	✓	State		County		Federal		
		Fire	✓	Law		Other	Explain:					

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

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport	✓	ALS	✓	BLS		LALS		
			✓	9-1-1		7-digit		CCT		IFT		
						Ground		Water	✓	Air		
IF AIR:							✓	Rotary		Fixed wing		
				Aux. Rescue		Air Ambulance	✓	ALS Rescue		BLS Rescue		

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	2	Total number of responses	10
Number of emergency responses	2	Number of emergency responses	10
Number of non-emergency responses	0	Number of non-emergency responses	0
Total number of transports	2	Total number of transports	5
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	2	Number of non-emergency transports	5

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years **2019 & 2020** County Riverside

Provider **Desert Critical Care Transport** Address: 121 E. Hobson, Blythe 92225

Phone number: (760) 922-5911

Response Zones: **N/A**

Ownership	Public	✓	Private			
If public:	Fire District		City	State	County	Federal
	Fire		Law	Other	Explain:	

Total Number of Ambulance Vehicles in Fleet: 3

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

Written Contract? Yes ✓ No Medical Director? ✓ Yes No Available 24/7? ✓ Yes No

Level of service available:	✓	Transport	Non-transport		ALS	✓	BLS		LALS
			9-1-1	✓	7-digit	✓	CCT	✓	IFT
				✓	Ground		Water		Air
IF AIR:							Rotary		Fixed wing
			Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	385	Total number of responses	316
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	385	Number of non-emergency responses	316
Total number of transports	382	Total number of transports	309
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	382	Number of non-emergency transports	309

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Idyllwild Fire Protection District**	Address:	54160 Maranatha Dr, Idyllwild 92549
Phone number:	(951) 659-2153		
Response Zones:	**Idyllwild FPD**		

Ownership	✓	Public		Private						
If public:	✓	Fire District		City		State		County		Federal
	✓	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	5
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS
			✓	9-1-1			7-digit		CCT			IFT
						✓	Ground		Water			Air
IF AIR:									Rotary			Fixed wing
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	696	Total number of responses	632
Number of emergency responses	643	Number of emergency responses	632
Number of non-emergency responses	53	Number of non-emergency responses	0
Total number of transports	451	Total number of transports	421
Number of emergency transports	424	Number of emergency transports	421
Number of non-emergency transports	27	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Lynch Ambulance**	Address:	2950 La Jolla St, Anaheim 92806
Phone number:	(800) 347-3262		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

Total Number of Ambulance Vehicles in Fleet:	5
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS	
				9-1-1	✓	7-digit		CCT	✓	IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	358	Total number of responses	182
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	358	Number of non-emergency responses	182
Total number of transports	351	Total number of transports	178
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	351	Number of non-emergency transports	178

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Mercy Air Services / Air Methods**	Address:	625 E. Carnegie Dr, San Bernardino 92408
Phone number:	(909) 357-9006		
Response Zones:	**N/A**		

Ownership		Public	✓	Private						
If public:		Fire District		City		State		County		Federal
		Fire		Law		Other		Explain:		

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

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport		✓	ALS		BLS			LALS	
			✓	9-1-1		✓	7-digit	✓	CCT		✓	IFT	
							Ground		Water		✓	Air	
IF AIR:								✓	Rotary			Fixed wing	
				Aux. Rescue		✓	Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	1070	Total number of responses	514
Number of emergency responses	395	Number of emergency responses	181
Number of non-emergency responses	675	Number of non-emergency responses	333
Total number of transports	1070	Total number of transports	474
Number of emergency transports	395	Number of emergency transports	161
Number of non-emergency transports	675	Number of non-emergency transports	313

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Mission Ambulance**	Address:	1055 E. 3rd St, Corona 92879
Phone number:	(800) 899-9100		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County	Federal	
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	25
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	16

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes	No	Available 24/7? ✓ Yes No

Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS	LALS
				9-1-1	✓	7-digit	✓	CCT	✓ IFT
					✓	Ground		Water	Air
IF AIR:								Rotary	Fixed wing
				Aux. Rescue		Air Ambulance		ALS Rescue	BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	9,474	Total number of responses	17,541
Number of emergency responses	25	Number of emergency responses	0
Number of non-emergency responses	9,449	Number of non-emergency responses	17,541
Total number of transports	8,863	Total number of transports	16,351
Number of emergency transports	22	Number of emergency transports	0
Number of non-emergency transports	8,841	Number of non-emergency transports	16,351

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Premier Medical Transport***	Address:	260 N Palm St, Ste. 200, Brea 92821
Phone number:	(714) 256-2141		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	4
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	2

Written Contract?		Yes	✓	No	Medical Director?		Yes	✓	No	Available 24/7?	✓ Yes / No
Level of service available:	✓	Transport		Non-transport		ALS	✓	BLS		LALS	
				9-1-1	✓	7-digit	✓	CCT	✓	IFT	
					✓	Ground		Water		Air	
IF AIR:								Rotary		Fixed wing	
				Aux. Rescue		Air Ambulance		ALS Rescue		BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	3,449	Total number of responses	2,027
Number of emergency responses	8	Number of emergency responses	0
Number of non-emergency responses	3,441	Number of non-emergency responses	2,027
Total number of transports	3,310	Total number of transports	1,454
Number of emergency transports	4	Number of emergency transports	0
Number of non-emergency transports	3,306	Number of non-emergency transports	1,454

**Was purchased by Symons / Symbiosis between Q1/Q2 2020*

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**REACH Air**	Address:	2360 Becker Blvd, Santa Rosa 95403
Phone number:	(707) 324-2400		
Response Zones:	**N/A**		

Ownership	Public	✓	Private						
If public:	Fire District		City		State		County		Federal
	Fire		Law		Other		Explain:		

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

Written Contract?	Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport	✓	ALS		BLS		LALS			
	✓	9-1-1	✓	7-digit	✓	CCT	✓	IFT					
				Ground		Water	✓	Air					
IF AIR:					✓	Rotary		Fixed wing					
			Aux. Rescue	✓	Air Ambulance		ALS Rescue		BLS Rescue				

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	6	Total number of responses	131
Number of emergency responses	2	Number of emergency responses	131
Number of non-emergency responses	4	Number of non-emergency responses	0
Total number of transports	7	Total number of transports	34
Number of emergency transports	3	Number of emergency transports	34
Number of non-emergency transports	4	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years **2019 & 2020** County Riverside

Provider **Riverside County Fire Department / Cal Fire** Address: 16902 Bundy Ave, Riverside 92518

Phone number: (951) 486-4753

Response Zones: **Cove Cities and Indio**

Ownership	✓	Public	Private					
If public:		Fire District	City	✓	State	✓	County	Federal
	✓	Fire	Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet: 18

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18

Written Contract? ✓ Yes No Medical Director? ✓ Yes No Available 24/7? ✓ Yes No

Level of service available:	✓	Transport	Non-transport	✓	ALS	BLS	LALS
			✓ 9-1-1		7-digit	CCT	IFT
				✓	Ground	Water	Air
IF AIR:						Rotary	Fixed wing
			Aux. Rescue		Air Ambulance	ALS Rescue	BLS Rescue

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	21,676	Total number of responses	18,367
Number of emergency responses	21,556	Number of emergency responses	18,367
Number of non-emergency responses	120	Number of non-emergency responses	0
Total number of transports	13,422	Total number of transports	11,879
Number of emergency transports	13,389	Number of emergency transports	11,879
Number of non-emergency transports	33	Number of non-emergency transports	0

TABLE 8 – RESOURCE LIST OF EMS PROVIDERS (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**Premier Medical Transport / Symons Ambulance / Symbiosis***	Address:	18592 Cajon Blvd, San Bernardino 92427
Phone number:	(909) 880-2979		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State	County		Federal
		Fire		Law		Other	Explain:		

Total Number of Ambulance Vehicles in Fleet:	17
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	13

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS	
				9-1-1		✓	7-digit	✓	CCT		✓	IFT	
						✓	Ground		Water			Air	
IF AIR:									Rotary			Fixed wing	
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue	

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	6,582	Total number of responses	15,450
Number of emergency responses	6	Number of emergency responses	0
Number of non-emergency responses	6,576	Number of non-emergency responses	15,450
Total number of transports	6,461	Total number of transports	12,298
Number of emergency transports	6	Number of emergency transports	0
Number of non-emergency transports	6,455	Number of non-emergency transports	12,298

**Purchased Premier Medical Transport between Q1/Q2 2020*

TABLE 7 – DISASTER MEDICAL (CONT.)

Reporting Years	**2019 & 2020**	County	Riverside
Provider	**P.R.N. Ambulance**	Address:	8928 Sepulveda Blvd., North Hills 91343
Phone number:	(818) 810-3600		
Response Zones:	**N/A**		

Ownership		Public	✓	Private					
If public:		Fire District		City		State		County	Federal
		Fire		Law		Other		Explain:	

Total Number of Ambulance Vehicles in Fleet:	7
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:	3

Written Contract?		Yes	✓	No	Medical Director?	✓	Yes		No	Available 24/7?	✓	Yes		No
Level of service available:	✓	Transport		Non-transport			ALS	✓	BLS			LALS		
				9-1-1		✓	7-digit	✓	CCT		✓	IFT		
						✓	Ground		Water			Air		
IF AIR:									Rotary			Fixed wing		
				Aux. Rescue			Air Ambulance		ALS Rescue			BLS Rescue		

Responses

Reporting Year: 2019		**Reporting Year: 2020**	
Total number of responses	0	Total number of responses	20
Number of emergency responses	0	Number of emergency responses	0
Number of non-emergency responses	0	Number of non-emergency responses	20
Total number of transports	0	Total number of transports	20
Number of emergency transports	0	Number of emergency transports	0
Number of non-emergency transports	0	Number of non-emergency transports	20

RIVERSIDE COUNTY EMS AGENCY

March 3, 2023

Elizabeth Basnett
EMS Authority Director
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Ms. Basnett,

Enclosed is Riverside County EMS Agency's (REMSA) 2022 Trauma Plan Update. Included are current updates from 2020 - 2022 and future goals for the trauma system in Riverside County. The trauma centers in Riverside County continue to evolve by incorporating research, education, and best practices into care of trauma patients. Major successes for REMSA include the designation of two (2) new Level IV trauma centers, upgrading designation levels of two (2) of our Level II trauma centers to Level I's, as well achieving the goal of having all our county Level I and Level II trauma centers receive ACS verification for the first time in our trauma system.

Currently, Riverside analyzes trauma data to assist with protocol development and research projects with our neighboring county San Bernardino. These trauma systems mirror each other under the guidance and direction of the same Medical Director.

We continue to strive to provide optimal trauma care to all patients and visitors in Riverside County. REMSA looks forward to your review and comments of the 2022 Trauma Plan Update.

Sincerely,

Dan Bates
Program Chief II
Riverside County EMS Agency (REMSA)

Mailing Address: 450 E. Alessandro Blvd • ATTN: REMSA • Riverside, CA 92508
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5214 • www.rivcoems.org

TRAUMA SYSTEM UPDATE
2022

Reza Vaezazizi, MD, REMSA Medical Director
Dan Bates, Program Chief II
Shanna Kissel, MSN, RN, Assistant Nurse Manager
Leslie Duke, MSN, RN, CEN, PHN, Specialty Care Coordinator

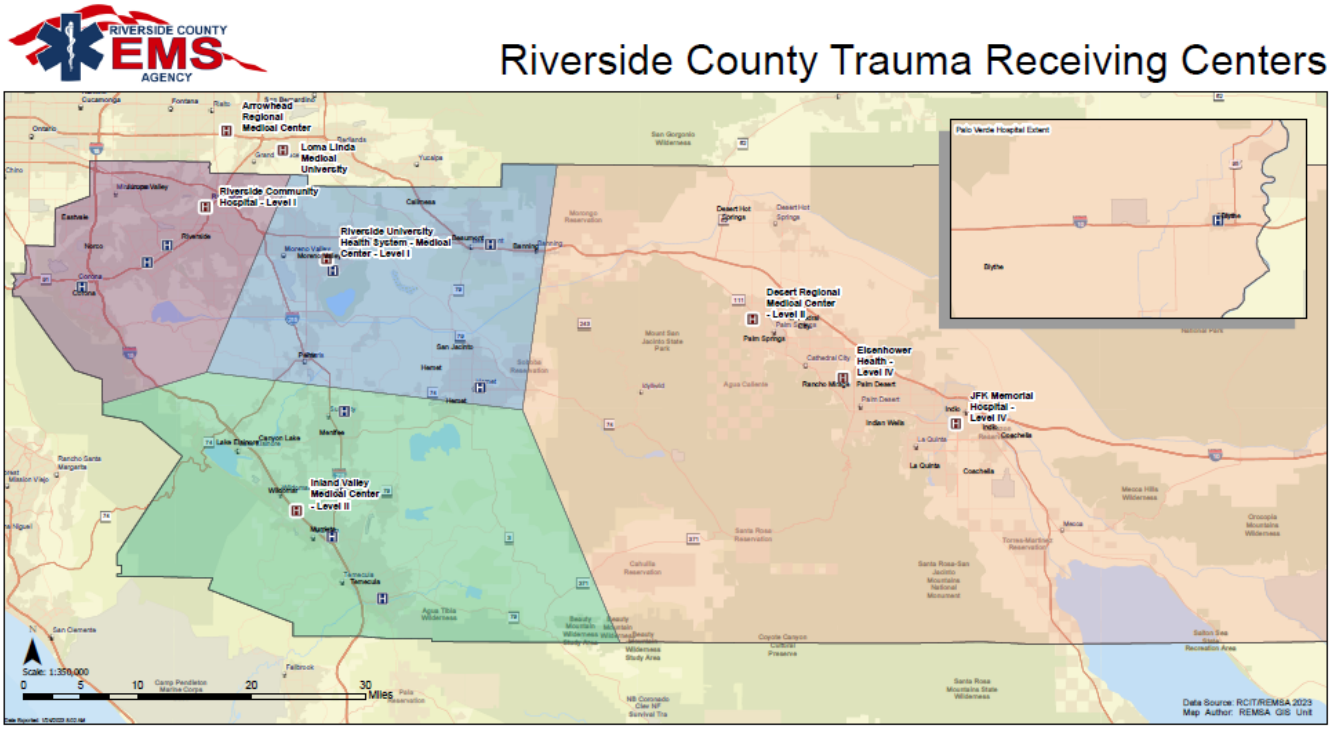
Table of Contents

Trauma System Summary_____ 3
Helicopter EMS _____ 5
Changes in Trauma System _____ 5
Number and Designation/ Verification Level of Trauma Centers/ Contracts _____ 8
Trauma System Goals and Objectives _____ 9
Attachments _____ 12
References _____ 14

Trauma System Summary

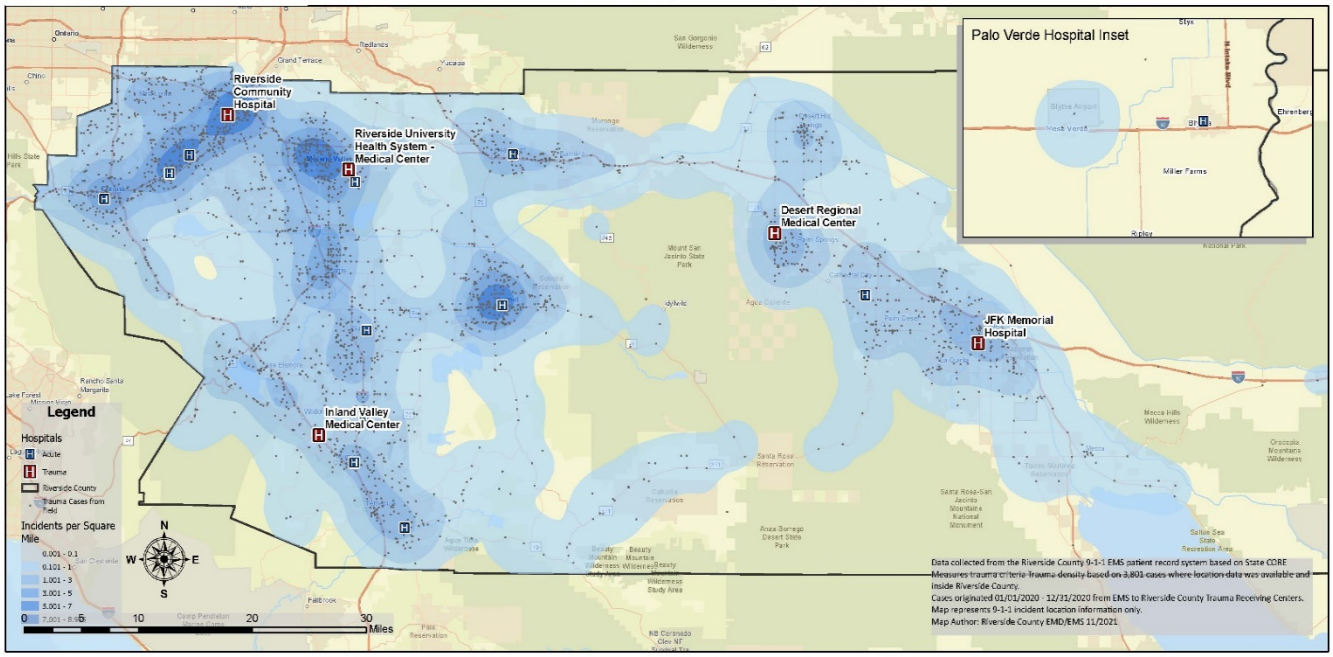
The Riverside County EMS Agency (REMSA) Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. REMSA's organized system of the care for trauma patients has been in place since 1994 with approval by the California EMS Authority (EMSA) in 1995. The plan was last updated and approved by EMSA in 2020. This current Trauma Plan update reflects the 2020 - 2022 data and activities for Riverside County.

Riverside County's jurisdiction includes two (2) Level I Trauma Center, two (2) Level II Trauma Centers--one of which is a Level II Pediatric Trauma Center (PTC), and two (2) newly designated Level IV Trauma Centers in September 2021 and October 2022. Catchment areas of the Level I and II trauma centers have not changed and are distributed evenly respective to each region's population density. The addition of the two (2) Level IV center falls within the catchment area in the Desert zone where there is one Level II Trauma center. Riverside is unique with the placement of the six trauma centers: one higher level and two (2) lower- level center in the Coachella valley, one in the central region, one in the southern region and one in the northwest region. Additionally, just to the north, in San Bernardino, there are two (2) trauma centers – one (1) Adult and Pediatric Level I and one (1) Adult Level I designated centers.



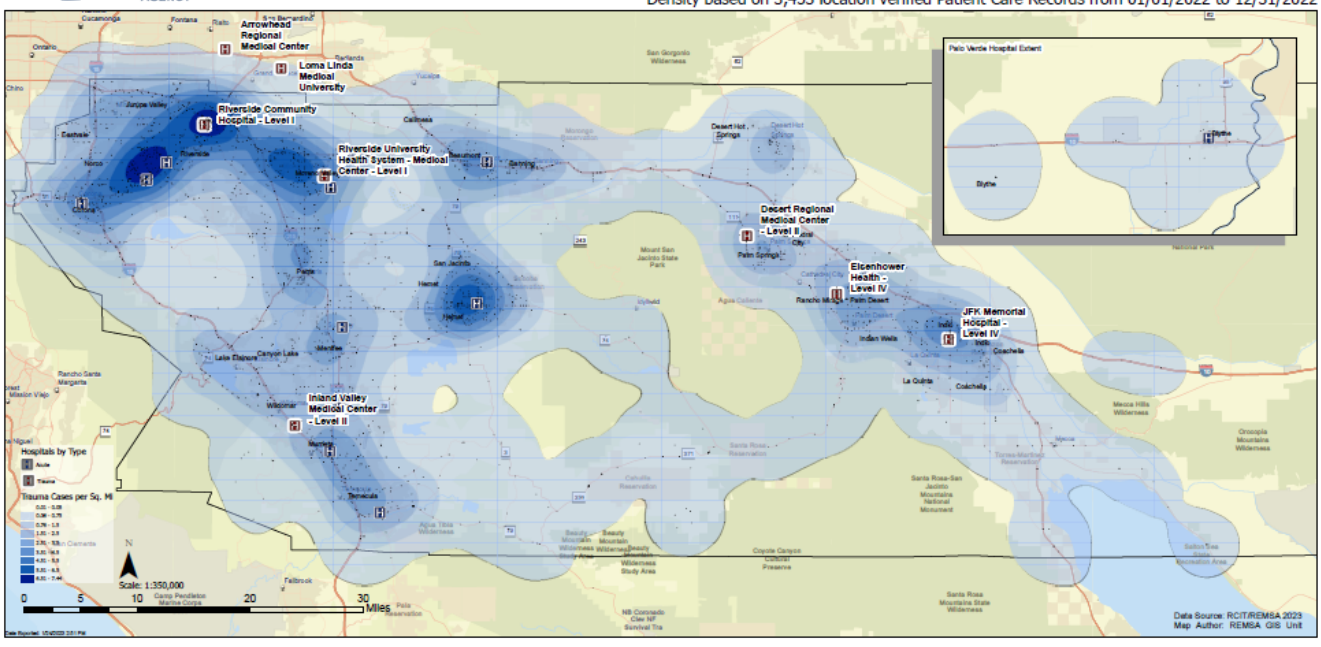
Riverside County Trauma Receiving Centers and
EMS Trauma Patient Density - From Field

Density based on 3,801 location-verified EMS Electronic Patient Care Records from 2020



Riverside County Trauma Receiving Centers and Trauma Density

Density based on 3,453 location verified Patient Care Records from 01/01/2022 to 12/31/2022

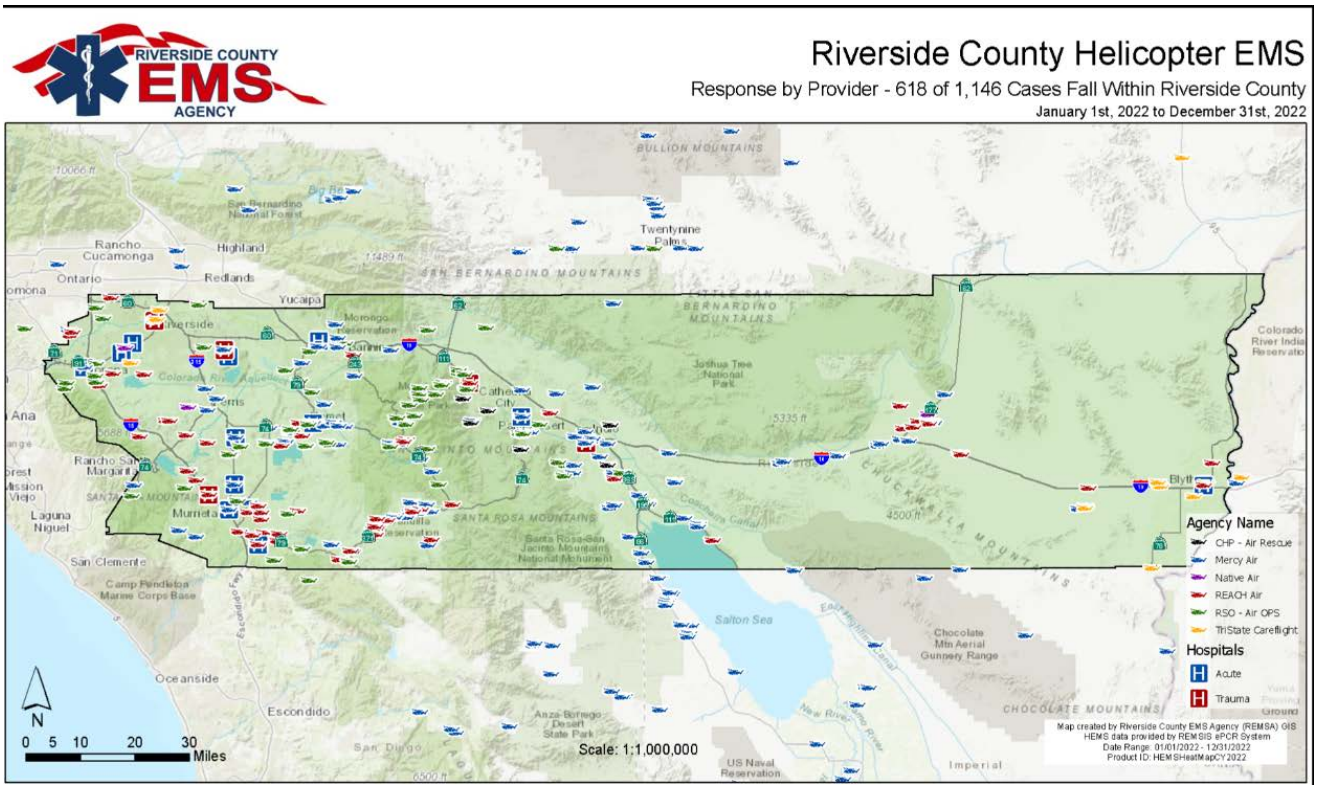


The above maps display the Core Measures REMSA reports to the state EMS Authority for 2020 and 2022. TRA-2 reflects the patients that met criteria and were transported to a trauma center originating from a 911 response. The data was analyzed using geospatial analysis to develop this heat map surrounding

the six (6) designated trauma centers in Riverside County. REMSA will use this map in addition to other analysis methods for determining the need to onboard additional trauma centers in the system.

Helicopter EMS (HEMS)

In 2022, trauma continues to be the leading cause of HEMS transports with 31.4% of calls originating in the county of Riverside. Where transports via ground ambulance would cause a delay in hospital care and treatment, HEMS is utilized in the more remote areas of the county or where transport time to a trauma center is greater than 30 minutes. Information on the HEMS system can be found here: https://lookerstudio.google.com/reporting/0BykHNCGE-ixib29ZUGl3TGc3V2s/page/UOgk.



Changes in Trauma System

- American College of Surgeons – Committee on Trauma (ACS-COT) Verification
- Inter-county Trauma Systems
- Trauma Patient Registry
- Policy Revisions and Additions
- Trauma System Injury Prevention
- System Quality Improvement and Auditing

American College of Surgeons- Committee on Trauma (ACS-COT) Verifications

A primary goal of the Riverside County Trauma Care System Plan 2020- 2022 is for all trauma centers to become ACS-verified. Due to COVID, ACS delayed verification for one of the facilities to the end of 2021. This verification was completed in November 2022. Currently, there are two (2) designated Level I's, which were previously Level II facilities, two (2) Level II designated trauma centers and two (2) Level IV trauma centers. ACS verification remains a contractual obligation, and compliance with

standards are evaluated during site surveys every three (3) years. For the newly designated Level IVs, the facilities must meet the current Level IV standards in the ACS Resource Manual.

- Desert Regional Medical Center (DRMC) had a consultation visit April 2017. DRMC had their ACS Level II verification visit in November 2022.
- Eisenhower Medical Center (EMC)- Designated as a Level IV trauma center in October 2022, complies with ACS Level IV standards.
- Inland Valley Medical Center (IVMC) maintains ACS Level II verification. Re-verification took place in November 2022.
- JFK Memorial Hospital (JFK) - designated as a Level IV trauma center in September 2021, complies with ACS Level IV standards.
- Riverside University Health System - Medical Center (RUHS- MC) received ACS Level I Adult verification in 2021.
- Riverside Community Hospital (RCH) received ACS Level I verification in November 2022.

Inter-county Trauma Systems

REMSA and the Inland Counties Emergency Medical Agency (ICEMA) continue to have inter-county agreements regarding the acceptance of all specialty care patients, including trauma patients. Both counties collaborate in regional activities and meetings to assure that the care delivered is in the best interest of all patients. Any EMS issues identified in association with the transports between the two counties, have multiple layers of review during system committee meetings and are presented at the Regional Trauma Audit Committee (TAC) for adjudication. This agreement continues to be reviewed and updated on an annual basis. (Attachment A: 2022 Inter-County agreements). Additionally, REMSA has expanded its relationship with Orange County EMS by participating in their ACS System Consultation as well as working with Orange County Global Medical Center, in Orange County, to capture trauma patients crossing county borders.

The regional Trauma Audit Committee is an advisory committee to the REMSA Medical Director. Currently, there are ten (10) trauma programs from Riverside, San Bernardino and Los Angeles County that participate. Case reviews include, but are not limited to, mortalities, pre-hospital trauma care, appropriateness of field triage criteria, and hospital trauma care. This committee meets quarterly to perform case reviews, policy review, best practices related to trauma, and identify improvements to the trauma system. At the end of each calendar year, trauma centers will be receiving a report card with Trauma Medical Director and Program Director attendance at the quarterly meetings, the number of cases they present at each meeting, and a trauma diversion report.

Trauma Patient Registry

Currently, REMSA utilizes ImageTrend (IT) Patient Registry. Previously REMSA was using both Digital Innovations *Collector*® (DI CV5) and ImageTrend. Mid 2022, REMSA transitioned away from DI CV5 and began using IT's trauma patient registry exclusively. The IT patient registry will be the only approved registry for trauma centers being added to the system. With this change, REMSA is able to perform patient-matching and linkage of EMS records, allowing outcomes to be shared with prehospital providers. REMSA has, and continues to, collect more data elements in the trauma registry than what is required by the National Trauma Data Bank (NTDB) which is captured in the trauma long form. Annually, these data elements are updated in the patient registry and dictionary. The NTDB data

dictionary is embedded in the REMSA required registry elements. Registry inclusion criteria can be found here: http://remsa.us/documents/programs/trauma/REMSATraumaRegistryDataDictionary2022.pdf. As of the end of 2022, four (4) of the six (6) trauma centers are directly entering data into the IT patient registry. One facility is on their own server of the ImageTrend patient registry that maps into the central county registry. Beginning January 1, 2023, the second facility will be doing direct data entry into the REMSA registry. Additionally, REMSA will be utilizing the IT patient registry to house the patient data from non-trauma centers that receive trauma patients, and for those facilities that line the Orange County/Riverside County border. All non-trauma centers are sent the updated link which can be found here under CQI forms: https://rivcoems.org/Documents/Reporting-Forms.

Policy Revisions and Additions

All trauma patient treatment policies are routinely updated with current standards of care and vetted through the regional TAC. REMSA works closely with ICEMA to align treatment protocols, as trauma patients are frequently transported across county lines. In 2020, as a Level IV trauma center was added to the system, the Trauma Audit Committee updated REMSA Policy #5301 (*Trauma Triage Indicators and Destination)*. The Level IV trauma center falls within the catchment area of an existing Level II and holds an agreement between the two facilities to transfer trauma patients out for higher level of care. The change to policy 5301 included EMS providers to contact a Level I or Level II trauma base hospital for the critical trauma patients listed in the policy. (http://www.remsa.us/policy/). REMSA will be reviewing all patients, for a six-month time frame, that meet the criteria for appropriateness.
In 2019-2020, the committee changed the same policy with regards to the penetrating traumatic arrests. After a six-month review of this call type no additional changes have been made to this section.

REMSA is also developed a *Specialty Care designation policy* (REMSA policy 6301) to cover all three (3) specialty programs (Trauma, Stroke, and STEMI) and outlines the process of specialty designation and de-designation of a facility in Riverside County. This policy accompanies each individual standard policy and includes requirements from Title 22 regulations and hospital agreements. This was implemented in October 2022.

Trauma System Injury Prevention

Injury Prevention is now one of the goals REMSA has created for 2021. The Preparedness Division, under the Emergency Management Department (EMD), is working with the Injury Prevention Coordinators at two of the five trauma centers to provide public education with the *Stop the Bleed (STB) Campaign*. The goal, for public education, is to offer these courses four (4) times per year. The number of times these courses are offered will be evaluated and increased as needed. EMD STB courses were on hold in 2020/ 2021 due to the COVID-19 pandemic.

From a system level, the goal is to educate the public about specific injuries that are seen at our trauma centers using the REMSA and EMD websites. With this collaborative effort between the DOPH-IP, hospitals, and stakeholders, REMSA can focus on prevention and education of Riverside County as a whole.

System Quality Improvement and Auditing

REMSA continues to monitor and analyze trauma data from both the electronic patient care record and the trauma registries. Starting January 1, 2023, Riverside County will have all prehospital providers and all trauma centers on the same platform which allows for the bi-directional information to flow between trauma centers and providers. The TAC reviews REMSA EMS policies and recommends changes to policies specific to trauma care. Once a policy change has been made, REMSA performs a six (6) month QI to evaluate the updates and reports out to the TAC.

Trauma audits for contract and ACS compliance is performed in conjunction with the ACS verification visits. Any additional elements not covered in the survey are reviewed with the individual trauma programs. REMSA works with existing trauma centers for the opportunity to upgrade their level of designation based off Title 22 regulations for the requested level. When a facility upgrades their designation level mid-contract, an amendment to the contract is made for the duration of the term.

Riverside County Designation/ Verification Level of Trauma Centers and contract term

Hospital	Location	Trauma Designation Level	Designation/ Verification	Contract term
DRMC Palm Springs, CA	Coachella Valley	II	ACS Level II Adult	July 1, 2020- June 30, 2025
EMC Rancho Mirage, CA	Coachella Valley	IV October 2022	Adult designation	October 3, 2022- June 30, 2025
IVMC Wildomar, CA	Southern	II	ACS Level II Adult	July 1, 2020- June 30, 2025
RCH Riverside, CA	Northwest	I	ACS Level I Adult	July 1, 2020- June 30, 2025
RUHS-MC Moreno Valley, CA	Central	I	Designated Pediatric Trauma Center (PTC) ACS Level I Adult	Pediatric contract July 1, 2020- June 30, 2025 Adult amendment June 22, 2021- June 30, 2025
John F. Kennedy Memorial Hospital Indio, CA	Coachella Valley	IV September 2021	Adult designation	September 1, 2021- June 30, 2025
Arrowhead Regional Medical Center	*San Bernardino County	I	ACS Level I Adults, Burn Center ICEMA designated trauma center	ICEMA designation

Loma Linda University Medical Center and Loma Linda University Children's Hospital	*San Bernardino County	I	ACS Level I Adult and Pediatric, ICEMA designated trauma center	ICEMA designation

Scheduled changes: In 2020 and 2021, REMSA worked with established trauma centers to upgrade the designation level of two (2) facilities to the highest- level trauma center.

For 2022, the scheduled change was the pending ACS verification of Desert Regional Medical Center as a Level II trauma center and the addition of a Level IV trauma center in the Coachella Valley. Eisenhower received designation as a Level IV in October and Desert Regional received their adult ACS verification in November 2022.

July 2023, REMSA policy 5301- Trauma Triage indicators and destination, will be updated to include additions from the ACS field triage criteria.

System changes: Based on the current county-wide trauma system data analysis including existing geographical location, annual trauma volume for existing centers, projected impact to existing trauma centers and geospatial analysis, the data and population requirement per trauma regulations do not support the need for newer trauma centers becoming a Level I or II center.

In October 2022, REMSA received a letter of intent for advancement of DRMC designation from a Level II to a Level I trauma center. In November 2022, JFK Memorial Hospital proposed, to the regional TAC committee, a change in trauma center level to Level III. The committee recommended this facility go through an ACS consultation visit for Level III and this proposal will be re-presented to the committee post- visit.

REMSA will continuously perform assessments to evaluate the trauma system by using REMSA additional quantitative methods to perform county-wide needs assessments on the trauma system. In early 2023, REMSA will be having a system consultant evaluate all pre-hospital, hospital and specialty care programs. The anticipated time of completion with outcomes is roughly 18 months. During the time of the consultation, REMSA will not be processing any applications for trauma centers unless received prior to the start of the system consultation.

Trauma System Goals and Objectives

REMSA has developed the following goals and objectives for the Trauma System 2020-2022 calendar year:

	Goal	**Status**	**Timeline**
1	Collaborate with DOPH- IP services for trauma education	On hold due to COVID activities in PH department	On hold

2	All trauma centers to upload into IT Patient Registry	Pending	January 2023, can retire in 2023 plan
3	Receive performance improvement plans from all trauma centers	On hold due to COVID activities within facilities	On hold
4	Capture data and outcomes on trauma patients arriving at non-trauma centers in and out of Riverside County	Ongoing- 2020 complete	Send out REMSA policy form quarterly
5	Publish Updated Trauma Report	On hold due to COVID activities	On hold
6	RUHS to obtain Pediatric ACS verification	Pending	June 2025
R	System-wide ACS- COT verification for all trauma centers	Goal met	Retired
R	Upgrade designation level of existing trauma centers within Riverside County	Goal met 100%- previous Level II centers now designated as a Level I	Retired

Goal # 2- All trauma centers to upload into IT Patient Registry

Specific:

- All six (6) trauma facilities upload data to the ImageTrend trauma registry, four (4) facilities currently do direct data entry into the registry

Measurable:

- Quarterly uploads to the central registry with successful submission for trauma reports and assessments

Achievable:

- One facility will map from their ImageTrend server to the county central registry

Relevant:

- Overall improving the quality and performance of care achieves the goal of improving care delivery and enhancing patient outcomes.

Time:

- The goal for all trauma centers to be on the REMSA approved registry is January 1, 2023.

Goal # 6- RUHS to obtain Pediatric ACS verification

Specific:

- Per the agreement between the hospital and the County, RUHS must obtain ACS verification for Pediatrics by June 2025

Measurable:

- Collaborate with hospital to perform a gap analysis on Pediatric ACS standards

Achievable:

- Receive ACS verification for Pediatrics

Relevant:

- All trauma centers in Riverside County are held to the ACS verification standards and must maintain verification

Time:

- The goal to achieve verification is June 2025, end of contract term

Attachment A: Inter-County Agreement with Inland Counties EMS Agency

RIVERSIDE COUNTY EMS AGENCY

June 13, 2022

Daniel Munoz, Interim EMS Administrator, Deputy Executive Officer
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Daniel,

Striving to improve the regional specialty care system, the Riverside County EMS Agency (REMSA) in partnership with Inland Counties Emergency Medical Services Agency (ICEMA) agrees to accept all appropriate specialty care patients (Trauma, Stroke, and STEMI) from the field, regardless of county of origin. REMSA remains committed to ensuring the provision of optimal care and outcomes for all specialty care patients. Further committing to improving the regional specialty care system, REMSA seeks to establish data integrations between EMS providers and specialty care facilities across both counties. REMSA encourages and supports the integration of prehospital electronic patient care records (ePCR) systems with specialty care patient registries to ensure the coalescing of hospital-based patient outcome data into the Specialty Care Patient Continuum. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

EMS Administrator

Mailing Address: 450 E. Alessandro Blvd • ATTN: REMSA • Riverside, CA 92508
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5214 • www.rivcoems.org

Inland Counties Emergency Medical Agency
1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties
Daniel Munoz, Interim EMS Administrator
Reza Vaezazizi, MD, Medical Director

December 2, 2021

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505

Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

Thank you for your ongoing partnership between ICEMA and REMSA.

Sincerely,

Daniel Munoz
Interim EMS Administrator

DM/jlm

c: File Copy

BOARD OF DIRECTORS

Col. Paul Cook (Ret.)	Janice Rutherford	Dawn Rowe	Curt Hagman	Joe Baca, Jr.	Leonard X. Hernandez
First District	Second District	Vice Chair Third District	Chairman Fourth District	Fifth District	Chief Executive Officer

References:

Riverside County EMS Agency Policy Manual. http://www.remsa.us/policy/.

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7 Trauma Critical Care System. https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I6ECF6AF0D4C011DE8879F88E8B0DAAAE&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

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RIVERSIDE COUNTY EMS AGENCY

March 3, 2023

Elizabeth Basnett
EMS Authority Director
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Ms. Basnett,

Enclosed is Riverside County EMS Agency's 2022 ST- Elevated Myocardial Infarction (STEMI) system update which includes changes in the STEMI critical care system, goals and objectives, and system quality improvement activities from 2020- 2022. To date, the number of STEMI receiving centers in the county remain at six (6).

The STEMI system continues to develop through the utilization of STEMI data to drive policy change, best practices, and improvements in patient care. Additionally, the Riverside County STEMI system strives to maximize communication and technology to optimize patient outcomes through enhancements in STEMI recognition, center activation, and the realization of efficiencies within the STEMI patient care continuum.

REMSA looks forward to your review and comments on the Riverside County's 2022 STEMI plan update.

Sincerely,

Dan Bates
Program Chief II
Riverside County EMS Agency (REMSA)

Mailing Address: 450 E. Alessandro Blvd • ATTN: REMSA • Riverside, CA 92508
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5214 • www.rivcoems.org

ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) SYSTEM UPDATE 2022

Reza Vaezazizi, MD, REMSA Medical Director
Dan Bates, Program Chief II
Shanna Kissel, MSN, RN, Assistant Nurse Manager
Leslie Duke, MSN, RN, CEN, PHN Specialty Care Coordinator

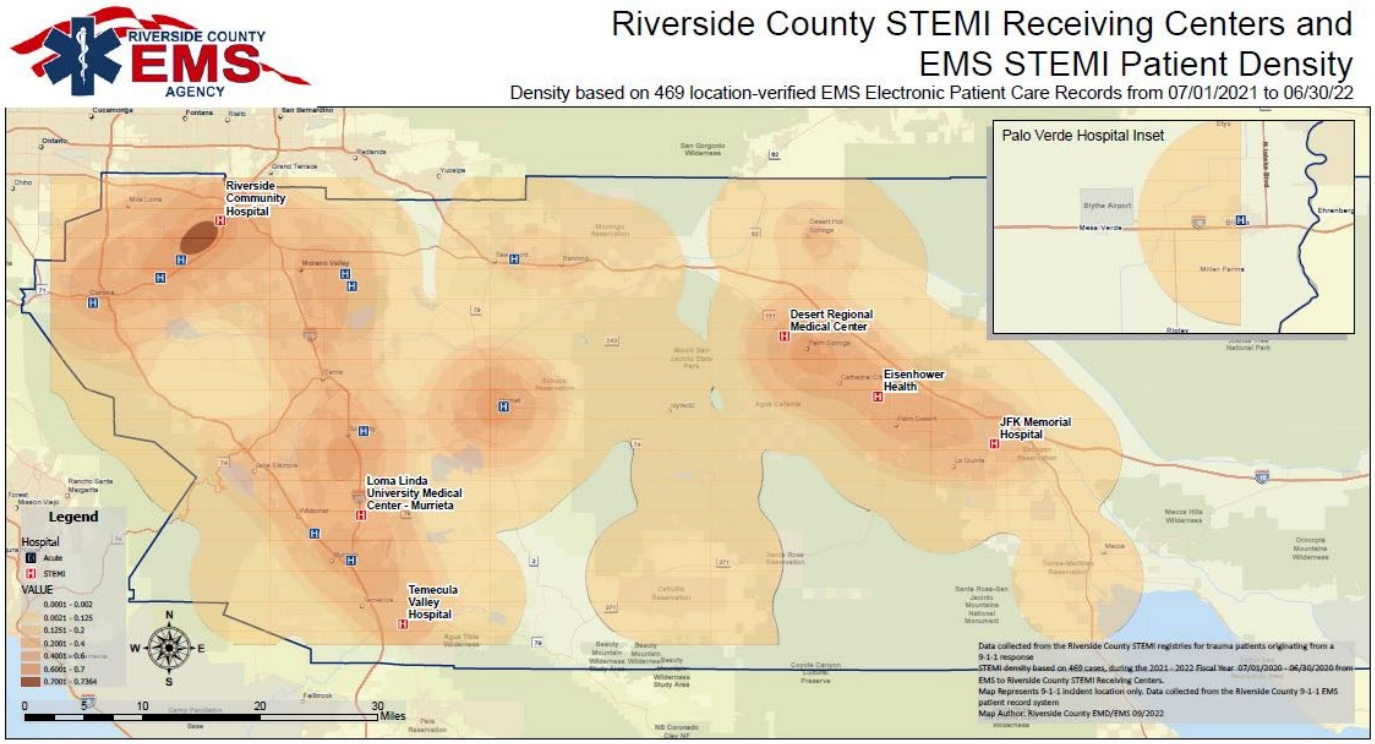
Table of Contents

STEMI System Summary……3
Riverside County EMS Agency Organization……4
STEMI System Changes ……4
Designated STEMI Centers and Contracts……6
STEMI System Goals and Objectives……7
Attachments……12
References ……20

STEMI System Summary

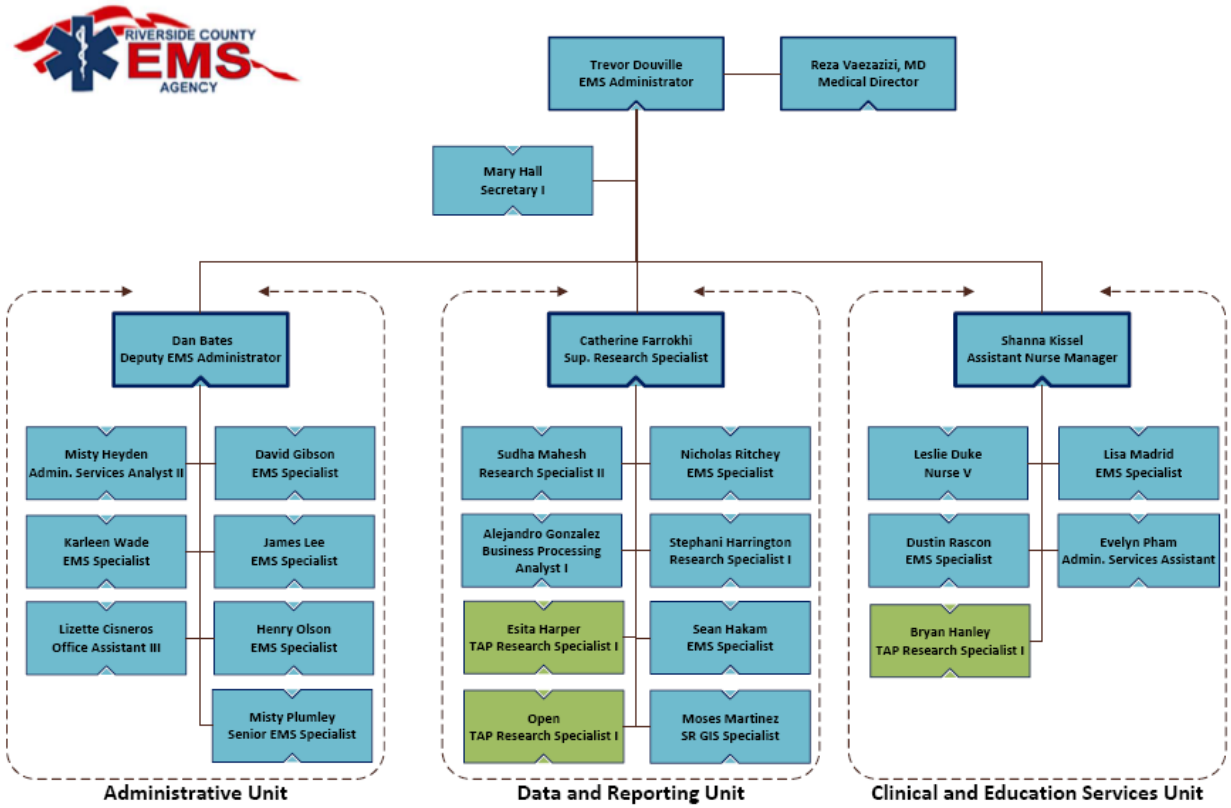
The Riverside County EMS Agency (REMSA) STEMI Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code. REMSA's organized system of care for STEMI patients has been in place since 2007 with the last update approved by the State EMS Authority (EMSA) in 2020. This current STEMI Plan update reflects the 2020 - 2022 data and activities for Riverside County.

Riverside County's jurisdiction includes six (6) STEMI centers, all of which have achieved accreditations from the American College of Cardiology as Chest Pain Centers with Percutaneous Coronary Intervention (PCI).



REMSA collects data using the ImageTrend Patient registry, which has been utilized since July 2019. All STEMI centers provide the clinical outcome of each STEMI patient, which links back to the pre-hospital ePCR, giving EMS providers feedback and outcomes of patients transported. STEMI centers submit data concurrently, which is analyzed and reported by REMSA. There is an ongoing plan in place to align and begin submission of State mandated STEMI data in the future. STEMI data is updated quarterly and can be found here: https://www.rivcoems.org/Programs/STEMI .

Riverside County EMS Agency Organization



REMSA – Updated 11/22/2021

STEMI System Changes

The RIVCO STEMI program is an active and ever evolving service to the community. Based upon our data findings, STEMI System Advisory Committee recommendations, and improvements in care provision, we make modifications to the system. The following items were actions taken during this reporting period.

- Policy revisions and additions
- System Performance Improvement and Auditing
- Orientation program for STEMI Managers
- Regionalized STEMI System Advisory Committee with Inland County EMS Agency
- Additional designated STEMI Centers
- STEMI designated center audits and agreement extension

Policy Revisions and Additions

STEMI patient treatment policies are routinely evaluated and updated with current standards of care and vetted through the STEMI System Advisory Committee and Pre-hospital Medical Advisory Committee (PMAC).

Changes to STEMI treatment policies were related to formatting and re-numbering. Policy 4402 Suspected Acute Coronary Syndrome was re-numbered as policy 4401 and policy 4406 Cardiac Arrest was re-numbered as policy 4405.

Changes to STEMI Administrative policy 5401, ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement contract term was lengthened from three (3) year to a five (5) year cycle.

Changes to STEMI Administrative policy 8207, STEMI System Advisory Committee were related to addition of a committee Chairperson and chairperson elect who shall serve a two (2) year term. Elections shall be at the last meeting of the year.

REMSA has also developed a *Specialty Care designation policy* (REMSA policy 6301) to cover all three (3) specialty programs (Trauma, Stroke, and STEMI) and outlines the process of specialty designation and de-designation of a facility in Riverside County. This policy accompanies each individual standard policy and includes requirements from Title 22 regulations and hospital agreements. This was implemented in October 2022.

System Performance Improvement and Auditing

Process improvement involves the practice of identifying, analyzing, and improving existing processes to optimize performance, meet best practice standards, or simply improve quality of care.

The STEMI System Advisory Committee participates in case review as a continuous performance improvement activity. Case review indicators consist of system issues, unanticipated outcomes, morbidity and mortality related to procedural complications, deviation from policy or protocols, and any cases needing further review or loop closure. The six (6) STEMI centers are on a rotation for case review presentations.

As a future goal to provide loop closure for the STEMI centers, REMSA will send closure letters from the STEMI committee with adjudication, if any. Retrospective data collection and analysis lies at the heart of quality improvement. Data and auditing aids in understanding how well the systems work, identifying potential areas for improvement, setting measurable goals, and monitoring the effectiveness of change. Beginning in August 2022, agency level system performance measures are disseminated to each participating provider.

As a system for the STEMI program, we look at data elements that align with our set goals and objectives. Data is compiled from the 2020-2021 CARES Utstein report (Attachment A & B), cardiac arrest report, and Image Trend, and is presented at the STEMI CQI Committee meeting. This data is also used to drive CQI processes to improve outcome performance measures. These can call be found here: https://rivcoems.org/Programs/STEMI.

Orientation Program for STEMI Managers

An orientation program was developed by the specialty care coordinator to help aid in awareness of REMSA policies, requirements, procedures, STEMI Committee goals, and projects. This orientation consists of a meeting between the REMSA specialty care coordinator and a new STEMI program manager who will review together STEMI specific policies, requirements, procedures, expectations,

and role definition to increase awareness of the coordinated efforts between the Riverside EMS Agency and a specialty designated facility.

Regionalized STEMI System Advisory Committee with Inland County EMS Agency

REMSA has expanded its relationship with Inland County Emergency Medical Agency (ICEMA) and regionalized the STEMI System Advisory Committee meetings. The Regional STEMI Advisory Committee is an advisory committee to the REMSA Medical Director. Currently, there are six (6) STEMI centers in Riverside and six (6) in San Bernardino that participate in meetings and activities. Both systems have similar policy and procedures and specialty patients cross bordering county lines making a regional approach more collaborative. This committee meets quarterly to perform case reviews, policy review, best practices related to STEMI care, and identify improvements to the STEMI system throughout the region. REMSA and ICEMA continue to have inter-county agreements regarding the acceptance of all specialty care patients, including STEMI patients. This agreement continues to be reviewed and updated on an annual basis. (Attachment C: Inter-County agreements).

Additional designated STEMI Centers

Based on the current location of county-wide STEMI designated centers in the northwest and central zones, the county would benefit from additional STEMI centers due to the extended transportation time to a closest STEMI receiving center. In 2022 REMSA received two inquiries of hospitals in these zones interested in applying for designation. REMSA will continue to work with these hospitals to achieve this goal.

STEMI designated center audits and agreement extension

All six (6) STEMI designated centers received a program audit in 2022 prior to contract agreement re-newel. Requirements of STEMI designation which align with policies 5401, 6301, & 8207 were reviewed for compliance. Audit findings and opportunities for improvement were shared.

Designated STEMI Centers and Contract Term

All six (6) STEMI centers have identical contracts that establishes a written agreement between the facilities and REMSA.

Facility	Contract Term	Agreement Type
Desert Regional Medical Center	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Eisenhower Health	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
John F. Kennedy Memorial Hospital	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement

Loma Linda University Medical Center-Murrieta	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Riverside Community Hospital	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement
Temecula Valley Hospital	July 1, 2019-June 30,2022 Current term: July 1, 2022-June 30,2027	ST Elevation Myocardial Infarction (STEMI) Receiving Center Designation Agreement

System Changes

Based on county-wide STEMI system data analysis, geographical location, pre-hospital transport times, projected impact on existing designated centers and population, REMSA will perform an assessment to evaluate the need for any additional STEMI designated center.

REMSA will continuously perform assessments to evaluate the STEMI system by using REMSA additional quantitative methods to perform county-wide needs assessments on the STEMI system. In early 2023, REMSA will be having a system consultant evaluate all hospital and specialty care programs. The anticipated time of completion with outcomes is roughly 18 months. During the time of the consultation, REMSA will not be processing any applications for centers unless received prior to the start of the system consultation.

STEMI System Goals and Objectives

REMSA has developed the following goals and objectives for the STEMI System calendar year 2020-2022.

	Goal	**Status**	**Timeline**
1	Improve the quality and service delivered to STEMI patients	Ongoing	Continual
2	Reduce EMS to Balloon times	Until goal is met 85-90% of the time	Spring 2023
3	Increase EMS pre-notification	90% reported rate within 6 months.	Quarterly review throughout 2022
4	Direct transport of stable ROSC patients to STEMI Centers	90% reported rate within 6 months.	Quarterly review throughout 2022
5	Increase documentation of Aspirin administration	90% reported rate within 6 months.	December 2023
6	EMS Agency level STEMI data	Ongoing	Disseminated quarterly
R	Provide EMS Feedback	Goal met 100%	Retired
R	EMS Education	Bi-annual-continual	Retired-Fall 2021 completed, continual implementation

Goal #1 Improve the quality and service delivered to STEMI patients

Specific:

- Identify best practices through evidence-based data and implemented as needed
- Improve data reports from the patient registry that inform the STEMI system

Measurable:

- Monitor adjusted survival to discharge rate of STEMI cases
- Evaluate and reduce time from symptom onset to definitive care for STEMI patients
- Monitor False negative rate through hospital feedback and keep under 20%

Achievable:

- This will be an ongoing project incorporated into already existing oversight of the STEMI System by the Specialty Care Coordinator.

Relevant:

- Overall improving the quality and performance of care achieves the goal of improving care delivery and enhancing patient outcomes.

Time:

- Ongoing evaluation

Goal #2 Reduce EMS to Balloon times

Specific:

- Identify area of opportunity to decrease E2B times through auditing.
- Monitor data in the Image Trend Patient Registry and provide feedback to the STEMI system managers and advisory committee members regarding problems or successes.
- Dissemination of data results during the quarterly STEMI System Advisory Committee.
- Ensure standardized policies are utilized.
- Current regional E2B project in-process

Measurable:

- Monitor EMS to balloon times and reduce to under 90 min 95% of the time.
- Monitor EMS to hospital door time and reduce to under 30 min 85% of the time.
- Monitor EKG transmission percentages and increase to 90% transmission rate.
- Data evaluated quarterly during STEMI committee meetings.

Achievable:

- This will be an ongoing project incorporated into already existing oversight of the STEMI System by the Specialty Care Coordinator.

Relevant:

- Improving the quality metric and performance of the measure E2B aligns with the recommendations of American College of Cardiology (ACC) and American Heart Association (AHA) guidelines.

Time:

- Spring 2023

Goal #3 Improve EMS pre-notification

Specific:

- Improvement of pre-notification documentation in the discrete and specific field in the ePCR by the field provider.
- Increase documentation of care rendered in the ePCR to increase meaningful data measures and reflect completed tasks by pre-hospital personnel.

Measurable:

- Increase documentation of EMS pre-notification to 90%.

Achievable:

- This will be an ongoing project incorporated into already existing oversight of the STEMI System by the Specialty Care Coordinator.

Relevant:

- Monitoring the systems activities evaluates the effectiveness of the education provided to EMS agencies and in obtaining the goals set as a system.

Time:

- Evaluation of data at quarterly STEMI Committee meetings.

Objective #4 Direct transport of stable ROSC patients to STEMI Centers

Specific:

- Improve the process of care and outcome for patients with cardiac arrest.
- Provide optimal chance of survival post ROSC by transporting patients to a specialty center.
- Measure clinical quality and protocol compliance utilizing measures that have been proven to make a difference in the outcome of the patient to include transport to a STEMI designated receiving center.
- Fall 2021 EMS education will be directed towards the benefits of post cardiac arrest care at a cardiac center.

Measurable:

- Cardiac Arrest report will be audited for appropriate destination.
- Patients transported after successful resuscitation will be transported to the closest STEMI center 90% of the time.

Achievable:

- This will be an ongoing project incorporated into already existing oversight of the STEMI System by the Specialty Care Coordinator.

Relevant:

- Transporting of post ROSC patient to a specialty center for higher level of care improves patient outcomes, increases the chance of survival, and aligns with the recommendations of AHA guidelines for cardiac resuscitation systems of care.

Time:

- Quarterly dissemination of data results at the Continuous Quality Improvement Leadership Team meetings.

Objective #5 Improve documentation of Aspirin administration

Specific:

- Improvement of aspirin documentation in the discrete and specific field in the ePCR by the field provider administering the medication.
- Fall 2021 EMS education will be directed towards the significance of documenting care rendered to ACS patients.
- A specific rule will be added into the documentation requirements of ACS patients in the Elite ePCR system.

Measurable:

- Data reflecting the performance metric for aspirin administration will be shared and reviewed at STEMI System Advisory Committee meetings.
- Goal of documented aspirin administration will increase to 90% within six months.

Achievable:

- This will be an ongoing project incorporated into already existing oversight of the STEMI System by the Specialty Care Coordinator.

Relevant:

- Monitoring the systems activities evaluates the effectiveness of the education provided to EMS agencies and in obtaining the goals set as a system. This goal also aligns with the core metric ACS-1 aspirin administration for ACS patients and protocol adherence.

Time:

- Re-evaluate December 2022

Objective #6 EMS Agency level STEMI data

Specific:

- Improve EMS STEMI measures by disseminating data to each individual agency
- Improve documentation in ePCR discreet fields to capture care rendered in the field

Measurable:

- Data reflecting EMS STEMI measures are compiled by the REMSA analytics team by agency response.

Achievable:

This will be an ongoing project incorporated into already existing oversight of the STEMI System data by the Specialty Care Coordinator.

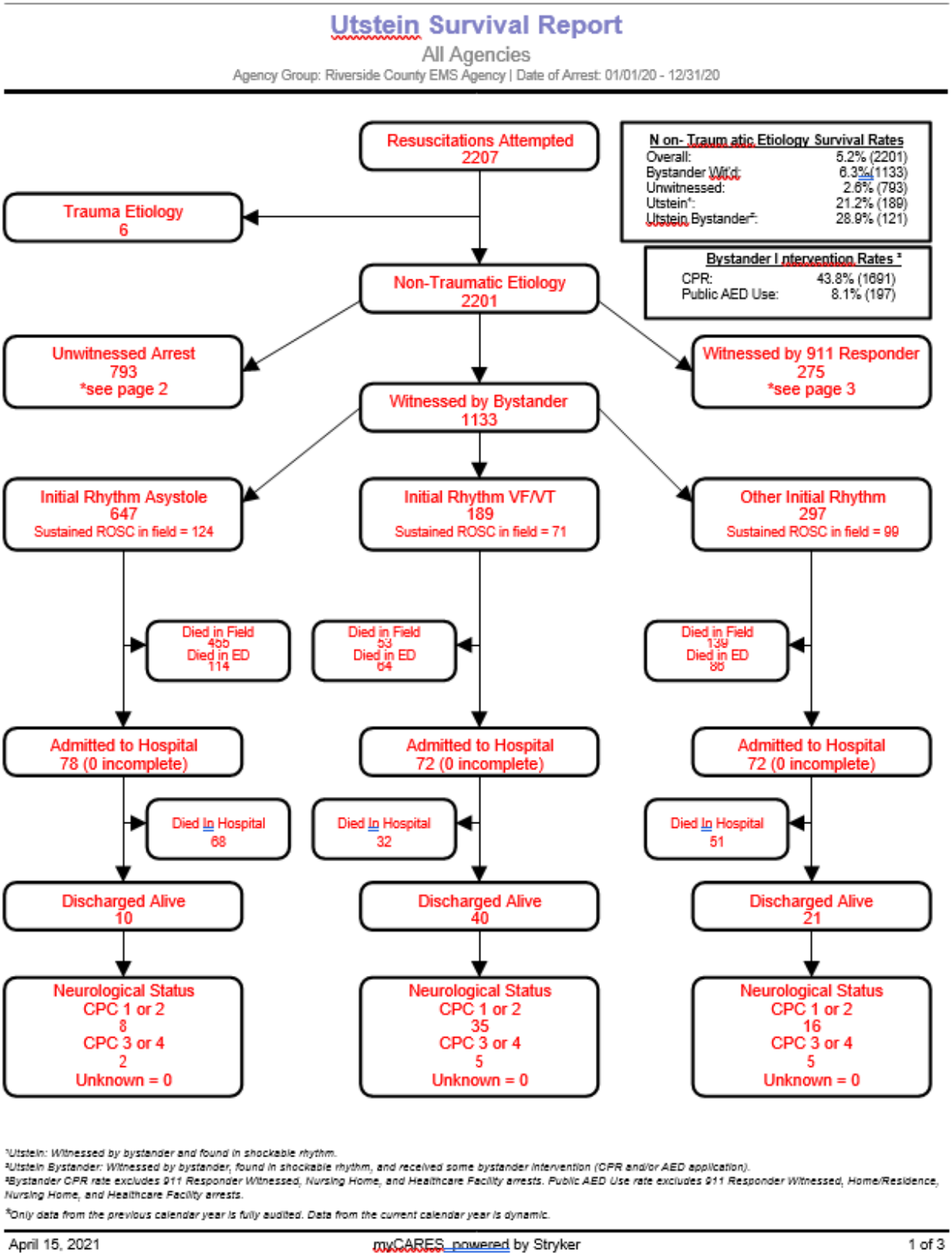
Relevant:

Monitoring STEMI system activities through data evaluates the effectiveness of policies and care delivered to the suspected and confirmed STEMI population by EMS.

Time:

EMS related STEMI data will be disseminated on a quarterly and ongoing basis prior to or preceding each regional STEMI committee meeting.

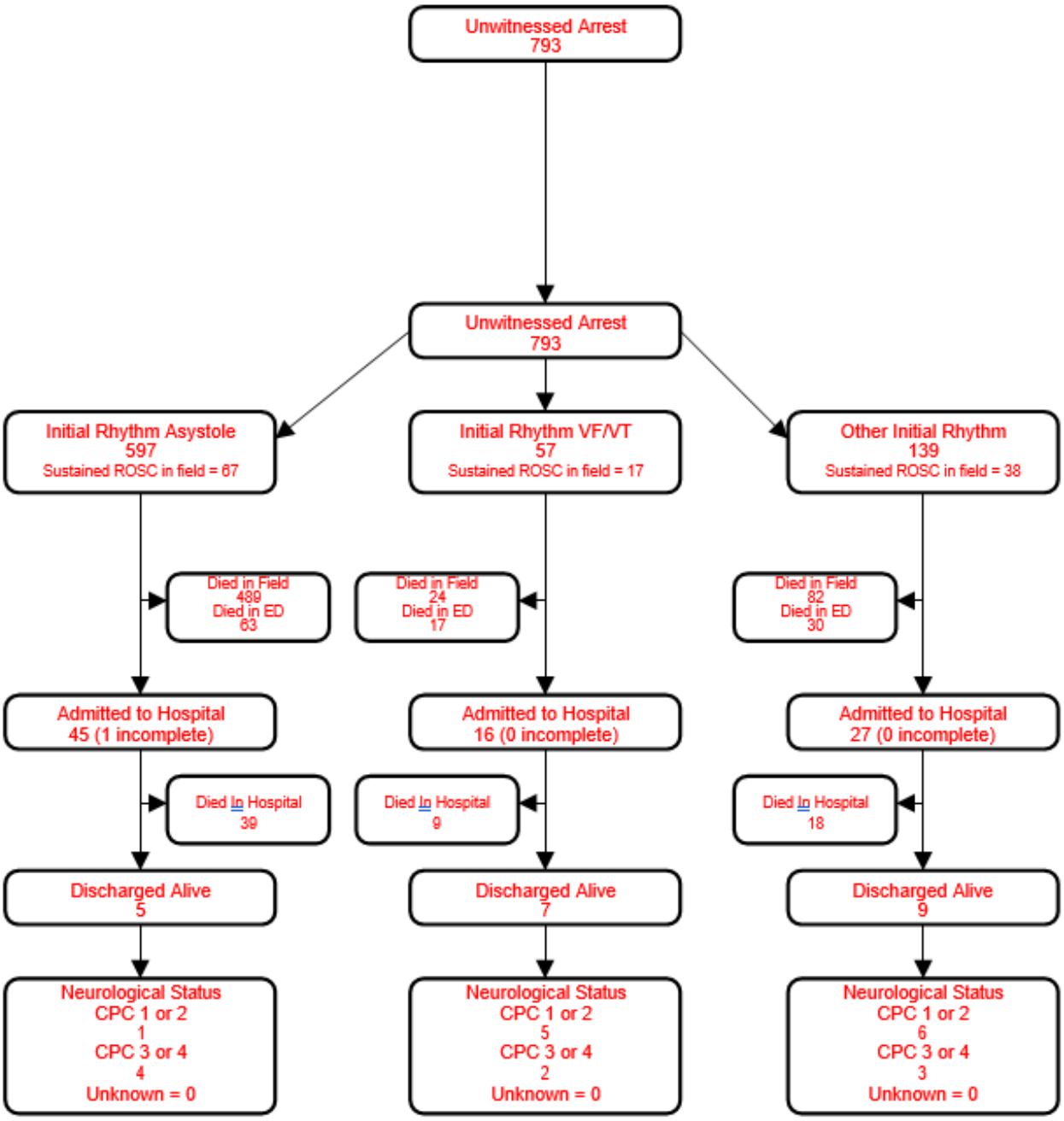
Attachment A:



Utstein Survival Report

All Agencies

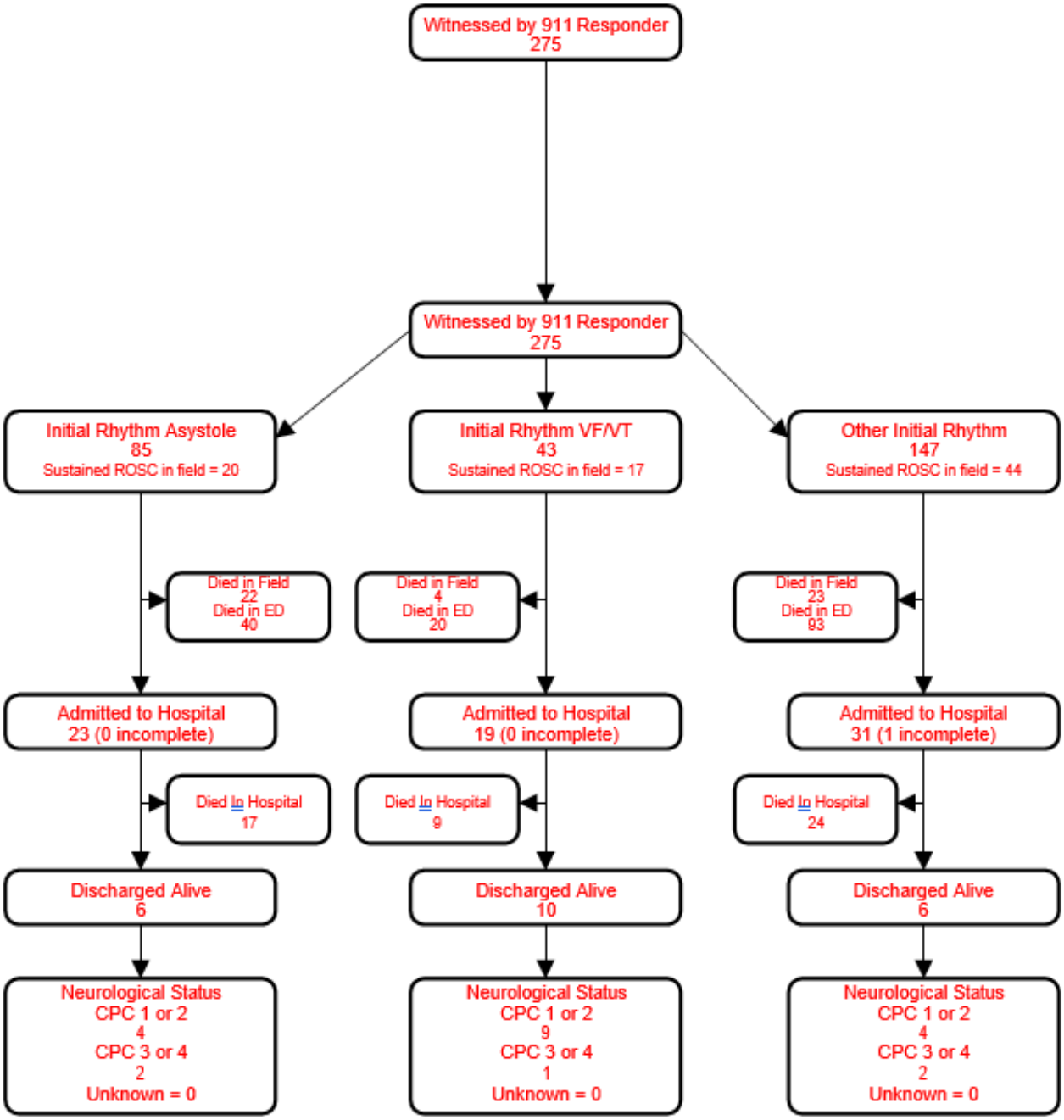
Agency Group: Riverside County EMS Agency | Date of Arrest: 01/01/20 - 12/31/20



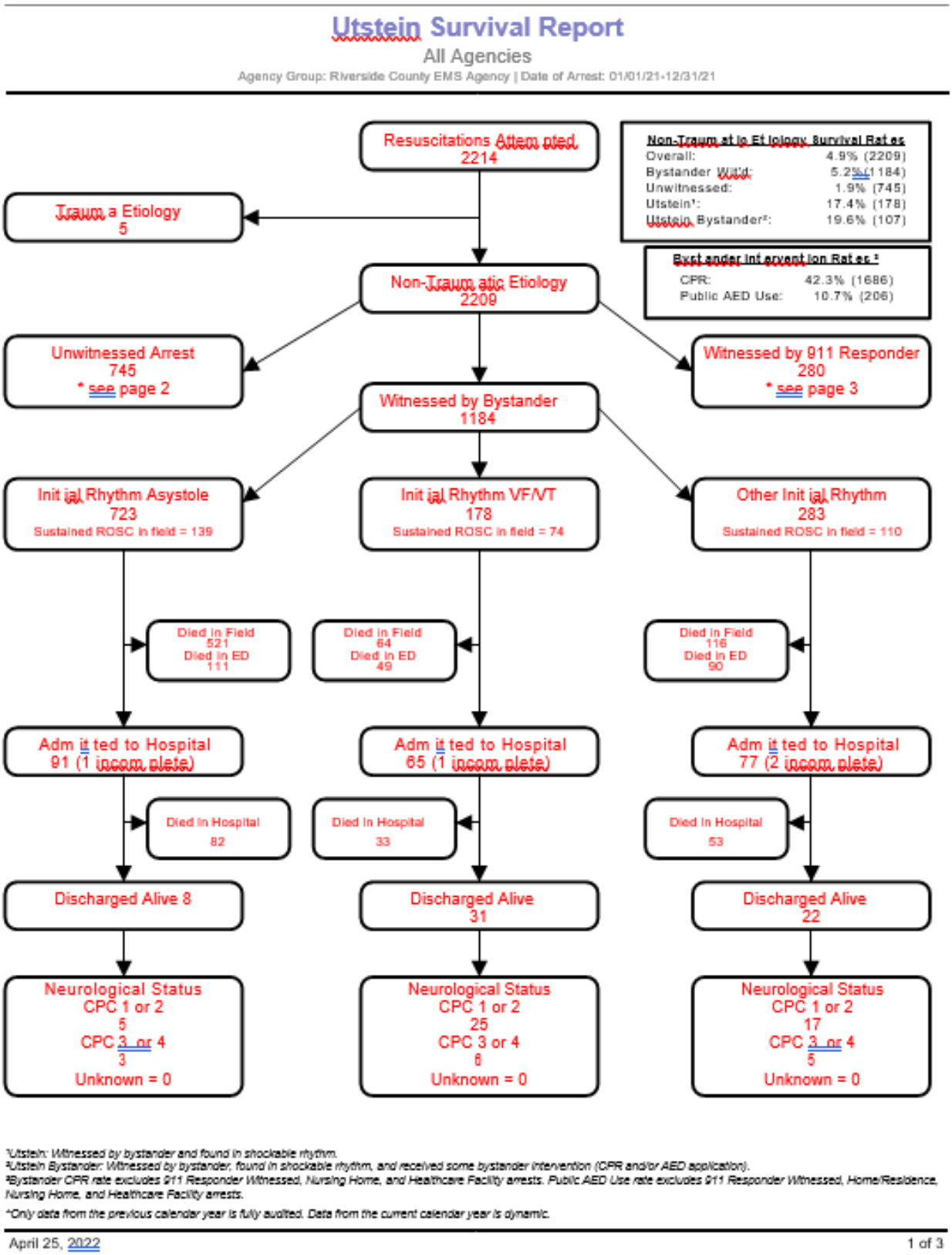
Utstein Survival Report

All Agencies

Agency Group: Riverside County EMS Agency | Date of Arrest: 01/01/20 - 12/31/20



Attachment B:



¹Utstein: Witnessed by bystander and found in shockable rhythm.
²Utstein Bystander: Witnessed by bystander, found in shockable rhythm, and received some bystander intervention (CPR and/or AED application).
³Bystander CPR rate excludes 911 Responder Witnessed, Nursing Home, and Healthcare Facility arrests. Public AED Use rate excludes 911 Responder Witnessed, Home/Residence, Nursing Home, and Healthcare Facility arrests.

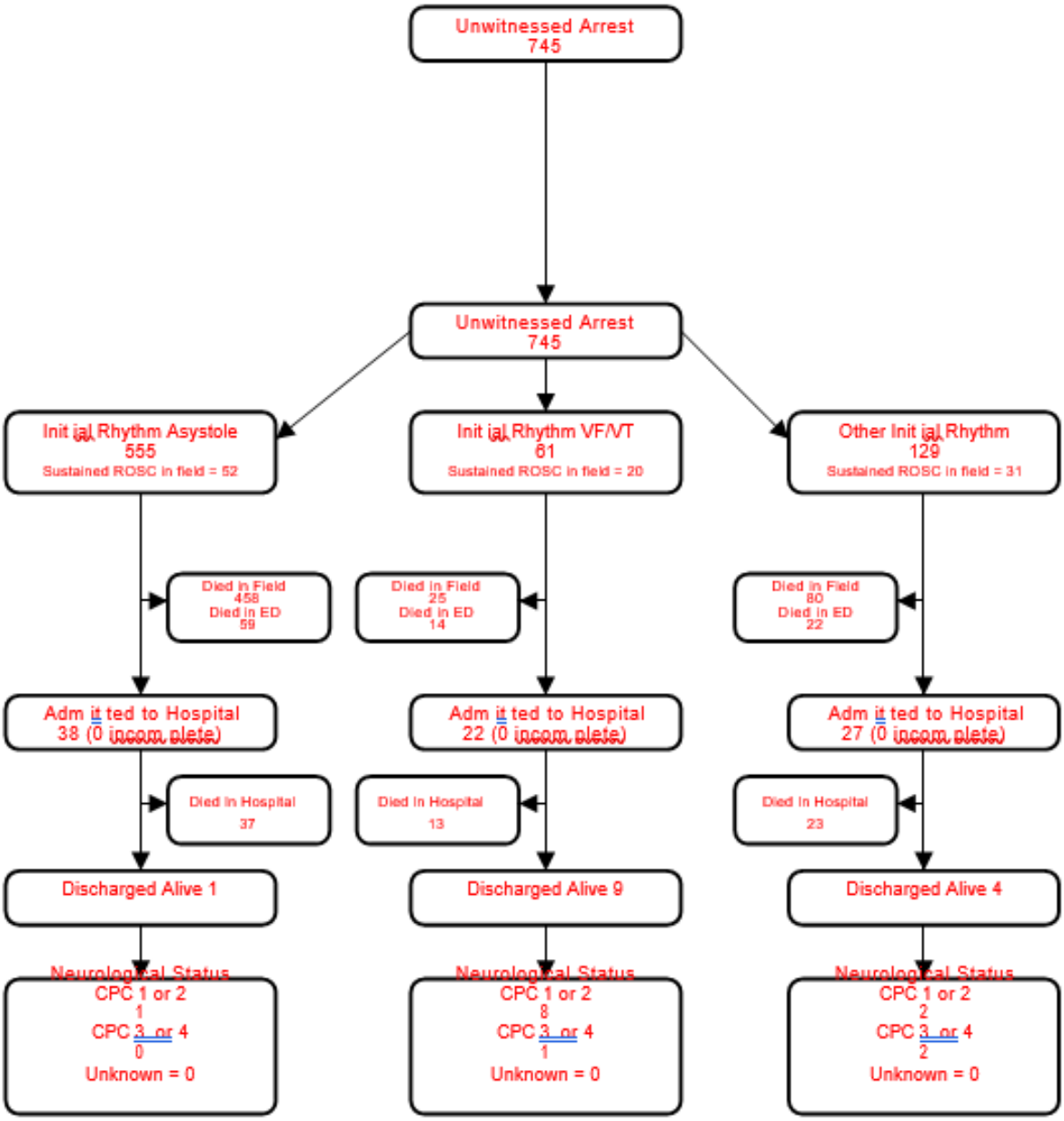
⁴Only data from the previous calendar year is fully audited. Data from the current calendar year is dynamic.

April 25, 2022 1 of 3

Utstein Survival Report

All Agencies

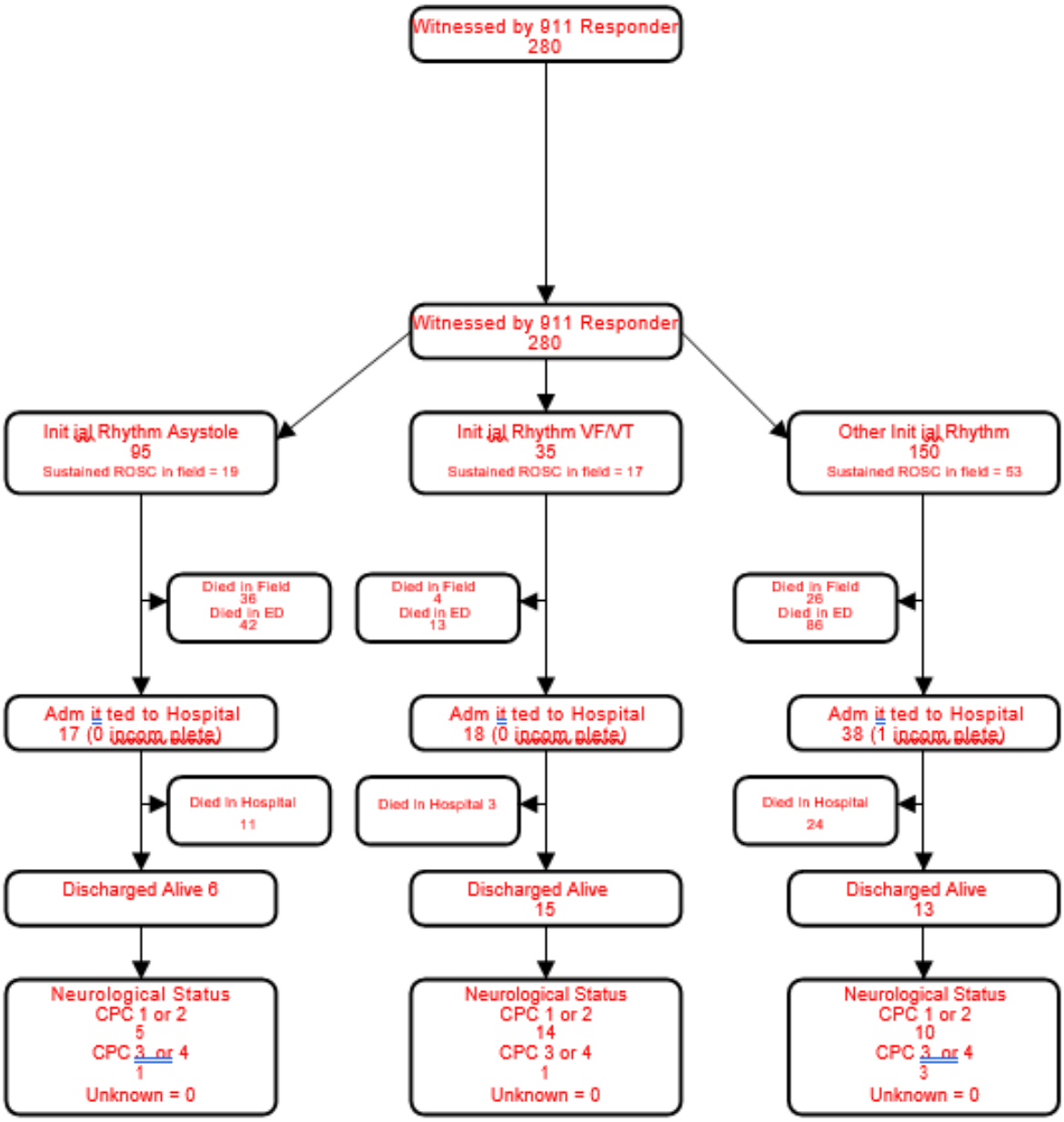
Agency Group: Riverside County EMS Agency | Date of Arrest: 01/01/21-12/31/21



Utstein Survival Report

All Agencies

Agency Group: Riverside County EMS Agency | Date of Arrest: 01/01/21-12/31/21



Attachment C:

RIVERSIDE COUNTY EMS AGENCY

September 27, 2021

Daniel Munoz, Interim EMS Administrator, Deputy Executive Officer
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Daniel,

Riverside County would like to continue collaborating with San Bernardino County in accepting all specialty care patients (Trauma, Stroke, and STEMI) from the field. Riverside County EMS continues to remain committed to providing optimal patient care and outcomes for all specialty care patients. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

EMS Administrator

Mailing Address: 450 E. Alessandro Blvd • ATTN: REMSA • Riverside, CA 92508
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5214 • www.rivcoems.org

Inland Counties Emergency Medical Agency
1425 South D Street, San Bernardino, CA 92415-0060 ▪ (909) 388-5823 ▪ Fax (909) 388-5825 ▪ www.icema.net

Serving San Bernardino, Inyo, and Mono Counties
Daniel Munoz, Interim EMS Administrator
Reza Vaezazizi, MD, Medical Director

December 2, 2021

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505

Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

Thank you for your ongoing partnership between ICEMA and REMSA.

Sincerely,

Daniel Munoz
Interim EMS Administrator

DM/jlm

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BOARD OF DIRECTORS

Col. Paul Cook (Ret.)	Janice Rutherford	Dawn Rowe	Curt Hagman	Joe Baca, Jr.	Leonard X. Hernandez
First District	Second District	Vice Chair Third District	Chairman Fourth District	Fifth District	Chief Executive Officer

References

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System. (2020). CCR Title 22, Division 9, Chapter 7.1 ST-Elevation Myocardial Infarction Critical Care System

Riverside County EMS Agency (2022). *Policy Manual*. http://www.remsa.us/policy/

Riverside County EMS Agency System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard. (2022). https://www.rivcoems.org/Programs/STEMI

End of Document

RIVERSIDE COUNTY EMS AGENCY

March 3, 2023

Elizabeth Basnett
EMS Authority Director
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Ms. Basnett,

Riverside County's Stroke Program has been evolving since 2014, currently there are nine (9) Primary and three (3) Comprehensive Stroke centers. The enclosed 2022 Stroke Plan update includes changes in the Stroke critical care system, goals and objectives, and system quality improvement activities from 2020- 2022. All Stroke Centers in Riverside County are held to the current state Stroke regulations as well as additional requirements implemented by our Medical Director.

Stroke system data collected through the registry continues to drive policy change, best practices, and improvements in patient care. The Riverside County Stroke System strives to maximize communication and technology to optimize patient outcomes through enhancements in Stroke recognition, center activation and the realization of efficiencies within the Stroke patient care continuum.

REMSA looks forward to your review and comments on Riverside County's 2022 Stroke Plan update.

Sincerely,

Dan Bates
Program Chief II
Riverside County EMS Agency (REMSA)

Mailing Address: 450 E. Alessandro Blvd • ATTN: REMSA • Riverside, CA 92508
Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5214 • www.rivcoems.org

STROKE SYSTEM UPDATE
2022

Reza Vaezazizi, MD, REMSA Medical Director
Dan Bates, Program Chief II
Shanna Kissel, MSN, RN, Assistant Nurse Manager
Leslie Duke, MSN, RN, CEN, PHN Specialty Care Coordinator

Table of Contents

Stroke System Summary……3
Riverside County EMS Agency Organization ……4
Stroke System Changes ……4
Designated Stroke Centers and Contracts……5
Stroke System Goals and Objectives ……7
Attachments A……11
References……13

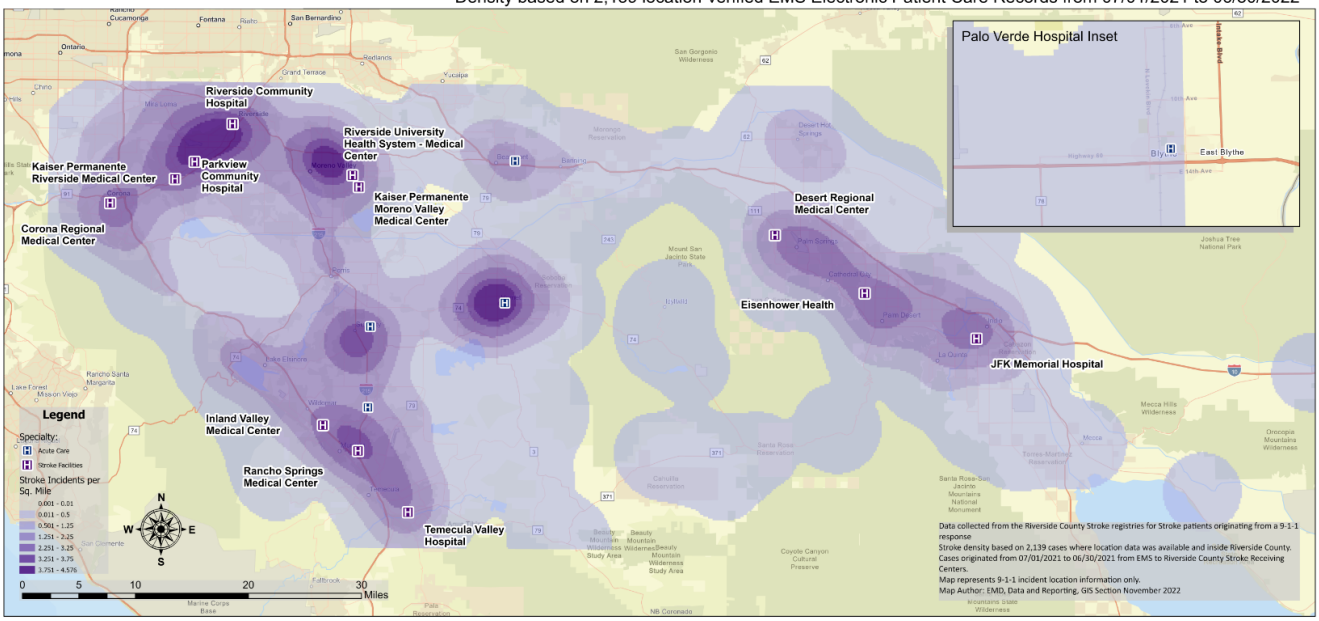
Stroke System Summary

The Riverside County EMS Agency (REMSA) Stroke Care System Plan was developed in compliance with Section 1797.107, et seq., Health and Safety Code. REMSA's organized system of care for stroke patients has been in place since 2014. The initial stroke plan was written and approved by the State EMS Authority (EMSA) in 2019. This current STEMI Plan update reflects the 2020 - 2022 data and activities for Riverside County.

Riverside County's jurisdiction includes nine (9) primary stroke centers, all of which have achieved Advanced Primary Stroke certifications from The Joint Commission (TJC). Three (3) Stroke centers are currently Det Norske Veritas (DNV) certified Comprehensive Stroke Centers.

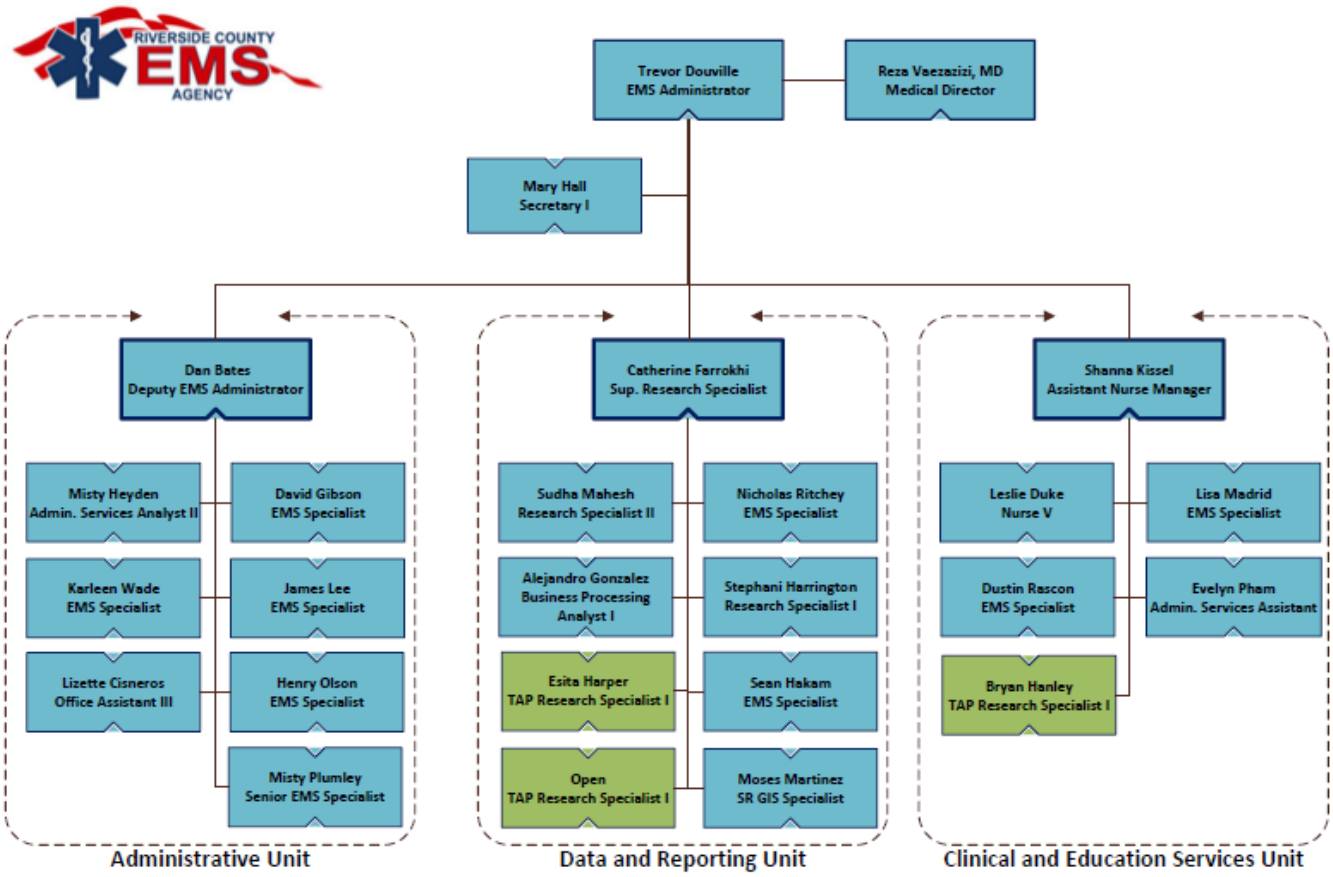
Riverside County Stroke Receiving Centers and
EMS Stroke Patient Density - From Hospital

Density based on 2,139 location-verified EMS Electronic Patient Care Records from 07/01/2021 to 06/30/2022



REMSA collects data using the Imagetrend Patient registry, which has been utilized since July 2019. All stroke centers provide the clinical outcome of each stroke patient which links back to the pre-hospital ePCR, giving EMS providers feedback and outcomes of patients transported. Stroke centers submit data concurrently, which is analyzed and reported by REMSA. There is an ongoing plan in place to align and begin submission of State mandated Stroke data in the future. Stroke data is updated quarterly and can be found here: https://www.rivcoems.org/Programs/Stroke.

Riverside County EMS Agency Organization



REMSA – Updated 11/22/2021

Stroke System Changes

The RIVCO Stroke program is an active and ever evolving service to the community. Based upon our data findings, Stroke System Advisory Committee recommendations, and improvements in care provision, we make modifications to the system. The following items were actions taken during this reporting period.

- Policy revisions and additions
- System Performance Improvement and Auditing
- Orientation program for Stroke Managers
- Regionalized Stroke System Advisory Committee with Inland County EMS Agency

Policy Revisions and Additions

Stroke patient treatment policies are routinely evaluated and updated with current standards of care and vetted through the Stroke System Advisory Committee and Pre-hospital Medical Advisory Committee (PMAC).

Changes to Stroke treatment policies were related to formatting and re-numbering. Policy 4502 Suspected Stroke was re-numbered to Policy 4503.

Changes to Stroke Administrative policy 8206, Stroke System Advisory Committee were related to addition of a committee Chairperson and chairperson elect who shall serve a two (2) year term. Elections shall be at the last meeting of the year.

REMSA has also developed a *Specialty Care designation policy* (REMSA policy 6301) to cover all three (3) specialty programs (Trauma, Stroke, and STEMI) and outlines the process of specialty designation and de-designation of a facility in Riverside County. This policy accompanies each individual standard policy and includes requirements from Title 22 regulations and hospital agreements. This was implemented in October 2022.

System Performance Improvement and Auditing

Process improvement involves the practice of identifying, analyzing, and improving existing processes to optimize performance, meet best practice standards, or simply improve quality of care.

The Stroke System Advisory Committee participates in case review as a continuous performance improvement activity. Case review indicators consist of system issues, unanticipated outcomes, morbidity, and mortality related to procedural complications, deviation from policy or protocols, and any cases needing further review or loop closure. The twelve (12) Stroke centers are on a rotation for case review presentations.

As a future goal to provide loop closure for the Stroke centers, REMSA will send closure letters from the Stroke committee with adjudication, if any. Retrospective data collection and analysis lies at the heart of quality improvement. Data and auditing aids in understanding how well the systems work, identifying potential areas for improvement, setting measurable goals, and monitoring the effectiveness of change. Beginning in August 2022, agency level system performance measures are disseminated to each participating provider.

Orientation program for Stroke Managers

An orientation program was developed by the specialty care coordinator to help aid in awareness of REMSA policies, procedures, Stroke Committee goals, and projects. This orientation consists of a meeting between the REMSA specialty care coordinator and a new Stroke hospital manager who will review together Stroke specific policies, procedures, expectations, and role definition to increase awareness of the coordinated efforts between the Riverside EMS Agency and a specialty designated facility.

Regionalized Stroke System Advisory Committee with Inland County EMS Agency

REMSA has expanded its relationship with Inland County Emergency Medical Agency (ICEMA) and regionalized the Stroke System Advisory Committee meetings. The Regional Stroke Advisory Committee is an advisory committee to the REMSA Medical Director. Currently, there are twelve stroke centers in Riverside and twelve in San Bernardino that participate in meetings and activities. Both systems have similar policy and procedures and specialty patients cross bordering county lines making a regional approach more collaborative. This committee meets quarterly to perform case reviews, policy review, best practices related to stroke care, and identify improvements to the stroke system throughout the region. REMSA and ICEMA continue to have inter-county agreements regarding the acceptance of all specialty care patients, including stroke patients. This agreement continues to be reviewed and updated on an annual basis. (Attachment A: Inter-County agreements).

Designated Stroke Centers, Designation Level, and Contract Terms

All twelve (12) Stroke centers have contracts that establishes a written agreement between the facilities and REMSA.

Stroke Center	Stroke Designation Level	Agreement Type	Contract Term
Corona Regional Medical Center	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Desert Regional Medical Center	Comprehensive	County of Riverside Comprehensive Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Eisenhower Health	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Inland Valley Medical Center	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
John F. Kennedy Memorial Hospital	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Kaiser Permanente-Moreno Valley	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Kaiser Permanente-Riverside	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Parkview Hospital	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Rancho Springs Medical Center	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Riverside Community Hospital	Comprehensive	County of Riverside Comprehensive Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Riverside University Health System-Medical Center	Primary	County of Riverside Primary Stroke Center Designation Agreement	July 1, 2020-June 30, 2023
Temecula Valley Hospital	Comprehensive	County of Riverside Comprehensive Stroke	July 1, 2020-June 30, 2023

		Center Designation Agreement	

System Changes

Based on county-wide Stroke system data analysis, geographical location, pre-hospital transport times, projected impact on existing designated centers and population, REMSA will perform an assessment to evaluate the need for any additional primary centers or an upgrade of a primary to a comprehensive stroke designated center.

REMSA will continuously perform assessments to evaluate the STEMI system by using REMSA additional quantitative methods to perform county-wide needs assessments on the STEMI system. In early 2023, REMSA will be having a system consultant evaluate all hospital and specialty care programs. The anticipated time of completion with outcomes is roughly 18 months. During the time of the consultation, REMSA will not be processing any applications for centers unless received prior to the start of the system consultation.

Stroke System Goals and Objectives

REMSA has developed the following goals and objectives for the Stroke System calendar year 2020-2022.

	Goal	Status	Timeline
1	Improve the quality of care delivered to interfacility transfer stroke patients	Ongoing	December 2022 *extended to August 2023
2	Dedicated recorded phone line	Implementation deadline met July 2021. Evaluation and validation process implemented in November 2021. 11/12 hospitals completed.	July 2023
3	Expansion of reported data measures on the stroke scope dashboard	Development phase	April 1, 2022-completed
4	Image Trend Stroke patient registry data validation	Goal met 100%	Completed
5	EMS Agency level stroke data	Ongoing	Disseminated quarterly
R	No Diversion of stroke patients	Policy implemented	Retired
R	Provide EMS Feedback	Goal met 100%	Retired
R	EMS Education	Bi-annual-continual	Fall & spring 2021 completed, continual implementation, retired
R	Designate additional stroke centers	Goal met 100%	Retired

Objective #1 Improve the quality of care delivered to interfacility transfer stroke patients

Specific:

- Identify best practices through evidence-based data research related to a neurological assessments of a stroke patients during a paramedic interfacility transport to a higher level of stroke care hospital.
- Identify current gaps in practice related to field neurological assessments and stroke patient care needs to develop an educational module.
- Improve neurological assessment during transport and hand-off report on patients that are transferred to higher level stroke facilities for intervention through an education module disseminated to EMS providers.

Measurable:

- Subjective assessment from the three comprehensive stroke centers will be assessed during the Stroke manager Committee quarterly meeting.

Achievable:

This will be mandatory education developed in collaboration by REMSA and stroke managers. The educational module will be delivered to EMS agencies and ED Registered Nurses at Primary and Comprehensive stroke centers.

Relevant:

Overall improvement r/t the quality and performance of care enhances patient outcomes. Improving hand-off report achieves the goal of conveying pertinent information needed to expedite stroke treatment provided at a higher-level stroke center.

Time:

Educational module will be developed and accessible to EMS agencies and stroke centers for education by December 2022.

Objective #2 Dedicated recorded phone line

Specific:

- Validation related to obtaining a recording of an incoming EMS patient report.
- One recorded EMS calls will be sent to the REMSA Specialty Care Coordinator confirming that a recording can be obtained from their recorded phone or radio line from each non-base hospital stroke center.
- Confirmation that EMS report can be recorded, retrieved, and submitted to REMSA will validate the hospital obligation in policy 5701 to maintain a recorded line for CQI purposes.

Measurable:

- All non-base hospital designated stroke centers will send REMSA a recorded EMS report from their dedicated EMS phone line by July 2022.

Achievable:

This project oversight will be executed by the Specialty Care Coordinator in coordination with each stroke designated facility program manager.

Relevant:

REMSA Policy 5701, Stroke Center Standards, states hospital obligation to maintain a dedicated audio

recorded phone line or radio system, used by paramedics, to notify the facility of incoming stroke patients for the purpose of CQI.

Time:
Validation with each designated stroke center confirming recordings can be obtained and sent to REMSA for CQI purposes will be completed by July 2022.

Objective #3 Expansion of reported data measures on the stroke scope dashboard

Specific:

- Additional new and relevant stroke performance metrics will be added to the publicly facing dashboard creating transparency with the stroke designated centers and the community regarding system processes reflecting stroke care.

Measurable:

- Data reflecting new performance metrics will be compiled by the REMSA analytics team, shared during the Stroke System Advisory Committee meetings, and developed into the existing stroke dashboard on the RIVCOEMS.org website on an as needed basis.

Achievable:
This will be an ongoing project incorporated into already existing oversight of the Stroke System data by the Specialty Care Coordinator.

Relevant:
Monitoring stroke system activities through data evaluates the effectiveness of policies and care delivered to the suspected and confirmed stroke population by EMS and designated stroke centers.

Time:
The REMSA stroke dashboard will be updated on a quarterly and ongoing basis prior to each regional stroke committee meeting.

Objective #4 Image Trend Stroke patient registry data validation

Specific:

- New Image Trend reports related to thrombectomy volumes will be validated against hospital data.

Measurable:

- The reported volume of thrombectomies in the Image Trend Stroke Patient Registry will be compared to the reported hospital volume for quarter two of 2021.

Achievable:
This will be an ongoing project incorporated into already existing oversight of the Stroke System data by the Specialty Care Coordinator.

Relevant:
Oversite of data imported into the Image Trend Stroke Patient Registry confirms that the data being reported to the county is valid and accurate. Data is only truly useful to make change or prove efficiency if it is validated as accurate.

Time:
The validation process was completed on October 1, 2021.

Objective #5 EMS Agency level stroke data

Specific:

- Improve stroke data measures by disseminating data to each individual EMS agency
- Improve documentation in ePCR discreet fields to capture care rendered in the field

Measurable:

- Data reflecting EMS stroke measures are compiled by the REMSA analytics team by agency response.

Achievable:

This will be an ongoing project incorporated into already existing oversight of the Stroke System data by the Specialty Care Coordinator.

Relevant:

Monitoring stroke system activities through data evaluates the effectiveness of policies and care delivered to the suspected and confirmed stroke population by EMS.

Time:

EMS related stroke data will be disseminated on a quarterly and ongoing basis prior to or preceding each regional stroke committee meeting.

Attachment A: Intercounty Agreements

RIVERSIDE COUNTY EMS AGENCY

September 27, 2021

Daniel Munoz, Interim EMS Administrator, Deputy Executive Officer
Inland Counties Emergency Medical Services Agency
1425 South "D" Street
San Bernardino, CA 92415-0060

Dear Daniel,

Riverside County would like to continue collaborating with San Bernardino County in accepting all specialty care patients (Trauma, Stroke, and STEMI) from the field. Riverside County EMS continues to remain committed to providing optimal patient care and outcomes for all specialty care patients. Reciprocal acceptance of specialty care patients from the field between both Riverside and San Bernardino Counties continues to be effective and a critical component between both systems.

Thank you for your ongoing partnership between REMSA and ICEMA.

Sincerely,

EMS Administrator

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Serving San Bernardino, Inyo, and Mono Counties
Daniel Munoz, Interim EMS Administrator
Reza Vaezazizi, MD, Medical Director

December 2, 2021

Trevor Douville, Director
Riverside County Emergency Medical Services Agency
4210 Riverwalk Parkway, Suite 300
Riverside, CA 92505

Dear Mr. Douville:

ICEMA would also like to continue collaborating with Riverside County in accepting all specialty care patients (Trauma, Stroke and STEMI) from the field. ICEMA remains committed to providing optimal patient care and outcomes for all of these patients. Reciprocal acceptance of specialty care patients from the field between San Bernardino and Riverside Counties continues to be effective and critical component between both systems.

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Sincerely,

Daniel Munoz
Interim EMS Administrator

DM/jlm

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References

California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services, Chapter 7.2 Stroke Critical Care System. (2020). https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCodeofRegulations?guid=I85A8AB796B854EC3B8B93707B6D386F8&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default).

Riverside County EMS Agency (2022) Policy Manual. http://www.remsa.us/policy/

Riverside County EMS Agency System-based Clinical and Operational Performance Evaluation (SCOPE) dashboard. (2022). http://www.remsa.us/documents/programs/stroke/.

End of document

CQIP
CONTINUOUS QUALITY IMPROVEMENT PLAN

2022 UPDATE

JULY 31, 2023

PREPARED BY RIVERSIDE COUNTY EMS AGENCY, EMERGENCY MANAGEMENT DEPARTMENT

RIVERSIDE COUNTY EMS AGENCY

CQIP ANNUAL UPDATE 2022

Introduction 3

Current Measures and Reports - 2022 3

1. California EMS Authority Core Measures 3
2. California EMS Authority Quarterly APOT Reports 4
3. EMS System and Specialty Care Reports 5

Annual CQI Plan Update Matrix 6

Summary 10

Introduction

This Annual Update is a written account of Riverside County Emergency Medical Services (EMS) activities as outlined in the 5-Year Continuous Quality Improvement Plan (CQIP). These activities, collectively referred to as *Riverside County EMS Agency CQIP Measures,* include clinical metrics and key patient documentation standards identified as having significant clinical relevance to assuring quality in the local EMS system.

Current Measures and Reports - 2022

During this reporting period, REMSA generated the following measures and reports.

1. California EMS Authority Core Measures

The Core Quality Measures Project allows EMS systems across California to review their performance and compare their results to similar regions. The goal is to establish the baseline and highlight opportunities to improve the quality of patient care delivered within an EMS system. While assessing clinical care across local jurisdictions has the challenges described above, the California EMS Authority (EMSA) continues to utilize the Core Quality Measures Project to collect information from LEMSAs on an annual basis. The National EMS Quality Alliance (NEMSQA) published a set of re-specified measures in 2019, which were updated in 2021.

The Core Quality Measures Project currently includes 6 of 11 National EMS Quality Measures. These are:

- TRA-2: Transport of Trauma Patients to a Trauma Center
- HYP-1: Treatment Administered for Hypoglycemia
- STR-1: Prehospital Screening for Suspected Stroke Patients
- PED-3: Respiratory Assessment for Pediatric Patients
- RST-4: 911 Requests for Services That Included a Lights and/or Sirens Response
- RST-5: 911 Requests for Services That Included a Lights and/or Sirens Transport

REMSA is responsible for building and submitting the CORE Measures report for the Riverside County EMS System annually based on EMSA criteria which are updated periodically. Current Core Measures reports and criteria can be found at https://emsa.ca.gov/ems-core-quality-measures-project/. Results for the current reporting period were as follows.

Fig. 1. Riverside County CORE Quality Measure Report, 2022

California Core Quality Measures Data - CY 2022

Measure ID #	Measure Name	Numerator Value (Subpopulation)	Denominator Value (Population)	Reported Value (%)	Notes and Comments
TRA-2	Transport of Trauma Patients to a Trauma Center	2577	2690	**96%**	No modifications or patient level needed as criteria already includes eDispositon12= "Treated, Transported by this EMS Unit" which accounts predominantly for patient level.
HYP-1	Treatment Administered for Hypoglycemia	2478	3246	**76%**	Data is based on Patient level using incident date/hour, name, age, gender. Same data by response level : Numerator: 2731, Denominator: 4137.
STR-1	Prehospital Screening for Suspected Stroke Patients	6548	6557	**99.9%**	Data is based on Patient level using incident date/hour, name, age, gender. Same data by response level : Numerator: 7929, Denominator: 7953.
PED-3	Respiratory Assessment for Pediatric Patients	1486	1540	**96%**	Data is based on Patient level using incident date/hour, name, age, gender. (Count significantly higher in 2022)
RST-4	911 Requests for Services That Included a Lights and/or Sirens Response	427338	489789	**87%**	Response level only. No patient level modifications made so all responses could be accounted for (Fire and Ambulance). 1210 records with a blank eResponse.24 but calculated into denominator as blanks not part of exclusionary criteria
RST-5	911 Requests for Services That Included a Lights and/or Sirens Transport	13741	169036	**8%**	No modifications or patient level needed as criteria already includes eResponse.07="Ground Transport"; and eDispositon12= "Treated, Transported by this EMS Unit" which accounts predominantly for patient level.

2. California EMS Authority Quarterly APOT Reports

REMSA is responsible for submitting quarterly Ambulance Patient Offload Time reports to EMSA within the month following each quarter's end (Jan-Mar reported in April; April-June reported in July; Jul-Sep reported in October; Oct-Dec reported in January). These reports describe 90th percentile of 9-1-1 ambulance patient offload times by Emergency Department (APOT-1) and the number of patients with extended delays offload as specified between 20 minutes and greater (APOT-2). Criteria for these measures can be found on EMSA's website at the following link: https://emsa.ca.gov/apot/

Data for the Riverside County EMS System and other regions across California can be found by quarterly reporting period at https://emsa.ca.gov/apot/ under the "*Data Collection and Reporting*" tab.

Note that as of January 2023, Riverside County EMS is no longer responsible for submitting quarterly APOT reports to EMSA. EMSA now collects this data directly from the California EMS Information System database (CEMSIS) which went live on January 23rd, 2023.

3. EMS System and Specialty Care Reports

REMSA is responsible for monitoring and reporting dozens of metrics for system level CQI and provider/stakeholder evaluation to improve documentation practices and help drive objective and quality decision making in EMS system education and policy.

Along with ad hoc reporting, the following matrix outlines the fixed metrics REMSA generated, evaluated, and reported on during this reporting period. Many of these metrics can be found on REMSA's System Based Clinical and Operational Performance Evaluation (SCOPE) data dashboards or on REMSA's Reports page at the links below:

- SCOPE Dashboards:

https://lookerstudio.google.com/reporting/0BykHNCGE-ixib29ZUGl3TGc3V2s/page/p_4ri3czri2c?s=ntprG7Rd2kM

- Reports (provided weekly, monthly, or annually):

https://rivcoems.org/Documents/Reports-Current

These measures are outlined on the following page in the *Annual CQI Plan Update Matrix* and described across the following categories.

- Indicators Monitored
- Key Findings/Priority Issues Identified
- Improvement Action Plan/Plans for Further Action
- Were Goals Met?
- Is Follow-up Needed?

For detailed measure criteria and indicators, see the current REMSA 5-Year CQI Plan.

Annual CQI Plan Update Matrix

Program	Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan/Plans for Further Action	Goals Met?	Follow-up Needed?
EMS System Response Profile	EMS Response volume, response times, acuity, etiology.	• All EMS System Status metrics are maintained on the REMSA SCOPE dashboard (link) and updated weekly or monthly depending on metric. Annual reports also provided (link). • *Key Data Findings:* Pandemic response resulted in fluctuating and significant high/low value metrics.	• Planned upgrade of all dashboards to interactive PowerBI platform	Yes	No
Credentialing	Active EMS Certifications in Riverside County and by type.	• Credentialing metrics maintained monthly on REMSA SCOPE dashboard (link). • *Key Data Findings:* System stable with approx. 5,900 EMS certs in county (approx. 22% paramedics, 70% EMT, 8% MICN and RN).	• Credentialing measures combined as an aggregate value and % based on certification type (EMT, Paramedic MICN, RN)	Yes	No
APOD	Ambulance Patient Offload times and delays. Includes by-facility, extended delays, and Diversion reporting.	• APOD metrics reported weekly and monthly in REMSA reports (link). APOD volume and time is also included on the REMSA SCOPE dashboard page (link). • *Key Data Findings*: Pandemic response resulted in unstable and significantly higher APOD than previously recorded in the Riverside County EMS system.	• Quality control added to electronic patient care report (ePCR) documentation by requiring entry of delay reason and filtering out of non-ED related delays in reports. Non-ED delays account for 2-3% of total delays.	Yes	No

Program	Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan/Plans for Further Action	Goals Met?	Follow-up Needed?
Stroke	Riverside County Stroke metrics including volume, etiology, disposition, geospatial factors. Includes EMS transferred and walk-in patients to Riverside County Stroke Centers.	• Stroke metrics reported quarterly on REMSA Stroke dashboard page (link). • *Key Data Findings*: Stroke volume stable across 2022 with approximately 2,100 confirmed cases arriving from the field to designated Stroke Centers in the County.	• EMS suspected stroke cases reported on an ad hoc basis.	Yes	No
STEMI	Riverside County STEMI metrics including volume, etiology, disposition, geospatial factors. Includes EMS transferred and walk-in STEMI patients to Riverside County STEMI centers.	• STEMI metrics reported quarterly on REMSA STEMI dashboard page (link) with additional metrics reported in quarterly STEMI committee meetings. • *Key Data Findings*: STEMI volume stable across 2022 with 474 confirmed cases arriving from the field to designated STEMI centers in the County.	• EMS suspected STEMI cases reported on an ad hoc basis.	Yes	No
Trauma	Riverside County Trauma metrics defined by National Trauma Database (NTDB). Traumatic Cardiac Arrest metrics including volume, etiology, disposition, injury mechanism, geospatial factors.	• As of 10/2022, County consisted of six (6) level I-IV Trauma Centers. Two per level I, II, IV. • Traumatic Cardiac Arrest data provided quarterly at CQILT and Trauma Committee (TAC). • Also updated on the REMSA Cardiac Arrest dashboard page (link). • *Key Data Findings*: Trauma volume stable across 2022. Volume reported at 7,517 but will likely increase pending update for Dec 2022 data.	• As of January 2023, all Riverside County Trauma Centers utilize the same Trauma Registry platform (Imagetrend®). • As of March 2023, additional level II Trauma Center was designated level I. • General Trauma dashboard page and annual report in progress.	Yes	No

Program	Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan/Plans for Further Action	Goals Met?	Follow-up Needed?
Medical Cardiac Arrest	Medical Cardiac Arrest metrics including volume, etiology, disposition, geospatial factors. Ad hoc Clinical CQI metrics provided at CQILT and Prehospital Medical Advisory Committee (PMAC).	• Medical Cardiac Arrest data presented quarterly at the Continuous Quality Improvement Leadership Team (CQILT) meetings. Also updated on the REMSA Cardiac Arrest dashboard page (link). • *Key Data Findings*: Initial significant increase observed during pandemic peaks somewhat stabilized in 2022 with increase observed across flu season (*ref dashboard link*).	• County participates in "CARES- Cardiac Arrest Registry to Enhance Survival" national registry. 2022 CARES report pending.	Yes	No
Helicopter EMS (HEMS)	HEMS metrics including volume and geospatial factors.	• HEMS metrics reported monthly on the REMSA HEMS dashboard page (link) and presented at the quarterly HEMS meetings. • *Key Data Finding:* HEMS volume stable across 2022 with approximately 1,300 within County responses.	• Increase in HEMS oversight and better data integration has allowed transition from annual reporting to monthly. • HEMS data quality and integration an ongoing effort.	Yes	Yes
Influenza-Related Illness (ILI)	ILI metrics include volume and geospatial tracking.	• ILI metrics tracked and reported weekly in REMSA reports (link). ILI also included on the REMSA ILI dashboard page (link). • *Key Data Finding:* Significant increase in ILI during 2022 flu season similar to that observed in the 2017/18 ILI surge. However, much of this attributed to Covid-19.	• Surveillance continues during peak and off-season periods.	Yes	No

Program	Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan/Plans for Further Action	Goals Met?	Follow-up Needed?
Heat	Environmental Heat includes volume and geospatial tracking.	• Environmental Heat metrics are tracked and reported weekly from May-October in REMSA's Weekly Seasonal APOD Reports (link). • *Key Data Finding:* System stable with spikes observed during temperature spikes (not a function of the temp. alone).	• None. Surveillance continues during warmer seasons (Spring-Summer).	Yes	No
WIC-5150	WIC-5150 hold includes volume, acuity, geospatial factors, and demographics.	• WIC-5150 metrics reported semi-annually in REMSA reports (link). • *Key Data Finding:* WIC-5150 cases continue to decline overall but in with interfacility transfers only. The 911 responses continue to remain high and with approximately 4,400 responses in 2022. Slightly higher than the previous year and accounting for 35% of all 5150 responses.	• Riverside County is currently piloting a Crisis Assessment Treat and Transport team specializing in behavioral health crisis and overdose response.	Yes	No
EMS Suspected Overdose	Opioid and All Drug EMS Suspected Overdoses including volume, Narcan administration, acuity, geospatial factors, and demographics.	• EMS overdose data to support resourcing/efficacy of system-based initiatives incl. Public Safety Naloxone Training and State Leave Behind Nal program. • Data updated monthly and reported in dashboards (link) and annual reports page (link). • *Key Data Finding:* In 2022, 4,558 EMS suspected overdoses, and 3,130 suspected opioid overdoses reported. Of all suspected overdoses, 177 on-scene fatalities occurred while 151 fatalities (85.3%) were considered opioid-related.	• Implemented the State Leave Behind Naloxone program in 2022. • Riverside County is currently piloting a Crisis Assessment Treat and Transport team specializing in behavioral health crisis and overdose response.	Yes	No

Summary

REMSA continues to provide system-based data and reporting to support its providers, stakeholders, and community with data driven decision making in CQI, Policy, and Education.

During the 2022 reporting period, there were continued impacts observed on the EMS System and its metrics due to the Covid-19 pandemic, albeit less influential than the two prior years. It is anticipated that the 2023 report will reflect system stabilization and a more predictable system-status.

Data in this report is made possible by the efforts of the Riverside County EMS System and its Providers in ensuring quality care and documentation of patient encounters.

----------END OF REPORT----------