EMERGENCY MEDICAL SERVICES AUTHORITY

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

September 3, 2024

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

Dear Steve Carroll,

This letter is in response to Ventura County Emergency Medical Service (EMS) Agency's 2023 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plans submissions to EMSA on July 5, 2024.

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

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

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

Your 2024 EMS plan will be due on or before September 3, 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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Ventura County 2023 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 CCT Ambulance Services	IFT	Standby Service with Transport Auth.
Area/Subarea Names	EXCLUSIVITY			TYPE			LEVEL						
ASA 1		X	Non-Competitive	X				X					
ASA 2		X	Non-Competitive	X				X					
ASA 3		X	Non-Competitive	X				X					
ASA 4		X	Non-Competitive	X				X					
ASA 5		X	Non-Competitive	X				X					
ASA 6		X	Non-Competitive	X				X					
ASA 7		X	Non-Competitive	X				X					

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, EMT-P
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

July 5, 2024

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

Dear Tom,

I am pleased to submit the Ventura County EMS Plan Update for calendar year 2023 for your review, including updated Tables 1 through 11, and the specialty care system and QIP updates. Additionally, the Ambulance Zone Summary Forms are being resubmitted with no changes to the seven exclusive operating areas during the 2023 reporting period. Our seven exclusive operating areas remain contracted to our grandfathered providers, however, in late May 2023, Ventura County Fire Department placed four rescue ambulances in service in the cities of Camarillo, Santa Paula, Simi Valley and Thousand Oaks, under a subcontract arrangement with American Medical Response (AMR). These rescue ambulances replaced four non-transport rescue squads and are only used for transport when they are needed to augment the ambulances deployed in our system by AMR. The request for proposal process to select future ambulance service providers is ongoing, however, the RFP has not been released yet.

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

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

Ventura County EMS has an active Medical Health Operational Area Coordination (MHOAC) program where we actively participate in the development of the County's operational area disaster plan. Steve Carroll is the primary MHOAC and Chris Rosa and Adriane Gil-Stefansen are alternate MHOAC designees.

Ventura County EMS updated Standards 3.01 – 3.10 and 4.09 – 4.10 late last year and remains in compliance with Title 22 Ch. 4 Section 100170 and Ch. 8 Article 5 Section 100306, along with the statutes 1797.223 and 1798.8. Standard 8.01 was updated last year in compliance with 1797.152 and 1797.153. Additionally, our Quality Improvement Plan was updated in late 2023 in accordance with Title 22, Division 9, Ch. 12, Section 100404, and a copy is included with this update.

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

Sincerely,

Steve Carroll
EMS Administrator

SECTION II - ASSESSMENT OF SYSTEM 2023
E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard	**Recommended Guidelines**

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

a) the number and role of system participants, particularly of emergency departments,

b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,

c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers,

d) identification of providers who are qualified to transport such patients to a designated facility,

e) identification of tertiary care centers for pediatric critical care and pediatric trauma,

f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and

g) a plan for monitoring and evaluation of the system.

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

CURRENT STATUS:

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

SECTION II - ASSESSMENT OF SYSTEM 2023
E. Facilities and Critical Care

5.10 (Cont'd.)

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

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

OBJECTIVE:

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

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: ___2023_____

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

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

      County: _____Ventura_____

A.	Basic Life Support (BLS)	_____%
B.	Limited Advanced Life Support (LALS)	_____%
C.	Advanced Life Support (ALS)	___100___%

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

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

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

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

Administration of disaster medical assistance team (DMAT)   _____

Administration of EMS Fund [Senate Bill (SB) 12/612]   ____x_____

Other: _____   _____

Other: _____   _____

Other: _____   _____

5.   **EXPENSES FY22-23**

Salaries and benefits (All but contract personnel) $ 1,809,657

Contract Services (e.g. medical director, legal)   332,406

Operations (e.g. copying, postage, facilities)   278,058

Travel   22,4666

Fixed assets   105,735

Indirect expenses (overhead)   129,564

Ambulance subsidy   60,000

EMS Fund payments to physicians/hospital   1,279,995

Dispatch center operations (non-staff)   _____

Training program operations   _____

Other: _____Vehicle Charges____   62,315

Other: _____   _____

Other: _____   _____

TOTAL EXPENSES $ 4,080,196

6.   **SOURCES OF REVENUE FY22-23**

Special project grant(s) [from EMSA] $ _____

Preventive Health and Health Services (PHHS) Block Grant   _____

Office of Traffic Safety (OTS)   _____

State general fund   _____

County general fund   855,349

Other local tax funds (e.g., EMS district)   _____

County contracts (e.g. multi-county agencies)   532,338

Certification fees   97,096

Training program approval fees   _____

Training program tuition/Average daily attendance funds (ADA)   _____

Job Training Partnership ACT (JTPA) funds/other payments   _____

Base hospital application fees   _____

Trauma center application fees   _____

Trauma center designation fees   150,000

Pediatric facility approval fees   _____

Pediatric facility designation fees   _____

Other critical care center application fees   _____

       Type: _____

Other critical care center designation fees   _____

       Type: _____

Ambulance service/vehicle fees   442,012

Contributions   _____

EMS Fund (SB 12/612)   1,843,735

Other grants: MRC, WRP, FoPH   158,666

Other fees: Misc.   1,000

Other (specify): _____   _____

TOTAL REVENUE $ 4,080,196

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

TABLE 2:   SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7.   **Fee structure**

_____ We do not charge any fees

___X___ Our fee structure is:

First responder certification	$ __N/A____
EMS dispatcher certification	__N/A____
EMT-I certification	136.00____
EMT-I recertification	95.00_____
EMT-defibrillation certification	__N/A____
EMT-defibrillation recertification	__N/A____
AEMT certification	__N/A____
AEMT recertification	__N/A____
EMT-P accreditation	80.00_____
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	__N/A____
MICN/ARN recertification	__N/A_____
EMT-I training program approval	536.00____
AEMT training program approval	__N/A____
EMT-P training program approval	752.00____
MICN/ARN training program approval	__N/A____
Base hospital application	__N/A____
Base hospital designation	__N/A____
Trauma center application	_15,000.00___
Trauma center designation	_75,000.00___
Pediatric facility approval	__N/A____
Pediatric facility designation	__N/A____
Other critical care center application	
Type: _____	
Other critical care center designation	
Type: _____	
Ambulance service license	_1,072.00___
Ambulance vehicle permits	__N/A____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2:   SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Public Health Division Manager	1.0	83.71 / hr.	37%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	65.89 / hr.	37%	Deputy EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Administrator	1.0	61.75 / hr.	38%	Deputy EMS Administrator
Medical Director	EMS Medical Director	0.5	120.75 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	98.43 / hr.	0	Independent Contractor
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	64.93/ hr.	39%	Senior Hospital Systems Coordinator
Disaster Medical Planner	Senior Registered Nurse Public Health	1.0	62.34 / hr.	39%	Senior Emergency Preparedness Nurse
Disaster Medical Planner	Program Administrator III	1.0	54.94 / hr.	38%	EMS Operations Specialist
QA/QI Coordinator	Program Administrator III	1.0	54.94 / hr	38%	Clinical Quality Manager
Other Clerical	Administrative Assistant II	1.0	39.03 / hr.	48%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	39.03 / hr.	48%	EMS Admin. Asst.
Other Clerical	Management Assistant III	1.0	32.76 / hr.	48%	EMS Admin. Asst.
Other Clerical	HCA Training / Education Asst.	1.0	33.53 / hr.	48%	EMS Certification Specialist

Other	Community Services Coordinator	1.0	41.20 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	41.20 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	41.20 / hr.	53%	EPO Logistics Coordinator
Other	Program Administrator II	1.0	52.48 / hr.	43%	MRC Program Administrator
Other	Program Administrator II	1.0	52.48 / hr.	43%	EMS Specialist and Safety Officer
Other	Program Administrator II	1.0	52.48 / hr.	43%	EMS Specialist and CISM Coordinator
Other	Program Assistant	1.0	47.71 / hr.	47%	EMS Investigator
Other	PH Program Coordinator	1.0	47.52 / hr.	47%	PH Data Program Coordinator
Other	Community Health Worker	1.0	29.56 / hr.	56%	HCC Coordinator
Other	Community Health Worker	1.0	29.56 / hr.	56%	HCC Assistant
Other	Community Health Worker	1.0	29.56 / hr.	56%	EPO Logistics Assistant
Other	Community Health Worker	1.0	29.56 / hr.	56%	EPO Logistics Assistant

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

Ventura County Emergency Medical Services Agency
Organizational Chart
2023

Health Care Agency Director

Public Health Director

Public Health Officer

Public Health Division Mgr. EMS Administrator

Asst. EMS Medical Director

EMS Medical Director

Deputy EMS Administrator

Deputy EMS Administrator

Administrative Asst II

Administrative Asst II

EMS Cert. Specialist

Management Asst III

Senior RN Hospital Sr. Hospital System Coord.

Program Administrator III Clinical Quality & Educ. Mgr.

PH Program Coordinator

Program Administrator II PIO / CISM Coordinator

Program Administrator II AED Coord. / Safety Ofcr

Program Assistant EMS Investigator

SR RN Public Health Emergency Prep. Nurse

Program Administrator II

Comm. Health Worker

Comm. Health Worker

Program Administrator III EMS Operations Manager

Comm. Services Coord – EPO

Comm. Services Coord. EPO

Comm. Services Coord. EPO

Community Health Worker

Community Health Worker

TABLE 3: STAFFING/TRAINING

Reporting Year: ___2023___

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1436	0		98
Number newly certified this year	462	0		27
Number recertified this year	974	0		71
Total number of accredited personnel on July 1 of the reporting year	2343	0	298	147
Number of certification reviews resulting in:				
a) formal investigations	10	0		0
b) probation	3	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	7	0	0	0

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

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

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2023

1.	Number of primary Public Service Answering Points (PSAP)	9
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1

6.   Who is your primary dispatch agency for day-to-day emergencies?
Ventura County Fire Protection District

7.   Who is your primary dispatch agency for a disaster?
Ventura County Sheriff's Dept. and Ventura County Fire Protection District

8.   Do you have an operational area disaster communication system?   **X** Yes ☐ No
a. Radio primary frequency   154.055

b. Other methods   _____

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

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

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

1) Within the operational area?   **X** Yes ☐ No
2) Between operation area and the region and/or state?   **X** Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: _____2023_____

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1.   Number of EMT-Defibrillation providers   ___8____

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

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

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: _____2023_____

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:
1. Number of patients meeting trauma triage criteria   _____5565____

2. Number of major trauma victims transported directly to a trauma
    center by ambulance   _____318_____

3. Number of major trauma patients transferred to a trauma center   _____21_____

4. Number of patients meeting triage criteria who were not treated
    at a trauma center   _____2560_____

Emergency Departments

Total number of emergency departments   _____8_____

1. Number of referral emergency services   _____0_____

2. Number of standby emergency services   _____1_____

3. Number of basic emergency services   _____7_____

4. Number of comprehensive emergency services   _____0_____

Receiving Hospitals

1. Number of receiving hospitals with written agreements   _____0_____

2. Number of base hospitals with written agreements   _____2_____

TABLE 7: DISASTER MEDICAL

Reporting Year: _____2023_____

County: _____Ventura_____

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

SYSTEM RESOURCES

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

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

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

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

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

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

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

OPERATIONS

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

2.   What is the maximum number of local jurisdiction EOCs you will need to
      interact with in a disaster?   ____12____

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

4.   List all counties with which you have a written medical mutual aid
        agreement.
        <u>   Medical Mutual Aid with all Region 1 and Region 6 counties   </u>

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

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

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

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

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 616 Fitch Ave   **Number of Ambulance Vehicles in Fleet:**   32

   Moorpark, CA 93021

Phone
Number: 805-517-2000   **Average Number of Ambulances on Duty**
At 12:00 p.m. (noon) on Any Given Day: 24

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❐ No	X Yes ❐ No	X Yes ❐ No	X Transport	X ALS	X 9-1-1	X Ground
			❐ Non-Transport	X BLS	X 7-Digit	❐ Air
				X CCT		❐ Water
				X IFT		

Ownership:	**If Public:**	**If Public:**		**If Air:**	**Air Classification:**
❐ Public	❐ Fire	❐ City	❐ County	❐ Rotary	❐ Auxiliary Rescue
X Private	❐ Law	❐ State	❐ Fire District	❐ Fixed Wing	❐ Air Ambulance
	❐ Other	❐ Federal			❐ ALS Rescue
	Explain: _____				❐ BLS Rescue

Transporting Agencies

49688	Total number of responses	36608	Total number of transports
48499	Number of emergency responses	35426	Number of emergency transports
1189	Number of non-emergency responses	1182	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 200 Bernoulli Circle   **Number of Ambulance Vehicles in Fleet:** 32

     Oxnard, CA 93030

Phone Number: 805-485-3040   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
X Yes ❑ No	**X** Yes ❑ No	**X** Yes ❑ No	**X** Transport ❑ Non-Transport	**X** ALS **X** BLS	**X** 9-1-1 **X** 7-Digit **X** CCT **X** IFT	**X** Ground ❑ Air ❑ Water

Ownership:	If Public:	If Public:		If Air:	Air Classification:
❑ Public **X** Private	❑ Fire ❑ Law ❑ Other Explain: _____	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal		❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

38002	Total number of responses	30852	Total number of transports
23348	Number of emergency responses	16467	Number of emergency transports
14654	Number of non-emergency responses	14385	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 1425 Dowell Dr.   **Number of Ambulance Vehicles in Fleet:** 0

Ventura, CA 93003

Phone Number: 805-339-4300   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❏ No	**X** Yes ❏ No	**X** Yes ❏ No	❏ Transport **X** ALS **X** 9-1-1 **X** Ground **X** Non-Transport ❏ BLS ❏ 7-Digit ❏ Air ❏ CCT ❏ Water ❏ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❏ Private	**X** Fire ❏ Law ❏ Other Explain: _____	**X** City ❏ County ❏ State ❏ Fire District ❏ Federal	❏ Rotary ❏ Fixed Wing	❏ Auxiliary Rescue ❏ Air Ambulance ❏ ALS Rescue ❏ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 360 W. Second St.   **Number of Ambulance Vehicles in Fleet:**   0
                      Oxnard, CA 93030

Phone   **Average Number of Ambulances on Duty**
Number: 805-385-7722   **At 12:00 p.m. (noon) on Any Given Day:**   0

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:		
X Yes ❏ No	**X** Yes ❏ No	**X** Yes ❏ No	❏ Transport **X** Non-Transport	**X** ALS **X** BLS	**X** 9-1-1 **X** Ground ❏ 7-Digit ❏ Air ❏ CCT ❏ Water ❏ IFT

Ownership:	If Public:	If Public:		If Air:	Air Classification:
X Public ❏ Private	**X** Fire ❏ Law ❏ Other Explain: _____	**X** City ❏ County ❏ State ❏ Fire District ❏ Federal		❏ Rotary ❏ Fixed Wing	❏ Auxiliary Rescue ❏ Air Ambulance ❏ ALS Rescue ❏ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: PO Box 487   **Number of Ambulance Vehicles in Fleet:** 0
Fillmore, CA 93015

Phone Number: 805-524-0586   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❑ No	**X** Yes ❑ No	**X** Yes ❑ No	❑ Transport **X** ALS **X** 9-1-1 **X** Ground **X** Non-Transport **X** BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❑ Private	**X** Fire ❑ Law ❑ Other Explain: _____	**X** City ❑ County ❑ State ❑ Fire District ❑ Federal	❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 165 Durley Ave.   **Number of Ambulance Vehicles in Fleet:**   9
                 Camarillo, CA 93010

Phone   **Average Number of Ambulances on Duty**
Number: 805-389-9710   **At 12:00 p.m. (noon) on Any Given Day:**   4

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

Transporting Agencies

Subcontracted transport provider through AMR/GCA EOA's

7112	Total number of responses	123	Total number of transports
7112	Number of emergency responses	123	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 375A Durley Ave.   **Number of Ambulance Vehicles in Fleet:** 4
            Camarillo, CA 93010

Phone Number: 805-388-4212   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

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

Air Ambulance Services

364   Total number of responses   54   Total number of transports
364   Number of emergency responses   54   Number of emergency transports
0   Number of non-emergency responses   0   Number of non-emergency transports
Response numbers are for rescue aircraft only

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

Facility: Los Robles Regional Medical Center   Telephone Number: 805-497-2727

Address: 215 W. Janss Road
             Thousand Oaks, CA 91360

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

TABLE 9: FACILITIES

County: _____Ventura_____

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

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

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

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

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

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura   **Reporting Year:** 2023

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

Training Institution: Conejo Valley Adult School   Telephone Number: 805-497-2761

Address: 1025 Old Farm Road

                         Thousand Oaks, CA 91360

Student Eligibility*:   General Public   **Program Level   EMT

Cost of Program:

Basic: 1500.00   Number of students completing training per year:

Refresher: 299.00

Initial training:	38
Refresher:	0
Continuing Education:	0
Expiration Date:	2/28/27
Number of courses:	
Initial training:	2
Refresher:	0
Continuing Education:	0

Training Institution: Moorpark College   Telephone Number: 805-378-1433

Address: 7075 Campus Rd.

                         Moorpark, CA 93021

Student Eligibility*:   General Public   **Program Level   EMT

Cost of Program:

Basic: $1308   Number of students completing training per year:

Refresher:

Initial training	87
Refresher:	0
Continuing Education:	0
Expiration Date:	5/31/28
Number of courses:	
Initial training:	2
Refresher:	0
Continuing Education:	0

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura   **Reporting Year:** 2023

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

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

Student   **Program Level   Paramedic
Eligibility*:   General   Cost of Program:
                                      Basic: $3345   Number of students completing training per year:
                                      Refresher: Initial training: 9
                                                                    Refresher: 0
                                                                    Continuing Education: 61
                                                                    Expiration Date: 3/31/27
                                                              Number of courses:
                                                                    Initial training: 1
                                                                    Refresher: 0
                                                                    Continuing Education: 34

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

Student   **Program Level   MICN
Eligibility*:   Private   Cost of Program:
                                      Basic: 0   Number of students completing training per year:
                                      Refresher: Initial training: 21
                                                                    Refresher: 0
                                                                    Continuing Education: 102
                                                                    Expiration Date: 8/31/27
                                                              Number of courses:
                                                                    Initial training: 1
                                                                    Refresher: 0
                                                                    Continuing Education: 8

---

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura   **Reporting Year:** 2023

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

Training Institution: Los Robles Regional Medical Center   Telephone Number: 805-370-4437
Address: 215 W. Janss Rd
    Thousand Oaks, CA 91361

Student
Eligibility*:   Private   **Program Level   MICN

Cost of Program:
Basic: 0   Number of students completing training per year:
Refresher:

Initial training:	19
Refresher:	0
Continuing Education:	243
Expiration Date:	2/28/26
Number of courses:	
Initial training:	1
Refresher:	0
Continuing Education:	21

Training Institution: Oxnard College   Telephone Number: 805-678-5090
Address: 4000 South Rose Avenue
    Oxnard, CA 93033

Student
Eligibility*:   General   **Program Level   EMT

Cost of Program:
Basic: $738   Number of students completing training per year:
Refresher: $105

Initial training:	216
Refresher:	42
Continuing Education:	1
Expiration Date:	1/31/28
Number of courses:	
Initial training:	12
Refresher:	3
Continuing Education:	1

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura   **Reporting Year:** 2023

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

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

Student Eligibility*: General   ****Program Level**   EMT

Cost of Program:
Basic: 1185.00   Number of students completing training per year:
Refresher: 325.00

Initial training:	55
Refresher:	11
Continuing Education:	0
Expiration Date:	11/30/27
Number of courses:	
Initial training:	5
Refresher:	2
Continuing Education:	0

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

Student Eligibility*: General   ****Program Level**   Paramedic

Cost of Program:
Basic: 4261.00   Number of students completing training per year:
Refresher:

Initial training:	31
Refresher:	0
Continuing Education:	322
Expiration Date:	4/30/28
Number of courses:	
Initial training:	2
Refresher:	0
Continuing Education:	25

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura   **Reporting Year:** 2023

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

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

Student
Eligibility*:   General

**Program Level   EMT

Cost of Program:

Basic: 1155.00   Number of students completing training per year:

Refresher: _____
Initial training:	75
Refresher:	0
Continuing Education:	0
Expiration Date:	11/30/27

Number of courses:
Initial training:	4
Refresher:	0
Continuing Education:	0

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

TABLE 11: DISPATCH AGENCY

County: Ventura   **Reporting Year:** 2023

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

Name:	Ventura County Fire Protection District		Primary Contact:	Guillermo DeLaRosa
Address:	165 Durley Ave. Camarillo, CA 93010			
Telephone Number:	805-389-9710			

Written Contract:
☐ Yes X No

Ownership:
X Public ☐ Private

Medical Director:
☐ Yes X No

X Day-to-Day
☐ Disaster

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

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 1**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**Gold Coast Ambulance** **Serving since 1935**

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

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

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

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

Effective June 2021, Ojai Ambulance Inc., dba LifeLine Medical Transport, sold all operating assets and transferred complete operations to Gold Coast Ambulance Service, Inc., a subsidiary of American Medical Response Ambulance Service, Inc. They will continue to serve ASA 1 in the same manner and scope as they have since 1935. Paramedic service was added to the service area in 1986. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001.
Previous Owners:
Jerry Clauson and Family 1935 - 1994
Steve Frank 1994 - 2021
Gold Coast Ambulance 2021 - present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 2**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** **Serving since 1962**

Area or subarea (Zone) Geographic Description: **Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..**
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):   **Exclusive** Include intent of local EMS agency and Board action.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):   **Emergency Ambulance for 911 calls only** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Method to achieve Exclusivity, if applicable (HS 1797.224):
    Grandfathered
 	
    American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.
 	
    Previous Owners:
    Courtesy Ambulance 1962-1991
    Pruner Health Services 1991-1993
    Careline 1993-1996
    Medtrans 1996-1999
    American Medical Response 1999-present
 	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
 	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 3**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** **Serving since 1962**

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

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

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

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

American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

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

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 4**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** **Serving since 1962**
Area or subarea (Zone) Geographic Description: **Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.**	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive** Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance for 911 calls only** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224): **Grandfathered** **American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.** **Previous Owners:** **Conejo Ambulance 1962-1975** **Pruner Health Services 1975-1993** **Careline 1993-1996** **Medtrans 1996-1999** **American Medical Response 1999-present** If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 5**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** **Serving since 1962**

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

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

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

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

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

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

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 6**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**Gold Coast Ambulance** **Serving since 1949**
Area or subarea (Zone) Geographic Description: **Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.**	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): **Exclusive** Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): **Emergency Ambulance for 911 calls only** Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	

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

Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation, which is now American Medical Response Ambulance Service Inc. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Previously known as Oxnard Ambulance Service, the business name changed to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.
        Previous Owners:
                Robert Brown 1949 - 1980
                Kendall Cook 1980 - 2010
                American Medical Response 2010 - present

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 7**
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	**American Medical Response** **Serving since 1962**

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

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

Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
> **Emergency Ambulance for 911 calls only**

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

Method to achieve Exclusivity, if applicable (HS 1797.224):
> **Grandfathered**
>
> **American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.**
>
> **Previous Owners:**
> **Courtesy Ambulance 1962-1991**
> **Pruner Health Services 1991-1993**
> **Careline 1993-1996**
> **Medtrans 1996-1999**
> **American Medical Response 1999-present**
>
> **Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.**

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

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

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, Paramedic
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

August 18, 2023

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

Dear Mr. Lashkari,

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

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

Sincerely,

Steve Carroll, Paramedic
VCEMS Administrator

Daniel Shepherd, MD
VCEMS Medical Director

August 18, 2023

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

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

Dear Mr. Carroll:

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

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

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

Sincerely,

Neil Canby, MD
Community Memorial Hospital Ojai
Emergency Department

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

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _Community Memorial Hospital - Ojai_   Date: _8/18/23_

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

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

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: *Miguel Arribus, MD*

Date: *8/18/23*

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Jeffrey Barrett, MD_   Date: _3/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Neil Canby, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Alena Chauhan, MD_   Date: _8/15/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Gordon Clawson, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Sophia Froelich, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: ___*Andrea Gonzales, MD*___   Date: ___*8/18/23*___

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Christopher Inabnit, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Matthew Koger, MD_   Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____Ross Levin, MD_____

Date: _____8/18/23_____

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Miles Maassen, DO_   Date: _8/18/23_

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

The above named physician is:

		YES	NO
1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)	NA	

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Rodney Owen, MD_   Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Brian Raffetto, MD_ Date: _8/18/23_

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

The above named physician is:

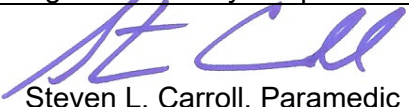| 1)	Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or	✓	
2)	Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Nicolas Saenz, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: *Caleb Scarth, DO*

Date: *8/18/23*

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _Evan Wu, MD_

Date: _8/18/23_

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
STANDBY EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED: _Community Memorial Hospital - Ojai_   Date: _8/18/23_

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

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES	HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Receiving and Stand-By Hospital Standards	Policy Number 420	
APPROVED Administration: Steven L. Carroll, Paramedic	Date: June 1, 2024	
APPROVED Medical Director: Daniel Shepherd, MD	Date: June 1, 2024	
Origination Date: April 1, 1984 Date Revised: April 11, 2024 Date Last Reviewed: April 11, 2024 Review Date: April 30, 2027	Effective Date: June 1, 2024	

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

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

III.   POLICY:

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

1.   Be licensed by the State of California as an acute care hospital.

2.   Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.

3.   Be accredited by a CMS accrediting agency.

4.   Operate an emergency department (ED) that is designated by the State Department of Health Services as a "Comprehensive Emergency Department," "Basic Emergency Department" or a "Standby Emergency Department."

5.   Have an intensive care service with adequate monitoring and therapeutic equipment

6.   Surgical services shall be immediately available for life-threatening situations.

7.   Have radiology and laboratory services as defined in Title 22, Section 7041

8.   Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.

9. Always have the capability to communicate with the ambulances and the Base Hospital (BH).

10. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.

   a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations

11. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:

   a. Be regularly assigned to the ED.

   b. Have knowledge of VCEMS policies and procedures.

   c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.

   d. Attend, or have designee attend, PSC meetings.

   e. Provide ED staff education.

   f. Schedule medical staffing for the ED on a 24-hour basis.

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

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

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

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

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

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

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

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

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

   1.   Application:
        Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.

   2.   Approval:
        Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.

G.   ALS RHs shall be reviewed every two years.

   1.   All RH shall receive notification of evaluation from the EMS.

   2.   All RH shall respond in writing regarding program compliance.

   3.   On-site visits for evaluative purposes may occur.

   4.   Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.

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

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

   2.   Chest pain or discomfort of known or suspected cardiac origin

   3.   Sustained respiratory distress not responsive to field treatment

   4.   Suspected pulmonary edema not responsive to field treatment

   5.   Potentially significant cardiac arrhythmias

   6.   Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

   7.   Suspected spinal cord injury of new onset

   8.   Burns greater than 10% body surface area

9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems

10. Criteria that meet stroke, LVO, STEMI, or trauma criteria for transport to a specialty care hospital

I. A RH with a standby emergency department only, offering "standby emergency medical service," is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care. Standby Emergency Departments shall be staffed and provide services in accordance with Title 22 section 70653.

1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:

a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field

b. With bleeding that cannot be controlled

c. Without an effective airway

2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, LVO, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.

3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____ 　　　　Date: _____

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
	1.　Be licensed by the State of California as an acute care hospital.		
	2.　Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
	3.　Be accredited by a CMS accrediting agency		
	4.　Operate an Intensive Care Unit.		
	5.　Radiology and laboratory services meet the requirements as defined in Title 22, Section 70413		
	6.　Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician, or other qualified medical personnel designated by hospital policy.		
	7.　Have the capability at all times to communicate with the ambulances and the BH.		
	8.　Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
	a.　Be regularly assigned to the Emergency Department.		
	b.　Have knowledge of VC EMS policies and procedures.		
	c.　Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
	d.　Attend or have designee attend PSC meetings.		
	e.　Provide Emergency Department staff education.		
	f.　Schedule medical staffing for the ED on a 24-hour basis.		
	9.　Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
	10.　Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
	11.　Participate with the BH in evaluation of paramedics for reaccreditation.		
	12.　Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

STAND-BY RECEIVING HOSPITAL
PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____   Date: _____

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

The above named physician is:

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

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

STAND-BY RECEIVING HOSPITAL
EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED:_____   Date: _____

The RH with standby ED shall:	EMS REVIEW	
	YES	NO
A. Be staffed and provide services in accordance with Title 22 section 70653.		
B. Report to Ventura County EMS Agency any change in status regarding Its ability to provide care for emergency patients during the current 2-year evaluation period.		
E. Receive authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		

TRAUMA SYSTEM STATUS REPORT
Reporting for Calendar Year 2023

June 2024
Steve Carroll, EMS Administrator
Karen Beatty Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, Specialty Care System Manager

Trauma System Summary

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

Both trauma centers are required by County EMS contract to maintain American College of Surgeons (ACS) verification. LRRMC was awarded their ACS verification in February 2023. VCMC renewed their verification in August 2021 and are due for their review in June 2024.

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

LRRMC provides trauma care for the East County, including areas bordering Kern County to the north and Los Angeles County to the south. Their trauma director is Dr. Tim Deaconson and Bill Ashland, RN, is their TPM.

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

Ventura County Trauma Center Catchment Map
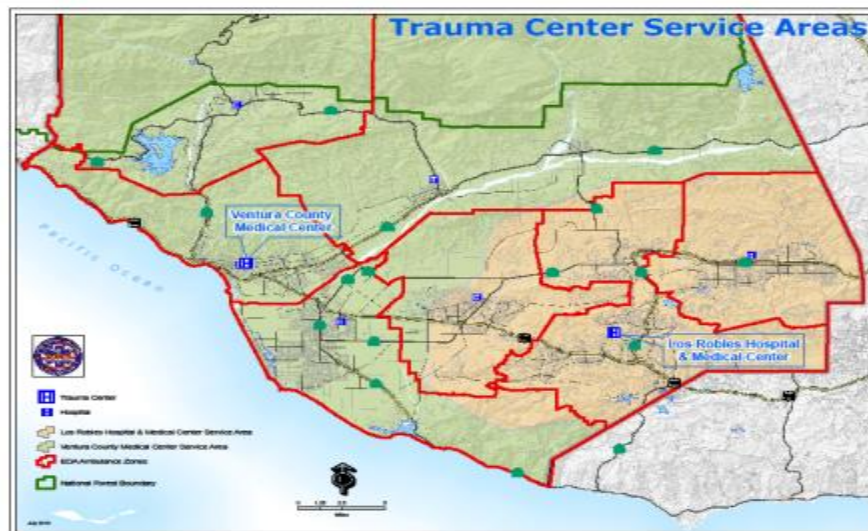
2023 Ventura County Trauma Destinations

Trauma Catchment Base Hospital -Trauma Center			
Destination	Step 1 TOTAL 357	Step 2 TOTAL 287	Step 3 TOTAL 462
VCMC Trauma Catchment Calls	**244**	**278**	**365**
Community Memorial Hospital	0	1	4
-Henry Mayo Newhall Memorial Hospital	**3**	**7**	**8**
-Los Robles Hospital and Medical Center	**4**	**7**	**4**
-Santa Barbara Cottage Hospital	**0**	**0**	**1**
Santa Paula Hospital	0	0	1
St. John's Regional Medical Center	1	1	8
-Ventura County Medical Center	**236**	**262**	**339**
LRHMC Trauma Catchment Calls	**183**	**145**	**211**
Adventist Health Simi Valley	2	0	10
-Henry Mayo Newhall Memorial Hospital	**0**	**0**	**1**
-Los Robles Hospital and Medical Center	**174**	**141**	**194**
-Northridge Medical Center	**1**	**2**	**1**
-Providence Holy Cross	**3**	**0**	**2**
St. John's Hospital Camarillo	3	1	2
-Ventura County Medical Center	**0**	**1**	**1**

2023 Step 1-3 by Hospital	N
Adventist Health Simi Valley	12
Community Memorial Hospital	5
-Henry Mayo Newhall Memorial Hospital	**19**
-Los Robles Hospital and Medical Center	**524**
-Northridge Medical Center	**4**
-Providence Holy Cross	**5**
-Santa Barbara Cottage Hospital	**1**
Santa Paula Hospital	1
St. John's Hospital Camarillo	6
St. John's Regional Medical Center	10
-Ventura County Medical Center	**839**
TOTAL	**1426**

2023 Step 4 by Hospital	N
Adventist Health Simi Valley	589
Community Memorial Hospital	530
-Henry Mayo Newhall Memorial Hospital	**3**
-Los Robles Hospital and Medical Center	**962**
-Northridge Medical Center	**1**
-Providence Holy Cross	**2**
-Santa Barbara Cottage Hospital	**1**
Kaiser WH	5
Ojai Valley Hospital	127
Santa Paula Hospital	85
St. John's Hospital Camarillo	451
St. John's Regional Medical Center	739
-Ventura County Medical Center	**644**
TOTAL	**4139**

Ventura County Trauma System Statistics 2023

Ventura County Trauma System Statistics 2023	N
1. Pts meeting trauma triage criteria Step 1-3	1426
2. *Major* trauma (ISS ≥ 16) transported directly to trauma center by EMS	317
3. Major trauma pts (ISS ≥ 16) (POV & EMS) transferred (Urgent or Emergent) to a trauma center	21
4. Major trauma pts (ISS ≥ 16) *arrived non-trauma hospital by EMS*, transferred (Urgent or Emergent) to a trauma center	8
5. Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	34
6. Step 1-3 Under Triage rate = 8/1426 (See #4 above)	0.6%
7. Step 1-4 (all trauma regardless of ISS) Under Triage rate = 34/5565 (arrived EMS non-trauma center and transferred to Trauma Center)	0.6%

Trauma Incidents by Injury Severity Score (ISS)- 2023
n= 3235

ISS SCORE	Count
0-8	1790
9 - 14	1106
15 - 24	205
25 - 44	117
45 - 74	11
75+	6

Count of Trauma Incidents by Gender - 2023
n=3235

- Female: 1458 45.00%
- Male: 1777 54.85%
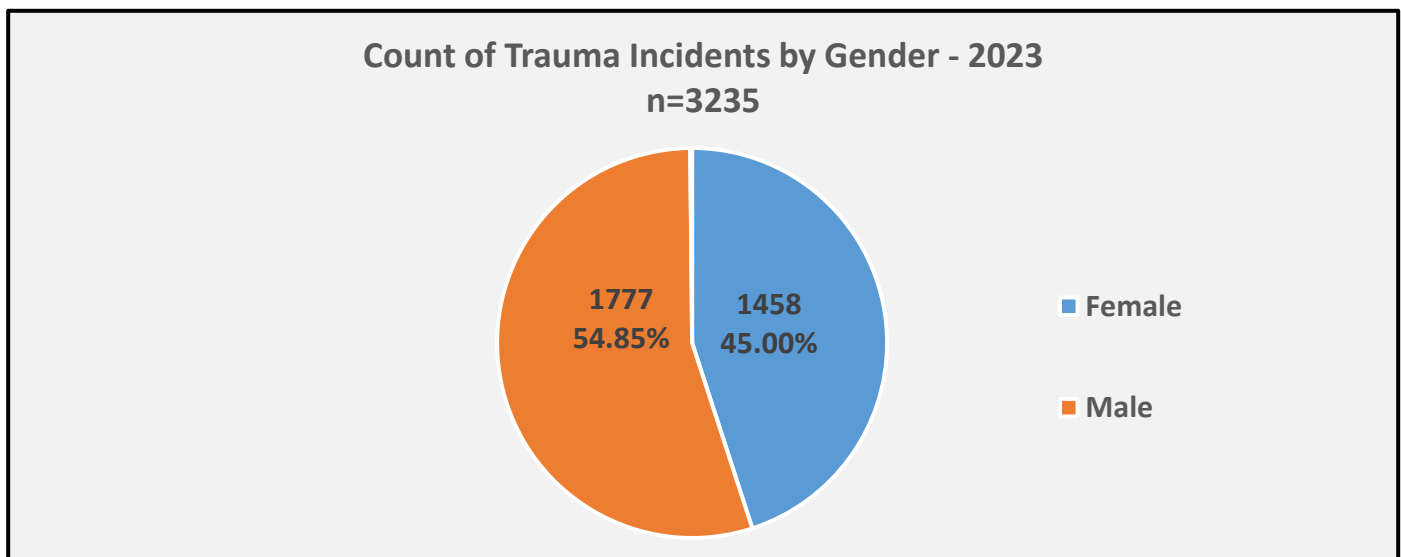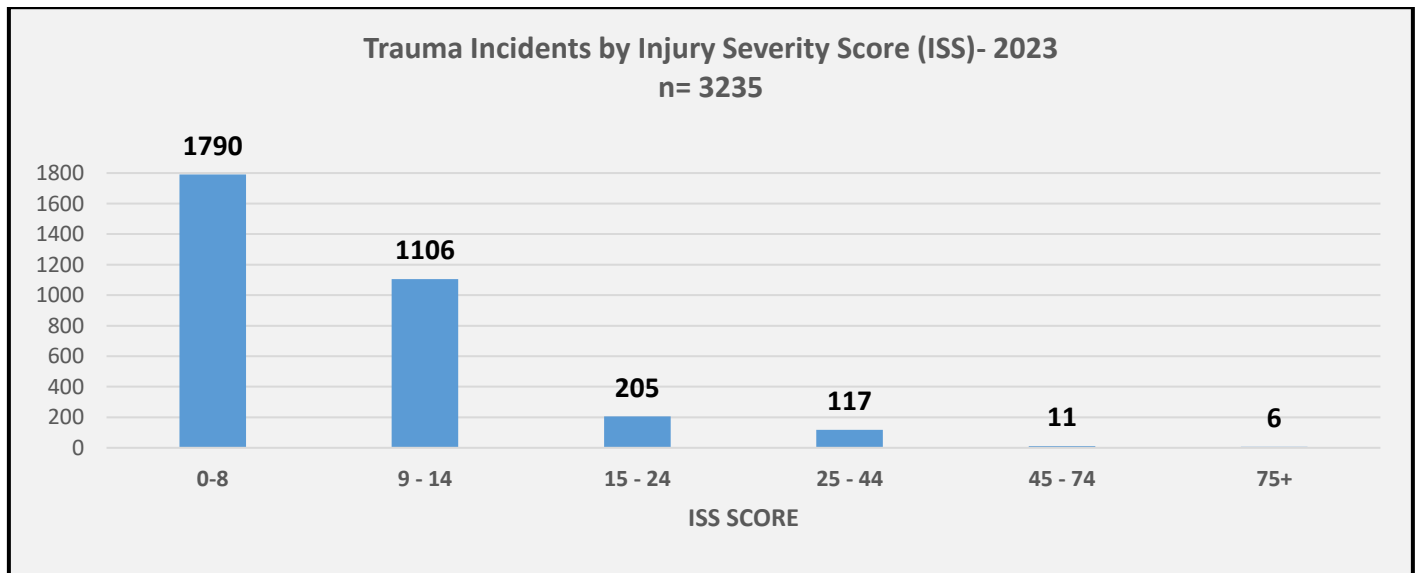
Trauma Incident by Age Range - 2023
n= 3235

Age Range	Count
0-10 yrs	60
11-20 yrs	274
21-39 yrs	584
40-64 yrs	699
65+ yrs	1618
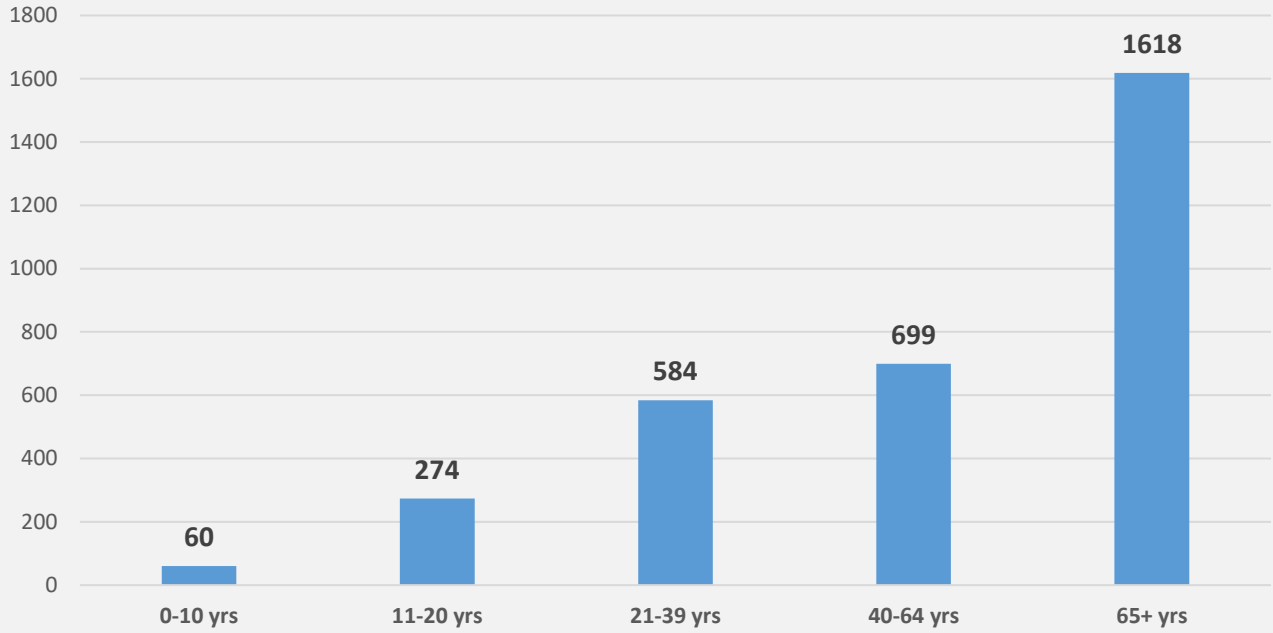
Trauma Incidents by Emergency Department Disposition - 2023
n= 3235

Disposition	Count
Other (jail,institution, etc)	21
Against Medical Advice	22
Deceased/Expired	30
Not Applicable	72
Transferred To Another Hospital	127
Operating Room	173
ICU	338
Telemetry/Step-Down	559
Home without services	584
General Bed Non-Specialty	1309
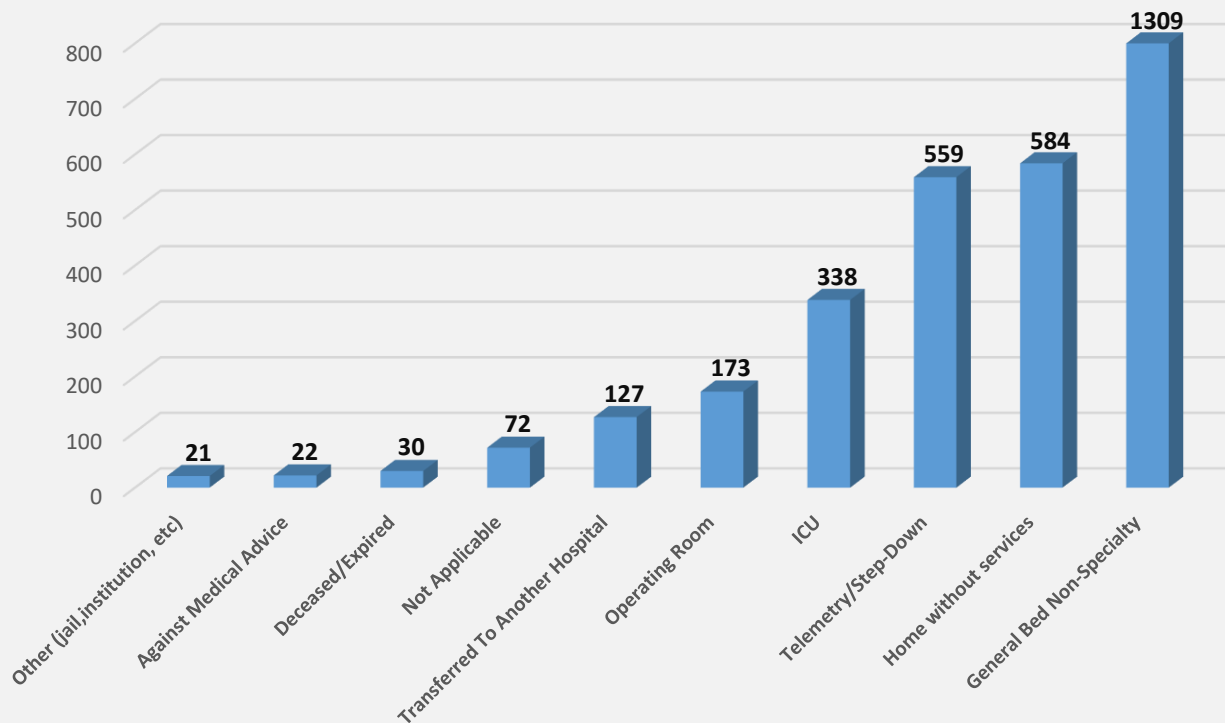
TXA Administration

In 2023, Tranexamic Acid (TXA) was administered to 40 patients, which is a slight increase from the 35 patients who received TXA in 2022. 30/40 patients survived and 5/40 received a second dose of TXA at the Trauma Center. Base Hospital orders were received for 19/40 patients. We will continue to monitor in 2024.

Changes in Trauma System

Changes to the trauma system include the following:

In 2023 we adopted the new "Resources for Optimal Care of the Injured Patient" (2022 Standards-Gray book) by the American College of Surgeons and updated policies as needed.

Starting January 1, 2023, we adopted the Guideline for the Field Triage of Injured Patients by the ACS for our Policy 1405 Field Triage Decision Scheme. Due to this change, we saw an increase in patients meeting the expanded Trauma Step criteria.

Starting Q2 of 2023 we identified the need to improve our trauma transfer DIDO time from a non-trauma center to a trauma center. We now monitor and present to our Trauma Operations Review Committee (TORC), all patients brought in by EMS to a non-trauma center and then Emergently Trauma transferred and any trauma transfer with an ISS > 15. In 2024, we have seen a decrease from 201 median minutes to 144 minutes. Our goal is 180 minutes. We will continue to monitor in 2024.

We updated Policy 614 – "Spinal Motion Restriction" to include applying a C-collar to a patient 65 years or older with neck pain due to nonpenetrating trauma.

We updated Policy 705.01 – "Trauma Treatment Guidelines" to cover only the injured eye which follows current recommendations and no longer cover both eyes.

On May 16, 2023, we hosted the Medical Response Surge Exercise (MRSE) Pediatric MCI-This was a functional exercise with a simulation of multiple injured children from a school bus crash. The After-Action Report presented opportunities to update our guidelines in our Pediatric Surge Annex, and to add language to Policy 131 -MCI regarding pediatric patients during an MCI.

On 10/25/23 we participated in a Cal MAT MCI exercise with multiple traumatic burn patients. The After-Action Report presented opportunities to provide all our Emergency Departments education booklets and posters on how to provide emergency care to burn patients and the resources to identify and transfer out burn patients with traumatic injuries.

We continue to monitor "Step 4" being transported directly by EMS to a Trauma Center. We found a slight increase from 38% in 2022 to 39% in 2023. We also monitor what % of Step 4s are transferred after arriving to a non-trauma center by EMS. We remain steady at 1% in 2023. This data is monitored and presented at our quarterly TORC meeting.

Ventura County Field Triage Decision Scheme
For patients with visible or suspected traumatic injuries

Measure vital signs and level of consciousness

STEP 1

1.1 Glasgow Coma Scale
- Unable to follow commands (GCS motor < 6)

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

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

Yes →

Contact base trauma center

Transport to trauma center

Assess anatomy of injury

STEP 2

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

Yes

Assess mechanism of injury and evidence of high-energy impact

STEP 3

3.1 Falls
- Adults: Height > 10 feet
- < 14 years old: Height > 10 feet or two times the patient height

3.2 High-risk auto crash
- Intrusion (Including roof) > 12" patient site *or* > 18" any occupant site
- Ejection: partial or complete from automobile
- Death in same passenger compartment
- Age 0-9 years unrestrained or in unsecured child safety seat

3.3 Auto vs. Pedestrian/Bicycle thrown, run over, with significant impact or > 20 mph
3.4 Rider separated from transport vehicle with significant impact or > 20 mph
(e.g., motorcycle, ATV, horse, etc.)

Yes →

Contact base trauma center for destination decision

Assess special patient or system considerations

STEP 4

4.1 Age 65 years and older
4.2 Low level falls with significant head impact in ages < 5 years or 65 years and older
4.3 Burns with trauma mechanism
4.4 Time sensitive extremity injury (open fracture, neurovascular compromise)
4.5 Pregnancy > 20 weeks with known or suspected abdominal trauma
4.6 Prehospital care provider or MICN judgment
4.7 Amputation or partial amputation of any part of the hand[1]
4.8 Penetrating injury to the globe of the eye, at risk for vision loss
4.9 Anticoagulation use[2]

Yes →

Contact regular catchment base hospital

Consider transport to trauma center or specific resource hospital

[1]See picture
[2]See list

Transport to closest ED or by patient preference

Number and Designation Level of Trauma Centers

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

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

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

Trauma System Goals and Objectives

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

1. Identification and Access:

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

Objective: Ventura County EMS under triage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries.   2023= 0.6%   n=34/5565

Update: In 2023, VCEMS now bases prehospital trauma triage policy on current research and best practice recommendations from the American College of Surgeons, "National Guideline for the Field Triage of Injured Patients". We no longer follow the 2011 Morbidity & Mortality Weekly Report (MMWR) "Guidelines for Field Triage of Injured Patients". We updated our Policy 1405, "Trauma Triage and Destination Criteria" to reflect these changes.

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

January – December 2023:

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

123	Los Robles	3	Henry Mayo	1	Northridge Hospital Medical
187	Ventura County Medical Center	3	Holy Cross		

| 36 | ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital* **by POV** *regardless of ISS.* |

| 7 | ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital* **by EMS** *regardless of ISS.* |

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

VCEMS works with the Ventura County Office of Vital Statistics to discover and review cases in which a patient died of a trauma-related cause, in a Ventura County non-trauma center hospital. Each case is brought to TORC for committee review as to the appropriateness of care.

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

2. Prehospital Care/Transportation:

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

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

Update: Trauma-specific education of prehospital care providers has been delivered by first responder fire departments, ambulance providers, base hospital prehospital care coordinators, and regular presentations of trauma-specific topics by the two trauma centers. A master calendar is maintained at VCEMS and posted on the website. In 2023, education was completed in-person.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year. In 2023, we were able to provide education and the MICN course in-person.

Revisions in policies that affect the delivery of prehospital care to trauma patients are brought to a twice-yearly EMS update for EMTs, MICNs, and paramedics. This education has continued to be completed virtually.

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

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

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

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

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

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

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

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

Update: This program consists of educating the public in lifesaving skills required in the first few minutes of major trauma and strategically locating "Bleeding Control Kits" in government buildings throughout Ventura County. In 2023, classes were taught in-person by our Two Trauma Centers and our EMS Agency.

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

Our EMS Agency taught classes to our Board of Supervisors, high schools, and community outreach events. In 2024, we will be teaching these classes every other month to all Public Health Employees.

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

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

3. Hospital Care:

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

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

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

For 2023, EMS out-of-county transports for trauma care include the following:

Step 1
  3   Henry Mayo Newhall Memorial Hospital
  1   Providence Holy Cross Hospital
  3   Northridge Regional Medical Center
Step 2
  7   Henry Mayo Newhall Memorial Hospital
  2   Northridge Regional Medical Center
Step 3
  9   Henry Mayo Newhall Memorial Hospital
  1   Northridge Regional Medical Center
  1   Santa Barbara Cottage Hospital
  2   Providence Holy Cross Hospital

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

4. Evaluation:

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

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

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

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

5. Injury Prevention:

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

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

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

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

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

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

A Fall Prevention Symposium was held in-person on September 29, 2023. The event included prevention presentations by local physicians, physical therapists, social workers, and other experts in elderly trauma prevention. This was our first year to return to an in-person event since COVID-19. We had a very good turnout of approximately 450 people. We offered seasonal flu vaccine free of charge and administered approximately 15 doses. Most attendees had already received their flu vaccine prior to the event.

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

Ventura County Trauma of Elderly Statistics 2023

Ventura County EMS Elderly Population	N
Patients age ≥ 65 years With ICD-10 indicating "fall"	1183
ISS 0 – 8	618
ISS 9-15	487
ISS 16-24	59
ISS ≥ 25	19
Expired in hospital	34
Discharged to hospice	35

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

6. Inclusive Trauma System:

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

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

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

Timeline: Follow-up is quarterly, and individual incidents addressed as they occur. Ongoing.

7. Assure Currency of Trauma Policies:

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

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

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

Policy 705.01 "Trauma Treatment Guidelines" was updated to cover only the injured eye and not both eyes per current recommendations. Policy 1402 "Trauma Committees" was updated with language to include guidelines for meeting virtually verses in-person. Policy 1404 "Guidelines for Interfacility Transfer of Patients to a Trauma Center" was updated to reflect language and formatting for a better policy flow. Policy 1405 "Trauma Triage and Destination Criteria" was updated to reflect the "Guideline for the Field Triage of Injured Patients" by the ACS for our Policy 1405 Field Triage Decision Scheme.

Policy Number	Name	Reviewed/ Revised	Next Review
705.01	Trauma Treatment Guidelines	7/1/2023	12/31/2024
1400	Trauma Care System General Provisions	6/30/2022	6/30/2024
1401	Trauma Center Designation	6/30/2022	6/30/2024
1402	Trauma Committees	12/1/2023	9/30/2026
1403	Trauma Hospital Data Elements	12/1/2021	12/31/2024
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	1/3/2023	9/30/2024
1405	Trauma Triage and Destination Criteria	1/3/2023	9/30/2024
1406	Trauma Center Standards	12/1/2021	12/31/2024

Timeline: Follow-up is quarterly, ongoing.

System Performance Improvement

Trauma system performance review currently includes the following:
(TORC had 1 virtual meeting, 1 hybrid meeting and 2 in-person meetings)
(TAC had 1 virtual meeting and 1 in-person meeting)

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

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

Changes to Implementation Schedule

There are no changes to implementation schedule to report currently.

Progress on Addressing EMS Authority Trauma System Plan Comments

We reviewed Mr. McGinnis 12/19/2023 letter approving the VCEMS Trauma System for 2022. All categories of the trauma system status report were accepted as written, with no required actions or recommendations.

Other Issues
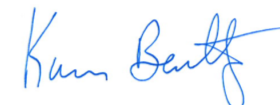
There are presently no other issues.

<div align="center">***END OF REPORT***</div>

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil Stefansen
Specialty Care Systems Manager

Ventura County EMS Plan
QUALITY IMPROVEMENT PROGRAM
Reporting for Calendar Year 2023
June 2024

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

QI Program Summary

Ventura County EMSA updated the QI Plan in 2023. We ensure that all core measures are patient focused and implementation for improvement will be timely and sustainable. The core measure data is collected, and the information is disseminated to our key stakeholders.

Changes in the QI program

Thus far, in 2024, the 2023 data has been analyzed to identify improvement projects. Through our quarterly meetings with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our PRESTO study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival. We continue to identify Large Vessel Occlusion (LVO) stroke patients prehospital and transport them directly to a thrombectomy capable acute stroke center (TCASC) or Comprehensive Stroke Center (CSC). We have one Advanced Thrombectomy Capable Stroke Center (TSC) designated by The Joint Commission, and one (CSC) designated by Det Norske Veritas (DNV).

The data is collected from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: In 2023 we had a median time of 60 minutes, which is a slight decrease from a median time of 62 minutes in 2022.

2. Dispatch notified to thrombolytic given in ED: In 2023, we had a median time of 65 minutes which is a decrease from a median time of 72 minutes in 2022. We have a median scene time of 14 minutes in 2023 which is slight decrease from 15 minutes in 2022.

3. Dispatch to Percutaneous Coronary Intervention (PCI) time for our STEMI patients has a median time of 85 minutes for 2023, which is a decrease from 89 minutes in 2022.

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

In 2023, VCEMS implemented Pulsara countywide for STEMI patients which includes real-time EKG review. With Pulsara in place, we have seen improvement in our false positive (FP) activation rates at the STEMI Receiving Centers (SRCs). We have a positive EKG to pre-alert notification of 7 minutes which exceeds the goal of 10 minutes or less.

We continue to screen for LVO type stroke patients. Paramedics perform a two-part screen: First, they screen for stroke using the Cincinnati Prehospital Stroke Scale (CPSS). Second, patients are screened for an LVO using a prehospital screening tool called the Ventura LVO Score (VES). If the patient is positive for _all 3 elements_ of the CPSS and is positive for 1 or more on the VES, they are transported directly as an "LVO Alert" to one of our designated TCASCs or CSC. This addition to our stroke triage system is designed to preferentially divert patients to a facility capable of performing mechanical thrombectomy. For 2023, we had 50% True Positive LVO alerts, including hemorrhagic strokes.

We are participating in Ventura County's Fall Prevention program by gathering data on patients that have fallen or have a potential to fall and are _not_ transported by EMS to the hospital. We answer a set of questions that are sent to the fall prevention coordinator along with leaving educational material about fall prevention at the home. We meet quarterly to discuss the data and areas of improvement.   A Fall Prevention Symposium was held in-person on September 29, 2023. The event included prevention presentations by local physicians, physical therapists, social workers, and other experts in elderly trauma prevention. This was our first year to return to an in-person event since COVID-19. We had a very good turnout of approximately 450 people. We offered seasonal flu vaccine free of charge and administered approximately 15 doses. Most attendees had already received their flu vaccine prior to the event.

In reviewing our Sudden Cardiac Arrest data, we saw a decrease in our Utstein survival to hospital discharge rate percentages from 43% to 26%, and an increase in our bystander CPR from 67% to 79%. In 2024 we are reviewing our data as it relates to our Cardiac Arrest Management program and the use of the Lucas device to identify areas of improvement to increase our survival to hospital discharge percentage.

In 2023, Tranexamic Acid (TXA) was administered to 40 patients, which is a slight increase from the 35 patients who received TXA in 2022. 30/40 patients survived and 5/40 received a second dose of TXA at the Trauma Center. Base Hospital orders were received for 19/40 patients. We will continue to monitor in 2024.

Data Collection

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

Ventura County's two Trauma Centers actively participate in data collection, which helps to identify severity index scores on EMS patients. We can analyze this data

and use it for injury prevention education in the community. Data measures are patient focused and implementation for improvement is timely and sustainable through the collaboration of our key stakeholders.

Audit Critical skills

Various critical procedures are monitored regularly through weekly ImageTrend reports. Skills monitored through this method are Advanced Airway, TXA administration, cardiac transcutaneous pacing, along with needle thoracostomy and tourniquet use.

Performance Improvement

AHA changed the requirements for submitting the data to receive the 2023 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures. County EMS Agencies were no longer eligible to submit their systems data, only First Responder Agencies were allowed to individually submit their data to receive their 2023 Mission Lifeline Gold Plus Level Award.
Five First Responder Agencies applied and received their award.

In 2023 we adopted the new "Resources for Optimal Care of the Injured Patient" (2022 Standards-Gray book) by the American College of Surgeons and updated policies as needed.

Starting January 1, 2023, we adopted the Guideline for the Field Triage of Injured Patients by the ACS for our Policy 1405 Field Triage Decision Scheme.

A goal for 2023 was to establish a trial use with Pulsara for prehospital Stroke/LVO alerts. Four of the six Stroke Centers now have Pulsara in place; however, we need two more hospitals to finish the process before we can start the trial. This will be a continued goal for 2024.

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

Policies

Policy 705.01 "Trauma Treatment Guidelines" was updated to cover only the injured eye and not both eyes per current recommendations. Policy 1402 "Trauma Committees" was updated with language to include guidelines for meeting virtually verses in-person. Policy 1404 "Guidelines for Interfacility Transfer of Patients to a Trauma Center" was updated to reflect language and formatting for a better policy flow. Policy 1405 "Trauma Triage and Destination Criteria" was updated to reflect the "Guideline for the Field Triage of Injured Patients" by the ACS for our Policy 1405 Field Triage Decision Scheme. Policy 451 – "Stroke Triage and Destination" was updated to remove the "E" in ELVO as recommended and we removed "ED Saturation" as a reason for diversion of Stroke patients. Policy 726 -"12 Lead ECG" was updated to include Pulsara into the workflow and added "inappropriate tachycardia" as an indication.

2024 Goals

Establish county-wide use with Pulsara for prehospital Stroke/LVO alerts. This goal was not met in 2023, and we hope to complete in 2024.

Present the breakdown of hospitals using Tenecteplase (TNK) verses tissue plasminogen activator (t-PA) to monitor the door to thrombolytic administration time and complication rate at our quarterly stroke meeting.

Increase the overall survival to hospital discharge rate to 30%.

Increase SRH % of door to EKG within 10 minutes from 58% in 2023 to 75%.

Decrease *SRC Diversion* hours by 10% from 290 hours in 2023 to 261 hours.

Decrease door in / door out (DIDO) time to 180 minutes for patients that arrived by EMS at a non-trauma center then emergently transferred to a Trauma Center.

Implement and monitor whole blood usage in prehospital care.

Implement and monitor the dispensing of Buprenorphine prehospital for the treatment of opioid use disorder.

Respectfully submitted by,

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EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

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Specialty Care System Manager

Ventura County

Emergency Medical Services Agency

Quality Improvement Plan

Table of Contents

I.   Organizational Overview and Program Description

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

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

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

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

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

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

VCEMS Mission Statement

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

VCEMS Vision Statement

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

VCEMS Quality Improvement Program Purpose

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

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

Outline of Provider Agency Responsibilities related to CQI:

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

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

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

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

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

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

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

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

VC EMS System Quality Improvement Framework

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              CalEMSA
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               VCEMS
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 PSC   STEMI  Stroke  Trauma   Clinical    Education
                                Quality
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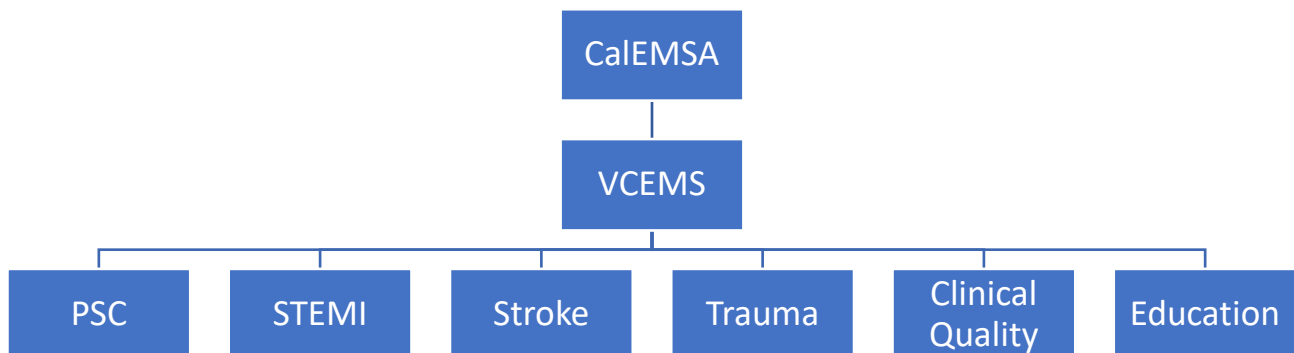
Prehospital Services Committee (PSC)

A.   Purpose

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

B.   Composition

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

C.   Tasks

1.   Review EMS policies and patient treatment protocols, make recommendations for edits, and approve changes made prior to documents being made ready for biannual EMS updates.

2.   Discuss current events, issues, and trends that are impacting the local EMS system, in addition to impacts at a regional and statewide level.

3.   Receive and file reports from committee members and their respective agencies and discuss related issues that may impact the broader EMS system

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

STEMI Committee

A.   Purpose

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

B.   Composition

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

C.   Tasks

1. Reviews identification and management of STEMI patients

2. Identify and measure preventable death and disability from a STEMI.

3. Assure timely, optimal STEMI services in a cost-efficient manner through close coordination of prehospital, hospital and rehabilitation services.

4. Match patient medical needs with resources of the SRC.

5. Review identification and management of cardiac arrest patients and system of care.

Stroke Committee

A.   Purpose

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

B.   Composition

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

C.   Tasks

1.   Reviews identification and management of stroke and Large Vessel Occlusion (LVO) patients.

2.   Identify and measure preventable death and disability from a stroke.

3.   Assure timely, optimal stroke services in a cost-efficient manner through close coordination of prehospital, hospital and rehabilitation services.

4.   Match patient medical needs with resources of the ASC or TCASC.

Trauma Committees

A.   Purpose

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

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

B. Composition
    Trauma Operational Review Committee (TORC)
    The membership of TORC shall be broad based regionally and represent the participants in the Trauma Care System and the regional medical community. TORC shall be chaired by the Ventura County EMS Agency Trauma System Manager. The membership of TORC includes the following:
    1. Ventura County EMS Agency
        a. Medical Director
        b. Administrator
        c. Deputy Administrators
        d. Trauma System Manager
        e. Ventura County Medical Examiner
    2. Ventura County Trauma Centers
        a. Hospital Administrator
        b. Trauma Medical Director
        c. Trauma Manager
        d. Emergency Department Medical Director
        e. Emergency Department Nurse Manager
        f. Prehospital Liaison Physician
        g. Prehospital Care Coordinator
    3. Ventura County Non-Trauma Base Hospitals
        a. Hospital Administrator
        b. Emergency Department Medical Director
        c. Emergency Department Nurse Manager
        d. Prehospital Liaison Physician
        e. Prehospital Care Coordinator
    4. Ventura County Receiving Hospitals
        a. Hospital Administrator
        b. Emergency Department Medical Director
        c. Emergency Department Nurse manager
    5. Transport Providers
        One representative, to be selected by individual agency
    6. First Responders
        One representative, to be selected by individual agency
    7. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director
    Trauma Audit Committee (TAC)
        The membership shall be limited to representatives of Local EMS Agencies and trauma centers from Ventura, Santa Barbara and San Luis Obispo counties. TAC shall be chaired by an EMS Medical Director from one of the three local EMS Agencies, and the membership of TAC will include the following:
    1. Local EMS Agencies

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

3. Trauma Centers
        a.   Trauma Medical Director
        b.   Trauma Program Manager
        c.   Prehospital Care Coordinator

4. Medical examiner, pathologist or physician designee from each represented county

5. Other individuals who the EMS Medical Director deems necessary, on an ad-hoc or permanent basis, and appointed by the EMS Medical Director

C. Committee Tasks

TORC

1. Reviews, analyzes and proposes corrective actions for operational issues that occur within Ventura County's inclusive trauma system. Identifies problems and problem resolutions (loop closure).

2. Based on trauma system maturation and needs, recommend development and/or revisions of policies that impact trauma care.

3. Reviews interfacility transport issues, particularly problematic or recurring themes, and occasionally, specific cases. Recommends improvement measures.

4. Reviews criteria for IFT for ongoing appropriateness and recommends policy revisions when needed.

5. Reviews prehospital trauma transport statistics for appropriateness of patient destinations, system trends and educational or other needs.

6. Reviews trauma registry reports.

7. Evaluates system needs and recommends trauma education or certification courses for emergency department personnel.

8. Recommends and collaborates with other Ventura County agencies and organizations on injury prevention projects.

9. Recommends and collaborates on research efforts.

10. Recommends and conducts educational programs toward the goal of enhancing an inclusive trauma system approach in Ventura County.

TAC

1. Monitors the process and outcome of trauma patient care and presents analysis of data for strategic planning of the trauma system.

2. Conducts review of cases that involve system issues or are regarded as having exceptional educational or scientific benefit.

3. For each case reviewed, provides finding of lessons learned, and when appropriate, makes recommendations regarding changes in the system to improve the process of trauma care.

4. Presents and reviews individual trauma center-specific issues with the goal of awareness, education and collaboration.

5. Identifies county and intra-county problems, issues and trends. Identifies and implements, or recommends implementation, of resolutions (loop closure).

D.   Clinical Quality Committee

Purpose

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

Composition

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

Committee Tasks

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

E.   EMS Education Committee

Purpose

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

Composition

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

Committee Tasks

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

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

II.   Data Collection and Reporting

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

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

Plan – The change to be tested or implemented.
Do – carry out the test or change
Study – data before and after the change and reflect on what was learned.
Act – plan the next change cycle or full implementation
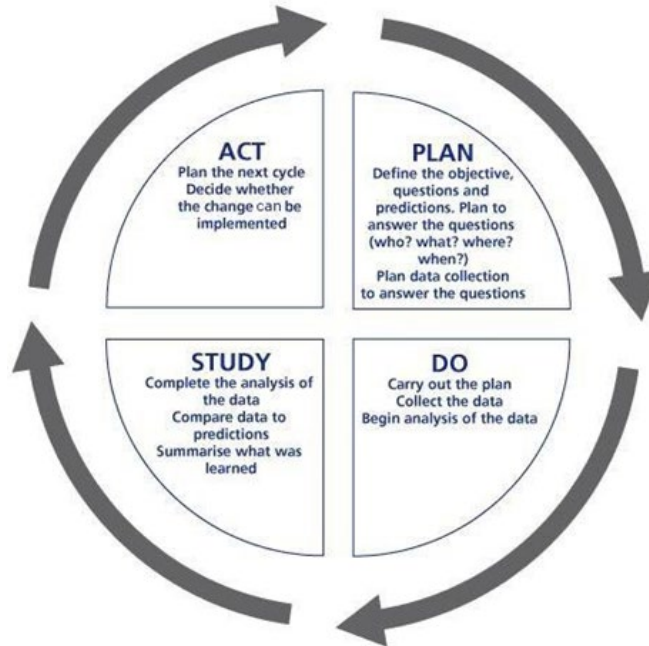
Utilizing benchmarks and key performance indicators that have been developed both locally and at a national level, reports are prepared and presented at standing specialty care meetings. Additional reports are generated in the ImageTrend System and sent to aplicable stakeholders automatically at regularly scheduled intervals. Fall out cases are internally reviewed by prehospital agencies as well as aplicable specialty care center staff, in collaboration with VCEMS Medical Director and specialty care manager.

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

III. Personnel

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

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

IV.   Equipment and Supplies

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

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

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

V.   Documentation and Data Collection

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

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

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

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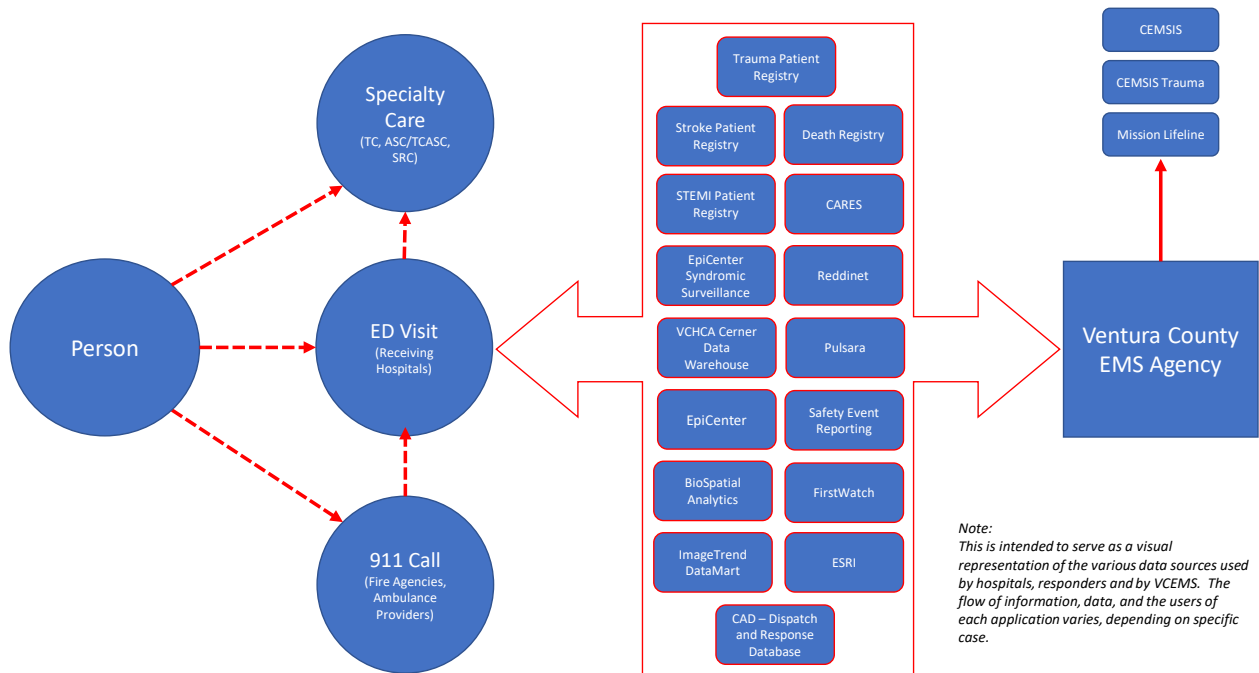
VI.   Clinical Care

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

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

VII.   Clinical Competency and Prehospital Education

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

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

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

VIII.   Transportation and Facilities

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

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

0410: ALS Base Hospital Standards

0420: Receiving Hospitals Criteria

0430: STEMI Receiving Center Standards

0450: Acute Stroke Center (ASC) Standards

1401: Trauma Center Designation

1406: Trauma Center Standards

IX.   Public Education and Prevention

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

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

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

X.   Safety Event Reporting Process

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

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

SAFETY EVENT REVIEW → JUST CULTURE ACTION

SYSTEM DESIGN EVALUATED

SYSTEM

Evaluate for system attributes that impact the likelihood of human errors or cultural drift

Make system-wide changes through design, communication, education/training

FIVE BEHAVIORS EVALUATED

HUMAN ERROR	AT-RISK BEHAVIOR	RECKLESS	KNOWLEDGE	PURPOSE
Unintended conduct: inadvertently doing other than what was intended: a slip, lapse, or mistake	A choice where risk is not recognized, or mistakenly believed to be justified	Conscious disregard of a substantial and unjustifiable risk of harm	Knowingly causing harm (sometimes justified)	A purpose to cause harm (never justified)
ACCEPT	COACH	CONSIDER REMEDIATION OR DISCIPLINARY ACTION		

XI.   Plan Updates

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

Prehospital provider agencies will be required to provide annual updates on their respective CQI plans and projects, and that information will inform the broader system-wide plan update prior to submission to the California EMS Authority. Annual updates provided to CalEMSA, will include:
- QI Program Summary
- Changes to the QI Plan/Program in the previous twelve months
- Summary/Overview of the data collection process
- Audit of Critical Skills
- Summary/Overview of performance improvement activities
- Summary of changes to relevant policies that impact the broader QI program in a meaningful/significant way.
- Goals for the next twelve months

Ventura County EMS Plan
Stroke Critical Care System Plan
Reporting for Calendar Year 2023

June 2024

Steve Carroll, EMS Administrator
Karen Beatty, Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, EMS Deputy Administrator

Stroke Critical Care System Plan Summary

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

Changes in the Stroke Critical Care System Plan

2023 data has been analyzed to identify improvement projects. Through quarterly meetings with the Stroke Committee, the stroke core measures which include Large Vessel Occlusion (LVO) data continue to be monitored.

Measures

The EMS Agency collects data from prehospital agencies and receiving hospitals to follow a patient from 911 call to medical care and diagnostics provided. The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke." We also follow the pathway of patients who are transferred to a Thrombectomy Capable Acute Stroke Center (TCASC) for higher level of care. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: median time of 60 minutes for 2023, which is a slight decrease from 62 minutes in 2022.

2. Dispatch notified to thrombolytic given: median time of 65 minutes for 2023, which is a decrease from 72 minutes in 2022.

3. EMS on-scene time for *Stroke Alerts*: median time of 14 minutes for 2023, which is a slight decrease from 15 minutes in 2022.

4. Door to first pass (patients arriving directly to the TCASC): median time of 81 minutes for 2023, which is a decrease from 100 minutes for 2022, and 63% of patients received their first pass within 90 minutes of arrival which is an increase from 47% in 2022. AHA benchmark for this measure is 50%.

Data Collection

Data is collected using the American Heart Association Get With The Guidelines (GWTG)-Stroke registry and ImageTrend for EMS ePCR data.

Performance Improvement

1. A 2023 goal was to establish a trial with Pulsara for prehospital *Stroke/LVO Alerts.* Four of the six Acute Stroke Centers (ASC) now have Pulsara in place; we are waiting for the additional two ASCs to obtain Pulsara before we will begin implementation. This will be a continued goal for 2024.

2. The 2023 percentage of false positive (FP) *Stroke/LVO Alerts* that have a sepsis diagnosis is 6.2%, which is a decrease from 13.8% in 2022.

3. The median times for our door to thrombolytic administration decreased to 36 minutes from 44 minutes in 2022.

4. TCASC door to first pass median time decreased from 100 minutes to 81 minutes and the percentage of patients who had door to first pass within 90 minutes increased from 47% to 63%.

5. We review and monitor hospitals administering Tenecteplase (TNK) for door to thrombolytic times and thrombolytic complications. Four of our ASCs are using TNK with a combined door to thrombolytic median time of 36 minutes and a complication rate of 2.4%.

6. All ASCs transitioned to the updated Get With the Guidelines Registry from AHA.

Policies

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

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	01/12/2023	01/31/2025
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	2/08/2024	2/28/2026
450	Acute Stroke Center (ASC) Standards	6/22/2022	6/30/2024
451	Stroke System Triage and Destination	9/27/2023	09/30/2025
452	Thrombectomy Capable Acute Stroke Center (TCASC) Standards	12/28/2022	12/31/2024
460	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	6/22/2022	6/30/2024
705.26	705.26 Suspected Stroke	09/27/2023	09/30/2025

2024 Goals

1. Update monthly "Report Card" of data metrics sent to the ASCs to monitor for corrections needed to collect data that is accurate.

2. Present the breakdown of hospitals using Tenecteplase (TNK) verses tissue plasminogen activator (t-PA) to monitor the door to thrombolytic administration time and complication rate at our quarterly stroke meeting.

3. All 6 ASCs will implement the use of Pulsara for prehospital *Stroke/LVO Alerts*.

4. Provide stroke education to our providers to improve our true positive (TP) *Stroke Alert* percentage from 52% to 60%.

5. Continue to monitor and decrease FP *Stroke/LVO Alerts* diagnosed with sepsis.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil-Stefansen
EMS Deputy Administrator

Ventura County EMS Plan
STEMI Critical Care System Plan
Reporting for Calendar Year 2023

June 2024

Steve Carroll, EMS Administrator
Karen Beatty, Senior Hospital Systems Coordinator
Adriane Gil-Stefansen, EMS Deputy Administrator

STEMI Critical Care System Plan Summary

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

Changes in the STEMI Critical Care System Plan

2023 data has been analyzed to identify improvement projects. STEMI core measures and cardiac arrest data are monitored and cases that fall out of the measures are reviewed.

Measures

The EMS Agency collects data from prehospital agencies and receiving hospitals to follow a patient from 911 call to medical care and diagnostics provided. The hospitals utilize the "American College of Cardiology Guidelines for the Management of STEMI". We also follow the pathway of patients who are transferred from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC) for Percutaneous Coronary Intervention (PCI). The following are a few of the core measures:

1. Dispatch notified to PCI time for STEMI patients: median time of 85 minutes for 2023, which is a decrease from 89 minutes in 2022.

2. Arrival at STEMI Referral Hospital (SRH) to PCI at the SRC for STEMI patients: median time of 97 minutes for 2023, which is an increase from 89 minutes in 2022.

3. EMS on-scene time for STEMI patients: median time of 13 minutes for 2023, which is slight decrease from 14 minutes in 2022.

4. Door-in to door-out (DIDO) time for STEMI patients transferred from SRH to SRC for PCI: median time of 34 minutes for 2023, a slight increase from 32 minutes in 2022.

5. Cardiac Arrest Outcome data:

ALL PRESUMED CARDIAC	2020	2021	2022	2023
Presumed Cardiac Etiology	469	462	431	478
Bystander CPR Provided	53.5%	53.3%	54.9%	54.7%
Survival to Hospital Discharge	8.7%	9.1%	13.0%	8.4%
CARES National Benchmark for survival to Hospital Discharge	8.0%	8.1%	8.5%	9.2%
Survival to Hospital Discharge for CPC 1 or 2	7.2%	8.4%	10.7%	6.9%
CARES National Benchmark for survival to Hospital Discharge CPC 1 or 2	6.3%	6.4%	6.8%	7.3%
UTSTEIN				
Bystander Witnessed, Shockable Rhythm	54	72	67	61
% of presumed cardiac arrests that are Utstein cases	11.5%	15.6%	15.5%	12.8%
Bystander CPR Provided	64.8%	79.2%	67.2%	78.7%
Survival to Hospital Discharge	22.2%	33.3%	43.3%	26.2%
CARES National Benchmark for survival to Hospital Discharge	28.8%	29.2%	30.9%	32.7%

Data Collection

Data is collected from receiving hospitals using CARES Registry for our Sudden Cardiac Arrest and Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) for our STEMI data. Data is collected using ImageTrend for EMS ePCR data.

Performance Improvement

1. Full implementation of Pulsara countywide for STEMI patients which includes real-time EKG review was accomplished in 2023. With Pulsara in place, there has been improvement in false positive activation rates at the SRCs. For 2023 the median time for positive EKG to pre-arrival notification was 7 minutes which is a slight increase from 5 minutes in 2022.

2. 2023 goal was to increase the % of patients at an SRH with door to EKG time within 10 minutes to 75%. In 2023 we were at 58%, which is a decrease from 67% in 2022. Goal not met, will continue to work with SRHs to improve %.

3. The DIDO for STEMI transfers was maintained between 30-35 minutes with continued QI monitoring. All cases that exceeded 45 minutes were reviewed.

4. The overall survival to hospital discharge rate was 8.4%, which is a decrease from 13.0% in 2022.

5. AHA data submission requirements for the 2023 Mission Lifeline Gold Plus Award were transitioned to individual agencies, the team-based award with systemwide data was retired. Below are some of the Ventura County system level STEMI data:

    - 85.8% of the time patients having non-traumatic chest pain with cardiac symptoms received an EKG within 10 minutes of first medical contact.

    - 78.8% of the time pre-arrival notification for a *STEMI Alert* was completed within 10 minutes of a positive STEMI EKG.

    - 85% of the time first medical contact (FMC) to PCI was within 90 minutes.

Policies

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

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	01/12/2023	01/31/2025
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	02/28/2024	2/28/2026
430	STEMI Receiving Centers and STEMI Referral Hospital Standards	2/9/2023	2/28/2025
440	Code STEMI Transfer of Patients with STEMI for PCI	7/13/2022	7/31/2024
705.09	Chest Pain-Acute Coronary Syndrome	2/10/2022	2/28/2024
726	12 Lead ECG	08/23/2023	10/31/2025

2024 Goals

1. Increase Utstein CPC 1 & 2 survival rate from 24.5% in 2023 to 30% in 2024.

2. Increase SRH % of door to EKG within 10 minutes from 58% in 2023 to 75% in 2024.

3. Increase FMC to PCI % within 90 minutes from 85% in 2023 to 90% in 2024.

4. Apply and receive the 2024 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures by our provider agencies.

5. Decrease *SRC Diversion* hours by 10% from 290 hours in 2023 to 261 hours.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Senior Hospital Systems Coordinator

Adriane Gil-Stefansen
EMS Deputy Administrator

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 616 Fitch Ave **Number of Ambulance Vehicles in Fleet:** 32

Moorpark, CA 93021

**Phone
Number:** 805-517-2000 **Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:** 24

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:			
X Yes ❏ No	X Yes ❏ No	X Yes ❏ No	X Transport ❏ Non-Transport	X ALS X BLS	X 9-1-1 X 7-Digit X CCT X IFT	X Ground ❏ Air ❏ Water

Ownership:	If Public:	If Public:		If Air:	Air Classification:
❏ Public X Private	❏ Fire ❏ Law ❏ Other Explain: _____	❏ City ❏ State ❏ Federal	❏ County ❏ Fire District	❏ Rotary ❏ Fixed Wing	❏ Auxiliary Rescue ❏ Air Ambulance ❏ ALS Rescue ❏ BLS Rescue

Transporting Agencies

49688	Total number of responses	36608	Total number of transports
48499	Number of emergency responses	35426	Number of emergency transports
1189	Number of non-emergency responses	1182	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 200 Bernoulli Circle   **Number of Ambulance Vehicles in Fleet:**   32

                 Oxnard, CA 93030

Phone   **Average Number of Ambulances on Duty**
Number: 805-485-3040   **At 12:00 p.m. (noon) on Any Given Day:**   21

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**			
X Yes ❑ No	X Yes ❑ No	X Yes ❑ No	X Transport ❑ Non-Transport	X ALS X BLS	X 9-1-1 X 7-Digit X CCT X IFT	X Ground ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**		**If Air:**	**Air Classification:**
❑ Public X Private	❑ Fire ❑ Law ❑ Other Explain: _____	❑ City ❑ County ❑ State ❑ Fire District ❑ Federal		❑ Rotary ❑ Fixed Wing	❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

Transporting Agencies

38002	Total number of responses	30852	Total number of transports
23348	Number of emergency responses	16467	Number of emergency transports
14654	Number of non-emergency responses	14385	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 1425 Dowell Dr.   **Number of Ambulance Vehicles in Fleet:**   0

Ventura, CA 93003

Phone Number: 805-339-4300   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:**   0

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

THIS IS NOT A TRANSPORT PROVIDER

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 360 W. Second St.   **Number of Ambulance Vehicles in Fleet:**   0

                Oxnard, CA 93030

**Phone
Number:**   805-385-7722   **Average Number of Ambulances on Duty
At 12:00 p.m. (noon) on Any Given Day:**   0

Written Contract:
 	
X Yes ❑ No
	Medical Director:
	
	X Yes ❑ No
		System Available 24 Hours:
		
		X Yes ❑ No
			Level of Service:
			
			❑ Transport **X** ALS **X** 9-1-1 **X** Ground
			X Non-Transport **X** BLS ❑ 7-Digit ❑ Air
			   ❑ CCT ❑ Water
			   ❑ IFT

Ownership: **X** Public ❑ Private	**If Public:** **X** Fire ❑ Law ❑ Other Explain: _____	**If Public:** **X** City ❑ County ❑ State ❑ Fire District ❑ Federal	**If Air:** ❑ Rotary ❑ Fixed Wing	**Air Classification:** ❑ Auxiliary Rescue ❑ Air Ambulance ❑ ALS Rescue ❑ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: PO Box 487   **Number of Ambulance Vehicles in Fleet:**   0
             Fillmore, CA 93015

Phone Number: 805-524-0586   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:**   0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**
X Yes ❏ No	**X** Yes ❏ No	**X** Yes ❏ No	❏ Transport **X** ALS **X** 9-1-1 **X** Ground **X** Non-Transport **X** BLS ❏ 7-Digit ❏ Air ❏ CCT ❏ Water ❏ IFT

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❏ Private	**X** Fire ❏ Law ❏ Other Explain: _____	**X** City ❏ County ❏ State ❏ Fire District ❏ Federal	❏ Rotary ❏ Fixed Wing	❏ Auxiliary Rescue ❏ Air Ambulance ❏ ALS Rescue ❏ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 165 Durley Ave.   **Number of Ambulance Vehicles in Fleet:** 9
Camarillo, CA 93010

Phone Number: 805-389-9710   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

Written Contract:	Medical Director:	System Available 24 Hours:	Level of Service:		

X Yes ❏ No	**X** Yes ❏ No	**X** Yes ❏ No	**X** Transport **X** ALS **X** 9-1-1 **X** Ground
			X Non-Transport **X** BLS ❏ 7-Digit ❏ Air
			                              ❏ CCT ❏ Water
			                              ❏ IFT		

Ownership:	If Public:	If Public:		If Air:	Air Classification:
X Public ❏ Private	**X** Fire ❏ Law ❏ Other Explain: _____	❏ City ❏ County ❏ State **X** Fire District ❏ Federal		❏ Rotary ❏ Fixed Wing	❏ Auxiliary Rescue ❏ Air Ambulance ❏ ALS Rescue ❏ BLS Rescue

Transporting Agencies

Subcontracted transport provider through AMR/GCA EOA's

7112	Total number of responses	123	Total number of transports
7112	Number of emergency responses	123	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 375A Durley Ave.   **Number of Ambulance Vehicles in Fleet:** 4

Camarillo, CA 93010

Phone Number: 805-388-4212   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

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

Air Ambulance Services

364	Total number of responses	54	Total number of transports
364	Number of emergency responses	54	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Response numbers are for rescue aircraft only

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura   **Provider:** All Town Ambulance   **Response Zone:** N/A

Address: 7755 Haskell Ave.   **Number of Ambulance Vehicles in Fleet:** 2

Van Nuys, CA 91406

Phone Number: 818-787-8737   **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

Transporting Agencies

2489	Total number of responses	2386	Total number of transports
	Number of emergency responses		Number of emergency transports
2489	Number of non-emergency responses	2386	Number of non-emergency transports

Air Ambulance Services

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