

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



October 17, 2024

Dave Magnino, EMS Director  
Sacramento County Emergency Medical Services Agency  
9616 Micron Ave., Suite 960  
Sacramento, CA 95827

Dear Dave Magnino,

This letter is in response to Sacramento County Emergency Medical Service (EMS) Agency's 2023 EMS, Triage to Alternate Destination (TAD), Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on September 10, 2024.

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

EMSA has also reviewed the TAD, Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 5, 7, 7.1, 7.2, and 12 of the California Code of Regulations, Title 22, Division 9, and has been approved for implementation.

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

Your 2024 EMS plan will be due on or before October 17, 2025. Concurrently with the EMS plan, please submit an annual TAD, Trauma, STEMI, Stroke, and QI plan.

If you have any questions regarding the EMS plan review, please contact Roxanna Delao, EMS Plans Coordinator, at (916) 903-3260 or [roxanna.delao@emsa.ca.gov](mailto:roxanna.delao@emsa.ca.gov).

Sincerely,

A handwritten signature in cursive script that reads "Tom McGinnis".

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

Enclosure:  
AW: jg

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Sacramento County 2023 EMS Plan EMS Operating 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 Name	EXCLUSIVITY		TYPE			LEVEL							
Sacramento County	X												



**Department of Health Services**  
Timothy W. Lutz  
Director

**Divisions**  
Administration  
Behavioral Health  
Primary Health  
Public Health

## **County of Sacramento**

May 6, 2024

Elizabeth Basnett, Director  
Emergency Medical Services Authority  
11120 International Drive, Suite 200  
Rancho Cordova, CA 95670

**RE: *Sacramento County 2023 Annual Emergency Medical Services (EMS) Plan Updates***  
**Sent via Email on May 6, 2024**

Dear Ms. Basnett:

Enclosed are the 2023 Sacramento County Emergency Medical Services Agency (SCEMSA) EMS Plan, the 2023 Trauma System Annual Update, the 2023 Annual Quality Improvement Program (QIP), the 2023 STEMI Critical Care System Annual Update and the 2023 Stroke Critical Care System Annual Update. These reports are submitted in accordance with Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.

### **EMS PLAN ANNUAL UPDATE**

Some significant changes were made to the SCEMSA EMS plan during the past year. Key items are noted in each section.

#### **FORM 1: EMS Plan System Assessment Summary**

##### **A. System Organization and Management**

###### **1.01 – Organizational Structure:**

- On July 1, 2023, SCEMSA contracted with The Permanente Medical Group, Inc. for medical director services. Per the contract, Gregory Kann, MD, FACEP, now fills the role of the agency's medical director.
- In November 2023, SCEMSA added a new EMS Coordinator position to oversee the development and implementation of a Triage to Alternate

Destination program. This new EMS Coordinator reports directly to the EMS Administrator.

## **B. Manpower and Training**

### 2.13 – Critical Care Paramedic Training and Accreditation:

- In 2023, a private provider continued to request this program, but the SCEMSA did not have staff nor funding to oversee the program at this time.
- Moving forward in 2024, this program will be presented to the Board of Supervisors for approval to develop and implement. Tentative target date of implementation is January 1, 2025.

## **D. Response and Transportation**

### 4.05 – Response Time Standards:

- SCEMSA utilizes the National Response Time Standards as benchmarks. In 2023, SCEMSA did not fully implement Sacramento County Response Time Standards. SCEMSA continues to work on the process to establish County Response Time Standards by the end of calendar year 2024.

### 4.07 – Creation of Exclusive Operating Area and Approval:

- Not applicable. Sacramento County is a Non-Exclusive Operating Area.

## **E. Assessment of Hospitals and Critical Care Centers**

### 5.04 – Critical Care System:

- As of 2020, SCEMSA's Critical Care System contains Trauma, STEMI and Stroke programs.

## **F. Data Collection and Evaluation**

### 6.04 – Electronic Patient Health Information Exchange:

- Currently, there are no plans to implement a patient health information exchange program.

### 6.09 – Ambulance Patient Offload Times:

- EMS stakeholders established the Ambulance Patient Offload Time (APOT) metric at 20 minutes. In 2023, the system wide 90<sup>th</sup> percentile APOT was seventy-three (73) minutes. In 2022 the APOT was sixty-eight and a half (68.5) minutes. This is an increase of four and a half (4.5) minutes.

### 6.10 – Data Collection from Specialty Care Centers:

- STEMI and Stroke – Designated STEMI and Stroke centers submitted electronic data through American Heart Association's, Get with the Guidelines – Cardiac Artery Disease, for STEMI and GWTG – Stroke for Stroke hospitals.

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### **Division of Public Health**

Olivia Kasirye, MD, MS  
Public Health Officer



### **Sacramento County Emergency**

#### **Medical Services Agency**

9616 Micron Ave Suite 940  
Sacramento, CA 95827  
phone (916) 875-9753

[www.dhs.saccounty.gov/pub/ems](http://www.dhs.saccounty.gov/pub/ems)

## **G. Public Information and Education**

### 7.05 – Public Training and Education on Disaster Preparedness:

- SCEMSA works in partnership with the Sacramento County Public Health Officer and Public Information Officers. in conducting public education through press and social media releases.

## **H. Disaster Medical Response**

### 8.14 – Mutual Aid Requests in EOA Areas:

- Not applicable. Sacramento County is a non-exclusive operating area.

## **TABLE 2: Manpower and Training**

### Sacramento County EMS Agency Certification:

- There was an eighteen percent (18%) decrease in the number of personnel investigations in 2023 (N=29) as compared to 2022 (N=35). During 2023, SCEMSA’s full-time EMS Investigations Specialist continued to improve the Professional Standards program, including personnel investigations and Office of Administrative Hearing cases. SCEMSA continues to use an automated report from the online application software to meet the requirements of Section 1797.229 Health and Safety Code.

### Available Training:

- Nearly all prehospital providers are continuing education providers.

## **TABLE 3: Communication**

### Medical Control: Sections 100170 and 100360, Title 22, Division 9, CA Code of Regulations:

- The SCEMSA Medical Director maintains medical control by establishing medical policies and procedures which direct all aspects of prehospital care, from emergency medical dispatch, to field providers, to receiving hospitals. These medical control policies and procedures include both standing orders and direct voice communications between the field and hospitals.
- SCEMSA medical control policies and procedures apply to both ground units and air provider units based in Sacramento County.

#### **TABLE 4: Response and Transportation**

##### System Standard Response Times (90<sup>th</sup> Percentile):

- With over three (3) years of data submitted to California EMS Information System (CEMSIS) from all Advanced Life Support (ALS) providers, SCEMSA provides updates of system wide 90<sup>th</sup> percentile standard response times to stakeholders during regular meetings.

##### Provider Resource:

- SCEMSA works with current Basic Life Support (BLS) providers to submit data into CEMIS. SCEMSA's ALS and BLS applications require providers to submit CEMIS data.

##### NEMSIS Version 3.5:

- During the first quarter of 2023, SCEMSA started working with all ALS and BLS providers to move forward to the transition to NEMSIS V3.5. By November 1, 2023, providers were submitting V3.5 data. By December 31, 2023, all providers within Sacramento County were submitting V3.5 data into CEMIS.
- In Table 4, SCEMSA is reporting both NEMSIS V3.4 and V3.5 data for each provider. The following is an example of how it is noted in Table 4:
  - 23628/10701 Total number of responses

#### **TABLE 7: Disaster Medical Response:**

##### Disaster Response and Utilizes of Medical Health Operational Area Coordinator (MHOAC) Sections 1797.152 and 1797.153 of CA Health and Safety Code:

- SCEMSA follows and utilizes the seventeen (17) function of the MHOAC program in the creation of the County's Medical and Health Disaster Plan.
- SCEMSA MHOAC uses the 17 functions in coordination of resources during a disaster and integrate the coordination with the Region IV, Regional Disaster Medical Health Coordinator (RDMHC) program. This includes when resources are needed from outside of Sacramento County.
- The SCEMSA Administrator shares the MHOAC responsibilities with the Sacramento County Public Health Officer on a daily basis.

#### **TRAUMA SYSTEM STATUS REPORT**

The narrative includes updated information providing improvements through the Sacramento County Trauma System. Key changes include:

#### Trauma System Goals and Objectives:

- During 2023, SCEMSA redesigned the Trauma Improvement Committee (TIC), previously the Trauma Review Committee (TRC). The goal of this change was to increase EMS participation within the TIC.
  - The TIC now involves collaborative presentations between EMS providers and hospitals. These presentations allow the agency to look at and evaluate patient care from dispatch to discharge.
- SCEMSA works closely with the trauma centers to ensure accurate data submission to the CA Trauma Registry. Data is presented at the quarterly TIC meetings.

#### System Performance Improvement:

- The TIC reviewed trauma related policies. The only significant changes were to the committee format and increasing the Tranexamic Acid (TXA) dose from 1g to 2g.
- During 2024, SCEMSA plans to continue evaluating TXA usage and hopes to expand use in Sacramento County.

### **QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE**

#### 2023 Highlights:

- The Technical Advisory Group (TAG) prioritized the successful transition from NEMSIS 3.4 to NEMSIS 3.5 bringing Sacramento County compliant with current standards.
- SCEMSA's Quality Improvement Initiatives focused on accurate documentation, CPR reviews, IV access evaluations, and monitoring of policy efficacy.

#### Active Projects Include the Following:

- In 2024, SCEMSA looks forward to fostering greater provider engagement, monitoring policy effectiveness, and collaborating closely with hospitals to improve patient outcomes and reduce APOTs.

### **STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE**

#### 2023 Highlights:

- During 2023, SCEMSA focused largely on STEMI data reporting and compliance.
- The STEMI Care Committee had discussions regarding first medical contact to 12-Lead data, which led to an improvement project through the TAG.

The TAG is hoping to provide a more accurate way of obtaining this metric in 2024.

Active Projects Include the Following:

- SCEMSA also began the transition to utilizing ImageTrend Patient Registry as a STEMI Data Repository in 2023. The upload process is currently being tested, and we foresee all STEMI centers uploading all 2024 data into ImageTrend Patient Registry.

**STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE**

2023 Highlights:

- During 2023, SCEMSA focused largely on accuracy and standardization of Stroke patient outcome data.
- Stroke facilities are required to upload data to ImageTrend Patient Registry. SCEMSA changed the deadlines to be quarterly by 90 days past the end of the quarter.
- SCEMSA then utilized the patient outcome data to do a comparative analysis of field stroke alerts to patient outcome. This comparative analysis will continue in 2024.
- SCEMSA also began collaborating with Dr. Kevin Keenan at UC Davis Medical Center on a research project to contribute to a comprehensive stroke routing discussion in Sacramento County. The study will involve paramedics completing Vision, Aphasia, and Neglect (VAN) and Los Angeles Motor Scale (LAMS) assessments on stroke patients with a positive Cincinnati Prehospital Stroke Scale (CPSS). This study will begin in 2024.

Active Projects Include the Following:

- SCEMSA continues to work on comparative analysis of field stroke alerts to patient outcomes by using patient outcome data.
- The collaborative study with Dr. Keenan and UC Davis Medical Center is ongoing.

**NEW IN 2024:**

**TRIAGE TO ALTERNATE DESTINATION:**

- In 2023, the County Board of Supervisors allocated County General Funds to allow SCEMSA to add an EMS Coordinator position to oversee development, implementation and oversight of a new Triage to Alternate Destination (TAD) program.



- SCEMSA is working on a TAD program under new statutory and regulatory requirements. Program submission to EMSA is expected sometime in 2024.

#### **ADVANCED EMT PROGRAM:**


- Moving forward in 2024, the EMS Agency will present to the Board of Supervisors for approval to develop and implement an Advanced EMT (AEMT) Program. This AEMT will be implemented within the interfacility transfer providers. Tentative target date of implementation is the fourth quarter of 2024.
- Moving forward in 2024, the EMS Agency will work with Sacramento State University EMS Training program to develop and implement an Advanced EMT (AEMT) Training Program. Tentative target date of implementation is the third quarter of 2024.

#### **EMS BUPRENORPHINE PROGRAM:**

- Moving forward in 2024, all Sacramento County Paramedics will have the ability to evaluate patients for opioid withdrawal and provide EMS initiated Buprenorphine in the field. This program will improve access to substance abuse care and actively reduce the incidence of opioid overdose death in Sacramento County.

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,

  
David M. Magnino  
EMS Administrator

Attachments: (5)  
Sacramento County EMS Plan Annual Update  
Trauma System Annual Update  
Quality Improvement Program Annual Update  
STEMI Critical Care System Annual Update  
Stroke Critical Care System Annual Update

Cc: Oliva Kasirye, MD, Health Officer, DHS, Public Health

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**Division of Public Health**  
Olivia Kasirye, MD, MS  
Public Health Officer



**Sacramento County Emergency  
Medical Services Agency**  
9616 Micron Ave Suite 940  
Sacramento, CA 95827  
phone (916) 875-9753  
[www.dhs.saccounty.gov/pub/ems](http://www.dhs.saccounty.gov/pub/ems)

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	✓		
1.02 EMS Administration Budget	✓		
1.03 Employment of Medical Director	✓		Established contract with Kaiser Permanente for an three quarter time medical director
1.04 Medical Control	✓		
1.05 Expert Consultation	✓		
1.06 Public Input on Plans, Policies, Procedures	✓		
1.07 Establishment of Policies, Procedures, Protocols	✓		
1.08 Availability of Policies, Procedures, Protocols	✓		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	✓	✓	Currently working to implement AEMT certification and program in Sacramento County for Inter-facility Transfer providers.

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	✓		
2.03 EMT & AEMT Certification Status	✓		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	✓		
2.05 Paramedic Accreditation	✓		
2.06 RN & MICN Standards	✓		
2.07 EMT, AEMT, Paramedic Training Program Compliance	✓		Working with Sacramento State University EMS Training program to add AEMT into their curriculum.
2.08 EMT Training Course Challenge	✓		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	✓		
2.10 Reporting of Paramedic Actions or Omissions	✓		

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License			Not Applicable
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	✓		
2.13 Critical Care Paramedic Training & Accreditation		✓	We are currently working to implement a Critical Care Paramedic program, accreditation and training.
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	✓		
2.15 Procedures for Management of Complex Patients	✓		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	✓		
3.02 City and Fire District Dispatch	✓		
3.03 Medical Dispatch Center Protocols	✓		

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area	✓		
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards		✓	At this time, Sacramento County does not have Response Time standards established. We currently utilize the National Response Time Standards as bench marks. Discussion around possible implementation by end of calendar year 2023.
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval		✓	Sacramento County is an Non-Exclusive Operating Area. There is no plan to establish Exclusive Operating Areas in the future

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	✓		
5.02 Acute Care Facility Assessment and Specialty Care System Development	✓		
5.03 Patient Safety and Non-Permit Facility in Rural Area			Not applicable
5.04 Critical Care System	✓		
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliancy with CEMISIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMISIS/NEMSIS	✓		
6.04 Electronic Patient Health Information Exchange		✓	No plan to implement program in near future.

# FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMISIS/NEMSIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times		✓	APOT metric set at 20 minutes. In 2023, the 90th Percentile APOT time system wide was: 73 minutes.
6.10 Data Collection from Specialty Care Centers	✓		We currently receive data from the three trauma centers. In 2023, all STEMI/Stroke hospitals submitted data through 'Get With the Guideline - CAD' and 'GTWG- Stroke' for hospital data.
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	✓		
7.05 Public Training and Education on Disaster Preparedness	✓		In partnership with County Public Health
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	✓		
8.02 Medical Response Plans	✓		
8.03 Distribution of Disaster Casualties	✓		
8.04 MHOAC Coordinator	✓		
8.05 Situation Status Reporting & Communication of Emergency Requests	✓		
8.06 Identification of EMS Resources	✓		
8.07 Medical Mutual Aid Agreements	✓		



**FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY**



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	✓		
8.9 Integration of Hospitals' Disaster Emergency Plan	✓		
8.10 Development of Medical & Health Disaster Plan	✓		
8.11 Hospital Evacuation	✓		
8.12 Increase in Prehospital EMS Needs	✓		
8.13 Specialty Care Center Role in Disasters	✓		
8.14 Mutual Aid Requests in EOA Areas			Not applicable - Sacramento County is a Non-Exclusive Area.

# FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



<b>Date:</b> March 26, 2024	
<b>Local EMS Agency or County Name:</b> Sacramento County EMS Agency	
<b>Area Description: (e.g., Zone 1, Zone A)</b> Sacramento County	
<b>Title:</b> Sacramento County	
<b>Geographic Description: (Also attach map)</b> Geographic boundaries of Sacramento County.	
<b>Current Provider Name: (include legal, fictitious, and dba)</b>	
<small>1. Alpha One Ambulance, 2. America West, 3. American Medical Response, Inc. 4. Amwest, 5. Bay Medic Transportation, 6. CalMAT EMSA, 7. California Highway Patrol, Capitol Protection Division, 8. California Highway Patrol, Office of Air Operations, 9. CALSTAR Air Ambulance, 10. City of Isleton Fire Department, 11. Cosumnes CSD Fire District, 12. Folsom City Fire Department, 13. Herald Fire Protection District, 14. Medic Ambulance Services, 15. NorCal Ambulance 16. Performance EMS, 17. Pro Transport 1 Ambulance, 18. REACH Air Ambulance, 19. River Delta Fire District, 20. Sacramento City Fire Department, 21. Sacramento County Airport Fire, 22. Sacramento Metropolitan Fire District, 23. Sacramento Valley Ambulance, 24. Trauma Life Care (TLC) Inc., 25. Versa Care Emergency Medical Services, 26. Wilton Fire Protection District.</small>	
<input type="checkbox"/> <b>Exclusive</b> <span style="margin-left: 200px;"><input checked="" type="checkbox"/> <b>Non - Exclusive</b></span>	
<b>Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)</b>	
<input type="checkbox"/> <b>Emergency Ambulance</b> <span style="margin-left: 100px;"><input type="checkbox"/> <b>Advanced Life Support (ALS)</b></span> <span style="margin-left: 100px;"><input type="checkbox"/> <b>Limited Advanced Life Support (LALS)</b></span>	
<b>Scope of Operations: (Check one box)</b>	
<input type="checkbox"/> <b>9-1-1 Emergency Ambulance</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>7-Digit Emergency Ambulance</b></span>	
<input type="checkbox"/> <b>ALS Ambulance</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>All ALS Ambulance Services (9-1-1, 7-Digit, IFT)</b></span>	
<input type="checkbox"/> <b>All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit)</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>BLS Non-Emergency Services (IFT)</b></span>	
<input type="checkbox"/> <b>Critical Care Transport</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Standby Service with Transport Authorization</b></span>	
<input checked="" type="checkbox"/> <b>All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation)</b> <span style="margin-left: 200px;"><input type="checkbox"/> <b>Other</b></span>	
<div style="margin-left: 400px;"> <hr/> <hr/> <hr/> </div>	



# TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

## EMS Agency Overview

Local EMS Agency: SACRAMENTO COUNTY

Plan Year: 2023

EMS Director/Administrator: DAVID MAGNINO

EMS Medical Director: DR. GREG KANN

Physical Address: 9616 MICRON AVE, STE 940  
SACRAMENTO, CA 95827

Type of Agency:  County Health Services Agency  
 Public Health Department  
 Joint Powers Agency  
 Non-Health County Department  
 Private Non-Profit Entity

Number of Counties in Local EMS Agency: 1  
Counties within Regional Agency: \_\_\_\_\_

Population of EMS system: 1,584,169

Local EMS Agency responsibility:  Hospital Preparedness Program  
 Public Health Emergency Preparedness Program  
 Other: \_\_\_\_\_

## EMS Agency Organization

Organizational Charts Attached:  County Structure  EMS Agency

## EMS Agency Budget

Fiscal Year: 2022-23

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 1,550,682
Contract Services	\$ 361,430
Services and Supplies	\$ 1,716,917
Total Expenses*	\$ 3,629,029



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

**EMS Agency Budget (cont.)**

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 701,879
County Health Realignment Funds	\$ 0
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 1,608,949
Grant Revenue	\$ 198,332
Fees	\$ 990,000
Other:	\$ 129,869
<b>Total Revenue*</b>	<b>\$ 3,629,029</b>

Provide brief explanation if totals do not equal: \_\_\_\_\_  
 \_\_\_\_\_

**EMS Agency Fee Structure**

Effective Date of Fees: 07/01/2022

	Item	Fee	Comment
<b>Certifications</b>	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 50.28	
	EMT recertification	\$ 50.28	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$ 95.32	
	Paramedic re-accreditation	\$ 95.32	
	MICN/ARN certification	\$ 37.57	
	MICN/ARN recertification	\$ 37.57	
<b>Program Approval</b>	EMR training program approval	\$ 1,736.44	
	EMT training program approval	\$ 1,706.54	
	AEMT training program approval	\$	
	Continuing education provider	\$ 480.11	
	Paramedic training program approval	\$ 9,289.17	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 995.90	



**TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT**

*EMS Agency Fee Structure (cont.)*

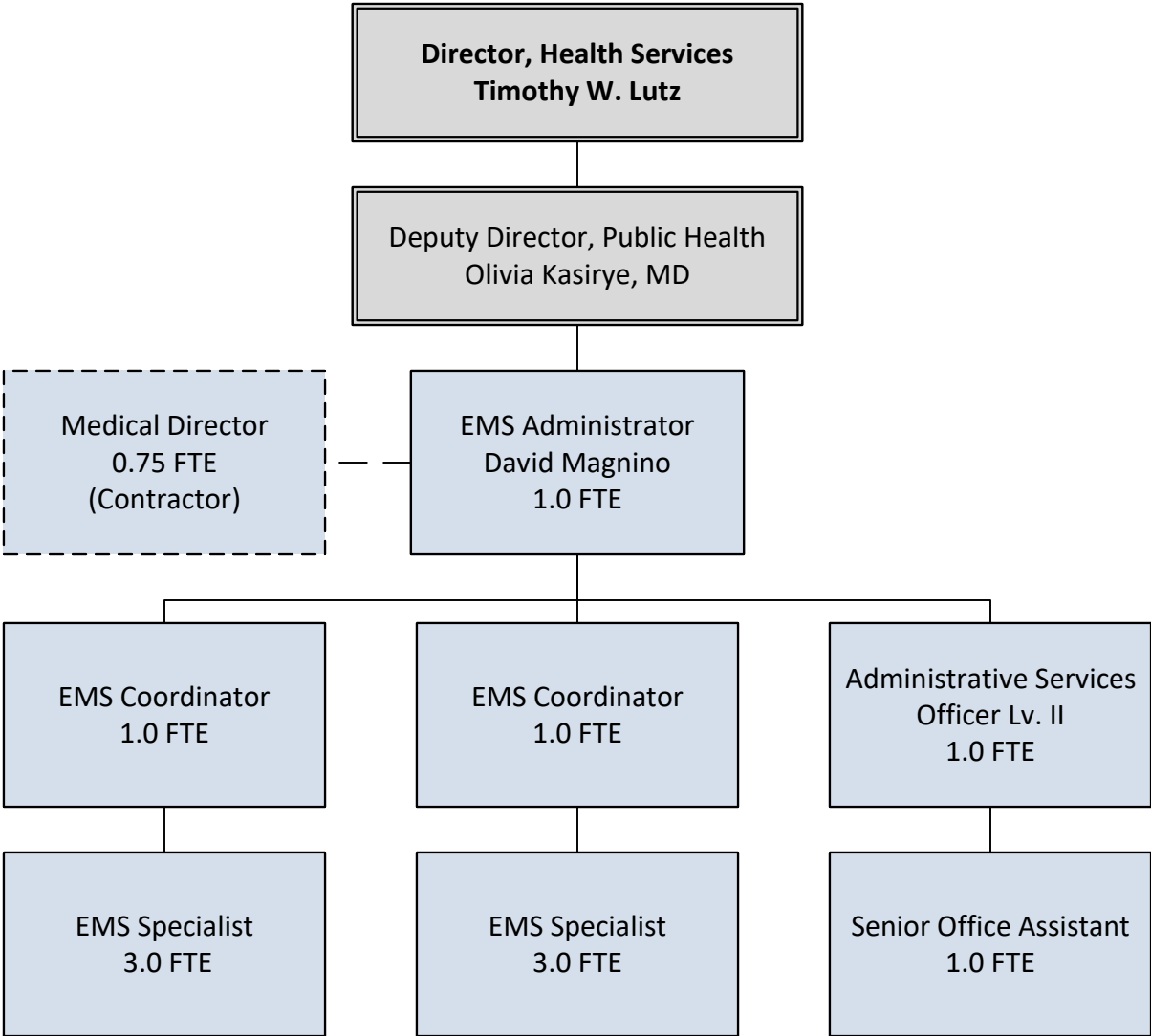
	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$ 15,049 / 7,525	In County / Out of County
	Stroke center application	\$	
	Stroke center designation	\$ 15,049 / 7,525	In County / Out of County
	Trauma center application	\$	
	Trauma center designation	\$ 136,134 / 74,606 74,269 / 6,130	UC Davis / Mercy San Juan / Kaiser Sacramento / Sutter Roseville
Other	Ambulance licensure	\$	
	Ambulance vehicle permits	\$	
	Ambulance franchise fee	\$	
	Paramedic course tuition	\$	
	Other: _____	\$	

*EMS Agency Staffing*

Total full-time equivalent (FTE) staff dedicated to EMS administration: 11.75

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Administrator	No	1.0	\$ 195,314-210,643	\$ 210,643	28 %	\$ 58,589
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director	Medical Director	Yes	0.75	\$ 152,500	\$ 152,500	0 %	\$ 0
EMS Coordinator	EMS Coordinator	No	2.0	\$ 141,789-168,594	\$ 337,188	31 %	\$ 105,392
EMS Specialist	EMS Specialist	No	6.0	\$ 111,620-131,891	\$ 709,534	35 %	\$ 245,813
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Admin Svc Officer 2	No	1.0	\$ 127,938-151,748	\$ 145,346	33 %	\$ 47,280
Office Assistant III	Senior OA	No	1.0	\$ 79,315-94,346	\$ 82,145	44 %	\$ 36,326
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

Fiscal Year 2022-23  
 Sacramento County  
 Department of Health Services, Public Health  
 Emergency Medical Services  
 Total FTE = 11.75



**Legend**

Indicates Direct Line of Authority \_\_\_\_\_

Indicates Contracted Staff - - - - -



**TABLE 2: MANPOWER AND TRAINING**

County: Sacramento

Reporting Year: 2023

**EMS Agency Training Program**

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute?  Yes  No

Do you have an EMR Training Program?  Yes  No

**EMS Agency Certification**

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified	1070		794	104	21
Number newly certified this year	520		115	29	11
Number recertified this year	550		679	75	10
Total accredited on July 1 of reporting year	529		425	56	18
<b>Number of certification reviews resulting in:</b>					
• Formal investigations	29		2		
• Probation	3				
• Suspensions	0				
• Revocations	2				
• Denials	2				
• No action taken	8		2		
<b>Number of personnel authorized/certified in:</b>					
• Early defibrillation					



**TABLE 3: COMMUNICATIONS**

County: Sacramento County

Reporting Year: 2023

***EMS Agency Communications Structure***

Number of primary Public Service Answering Points (PSAP):	<u>10</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>10</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>10</u>
Number of designated dispatch centers for EMS aircraft:	<u>2</u>

Who is your primary dispatch agency for day-to day emergencies?

Sacramento Regional Fire / EMS Communication Center

Do you have an operational area disaster communication system?

Yes  No

a) Identify the radio primary frequency: 800 MHz Trunked System

b) Identify other methods: Cell Phone, Satellite Phones and Landline

c) Can all medical response units communicate on the same disaster communication system?

Yes  No

d) Do you participate in the Operational Area Satellite Information System?

Yes  No

e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system?

Yes  No

1) Within the operational area?

Yes  No

2) Between operational area and the region and/or state?

Yes  No



TABLE 3: COMMUNICATIONS



*Dispatch Resource*

County: Sacramento Reporting Year: 2023

Dispatch Agency: Alpha One Name of Primary Contact: Jack Finnigan

Address: 10461 Old Placerville Rd. Ste 110 Telephone Number: 916-635-1111  
Sacramento, CA 95827

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>14</u>	EMT-D	<u>0</u>	ALS	<u>14</u>
BLS	<u>14</u>	LALS	<u>0</u>	Other	<u>0</u>

Total Number of Dispatchers: 14

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: America West Name of Primary Contact: Sanford Perreira

Address: 9090 Union Park Ste 117 Telephone Number: 916-890-6194  
Elk Grove, Ca. 95624

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

BLS 18 LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 18

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2023

Dispatch Agency: AMR Sacramento Name of Primary Contact: Jennifer Morgan

Address: 1041 Fee Drive Telephone Number: (916)402-1812  
Sacramento, CA 95815

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>36</u>	EMT-D	<u>    </u>	ALS	<u>    </u>
BLS	<u>    </u>	LALS	<u>    </u>	Other	<u>    </u>

Total Number of Dispatchers: 36

Ownership:  Public  Private

If Public:  Fire  Law  Other                                     

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2023

Dispatch Agency: AMWest Name of Primary Contact: Brian Napoli

Address: 13257 Saticoy St. Telephone Number: 818-859-7999  
North Hollywood, Ca. 91605

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training 6 EMT-D 3 ALS \_\_\_\_\_

BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 9

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  YES  No

TABLE 3: COMMUNICATIONS



*Dispatch Resource*

County: Sacramento Reporting Year: 2023

Dispatch Agency: Bay Medic Ambulance Name of Primary Contact: Josh Enea

Address: 959 Detroit Avenue Telephone Number: 925-689-9067  
Concord, CA 94518

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>6</u>	EMT-D	<u>        </u>	ALS	<u>        </u>
BLS	<u>3</u>	LALS	<u>        </u>	Other	<u>1</u>

Total Number of Dispatchers: 10

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



**Dispatch Resource**

County: Sacramento Reporting Year: 2023

Dispatch Agency: CHP: Office of Air Operations Name of Primary Contact: Whitney Lowe

Address: 601 N. 7th Street Telephone Number: 916-843-3306  
Sacramento, CA 95811

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>12</u>

Total Number of Dispatchers: 12

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No



TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: Sacramento Regional Fire/EMS Communication Center Name of Primary Contact: Josh Freeman

Address: 10230 Systems Parkway Telephone Number: 916-956-8723  
Sacramento, CA 95827

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:  
 EMD Training 7 EMT-D \_\_\_\_\_ ALS \_\_\_\_\_  
 BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other 1

Total Number of Dispatchers: 47

Ownership:  Public  Private

If Public:  Fire  Law  Other JPA

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No



TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: Medic Ambulance Name of Primary Contact: Lisa Curley

Address: 300 Business Drive Telephone Number: 916-564-9040  
Sacramento, CA 95820

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>16</u>	EMT-D	<u>    </u>	ALS	<u>    </u>
BLS	<u>    </u>	LALS	<u>    </u>	Other	<u>3</u>

Total Number of Dispatchers: 19

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



*Dispatch Resource*

County: Sacramento Reporting Year: 2023

Dispatch Agency: NorCal Ambulance Name of Primary Contact: John Brooks

Address: 18115 Stockton Blvd Telephone Number: 916-812-9465  
Sacramento, CA 95816

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training \_\_\_\_\_ EMT-D \_\_\_\_\_ ALS \_\_\_\_\_

BLS \_\_\_\_\_ LALS \_\_\_\_\_ Other \_\_\_\_\_

Total Number of Dispatchers: 28

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



*Dispatch Resource*

County: Sacramento Reporting Year: 2023

Dispatch Agency: Pro Transport Ambulance Name of Primary Contact: Christine Miyahara

Address: 720 Portal Street Telephone Number: 323-384-6116  
Cotati, CA 94930

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	<u>19</u>	EMT-D	<u>0</u>	ALS	<u>7</u>
BLS	<u>118</u>	LALS	<u>0</u>	Other	<u>0</u>

Total Number of Dispatchers: 25

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento Reporting Year: 2023

Dispatch Agency: Reach & CalStar Name of Primary Contact: Anna Blair /Keith Finch

Address: 1041 Fee Drive Telephone Number: 800-338-4045  
Sacramento, CA 95815

Written Contract:  Yes  No

Medical Director:  Yes  No

Availability:  Day-to-Day  Disaster

Number of Personnel Providing Services:

EMD Training	_____	EMT-D	_____	ALS	_____
BLS	_____	LALS	_____	Other	<u>30</u>

Total Number of Dispatchers: 30

Ownership:  Public  Private

If Public:  Fire  Law  Other \_\_\_\_\_

If Public:  City  County  State  Fire District  Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:  Yes  No



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** SACRAMENTO      **Provider:** ALPHAONE AMBULANCE MEDICAL SERVICES, INC.      **Response Area:** SACRAMENTO COUNTY

**Address:** 10461 OLD PLACERVILLE ROAD, SUITE 110  
SACRAMENTO, CA 95827

**Phone Number:** 916-635-2011

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 37

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 24

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 1

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input checked="" type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51717

**Name of ePCR Vendor:** IMAGETREND

**Contract Dates:** JULY 1, 2019 - CONTINUOUS

**Ground Non-Transporting and/or Transporting Agencies**

23628/10701 Total number of responses  
15338/6469 Number of emergency responses  
8290/4232 Number of non-emergency responses

**Ground Transporting Agencies**

21868/10172 Total number of transports  
13862/5967 Number of emergency transports  
8006/4205 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 205  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 32



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** America West      **Response Area:** Sacramento County

**Address:** 90990 Union Park Way #117  
Elk Grove, CA 95758

**Phone Number:** (888)678-6801

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 5

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 4

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 40

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51938

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** Continuous

**Ground Non-Transporting and/or Transporting Agencies**

2674/0 Total number of responses  
0 Number of emergency responses  
2674/0 Number of non-emergency responses

**Ground Transporting Agencies**

2627/0 Total number of transports  
0 Number of emergency transports  
2627/0 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 26

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0





**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** American Medical Response      **Response Area:** Sacramento

**Address:** 1101 Fee Drive  
Sacramento CA 95815

**Phone Number:** 916.563.0385

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 25

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 9

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**     Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50088

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** Ongoing

**Ground Non-Transporting and/or Transporting Agencies**

22325/5184 Total number of responses  
17629/4133 Number of emergency responses  
4696/1051 Number of non-emergency responses

**Ground Transporting Agencies**

14855/3983 Total number of transports  
11595/2966 Number of emergency transports  
3260/1017 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 110  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 75



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Amwest Ambulance      **Response Area:** Sacramento County

**Address:** 13257 Salicoy St.  
Los Angeles CA 91605

**Phone Number:** (818) 8597999

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 6

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 6

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51849

**Name of ePCR Vendor:** Trauma Soft

**Contract Dates:** Continuous

**Ground Non-Transporting and/or Transporting Agencies**

52/3 Total number of responses  
0 Number of emergency responses  
52/3 Number of non-emergency responses

**Ground Transporting Agencies**

33/3 Total number of transports  
0 Number of emergency transports  
33/3 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 28

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Bay Medic Ambulance      **Response Area:** Sacramento

**Address:** 7717 Cucamonga Ave  
Sacramento CA 95826

**Phone Number:** 925-689-9000

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 7

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 4

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 2

**Ambulance Strike Team Participant:**     Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services    <input checked="" type="checkbox"/> Litter/Gurney Van    <input checked="" type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50120

**Name of ePCR Vendor:** TraumaSoft

**Contract Dates:** 2018-Current

**Ground Non-Transporting and/or Transporting Agencies**

3652/1067 Total number of responses  
64/19 Number of emergency responses  
3588/1048 Number of non-emergency responses

**Ground Transporting Agencies**

3473/1040 Total number of transports  
59/18 Number of emergency transports  
3414/1022 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 54  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 6



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Emergency Medical Services Authority      **Response Area:** State of California

**Address:** 11120 International Drive, 2nd Floor  
Rancho Cordova, CA 95670

**Phone Number:** (916) 322-4336

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**     Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p><u>Fixed Site Disaster Medical Services</u></p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <u>EMSA</u>	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51952

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2021-Current

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 236

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 26





**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** CHP-Air Operations      **Response Area:** Sacramento

**Address:** 601 N. 7th Street  
Sacramento, CA 95811

**Phone Number:** (916)843-3300

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S42-50181

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** Current-June 30, 2026

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 1

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 3



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** California Highway Patrol      **Response Area:** State Capitol Area

**Address:** 1801 9th Street  
Sacramento, CA 95811

**Phone Number:** (916)843-3300

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 00

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S-34-50181

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2019-Current

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 4

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 3



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** California Highway Patrol      **Response Area:** Travels with the Governor

**Address:** 1801 9th Street  
Sacramento, CA 95811

**Phone Number:** 916 341-4740

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50181

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 2019 - Current

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 4

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 3



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** City of Isleton FD      **Response Area:** Isleton, CA

**Address:** 201 2nd Street  
Isleton, CA 95641

**Phone Number:** (916) 777-7776

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51818

**Name of ePCR Vendor:** Emergency Reporting

**Contract Dates:** Current

**Ground Non-Transporting and/or Transporting Agencies**

61/32 Total number of responses  
61/28 Number of emergency responses  
0/4 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 21  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 0







**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** 34-1090

**Name of ePCR Vendor:** ImageTrend

**Contract Dates:** May 2016 - Current

**Ground Non-Transporting and/or Transporting Agencies**

14183/2711 Total number of responses  
14181/2711 Number of emergency responses  
2/0 Number of non-emergency responses

**Ground Transporting Agencies**

8876/1820 Total number of transports  
8875/1820 Number of emergency transports  
1/0 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 39

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 126



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Folsom Fire Department      **Response Area:** Folsom and Surrounding

**Address:** 535 Glenn Dr.  
Folsom, CA 95630

**Phone Number:** (916) 984-2280

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 5

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 3

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS                    <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50402

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** October 2019-Current

**Ground Non-Transporting and/or Transporting Agencies**

6682/609 Total number of responses  
6678/609 Number of emergency responses  
4/0 Number of non-emergency responses

**Ground Transporting Agencies**

4450/1097 Total number of transports  
4446/403 Number of emergency transports  
4/4694 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 7  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 70



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Herald Fire Protection District      **Response Area:** Herald, CA

**Address:** 12746 Ivie Rd  
Herald, CA 95638

**Phone Number:** (209) 748-2322

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51340

**Name of ePCR Vendor:** Beyond Lucid Technologies

**Contract Dates:** Current

**Ground Non-Transporting and/or Transporting Agencies**

28/7 Total number of responses  
28/7 Number of emergency responses  
0/0 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 15

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Medic Ambulance      **Response Area:** Sacramento County

**Address:** 3300 Business Dr.  
Sacramento, CA 95820

**Phone Number:** (916) 564-9040

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 35

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 15

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 2

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input checked="" type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50600

**Name of ePCR Vendor:** World Advancement of Technology for EMS and Rescue (Water)

**Contract Dates:** 1/2022 - Current

**Ground Non-Transporting and/or Transporting Agencies**

19687/5266 Total number of responses  
870/219 Number of emergency responses  
18817/5047 Number of non-emergency responses

**Ground Transporting Agencies**

18373/195 Total number of transports  
723/183 Number of emergency transports  
17650/12 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 69  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 5





**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** NORCAL Ambulance      **Response Area:** Sacramento County

**Address:** 1815 Stockton Blvd.  
Sacramento, CA 95816

**Phone Number:** (916) 860-7900

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 55

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 40

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 2

**Ambulance Strike Team Participant:**     Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>NICU/PICU</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input checked="" type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50672

**Name of ePCR Vendor:** TraumaSoft ePCR

**Contract Dates:** 9/5/2023 - 9/30/26

**Ground Non-Transporting and/or Transporting Agencies**

24434/5812 Total number of responses  
341/159 Number of emergency responses  
24093/5653 Number of non-emergency responses

**Ground Transporting Agencies**

23893/1408 Total number of transports  
328/159 Number of emergency transports  
23565/1249 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 389  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 18



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** ProTransport-1      **Response Area:** Sacramento

**Address:** 720 Portal St.  
Cotati, CA 94931

**Phone Number:** 1-800-650-4003

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 34

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 18

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** N/A

**Ambulance Strike Team Participant:**       Yes     No

**Number of Helicopters based in this LEMSA's jurisdiction:** N/A

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input checked="" type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input checked="" type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input checked="" type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50771

**Name of ePCR Vendor:** ImageTrend

**Contract Dates:** 3/1/22 - 2/28/25

**Ground Non-Transporting and/or Transporting Agencies**

12508/1249 Total number of responses  
2/0 Number of emergency responses  
12506/1249 Number of non-emergency responses

**Ground Transporting Agencies**

12127/1 Total number of transports  
2/0 Number of emergency transports  
12125/1 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 121  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 8



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** REACH Air Medical Services      **Response Area:** Sacramento County

**Address:** 10034 Missile Way  
Mather, CA 95655

**Phone Number:** (916) 362-0120

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 1

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 1

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** N/A

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 1

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> Air  <input type="checkbox"/> BLS              <input checked="" type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p>Specialty Team Transport with Facility Partners _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50779

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 4/2022-Current

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting Services**

27/2 Total number of responses  
6/1 Number of emergency responses  
21/1 Number of non-emergency responses

19/581 Total number of transports  
4/1 Number of emergency transports  
15/580 Number of non-emergency transports

**Provider Staff Information**

Total number of certified EMTs in the field: 0  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 4



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento County      **Provider:** River Delta Fire District      **Response Area:** 30-Square Miles/Sacramento County

**Address:** 16969 Jackson Slough Road  
Isleton, CA 95641

**Phone Number:** (925) 658-0332

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT      <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.):      <u>Water Rescue</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51342

**Name of ePCR Vendor:** ESO & Emergency Reporting

**Contract Dates:** January 1, 2022-Current

**Ground Non-Transporting and/or Transporting Agencies**

68/4 Total number of responses  
68/0 Number of emergency responses  
0/4 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 42  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 0





**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Sacramento Metropolitan Fire District      **Response Area:** Sacramento County

**Address:** 10545 Armstrong Avenue St #200  
Mather, CA 95655

**Phone Number:** (916) 616-2451

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 38

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 25

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 2

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input checked="" type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>Boat Medics, Bike Medics, TEMS Medics</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input checked="" type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50811

**Name of ePCR Vendor:** Image Trend

**Contract Dates:** 9/2022-9/2025

**Ground Non-Transporting and/or Transporting Agencies**

71923/12957 Total number of responses  
71840/12945 Number of emergency responses  
83/12 Number of non-emergency responses

**Ground Transporting Agencies**

48995/5513 Total number of transports  
31345/5501 Number of emergency transports  
17650/12 Number of non-emergency transports

**Air Transporting Services**

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

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

**Provider Staff Information**

Total number of certified EMTs in the field: 95

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 509



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Sacramento County Airport Fire      **Response Area:** SMF

**Address:** 7203 Earhart Drive  
Sacramento Ca 95837

**Phone Number:** 916-224-8366

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS              <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input checked="" type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51345

**Name of ePCR Vendor:** Imagetrend

**Contract Dates:** 2/6/2020 - Continuous

**Ground Non-Transporting and/or Transporting Agencies**

861/133 Total number of responses  
859/131 Number of emergency responses  
2/2 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 28  
 Total number of certified Advanced EMTs in the field: 0  
 Total number of certified/accredited Paramedics in the field: 8



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Sacramento Fire Department      **Response Area:** City of Sacramento

**Address:** 5770 Freeport Blvd  
Sacramento, CA 95822

**Phone Number:** 916-808-1300

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 20

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 18

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p> <b>Other Specialty Services (water, snow, etc.):</b>      <u>Water/Boat, HAZMAT, Rescue</u> </p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** 1811054745

**Name of ePCR Vendor:** HealthEMS

**Contract Dates:** 01/01/2008 - 12/31/2025

**Ground Non-Transporting and/or Transporting Agencies**

67215/14680 Total number of responses  
67215/14680 Number of emergency responses  
0 Number of non-emergency responses

**Ground Transporting Agencies**

34054/7373 Total number of transports  
34054/7373 Number of emergency transports  
0 Number of non-emergency transports

**Air Transporting 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

***Provider Staff Information***

Total number of certified EMTs in the field: 478

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 143



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Trauma Life Care Medical Transport, Inc.      **Response Area:** Sacramento County

**Address:** 3637 Mission Ave Bldg-A, Suite-4  
Carmichael, CA 95608

**Phone Number:** (916) 368-2222

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 4

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 4

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 2

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input checked="" type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input checked="" type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input checked="" type="checkbox"/> Non-Ambulance Medical Transport Services      <input checked="" type="checkbox"/> Litter/Gurney Van      <input checked="" type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-50929

**Name of ePCR Vendor:** Forte Holdings

**Contract Dates:** 03/2021 - Current

**Ground Non-Transporting and/or Transporting Agencies**

1890/586 Total number of responses  
0 Number of emergency responses  
1890/586 Number of non-emergency responses

**Ground Transporting Agencies**

1850/0 Total number of transports  
0 Number of emergency transports  
1850/0 Number of non-emergency transports

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 20

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0





**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

**County:** Sacramento      **Provider:** Versa Care      **Response Area:** Northern California

**Address:** 8850 Greenback Ln. - Suite B  
Orangevale, CA 95662

**Phone Number:** (916) 521-0966

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 0

**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 0

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** 0

**Ambulance Strike Team Participant:**       Yes       No

**Number of Helicopters based in this LEMSA's jurisdiction:** 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input checked="" type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-51723

**Name of ePCR Vendor:** Beyond Lucid Technologies

**Contract Dates:** Current

**Ground Non-Transporting and/or Transporting Agencies**

4/3 Total number of responses  
0 Number of emergency responses  
4/3 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 20

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 0



**TABLE 4: RESPONSE AND TRANSPORTATION**

**Provider Resource**

County: Sacramento      Provider: Wilton Fire Protection District      Response Area: Wilton

Address: 9800 Dillard Rd  
Wilton CA 95693

Phone Number: (916) 887-8220

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant:     Yes     No

Number of Helicopters based in this LEMSA's jurisdiction: 0

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input checked="" type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport    <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS                    <input type="checkbox"/> CCT  <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services    <input type="checkbox"/> Litter/Gurney Van    <input type="checkbox"/> Wheelchair Van </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Provider Resource (cont.)**

**CEMSIS Provider ID #:** S34-1090

**Name of ePCR Vendor:** Imagetrend

**Contract Dates:** Cosumnes FD partner-Current

**Ground Non-Transporting and/or Transporting Agencies**

427/2 Total number of responses  
427/2 Number of emergency responses  
0/0 Number of non-emergency responses

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: 25

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 115



**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**

County: Sacramento

Reporting Year: 2023

**EMS Agency Facility Details**

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSAs policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

**EMS Agency Facility Statistics**

**Emergency Departments**

Total number of emergency departments: 11  
Note: Includes two (2) out-of-county facilities

Total number of comprehensive emergency services: 11

Total number of basic emergency services: \_\_\_\_\_

Total number of standby emergency services: \_\_\_\_\_

**Hospitals with Written Agreements**

Total number of receiving hospitals: 11  
Note: Includes two (2) out-of-county facilities

Total number of base hospitals: 4

**Alternative Receiving Facilities**

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:  
Psychiatric: \_\_\_\_\_ Sobering Centers: \_\_\_\_\_ Rural Area \_\_\_\_\_

**Specialty Care System**

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



# TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

## EMS Agency Facility Statistics (cont.)

Do you have a stroke system?  Yes  No

Do you have an EMS for children system?  Yes  No

## EMS Agency Specialty Care System Capabilities

Number of trauma centers:

Level I 1    Level II 3    Level III           Level IV         
Note: Includes one (1) out-of-county trauma center

Number of pediatric trauma centers:

Level I 1    Level II       

Number of EMS patients meeting trauma triage criteria:

2,093

a) Transported to a trauma center by ambulance:

2,048

b) Not transported to a trauma center:

45

Number of trauma patients transferred to a trauma center for a higher level of care:

Unable to obtain

a) From a non-trauma facility:

Unable to obtain

b) From a lower level trauma center:

Unable to obtain

Number of STEMI centers/hospitals designated by EMS Agency:

Receiving: 7    Referring:       

Number of stroke centers/hospitals (third party accreditation only):

Comprehensive: 4    Thrombectomy Capable:       

Primary: 10    Acute Stroke Ready:       

Note: Includes two (2) out-of-county primary stroke facilities

Number of pediatric receiving centers:

Comprehensive: 1    General:           Advanced:           Basic:



## TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2023

### *Public Information, Education, and Awareness*

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Number of programs EMS Agency provided to the public:

<u>0</u> EMS Awareness	<u>1</u> Bleeding Control
<u>0</u> First Aid	<u>0</u> CPR
<u>0</u> Prevention Activities	<u>2</u> Disaster Preparedness

### *Injury & Illness Prevention*

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Number of programs EMS Agency provided to the public:

<u>0</u> Alcohol & Substance Abuse	<u>0</u> General Injury
<u>0</u> Asthma Control	<u>0</u> Home Safety
<u>0</u> Bicycle Safety	<u>0</u> Infant Safe Sleep Practices
<u>0</u> Burn Prevention	<u>0</u> Mental Health
<u>0</u> Child Passenger Safety	<u>0</u> Obesity
<u>0</u> Childhood Immunizations	<u>0</u> Pedestrian Safety
<u>0</u> Diabetes	<u>0</u> POLST/End of Life Care
<u>0</u> Distracted Driving	<u>0</u> Poison Control & Prevention
<u>0</u> Dog Bite Prevention	<u>0</u> Product Safety & Recalls
<u>0</u> Elderly Falls	<u>0</u> Suicide Prevention
<u>0</u> Firearm Safety	<u>0</u> Water Safety
<u>0</u> General Health	<u>0</u> Youth Violence Prevention



**TABLE 7: DISASTER MEDICAL RESPONSE**

County: Sacramento

Reporting Year: 2023

**EMS Agency Structure**

Are you part of a multicounty EMS system for disaster response?  Yes  No

Are you a separate department or agency?  Yes  No

a) To whom do you report? Department of Health Services

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department?  Yes  No

What healthcare coalitions are you participating in? Sacramento County Health Care Coalition

a) How often do you meet with your healthcare coalitions? Monthly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction?  Yes  No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:  
Yolo County, Solano County

**EMS Agency Plans, Policies, Programs, and Teams**

Do you have the following:

a) Disaster Plan?  Yes URL Link: <https://dhs.saccounty.net/PRI/EMS/Documents/PoliciesProceduresProtocols/Polic>  No

b) Active Shooter Policy?  Yes URL Link: \_\_\_\_\_  No

c) Hazardous Material (Hazmat) Plan?  Yes URL Link: \_\_\_\_\_  No

d) Disaster Medical Cache?  Yes URL Link: \_\_\_\_\_  No

e) Disaster Medical Support Group?  Yes URL Link: \_\_\_\_\_  No

f) Medical Assets?  Yes URL Link: \_\_\_\_\_  No

g) Incident Command Organization Chart?  Yes URL Link: \_\_\_\_\_  No

h) Communications Plan?  Yes URL Link: \_\_\_\_\_  No

i) Ambulance Strike Team Leader Program?  Yes  No

j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)?  Yes  No

Identify the provider: \_\_\_\_\_





## TABLE 7: DISASTER MEDICAL RESPONSE

### EMS Agency System Operations and Resources

Do you have designated field treatment sites?  Yes  No

a) Identify the locations: \_\_\_\_\_

b) How are they staffed? \_\_\_\_\_

c) Is there a supply system for supporting them for 72 hours?  Yes  No

Is there a mental/behavioral health program available for responders within your jurisdiction?  Yes  No

a) Identify the program: EAP

Is there a team medical response capability?  Yes  No

a) For each team, are they incorporated into the local response plan?  Yes  No

b) Are they available for statewide response?  Yes  No

c) Are they part of a formal out-of-state response system?  Yes  No

Are there HazMat trained medical response teams?  Yes  No

a) At what HazMat level are they trained? FRO- Haz Tech

b) Is there capability to do decontamination in an emergency room?  Yes  No

c) Is there capability to do decontamination in the field?  Yes  No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer       EMS Agency       Jointly Appointed

Do you have specific training for mass casualty incident policies?  Yes  No

Are you using the Standardized Emergency Management System (SEMS)?  Yes  No

a) Does it incorporate a form of Incident Command System (ICS) structure?  Yes  No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction?  Yes  No

Have you tested your multicasualty incident plan this year?  Yes  No

a) Was it a real event? \_\_\_\_\_

b) Was it an exercise? \_\_\_\_\_

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals?  Yes  No

b) Community Clinics?  Yes  No



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

**County:** \_\_\_\_\_ **Provider:** \_\_\_\_\_ **Response Area:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** \_\_\_\_\_  
**Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** \_\_\_\_\_

**Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** \_\_\_\_\_

**Ambulance Strike Team Participant:**  Yes  No

**Number of Helicopters based in this LEMSA's jurisdiction:** \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>System Available 24 Hours:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground  <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air  <input type="checkbox"/> BLS <input type="checkbox"/> CCT  <input type="checkbox"/> IFT</p> <p>Other Specialty Services (water, snow, etc.): _____    _____</p> <p><input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van</p>
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**TABLE 4: RESPONSE AND TRANSPORTATION**

<p><b>Ownership:</b></p> <p><input type="checkbox"/> Public  <input type="checkbox"/> Private</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> Fire  <input type="checkbox"/> Law  <input type="checkbox"/> Other _____</p>	<p><b>If Public:</b></p> <p><input type="checkbox"/> City      <input type="checkbox"/> County  <input type="checkbox"/> State      <input type="checkbox"/> Fire District  <input type="checkbox"/> Federal</p>	<p><b>If Air:</b></p> <p><input type="checkbox"/> Rotary  <input type="checkbox"/> Fixed Wing</p>	<p><b>Air Classification:</b></p> <p><input type="checkbox"/> Auxiliary Rescue  <input type="checkbox"/> Air Ambulance  <input type="checkbox"/> ALS Rescue  <input type="checkbox"/> BLS Rescue</p>
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***Provider Resource (cont.)***

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

***Provider Staff Information***

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



**TABLE 4: RESPONSE AND TRANSPORTATION**

*Provider Resource*

County: \_\_\_\_\_ Provider: \_\_\_\_\_ Response Area: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: \_\_\_\_\_

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: \_\_\_\_\_

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: \_\_\_\_\_

Number of Helicopters based in this LEMSA's jurisdiction: \_\_\_\_\_

Ambulance Strike Team Participant:  Yes  No x

<p><b>Written ALS Agreement with LEMSA to Participate in EMS System:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No  <small>Yes</small></p>	<p><b>Medical Director:</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No  <small>No</small></p>	<p><b>System Available 24 Hours:</b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Level of Service:</b></p> <p> <input type="checkbox"/> Transport      <input type="checkbox"/> ALS      <input checked="" type="checkbox"/> 9-1-1      <input type="checkbox"/> Ground  <input checked="" type="checkbox"/> Non-Transport      <input type="checkbox"/> LALS      <input type="checkbox"/> 7-Digit      <input type="checkbox"/> Air  <input type="checkbox"/> BLS      <input type="checkbox"/> CCT  <input type="checkbox"/> IFT         </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services      <input type="checkbox"/> Litter/Gurney Van      <input type="checkbox"/> Wheelchair Van         </p>
--	--	---	--



**TABLE 4: RESPONSE AND TRANSPORTATION**

<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	<b>If Air:</b> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b>Air Classification:</b> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	--	---

**Provider Resource (cont.)**

**CEMSIS Provider ID #:** \_\_\_\_\_

**Name of ePCR Vendor:** \_\_\_\_\_

**Contract Dates:** \_\_\_\_\_

**Ground Non-Transporting and/or Transporting Agencies**

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

**Ground Transporting Agencies**

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

**Air Transporting 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

**Provider Staff Information**

Total number of certified EMTs in the field: \_\_\_\_\_

Total number of certified Advanced EMTs in the field: \_\_\_\_\_

Total number of certified/accredited Paramedics in the field: \_\_\_\_\_



# Trauma

## **Critical Care System Plan 2023 Annual Update**

*Prepared By:*

Sacramento County  
Department of Health Services  
Division of Public Health  
Emergency Medical Services Agency



**SACRAMENTO COUNTY  
TRAUMA CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

In accordance with the State of California Code of Regulations, Title 22, Division 9, Chapter 7, Sacramento County submits this Trauma Care System Plan update.

**Trauma Critical Care System Summary**

The Sacramento County Trauma Care System is a network of three (3) in county and one (1) out-of-county trauma centers. Sacramento County Emergency Medical Services Agency (SCEMSA) designates trauma centers to provide emergency medical care to any patient who, after prehospital emergency medical service (EMS) personnel evaluation, requires direct transportation to a facility specializing in trauma care.

The following hospitals are in compliance with current American College of Surgeons (ACS) standards and remain designated trauma-receiving facilities for Sacramento County trauma patients:

**In-County**

**University of California Davis Medical Center**

2315 Stockton Boulevard  
Sacramento, CA 95817  
(916) 734-2011  
Level I Trauma Center  
(Adult and Pediatric)

**In-County**

**Kaiser Permanente Medical Center - South Sacramento**

6600 Bruceville Road  
Sacramento, CA 95823  
(916) 688-2000  
Level II Trauma Center

**In-County**

**Mercy San Juan Medical Center**

6501 Coyle Avenue  
Carmichael, CA 95608  
(916) 537-5000  
Level II Trauma Center

**Out-of-County**

**Sutter Roseville Medical Center**

One Medical Plaza  
Roseville, CA 95661  
(916) 781-1200  
Level II Trauma Center

The current ACS standings for our hospitals are as follows:

- *University of California, Davis Medical Center (Adult and Pediatric) – Current Verification Cycle: April 21, 2025. ACS Verification as a Level I trauma center following a site visit in April 2022.*
- *Mercy San Juan Medical Center – Current Verification Cycle: September 22, 2025. ACS Verification as a Level II trauma center following a site visit in August 2021.*
- *Kaiser Permanente Medical Center - South Sacramento – Current Verification Cycle: March 16, 2023 – March 16, 2026. ACS Verification as a Level II trauma center following a site visit in March of 2023.*

**SACRAMENTO COUNTY  
TRAUMA CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

**Trauma Critical Care System Updates**

The system is continuously reviewed. Reviews include quarterly Trauma Improvement Committee (TIC) meetings, which trauma surgeons and other professionals from Sacramento County and nearby counties attend.

During 2023, SCEMSA redesigned the Trauma Improvement Committee (TIC), previously the Trauma Review Committee (TRC). The goal of this change was to increase EMS participation within the TIC. Following the change, SCEMSA has seen a significant increase in EMS attendance and presentations. The TIC now involves collaborative presentations between EMS providers and hospitals. These presentations allow us to look at and evaluate patient care from dispatch to discharge. The TIC also reviewed trauma-related policies, listed later in this document, as part of the SCEMSA’s biannual policy review process.

ImageTrend Patient Registry functions as the repository of the Sacramento County trauma data. Under this system, trauma centers submit data directly to the National Trauma Data Bank (NTDB) and ImageTrend Patient Registry. EMS submits data to the California Emergency Medical Services Information System (CEMSIS), which SCEMSA accesses through ImageTrend Elite. This system allows SCEMSA to review data as submitted, decreasing the time between submission, analysis, and review at advisory meetings.

Figure 1 below illustrates EMS transports with a trauma-related Primary Impression per hospital. Red indicates the number of patients who met trauma triage criteria (TTC) transported to each hospital. In most cases involving patients meeting TTC taken to non-trauma hospitals, paramedics contacted the base hospital for approval.

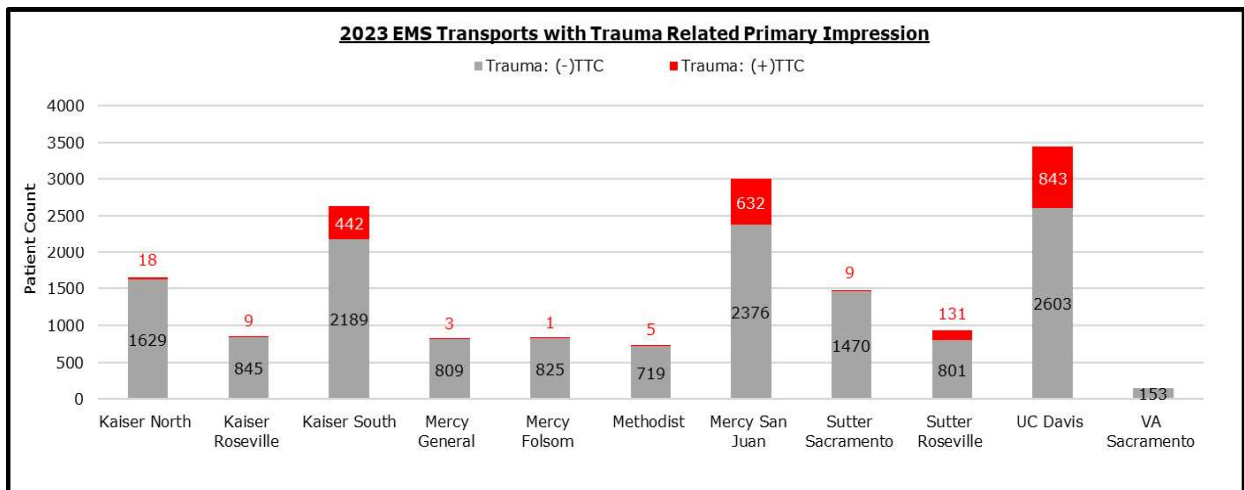


Figure 1

In 2023, the TIC focused largely on administering Tranexamic Acid (TXA). Through

**SACRAMENTO COUNTY  
TRAUMA CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

discussion and data analytics, we determined that TXA is underutilized in Sacramento County. We are encouraging paramedics to utilize TXA whenever needed and expanding the inclusion criteria in policy to allow for more uses. We have also increased the TXA dose after a discussion with trauma hospitals, which revealed that patients often did not receive the second dose upon arrival. Field administration of TXA can be seen in Figure 2.

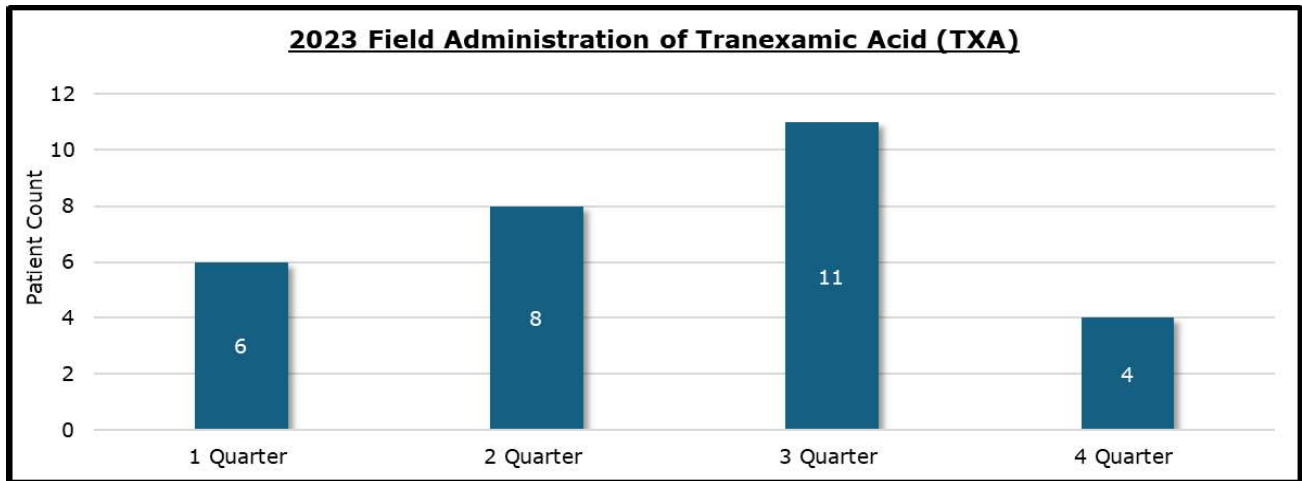


Figure 2

**Policy Review**

In 2023, the TIC reviewed and made the following edits to policies:

- #2007 Trauma Hospital Data Elements** – Language changed to clarify that data elements match the NTDB Standard Data Elements.
- #2026 Trauma Improvement Committee**—The language of the committee was changed from Trauma Review Committee to Trauma Improvement Committee. The membership was also changed to include more EMS personnel.
- #8065 Hemorrhage** – Base hospital consult for TXA use in the control of head and neck bleeding was added. The TXA dose was changed to 2g.
- #9017 Pediatric Trauma** – Clerical updates only.



# STEMI

## **Critical Care System Plan 2023 Annual Update**

*Prepared By:*

Sacramento County  
Department of Health Services  
Division of Public Health  
Emergency Medical Services Agency

**SACRAMENTO COUNTY  
STEMI CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

In accordance with the State of California Code of Regulations, Title 22, Division 9, Chapter 7.1, Sacramento County submits this ST Elevation Myocardial Infarction (STEMI) Critical Care System Plan Update.

**STEMI Critical Care System Plan**

The STEMI Care Committee reviews and evaluates prehospital and hospital care reports of patients who suffered a life-threatening, acute heart attack. Committee participants include representatives in public and private Advanced Life Support (ALS) transportation, nurses, physicians, and other disciplines. The STEMI Care Committee identifies, through case and data review, areas needing improvement, implements process improvement and training/education, and recognizes excellence in performance and care delivery.

**2023 Overview**

Sacramento County Emergency Medical Services Agency (SCEMSA) continues to improve the quality and accuracy of data reporting to improve STEMI care provided at Sacramento County STEMI-receiving hospitals. SCEMSA also continues to monitor documentation compliance and trend improvements via quality improvement audits and documentation dashboards for overall system monitoring.

Sacramento County providers transported 128,454 patients to the emergency room in 2023, of which 579 were documented in prehospital patient care records as having a primary impression of STEMI. Of those 579, over 89% had a “STEMI Alert” to a Sacramento County designated STEMI-receiving Center. Furthermore, 56% of the STEMI-alerted patients were documented as having an Electrocardiogram (ECG) negative for STEMI, while only approximately 44% had an ECG positive for STEMI (Figure 2).

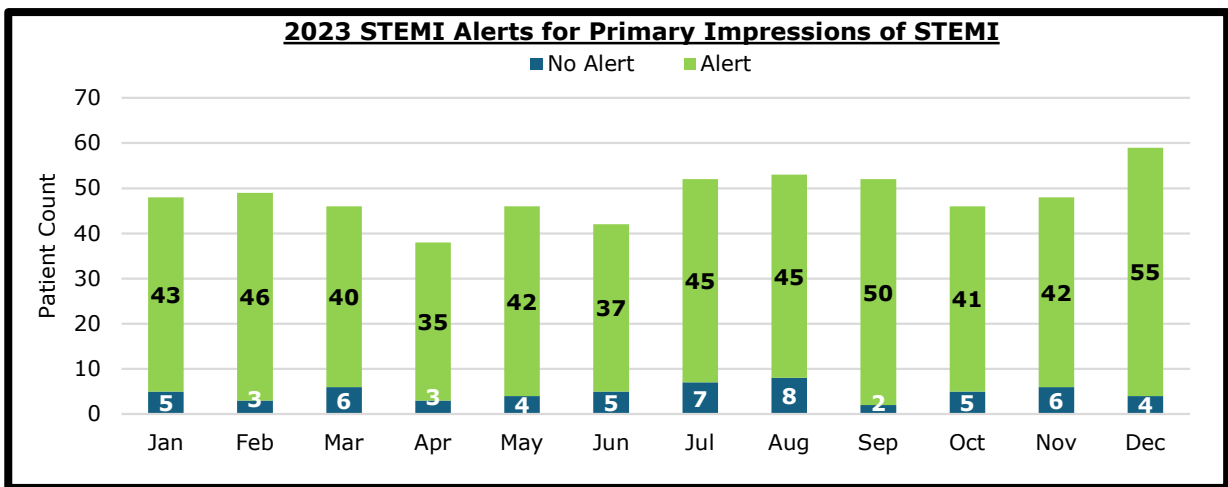


Figure 1

**SACRAMENTO COUNTY  
STEMI CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

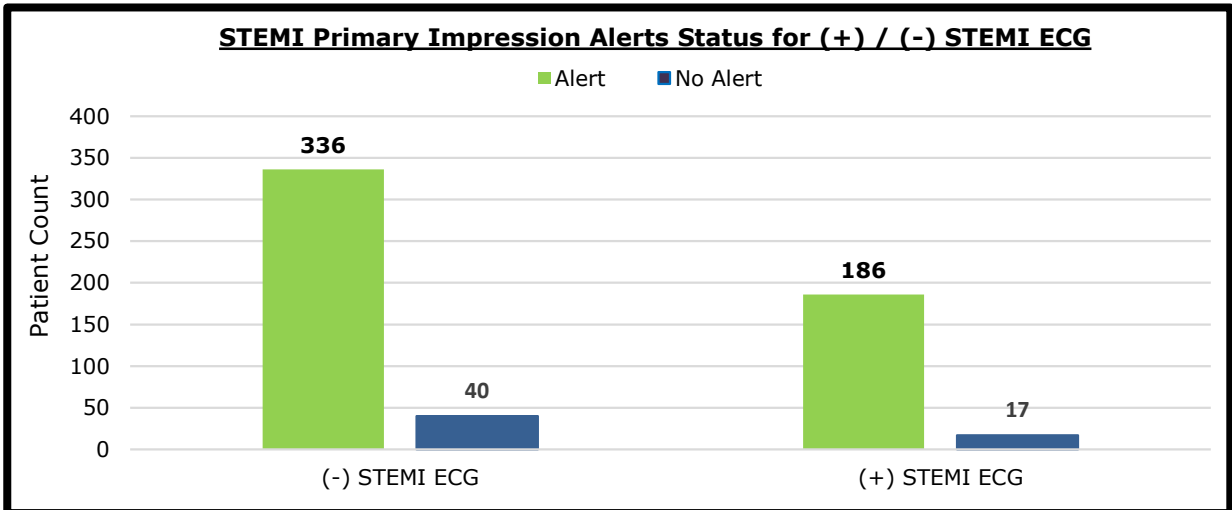


Figure 2

**2023 Update**

SCEMSA operates an established STEMI Critical Care System through executed contracts with seven (7) hospitals, five (5) within Sacramento County, and two (2) within the City of Roseville. The seven (7) hospitals are either designated by the Seirra-Sacramento Valley EMS Agency or are Joint Commission (TJC) accredited.

The STEMI Care Committee is a multi-stakeholder group that advises the SCEMSA Medical Director and Medical/Operational Advisory Committee to improve communication, review performance data, and identify areas for improvement. SCEMSA continues expanding its collaboration with emergency medical services (EMS) providers and STEMI-receiving hospitals by reviewing and analyzing patient care data to effect system changes that improve patient care and STEMI incident outcomes in Sacramento. In 2023, the committee focused on improving data reporting, specifically first medical contact to 12-lead, location of intravenous line (IV) starts, and standardizing hospital and EMS data.

Currently, STEMI Centers report data into American Heart Association (AHA) Get with the Guidelines - Coronary Artery Disease (GWTG-CAD) as per TJC requirements. During 2023, SCEMSA worked with the ImageTrend Patient Registry to utilize this as our data repository. Starting in 2024, STEMI Centers will be responsible for uploading data reports from GWTG into the ImageTrend Patient Registry for SCEMSA to access. While the upload process is currently being tested, we foresee hospitals successfully uploading all 2024 data into the ImageTrend Patient Registry. This data repository transition will allow SCEMSA to hold all hospital data (STEMI, Stroke, and Trauma) in one repository, ImageTrend Patient Registry, and all EMS data in a related repository, ImageTrend Elite. This will allow us to better connect patient records and look at patient care in its entirety.



# Stroke

## **Critical Care System Plan 2023 Annual Update**

*Prepared By:*

Sacramento County  
Department of Health Services  
Division of Public Health  
Emergency Medical Services Agency

**SACRAMENTO COUNTY  
STROKE CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

In accordance with the State of California Code of Regulations, Title 22, Division 9, Chapter 7.2, Sacramento County submits this Stroke Critical Care System Plan Update.

**Stroke Critical Care System Plan**

The Stroke Care Committee reviews and evaluates prehospital and hospital care reports of patients who suffered a life-threatening acute stroke. Committee participants include representatives in public and private Advanced Life Support (ALS) transportation, nurses, physicians, and other disciplines. The Stroke Care Committee identifies, through case and data review, areas in need of improvement, implements process improvement and training/education, and recognizes excellence in performance and delivery of care.

**2023 Overview**

Sacramento County Emergency Medical Service Agency (SCEMSA) continues to improve the quality and accuracy of data reporting to improve Stroke patient care provided at Sacramento County Stroke receiving hospitals. SCEMSA also continues to monitor documentation compliance and trend improvements via quality improvement audits and documentation dashboards for overall system monitoring.

Sacramento County providers transported 128,453 patients to the emergency room in 2023, of which 3,766 were documented in prehospital patient care records as having a primary impression of "Stroke/CVA/TIA." Of the stroke-related transports, over 87% were communicated as "Stroke Alerts" to Sacramento County Stroke Receiving Centers, facilitating the rapid delivery of specialty care upon ambulance arrival. These numbers are reflected in Figure 1.

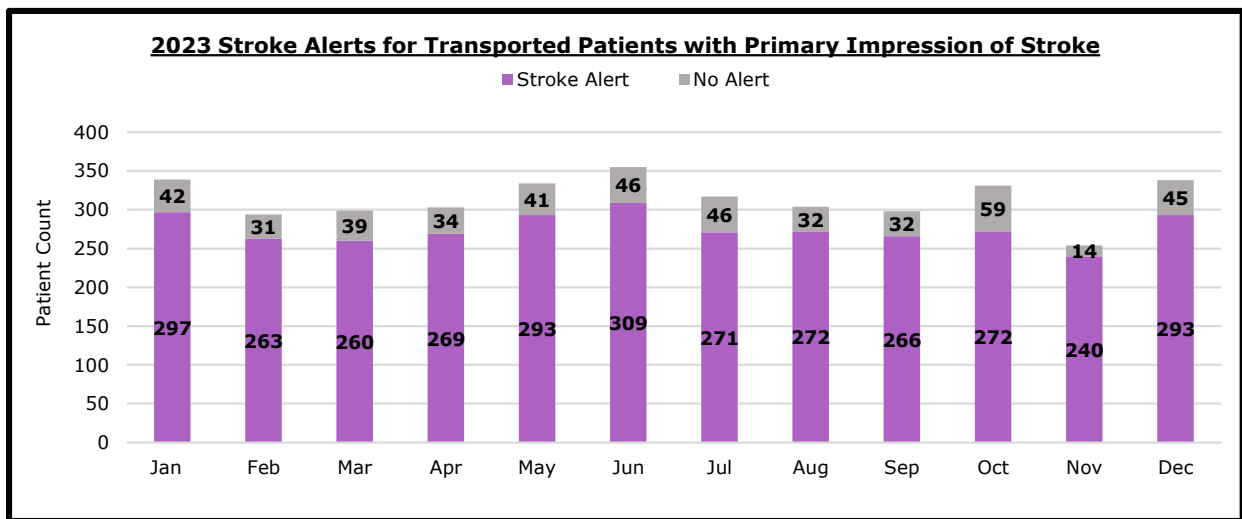


Figure 1



**SACRAMENTO COUNTY  
STROKE CRITICAL CARE SYSTEM PLAN  
2023 ANNUAL UPDATE  
April 1, 2024**

**2023 Update**

SCEMSA operates an established Stroke Critical Care System through executed contracts with ten (10) hospitals, eight (8) within Sacramento County, and two (2) within the City of Roseville. The ten (10) hospitals are either designated by the Seirra-Sacramento Valley EMS Agency or are Joint Commission (TJC) accredited. Four (4) of these facilities are designated as Comprehensive Stroke Receiving Centers.

The Stroke Care Committee is a multi-stakeholder group that advises the SCEMSA Medical Director and Medical/Operational Advisory Committee on improving communication, reviewing performance data, and identifying improvement areas. It provides active feedback and potential quality improvement initiatives within our Stroke system. SCEMSA continues expanding its collaboration with EMS providers and Stroke-receiving hospitals by reviewing and analyzing patient care data to effect system changes that improve patient care and stroke incident outcomes in Sacramento.

In 2023, the committee focused largely on the accuracy and standardization of patient outcome data. Stroke receiving facilities are required to submit data from American Heart Association Get with the Guidelines (AHA GWTG) into ImageTrend Patient Registry. SCEMSA Policy #2528 – Stroke System Data Elements was edited to require submission by ninety (90) days past the end of each quarter. Once the data was submitted on a more standardized basis, SCEMSA analyzed the field stroke alerts compared to hospital outcomes to identify areas for system improvement. This comparative analysis will continue in 2024.

Current policies and protocols do not have prehospital providers divert care to Comprehensive Stroke hospitals. Still, SCEMSA continues to evaluate the system needs based on communication, performance data review, and suggested improvement initiatives within our Stroke Community.

Toward the end of 2023, Dr. Kann, SCEMSA Medical Director, and Dr. Kevin Keenan from University of California Davis Medical Center (UCDMC) began collaborating on a large-scale research project to contribute to the comprehensive routing discussion. This study will involve six (6) emergency medical services (EMS) providers in Sacramento County adding a vision, aphasia, neglect (VAN) and Los Angeles Motor Scale (LAMS) assessment for each stroke patient with a positive Cincinnati Prehospital Stroke Scale (CPSS). During the study, all stroke patients will continue going to the time closest stroke facility per current policy. However, the results of the study will contribute largely to a decision regarding comprehensive routing in Sacramento County.

<b>STEMI Receiving Hospitals</b>
In-County
Kaiser Hospital South
Mercy General Hospital
Mercy San Juan Medical Center
Sutter Medical Center Sacramento
UC Davis Medical Center
Out-Of-County
Kaiser Hospital Roseville
Sutter Roseville Medical Center

<b>Stroke Receiving Centers</b>
In-County: Comprehensive
Kaiser Hospital North
Mercy San Juan Medical Center
Sutter Medical Center Sacramento
UC Davis Medical Center
In-County: Primary
Kaiser Hospital South
Mercy General Hospital
Mercy Hospital of Folsom
Methodist Hospital Sacramento
Out-Of-County
Kaiser Hospital Roseville
Sutter Roseville Medical Center

**STEMI Receiving Hospitals:**

**In-County**

Kaiser Hospital South  
 Mercy General Hospital  
 Mercy San Juan Medical Center  
 Sutter Medical Center Sacramento  
 UC Davis Medical Center

**Out-Of-County**

Kaiser Hospital Roseville  
 Sutter Roseville Medical Center

**Stroke Receiving Centers:**

**In-County: Comprehensive**

Kaiser Hospital North  
 Mercy San Juan Medical Center  
 Sutter Medical Center Sacramento  
 UC Davis Medical Center

**In-County: Primary**

Kaiser Hospital South  
 Mercy General Hospital  
 Mercy Hospital of Folsom  
 Methodist Hospital Sacramento

**Out-Of-County**

Kaiser Hospital Roseville  
 Sutter Roseville Medical Center



# Quality Improvement Program

## **2023 Plan Annual Update**

*Prepared By:*

Sacramento County

Department of Health Services

Division of Public Health

Emergency Medical Services Agency

**SACRAMENTO COUNTY  
QUALITY IMPROVEMENT PROGRAM PLAN  
2022 ANNUAL UPDATE  
April 04, 2024**

In accordance with State of California Code of Regulations (CCR), Title 22 – Division 9, Chapter 12, and Sacramento County EMS Agency (SCEMSA) submits this Emergency Medical Services (EMS) System Quality Improvement Program Plan Update.

**Quality Improvement Program (QIP)**

The Quality Improvement Plan (QIP) conducts comprehensive evaluations of prehospital patient care, involving stakeholders from diverse sectors including communications, public and private Advanced Life Support (ALS) transportation, EMS training, and hospital emergency departments. By thorough review of prehospital patient care data, the QIP identifies areas for improvement. It then implements targeted process enhancements and provides relevant training and education initiatives. Additionally, the QIP recognizes and celebrates outstanding performance and excellence in patient care delivery.

**Description of Agency**

SCEMSA is located at 9616 Micron Ave, Suite 960, Sacramento, CA and oversees the hospitals’ emergency departments and prehospital emergency medical providers servicing Sacramento County. SCEMSA does not hold any Exclusive Operating Area (EOA) agreements. SCEMSA is an equal opportunity county and strives for equality and transparency within the Agency.

**Sacramento County EMS System providers include:**

EMS Providers

- Twenty-five (25) approved prehospital public and private EMS Providers.
  - Fourteen (14) Advanced Life Support (ALS)
  - Eight (8) Basic Life Support (BLS)
  - Two (2) Standby Event Services as BLS

Acute Hospitals

- Nine (9) hospitals this includes four (4) base hospitals and 3 trauma centers:

Base Hospitals	Trauma Centers
1. Kaiser South	1. Kaiser South
2. Mercy San Juan	2. Mercy San Juan
3. Methodist	3. UC Davis
4. UC Davis	

Training and Education

- Forty-six (46) Training and Continuing Education Programs consisting of Emergency Medical Responder, Emergency Medical Technician, Paramedic, Mobile Intensive Care Nurse, Continuing Education, and CCR Title 22, Division 9, Chapter 1.5 Optional Scope program that includes Naloxone administration by Law Enforcement First Responders.

**SACRAMENTO COUNTY  
QUALITY IMPROVEMENT PROGRAM PLAN  
2022 ANNUAL UPDATE  
April 04, 2024**

**Overview**

SCEMSA is committed to establishing and maintaining consistent documentation standards, striving to enhance the quality and precision of data reporting capabilities to not only meet but surpass the standards set by the EMS Authority and the State of California. Currently, seven (7) electronic patient care report (ePCR) platforms are in operation, with each provider submitting data to the CA EMS Information System (CEMSIS). SCEMSA actively monitors documentation compliance and tracks improvements through comprehensive quality improvement audits and intuitive documentation dashboards.

**2023 Update**

*The Technical Advisory Group (TAG)* is a multi-stakeholder group that advises on the QIP. TAG remains dedicated to enhancing data collection and documentation procedures to ensure the delivery of top-tier data for quality improvement efforts. This commitment was demonstrated through the provision of quarterly reports and feedback to stakeholders, underscoring the TAG's ongoing focus on optimizing practices.

2023 TAG fulfillment:

- Achieved significant improvement in documentation of response mode through targeted Quality Improvement initiatives.
- Conducted comprehensive reviews of dispatch-initiated CPR and subsequent patient outcomes.
- Emphasized collaboration and improvement across specialty committees, the Technical Advisory Group, and emergency department (ED) personnel.
- Evaluated IV access success rates and optimal IV site location.
- Prioritized the transition to NEMSIS 3.5 to ensure all providers completed transition prior to the January 1, 2024, deadline.

2024 Targets:

- Fostering provider participation in the quarterly meetings in 2023 we will begin rotating provider presentations of internal projects in an effort to promote engagement and communication while having an opportunity to highlight best practices.
- Continue to monitor newly established policies and procedures to determine efficacy and alignment with intent.
- In collaboration with County hospitals SCEMSA will work towards a patient outcome focus and facilitate the dissemination of information regarding patient outcome to the transporting agency and personnel.

**SACRAMENTO COUNTY  
 QUALITY IMPROVEMENT PROGRAM PLAN  
 2022 ANNUAL UPDATE  
 April 04, 2024**

Ambulance Patient Offload Times (APOT)

In 2023 Sacramento County hospitals experienced sustained high levels of APOT. These reports are readily accessible on SCEMSA’s website and are updated bi-weekly.

The reports include:

- Ambulance Patient Offload Times (APOT) per Month for Sacramento County
- Ambulance Patient Offload Times (APOT) per Month by Hospital
- Ambulance Patient Offload Times (APOT) Previous Calendar Week per Hospital

Each report provides the APOT 90<sup>th</sup> percentile, the average APOT and the patient count for the specified timeframe. Additionally, stakeholders receive a monthly report which includes APOT 1 (Figure1), APOT 2 and APOT-3 (Figure 3). The APOT 3 metric illustrates the total accumulated time spent on APOT in minutes, impacting EMS providers by reducing available unit hours for emergency calls.

SCEMSA utilizes destination policy#5050 allowing the offload of stable patients meeting specific criteria to the hospital Emergency Department (ED) waiting room, a practice employed 411 times in 2023. Hospital staff have adopted similar policies and initiated the transfer of stable patients to ED waiting room. The Emergency department-initiated transfers to ED waiting room are not included in the 2023 utilization figure. Both EMS and hospital practices actively aid in providing relief of excess APOT hours.

While the Assess and Refer policy #5054 for low Acuity Patients remains in effect since its establishment in 2022, its utilization remains low. SCEMSA continues to work diligently with our hospital partners to decrease APOT times throughout County Emergency Departments.

**Monthly APOT-1 per Month 2022 vs 2023**

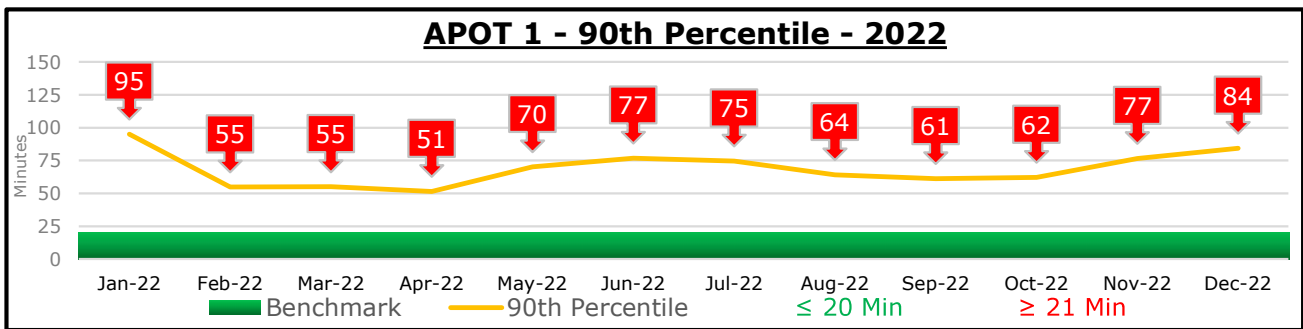


Figure- 2a.

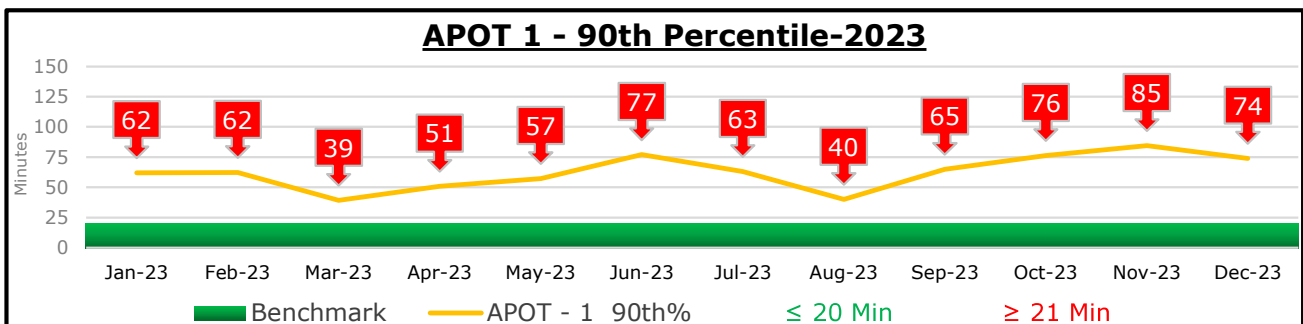


Figure- 2b.

**SACRAMENTO COUNTY  
QUALITY IMPROVEMENT PROGRAM PLAN  
2022 ANNUAL UPDATE  
April 04, 2024**

**Excess Hours per Month 2021 vs 2022**

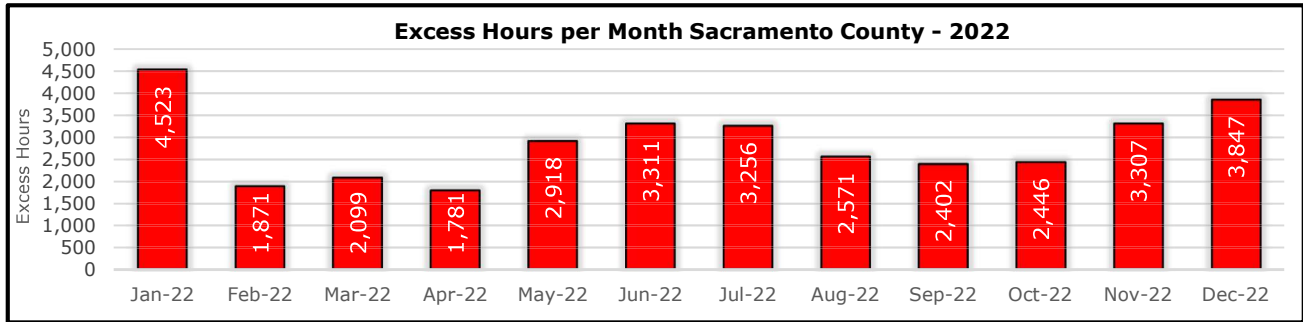


Figure- 3a



Figure- 3b

**Core Measures:**

SCEMSA evaluates the Core Measures on a quarterly basis and submits the annual report as required by the Emergency Medical Services Authority. Figure 4 below illustrates the Core Measures for Sacramento County prehospital providers for NEMSIS v3.4 and v3.5. In addition to quarterly and annual evaluations, SCEMSA generates Core Measure individual reports for each provider to assist with identifying opportunities for improvement.

California Core Quality Measures Data - CY 2023						NEMSIS v 3.5.0
Measure ID #	Measure Name	Numerator Value (Subpopulation)	Denominator Value (Population)	Reported Value (%)	Reporting Period (January-December 2023)	Notes
TRA-2	Transport of Trauma Patients to a Trauma Center	22	23	96%		
HYP-1	Treatment Administered for Hypoglycemia	4	7	57%		
STR-1	Prehospital Screening for Suspected Stroke Patients	40	40	100%		
PED-3	Respiratory Assessment for Pediatric Patients	1	1	100%		
RST-4	911 Requests for Services That Included a Lights and/or Sirens Response	670	850	79%		
RST-5	911 Requests for Services That Included a Lights and/or Sirens Transport	135	812	17%		

Figure- 4a.

California Core Quality Measures Data - CY 2023						NEMSIS v3.4.0
Measure ID #	Measure Name	Numerator Value (Subpopulation)	Denominator Value (Population)	Reported Value (%)	Reporting Period (January-December 2023)	Notes
TRA-2	Transport of Trauma Patients to a Trauma Center	2,077	2,135	97%		
HYP-1	Treatment Administered for Hypoglycemia	1,476	2,116	70%		
STR-1	Prehospital Screening for Suspected Stroke Patients	4,139	4,331	96%		
PED-3	Respiratory Assessment for Pediatric Patients	584	584	100%		
RST-4	911 Requests for Services That Included a Lights and/or Sirens Response	159,909	237,889	67%		
RST-5	911 Requests for Services That Included a Lights and/or Sirens Transport	11,237	106,635	11%		

Figure- 4b.

**SACRAMENTO COUNTY  
QUALITY IMPROVEMENT PROGRAM PLAN  
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Medical and Operational Advisory Committee (MAC/OAC)

The MAC/OAC includes all stakeholders and provides input on education, training, quality improvement, and data collection. The MAC/OAC conduct quarterly policy review which are effective on July 1<sup>st</sup> each year. When applicable, SCEMSA makes administrative edits as necessary with revised policy becoming effective immediately.

Accomplishments in 2023 include:

- Addressing system challenges
- Policy reviews and updates
- Extended Optional Scope Policy Reviews
- Implementation of policies
- Education and training for new equipment

New Policies

1. Advanced Life Support (ALS) Paramedic Interfacility Transfer (IFT) Optional Skills Transferring Hospital Requirements this policy adds an option for the utilization of any of the following Paramedic IFT optional skills:
  - Monitoring of magnesium sulfate, nitroglycerin (NTG), heparin, and/or amiodarone infusions.
  - Monitoring of blood transfusions.
  - Utilization of automatic transport ventilators (ATV)
2. Paramedic Monitoring of Blood Transfusions During Interfacility Transfers (IFT) - provides parameters for paramedic monitoring of blood transfusions during IFTs.
3. Paramedic Monitoring of Magnesium Sulfate, Nitroglycerin, Heparin, and/or Amiodarone Infusions During Interfacility Transports (IFT)- provides parameters for paramedic monitoring of magnesium sulfate, nitroglycerin (NTG), heparin, and/or amiodarone infusions during IFTs.

Education and Training Programs

- Managed and regulated 46 training and continuing education programs.
- Approved 3 new programs an Emergency Medical Technician Program and Narcan Training Program.
- Reapproved 26 existing programs to maintain quality standards.
- Implemented monitoring of EMS Narcan administrations, providing weekly data reports to local Police Departments.
- Launched the "Leave Narcan Behind" initiative, extending Narcan distribution and training to fire and EMS Departments to enhance community safety and response capabilities.



**SACRAMENTO COUNTY  
 QUALITY IMPROVEMENT PROGRAM PLAN  
 2022 ANNUAL UPDATE  
 April 04, 2024**

Figure 5 illustrates Narcan use by EMS ambulance providers for opioid overdose per month in Sacramento County for 2021-2023. When comparing the overdose incidence, we see an average overdose increase rate of approximately 8% per year. Figure 6 is a map of the incidence of opiate overdoses in Sacramento County for 2021-2023. An Example of the weekly reports shared with law enforcement to aid in

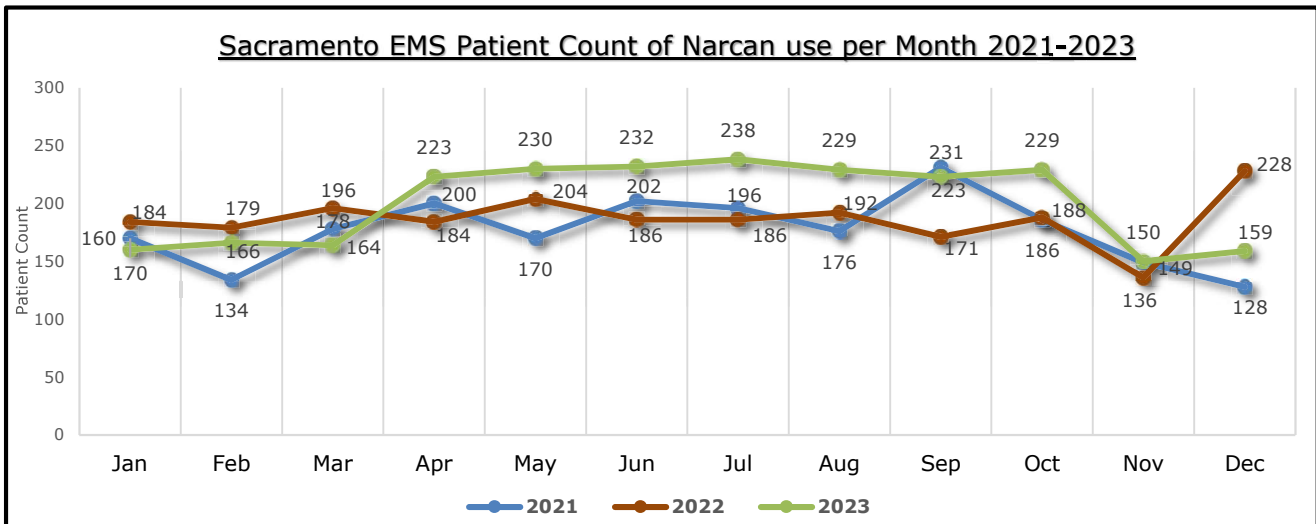


Figure- 5

Figure 6 is a map of the incidence of opiate overdoses in Sacramento County where Narcan was administered for 2021-2023. This is an example of the weekly reports shared with law enforcement.

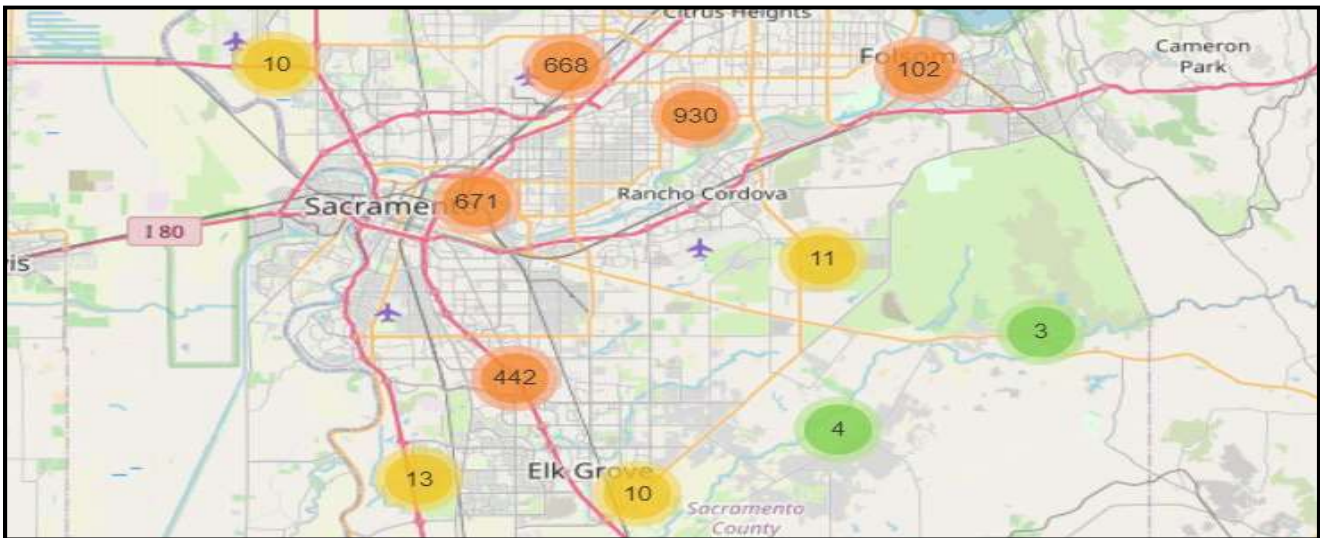


Figure- 6

**SACRAMENTO COUNTY  
QUALITY IMPROVEMENT PROGRAM PLAN  
2022 ANNUAL UPDATE  
April 04, 2024**

Documentation Guidelines

SCEMSA has updated documentation guidelines to reflect the changes that became effective after the NEMESIS v3.5 update. All CEMSIS reports were also updated to reflect changes.

**2024 Plan**

SCEMSA works on improving reporting capabilities and provider accountability to meet or exceed the State of California standards while continuing to build relationships with EMS providers and hospitals throughout the region. Areas of focus include:

- Monitoring APOT times
- Education
- Training
- Documentation Practices
- Monitoring of Core Measures performance indicators
- Feedback to stakeholders.

SCEMSA will continue to collaborate with stakeholders to identify and address system needs. As well, continue to work in identifying solutions to assist in reducing APOT times in the region.