

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 13, 2025

Chad Braner, EMS Director
Stanislaus County Emergency Medical Services Agency
3705 Oakdale Road
Modesto, CA 95357

Dear Chad Braner,

This letter is in response to Stanislaus County Emergency Medical Service (EMS) Agency's 2023 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on August 30, 2024.

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

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

Per HSC § 1797.254, local EMS agencies must annually submit EMS plans to EMSA. Your 2024 EMS plan is now due. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan. Your 2025 EMS plan will be due on February 13, 2026.

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

Sincerely,

Angela Wise

Angela Wise, Branch Chief
EMS Quality and Planning
On behalf of,
Elizabeth Basnett, Director
State of California
Emergency Medical Services Authority

Enclosure:
AW: rd

The Seal of the State of California is a circular emblem. It features a central figure of a Native American holding a bow and arrow. The text "THE GREAT SEAL OF THE STATE OF CALIFORNIA" is inscribed around the border, and the word "EUREKA" is at the top.

RANCHO CORDOVA, CA 95670

(916) 322-4336 FAX (916) 324-2875

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Stanislaus County Emergency Medical Services Agency

August 31, 2024

Elisabeth Basnett, Director
Emergency Medical Services Authority
11120 International Drive, 2nd Floor
Rancho Cordova, CA 95670

Dear Ms. Basnett:

Please see the attached annual report to the 2023 Stanislaus County Emergency Medical Services (EMS) Plan, the 2023 Trauma Systems Annual Report, the 2023 Annual Quality Improvement Program (QIP), 2023 STEMI Critical Care Systems Annual Report, and the 2023 Stroke Critical Care System Annual Report. These 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 Report Components:

I. Form 1: EMS Plan Assessment Summary

A. System Organization and Management

Meets Minimum Standards

B. Manpower and Training

2.13- Critical Care Paramedic Training & Accreditation

- Stanislaus County currently does not have a CCP training & accreditation program. Currently there are no Paramedic training programs in Stanislaus County.

C. Communications

3.04– EMD Certification

- Standard has not been met to incorporate an EMD certification process via LEMSA in Stanislaus County. EMD certification is required for our secondary PSAP Valley Regional Emergency Communication Center (VRECC)

D. Response and Transportation

Meets Minimum Standards

Stanislaus County EMS Agency Request Continuation of Triage to Alternate Destination (TAD) Program



Stanislaus County

Emergency Medical Services Agency

E. Assessment of Hospitals and Critical Care Centers

Meets Minimum Standards

F. Data Collection and Evaluation

6.04– Electronic Patient Health Information Exchange

- Stanislaus County does not have the infrastructure or extended transport time to hospitals for an electronic patient health information exchange therefore the standard will not be met.

G. Public Information and Education

7.01 - Public Information Management

- Stanislaus County EMS Agency has limited staffing for implementing a public information and education platform.

7.02 - Program for Public Awareness of EMS System

- Same response as listed under 7.01.

7.03 - Public Training on First Aid, Bleeding Control and CPR

- Same response as listed under 7.01.

7.04 - Public Education on Injury and Illness Prevention

- Same response as listed under 7.01.

7.05 Public Training and Education on Disaster Preparedness

- Same response as listed under 7.01.

H. Disaster Medical Response

8.12 Increase in Prehospital EMS Needs

- Stanislaus County received approval from EMSA to be a Transport to Alternate Destination County. The TAD curriculum and training program has been written. Training will begin between October-December 2024. Stanislaus County EMS Agency Director is working with Doctor's Medical Center/Behavioral Health Center to finalize details of transporting behavioral health patients without medical need to the behavioral health center intake facility. No current discussion to apply for Community Paramedic status currently.



Stanislaus County

Emergency Medical Services Agency

- II. EMS Ambulance Zone Summary Form**
- III. Table 1: System Organization & Management**
- IV. EMS Agency Available Training Programs**
- V. Table 3: Communications**
- VI. Table 4: Response and Transportation**
- VII. Table 5: Assessment of Hospitals and Critical Care**
- VIII. Table: Public Information and Education**
- IX. Disaster Medical Response**
- X. Appendixes:**
 - Appendix A: Stanislaus County Trauma System Plan**
 - Appendix B: Stanislaus County Quality Improvement Program Plan**
 - Appendix C: Stanislaus County STEMI Critical Care System Plan**
 - Appendix D: Stanislaus County Stroke Critical Care System Plan**

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			
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			

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			
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			
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics			
2.13 Critical Care Paramedic Training & Accreditation			
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			
4.06 System Status Management			
4.07 Creation of Exclusive Operating Area and Approval			

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			
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 Compliance with CEMSIS/NEMSIS			
6.02 Electronic Health Record Data			
6.03 Integrated Data Management System using CEMSIS/NEMSIS			
6.04 Electronic Patient Health Information Exchange			

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 CEMSIS/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			
6.10 Data Collection from Specialty Care Centers			
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			
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			

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone 1

Name of Current Provider(s):

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

American Medical Response (AMR)

911 Emergency Medical Services, Inc. and Doctors Ambulance provided emergency ambulance services without interruption from 1958 through 1994.

AMR became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 EMS Inc technically intact but with AMR as the lead company.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

Area or Subarea (Zone) Geographic Description:

Zone 1 is in north central Stanislaus County encircling the City of Modesto. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at a point directly north of Oakdale Road on the border of Stanislaus county adjacent to San Joaquin County northwest of the City of Riverbank, the line proceeds west southwesterly along the county line to the confluence of the San Joaquin River and the Tuolumne river; southeasterly along the Tuolumne River and continuing east northeasterly along the Tuolumne River to a point south of Goodwin Road; northerly to Yosemite Blvd; westerly along Yosemite Blvd to Wellsford Road; northerly along Wellsford Road to Milnes Road; northwesterly along Santa Fe tracks to Claribel Road; westerly along Claribel Road to Oakdale Road; then northerly along Oakdale Road to the Stanislaus County line adjacent to San Joaquin County northwest of the City of Riverbank at a point directly north of Oakdale Road.

DEMOGRAPHIC ZONE
GRID DESCRIPTIONS

URBAN

D441 - 0442, D541 - D544, D641 - 0644, E134- EI46, E234 - E251, E333 - E351, E432 - E452, E536- E553, E635 - E646, E652, F135 - F142, F144 - FI 46, F235, F241 - F242

SUBURBAN

D443-D444, D536, D633 - D636, E133, E232 - E233, E331 - E332, E352, E43I, E531 - E535, E453 E634, E653 - E654, FI34, F234,

RURAL

D533 - 0535, D626 - D632, EI26- E132, E225 -E231, E326, E426, E526, E353, E626 - E633, E651, F126 - F133, F151 -F152, F231 - F233, F 331 - F334, F432

WILDERNESS

D341 - 0343, D432-D433, D435 - D436, D532, E124 - E125, E222- E224, E322- E325, E422- E425, E522- E525, E622
- E625, F124 - F125, F225 - F226

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

9-1-1 Emergency Medical Services, Inc. and Doctors Ambulance of Modesto were "Grandfathered" into Zone One as providers of emergency ground ambulance services pursuant to a shared ambulance provider agreement for Zone One with an agreement start date of July 1, 1992. 911 Emergency Medical Services, Inc. has provided uninterrupted emergency ground ambulance services in this zone since 1958. The company provided Advanced Life Support ambulance services from 1973 to the present. Doctors Ambulance Company of Modesto began providing emergency ground ambulance service in Zone One in 1970 and began providing ALS ambulance services in 1973. Doctors Ambulance Company was dissolved as a corporate entity in July of 1995 and pursuant to the Zone One ambulance agreement, which agreement reverted entirely to American Medical Response. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September 1994, and has provided ALS ambulance services in Zone One through the present. The provision of ALS, and BLS emergency and non-emergency service has been solely provided by American Medical Response, and the companies which they purchased. The provision of IFT's has been provided by American Medical Response, and the companies which they purchased.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone 3

Name of Current Provider(s):

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

American Medical Response (AMR)

911 Emergency Medical Services, Inc. and Doctors Ambulance provided emergency ambulance services without interruption from 1958 through 1994.

AMR became the controlling corporation of 911 Emergency Medical Services Inc. pursuant to a reverse merger which left 911 EMS Inc technically intact but with AMR as the lead company.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

Area or subarea (Zone) Geographic Description:

Zone 3 is in the central area of Stanislaus County encircling the City of Ceres. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at Carpenter and Taylor Roads; then easterly on Taylor Road to Moffet Road; then northerly on Moffett Road to Keyes Road; then easterly on Keyes Road to Washington Road ; then northerly on Washington Road to Service Road; then westerly on Service Road to Faith Home Road; then northerly on Faith Home Road to the Tuolumne River; then westerly along the Tuolumne River to a point just northwest of Broyle Road; then south to Grayson Road; then easterly on Grayson Road to Laird Road; then southerly on Laird Road to Keyes Road; then easterly on Keyes Road to Carpenter Road; then southerly on Carpenter Road to Taylor Road.

DEMOGRAPHIC ZONE
GRID DESCRIPTIONS

URBAN

E642-E643, FI36, F142-FI46, F235-F246, F341-F346, F442-F451, F542-F551

SUBURBAN

F335-F336, F436-F441, F541, F642-F645, G145

RURAL

F332 - F334, F432 - F435, F532 - F536, F641

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

911 Emergency Medical Services, Inc. was "Grandfathered" into Zone Three as a provider of emergency ground ambulance services pursuant to an agreement with a start date of July 1, 1992. 911 Emergency Medical Services, Inc. provided uninterrupted emergency ground ambulance services in this zone since 1972. 911 Emergency Medical Services, Inc. has provided Advanced Life Support ambulance services from 1973 to the present. American Medical Response absorbed the corporate entity, "911 Emergency Medical Services, Inc.," in September, 1994, and has provided ALS ambulance services in Zone Three through the present.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone 4

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is Oak Valley Hospital District, dba Oak Valley Ambulance. This provider has provided emergency ambulance services without interruption since 1973.

Area or Subarea (Zone) Geographic Description:

Zone 4 is in the northern apex of the Stanislaus County encircling the City of Oakdale.

Commencing on the border of Stanislaus County at the apex adjacent to Amador County and San Joaquin County; the line proceeds southerly and then westerly along the Stanislaus and San Joaquin borders to a point just northwest of the City of Riverbank; then proceeding southerly along Oakdale Road; then easterly along Claribel Road; then southeasterly along the Santa Fe tracks to Milnes Road; then east along Milnes Road to Crow Road; then north along Crow Road to Clarabel Road; then easterly along Claribel Road to Tim Bell Road; then northeasterly along Tim Bell Road to Warnerville Road; then easterly along Warnerville Road/Cooperstown Road to the border of Stanislaus County to the apex adjacent to Amador and San Joaquin County.

DEMOGRAPHIC ZONE GRID
DESCRIPTIONS

URBAN

C551, C651 - C652, D151-DI64, D251 - D263, D351- D361, D445-D461, D545-D552, D561, D645- D652, EI46-EI51, E251

SUBURBAN

C451, C552, C653 - C665, D165, D264, D362- D363, D462, D553 - D556, D562, D653, D661,
I 52,E252

RURAL

CI51 - CI 53, C251 - C253, C351 - C353, C452-C456, C471 - C472, C553- C573, C666-

E

C672, D166, D265, D364,
EI53 - E161, E253-E261

D463, D563 D654-D656, D662,

WILDERNESS

A051, AI 51-A152 , A251 - A253, A351 - A354, A451- A455 , A551 -A556, A651 - A656, B151-B161,
B251-B262, B351-B364, B451-B464, B551-B565, B651-B666, CI54-CI66, C254 - C271,
C354-C372, C461
- C466, C473, C574, C673-C675, DI 71-DI 76, D266-D281, D365-D383, D464-D483, D564-D582,
D 663 -0 671, 0675

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

Oak Valley Hospital District was "Grandfathered" into Zone Four as a provider of emergency ground ambulance services pursuant to an agreement with a start date of January 1, 1993. Oak Valley District Hospital has provided Advanced Life Support ambulance service from 1975 to the present.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone 5

Name of Current Provider(s):

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

Del Puerto Health Care District has provided Paramedic level emergency ground services since 1978.

Area or Subarea (Zone) Geographic Description:

Zone 5 is in northwestern Stanislaus County encircling the City of Patterson. It is depicted on the map that follows this AZF and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to San Joaquin County at the San Joaquin River, the line proceeds southwesterly along the county line; then southerly along the county line approximately 3 miles southeast of the point where Del Puerto Canyon Road leaves the county; then easterly to a point on Highway 33 at Anderson Road; then northwesterly along Highway 33 to J.T. Crow Road; then northeasterly along J.T. Crow Road/L.B. Crow Road to the San Joaquin River; then northerly along the San Joaquin River to Carpenter Road; then northerly along Carpenter Road to Monte Vista Avenue; then westerly along Monte Vista Avenue to Jennings Road; southerly along Jennings Road to West Main; westerly along West Main to the San Joaquin River; northerly along the San Joaquin River to Del Puerto Creek; from Del Puerto Creek to the juncture of Keyes Road and Laird Road; northerly along Laird Road to Grayson Road; westerly on Grayson Road to a point west of Broyle Road; northerly to the Tuolumne River; northwesterly along the Tuolumne River to its confluence with the San Joaquin River; then northwesterly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE GRJD
DESCRIPTION

URBAN

G331 - G332, G426-G434, G525-G533, G625 - G633, H133

SUBURBAN

G226 - G232, G326, G333 - G334, G425, G435, G524, G534, G624, G634, H125 - H132, H134, H233

RURAL

E615 - E622, F115 - F122, F213 - F222, F231, F314-F322, F331 - F332, F415-F432, F515 - F532, F615-F632, G122- G132, G223- G225, G233 -G236, G323 - G325, G335 - G336, G423 - G424, G436, G523, G535 - G536, G623, G635-G641, H 124, H135 - H141, H225 - H232, H234- H242, H333-H342, H416 - H421, H433 - H442, H533 - H541, H634 - H636

WILDERNESS

E416 - E421, ES15 - E522, E614, E623 - E624, FI 13 - FI 14, FI 23 - F125, F212, F223 - F226, F311-F313, F323- F326, F410-F414, F509-F514, F608-F614, G107-G121, G206- G222, G305-G322, G404-G422, G505 - G522, G605-G622, H106- H123, H205 - H224, H305 - H332, H406- H432, H508-H532, H608 - H633

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of the ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Stanislaus County Board of Supervisors at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (also shown on the map).

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

Provider was "Grandfathered." Del Puerto Health Care District provided uninterrupted service and no change in manner and scope since before January 1, 1981 as shown below:

In 1973, Del Puerto Health Care District took over operation of emergency ground ambulance services and was staffed at the EMT level. In 1978, their medical scope of

practice changed to Paramedic. Del Puerto Healthcare District has been the sole provider of ALS and BLS services in Zone 5. IFTs were provided by Del Puerto Healthcare District until such time that the hospital located within Zone 5 was closed. On January 1, 1980, Del Puerto Health Care District contracted with Memorial Hospital Association (M.M.H.) of Modesto to provide emergency ground ambulance services at the Paramedic level. A copy of that contract indicates that although day to day operations were provided by M.M.H., Del Puerto Health Care District remained responsible for policy level decisions. In 1986, the Del Puerto Health Care District resumed operating its own ambulance (Patterson District Ambulance) for emergency ground ambulance services at the Paramedic level which has continued to the present. The emergency response system is activated through 9-1-1 Emergency Response.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone 8

Name of Current Provider(s):

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

American Medical Response (AMR)

Turlock Ambulance Service, Inc {TAS} provided service without interruption from 1964 through October 1995, when AMR absorbed TAS as a corporate entity. AMR has provided emergency ground ambulance services since October 1995.

Stanislaus County ended the grandfather clause by implementing an RFP process on Feb. 5, 2019. The RFP for 9-1-1 Emergency Ambulance with ALS and BLS transport was awarded to AMR on June 25, 2019.

Area or subarea (Zone) Geographic Description:

Zone 8 is in the south-central area of Stanislaus County encircling the City of Turlock. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing on the border of Stanislaus County adjacent to Merced County where the San Joaquin River enters the County; then northeasterly along the County line to a point where Keyes Road exits the County; then westerly along Keyes Road to Hickman Road; then northerly along Hickman Road to Whitmore Road; then westerly along Whitmore Road to a point just east of Downie Road; then southerly to a point east of Service Road; then westerly along Service Road to Waring Road; then southerly along Waring Road to Keyes Road; then westerly along Keyes Road to Mountain View Road; then northerly along Mountain View Road to Grayson Road; then westerly along Grayson Road to Washington Road; then southerly along Washington Road to Keyes Road; then westerly along Keyes Road to Moffet Road; then southerly along Moffet Road to Taylor Road; then westerly along Taylor Road to Crows Landing Road; then southerly along Crows Landing Road to the San Joaquin River; then southerly along the San Joaquin River to the County line.

DEMOGRAPHIC ZONE
GRID DESCRIPTIONS

URBAN

F552, F646-F653, F661, G152- 0162, G252-G261, G352-G361, G451 -G461, G552 - 0556, G652- 0656

SUBURBAN

F461 - F462, F561 - F562, F645, F654 - F656, F662, G143 - G151, G163, 0243 - G251, G262, 0343 - 0351, 0362, G443 - G446, G462, G544- 0551, 0561, 0644 - G651, H144-H154

RURAL

F363, F463, F563, F663 - F666, G164 - G171, G263- G266, G363 - 0365, 0463, G542 - 0543, G642 - G643, H142 - H143, H242 - H245, H251, H344 - H345

WILDERNESS

F671 - F676, G172 - G174, G271 - G272 G366, G464, G562, H246, H252, H342 - H343, H346, H442 - H444

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map).

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

modifications, or other changes to arrangements for service.

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

Turlock Ambulance Service, Inc. was "Grandfathered" into Zone Eight as a provider of emergency ground ambulance services pursuant to an agreement with a start date of September 1, 1992. Turlock Ambulance Service, Inc. provided Advanced Life Support ambulance services from 1973 to October of 1995. American Medical Response absorbed the corporate entity, "Turlock Ambulance Service" in October 1995, and continues to provide ambulance services in Zone Eight to the present.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone A

Name of Current Provider(s):

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

The current provider of emergency ground ambulance services in this zone is West Side District Ambulance. This provider has provided emergency ambulance services without interruption since 1985.

Area or subarea (Zone) Geographic Description:

Zone A is generally the extreme southwestern portion of Stanislaus County, including the City of Newman, and is specifically described as follows:

Commencing at the point where Del Puerto Canyon Road leaves the County, east to a point on Highway 33 at Anderson Road, northwesterly along Highway 33 to JT Crow Road, then northeast along JT Crow Road/LB Crow Road to the San Joaquin River, then southeasterly along the river to the Merced County line, then southwesterly along the Stanislaus/Merced County line to the intersection of the Santa Clara County line, then generally northwesterly along the Santa Clara County line to the point where Del Puerto Canyon Road leaves the County.

**DEMOGRAPHIC ZONE GRID
DESCRIPTIONS**

URBAN

I144, 1336 - 1342, 1436- 1442,

SUBURBAN

1236 - 1242, 1335, 1343, 1435, 1536 - 1541,

RURAL

H342, H441 - H442, H536 - H542, H635 - H644, I134 - I142, 1233 - 1235, 1243, 1333 - 1334, 1434, 1535, 1635 - 1636,

WILDERNESS

H443, H543, I108 - I133, 1208 - 1232, 1244, 1309-1332, 1408- 1433, 1506- 1534, 1606- 1634, 1106-1135, 1206-

1234, 1306-1333, 1407 -1432, 1508 -1531, 1608 -1626, K109-K125, K209- K210, K212-K214, K 216- K224, K309 - K310, K321 - K323, K422

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map)

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

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

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

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

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

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone B

Name of Current Provider(s):

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

Currently there are two providers of emergency ground ambulance services in this zone. Del Puerto Hospital District has provided emergency ambulance services without interruption since 1985. American Medical Response began providing coverage in this zone in November 2007.

Area or Subarea (Zone) Geographic Description:

Zone B is an area of approximately twenty square miles located in a lightly populated area shaped like an upside down inverted "L" which is nearly equidistant to the cities of Turlock in the east, Patterson in the west, and Ceres in the north. Its boundaries are specifically described as follows:

Commencing in northwestern corner at the junction of Laird Road and Keyes Road, east to Carpenter Road; south on Carpenter Road to Taylor Road; east on Taylor Road to Crows Landing Road; south on Crows Landing Road to Carpenter Road; north on Carpenter Road to Monte Vista Road; west on Monte Vista Road to the end of the road and continue in a straight line to the San Joaquin River; north east along the San Joaquin River to the Del Puerto Creek confluence; northeasterly to the Keyes Road and Laird Road Junction.

AMERICAN MEDICAL RESPONSE GRID
RESPONSIBILITY

SUBURBAN

GI42, G242,
G342, G442

RURAL G542,

G642, HI42,
H242

DEL PUERTO HOSPITAL DISTRICT RESPONSE GRID
RESPONSIBILITY

RURAL

F632-F636, GI32 - GI41, 0241, 0341, 0441, 0541, 0641, H141, H241

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

Zone B was listed as Non-Exclusive prior to January 1, 2020. The 911 ambulance provider RFP incorporated Zone B into the RFP as an Exclusive Operating Area.

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

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

Zone B was listed as a Non-Exclusive area in years past prior to January 1, 2020. The Stanislaus County Board of Supervisors approved a 911 ambulance provider RFP, which opened on Feb 5, 2019 and transitioned Zone C to an Exclusive Operating Area. AMR was awarded the RFP on June 25, 2019. The new contract went into effect on January 1, 2020.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone C

Name of Current Provider(s):

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

AMR is the provider, as of January 1, 2020. Prior to 1.1.2020 Pro-Transport 1 provided service.

Area or Subarea (Zone) Geographic Description:

Zone C is in the east central area of Stanislaus County encircling the City of Hughson. It is depicted on the map attached as Exhibit A and is specifically described as follows:

Commencing at the corner of Grayson and Washington Roads; then easterly on Grayson Road to Mountain View Road; then southerly on Mountain View Road to Keyes Road; then easterly on Keyes Road to Waring Road; then northerly on Waring Road to Service Road; then easterly on Service Road to a point east of Downie Road; then northerly parallel and east of Downie Road to a point northeast of Lyon and Virginia Road; then curving westerly across the northern end of Swanson Road to the Tuolumne River; then westerly along the Tuolumne River to a point north of Faith Home Road; then southerly along Faith Home Road to Service Road; then easterly along Service Road to Washington Road; then southerly along Washington Road to Grayson Road.

**DEMOGRAPHIC ZONE GRID
DESCRIPTIONS**

URBAN

FI 53, F253 - F254, F351-F355, F452-F455, F553-F554

SUBURBAN

E653 - E654, F251 - F252, F255, F356-F362, F456, F555 - F556

RURAL

FI 51 - F152, FI54 - F162, F256- F262

WILDERNESS

D482-D484, D572-D585, D671-D686, E163-E191, F264-E265, E271-E292, E372-E393, E472- E494, E572 - E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484,

F566-F582

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Exclusive

Zone C was listed as Non-Exclusive prior to January 1, 2020. The 911 ambulance provider RFP incorporated Zone C into the RFP as an Exclusive Operating Area.

Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):

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

Type of Exclusivity: Emergency Ambulance

Level of Exclusivity: 9-1-1 Emergency Response

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

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

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

Zone C was listed as a Non-Exclusive area in years past prior to January 1, 2020. The Stanislaus County Board of Supervisors approved a 911 ambulance provider RFP, which opened on Feb 5, 2019 and transitioned Zone C to an Exclusive Operating Area. AMR was awarded the RFP on June 25, 2019. The new contract went into effect on January 1, 2020.

Date: 08.01.2024

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

Stanislaus County EMS Agency

Area or Subarea (Zone) Name or Title:

Zone D

Name of Current Provider(s):

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

The current provider of emergency ground ambulance service in this zone is Oak Valley District Hospital

Zone D is in the eastern apex of Stanislaus County encircling the City of Waterford. It is depicted on the maps attached as Exhibit A and is specifically described as follows:

Commencing on the Stanislaus County line adjacent to Merced County at the point where Keyes Road exits the County; then northeasterly and northwesterly along the County line to a point east and on line with Wamerville Road; then westerly along Cooperstown/Wamerville Road to Tim Bell Road; then southerly on Tim Bell Road to Claribel Road; then westerly on Claribel Road to Crow Road; then southerly on Crow Road to Milnes Road; then westerly on Milnes Road to Wellsford Road; then southerly on Wellsford Road to Highway 132; then easterly on Highway 132 to Goodwin Road ; then southerly to the Tuolumne River; then easterly along the Tuolumne River to the northern end of Swanson Road; then curving southerly to Virginia Road and Whitmore Road; then easterly along Whitmore Road to Hickman Road ; then southerly along Hickman Road to Keyes Road ; then easterly along Keyes Road to the County line.

**DEMOGRAPHIC ZONE GRID
DESCRIPTIONS**

URBAN

E463, E562-564, E661 - E664, F164

SUBURBAN

E363, E453, E462, E464, E554 - E561, E565, E654 - E656, E665, F162 - F163, F165, F264

RURAL

E162, E262 - E263, E266, E353 - E362, E364 - E371, E454 -E461, E465-E471, E566-E571, E666-E673, F154- F161, F166 - F174, F263, F265 -F266, F364 - F365, F464 F465, F564- F565

WILDERNESS

D482-D484, D572-D585, D671-D686, E163-E191, F264-E265, E271-E292, E372-E393, E472- E494, E572 - E595, E674 -E695, F175 - F194, F271-F292, F366- F386, F466-F484, F566-F582

Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):

Include intent of local EMS agency and board action.

Non-Exclusive

On October 23, 1990, the Stanislaus County Ambulance Ordinance (C.S. 410) was enacted. Section 6.70.030, B. of this ordinance states, "The number and boundaries of ambulance response zones in Stanislaus County, and their designations as exclusive and non-exclusive operating areas, will be determined by the Board of Supervisors of Stanislaus County at the time of the enactment of this ordinance." Pursuant to this ordinance, the Stanislaus County Board of Supervisors designated the entire County to be exclusive operating areas divided into zones shown on the attached map entitled "Ambulance Response Zones." The Board also specified the areas that were to be "grandfathered" into exclusive operating areas and those that were to be developed only through a competitive bid process (as shown on the same map) . Waterford Community Ambulance began providing emergency ambulance services in 1962 and provided these services without interruption until May, 1996, when Oak Valley District Hospital began providing emergency ground ambulance services in Zone Six per an agreement with Waterford Community Ambulance. However, based upon a change, the cessation of Waterford Community Ambulance Board of Directors, shortly thereafter, this zone is designated as a non-- exclusive operating area as of February 12, 2003. Zone Six was re-titled Zone D to reflect its change from an exclusive to non-exclusive response area.

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

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

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

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

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



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: _____

Plan Year: _____

EMS Director/Administrator: _____

EMS Medical Director: _____

Physical Address: _____

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: _____
Counties within Regional Agency: _____

Population of EMS system: _____

Local EMS Agency responsibility: ☐ Hospital Preparedness Program
☐ Public Health Emergency Preparedness Program
☐ Other: _____

EMS Agency Organization

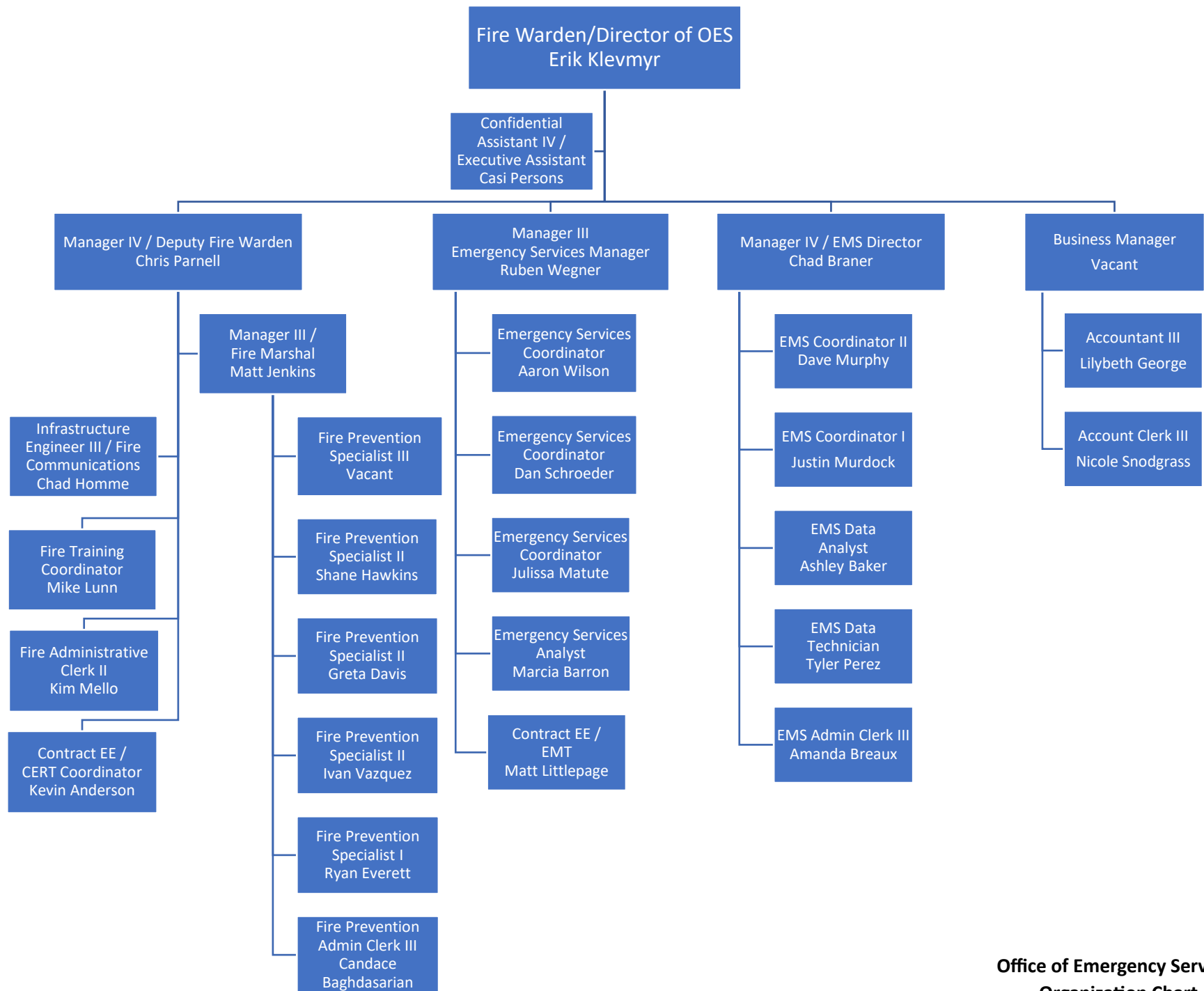
Organizational Charts Attached: ☐ County Structure ☐ EMS Agency

EMS Agency Budget

Fiscal Year: _____

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$
Contract Services	\$
Services and Supplies, Equipment and Other Costs	\$
Total Expenses*	\$



Office of Emergency Services
Organization Chart

**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.)	\$
County Health Realignment Funds	\$
Maddy EMS Fund (LEMSA discretionary funds only)	\$
Grant Revenue	\$
Fees	\$
Other:	\$
Total Revenue*	\$

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: _____

	Item	Fee	Comment
Certifications	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$	
	EMT recertification	\$	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$	
	Paramedic re-accreditation	\$	
	MICN/ARN certification	\$	
	MICN/ARN recertification	\$	
Program Approval	EMR training program approval	\$	
	EMT training program approval	\$	
	AEMT training program approval	\$	
	Continuing education provider	\$	
	Paramedic training program approval	\$	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$	



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	\$	
	Stroke center application	\$	
	Stroke center designation	\$	
	Trauma center application	\$	
	Trauma center designation	\$	
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: _____

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator				\$	\$	%	\$
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director				\$	\$	%	\$
EMS Coordinator				\$	\$	%	\$
EMS Specialist				\$	\$	%	\$
Trauma/CQI Coordinator				\$	\$	%	\$
EMS Tech				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant				\$	\$	%	\$
Office Assistant III				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$

(09/2019)

County: Stanislaus

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	469	N/A		48	
Number newly certified this year	245	N/A		23	
Number recertified this year	224	N/A		25	
Total accredited on July 1 of reporting year	620	N/A	N/A	N/A	
Number of certification reviews resulting in:					
• Formal investigations	0	N/A		0	
• Probation	0	N/A	0	0	
• Suspensions	0	N/A	0	0	
• Revocations	0	N/A		0	
• Denials	0	N/A		0	
• No action taken	0	N/A	0	0	
Number of personnel authorized/certified in:					
• Early defibrillation	Unknown				Unknown

Available Training

Continuing Education Number:	<u>50-0551</u>	Expiration Date of Training Program:	<u>12/31/2024</u>
Student Eligibility:	<u>Restricted</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Ceres Fire Department</u>	Phone Number:	<u>(209) 538-5701</u>
Address:	<u>2755 3rd Street</u> <u>Ceres, CA 95307</u>	Contact Name:	<u>Jesse Nicasio</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0054</u>	Expiration Date of Training Program: <u>03/31/2025</u>				
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Training Institution: <u>Sutter Health Memorial Medical Center</u> </td> <td style="width: 50%; vertical-align: top;"> Phone Number: <u>(209) 548-7880</u> </td> </tr> <tr> <td style="vertical-align: top;"> Address: <u>1700 Coffee Road</u> <u>Modesto, CA 95355</u> </td> <td style="vertical-align: top;"> Contact Name: <u>Robin MacPherson-Dias</u> </td> </tr> </table>		Training Institution: <u>Sutter Health Memorial Medical Center</u>	Phone Number: <u>(209) 548-7880</u>	Address: <u>1700 Coffee Road</u> <u>Modesto, CA 95355</u>	Contact Name: <u>Robin MacPherson-Dias</u>
Training Institution: <u>Sutter Health Memorial Medical Center</u>	Phone Number: <u>(209) 548-7880</u>				
Address: <u>1700 Coffee Road</u> <u>Modesto, CA 95355</u>	Contact Name: <u>Robin MacPherson-Dias</u>				

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0505</u>		Expiration Date of Training Program: <u>04/30/2025</u>	
Student Eligibility: _____ (Open to general public or restricted)		Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education	
		Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Patterson District Ambulance</u>		Phone Number: <u>(209) 892-2618</u>	
Address: <u>PO Box 187</u> <u>Patterson, CA 95363</u>		Contact Name: <u>Paul Willette</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-2226</u>	Expiration Date of Training Program:	<u>01/31/2028</u>
Student Eligibility:	<u>Open to the public</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Stanislaus County OES/Fire Warden</u>	Phone Number:	<u>(209) 552-3600</u>
Address:	<u>3705 Oakdale Road</u> <u>Modesto, CA 95357</u>	Contact Name:	<u>Richard Murdock</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-2229</u>	Expiration Date of Training Program: <u>06/30/2025</u>				
Student Eligibility: <u>Open to the public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Training Institution: <u>First Lady Permanente</u> </td> <td style="width: 50%; vertical-align: top;"> Phone Number: <u>(209) 250-1200</u> </td> </tr> <tr> <td style="vertical-align: top;"> Address: <u>PO Box 2095</u> <u>Turlock, CA 95381</u> </td> <td style="vertical-align: top;"> Contact Name: <u>Sarah Wagner</u> </td> </tr> </table>		Training Institution: <u>First Lady Permanente</u>	Phone Number: <u>(209) 250-1200</u>	Address: <u>PO Box 2095</u> <u>Turlock, CA 95381</u>	Contact Name: <u>Sarah Wagner</u>
Training Institution: <u>First Lady Permanente</u>	Phone Number: <u>(209) 250-1200</u>				
Address: <u>PO Box 2095</u> <u>Turlock, CA 95381</u>	Contact Name: <u>Sarah Wagner</u>				

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-0206</u>	Expiration Date of Training Program:	<u>07/31/2025</u>
Student Eligibility:	<u>Restricted</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Burbank Paradise Fire Department</u>	Phone Number:	<u>(209) 523-1129</u>
Address:	<u>1313 Beverly Drive</u> <u>Modesto, CA 95351</u>	Contact Name:	<u>Christopher Bernardi</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0290</u>	Expiration Date of Training Program: <u>12/31/2025</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Snowy River EMS Productions</u>	Phone Number: <u>(775) 384-2248</u>
Address: <u>550 W Plumb Lane Ste B #417</u> <u>Reno, NV 89509</u>	Contact Name: <u>Erica G. Lomeli</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0075</u>	Expiration Date of Training Program: <u>11/30/2026</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>PHI Air Medical</u>	Phone Number: <u>(209) 550-0885</u>
Address: <u>801-D Airport Way</u> <u>Modesto, CA 95354</u>	Contact Name: <u>Eric Lewis</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0272</u>	Expiration Date of Training Program: <u>11/30/2026</u>				
Student Eligibility: <u>Open to the public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Training Institution: <u>Modesto Junior College</u> </td> <td style="width: 50%; vertical-align: top;"> Phone Number: <u>(209) 548-5706</u> </td> </tr> <tr> <td style="vertical-align: top;"> Address: <u>435 College Ave</u> <u>Modesto, CA 95350</u> </td> <td style="vertical-align: top;"> Contact Name: <u>Darin Jesberg</u> </td> </tr> </table>		Training Institution: <u>Modesto Junior College</u>	Phone Number: <u>(209) 548-5706</u>	Address: <u>435 College Ave</u> <u>Modesto, CA 95350</u>	Contact Name: <u>Darin Jesberg</u>
Training Institution: <u>Modesto Junior College</u>	Phone Number: <u>(209) 548-5706</u>				
Address: <u>435 College Ave</u> <u>Modesto, CA 95350</u>	Contact Name: <u>Darin Jesberg</u>				

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-1002</u>	Expiration Date of Training Program:	<u>11/30/2026</u>
Student Eligibility:	<u>Open to the public</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>KCI EMS Education and Training</u>	Phone Number:	<u>(209) 604-1793</u>
Address:	<u>4836 Stratos Way Unit A</u> <u>Modesto, CA 95356</u>	Contact Name:	<u>Kelly Kjelstrom</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-1011</u>	Expiration Date of Training Program: <u>11/30/2026</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Ceres Unified School District</u>	Phone Number: <u>(209) 538-0150</u>
Address: <u>PO Box 307</u> <u>Ceres, CA 95307</u>	Contact Name: <u>Eric Sanchez</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-2231</u>	Expiration Date of Training Program:	<u>11/30/2026</u>
Student Eligibility:	<u>Open to the public</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input checked="" type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Newman Fire Department</u>	Phone Number:	<u>(209) 862-1716</u>
Address:	<u>1162 N Street</u> <u>Newman, CA 95360</u>	Contact Name:	<u>Keith Bowen</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0503</u>	Expiration Date of Training Program: <u>02/28/2027</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>AMR Modesto</u>	Phone Number: <u>(209) 567-4023</u>
Address: <u>4846 Stratos Way</u> <u>Modesto, CA 95356</u>	Contact Name: <u>Tammy Cooper</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-0243</u>	Expiration Date of Training Program:	<u>04/30/2027</u>
Student Eligibility:	<u>Restricted</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Modesto Fire Department</u>	Phone Number:	<u>(209) 572-9590</u>
Address:	<u>409 12th Street</u> <u>Modesto, CA 95354</u>	Contact Name:	<u>Jesse Nicasio</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number:	<u>50-0052</u>	Expiration Date of Training Program:	<u>05/31/2027</u>
Student Eligibility:	<u>Restricted</u> (Open to general public or restricted)	Program Level:	<input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
		Program Cost:	Basic _____ Refresher _____
Training Institution:	<u>Doctors Medical Center</u>	Phone Number:	<u>(209) 573-6151</u>
Address:	<u>1441 Florida Ave</u> <u>Modesto, CA 95350</u>	Contact Name:	<u>Breanna Cabeceiras</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-2227</u>	Expiration Date of Training Program: <u>05/31/2027</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>The Medics Plus Inc.</u>	Phone Number: <u>(209) 846-9255</u>
Address: <u>2122 College Ave</u> <u>Modesto, CA 95350</u>	Contact Name: <u>William Bell</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: _____		Expiration Date of Training Program: <u>08/31/2027</u>	
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)		Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education	
Program Cost: Basic _____ Refresher _____			
Training Institution: <u>American Health Education</u>		Phone Number: <u>(800) 483-3615</u>	
Address: <u>4210 Kiernan Ave</u> <u>Modesto, CA 95356</u>		Contact Name: <u>Christopher Seymour</u>	

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0504</u>	Expiration Date of Training Program: <u>11/30/2027</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	

Training Institution: <u>Oak Valley Hospital District</u>	Phone Number: <u>(209) 847-3011</u>
Address: <u>350 S Oak Ave</u> <u>Oakdale, CA 95361</u>	Contact Name: <u>Dave Hunter</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-2228</u>	Expiration Date of Training Program: <u>11/30/2027</u>				
Student Eligibility: <u>Open to the public</u> <small>(Open to general public or restricted)</small>	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education				
Program Cost: Basic _____ Refresher _____					
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Training Institution: <u>Academy for Professional Development</u> </td> <td style="width: 50%; vertical-align: top;"> Phone Number: <u>(209) 300-7822</u> </td> </tr> <tr> <td style="vertical-align: top;"> Address: <u>2625 Coffee Road Ste S</u> <u>Modesto, CA 95355</u> </td> <td style="vertical-align: top;"> Contact Name: <u>Vince Inaudi</u> </td> </tr> </table>		Training Institution: <u>Academy for Professional Development</u>	Phone Number: <u>(209) 300-7822</u>	Address: <u>2625 Coffee Road Ste S</u> <u>Modesto, CA 95355</u>	Contact Name: <u>Vince Inaudi</u>
Training Institution: <u>Academy for Professional Development</u>	Phone Number: <u>(209) 300-7822</u>				
Address: <u>2625 Coffee Road Ste S</u> <u>Modesto, CA 95355</u>	Contact Name: <u>Vince Inaudi</u>				

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0264</u>	Expiration Date of Training Program: <u>02/28/2028</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Stanislaus Consolidated FPD</u>	Phone Number: <u>(209) 869-7470</u>
Address: <u>3324 Topeka Street</u> <u>Riverbank, CA 95367</u>	Contact Name: <u>Tim Johnson</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-0270</u>	Expiration Date of Training Program: <u>04/30/2028</u>
Student Eligibility: <u>Restricted</u> <small>(Open to general public or restricted)</small>	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	

Training Institution: <u>Turlock Fire Department</u>	Phone Number: <u>(209) 752-9020</u>
Address: <u>244 N Broadway</u> <u>Turlock, CA 95380</u>	Contact Name: <u>Kain Packwood</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

Available Training

Continuing Education Number: <u>50-1009</u>	Expiration Date of Training Program: <u>06/30/2028</u>
Student Eligibility: <u>Open to the public</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Abrams College</u>	Phone Number: <u>(209) 527-7777</u>
Address: <u>201 E Rumble Road Ste E</u> <u>Modesto, CA 95350</u>	Contact Name: <u>Daniel Lucky</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														
Number of students completing training														

TABLE 3: COMMUNICATIONS



County:

Reporting Year:

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP): _____

Number of secondary PSAPs: _____

Number of dispatch centers directly dispatching ambulances: _____

Number of EMS dispatch agencies utilizing EMD guidelines: _____

Number of designated dispatch centers for EMS aircraft: _____

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

Valley Regional Emergency Communications Center (VRECC)

Do you have an operational area disaster communication system?

- a) Identify the radio primary frequency:
- b) Identify other methods:
- c) Can all medical response units communicate on the same disaster communication system?
- d) Do you participate in the Operational Area Satellite Information System?
- e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system?
 - 1) Within the operational area?
 - 2) Between operational area and the region and/or state?

TABLE 3: COMMUNICATIONS



Dispatch Resource

County:

Reporting Year:

**Dispatch
Agency:**

**Name of Primary
Contact:**

Address:

Telephone Number:

**Written
Contract:**

**Medical
Director:**

Availability:

Day-to-Day
Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: _____

Ownership:

If Public:

Public

Fire

Private

Law

Other _____

If Public:

City

Fire District

County

Federal

State

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft:



TABLE 4: RESPONSE AND TRANSPORTATION

County: Stanislaus County

Reporting Year: 2023

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	Yes	No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	Yes	No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	Yes	No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	Yes	No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	Yes	No
b) Requesting of EMS aircraft?	Yes	No
c) Dispatching of EMS aircraft?	Yes	No
d) Determination of EMS aircraft destination?	Yes	No
e) Orientation of pilots and medical flight crews to the local EMS system?	Yes	No
f) Addressing and resolving formal complaints regarding EMS aircraft?	Yes	No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	Yes	No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	Yes	No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder				
Limited Advanced Life Support responder				
Advanced Life Support responder				
Transport Ambulance				
Trauma Centers Level I Level II Level III Level IV				
Pediatric Hospitals Comprehensive Advanced General Basic				
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital				
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready				



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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Address: _____

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Ambulance Strike Team Participant: ☐ Yes ☐ No

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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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TABLE 4: RESPONSE AND TRANSPORTATION

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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

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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: _____

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Response Area: _____

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Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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

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Provider: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



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: _____

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: _____

Provider: _____

Response Area: _____

Address: _____

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

Phone Number: _____

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

Ambulance Strike Team Participant: ☐ Yes ☐ No

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

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

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

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <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: _____

**TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS**County: StanislausReporting 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? X 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? X Yes ☐ No
- Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? X 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? X N/A
- a) Do the base station personnel have training in radio communications? X Yes ☐ No

EMS Agency Facility Statistics**Emergency Departments**

Total number of emergency departments: 5

Total number of comprehensive emergency services: 5

Total number of basic emergency services: 5

Total number of standby emergency services: 0

Hospitals with Written Agreements

Total number of receiving hospitals: 0

Total number of base hospitals: 5

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? ☐ Yes X No

Number of alternate receiving facilities:

Psychiatric: 2 Sobering Centers: 0 Rural Area 0

Specialty Care System

Do you have a trauma system? X Yes ☐ No

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



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? X Yes ☐ No

Do you have an EMS for children system? ☐ Yes X No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I _____ Level II 2 Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I _____ Level II _____

Number of EMS patients meeting trauma triage criteria: Unknown

a) Transported to a trauma center by ambulance: 1611

b) Not transported to a trauma center: Unknown

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

a) From a non-trauma facility: 345

b) From a lower-level trauma center: 10

Number of *STEMI* centers/hospitals designated by EMS Agency:

Receiving: 3 Referring:

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

Comprehensive: 1 Thrombectomy Capable:

Primary: 2 Acute Stroke Ready:

Number of *pedsiatric* receiving centers:

Comprehensive: General: Advanced: Basic:



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: <u>Stanislaus County</u>	Contracts with Facilities in Neighboring Jurisdictions:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Facility: <u>Doctor's Medical Center (DMC)</u> <i>(Designated within EMS Agency's Jurisdiction)</i>		
Address: <u>1441 Florida Ave</u> <u>Modesto, CA 95355</u>		
Phone No.: <u>209-578-1211</u>		

Written Contract:	Service:		Base Hospital:	Receiving Hospital:	Burn Center:
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

Specialty Care System									
Trauma Center:	X Yes	<input type="checkbox"/> No	Adult:	<input type="checkbox"/> I	X II	<input type="checkbox"/> III	<input type="checkbox"/> IV		
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II				
STEMI Center:	X Yes	<input type="checkbox"/> No	Service:	X Receiving Center			<input type="checkbox"/> Referring Hospital		
Stroke Center:	X Yes	<input type="checkbox"/> No	Service:	X Comprehensive			<input type="checkbox"/> Thrombectomy Capable		
				<input type="checkbox"/> Primary			<input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input type="checkbox"/> Yes	X No	Level:	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	X No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes X No			Pediatric Intensive Care Unit:		
							<input type="checkbox"/> Yes X No		



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider ResourceCounty: Stanislaus CountyContracts with Facilities in
Neighboring Jurisdictions: _____Facility: Emanuel Medical Center (EMC)
(Designated within EMS Agency's Jurisdiction)Address: 825 Delbon Ave
Turlock, CA 95382Phone No.: 209-664-2810

Written Contract: X Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	Service: <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	Base Hospital: X Yes <input type="checkbox"/> No	Receiving Hospital: <input type="checkbox"/> Yes X No	Burn Center: <input type="checkbox"/> Yes X No
---	--	--	--	---	--

Specialty Care System							
Trauma Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV
			Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II		
STEMI Center:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Receiving Center	<input type="checkbox"/> Referring Hospital		
Stroke Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Thrombectomy Capable		
				<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Acute Stroke Ready		
Pediatric Receiving Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Level:	<input type="checkbox"/> Comprehensive	<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes X No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider ResourceCounty: Stanislaus CountyContracts with Facilities in
Neighboring Jurisdictions: _____Facility: Kaiser Hospital Modesto
(Designated within EMS Agency's Jurisdiction)Address: 4601 Dale Rd
Modesto, Ca 95356Phone No.: 209-735-5000

Written Contract:	Service:		Base Hospital:	Receiving Hospital:	Burn Center:
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

Specialty Care System										
Trauma Center:	<input type="checkbox"/> Yes	X No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II
STEMI Center:	<input type="checkbox"/> Yes	X No	Service:	<input type="checkbox"/> Receiving Center		<input type="checkbox"/> Referring Hospital				
Stroke Center:	X Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive X Primary		<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready				
Pediatric Receiving Center:	<input type="checkbox"/> Yes	X No	Level:	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	X No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes		X No	Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes X No		



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Stanislaus County

Contracts with Facilities in Neighboring Jurisdictions: _____

Facility: Sutter Health Memorial Medical Center
(Designated within EMS Agency's Jurisdiction)

Address: 1700 Coffee Rd
Modesto, Ca 95355
209-526-4500

Phone No.: _____

Written Contract:	Service:		Base Hospital:	Receiving Hospital:	Burn Center:
X Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency X Comprehensive Emergency	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No

Specialty Care System										
Trauma Center:	X Yes	<input type="checkbox"/> No	Adult:	<input type="checkbox"/> I	X II	<input type="checkbox"/> III	<input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II
STEMI Center:	X Yes	<input type="checkbox"/> No	Service:	X Receiving Center		<input type="checkbox"/> Referring Hospital				
Stroke Center:	X Yes	<input type="checkbox"/> No	Service:	<input type="checkbox"/> Comprehensive X Primary		<input type="checkbox"/> Thrombectomy Capable <input type="checkbox"/> Acute Stroke Ready				
Pediatric Receiving Center:	<input type="checkbox"/> Yes	X No	Level:	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	X No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes		X No		Pediatric Intensive Care Unit:	X Yes <input type="checkbox"/> No	



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

Provider Resource

County: Stanislaus County

Contracts with Facilities in Neighboring Jurisdictions: _____

Facility: Oak Valley District Hospital
(Designated within EMS Agency's Jurisdiction)

Address: 350 S Oak Ave
Oakdale, CA 95361

Phone No.: 209-847-3011

Written Contract: X Yes <input type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency X Comprehensive Emergency	Base Hospital: X Yes <input type="checkbox"/> No	Receiving Hospital: <input type="checkbox"/> Yes X No	Burn Center: <input type="checkbox"/> Yes X No
---	---	--	---	--

Specialty Care System										
Trauma Center:	<input type="checkbox"/> Yes	X No	Adult:	<input type="checkbox"/> I	<input type="checkbox"/> II	<input type="checkbox"/> III	<input type="checkbox"/> IV	Pediatrics:	<input type="checkbox"/> I	<input type="checkbox"/> II
STEMI Center:	<input type="checkbox"/> Yes	X No	Service:	<input type="checkbox"/> Receiving Center		<input type="checkbox"/> Referring Hospital				
Stroke Center:	<input type="checkbox"/> Yes	X No	Service:	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> Thrombectomy Capable				
				<input type="checkbox"/> Primary		<input type="checkbox"/> Acute Stroke Ready				
Pediatric Receiving Center:	<input type="checkbox"/> Yes	X No	Level:	<input type="checkbox"/> Comprehensive		<input type="checkbox"/> General	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic		
Pediatric Critical Care Center:	<input type="checkbox"/> Yes	X No	Emerg. Depts. Approved for Pediatrics:	<input type="checkbox"/> Yes		X No		Pediatric Intensive Care Unit:	<input type="checkbox"/> Yes X No	



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County:

Reporting Year:

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

_____ EMS Awareness	_____ Bleeding Control
_____ First Aid	_____ CPR
_____ Prevention Activities	_____ Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

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

**TABLE 7: DISASTER MEDICAL RESPONSE****County:****Reporting Year:*****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? _____		
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?		

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

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

a) Disaster Plan?	YES	URL Link: _____	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: _____		
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? _____		
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:		
<input type="checkbox"/> Health Officer <input type="checkbox"/> EMS Agency <input type="checkbox"/> 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

Stanislaus County
Emergency Medical Services Agency



Trauma System Report
2023

SECTION 1. Trauma System Summary

Stanislaus County Emergency Medical Services Agency (SCEMSA) is a new EMS agency created on July 1, 2022. On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department under the Office of Emergency Services. The Stanislaus County Board of Supervisors will be the governing body over all SCEMSA activity. Prior to July 1, 2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa, and Stanislaus Counties. Stanislaus County EMS Agency inherited the established trauma system from MVEMSA, which included 2 Level II American College of Surgeons (ACS) verified Trauma Centers, Doctors Medical Center, and Sutter Memorial Medical Center.

The Stanislaus County EMS Agency Trauma Care System Plan was established in compliance with Section 1798.160, et seq., Health, and Safety Code. This plan outlines the structure and operations of the trauma care system within Stanislaus County. In addition, it outlines the interfaces, including patient flow and shared services, with neighboring trauma care systems, particularly Merced, Tuolumne, and San Joaquin Counties.

To provide leadership to the development of the trauma care system and to provide a mechanism for input from all system stakeholders, Stanislaus County EMS Agency will be restructuring the Trauma Advisory Committee. The committee will be responsible for developing policies and procedures based on the recommendations of the American College of Surgeons and the requirements of California State Regulations.

Stanislaus County has two designated Level II Trauma Centers to serve our region, Doctors Medical Center (DMC) and Sutter Memorial Medical Center (SMMC). Both facilities are centrally located in Stanislaus County (Modesto). The Stanislaus County EMS region is mostly rural in nature which provides unique challenges to the overall system design. Many of the community hospitals within the region lack the resources and commitment needed to provide for the complexity of a major trauma patient; therefore, requiring pre-hospital personnel to bypass closer facilities and transport these patients to a Level II Trauma Center in Modesto.

An organized trauma system has been shown to decrease morbidity and mortality rates caused from intentional and unintentional injuries. Stanislaus County EMS Agency seeks to improve the care provided to trauma patients in its service areas through an inclusive trauma care system. The overall system design is made from the following points:

- Maintain the designation of the Two-Level II Trauma Centers in Modesto.
- Trauma policies and protocols based upon the most current evidence-based practices.

Trauma patients meeting triage criteria will be transported directly to the designated Level II trauma center in the quickest, most appropriate manner, either by ground or air. Appropriate patients meeting pediatric trauma and/or burn triage criteria will be transferred to a designated pediatric and/or burn trauma center in another region when weather conditions permit or unless the patient is too unstable for transport to an out of county pediatric and/or burn center.

The quality review process includes a comprehensive evaluation of the entire trauma system, which is accomplished in several ways.

The Trauma Audit Committee providing ongoing medical and system evaluation with case reviews. Trauma data analysis will be used to identify system trends.

Prehospital QI committee(s) to review and evaluate prehospital care.

Periodic trauma center site reviews from an outside resource to ensure the quality of care within our region.

Comprehensive trauma data collection is essential to include in the overall evaluation of trauma care. Data Collection exceeds the minimum requirements identified by California EMS Information System (CEMSIS) data dictionary. Collection of data occurs at dispatch, pre-hospital, and designated Trauma Centers; it is sent to the EMS Agency for evaluation and analysis.

On-going Training will be provided for pre-hospital and hospital personnel regarding clinical treatment of trauma patients and system policies; and,

Policies will be evaluated and updated as necessary to ensure proper operation of the trauma system.

SECTION 2. Changes in the Trauma System

In 2021 Level II Trauma Centers in the Stanislaus County trauma system underwent reverification reviews by the American College of Surgeons. Doctors Medical Center received reverification with no deficiencies for a period of 3 years ending July 9, 2024. Sutter Memorial Medical Center received reverification with no deficiencies for a period of 3 years ending July 9, 2024.

DMC and SMMC participate in Trauma Quality Improvement Program (TQIP) sponsored by the ACS. System participants are actively involved in the Central California Regional Trauma Care Committee.

Stanislaus EMS Agency has purchased a trauma patient registry from ImageTrend and is working with Doctors and Memorial to import all NTDB and TQIP data into the newly purchased data repository. Stanislaus EMS Agency intends to analyze this data and work with the Trauma Program Medical Directors and the Trauma Program Managers as well as the EMS participants in Stanislaus County to improve and refine trauma policies with the county.

SECTION 3. Number and Designated Level of Trauma Centers

Stanislaus EMS Agency has two designated level II Trauma Centers within its jurisdiction. There are several areas of the region that use neighboring Trauma Centers because of proximity and/or specialty needs such as, pediatric and burn care.

SECTION 4. Trauma System Goals and Objectives

First Objective: Collect, validate, and research trauma data for area(s) to improve or enhance the system of care provide to our trauma patients.

- a) Contribute to the EMS and Trauma data uploads to the newly created NEMSIS compliant CEMSIS database.
- b) Ensure all trauma data meets and exceeds Stanislaus and NTDS data standards by performing data audits to ensure compliance with data dictionaries.
- c) Run validation programs and correct all errors with trauma data before submission to the EMS Agency and TQIP.
- d) Utilize trauma data reports to identify trends of injuries, areas of improvement, and benchmarking to enhance the care provided to trauma patients and to direct injury prevention activities.
- e) Ensure all local Trauma Centers within our region to participate in the American College of Surgeons, TQIP program.
- f) Become proficient in using ImageTrend Patient Registry, the Agencies new trauma data repository.

Second Objective: Increase trauma primary prevention activities.

- a) Continue to participate in primary injury prevention activities as time permits.
- b) Encourage an environment where all EMS providers and Trauma Centers contribute to community injury prevention activities.

Examples: Stop the Bleed, Safe Kids and Teen Impact Driving

- c) Monitor prevention activities.

Third Objective: Expand trauma care in the region to include working with referring hospitals.

- a) Foster relationships with community based non-trauma centers by including them in trauma system activities.
- b) Continue outreach activities such as the Rural Trauma Team Development Course and use of the inter-facility trauma transfer poster.

Fourth Objective: Participate in the development of the California State Trauma Plan and the Central California Regional Trauma Coordinating Committee.

- a) Encourage system participants to be involved in the development of the State Trauma Plan, regional and state trauma system and to attend annual trauma summits. The Stanislaus QI/Trauma Care Coordinator attends the annual State Trauma Summit as well as regional trauma symposiums.
- b) Encourage system participants to participate and attend RTCC committee meetings, activities, and educational programs.

- c) Collaborate with regional partners to develop interfacility transfer guidelines for non-trauma centers within the region. This will include a comprehensive data evaluation from regional centers as the basis for guideline development.

Fifth Objective: Evaluate trauma care policies and procedures to ensure processes are current and quality care is provided.

- a) Continue to evaluate local policies and procedures with current standards of care to ensure policies remain up to date.
- b) Continue to evaluate the care provided to our trauma population through the various quality care committees, such as pre-hospital Local Quality Improvement Groups, System Status Committee, Trauma Audit Committees, Regional Trauma Coordinating Committee, etc.

Sixth Objective: Provide trauma care education to system participants on current trends, new standards and quality issues that affect the care of trauma patients.

- a) Continue to provide educational training to system participants through programs such as Pre-hospital Trauma Symposium, Seldom Used Skill Training, SCEMSA Train the Trainer events, pre-hospital case review at EMS TAC, etc.
- b) Continue training and certification requirements outlined in policy and contracts to include basic trauma life support, pre-hospital trauma life support, international trauma life support, trauma nurse core curriculum, etc.

Seventh Objective: Coordinate Performance Improvement Program activities with system participants.

- a) Provide staff to organize and support various quality committees and encourage participation from system constituents.
- b) Evaluate system performance indicators on annual basis to assess, track and trend different aspects of trauma care.
- c) Trauma Centers will maintain ACS verification and Title 22 designation requirements. They will participate and pass site surveys every three years.

Eighth Objective: Implement innovative ideas in improving patient outcomes based on best practices and state approval.

SECTION 5. IMPLEMENTATION SCHEDULE

No Implementations

SECTION 6. SYSTEM PERFORMANCE IMPROVEMENT

System Performance Improvements:

- a) The Agency, in cooperation with the Merced County EMS Agency, re-established a Merced Trauma Advisory Committee with participation by Stanislaus County Trauma Centers as well as

Agency personnel. The Agency QI/Trauma Coordinator and Executive Director regularly attend this meeting. This meeting was cancelled for 2020 due to COVID-19 restrictions. Stanislaus EMS Agency is working with Merced County EMS Agency to reestablish this meeting.

- b) The Merced County Executive Director and EMS Medical Directors from both the EMS Agencies and Ambulance Provider regularly attend the Stanislaus County TAC.
- c) Participate in the Trauma Centers Performance Improvement programs by hosting TAC quarterly while providing Trauma Chairs from neighboring Level I and II Trauma Centers to collaborate and ensure evidence-based practice in both facilities.
- d) Continue to encourage catchment area referral hospitals to host the RTTDC at their facilities.
- e) Continued to educate hospitals through on-site education as well as case review at TAC regarding expediting “Door In/Door Out” for critical trauma patient transfers. Specifically, the incorporation of expedited patient movement through hospital transfer centers.
- f) Continue to distribute and re-educate non-trauma centers in the trauma system catchment area to the regional trauma transfer guideline poster.

SECTION 7. EMS AUTHORITY TRAUMA SYSTEM PLAN COMMENTS

No Comments



Stanislaus County
Emergency Medical Services Agency

Emergency Medical Services Quality Improvement Program

Submitted by

Stanislaus Emergency Medical Services
Agency

2023

Table of Contents

I. Purpose	3
II. Summary of Quality Improvement Program.....	3
II. Data Collection and Reporting	6
III. Evaluation of Indicators	7
IV. Action to Improve.....	9
V. Training and Education.....	12
VI. Annual Update	12
VII Appendix.....	20

I. Purpose

The purpose of the EMS Quality Improvement Plan (EQIP) is to provide structure and guidance for the quality improvement (QI) coordinators of EMS provider agencies within Stanislaus County. The EQIP describes the layout, requirements, and responsibilities of quality improvement programs at county and private provider levels. The EQIP also provides a detailed description of the administrative and committee structure of the Stanislaus County Emergency Medical Services Agency's QI network.

II. Summary of Program

The Stanislaus County EMS Agency is committed to providing quality services to all our communities. We are dedicated to improving patient outcomes to those we serve. Quality improvement occurs system-wide, as well as with individual organizations that are part of the Stanislaus County EMS system. Through the quality improvement committees and data collected from the EMS system and its hospitals, strategic changes are utilized to enhance the system, address weaknesses and promote the use of evidence to inform our decision making. These practices are integrated into the core operations of our provider agencies, as well as at the system level. The quality improvement program affords all participants, from administrator to first responder, an opportunity to affect change within the system. It provides a process to identify performance standards, to measure success, to report on progress, and ensures the system achieves the desired outcomes.

The Stanislaus County EMS Quality Improvement (QI) Program also serves as a guideline for providers in the development of their organizational QI plans (EQIP). These QI plans are submitted annually to ensure compliance with California State Regulations and Stanislaus County policy and protocol. Training and education are an important aspect of every QI program. Starting with our system quality improvement coordinator the agency has provided education to our committee members on data analysis and quality improvement methodologies.

III. Mission & Organizational Description

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel through or visit Stanislaus County.

Stanislaus County Emergency Medical Services Agency (SCEMSA) is a new EMS agency created on July 1, 2022. On March 30, 2021, the Stanislaus County Board of Supervisors authorized the Chief Executive Officer to issue a termination notice to the MVEMSA JPA Board to withdraw from the JPA, effective July 1, 2022. SCEMSA is a division of the Stanislaus County Sheriff's Department under the Office of Emergency Services. The Stanislaus County Board of Supervisors will be the governing body over all SCEMSA activity. Prior to July 1,

2022, Stanislaus County was a member of the MVEMSA JPA, which served Alpine, Amador, Calaveras, Mariposa and Stanislaus Counties.

In 2021, Stanislaus County had a population of 553,000 people and encompasses a total area of 1,515 square miles. The area ranges from rural areas to large suburban areas. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County. Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson. Interstate 5 and Highway 99 are highly traveled freeways that run north and south through the County.

Stanislaus County has 3 exclusive and 1 nonexclusive ambulance operating areas for 911 service within the county. Stanislaus County also has a mix of paid and volunteer fire departments that respond to 911 EMS calls for service. The paid fire departments respond at a minimum EMT level with some ALS engines responding within Stanislaus County. The volunteer departments respond at a minimum Emergency Medical Responder level with some volunteers having acquired EMT certification. There are also 2 air ambulance providers located in Stanislaus County.

In July 2023, SCEMSA got a new Medical Director and an Assistant Medical Director, as the previous Medical Director resigned. Dr Alex Schmalz is now the SCEMSA Medical Director and Dr. Samantha Brown is the new Assistant Medical Director. Both Medical Directors oversee all medical and clinical components of the EMS system. This includes policy and protocol development, all equipment approval, emergency medical dispatch, all equipment approval, base station operations and continuous quality improvement. The EMS medical directors are assisted by the EMS Director, the quality improvement coordinator, and specialty care coordinator.

Chad Braner is the EMS Director for SCEMSA. The EMS Director leads and directs the SCEMSA and administers and monitors the Emergency Medical Services Agency by planning, coordinating, and integrating activities of both public and private emergency health care services and, by managing and supervising professional and other staff in the Quality Improvement program. Chad has been in EMS for over 20 years, Chad started his EMS career as an EMD certified dispatcher and then became an EMT. Chad continued his education and became a Paramedic and eventually obtained his FP-C. Chad also has experience as a Clinical Manager in the EMS industry.

David Murphy is the Quality Improvement & Trauma Coordinator for SCEMSA. David is responsible for the development and implementation of the SCEMSA quality improvement (QI) plan, oversight of prehospital QI process, outcome, and education. David also serves as clinical liaison to all prehospital providers and the base stations. David is also responsible for oversight of the Trauma Program and works with the 2 Level II Trauma centers in Stanislaus County. David has over 30 years of experience in EMS. David began his career as an EMT and volunteer firefighter. David obtained his Paramedic and worked over 25 years on an ALS ambulance. David has over 5 years of experience in as a Clinical Manager before starting with SCEMSA.

Justin Murdock is the STEMI and Stroke Coordinator for SCEMSA. Justin was the STEMI and Stroke Coordinator for MVEMSA, and Justin was hired to continue this role for SCEMSA.

Justin works closely with the 3 STEMI receiving centers in Stanislaus County as well as working with the 2 Primary Stroke centers and 1 Comprehensive Stroke center in Stanislaus County. Justin worked as the STEMI and Stroke Coordinator for MVEMSA for over 2 years. Justin is a Paramedic has been in EMS for over 10 years.

Dr. Schmalz, Dr. Brown, Chad, David and Justin (SCEMSA's quality staff) work together to lead SCEMSA and the EMS providers in improving the quality of the care given to the residents and visitors of Stanislaus County. SCEMSA's quality staff also monitor the overall performance of each specialty care center located within Stanislaus County. This process is primarily driven through SCEMSA's 4 quality improvement committees, Local Quality Improvement Group (LQIG), Regional STEMI Committee, Regional Stroke Committee, and Trauma Audit Committee (TAC).

Local Quality Improvement Group (LQIG) is a committee comprised of SCEMSA staff, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. SCEMSA's Medical Director leads LQIG and directly oversees all functions and activities produced from this committee. This committee reviews and studies all aspects of EMS prehospital care. The committee is responsible for determining pre-hospital quality metrics on an annual basis, protocol and policy development, equipment evaluation and the implementation of system wide CQI processes to address system performance issues. This committee works closely with SCEMSA's 3 other specialty care committees to disseminate information, CQI initiatives and clinical education for the EMS providers in Stanislaus County.

Regional STEMI Committee is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved STEMI receiving center, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee reviews all relevant chest pain and STEMI metrics from both pre-hospital and the STEMI centers and uses the results from these metrics to make any system improvements.

Regional Stroke Committee is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved Stroke receiving center, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee reviews all relevant Stroke care metrics from both pre-hospital and the Stroke centers and uses the results from these metrics to make any system improvements.

Trauma Audit Committee (TAC) is a committee comprised of SCEMSA staff, the Medical Directors and program managers from each approved Trauma receiving center, EMS Liaison nurse from each Base Hospital and members from each EMS providers, both first responders and transport agencies, in Stanislaus County. This committee is the medical care review committee as well as an advisory group for the trauma system.

II. Data Collection and Reporting

Stanislaus County Emergency Medical Services Agency (SCEMSA) requires each prehospital provider, air, fire first responders, and transport agencies, to complete an ePCR which complies with NEMSIS and CEMSIS standards. SCEMSA requires each agency to submit this data to SCEMSA's data repository which is hosted with ImageTrend. SCEMSA then sends the required NEMSIS and CEMSIS data to the state designated data repository. SCEMSA requires access to each agency's ePCR platform to review ePCR's as needed.

SCEMSA has also purchased OCU and clinical performance monitoring (FirstPass) from FirstWatch. Every EMS dispatch CAD information is sent to FirstWatch and stored within FirstWatch's database. Each Ambulance providers operational area has designated response time requirements and SCEMSA uses FirstWatch's robust OCU system to monitor and report on each agencies performance.

SCEMSA is currently working with FirstWatch to fully develop and integrate FirstPass into the CQI process. The goal is to have both fire and transport ePCR data matched for each EMS patient encounter to enable a complete understanding of the care delivered to every patient.

SCEMSA requires each STEMI Receiving Center to be certified by the American College of Cardiology (ACC) and to submit STEMI data to the ACC National Cardiac Data Registry (NCDR). Each designated STEMI center must extract and submit data to the NCDR and then report to SCEMSA all relevant data points for STEMI system monitoring. This data is then reviewed by the Regional STEMI Committee. Stanislaus County currently has 3 STEMI receiving centers within Stanislaus County

SCEMSA requires each Stroke Receiving Center (SRC) to be certified by the Joint Commission as a SRC and to submit data to the AHA "Get with the Guidelines". SCEMSA has attained "Superuser Access" which allows SCEMSA access to system wide stroke data. Each SRC must extract and submit to the AHA database all relevant data points in a timely manner. This data is then reviewed by the Regional Stroke Committee for Stroke system monitoring. SCEMSA currently has 2 Primary SRC and 1 Comprehensive SRC within Stanislaus County.

SCEMSA requires each designated Trauma Center to be verified by the American College of Surgeons (ACS) and to submit data to the ACS Trauma Quality Improvement Program (TQIP) database. SCEMSA also has purchased a data repository which is hosted by ImageTrend. Each Trauma Center must submit their TQIP data to SCEMSA's data repository in a timely manner. The TQIP data is reviewed by the Trauma Audit Committee for Trauma system monitoring.

SCEMSA also participates in the Cardiac Arrest Registry to Enhance Survival (CARES). The CARES data is extracted from ePCR data from the prehospital providers and from each hospital within Stanislaus County. The CARES data is reviewed each year to help improve outcomes for patients who experience sudden cardiac arrest.

SCEMSA has developed a robust prehospital quality metrics program. These metrics are required for each ALS provider both transport and non-transport within Stanislaus County.

These metrics are collected quarterly from each provider and combined and evaluated on a system wide basis. The metrics come from the LQIG committee and are updated annually if needed.

III. Evaluation of Indicators

SCEMSA has developed a robust prehospital quality metrics program. These metrics are required for each ALS provider both transport and non-transport within Stanislaus County. These metrics are collected quarterly from each provider and combined and evaluated on a system wide basis. The metrics come from the LQIG committee and are updated annually if needed.

The following quality metrics are examples for 2024 (full list in the Appendix)

2023 Stanislaus County EMSA Quarterly QI Metrics						
Advanced Airways - i Gel & ETT - goal 95% compliance						
Overall protocol compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Advanced Airway success rate	0	0	#DIV/0!			
ETCO2 values documented initial & transfer	0	0	#DIV/0!			
ETCO2 waveform attached initial & transfer	0	0	#DIV/0!			
2 confirmation techniques documented	0	0	#DIV/0!			
ETT success rate	0	0	#DIV/0!			
i Gel success rate	0	0	#DIV/0!			
Cardiac Arrest (medical) - goal 90% compliance						
Overall compliance	#DIV/0!					
	# arrests	Completed	metric met %			
Initial Rhythm documented	0	0	#DIV/0!			
ETCO2 values documented	0	0	#DIV/0!			
Rhythm changes documented	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			
All CPR pauses <10 seconds	0	0	#DIV/0!			
Arrests with pauses > 10 secs	0	0	#DIV/0!	Track & Trend metric		
Arrests with multi > 10 secs	0	0	#DIV/0!	Track & Trend metric		
ROSC	0	0	#DIV/0!	Track & Trend metric		

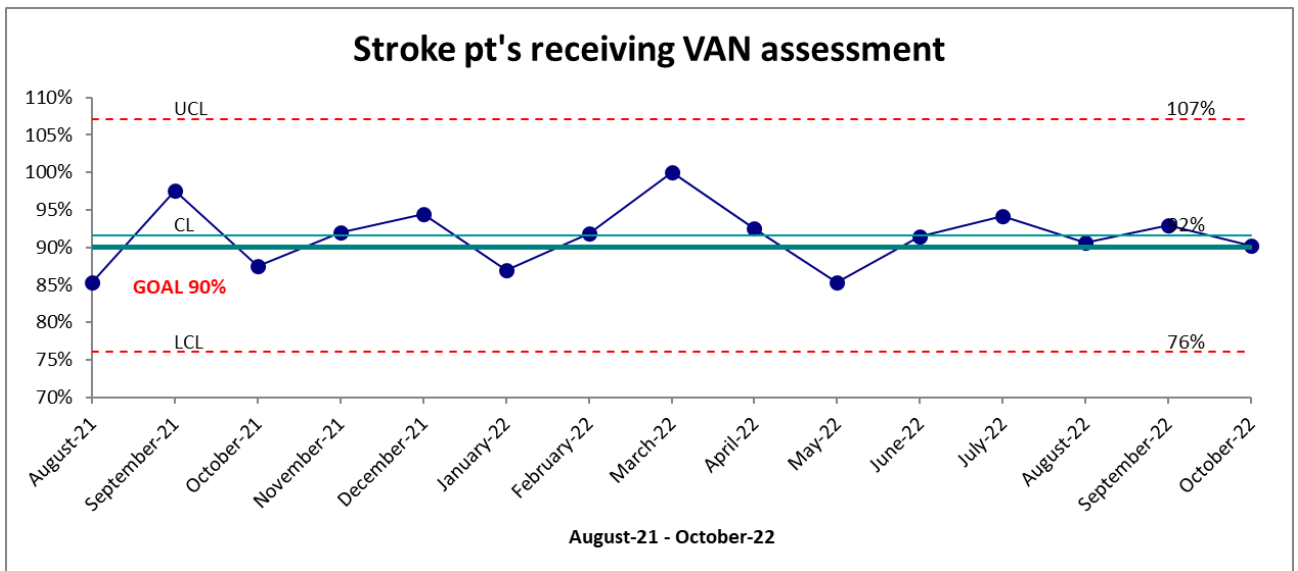
Cardiac Chest Pain - goal 90% compliance					
Overall compliance	#DIV/0!				
	# pt's	Completed	metric met %		
1st medical contact - ECG < 10 minutes	0	0	#DIV/0!		
ASA given & documented in treatment	0	0	#DIV/0!		
NTG given & documented in treatment	0	0	#DIV/0!		
1st medical contact - ECG (avg.)			#DIV/0!	Track & Trend metric	
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric	
Fentanyl administration	0			Track & Trend metric	
Morphine administration	0			Track & Trend metric	

STEMI's - goal 90% compliance					
Overall compliance	#DIV/0!				
	# pt's	Completed	metric met %		
1st medical contact - ECG <10 minutes	0	0	#DIV/0!		
1st medical contact - transport < 15 min	0	0	#DIV/0!		
ASA given & documented in treatment	0	0	#DIV/0!		
NTG given & documented in treatment	0	0	#DIV/0!		
STEMI Alert documented	0	0	#DIV/0!		
12 lead transmitted	0	0	#DIV/0!		
1st medical contact - Transport (avg)			#DIV/0!	Track & Trend metric	
1st medical contact - ECG (avg.)			#DIV/0!	Track & Trend metric	
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric	
Fentanyl administration	0			Track & Trend metric	
Morphine administration	0			Track & Trend metric	

The required quality metrics will be reviewed by the LQIG committee each quarter. SCMSA will also produce an annual report on the quality metrics collected each calendar year. SCMSA will also disseminate the results of the quality metrics to the field providers and stakeholders within Stanislaus County. SCMSA and the LQIG Committee will also use the quality metrics to identify system wide quality improvement projects to improve and enhance the patient care in the EMS system.

Data transparency and accuracy are crucial for any CQI program. SCMSA believes in examining quality metrics in an aggregate format and in Process Control Charts. The following is an example of both formats.

Stroke - goal 90% compliance					
Overall compliance	71.43%				
	# pt's	Completed	metric met %		
1st medical contact - transport < 15 min	7	6	85.71%		
CPSS performed and documented	7	7	100.00%		
VAN performed and documented	7	5	71.43%		
Glucose check documented	7	7	100.00%		
LKWT documented	7	6	85.71%		
Stroke Alert documented	7	6	85.71%		
1st medical contact - transport (avg)			0:13:29	Track & Trend metric	



These formats enhance the ability to properly monitor system performance on a regular basis. SCEMSA will also make this data available for all stakeholders within Stanislaus County. This data analysis and visualization will also be shared with all 4 SCEMSA quality improvement committees.

IV. Action to Improve

Continuous Quality Improvement (CQI) programs are composed of 3 parts, Quality Assurance (QA), Quality Improvement (QI) and Quality Management (QM).

QA is the attempt to maintain a given level of quality or performance. This is accomplished by monitoring standard benchmark and key performance indicator (KPI) reports that highlight the critical aspects of the EMS System. As variances in performance are noted, quality improvement projects may be employed.

QI is the process of identifying opportunities for improvement through evaluation of QA KPI's. Once an area of improvement is identified then the QI process can begin (QI Project). Most QI Projects will follow the DMAIC methodology.

QM is the fine balance between QA & QI, it is this process applies to all aspects an EMS organization does to provide care and service to the people it serves.

DMAIC is an abbreviation of the five improvement steps it comprises: Define, Measure, Analyze, Improve and Control. All the DMAIC process steps are required and always proceed in the given order.

Define

The purpose of this step is to clearly pronounce the problem, goal, potential resources, project scope and high-level project timeline. This information is typically captured within the project charter document. Write down what is currently known. Seek to clarify facts, set objectives, and form the project team.

Measure

The purpose of this step is to measure the specification of problem/goal. This is a data collection step, the purpose of which is to establish process performance baselines. The performance metric baseline(s) from the Measure phase will be compared to the performance metric at the conclusion of the project to determine objectively whether significant improvement has been made. The team decides on what should be measured and how to measure it

Analyze

The purpose of this step is to identify, validate and select root cause for elimination. Many potential root causes of the project problem are identified via root cause analysis (for example, a fishbone diagram). The top three to four potential root causes are selected using multi-voting or other consensus tool for further validation. A data collection plan is created, and data are collected to establish the relative contribution of each root causes to the project metric. This process is repeated until "valid" root causes can be identified. Within Six Sigma, often complex analysis tools are used. However, it is acceptable to use basic tools if these are appropriate. Of the "validated" root causes, all or some can be.

- List and prioritize potential causes of the problem
- Prioritize the root causes (key process inputs) to pursue in the Improve step
- Identify how the process inputs affect the process outputs. Data are analyzed to understand the magnitude of contribution of each root cause, to the project metric. Statistical tests using p-values accompanied by Histograms, Pareto charts, and line plots are often used to do this.
- Detailed process maps can be created to help pinpoint where in the process the root causes reside, and what might be contributing to the occurrence.

Improve

The purpose of this step is to identify, test and implement a solution to the problem. Identify solutions to eliminate the key root causes to fix and prevent process problems. Some projects can utilize complex analysis tools like DOE (Design of Experiments) but try to focus on obvious solutions if these are apparent. However, the purpose of this step can also be to find solutions without implementing them.

- Create
- Focus on the simplest and easiest solutions
- Test solutions using plan-do-check-act (PDCA) cycle

- Based on PDCA results, attempt to anticipate any avoidable risks associated with the "improvement" using Failure mode and effects analysis (FMEA)
- Create a detailed implementation plan
- Deploy improvements

Control

The purpose of this step is to embed the changes and ensure sustainability, this is sometimes referred to as making the change 'stick'. Control is the final stage within the DMAIC improvement method. In this step, the following processes are undertaken amend ways of working and track improvement. A control chart can be useful during the Control stage to assess the stability of the improvements over time by 1. serving as a guide to continue monitoring the process and 2. providing a response plan for each of the measures being monitored in case the process becomes unstable.

The LQIG committee is the primary driving force to identify and implement system wide QI Projects, but any of SCEMSA's quality improvement committees could identify and lead a Quality Improvement project.

POLICY REVIEW PROCESS

Introduction

The policy review process is an advisory process to the EMS Agency and the EMS medical director for the formulation of medical protocols and operational policies. Policy suggestions and/or draft policies are accepted from committees, system participants, individuals, and/or interested parties.

Policies will be evaluated on an annual basis with adequate time allowed for training and distribution. Specific recommendations for additions, deletions, and/or revisions should be forwarded to the EMS Agency.

Policy Process

Written Public Comment

- The EMS office will distribute draft policies to the appropriate system participants and/or interested parties for written comments.
- Policies under consideration that affect the EMS system will be sent out for review by all systems participants. A policy under consideration that applies to a limited group will only be sent to those who would be directly affected.
- The time frame allowed for the return of comments will be 30 days.
- Comments may be emailed to the EMS office but must be received no later than 5:00 p.m. on the deadline date.
- All comments will be reviewed by the EMS Medical Director and EMS Agency Staff. All suggestions will be taken into consideration.

V. Training and Education

Paramedic and EMT Training Programs

Paramedic and EMT training programs are approved and monitored in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 2, Article 3 and Chapter 4, Article 3. Training programs receive EMS education initiatives associated with treatment protocol updates and quality improvement activities.

Continuing Education (CE) Title 22. Division 9. Chapter 11

Training and education are fundamental to the success of quality improvement and is addressed in collaboration with quality and training experts from all our partners throughout the EMS system. CE training program objectives are designed to:

- Meet state licensure/certification requirements and/or county accreditation requirements.
- Be developed with educational content to address Stanislaus County specific needs.
- Provide standards-based training for all fire and ambulance personnel.
- Integrate prehospital skills/CE training into a countywide system.
- Utilize patient simulator training countywide to achieve training objectives.
- Improve and integrate “partners” in ALS/BLS training.
- Facilitate increased interagency training to promote cooperation and respect.

VI. Annual Update

The medical director will oversee an annual evaluation of the QI program annually by the EMS Agency, various committees, and stakeholders. An annual update will be created to inform, educate and train all individuals involved in QI activities. At a minimum this will include the following:

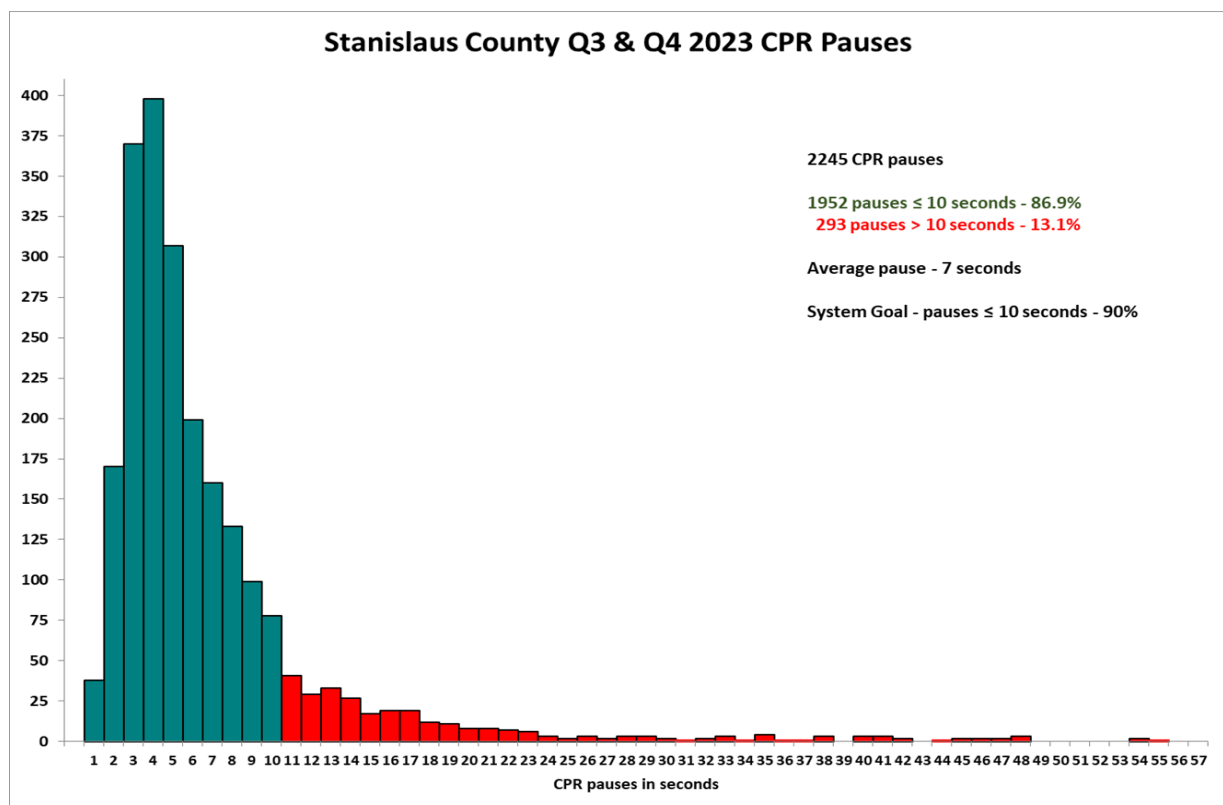
- Update on new performance indicators.
- Review key improvements from the previous year.
- Review current important data and any special cause variations trends.
- A review of any policy revisions.
- A description of any changes in continuing education and skills training requirements.
- A description of priorities for the coming year.

The Annual Update is a written account of the progress of an organization’s activities as stated in the EMS QI Program. In compiling the Annual Update, refer to the previous year’s update and work plan. Describe how, how often, and who (job title) in your organization evaluates the QI Program (annually at minimum). Annual review/updates shall include the indicators monitored, key findings/priority issues identified, improvement action plan/plans for further action, and state whether goals were met. If goals were not met, what follow-up is needed, if

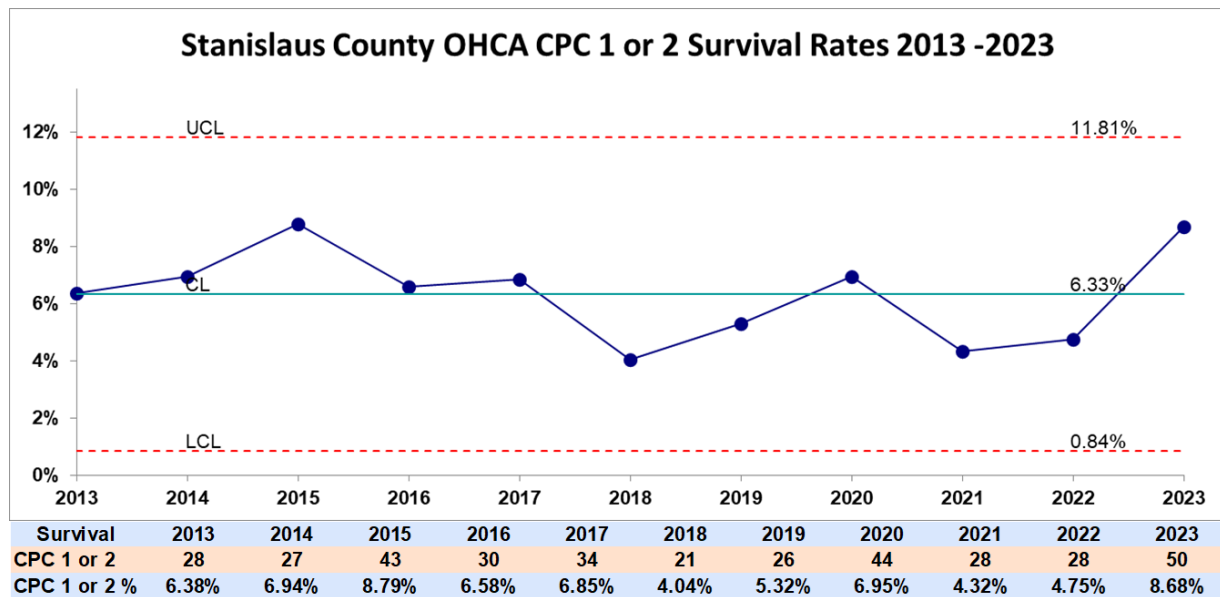
any? The update shall include, but not be limited to a summary of how the organization's EQIP addressed the program indicators. The EQIP shall be reviewed by the LEMSA or the EMSA at least every five (5) years.

2023 was the first full year that SCEMSA was able to collect pre-hospital quality metrics, but this did process was challenging as all providers switched to the new NEMSIS 3.5 data standard and all, but one provider switched pcr platforms to reach this new NEMSIS data standard. The switch happened in July and August of 2023 and there were many challenges to this implementation process including the providers ability to access the epcr data. It was late in the 4th quarter of 2023 that reliable epcr data was able to be retrieved and then reported to SCEMSA.

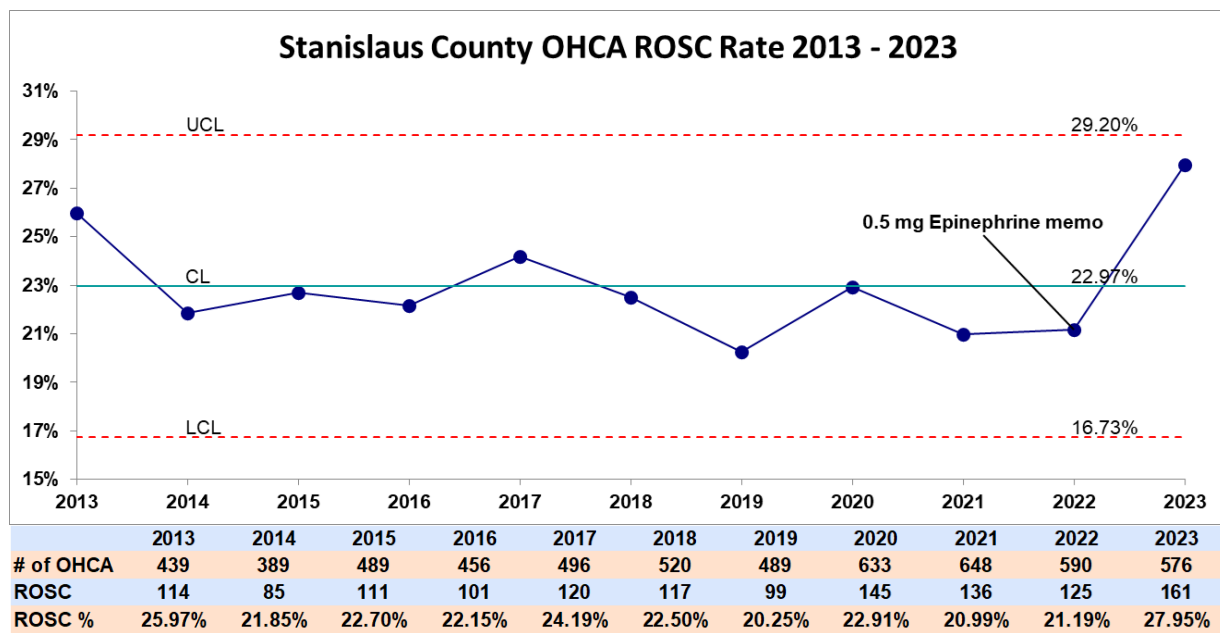
In 2023 SCEMSA focused on improving cardiac arrest care providing in the LEMSA. The primary tool utilized to improve was Stryker's Code-Stat CPR performance review software. All ALS units, both transport and non-transport, use Life PAK 15 monitors and LUCAS CPR devices when treating a patient who suffered a cardiac arrest. The focus from SCEMSA was to reduce the number of CPR pauses over 10 seconds, with a system goal of 90% of CPR pause less than 10 seconds. Each non-traumatic cardiac monitor data was evaluated, looking at each pause and then a Code-Stat review was sent back to all providers on the call for review. There was delay in getting Code-Stat working for all providers, but by the 3rd quarter all providers were able to have each cardiac arrest CPR performance evaluated using Code-Stat. Then each provider agency received a quarterly report on that agency's CPR performance and a report for the overall system performance. For 3rd and 4th quarter 2023, 86.9 % of pauses were less than 10 seconds.

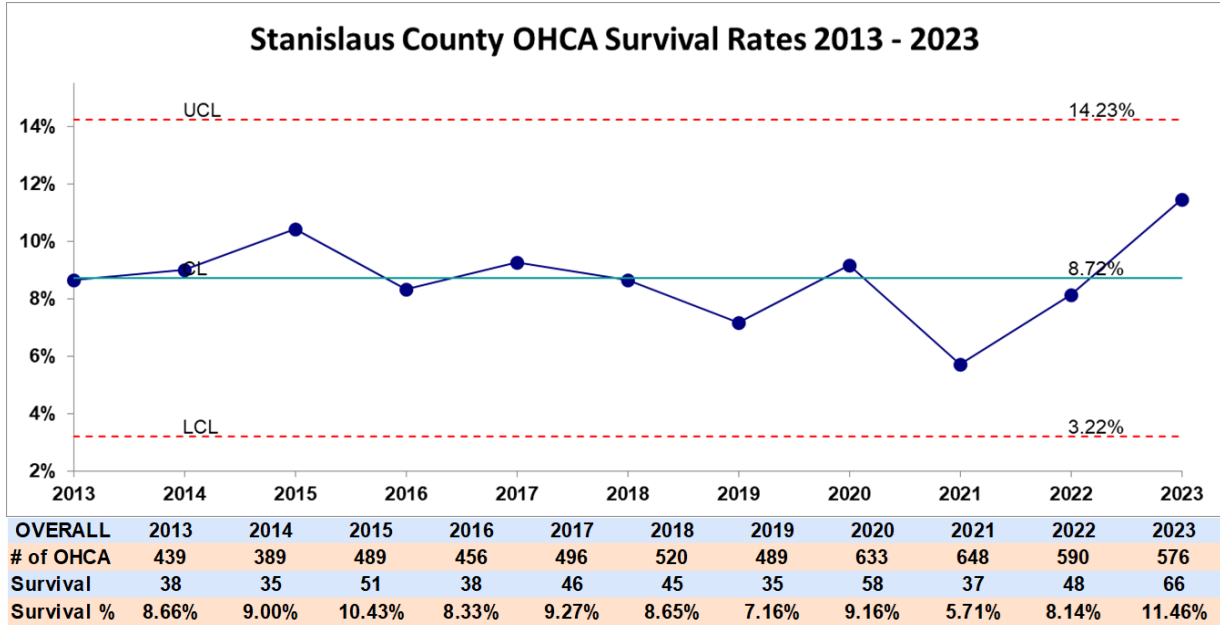


The work on limiting pauses in CPR was also reflected in the 2023 CARES for SCEMSA. 2023 SCEMSA had its best CARES report since participating in reporting to the CARES database. In 2023 SCEMSA had 50 cardiac arrest patients discharged from the hospital with a CPC 1 or 2 score, 8.68% of all non-traumatic cardiac arrests.



This improvement was also seen in the number of ROSC patients (patients admitted to the hospital) and the overall survival rate for all non-traumatic cardiac arrest patients.

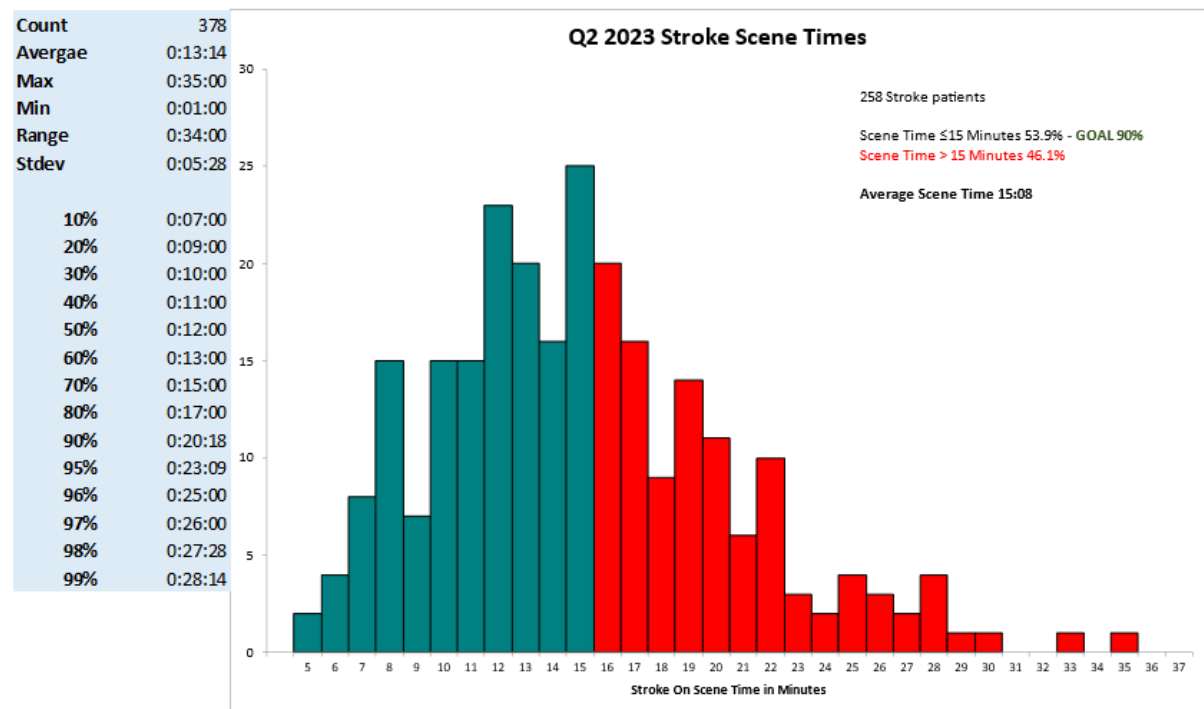
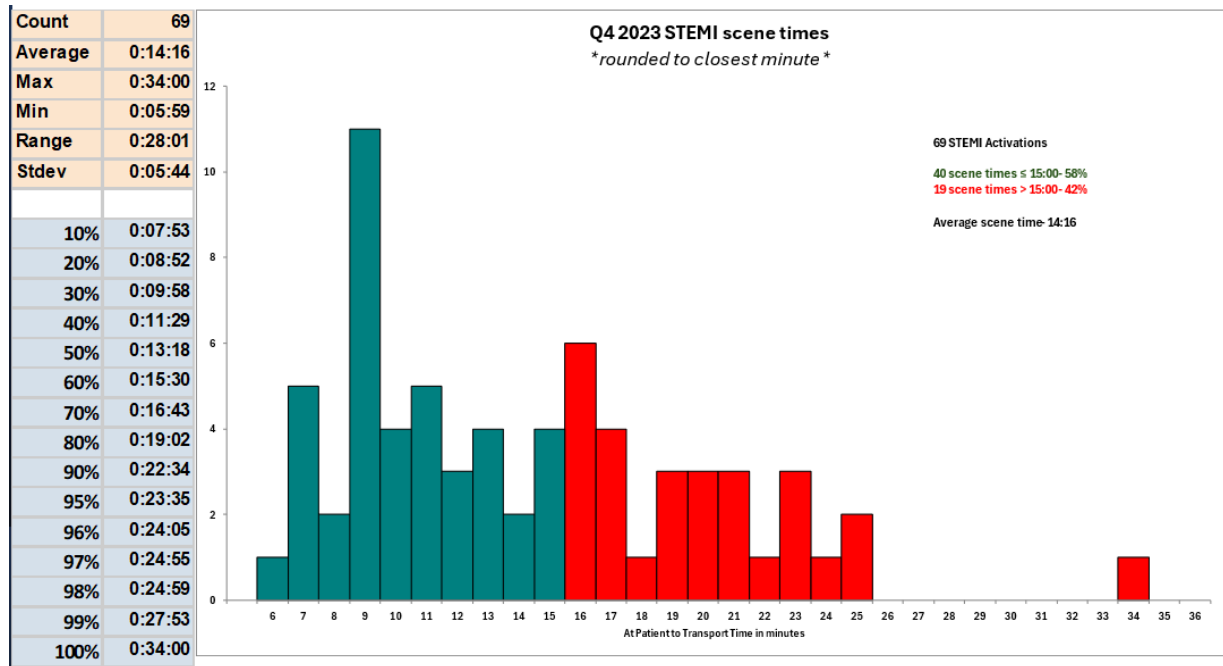




Advanced airway performance for 2023 is another area where the providers performed extremely well. SCEMSA has chosen to utilize the i Gel as the LEMSAs approved SGA and SCEMSA allows placement of the i Gel in both adult and pediatric patient populations. SCEMSA has also applied and received Local Optional Scope of Practice approval for EMT insertion of SGAs in adult patients. For 2023 the overall Advanced Airway success rate was 91.76% (401/437) with 187 attempts by ground transport providers and 250 attempts by non-transport (fire) providers. The one area identified for improvement was the documentation of ETCO2 values and ETCO2 waveform attached to the ePCR, but this deficiency is related to BLS fire units not having ETCO2 monitoring equipment.

2023 Stan EMS				
Advanced Airways - i Gel & ETT		#pt's	Completed	metric met %
Advanced Airway success rate		437	401	91.76%
ETCO2 values documented initial & transfer		187	166	88.77%
ETCO2 waveform attached initial & transfer		187	169	90.37%
2 confirmation techniques documented		403	261	64.76%
ETT success rate		156	128	82.05%
i Gel success rate		281	273	97.15%
ETCO2 values documented initial & transfer		403	241	59.80%
ETCO2 waveform attached initial & transfer		403	225	55.83%

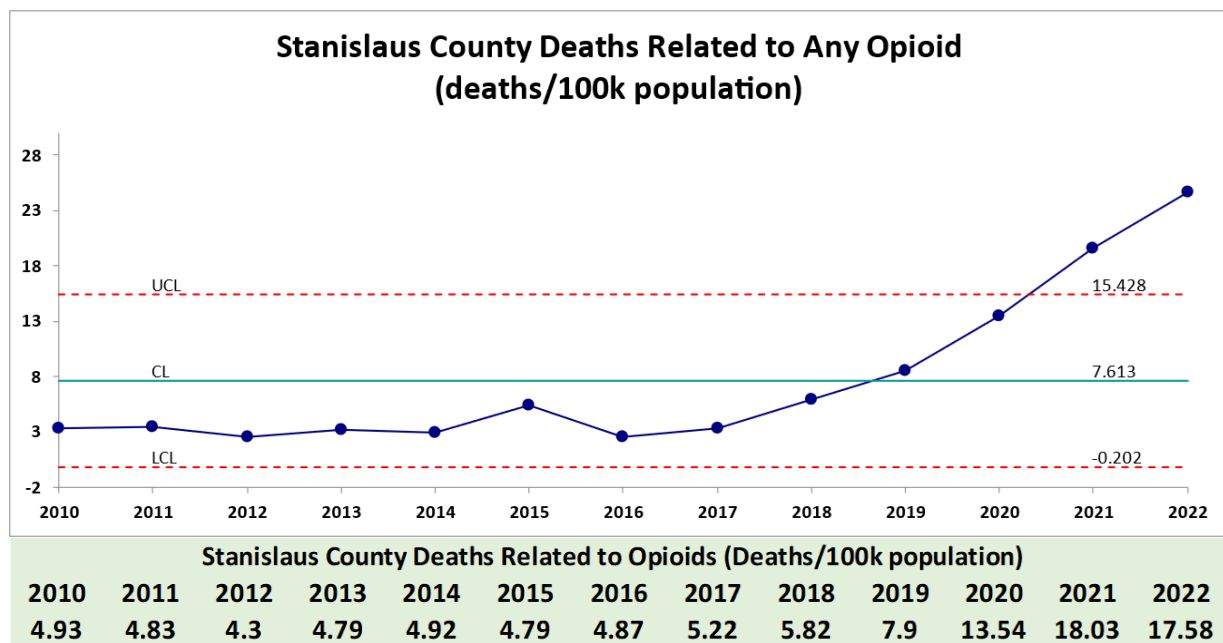
For 2024 SCEMSA has identified Scene Times for both STEMI and Stroke calls as an improvement project. After reviewing quarterly data both STEMI and Stroke scene time were longer than the system goal (90% of scene times less than 15 minutes.) Each quarter both STEMI and Stroke scene time goal was achieved approx. 55% - 60% of the time.

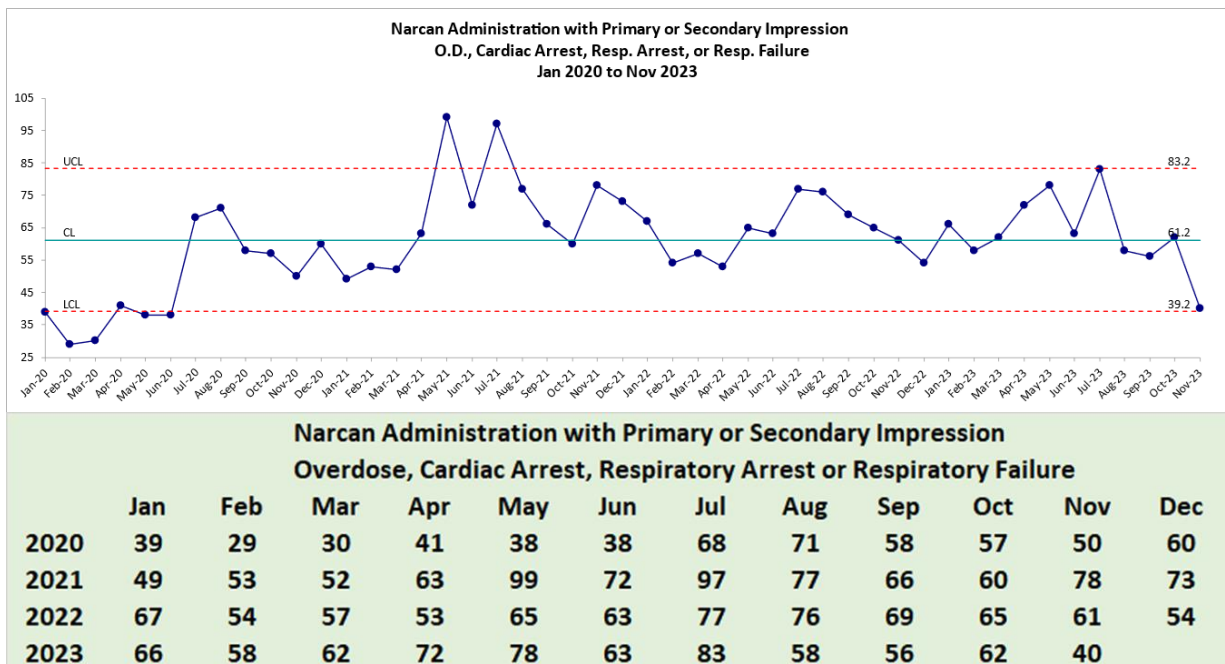
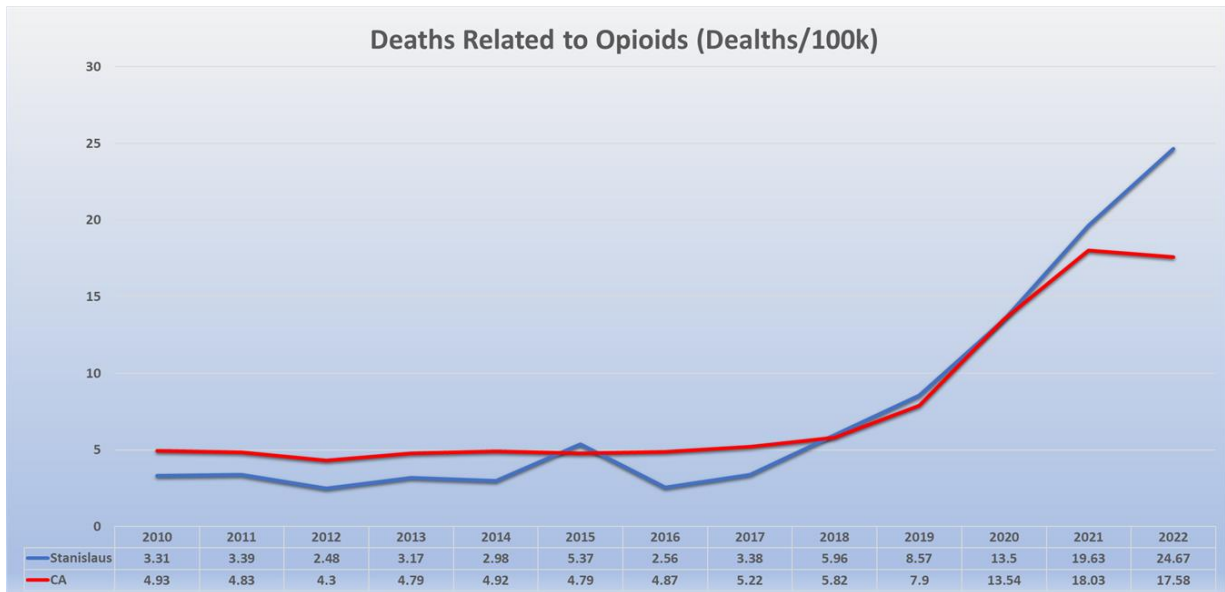


The following is the parameters for the 2024 STEMI and Stroke Scene Time Improvement Project.

- All Q2 STEMI & Stroke activation scene times > 20 minutes will be identified and the case sent to the providers for follow up with the crew.
- The agency will keep track of all crews who have STEMI or Stroke scene times greater than 20 minutes, looking for repeat offenders.
- Goal to get average scene time below 11 minutes for both STEMI & Stroke and to have 90% or more scene times less than 15 minutes.

2023 SCEMSA also began a Leave Behind Narcan program. SCEMSA applied to CA Narcan Distribution project and received 2400 Narcan kits. SCEMSA recognized the need to help with the opioid crisis in Stanislaus County, as Stanislaus County currently has a high opioid use and fatality problem. SCEMSA looked at the opioid death rate per 100k and the increased narcan use over the previous 3 years (2020-2023).





After examining this data and speaking with Stanislaus County Public Health Department, SCEMSA decided to develop and implement the Leave Behind Narcan program. Every fire and ambulance provider in Stanislaus County was given Leave Behind Narcan kits to distribute to the general public. Each kit has sticker with a QR code that gives a link to the CDPH leave behind narcan training video and an opportunity to collect information if a person would like follow up from a member of Stanislaus County Behavioral Health and Recovery Services team. The QR code also tracks generic non-identifying data (age, sex, and number of kits left with person).

SCEMSA also began the protocol and policy review process in 2023, as every policy and protocol was immediately adopted from MVEMSA when SCEMSA became a LEMSA on

July 1 2022. SCEMSA is planning to have each treatment protocol revised by the first quarter of 2025 and hopefully review and update every policy as needed.

Appendix

2023 Stanislaus County EMSA Quarterly QI Metrics

Advanced Airways - i Gel & ETT - goal 95% compliance

Overall protocol compliance	#DIV/0!
#pt's	Completed metric met %
Advanced Airway success rate	0 0 #DIV/0!
ETCO2 values documented initial & transfer	0 0 #DIV/0!
ETCO2 waveform attached initial & transfer	0 0 #DIV/0!
2 confirmation techniques documented	0 0 #DIV/0!
ETT success rate	0 0 #DIV/0!
i Gel success rate	0 0 #DIV/0!

Cardiac Arrest (medical) - goal 90% compliance

Overall compliance	#DIV/0!		
# arrests	Completed metric met %		
Initial Rhythm documented	0 0 #DIV/0!		
ETCO2 values documented	0 0 #DIV/0!		
Rhythm changes documented	0 0 #DIV/0!		
Protocol compliant	0 0 #DIV/0!		
All CPR pauses <10 seconds	0 0 #DIV/0!		
Arrests with pauses > 10 secs	0 0 #DIV/0!	Track & Trend metric	
Arrests with multi > 10 secs	0 0 #DIV/0!	Track & Trend metric	
ROSC	0 0 #DIV/0!	Track & Trend metric	

Cardiac Chest Pain - goal 90% compliance

Overall compliance	#DIV/0!		
# pt's	Completed metric met %		
1st medical contact - ECG < 10 minutes	0 0 #DIV/0!		
ASA given & documented in treatment	0 0 #DIV/0!		
NTG given & documented in treatment	0 0 #DIV/0!		
1st medical contact - ECG (avg.)	0 0 #DIV/0!	Track & Trend metric	
Pain management for pain > 5	0 0 #DIV/0!	Track & Trend metric	
Fentanyl administration	0	Track & Trend metric	
Morphine administration	0	Track & Trend metric	

STEMI's - goal 90% compliance					
Overall compliance	#DIV/0!				
	# pt's	Completed	metric met %		
1st medical contact - ECG <10 minutes	0	0	#DIV/0!		
1st medical contact - transport < 15 min	0	0	#DIV/0!		
ASA given & documented in treatment	0	0	#DIV/0!		
NTG given & documented in treatment	0	0	#DIV/0!		
STEMI Alert documented	0	0	#DIV/0!		
12 lead transmitted	0	0	#DIV/0!		
1st medical contact - Transport (avg)			#DIV/0!	Track & Trend metric	
1st medical contact - ECG (avg.)			#DIV/0!	Track & Trend metric	
Pain management for pain > 5	0	0	#DIV/0!	Track & Trend metric	
Fentanyl administration	0			Track & Trend metric	
Morphine administration	0			Track & Trend metric	

Stroke - goal 90% compliance					
Overall compliance	#DIV/0!				
	# pt's	Completed	metric met %		
1st medical contact - transport < 15 min	0	0	#DIV/0!		
CPSS performed and documented	0	0	#DIV/0!		
VAN performed and documented	0	0	#DIV/0!		
Glucose check documented	0	0	#DIV/0!		
LKWT documented	0	0	#DIV/0!		
Stroke Alert documented	0	0	#DIV/0!		
1st medical contact - transport (avg)			#DIV/0!	Track & Trend metric	

Sepsis - goal 90% compliance					
Overall compliance	#DIV/0!				
	#pt's	Completed	metric met %		
SIRS criteria documented	0	0	#DIV/0!		
Temp documented	0	0	#DIV/0!		
Sepsis Alert documented	0	0	#DIV/0!		
Fluid administration in ml (avg.)			#DIV/0!	Track & Trend metric	
Total transport time (avg.)			#DIV/0!	Track & Trend metric	

Pain Management - Track & Trend metric ALS units			
	#pt's	Completed	metric met %
Pain meds given for pain > 7	0	0	#DIV/0!
Pain score < or = to initial pain score	0	0	#DIV/0!

Trauma scene time non MCI - goal 90%			
Overall compliance	#DIV/0!		
	#pt's	Completed	metric met %
1st medical contact - transport < 15 min	0	0	#DIV/0!
Scene time (avg.)			#DIV/0!

Trauma - Track & Trend metrics

	#pt's	Completed	metric met %
Trauma Alert criteria documented	0	0	#DIV/0!
Trauma Alert documented	0	0	#DIV/0!
Trauma pt's transported via ground	0	0	#DIV/0!
Trauma pt's transported via air	0	0	#DIV/0!
Trauma pt's transported to trauma centers	0	0	#DIV/0!
Total MCI's			0
1st medical contact - transport MCI pt's (avg.)			#DIV/0!

Medication Audits
Controlled Substances - Fentanyl, Morphine, Versed
Fentanyl - 10% of administrations (minumum 20 admin or up to 100%)

Overall compliance	#DIV/0!				
	#pt's	Completed	metric met %		
Vitals before & after administration	0	0	#DIV/0!		
Pain score before & after each administration	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
Final pain score < or = to initial pain score	0	0	#DIV/0!	Track & Trend metric	
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric	

Morphine - 10% of administrations (minumum 20 admin or up to 100%)

Overall compliance	#DIV/0!				
	#pt's	Completed	metric met %		
Vitals before & after administration	0	0	#DIV/0!		
Pain score before & after each administration	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
Pain score < or = to initial pain score	0	0	#DIV/0!	Track & Trend metric	
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric	

Versed - 10% of administrations (minumum 20 admin or up to 100%)

Overall compliance	#DIV/0!				
	#pt's	Completed	metric met %		
vitals before & after each administration	0	0	#DIV/0!		
GCS before & after each administration	0	0	#DIV/0!		
SPO2 before & after administration	0	0	#DIV/0!		
Protocol compliant	0	0	#DIV/0!		
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric	

Local Optional Scope & High Risk Medications						
Ketamine - 100% audit						
Overall compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Vitals before & after administration	0	0	#DIV/0!			
Pain score before & after each administration	0	0	#DIV/0!			
ETCO2 utilized	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			
Pain score < or = to initial pain score	0	0	#DIV/0!	Track & Trend metric		

TXA - 100% audit						
Overall compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Systolic BP < 90 documented	0	0	#DIV/0!			
Vitals before & after administration	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric		

Push Dose EPI - 100% audit						
Overall compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Systolic BP < 90 documented	0	0	#DIV/0!			
Vitals before & after administration	0	0	#DIV/0!			
SPO2 documented	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			
ETCO2 utilized	0	0	#DIV/0!	Track & Trend metric		

BLS Narcan - 100% audit						
Overall compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Resp < 10 documented in vitals	0	0	#DIV/0!			
Vitals documented before & after admin	0	0	#DIV/0!			
SPO2 documented before & after administration	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			

BLS Epinephrine IM - 100% audit						
Overall compliance	#DIV/0!					
	#pt's	Completed	metric met %			
Allergic signs and symptoms documented	0	0	#DIV/0!			
Vitals documented before and after admin	0	0	#DIV/0!			
SPO2 doc before and after administration	0	0	#DIV/0!			
Protocol compliant	0	0	#DIV/0!			

Infrequent Skills - 100% audit

i Gel							
Overall success rate	#DIV/0!						
	#pt's	Successful	Success rate%				
1st pass success rate	0	0	#DIV/0!				
ETCO2 values documented initial & transfer	0	0	#DIV/0!				
ETCO2 waveform attached initial & transfer	0	0	#DIV/0!				
SPO2 values (if applicable)	0	0	#DIV/0!				
2 confirmation techniques documented	0	0	#DIV/0!				
	#pt's	Placed	Placement %				
ALS placement	0	0	#DIV/0!	Track & Trend metric			
BLS placement	0	0	#DIV/0!	Track & Trend metric			

ETT

Overall success rate	enter value						
	#pt's	Successful	Success rate%				
1st pass success rate	0	0	#DIV/0!				
ETCO2 values	0	0	#DIV/0!				
ETCO2 waveform attached	0	0	#DIV/0!				
SPO2 values (if applicable)	0	0	#DIV/0!				
ETT tube depth documented (lips or teeth)	0	0	#DIV/0!				
2 confirmation techniques documented	0	0	#DIV/0!				

CPAP - BLS

Overall success rate	enter value						
	#pt's	Successful	Success rate%				
Lung sounds documented	0	0	#DIV/0!				
SPO2 documented before & after placement	0	0	#DIV/0!				
Vitals before & after placement	0	0	#DIV/0!				
CPAP settings documented	0	0	#DIV/0!				
Protocol compliant	0	0	#DIV/0!				

Needle Cricothyrotomy

Overall success rate	enter value						
	#pt's	Successful	Success rate%				
Lung sounds documented	0	0	#DIV/0!				
SPO2 documented	0	0	#DIV/0!				
Vitals documneted	0	0	#DIV/0!				
Protocol compliant	0	0	#DIV/0!				

Needle Decompression

Overall success rate	enter value				
	#pt's	Successful	Success rate%		
Lung sounds documented	0	0	✓ #DIV/0!		
SPO2 documented	0	0	✓ #DIV/0!		
Vitals before and after placed documented	0	0	✓ #DIV/0!		
Decompression site documented	0	0	✓ #DIV/0!		
Protocol compliant	0	0	✓ #DIV/0!		
ETCO2 used and documented	0	0	✓ #DIV/0!	Track & Trend metric	

Synchronized Cardioversion

Overall success rate	enter value				
	#pt's	Successful	Success rate%		
Rhythm documented	0	0	✓ #DIV/0!		
Vitals before and after cardioversion	0	0	✓ #DIV/0!		
Pt response documented	0	0	✓ #DIV/0!		
ECG strips attached to epcr	0	0	✓ #DIV/0!		
Protocol compliant	0	0	✓ #DIV/0!		
ETCO2 used and documented	0	0	✓ #DIV/0!	Track & Trend metric	

Transcutaneous Pacing

Overall success rate	enter value				
	#pt's	Successful	Success rate%		
Vitals before and after application	0	0	✓ #DIV/0!		
SBP < 90 & HR < 50	0	0	✓ #DIV/0!		
Pacing rate and energy documented	0	0	✓ #DIV/0!		
Protocol compliant	0	0	✓ #DIV/0!		
ETCO2 used and documented	0	0	✓ #DIV/0!	Track & Trend metric	

IO Insertion - Adult

Overall success rate	enter value				
	#pt's	Successful	Success rate%		
1st Pass success rate	0	0	✓ #DIV/0!		
IO location - tibial	0	0	✓ #DIV/0!		
IO location - humeral	0	0	✓ #DIV/0!		

IO Insertion - Pediatric

Overall success rate	✓ #DIV/0!				
	#pt's	Successful	Success rate%		
1st Pass success rate	0	0	✓ #DIV/0!		

Tourniquets - Track & Trend metric

	#pt's	Successful	Success rate%
Vitals before and after application	0	0	#DIV/0!
Approx amount of blood loss documented	0	0	#DIV/0!
Protocol compliant	0	0	#DIV/0!
Tourniquet location - upper extremity	0	0	#DIV/0!
Tourniquet location - lower extremity	0	0	#DIV/0!
Blood loss (ml) Average			#DIV/0!

Hemostatic Dressings - Track & Trend metric

	#pt's	Successful	Success rate%
Vitals before and after application	0	0	#DIV/0!
Approx amount of blood loss documented	0	0	#DIV/0!
Protocol compliant	0	0	#DIV/0!
Hemostatic Dressing - lower extremity	0	0	#DIV/0!
Hemostatic Dressing - upper extremity	0	0	#DIV/0!
Hemostatic Dressing - other location	0	0	#DIV/0!
Blood loss (ml) Average			#DIV/0!



**Stanislaus County Sheriff's Office
Emergency Services Division**

**Erik Klevmyr
Interim Chief of Emergency Services**

**Chad R. Braner
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Stanislaus County EMS Agency Regional STEMI Plan

Contents

Executive Summary.....	2
Regional STEMI Overview.....	3
EMS Agency personnel who have a role in STEMI systems of care:.....	3
Designated STEMI Center facilities and agreement expiration dates:	3
Policies related to STEMI Center Designation	3
Stanislaus County STEMI systems of care Goals and Objectives	4
Data Collection.....	4
Pre-Hospital STEMI Data Metrics:.....	5
STEMI Referral Hospital Metrics:	6
STEMI Receiving Center Metrics:.....	8
Quality Improvement	10
Regional STEMI Committee	10
Public Education:	10
Inter-Facility Transfers	10
Appendices	12
Appendix 1B.....	12
Appendix 1C	16
ADULT	16
Appendix 1D	17

Executive Summary

California statute requires the Emergency Medical Services Authority (EMSA) adopt necessary regulation to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary taskforce for the development of ST-Elevation Myocardial Infarction (STEMI) Care Committee and the development of STEMI System of Care Regulations for California.

California's Statewide STEMI Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.1. These regulations outline the requirements of all components of the STEMI Critical Care System including the Local EMS Agency, pre-hospital providers, and hospitals.

Stanislaus County EMS Agency has many of these requirements in place since forming its Regional STEMI Systems of Care in 2004 including prehospital care policies to identify STEMI patients, designated STEMI receiving hospitals, and destination policies.

Stanislaus County EMS Agency is a single county agency under the division of the Sheriff's Department that serves as the Local EMS Agency (LEMSA).

In 2023, Stanislaus County had a population of 548,000 people and contains a total area of 1,515 square miles. The county ranges from rural areas to large suburban areas, with access to two large freeway roads. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County, and Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson and Newman.

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel or visit the County.

Data management, quality improvement and the evaluation process all play a vital role in providing high quality care to the cardiac patient and have been included as critical components to STEMI regulation. The overall goal of regulations is to reduce morbidity and mortality from acute heart disease by improving the delivery of emergency medical care within the communities of California.

As a requirement of California Regulation, this document is to serve as a formal written plan for Stanislaus County EMS Agency STEMI Critical Care System.

Stanislaus County EMS Agency's STEMI Critical Care System Plan has been written in accordance with Title 22, Division 9, Chapter 7.2 of the California Code of Regulations.

Regional STEMI Overview

EMS Agency personnel who have a role in STEMI systems of care:

- Erik Klevmyr, Interim Chief of Emergency Services Division
- Chad Braner, EMS Director
- Alex Schmalz, EMS Medical Director
- Samantha Brown, EMS Assistant Medical Director
- Justin Murdock, EMS Coordinator
- Dave Murphy, EMS Coordinator

Designated STEMI Center facilities and agreement expiration dates:

- Memorial Medical Center, Modesto, Ca - STEMI Receiving Center
 - STEMI agreement expiration date: October 1, 2024
- Doctors Medical Center, Modesto, Ca - STEMI Receiving Center
 - STEMI agreement expiration date: December 31, 2027
- Emanuel Medical Center, Turlock Ca – STEMI Receiving Center
 - STEMI agreement expiration date: December 31, 2027

Policies related to STEMI Center Designation

Stanislaus County EMS Agency has designated Memorial Medical Center, Doctors Medical Center and Emanuel Medical Center as STEMI Receiving centers within the county, which service a large catchment area that extends into multiple counties, including:

- Merced
- Tuolumne
- Parts of Calaveras
- Southern San Joaquin County, such as Ripon, Manteca, and Salida.
- See Appendix 1A (520.00 EMS STEMI Receiving Center Designation)

Policy related to STEMI patient identification and destination:

- See Appendix 1B. (530.00 STEMI Triage and Destination)
- See Appendix 1C. (Coronary Ischemia Chest Pain)

Policy for field communication to the receiving hospital

- See Appendix 1B. (530.00 STEMI Triage and Destination)

Stanislaus County STEMI systems of care Goals and Objectives

Stanislaus County EMS agency is committed to improving cardiovascular treatment and response in our community and neighboring communities. Stanislaus County EMS Agency hosts a quarterly meeting for evaluation of pre-hospital and hospital data elements, which assesses performance of the overall STEMI systems of care. The goals and objectives of the regional STEMI committee is to continue to provide a high level of care to patients in need of emergent cardiovascular treatment, evaluate trending changes in cardiovascular care, and provide education to the EMS and hospital community through planned yearly conferences. The Regional STEMI systems of care focus on the following objectives:

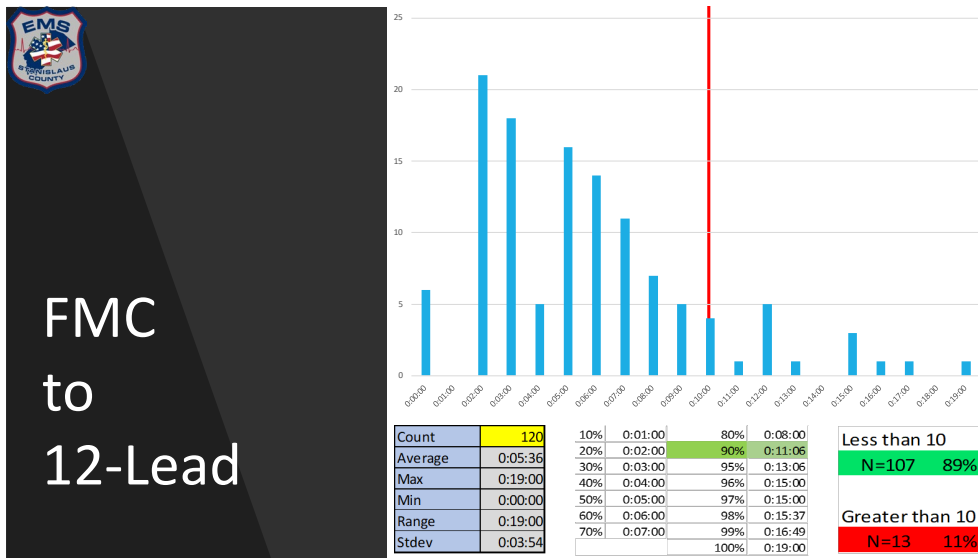
- Assess Stanislaus County's STEMI systems of care performance, evaluating both EMS and Chest Pain Centers critical care services.
- Evaluate best practices in the field of cardiovascular treatment for efficacy within the county.
- Foster relationships, and mentorships with neighboring counties without STEMI systems of care.
- Develop and plan yearly educational conferences for EMS and hospital staff.

Data Collection

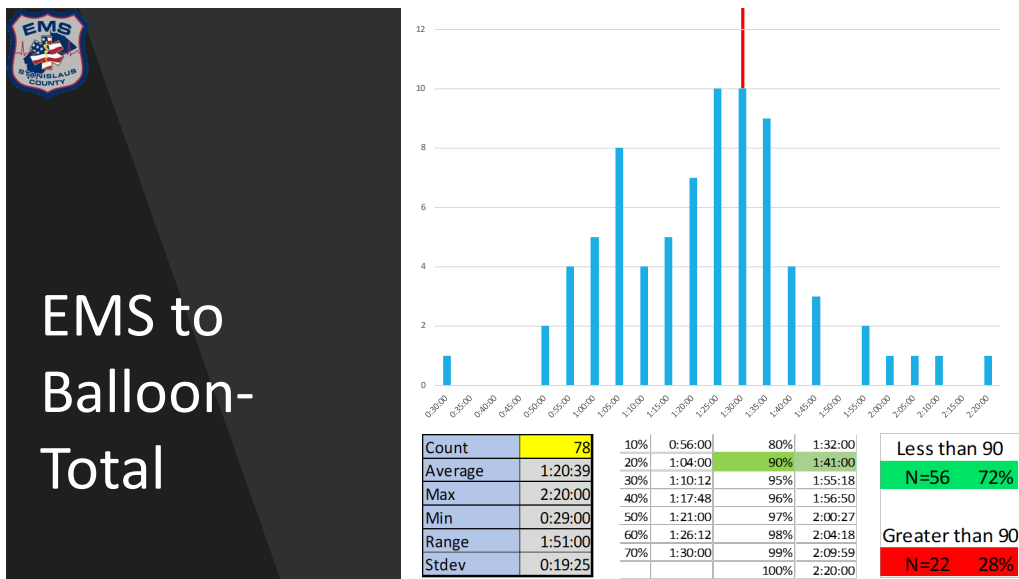
Stanislaus County EMS Agency reviews select STEMI cases and all data quarterly at Regional STEMI meeting. This group is comprised of all stakeholders within our region that participate in STEMI care, including but not limited to EMS, Fire, STEMI Receiving Centers, and STEMI Referral Hospitals. We track and trend all the following Pre-Hospital and hospital STEMI data metrics. Due to the establishment of the new EMS Agency, we were required to submit a STEMI plan to establish an approved STEMI system of care. The data, and management of this program is done manually through data collection from the hospitals, which is submitted 30-60 days after the previous quarters end. Due to this system design, a complete years' worth of data is not yet available as this STEMI plan was prepared before the end of the 4th quarter in 2022. Examples of data collection, monitor, and review at the regional STEMI meetings are provided below, and include a collated summary of quarters 1 and 2 from the 2022 Calendar year:

Pre-Hospital STEMI Data Metrics:

- First Medical Contact, to 12 Lead acquisition

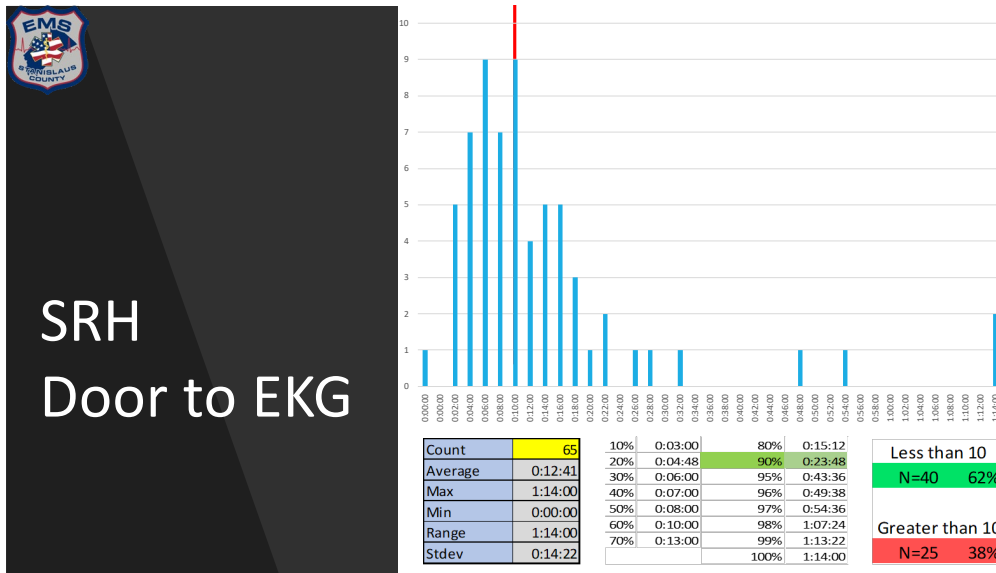


- First Medical Contact to Device.

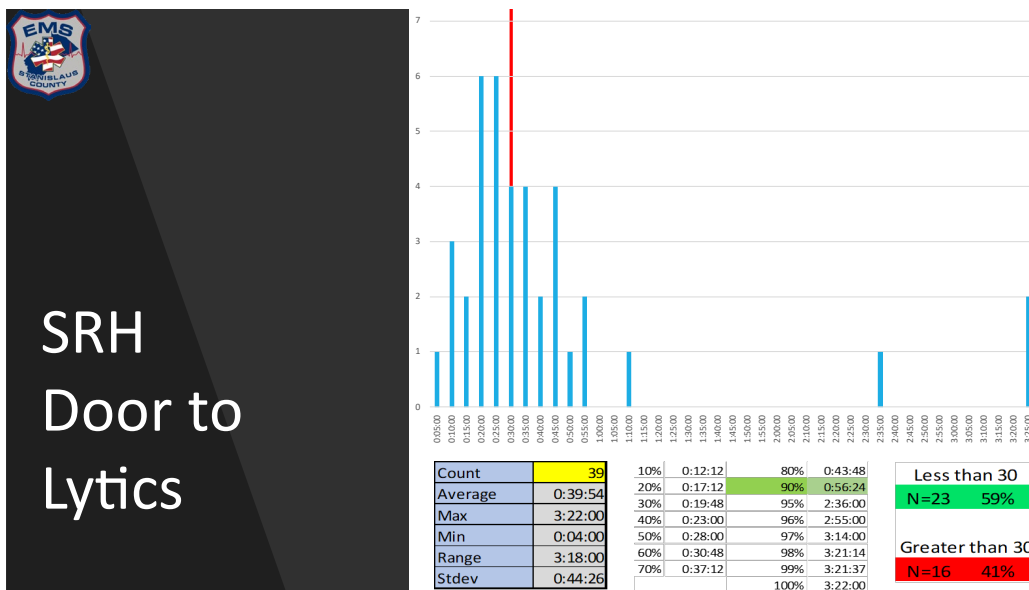


STEMI Referral Hospital Metrics:

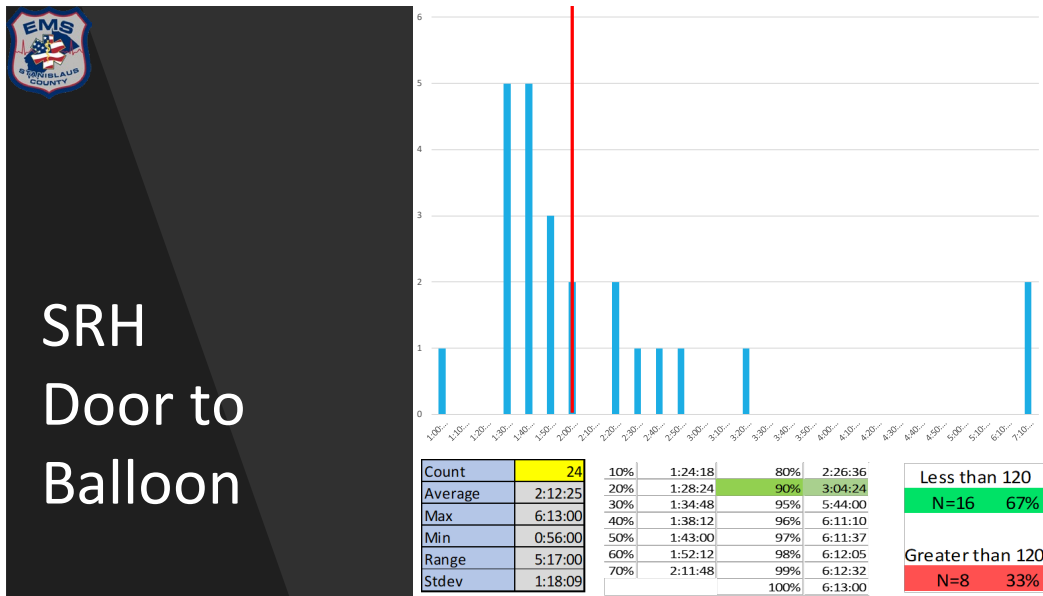
- STEMI Referral Hospital Door to EKG acquisition time.



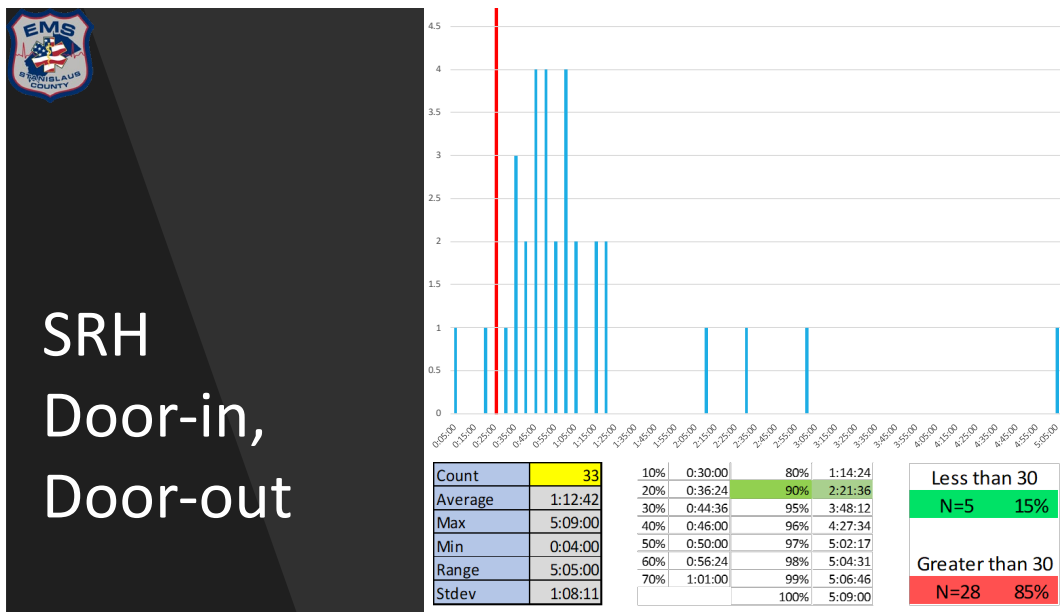
- STEMI Referral Hospital Door to Thrombolytic administration.



- STEMI Referral Hospital Door to Device.

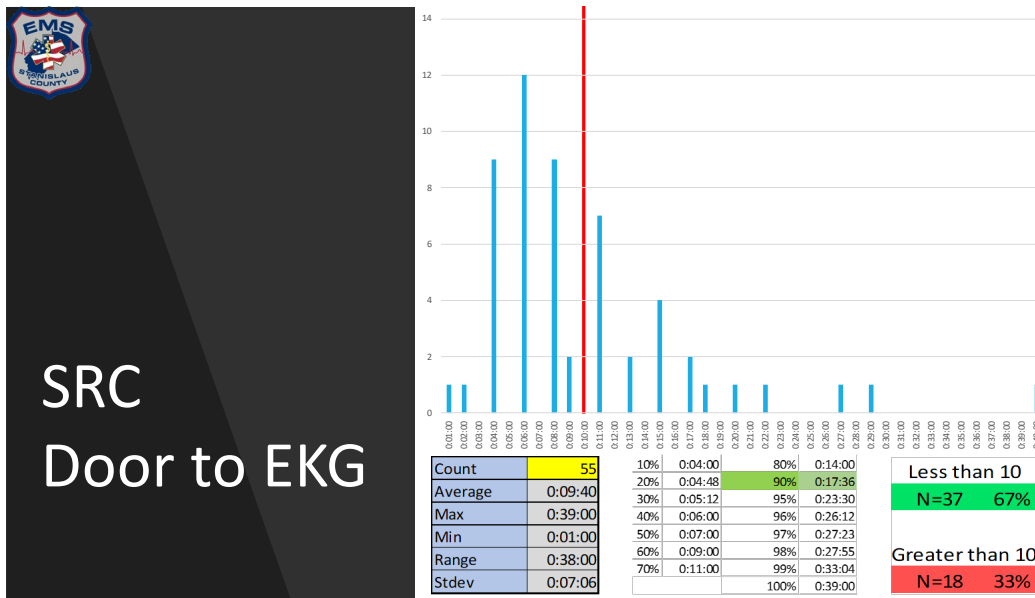


- STEMI Referral Hospital Door-in, to Door-out.

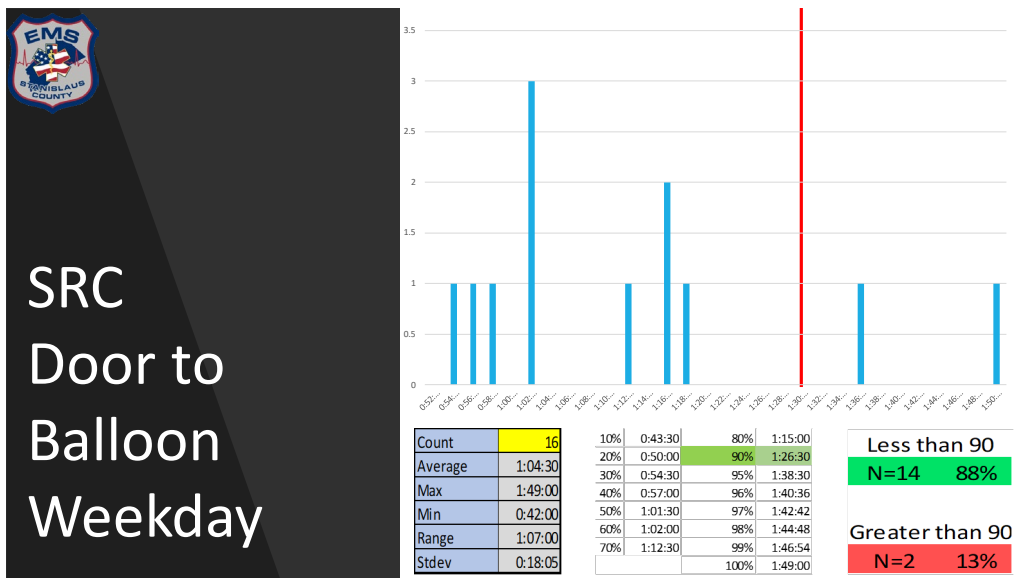


STEMI Receiving Center Metrics:

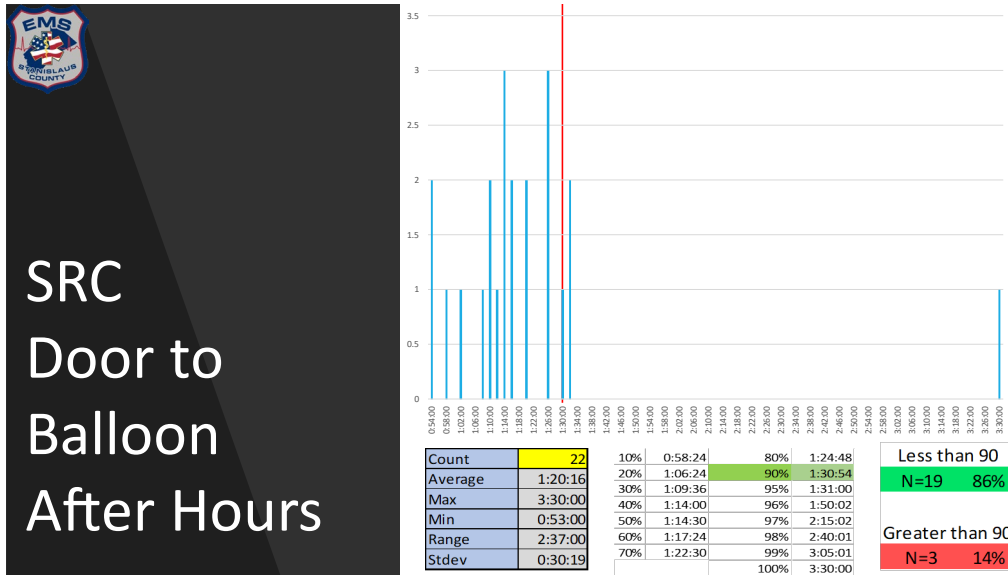
- STEMI Receiving Center Door to EKG acquisition.



- STEMI Receiving Center Door to Device Weekday (M-F, 0800-1500, no Calendar Holidays).



- STEMI Receiving Center Door to Device, Weekend (Saturday, Sunday, M-F, 1500-0800, Calendar Holidays).



Quality Improvement

Regional STEMI Committee

Stanislaus County EMS Agency hosts a Regional STEMI Systems of Care meeting quarterly. This is a multi-disciplinary advisory group to the EMS Medical Director and Agency QI Personnel whose purpose is to review STEMI care and drive process change. It is comprised of designated representatives from the EMS Agency, designated STEMI Receiving Centers, in-county and out-of-county STEMI Referral Hospitals, and ALS provider agencies. This meeting links prehospital and hospital care to offer a high-level overview and drives system changes to improve cardiac care throughout Stanislaus County, and Surrounding catchment area.

In Stanislaus County, all ALS providers utilize Physio Control Lifepak 15 cardiac monitors that can transmit 12-lead EKGs to our STEMI receiving Centers. This process has proven to reduce the door to Cardiac Cath Lab time, thus enhancing patient care. EMS notify the hospital by activating a “STEMI ALERT” via radio contact with the receiving STEMI facility and transmit their 12-lead EKG electronically. Additionally, false positive STEMI rates activated through the EMS system are collected from the STEMI receiving centers and provided to Stanislaus County LEMSA.

In February of each calendar year, the three designated STEMI Receiving Centers cooperatively host “Cardiovascular Conference.” Topics surround cardiovascular care, Stroke care, innovative ideas, and EMS processes. These events are rotated evenly amongst our three designated centers annually with Emanuel Medical Center hosting the event in 2021.

Public Education:

Public education is vitally important in the ongoing recognition and treatment of STEMI and cardiac arrest patients. Examples of public education provided by Stanislaus County are below:

- Community “Hands Only CPR”. The amount of people trained at these events are tracked quarterly with a yearly average of 1500 community members trained.
- Regional “Cardiovascular Conference” annually.
- Annual “Heart Walk” conducted by the STEMI Receiving Centers.

Inter-Facility Transfers

Within the county, 3 of 5 receiving hospitals are currently certified by the American College of Cardiology, as a chest pain center. Although infrequent, there may be times when a STEMI patient needs to be transferred from one acute care facility to another. For this reason, STEMI Centers have plans developed that include:

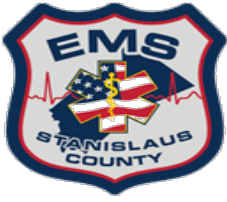
- Pre-arranged agreements with STEMI receiving hospitals for transfer of patients.
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments.

Occasionally, patients may benefit by being transferred emergently from a non-STEMI-receiving hospital to a STEMI-receiving hospital. In these cases, emergency transfer protocols are in place for an emergent interfacility transport.

Additionally, EMS Agencies and hospitals from neighboring counties are invited to the quarterly Stanislaus County STEMI meeting. Stanislaus designated STEMI facilities provide insight and build relationships with the neighboring facilities that do not have cardiac specialty services, and often discuss any recent issues with interfacility transfers. All Stanislaus County STEMI hospitals provide timely feedback to non-cardiac hospitals if there are identified areas for improvement such as obtaining a timely electrocardiogram or beginning thrombolytics prior to transfer.

Stanislaus County has a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals. Policy 580.11; Ambulance Transfers; outlines transfer agreements, medical control, and levels of care to ensure that patient needs are being met while providing quality rapid transport to definitive treatment.

- See Appendix 1D (580.11 Ambulance Transfers)



Stanislaus County Emergency Medical Services Agency

Policy Number: **530.00**

Title: **STEMI TRIAGE/DESTINATION**

REVIEW DATE: **4/15/2021**

EFFECTIVE DATE: **4/15/2016**

STEMI TRIAGE AND DESTINATION

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170

II. DEFINITIONS

- A. **STEMI** - means an acute myocardial infarction that generates a specific type of ST-segment elevation on a 12-lead ECG.
- B. **STEMI Alert** - is a report from prehospital personnel that notifies a STEMI Receiving Center or STEMI Referral Hospital as early as possible that a patient has a specific computer-interpreted Prehospital 12-lead ECG indicating a STEMI.
- C. **STEMI Receiving Center (SRC)** - is a hospital in the Stanislaus County EMS Agency region that has an interventional cardiology lab licensed by the Department of Health Services which provides emergent cardiac catheterization 24 hours a day, 7 days a week, 365 days a year, with an established quality assurance program and a written commitment by the hospital administration supporting the center's interventional cardiology mission for STEMI patients.
- D. **STEMI Referral Hospital (SRH)** - is any hospital in the Stanislaus County EMS Agency region that lacks the availability or continuous availability of 24/7/365 cardiac catheterization. These hospitals will have the ability to administer thrombolytics to a STEMI patient. These hospitals will also have written transfer policies for STEMI patients to STEMI Receiving Centers.
- E. **STEMI Patient** - means a patient 18 years of age or greater who has received a 12-lead electrocardiogram in the pre-hospital environment that stipulates ***Acute MI Suspected*** or "ECG Suggestive of Acute MI" on the computer interpretation on the ECG.
- F. **Pre-Hospital Care Provider** - means the ambulance service provider, fire service agency, or any other emergency service provider authorized by Stanislaus County EMS Agency.

A. **ALS** - means Advanced Life Support, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code.

II. PURPOSE

To establish guidelines for prehospital personnel to identify and transport patients with acute ST-Elevation Myocardial Infarction (STEMI) who may benefit from the rapid response and specialized services of a STEMI Receiving Center (SRC).

III. POLICY

This policy applies to adult patients with chest pain or symptoms suggestive of Acute Coronary Syndrome (ACS) with a 12-lead ECG demonstrating elevated ST-segments indicating a specific type of myocardial infarction.

IV. TRIAGE

A. Patients with chest pain or symptoms suggestive of Acute Coronary Syndrome (ACS) shall have a 12-lead ECG performed.

1. 12-lead ECG's showing suspected STEMI will be transmitted to SRC by Pre-hospital Care Provider's 12-lead ECG transmission device.
2. Exceptions include patients who are not cooperative with the procedure or patients in whom the need for critical resuscitative measures preclude performance of 12-lead ECG.
3. Paramedic shall review the 12-lead ECG tracing in all instances to assure that little or no artifact exists (steady baseline, lack of other electrical interference, complete complexes present in all 12 leads). Repeat ECG may be necessary to obtain an accurate tracing.

B. If computerized interpretation of accurately performed 12-lead ECG indicates either ***Acute MI*** or ***Acute MI Suspected*** or ***STEMI***, the patient qualifies as a candidate for transport to a STEMI Receiving Center. Patients without these findings shall be transported per SCEMSA Policy 511.00.

Note: Hypotensive STEMI patients should be transported to the closest ED.

V. DESTINATION

- A. With consent, a patient with an identified STEMI should be transported to a designated STEMI Receiving Center if estimated transport time is 60 minutes or less. If the patient has a preference or has a cardiologist associated with a designated STEMI Receiving Center, the patient shall be transported to their preferred hospital. If the patient does not have a preference, the patient shall be transported to the NEAREST STEMI Receiving Center.
- B. If transport time to a STEMI Receiving Center is estimated to be greater than sixty (60) minutes, the patient shall be transported to a designated STEMI receiving center in an

adjoining county if transport time is less than 60 minutes to that center. In cases where there is no SRC within 60 minutes the patient shall be transported to the nearest STEMI Referral Hospital.

- A. Unstable STEMI patients shall be diverted to the nearest emergency department. Unstable STEMI patients are defined as any ONE of the following:
 - 1. Patients under CPR
 - 2. Inability to ventilate and/or oxygenate the patient with BLS maneuvers.
- B. A STEMI Receiving Center may request advisory status for incoming STEMI patients only when:
 - 1. The STEMI Receiving Center is on internal disaster; or
 - 2. The Cardiac Catheterization laboratory is closed for repair or upgrade.

II. STEMI ALERT/PATIENT REPORT

- A. The STEMI Alert should contain the following information:
 - 1. Situation:
 - a. Identification of the call as a “STEMI Alert.”
 - b. Estimated time of arrival in _____ minutes for STEMI.
 - c. Patient age and gender
 - d. Confirm ECG states ***Acute MI*** or ***Acute MI Suspected*** or ***STEMI***
 - e. If patient elects to go to a facility that is not a STEMI designation receiving center
 - f. Any urgent patient concerns
 - 2. Background:
 - a. Patient presenting complaint including any duration and presence/absence of chest pain, pressure, jaw pain, or SOB.
 - b. Pertinent past cardiac history including presence of a pacemaker
 - 3. Assessment:
 - a. General Impression

- a. Patient improved or worse since on scene
- b. Pertinent vital signs and significant abnormal physical examination findings
- 2. Treatment:
 - a. Prehospital treatment given and response to treatment

II. DOCUMENTATION

- A. A copy of the 12-lead ECG shall be delivered to the nurse or doctor caring for the patient at arrival in the Emergency Department
- B. A copy of the 12-lead ECG shall be generated for inclusion in the Prehospital Patient Care Report (PCR) or incorporated via electronic means into the record. The finding of STEMI on 12-lead ECG and confirmation of the STEMI Alert shall also be documented on the PCR.



CORONARY ISCHEMIA CHEST PAIN

ADULT

BLS Procedures

Assess Vitals.
Obtain spO₂.
Oxygen. Titrate to SPO₂ to 94% or higher.
Provide calming measures.

Aspirin 324 mg PO.

Assist with Nitroglycerin 0.4 mg Sublingual.

- May assist if patient has existing Nitroglycerin prescription.
- Do not administer if SBP less than 100 mmHg.
- May repeat every 5 minutes.
- Max of 3 total doses (1.2mg total)

ALS Standing Orders

Follow BLS procedure if applicable.

Obtain ECG & 12-lead.

- Shall obtain 12-lead within 10 minutes of patient contact or document the reason for delay in PCR.
- If accurately obtained 12-lead ECG interpretation reveals ***ACUTE MI/SUSPECTED*** or manufacturer equivalent, expedite transport to SRC, and transmit ECG to STEMI Receiving Center.

IV/IO Access as needed.

Utilize ETCO₂ for patients receiving narcotics.

Nitroglycerin 0.4 mg Sublingual.

- May repeat every 5 minutes.
- Max of 3 total doses (1.2 mg), including NTG taken by patient, or NTG assisted by BLS.

Utilizing Paramedic judgment, refer to "Pain Management" protocol if pain persists after Nitroglycerin administration.

Contraindications

Nitroglycerin

- SBP less than 100mmHg
- PDE-5 inhibitors within 24 hours
 - PDE-5 inhibitors include Sildenafil (Viagra), Avanafil (Stendra), Tadalafil (Cialis), Vardenafil (Levitra and Staxyn), or equivalent.

Special Considerations

- Accurate 12-Lead ECG means minimal to no artifact, with a steady and straight baseline tracing.
- Repeat ECG's may be necessary to achieve an accurate 12-Lead ECG
- Female, geriatric, and diabetic patients often have atypical pain/discomfort. Have a high index of suspicion for these patients and perform early 12-Lead ECG

Base Hospital Orders Only

Contact Base Hospital physician for treatment that exceeds written protocol



Stanislaus County

Emergency Medical Services Agency

POLICY NO. 580.11

Title: Ambulance Interfacility Transfer

REVIEW DATE: 04/01/2025

EFFECTIVE DATE: 05/10/2023

APPROVAL SIGNATURES ON FILE AT EMS AGENCY OFFICE

AMBULANCE INTERFACILITY TRANSFER POLICY

I. AUTHORITY

In accordance with Section 1798.172 of Division 2.5 of the Health and Safety Code, the local EMS agency shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals with varying levels of care in the jurisdiction of the local EMS agency consistent with Sections 1317 to 1317.9a, inclusive, and Chapter 5 (commencing with Section 1798).

II. DEFINITIONS

- A. "Agency" means Stanislaus County Emergency Medical Services Agency
- B. "Authorized Patient Transport Provider" means an Agency approved ambulance provider that has the capability to provide service in the jurisdiction in which the hospital is located.
- C. "EMTALA" means the U.S. Department of Health and Human Services Emergency Medical Treatment and Active Labor Act (*DHHS/CMS 42 CFR Part 489*)
- D. Disaster Control Facility (DCF) - a facility approved by the Agency that, in the event of a multi-casualty incident (MCI), will assume the primary responsibility for patient dispersal decisions.
- E. "Interfacility transfer" means the transfer of a patient by an ambulance from a hospital emergency department or a hospital inpatient area hereafter referred to as "facility", to any other facility for the purpose of evaluation or treatment at a higher level of care.
- F. "Transfer" means the movement of a patient, determined to be a medical or trauma patient that has received a Medical Screen Exam (MSE), from a hospital's facilities at the direction of any person employed by or affiliated with the hospital. This includes transfers to another facility for diagnostic testing.

III. PURPOSE

To ensure that all transfers that occur within the region are conducted in compliance with Federal EMTALA regulations. To serve as a treatment standard for Emergency Medical Technician (EMT)s, Paramedic, and Critical Care Transport (CCT) in transferring patients between acute care hospitals and other facilities.

I. POLICY

A. Direct Admission Transfers

1. The transferring hospital shall comply with all EMTALA documentation and destination requirements prior to the transfer of the patient to another facility.
2. The destination of patients being transferred from an Acute Care Facility shall not be directed by the DCF regardless of MCI or System Saturation status.
3. An Agency approved Interfacility Transfer Form shall be completed for each patient being transported on all transfers.

B. A patient is to be transferred in a vehicle that is staffed by qualified trained personnel and that contains life support equipment appropriate to the patient's condition. During transfers, pre-hospital personnel will follow SCEMSA policies, and use only those medications and procedures for which they are trained and authorized by SCEMSA policy are and within their own scope of practice.

C. It may be necessary for additional specialized personnel to be arranged by the transferring hospital to accompany the patient whenever appropriate. These personnel staffing options are as follows:

1. Emergency Medical Technician (EMT)/Physician Transport.
 - a. The physician accompanying the patient will provide/direct medical treatment.
2. EMT/Transferring Hospital Registered Nurse (RN) Transport:
 - a. The transferring hospital shall provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by the transferring or receiving physician via telephone or radio.
3. EMT/RN (CCT) Transport:
 - a. The transferring hospital shall provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by either the transferring or receiving physician, or the provider medical director.
4. Paramedic Transport:
 - a. The transferring hospital shall provide written orders for patient care. The transferring physician/hospital should be familiar with the Stanislaus County EMS Agency policy 256.00 "Emergency Medical Technician – Paramedic scope of practice".
5. EMT Transport:
 - a. The transferring hospital should provide written orders for patient care. The transferring physician/hospital should be familiar with the Stanislaus County EMS Agency policy 236.00 "EMT Scope of Practice".

I. PROCEDURE

- A. Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.
- B. The transferring facility shall make the necessary arrangements for the transfer (including accompanying personnel where appropriate) in compliance with the agreement reached between the transferring physician and receiving physician.
- C. The transferring facility will call the authorized patient transport provider, or call center, and arrange for appropriate transportation. If warranted by his or her condition, the patient shall be accompanied by appropriate medical personnel. The transferring facility is obliged to provide appropriate personnel if the patient's treatment needs are beyond the scope of practice of the transport personnel.
- D. The following medical records shall accompany the patient:
 - 1. A summary of care received prior to the transfer.
 - 2. Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.
 - 3. Copies/originals of all pertinent x-rays, sonograms, CT scans, ECGs, and other diagnostic tests.
 - 4. Copies of pre-hospital care forms including paramedic run reports and Emergency Department records where applicable.
- E. If transport originates from a licensed medical facility, a verbal report on the patient by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physician Assistant (PA) or Physician (MD) shall be made to the transport crew prior to transport.
- F. Written orders shall be provided to the transport personnel, as appropriate, on the transfer sheet and signed by the transferring physician. If the written orders vary from the Stanislaus County EMS Agency treatment policies, the written orders must be within the medical personnel approved local scope of practice.
- G. The transferring facility personnel shall utilize an Agency approved Interfacility Transfer Form, with checklist and transfer orders, to ensure that the patient has been appropriately prepared for transport. This Transfer form shall accompany the patient, and the receiving facility shall review and complete the form when the patient arrives and forward a copy of the completed form and the Patient Care Report, with arrival time, to the EMS Agency.
- H. Hospitals should execute and maintain transfer agreement(s) with other health facilities that offer a higher level of accepted specialty care services. Hospitals with transfer agreements should have a written policy that clearly establishes internal administrative and professional patient transfer responsibilities.
- I. During any transfer, if the patient's condition deteriorates and requires treatment not covered by physician order, or Stanislaus County EMS Agency scope of practice and treatment protocols, the transferring ambulance shall immediately divert to the closest receiving hospital. Ambulance personnel shall notify all involved hospitals of their diversion and the patient's status as soon as possible.



**Stanislaus County Sheriff's Office
Emergency Services Division**

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Stanislaus County EMS Agency Regional Stroke Plan

Contents

Executive Summary.....	2
Regional Stroke Overview	3
EMS Agency personnel who have a role in Stroke systems of care:	3
Designated Stroke Center facilities and agreement expiration dates:	3
Policies related to Primary Stroke Center Designation	3
Stanislaus County Stroke systems of care Goals and Objectives	4
Data Collection	4
Pre-Hospital Stroke Data Metrics	4
Inter-Facility Transfers	7
Quality Improvement.....	7
Regional Stroke Committee.....	7
Public Education:	7
Appendices	8
Appendix 1A	8
Appendix 1B.....	12
Appendix 1C.....	18

Executive Summary

California statute requires the Emergency Medical Services Authority (EMSA) adopt necessary regulation to carry out the coordination and integration of all state activities concerning Emergency Medical Services (EMS) (Health and Safety Code §1797.107).

In addition, State statute allows the EMS Authority to establish guidelines for hospital facilities, in cooperation with affected medical organizations, according to critical care capabilities (Health and Safety Code §1798.150).

As a result of these statutes, the EMS Authority established a multidisciplinary stroke taskforce for the development of Stroke System of Care Regulations for California.

California's Statewide Stroke Critical Care System is described in the California Code of Regulations; Title 22, Division 9, Chapter 7.2. These regulations outline the requirements of all components of the Stroke Critical Care System including the Local Emergency Medical Services Agency (LEMSA), prehospital providers, and hospitals.

Stanislaus County EMS Agency has many of the processes in place to meet EMSA guidelines and regulation, including prehospital care policies to identify stroke patients, designated stroke receiving hospitals, and stroke patient destination policies.

Stanislaus County EMS Agency is a single county agency under that division of the Sheriff's Department that serves as the Local EMS Agency (LEMSA).

In 2023, Stanislaus County had a population of 548,000 people and contains a total area of 1,515 square miles. The county ranges from rural areas to large suburban areas, with access to two large freeway roads. Highway 99 runs through Stanislaus County from the Merced County border to the border of San Joaquin County, and Interstate 5 touches the most western portion of Stanislaus County near the city of Patterson and Newman.

The mission of Stanislaus County EMS Agency is to ensure the Emergency Medical Services System is providing the highest standard of care in a cost-effective manner and to provide the framework for quality improvement to the citizens residing in the County and for those who travel or visit the County.

Data management, quality improvement and the evaluation process all play a vital role in providing high quality care to the stroke patient and have been included as critical components to stroke regulation. The overall goal of regulations is to reduce morbidity and mortality from acute stroke disease by improving the delivery of emergency medical care within the communities of California.

As a requirement of California Regulation, this document is to serve as a formal written plan for Stanislaus County EMS Agency Stroke Critical Care System.

Stanislaus County EMS Agency's Stroke Critical Care System Plan has been written in accordance with Title 22, Division 9, Chapter 7.2 of the California Code of Regulations.

Regional Stroke Overview

EMS Agency personnel who have a role in Stroke systems of care:

- Erik Klevmyr, Interim Chief of Emergency Services Division
- Chad Braner, EMS Director
- Alex Schmalz, EMS Medical Director
- Samantha Brown, EMS Assistant Medical Director
- Justin Murdock, EMS Coordinator
- Dave Murphy, EMS Coordinator

Designated Stroke Center facilities and agreement expiration dates:

- Memorial Medical Center, Modesto, Ca – Primary Stroke Receiving Center
 - Stroke agreement expiration date: December 31st, 2027
- Doctors Medical Center, Modesto, Ca – Comprehensive Stroke Receiving Center
 - Stroke agreement expiration date: December 31st, 2027
- Kaiser Modesto, Modesto Ca – Primary Stroke Receiving Center
 - Stroke agreement expiration date: December 31st, 2027

Policies related to Primary Stroke Center Designation

Stanislaus County EMS Agency has designated Memorial Medical Center, as well as Kaiser Modesto as Primary Stroke Receiving centers, and has designated Doctor's Medical Center in Modesto as a Comprehensive Stroke Center. As a result, Policy 522.20 Stroke Triage and Destination was updated to reflect changes related to field identification and triage of Large Vessel Occlusion (LVO) strokes. Appropriate stroke identification and triage is based around the V.A.N. assessment, which identifies LVO strokes by evaluation of a patient's cortical functions, such as Vision field cut, Aphasia, and unilateral Neglect. Patients that are identified as VAN positive are eligible to be transported directly to a Comprehensive Stroke Center, as outlined in Policy 522.20, Stroke Triage and Destination.

All three designated Stroke Centers within Stanislaus County participate in "Get with The Guidelines" with Stanislaus County EMS Agency having been granted "Superuser Access." This has streamlined the data submission and the collection process in order to build a more robust Stroke system of care.

- See Appendix 1A. (522.00 Stroke Center Designation)

Policy related to Stroke patient identification and destination:

- See Appendix 1B. (520.20 Stroke Triage and Destination)

Policy for field communication to the receiving hospital-specific to Stroke patients:

- See Appendix 1B. (520.20 Stroke Triage and Destination)

Stanislaus County Stroke systems of care Goals and Objectives

Stanislaus County EMS agency is committed to improving Stroke treatment and response in our community and neighboring communities. Stanislaus County EMS Agency hosts a quarterly meeting for evaluation of pre-hospital and hospital data elements, which assesses performance of the overall stroke systems of care. The goals and objectives of the regional stroke committee is to continue to provide a high level of care to patients in need of emergent stroke treatment, evaluate trending changes in stroke care, and provide education to the EMS and hospital community through planned yearly conferences. The regional stroke systems of care focus on the following objectives:

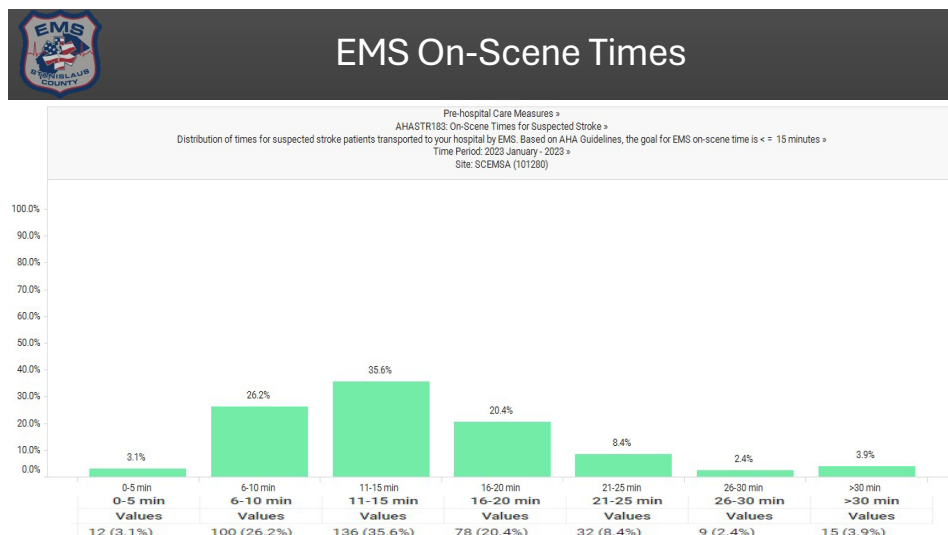
- Assess Stanislaus County's Stroke systems of care performance, evaluating both EMS and Stroke centers critical care services.
- Evaluate best practices in the field of Stroke and neurologic treatment for efficacy within the county.
- Foster relationships and mentorships with neighboring counties without stroke systems of care.
- Develop and plan yearly educational opportunities for EMS and hospital staff.

Data Collection

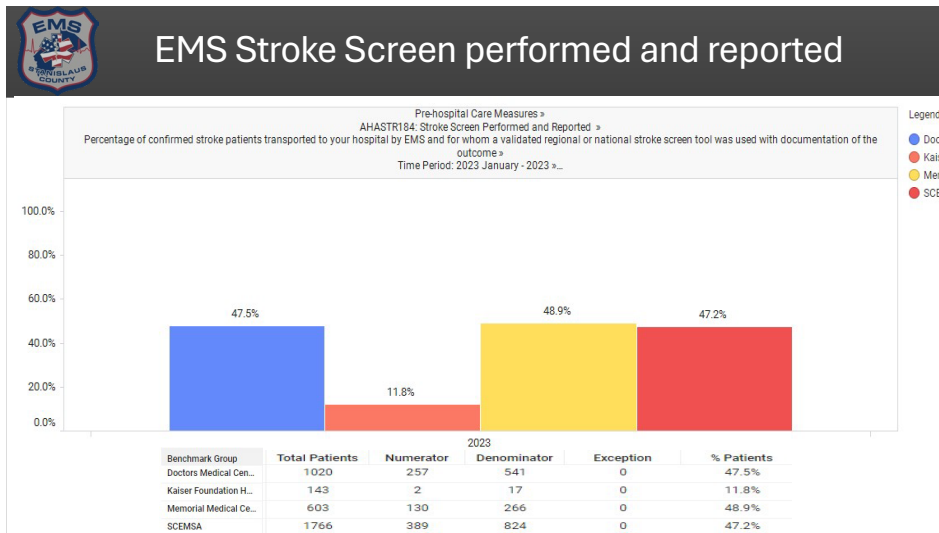
Data collection with regards to stroke systems of care in Stanislaus County is critical and requires significant attention from all stakeholders. Stanislaus County's regional stroke systems of care is still being developed and enhanced. The region's stroke system is still developing, having been formed in 2011 under Mountain-Valley EMS Agency, prior to Stanislaus becoming a single county LEMSA. With the commitment from the 3 Stroke Centers, referral hospitals and EMS providers, the foundation has been laid for a robust Stroke system of Care. Stakeholder commitment to the quality improvement guided by verified data through Get with the Guidelines, has enabled a strong, transparent QI program. Stanislaus County EMS Agency reviews data quarterly that includes patients with a diagnosis of Acute Ischemic Stroke, Intracerebral Hemorrhage and Subarachnoid Hemorrhage at the Quarterly Stroke meeting. The Regional Stroke committee uses a multidisciplinary approach comprised of EMS, Fire, and Designated Stroke Receiving Centers to track and trend all the following Pre-Hospital and hospital stroke metrics, which consists of data from quarters 1 through 4 of the 2023 calendar year.

Pre-Hospital Stroke Data Metrics

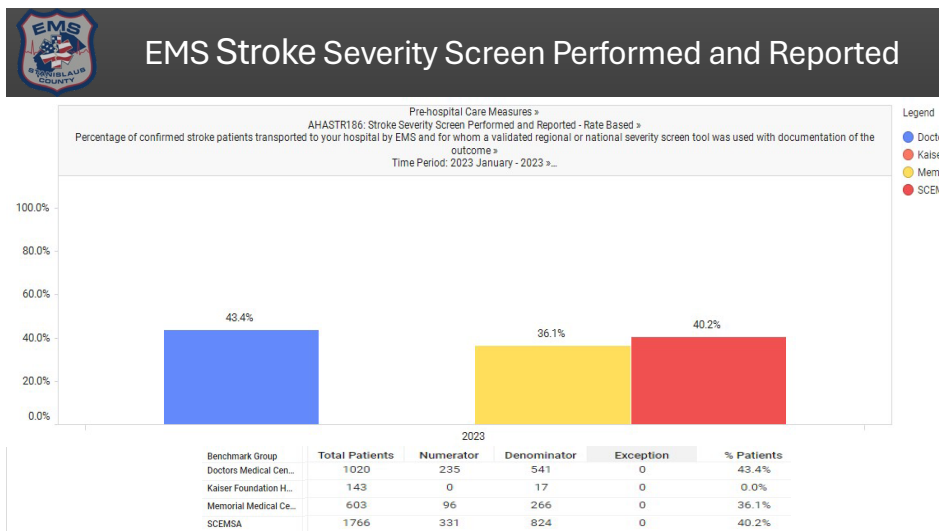
- EMS on scene times



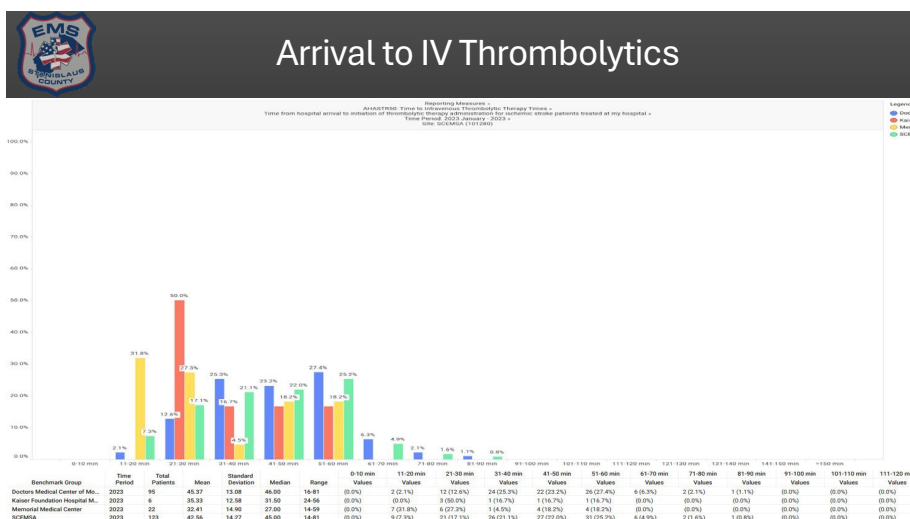
- EMS Stroke Screen Performance (CPSS assessment)



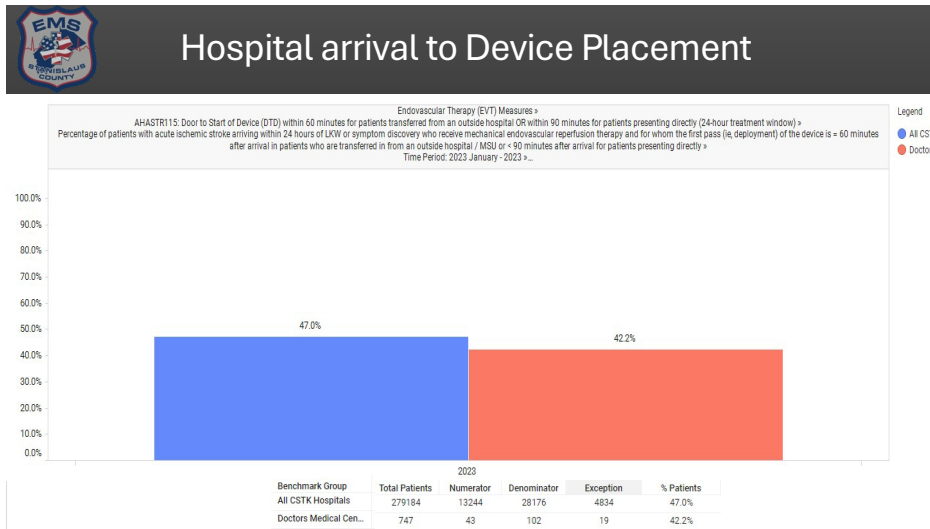
- EMS Stroke Severity Screen Performance. (VAN assessment)



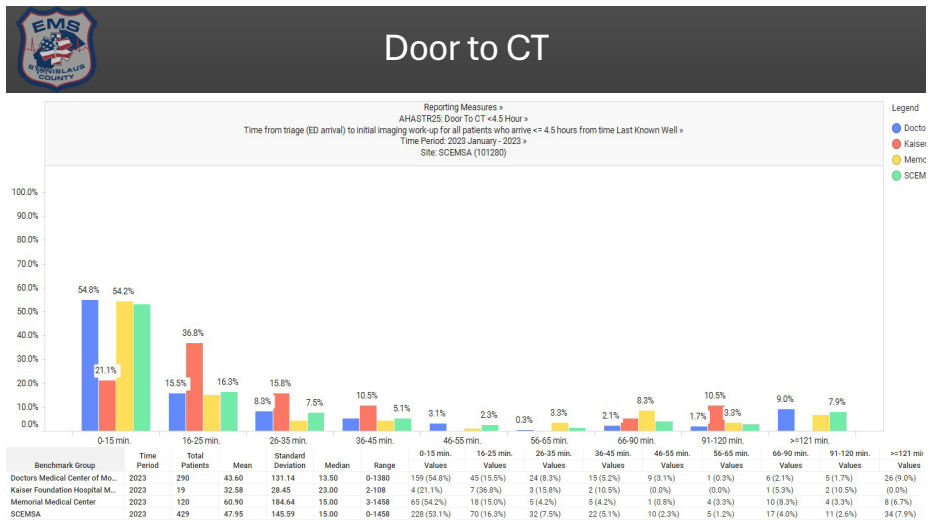
- Arrival to IV Thrombolytics



- Hospital arrival to Device Placement at Comprehensive Stroke Center



- Door to CT times.



Inter-Facility Transfers

Within Stanislaus County, 3 of 5 receiving hospitals are currently certified by The Joint Commission as a Stroke Receiving Center. Although infrequent, there may be times when a stroke patient needs to be transferred from one acute care facility to another. For this reason, Stroke Centers have plans developed that include:

- Pre-arranged agreements with stroke receiving hospitals (primary or comprehensive) for transfer of patients.
- Pre-arranged agreements with EMS providers for rapid transport of patients who are eligible for time-sensitive treatments.

Occasionally, patients may benefit by being transferred emergently from a non-stroke-receiving hospital to a stroke-receiving hospital, or from a stroke-receiving hospital with primary stroke center capabilities to a comprehensive stroke center or equivalent. In either case, emergency transfer protocols are in place, for an emergent interfacility transport.

Stanislaus County EMS Agency has a policy in place to provide guidelines for ambulance transport of patients between acute care hospitals. Policy 580.11; Ambulance Transfers; outlines transfer agreements, medical control, and levels of care to ensure that patient needs are being met while providing quality rapid transport to definitive treatment.

Policies related to ambulance transfers

- See Appendix 1C. (580.11 Ambulance Transfers)

Quality Improvement

Regional Stroke Committee

Stanislaus County EMS Agency hosts a Regional Stroke Systems of Care meeting quarterly. This is a multi-disciplinary advisory group to the EMS Medical Director whose purpose is to review Stroke care and drive process changes. It is comprised of designated representatives from the EMS Agency, designated Stroke Receiving Centers, stroke referral hospitals, air ambulance providers and ALS ground provider agencies. This meeting links prehospital and hospital care to offer high-level overview and drives system change to improve stroke care throughout the region and surrounding catchment areas.

Stanislaus County EMS Agency staff participate in the monthly stroke committee meetings held within each of our three designated Primary Stroke Centers. By participating in these monthly meetings, Stanislaus County EMS Agency can provide real-time case feedback and potential policy changes to each group more frequently.

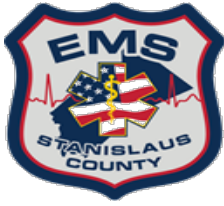
Public Education:

Public education is vitally important in the ongoing recognition and treatment of stroke patients. Many steps have been taken throughout the region to ensure the public is informed, educated, and prepared if such an event happens. The following events are in the planning phase for implementation in 2024:

- Participation in Stroke awareness month of May
- Regional “Cardiovascular Conference” annually with a Stroke component
- Neuro symposium hosted annually by Doctors Medical Center of Modesto

Appendices

Appendix 1A



Stanislaus County Emergency Medical Services Agency

Policy Number: **522.00**

Title: **STROKE CENTER DESIGNATION**

REVIEW DATE: **8/12/2025**

EFFECTIVE DATE: **8/12/2020**

STROKE CENTER DESIGNATION

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170

II DEFINITIONS

- A. **Base Hospital** - means a hospital approved and designated by the Agency to provide immediate medical direction and supervision of an EMT, Advanced EMT, and Paramedic personnel in accordance with policies and procedures established by the Agency.
- B. **Comprehensive Stroke Center (CSC)** means a hospital with specific abilities to receive, diagnose and treat all stroke cases and provide the highest level of care for stroke. A Stanislaus County EMS Agency designated CSC will always maintain Joint Commission Comprehensive Stroke Center certification.
- C. **Computed Tomography (CT)** - means a CT radiography in which a three-dimensional image of a body structure is constructed by computer from a series of plane cross-sectional images made along an axis.
- D. **Emergency Medical Services (EMS)** - means the services utilized in responding to a medical emergency.
- E. **Magnetic Resonance Imaging (MRI)** - means a noninvasive diagnostic technique that produces computerized images of internal body tissues and is based on nuclear magnetic resonance of atoms within the body induced by the application of radio waves.
- F. **The Joint Commission** – is an independent, not-for-profit group in the United States that administers accreditation programs for hospitals and other healthcare-related organizations. The Commission develops performance standards that address crucial elements of operation, such as patient care, medication safety, infection control and consumer rights.
- G. **Primary Stroke Center (PSC)** - means a hospital that treats acute stroke patients and identifies patients who may benefit from transfer to a higher level of care when clinically warranted. A Stanislaus County EMS Agency designated PSC will always maintain Joint Commission Primary Stroke Center certification.
- H. **Quality Improvement (QI)** - means methods of evaluation that are composed of a structure, process, and outcome evaluations which focus on improvement efforts to identify causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance or delivery of care.

- A. **Stroke** - means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction, most commonly through vascular occlusion or hemorrhage.
- B. **Stroke Receiving Center (SRC)** means a hospital meeting the Stanislaus County EMS Agency requirements of either a Primary Stroke Center or Comprehensive Stroke Center, has submitted an application and has received designation by Stanislaus County EMS Agency.
- C. **Thrombectomy-Capable Stroke Center (TSC)** means a primary stroke center with the ability to perform mechanical thrombectomy for the ischemic stroke patient when clinically warranted. A Stanislaus County EMS Agency designated TSC will maintain at all times Joint Commission Thrombectomy-Capable Stroke Center certification.

III. PURPOSE

To define requirements for designation as an SRC within the Stanislaus County EMS Agency (SCEMSA) region for patients transported by ambulance via the 911 system that meet the criteria for transport to a PSC.

IV. POLICY

- A. Hospital requesting designation as an SRC shall apply to the Stanislaus County EMS Agency and follow the application process described in this policy.
- B. To be designated as an SRC the hospital(s) must meet the following requirements:
 - 1. Possess current California licensure as an acute care facility providing Basic Emergency Medical Services.
 - 2. Hold current status as a Base Hospital with SCEMSA.
 - 3. Enter into a written agreement with SCEMSA identifying SRC roles and responsibilities.
 - 4. Agree to accept all EMS patients meeting SRC patient triage criteria and all "Stroke Alert" patients transferred from other hospitals within the SCEMSA Region and provide a plan for the triage and treatment of simultaneously presenting Stroke patients regardless of Intensive Care Unit (ICU)/Critical Care Unit (CCU) or Emergency Department (ED) saturation status.
 - 5. An SCEMSA designated PSC in good standing may request designation in writing as a TSC upon Joint Commission Thrombectomy-Capable Stroke Center certification.
 - 6. An SCEMSA designated PSC in good standing may request designation in writing as a CSC upon Joint Commission Comprehensive Stroke Center certification.
 - 7. Meet SRC Designation Requirements as defined in the SCEMSA SRC Designation Criteria Application and Evaluation Matrix. The criteria include:
 - a. Hospital Services Including:
 - 1) Valid and current certification as a PSC, TSC or CSC by The Joint Commission appropriate for the level of designation requested.
 - 2) Maintain all services and personnel necessary to comply with the standards set forth in the CCR, Title 22, Division 9, including Chapter 7.2, Stroke Critical Care System (enclosure 1) as appropriate for level of designation.

- 1) Internal protocols/policies to assure reliable notification of prehospital personnel of CT inoperability consistent with SCEMSA destination policy.
 - 2) CT/MRI contingency plan(s) in the event of disruption to CT/MRI services.
 - 3) State of California Department of Public Health permit to provide Neurosurgical Intervention.
 - 4) If no Neurosurgical capability (PSC only), hospital must have a:
 - a) Plan for emergency transport to a facility capable of providing neurosurgical services within two (2) hours.
 - b) Written guidelines for rapid transfer of stroke neurosurgical patients.
- b. Hospital Personnel Including:
- 1) SRC Program Medical Director with qualifications identified and supported by The Joint Commission PSC, TSC or CSC responsibilities for Stroke Medical Director.
 - 2) PSC/TSC/CSC Registered Nurse (RN) Program Manager with the following responsibilities:
 - a) Supports Stroke Medical Director Functions.
 - b) Acts as EMS Stroke Program Liaison.
 - c) Assures EMS Facility Stroke data sharing.
 - d) Manages EMS Facility Stroke QI activities.
 - e) Authority and accountability for Stroke QI.
 - f) Facilitates timely feedback to the EMS providers.
 - 3) On-call Physician specialists/consultants:
 - a) Neurologists with privileges and evidence of training/experience; or
 - b) Neurologist consultation using telemedicine.
 - c) Provide an on-call policy and a 3 month “on-call” schedule/roster of board-certified neurologist(s).
- c. Clinical Performance Capabilities consistent with the appropriate Joint Commission certification for designation requested:
- 1) Adequate staff, equipment and training to perform ED rapid evaluation and treatment including timely evaluation of brain imaging.
 - 2) Standardized stroke care pathway.
 - 3) 24/7 stroke diagnosis and treatment capacity.
 - 4) Quality assurance system supporting patient safety.

- a. Community Stroke Reduction Plan
 - 1) Plan to reduce stroke through community outreach education to reduce risks of stroke and heart disease in all patient populations.
- di. Performance Improvement
 - 1) Systematic Prehospital Review Program
 - a) Written quality improvement plan or program description for EMS transported stroke alert patients supporting:
 - i. Timely prehospital feedback.
 - ii. Prehospital provider education.
- iii. Cooperative Stroke System QI data management.
 - dii. Prehospital Stroke related educational activities
 - 1) Participation in Stroke Prehospital Education.
 - diii. Data Collection, Submission and Analysis:
 - 1) Enrollment and participation in the California Stroke Registry/California Coverdell Program- (CSR/CCP).
 - 2) Ability to participate with SCEMSA Data Collection.
 - 3) Submit Stroke System QI Committee Data Reports.
 - 4) Facilitate implementation of data elements for future Stroke System performance improvement.

POLICY: 522.20
TITLE: Stroke Triage, Treatment and Destination

EFFECTIVE: 10/22/20
REVIEW: 10/2025
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 6

Stroke Triage, Treatment and Destination

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.67, 1798, 1798.101, 1798.105, and 1798.170, California Code of Regulations, Title 22, Division 9

II. DEFINITIONS

- A. ALS - means Advanced Life Support, as defined in Section 1797.52, Division 2.5 of the Health and Safety Code.
- B. Cincinnati Prehospital Stroke Scale (CPSS) - means a validated prehospital screening tool used to identify the presence of a stroke in a patient. The scale tests for facial droop, arm drift and speech. If any one of these three tests show positive findings, the patient is considered to have an abnormal CPSS.
- C. Emergency Medical Services (EMS) - means the services utilized in responding to a medical emergency.
- D. SCEMSA - means Stanislaus County EMS Agency.
- E. SCEMSA Stroke Criteria - means a patient stroke assessment using the Cincinnati Prehospital Stroke Scale and the VAN (vision, aphasia, neglect) resulting in a positive finding in either assessment tool.
- F. Primary Stroke Center (PSC) - means a hospital designated to stabilize and treat acute stroke patients, providing initial acute care. PSCs are able to appropriately use t-PA/alteplase and other acute therapies such as stabilizations of vital functions, provision of neuroimaging procedures, and management of intracranial and blood pressures. Based on patient needs and the hospital's capabilities, they either admit patients or transfer them to a comprehensive stroke center.
- G. Quality Improvement (QI) - means a method of evaluation of services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement. Such methods may include, but are not limited to, a written plan describing the program objectives, organizations, scope and mechanisms for overseeing the effectiveness of the program.
- H. Stroke - means a condition of impaired blood flow to a patient's brain resulting in brain dysfunction.
- I. Stroke Alert - means a notification from the transporting ground or air ambulance to a PSC

or CSC that a patient meeting SCEMSA Stroke criteria is being transported to their facility. A Stroke Alert must be made as soon as possible after stroke criteria is confirmed..

- A. **Comprehensive Stroke Center (CSC)** – refers to a hospital that has received comprehensive status through American Heart Association (AHA) and Joint Commission review. CSC sites have availability of advanced imaging techniques including Computed Tomography Angiogram/Perfusion (CTA/CTP), Transcranial Doppler (TCD). These facilities have 24/7 availability of personnel, imaging, operating room and endovascular facilities allowing for the management of large ischemic strokes, intracerebral hemorrhage and subarachnoid hemorrhage.
- B. **VAN (vision, aphasia, neglect) Assessment** - means a prehospital screening tool used to identify the presence of large vessel occlusive stroke. The patient is deemed to have a positive VAN assessment with any arm weakness and at least one of the following; vision change, aphasia or neglect on exam. A VAN negative exam is either no arm muscle weakness OR the presence of arm muscle weakness without vision, aphasia or neglect findings.
- C. **Large Vessel Occlusion (LVO)** – refers to the site of an ischemic clot within the brain leading to stroke symptoms. LVO strokes may benefit from transport to a CSC facility per SCEMSA Stroke Destination Policy.

III PURPOSE

To rapidly identify suspected acute stroke patients, provide treatment and prompt transport, to the appropriate Primary Stroke Center (PSC) or Comprehensive Stroke Center (CSC) for rapid evaluation and treatment.

IV. POLICY

A. STROKE SYSTEM TRIAGE

- 1. Appropriate triage of the suspected acute stroke patient using stroke alert criteria relies on rapid prehospital care:
 - a. Recognition of signs and symptoms of stroke using CPSS and VAN assessment for LVO.
 - b. Determination of time last known well without stroke symptoms within the past 24 hours by a reliable historian.
- 2. Stroke Alert notification to PSC or CSC to report positive stroke assessment findings.

- B. **TREATMENT PROTOCOL**: Characterized by weakness or paralysis on one side of the body or face, slurred speech, speech difficulty, trouble with balance, could struggle in naming objects, confusion, difficulty swallowing, headache, visual disturbances (double vision, blindness, paralysis of extra-ocular muscles). **Decreased level of consciousness is very rarely caused by an Ischemic stroke.**

<u>EMR Standing orders</u>	
<u>Patient Assessment</u>	Circulation, Airway and Breathing. Assess vitals every 5 minutes. Consider trauma mechanism and maintain patent airway
<u>Oxygen Administration</u>	Provide oxygen therapy if appropriate
<u>TLKW</u>	Attempt to obtain a specific time patient was last known well and report to transporting paramedic

<u>EMT Standing orders</u>	
<u>Note</u>	Must perform items in EMR standing orders if applicable.
<u>TLKW</u>	Attempt to obtain specific time patient was last known well and report to the transporting paramedic
<u>Glucometer</u>	Check blood sugar
<u>Glucose</u>	Oral glucose if patient can protect airway, has a gag reflex, and if blood sugar is <60mg/dl.
<u>Pulse Oximetry</u>	Consider if respiratory distress is observed or suspected, use pulse oximetry, and record initial reading before supplemental oxygen is given. Report initial reading to the transporting paramedic.
<u>Naloxone</u>	2mg IN/IM if mental status and respiratory effort are depressed. Must be a strong suspicion of opiate overdose. Max single dose of 2mg, may repeat dose once in 3 minutes if there was no response to initial dose. Max total dose of 4 mg.

<u>Paramedic Standing Orders</u>	
<u>Note</u>	Must perform items in EMR and EMT standing orders if applicable
<u>Monitor</u>	Treat heart rhythm as appropriate and obtain 12 lead EKG
<u>Temperature</u>	Consider sepsis for any altered patient with a fever
<u>IV/IO Access</u>	TKO. If systolic BP is < 90mmHg, give 250ml fluid boluses to systolic BP 90-100 or a max of 2 liters. Shall reassess vitals/patient after each bolus. If time permits, 2 IV sites are preferred.
<u>Dextrose</u>	For blood sugar <60mg/dl and signs of hypoglycemia are present: D50W 25gms IV/IO. Recheck blood sugar after 5 minutes
<u>Glucagon</u>	If no IV/IO access immediately available with blood glucose <60 mg/dl, give one (1) unit IM. May repeat once. Recheck blood glucose 5 minutes after each dose.
<u>Naloxone</u>	2 mg IV/IO/IN/IM if mental status and respiratory effort are depressed. Must be a strong suspicion of opiate overdose. Max single dose of 2 mg, may repeat once in 3 minutes if there was no response to initial dose. Max total dose of 4mg.
<u>Stroke scale</u>	Perform, document and report to receiving hospital the Cincinnati Prehospital Stroke scale. If Cincinnati Prehospital Stroke Scale is positive, paramedic shall perform, document and report a VAN positive or negative to the receiving hospital

A. DESTINATION

1. Suspected acute stroke patients shall be transported to the appropriate PSC or CSC within the following parameters:
 - a. If the patient has a positive Cincinnati Prehospital Stroke Scale assessment and is found to be **VAN positive** the patient may be transported directly to a CSC if the following criteria are met:
 - i. Last known well time is within 24 hrs.
 - ii. Transport time to the CSC will not exceed 60 minutes.
 - iii. Transport time will not take the patient out of the 4.5-hour window for thrombolytic therapy from onset of symptoms or TLKW.
 - b. If the patient has a positive Cincinnati Prehospital Stroke Scale assessment, and is found to be **VAN negative**, the following transport criteria shall be followed:
 - i. If the patient does not have a preference, the patient shall be transported to the nearest PSC or CSC
 - ii. If transport to a PSC or CSC is estimated to be greater than twenty (20) minutes, the patient shall be transported to the nearest ED facility capable of receiving stroke patients.
 - iii. All emergency rooms can receive stroke patients.
 - c. Unstable stroke patients shall be transported to the closest emergency department. Unstable stroke patients are defined as any ONE of the following:
 - i. Patients under CPR.
 - ii. Inability to ventilate and/or oxygenate the patient with BLS maneuvers.
2. A PSC/CSC may request advisory status through the EMS Duty Officer for incoming stroke patients only when:
 - a. The PSC/CSC is on internal disaster; or
 - b. Inoperable CT/MRI.
3. Patients may be taken directly to the CT scanner.
 - a. The patient is to remain on cardiac monitor if taken directly to the CT. The patient will remain on the cardiac monitor until Paramedic transfers patient care.
 - b. Paramedic will give report to the nurse, transfer patient directly from gurney to CT scanner platform and return to service.
 - c. If there is any delay, such as CT scanner not being readily available, the paramedic will not be expected to wait. The patient will be taken to a monitored bed and report given to a receiving nurse or physician as is customary.

A. STROKE ALERT/PATIENT REPORT

1. As soon as a suspected stroke patient is confirmed with CPSS and VAN assessments, the appropriate destination shall be determined, and a Stroke Alert promptly communicated to the PSC/CSC and/or the closest receiving facility. The Stroke Alert is to contain the following information:
 - a. Identify the call as a “Stroke Alert” and verify CT operability.
 - b. Provide estimated time of arrival (ETA).
 - c. Patient’s age and gender.
 - d. Give time patient was last seen without stroke symptoms (Last Known Well Time).
 - e. CPSS and VAN assessment result-negative or positive.
 - f. Blood Glucose and Vital Signs.
 - g. Treatment and response to treatment.
2. Electronic Patient Care Report(ePCR) documentation must include:
 - a. Time last known well CPSS and VAN assessment results, transport factors that determined patient destination
 - b. Blood glucose check
 - c. Neurological assessments

CINCINNATI PREHOSPITAL STROKE SCALE			
Sign/Symptom	How Tested	Normal	Abnormal
Facial Droop	Have the patient show their teeth, or smile.	Both sides of the face move equally.	One side of the face does not move as well as the other.
Arm Drift	The patient closes their eyes and extends both arms straight out for 10 seconds	Both arms move about the same, or both do not move at all.	One arm either does not move, or one arm drifts downward compared to the other.
Speech	The patient repeats "The sky is blue in Cincinnati."	The patient says the correct words with no slurring of words	The patient slurs words, says the wrong words, or is unable to speak.

V.A.N STROKE SCALE		
	Sign/Symptom	How Tested
Vision	Forced gaze to one side, Loss of vision, or uneven eyes.	Have patient follow your finger with their eyes moving to left, then right.
Aphasia	Difficulty naming objects or repeating simple phrase. (Usually seen with right sided CPSS positive patients)	Ask patient to name two easily identified objects (ie, pen and watch). Have patient repeat "The sky is blue in Cincinnati". DO NOT CONSIDER DYSARTHRIA (Slurring of words)
Neglect	Patient ignores left side of body. (Usually seen with left sided CPSS positive patients)	Have patient close their eyes, and touch individually the right arm, then left arm and confirm patient has sensation bilaterally. Then touch both arms simultaneously and note if patient no longer has sensation unilaterally.

Clinical PEARLS

- Time of onset must be within a 24-hour timeframe and confirmed by a reliable historian
- Do not hesitate to activate a Stroke Alert to the receiving hospital if the condition warrants
- High index of suspicion of hemorrhagic stroke in a non-traumatic altered patient
- History of previous stroke or neurological deficits
- Intravenous access is preferred over Intraosseous unless patient is unstable
- Move patient to a safe area if the situation warrants
- Consider D-10W 250ml drip if D50W is unavailable and Blood Glucose <60. Continue D-10W until patient symptoms improves
- Secure airway with simplest technique, i.e. BLS airway unless unable to manage
- Naloxone- May use the prescribed grant administered aerosol 4mg doses if that is all that is available
- Naloxone must be administered prior to intubation if narcotic overdose is suspected
- MICN- If Time Last Known Well is not reported via radio report, ask!
- MICN-confirm CT status when stroke alert is received



Stanislaus County

Emergency Medical Services Agency

POLICY NO. 580.11

Title: Ambulance Interfacility Transfer

REVIEW DATE: 04/01/2025

EFFECTIVE DATE: 05/10/2023

APPROVAL SIGNATURES ON FILE AT EMS AGENCY OFFICE

AMBULANCE INTERFACILITY TRANSFER POLICY

I. AUTHORITY

In accordance with Section 1798.172 of Division 2.5 of the Health and Safety Code, the local EMS agency shall establish guidelines and standards for completion and operation of formal transfer agreements between hospitals with varying levels of care in the jurisdiction of the local EMS agency consistent with Sections 1317 to 1317.9a, inclusive, and Chapter 5 (commencing with Section 1798).

II. DEFINITIONS

- A. "Agency" means Stanislaus County Emergency Medical Services Agency
- B. "Authorized Patient Transport Provider" means an Agency approved ambulance provider that has the capability to provide service in the jurisdiction in which the hospital is located.
- C. "EMTALA" means the U.S. Department of Health and Human Services Emergency Medical Treatment and Active Labor Act (*DHHS/CMS 42 CFR Part 489*)
- D. Disaster Control Facility (DCF) - a facility approved by the Agency that, in the event of a multi-casualty incident (MCI), will assume the primary responsibility for patient dispersal decisions.
- E. "Interfacility transfer" means the transfer of a patient by an ambulance from a hospital emergency department or a hospital inpatient area hereafter referred to as "facility", to any other facility for the purpose of evaluation or treatment at a higher level of care.
- F. "Transfer" means the movement of a patient, determined to be a medical or trauma patient that has received a Medical Screen Exam (MSE), from a hospital's facilities at the direction of any person employed by or affiliated with the hospital. This includes transfers to another facility for diagnostic testing.

III. PURPOSE

To ensure that all transfers that occur within the region are conducted in compliance with Federal EMTALA regulations. To serve as a treatment standard for Emergency Medical Technician (EMT)s, Paramedic, and Critical Care Transport (CCT) in transferring patients between acute care hospitals and other facilities.

I. POLICY

A. Direct Admission Transfers

1. The transferring hospital shall comply with all EMTALA documentation and destination requirements prior to the transfer of the patient to another facility.
2. The destination of patients being transferred from an Acute Care Facility shall not be directed by the DCF regardless of MCI or System Saturation status.
3. An Agency approved Interfacility Transfer Form shall be completed for each patient being transported on all transfers.

B. A patient is to be transferred in a vehicle that is staffed by qualified trained personnel and that contains life support equipment appropriate to the patient's condition. During transfers, pre-hospital personnel will follow SCEMSA policies, and use only those medications and procedures for which they are trained and authorized by SCEMSA policy are and within their own scope of practice.

C. It may be necessary for additional specialized personnel to be arranged by the transferring hospital to accompany the patient whenever appropriate. These personnel staffing options are as follows:

1. Emergency Medical Technician (EMT)/Physician Transport.
 - a. The physician accompanying the patient will provide/direct medical treatment.
2. EMT/Transferring Hospital Registered Nurse (RN) Transport:
 - a. The transferring hospital shall provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by the transferring or receiving physician via telephone or radio.
3. EMT/RN (CCT) Transport:
 - a. The transferring hospital shall provide written orders for patient care to the registered nurse accompanying the patient. Medical direction during transport may be provided by either the transferring or receiving physician, or the provider medical director.
4. Paramedic Transport:
 - a. The transferring hospital shall provide written orders for patient care. The transferring physician/hospital should be familiar with the Stanislaus County EMS Agency policy 256.00 "Emergency Medical Technician – Paramedic scope of practice".
5. EMT Transport:
 - a. The transferring hospital should provide written orders for patient care. The transferring physician/hospital should be familiar with the Stanislaus County EMS Agency policy 236.00 "EMT Scope of Practice".

I. PROCEDURE

- A. Direct voice contact between transferring physician and receiving physician shall be made and agreement regarding all aspects of the transfer shall be reached prior to transfer.
- B. The transferring facility shall make the necessary arrangements for the transfer (including accompanying personnel where appropriate) in compliance with the agreement reached between the transferring physician and receiving physician.
- C. The transferring facility will call the authorized patient transport provider, or call center, and arrange for appropriate transportation. If warranted by his or her condition, the patient shall be accompanied by appropriate medical personnel. The transferring facility is obliged to provide appropriate personnel if the patient's treatment needs are beyond the scope of practice of the transport personnel.
- D. The following medical records shall accompany the patient:
 - 1. A summary of care received prior to the transfer.
 - 2. Copies of all current pertinent medical records including laboratory data, current physician's and nursing notes.
 - 3. Copies/originals of all pertinent x-rays, sonograms, CT scans, ECGs, and other diagnostic tests.
 - 4. Copies of pre-hospital care forms including paramedic run reports and Emergency Department records where applicable.
- E. If transport originates from a licensed medical facility, a verbal report on the patient by a Registered Nurse (RN), Licensed Vocational Nurse (LVN), Physician Assistant (PA) or Physician (MD) shall be made to the transport crew prior to transport.
- F. Written orders shall be provided to the transport personnel, as appropriate, on the transfer sheet and signed by the transferring physician. If the written orders vary from the Stanislaus County EMS Agency treatment policies, the written orders must be within the medical personnel approved local scope of practice.
- G. The transferring facility personnel shall utilize an Agency approved Interfacility Transfer Form, with checklist and transfer orders, to ensure that the patient has been appropriately prepared for transport. This Transfer form shall accompany the patient, and the receiving facility shall review and complete the form when the patient arrives and forward a copy of the completed form and the Patient Care Report, with arrival time, to the EMS Agency.
- H. Hospitals should execute and maintain transfer agreement(s) with other health facilities that offer a higher level of accepted specialty care services. Hospitals with transfer agreements should have a written policy that clearly establishes internal administrative and professional patient transfer responsibilities.
- I. During any transfer, if the patient's condition deteriorates and requires treatment not covered by physician order, or Stanislaus County EMS Agency scope of practice and treatment protocols, the transferring ambulance shall immediately divert to the closest receiving hospital. Ambulance personnel shall notify all involved hospitals of their diversion and the patient's status as soon as possible.



Stanislaus County Emergency Medical Services Agency

2023 EMS Plan Attestation

RE: Title 22, Div9, Ch4, Article 7, 100170(b) & (c) (2)
Title 22, Div9, Ch8, Article 5, 100306
CEMSIS Data – Selected Providers
Medical Disasters

Title 22, Div9, Ch4, Article 7, 100170(b) & (c) (2)

Stanislaus County EMS Agency is compliant with California Code of Regulations, Title 22, Division 9, Chapter 4, Article 7: 100170, Subsection (b) & (c) (2) regarding communications between service provider(s) and base hospital is addressed in Agency Policy 506.00 Base Hospital Criteria, Section IV, Subsection (D) (2) – Communications (Attached)

Title 22, Div9, Ch8, Article 5, 100306

Stanislaus County EMS Agency is compliant with California Code of Regulations, Title 22, Division 9, Chapter 8, Article 5: 100306, Subsection (d) regarding communications between EMS aircraft provider(s) with each portion of a flight request is addressed in the following Agency Policies:

- Policy 444.0 – EMS Aircraft On-Line Medical Control
- Policy 445.00 – EMS Aircraft Request and Cancellation
- Policy 446.00 – EMS Aircraft Provider Dispatch

CEMSIS Data:

Stanislaus County EMS Agency is aware of the multiple listed providers, not submitting data to CEMSIS, including: Denair Fire Department, Patterson City Fire Department, Stanislaus Sheriff Department, AmWest Ambulance, and CalStar.

- Stanislaus County EMS Agency is actively working with each provider, along with EMSA's EMS Systems Consultant to correct this and obtain submissions to CEMSIS.

Medical Disaster:

Stanislaus County EMS Agency is compliant with Health and Safety Code 1797.152 and 1797.153, in it's full capacity regarding preparation for medical and health disaster plan, which includes all outlined functions (17) of the Medical Health Operational Area Coordinator (MHOAC). This compliance is more defined in our MHOAC Notification/Activation policy.

- Policy 951.00 – MHOAC Notification/Activation for Stanislaus County

I hereby certify that all information is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to the EMS plan.

Signature: Chad R. Braner
Chad R. Braner, Director

Date: 8/31/2024