

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



March 19, 2025

Teresa Rios, EMS Director  
Monterey County Emergency Medical Services Agency  
1441 Schilling Place, South Building  
Salinas, CA 93901

Dear Teresa Rios,

This letter is in response to Monterey County's Emergency Medical Service (EMS) Agency's 2022-2024 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on March 17, 2025.

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. Monterey County EMS Agency will only be considered current if an EMS plan is submitted each year.

Your 2025 EMS plan will be due on or before March 19, 2026. Concurrently with the EMS plan, please submit an annual Trauma, STEMI, Stroke, and QI plan.

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

Sincerely,

A handwritten signature in blue ink that reads 'Angela Wise'.

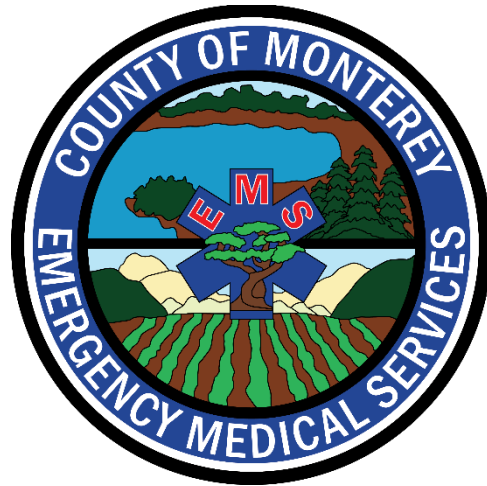
Angela Wise, Branch Chief  
EMS Quality and Planning  
On behalf of,  
Elizabeth Basnett, Director

Enclosure:  
AW: rd

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[illegible]

# **County of Monterey Emergency Medical Services Agency**



## **EMERGENCY MEDICAL SERVICES PLAN 2022 through 2024**

**Revised January 2025**

## Board of Supervisors Board Order

Legistar File ID No. 25-044 Agenda Item No. 27



### Monterey County Board of Supervisors

#### Board Order

168 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831.755.5066

[www.co.monterey.ca.us](http://www.co.monterey.ca.us)

A motion was made by Supervisor Wendy Root Askew, seconded by Supervisor Luis A. Alejo to:

Approve the County of Monterey Emergency Medical Services (EMS) Plan for the years 2022 through 2024 and authorize the Emergency Medical Services Agency Director to submit the EMS Plan to the California Emergency Medical Services Authority.

PASSED AND ADOPTED on this 28<sup>th</sup> day of January 2025, by roll call vote:

AYES: Supervisors Alejo, Church, Lopez, Askew and Daniels

NOES: None

ABSENT: None

I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting January 28, 2025.

Dated: January 30, 2025

File ID: 25-044

Agenda Item No.: 27

Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California

Vicente Ramirez, Deputy

## Update Log

Log Number	Changes
2007-12-001	Updated Title page Added log to document changes (page ii); updated Table of Content from August 2006 EMS Plan (page 1); removed Section 3 – System Resources and Operations from August 2006 EMS Plan (pages 143 – 164) and replaced with new Section 3 – System Resources and Operations (pages 143 – 165); Removed Section 4 – Ambulance Zone Summary from August 2006 EMS Plan (page 165) and replaced with new Section 4 – Ambulance Zone Summary (page 166); Removed Section 5 – Resource Directories from August 2006 EMS Plan (pages 166 – 174) and replaced with new Section 5 – Resource Directories (pages 167 – 168); updated Standard 1.04 – Medical Director (page 23); and updated Standard 1.08 – ALS Planning (page 27).
2009-04-001	Replacement of Manual (EMS Plan 2008)
2011-05-001	Replacement of Manual (EMS Plan 2009)
2011-05-002	Removed Updated Log to document changes (page ii) from EMS Plan (2009) and replaced with new Update Log (2010); Removed Tables 2, 3, 5, and 8 from EMS Plan (2009) and replaced with new Tables 2, 3, 5, and 8 (2010). Table changes and Section 4 – Ambulance Zone Summary (no changes) submitted to the EMSA.
2012-05-001	Revised Manual (EMS Plan 2011); added Trauma Care System Update (Table 13)
2013-06-001	Revised Manual (EMS Plan 2012) and Tables 2 through 13.
2014-10-001	Revised Manual (EMS Plan 2013) and Tables 2 through 13.
2016-12-27	Updated Executive Summary; Table 2 – System Resources and Operations, specifically FY 15/16 budget and staffing information; Table 3- Personnel/Training, current EMS personnel certified and accredited with the EMS Agency and number of reviews performed; Table 4- System Resources and Operations – Communications; Table 6- System Resources Directory – Facilities/Critical Care; Table 7- Resource Directory - Disaster Medical; Table 8- Resource Directory, showing 2016 responses and transports; Table 9- Resources Directory – Facilities; Table 10- Resources Directory - Approved Training Programs; Table 11- Resources Directory - EMS Dispatch Agency; and Table 13-Trauma System Report.
2017-12-21	Updated Executive Summary; Table 1 - System Organization and Management H. Disaster Medical Response 8.10; Routine updates to Table 2 through 13
2019-01	Updated summary, updated table of contents, added plan progress objectives, updated tables 1-11 – removed trauma care system update
2023-01	Updated Executive Summary, updated Table of Contents, Routine updates to Tables 2 through 13; Updated Table 10 – Approved Training Programs.
2025-01	Updated Executive Summary and Table 1 – System Organization and Management, Section C – Communications, and Table 12 – System Organization and Management, Section C – Communications.
2025-01	Updated Executive Summary. Routine updates to Tables 2, 3, 4, 6, 8, 10, and 11.

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## **Executive Summary**

The County of Monterey Emergency Medical Services (EMS) Agency (EMS Agency) is a Bureau within the County of Monterey Health Department and is designated by the Board of Supervisors as the local emergency medical services agency (LEMSA) for the County of Monterey. The agency's primary responsibilities are to plan, implement, and evaluate an Emergency Medical Services (EMS) system that meets or exceeds the minimum standards developed by the California EMS Authority (EMSA). Key components of this include system monitoring/oversight, medical control, policy/procedure development and implementation, monitoring compliance with laws/regulations, certification/accreditation of EMS personnel, EMS system planning, as well as educational program approval and monitoring.

The mission of the EMS Agency is to lead the County of Monterey EMS System through establishing highest standards of emergency medical care, system operations, and medical disaster preparedness for the benefit of the people of the County of Monterey. The County of Monterey EMS System is comprised of ground and air ambulance providers, dispatch/communication centers, fire and rescue service providers, hospital emergency departments, specialty care centers for trauma, stroke, and ST elevation myocardial infarction (STEMI) patients, and the County of Monterey EMS Agency. The collaborative efforts of these EMS System partners strengthen our ability to provide emergency medical services to citizens of and visitors to the County of Monterey.

Health and Safety Code, Division 2.5, Section 1797.254, requires Local EMS Agencies (LEMSAs) to submit an EMS Plan to EMSA and provide annual updates thereafter. This EMS Plan Update is intended to meet the requirements of California Health and Safety Code (HSC), Division 2.5, Section 1797.254.

This document represents the 2022 through 2024 annual updates of the County of Monterey EMS Agency. This plan submission updates the most recent plan for the County of Monterey which covered calendar years 2019 through 2021. The County of Monterey EMS Agency received notice of the EMSA's approval of the EMS Plan covering 2019 through 2021 on January 10, 2025.

The County of Monterey EMS Agency completed several accomplishments and system improvements during the period covered by this document. Key accomplishments included:

- Completed annual updates of our policies and treatment protocols. We also continued to expand our policy and protocol development cycle plan to increase educational outreach efforts and opportunities for stakeholder input.
- Obtained approval of a local optional scope of practice (LOSOP) application and implemented protocols permitting the administration of ketamine for pain management.
- Obtained approval of a LOSOP application and implement policies and protocols authorizing the administration of buprenorphine to patients experiencing the signs and symptoms of withdrawal from opioids. We subsequently obtained approval to modify the original LOSOP to permit administration to a greater number of patients.

- In 2021 and 2022, the EMS Agency worked with the South Bay Regional Public Safety Training Consortium (SBPSTC) to implement a Paramedic Training Program through Monterey Peninsula College (MPC). On July 12, 2022, the SBPSTC commenced training its first cohort of students. The Paramedic Training Program at MPC is both a Certificate and Associate Degree Program which allows students to further their educational goals by receiving college credit.
- Throughout 2022, the EMS Agency undertook a concerted effort to increase both the type and number of education and outreach events. Educational efforts for our EMS system participants focus on needs identified through our quality improvement programs and initiatives. Our community outreach efforts focus on preventative health and safety education for citizens of Monterey County.
- In 2023, the EMS Agency worked to transition all Public Access Automatic External Defibrillator (AED) placement records into the PulsePoint Registry. This change allowed the EMS Agency to have a centralized database of registered AEDs and simplified the processes to share this information with 9-1-1 dispatchers who can relay this vital information to callers for potential use during a medical emergency.
- During 2023 and 2024, the EMS Agency has worked to bring a bidirectional health data exchange program to all EMS provider agencies and hospitals in the County of Monterey. Currently, three of the four hospitals are exchanging information with our local EMS providers while the fourth is in the testing phase of implementation.
- Fulfilled the role of the Medical Health Operational Coordinator (MHOAC) and maintained all 17 public health functions through a 24-hour-per-day, 365-days-per-year single point of contact for the program. Debra Hopgood, Management Analyst III, serves as the MHOAC designee. The County of Monterey EMS Agency complies with Health and Safety Code Sections 1797.152 and 1797.153. The EMS Agency and MHOAC cooperate in the creation of a Medical and Health Disaster Plan for the County of Monterey and assist in the coordination of medical and health disaster resources as outlined in Section 1797.153. The MHOAC coordinates with the Regional Disaster Medical Health Coordination program as well as local and state health officials and agencies.
- In 2022, the MHOAC program coordinated the fulfillment of almost 800 resource requests for equipment and supply needs related to the COVID-19 pandemic. Throughout the height of the pandemic, the MHOAC program coordinated the fulfillment of approximately 3,000 such requests.
- In January and March of 2023, the MHOAC program was activated in the County of Monterey Emergency Operations Center (EOC) for significant winter storms. During the storms, EMS Agency personnel provided in-person staffing on a 24/7 basis in the EOC for approximately three weeks with additional remote staffing as well. Due to the large number of medical/health-related priorities, there were frequently two members of the EMS Agency providing support to the EOC with one member focusing on EMS operations and another focusing on supporting medical and behavioral health needs at numerous temporary evacuation points (TEPs) and emergency shelters countywide.
- During 2023, the EMS Agency undertook an effort to seek input regarding the County of Monterey's EMS System from a wide swath of stakeholders, including members of the public. Our efforts began with the distribution of a written SWOT (Strengths,



Weaknesses, Opportunities, and Threats) analysis tool. The EMS Agency also hosted numerous meetings and public forums giving stakeholders multiple chances to speak directly to EMS Agency team members regarding their thoughts and ideas about the EMS System.

- The EMS Agency utilized the insights obtained from the above efforts as well as our own experience overseeing and regulating the EMS System to inform our work to develop a Request for Proposals (RFP) for ambulance services for the County of Monterey Exclusive Operating Area (EOA). Towards the end of 2023, the EMS Agency released a draft RFP Scope of Work for public comment. Once again, we sought feedback from members of the community, city and county officials, and the EMS system as a whole. The EMS Agency accepted written comments on the Scope of Work and held a series of public meetings both online and at locations throughout the county. We used the feedback we received to assist with editing and finetuning the RFP.
- In 2024, the EMS Agency finalized and submitted a draft RFP to the EMSA for its review and approval.
- Developed (in conjunction with the Health Department's IT staff) and implemented a database for the submission, tracking, and processing of Unusual Occurrence (UO) reports. The database allows interested parties to complete an online form to submit a UO to the EMS Agency. The database streamlines process and results in time savings for EMS Agency staff while at the same time has allowed better monitoring and tracking of submitted UO reports.
- Financed and oversaw the replacement of five (5) repeaters for the County of Monterey's radio system MED channels. The new repeaters will help ensure reliable operation and long-term repairability of the equipment required to operate the MED channels. The functionality of these radio channels is vital to ensure communication amongst EMS provider agencies and hospitals.

We thank our EMS service providers, emergency dispatchers, hospital personnel, emergency management personnel, and community throughout the County of Monterey who have demonstrated their commitment to supporting the County of Monterey EMS System and helping to make these improvements possible in our ongoing effort to meet the needs of our community.

**TABLE 1: MINIMUM STANDARDS / RECOMMENDED GUIDELINES****A - SYSTEM ORGANIZATION AND MANAGEMENT**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X	X		
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X	X		
1.11	System Participants		X	X		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedure Manual		X			
1.15	Compliance w Policies		X			

A - SYSTEM ORGANIZATION AND MANAGEMENT (Continued)

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

## B - STAFFING/TRAINING

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

## C - COMMUNICATIONS

The Monterey County EMS Agency's Communications Program complies with Health and Safety Code Sections 1797.223 and 1798.8; California Code of Regulations (CCR), Title 22, Chapter 4, Article 7, Sections 100170 (b) and (c)(2); and CCR, Title 22, Chapter 8, Article 5, Section 100306 (d).

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

## D - RESPONSE/TRANSPORTATION

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

## E – FACILITIES / CRITICAL CARE

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

## F - DATA COLLECTION / SYSTEM EVALUATION

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



## G - PUBLIC INFORMATION AND EDUCATION

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

## H - DISASTER MEDICAL RESPONSE

The EMS Agency fulfills the role of the Medical Health Operational Coordinator (MHOAC) and maintains all 17 public health functions through a 24-hour-per-day, 365-days-per-year single point of contact for the program. Debra Hopgood, Management Analyst III, serves as the MHOAC designee. The County of Monterey EMS Agency complies with Health and Safety Code Sections 1797.152 and 1797.153. The EMS Agency and MHOAC cooperate in the creation of a Medical and Health Disaster Plan for the County of Monterey and assist in the coordination of medical and health disaster resources as outlined in Section 1797.153. The MHOAC coordinates with the Regional Disaster Medical Health Coordination program as well as local and state health officials and agencies.

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

H - DISASTER MEDICAL RESPONSE (Continued)

Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

## TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Years: **2022 through 2024**

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

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

**County: Monterey County**

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

- Type of agency

**Public Health Department**

- The person responsible for day-to-day activities of the EMS agency reports to  
  
Director of Health

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

Implementation of exclusive operating areas (ambulance franchising)	<b>X</b>
Designation of trauma centers/trauma care system planning	<b>X</b>
Designation/approval of pediatric facilities	N/A
Designation of other critical care centers	<b>X</b>
Development of transfer agreements	N/A
Enforcement of local ambulance ordinance	<b>X</b>
Enforcement of ambulance service contracts	<b>X</b>
Operation of ambulance service	N/A
Continuing education	<b>X</b>
Personnel training	N/A
Operation of oversight of EMS dispatch center	<b>X</b>
Non-medical disaster planning	N/A
Administration of critical incident stress debriefing team (CISD)	N/A
Administration of disaster medical assistance team (DMAT)	N/A
Administration of EMS Fund [Senate Bill (SB) 12/612]	<b>X</b>
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**Reporting Year: **2022 through 2024****NOTE:** Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.**5. EXPENSES**

Salaries and benefits (All but contract personnel  
 Contract Services (e.g. medical director)  
 Operations (e.g. copying, postage, facilities)  
 Travel  
 Fixed assets  
 Indirect expenses (overhead)  
 Ambulance subsidy  
 EMS Fund payments to physicians/hospital  
 Dispatch center operations (non-staff)  
 Training program operations  
 Other: CSA-74 Fund EMS Training & Equip Support  
 Other: \_\_\_\_\_  
 Other: \_\_\_\_\_

**TOTAL EXPENSES**

<b>2022</b>	<b>2023</b>	<b>2024</b>
\$970,862	\$1,296,323	\$1,269,603
319,402	276,148	541,919
109,371	56,963	36,517
16,291	14,321	16,608
384,383	334,888	309,659
103,500	92,500	132,000
256,448	2,280,959	559,509
477,215	471,023	474,516
59,688	140,620	50,316
<b>\$2,797,160</b>	<b>\$4,963,745</b>	<b>3,390,647</b>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]  
 Preventive Health and Health Services (PHHS)  
 Block Grant  
 Office of Traffic Safety (OTS)  
 State general fund  
 County general fund  
 Other local tax funds (e.g., EMS district)  
 County contracts (e.g. multi-county agencies)  
 Certification fees  
 Training program approval fees  
 Training prog. tuition/Average daily attendance funds  
 Job Training Partnership ACT(JTPA) funds  
 Base hospital application fees

<b>2022</b>	<b>2023</b>	<b>2024</b>
253,184	227,957	73,757
1,761,742	2,074,185	2,175,644
172,658	172,658	172,658

**TABLE 2:        SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

	2022	2023	2024
Trauma center application fees			
Trauma center designation fees			
Pediatric facility approval fees			
Pediatric facility designation fees			
Other critical care center application fees Type: _____			
Other critical care center designation fees Type: _____			
Ambulance service/vehicle fees			
Contributions			
EMS Fund (SB 12/612)	569,198	2,478,945	752,404
Other: HPP COVID-19 Supplemental Grant	40,378		
Other fees:			
Other (specify): Public Health Institute (PHI)			211,184
<u>Penalties to EOA Service Provider</u>		10,000	5,000
<b>TOTAL REVENUE</b>	<b>\$2,797,160</b>	<b>\$4,963,745</b>	<b>\$3,390,647</b>

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

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

## 7. Fee structure

\_\_\_\_\_ We do not charge any fees

  X   Our fee structure is:

## First responder certification

## EMS dispatcher certification

## EMT-I certification

## EMT-I recertification

## EMT-defibrillation certification

## EMT-defibrillation recertification

## AEMT certification

## AEMT recertification

## EMT-P accreditation

Mobile Intensive Care Nurse/Authorized RN Cert

## MICN/ARN recertification

## EMT-I training program approval

## AEMT training program approval

## EMT-P training program approval

## MICN/ARN training program approval

## Base hospital application

### Base hospital designation

## Trauma center application

## Trauma center designation

## Pediatric facility approval

## Pediatric facility designation

Other critical care center application

Type: \_\_\_\_\_

Other critical care center designation

Type: \_\_\_\_\_

## Ambulance service license

## Ambulance vehicle permits

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_

[illegible]

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

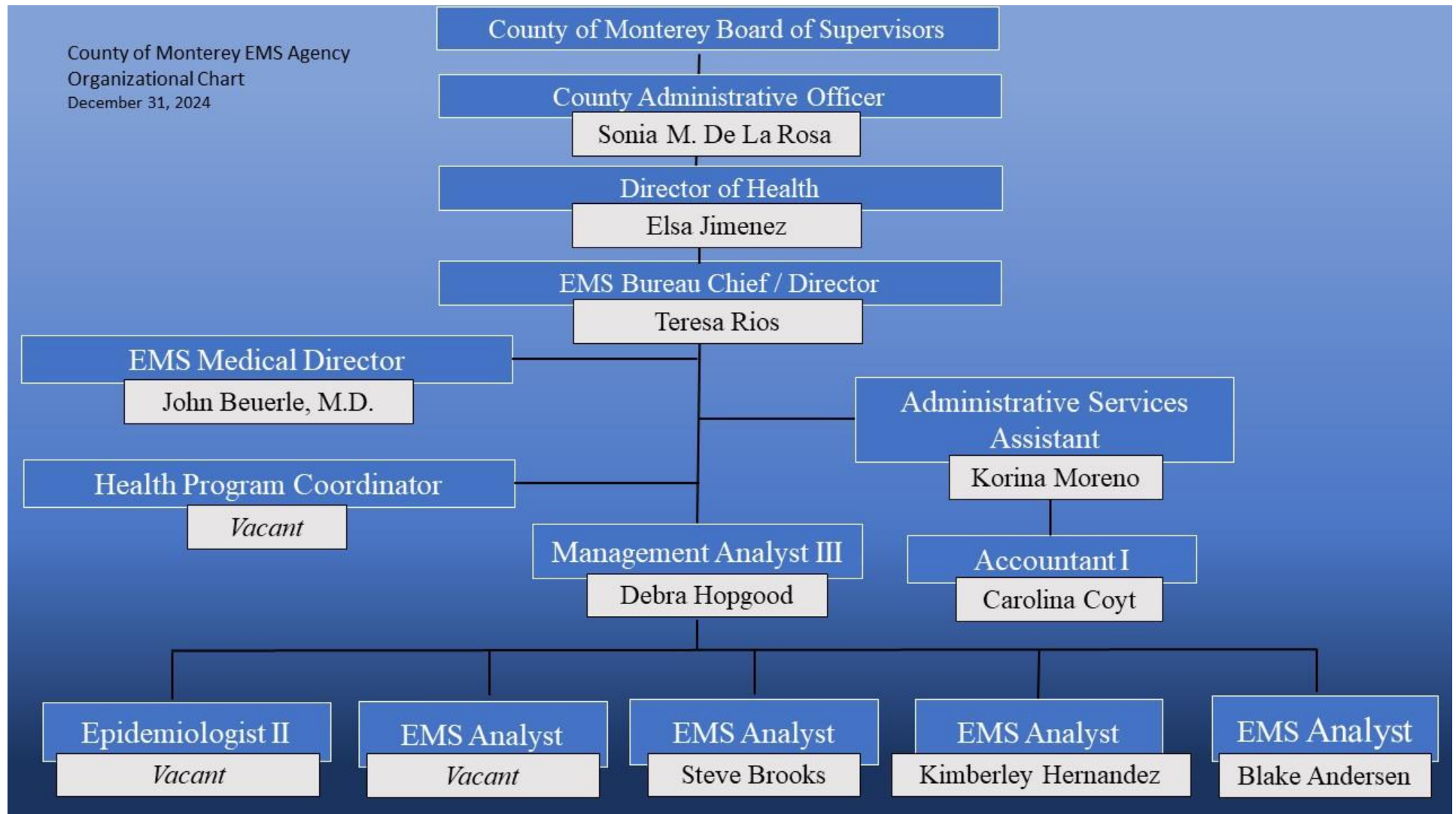
CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT			BENEFITS (%of Salary)			COMMENTS
			2019	2020	2021	2019	2020	2021	
EMS Admin./Coord./Director	EMS Director/Bureau Chief	1	\$131.86	\$138.53	\$143.42	34.62%	34.82%	33.42%	
Asst. Admin./Admin...Asst./Admin. Mgr.	Management Analyst III	1	\$54.285	\$56.18	\$57.58	34.62%	34.82%	33.42%	
ALS Coord./Field Coord./Trng Coordinator									
Program Coordinator/Field Liaison (Non-clinical)	EMS Analyst	4	\$50.37	\$52.13	\$53.43	34.62%	34.82%	33.42%	
Trauma Coordinator	Health Program Coordinator	1	\$56.14	\$57.55	\$59.98	34.62%	34.82%	33.42%	
Medical Director	Medical Director								Contracted position. No benefits
Other MD/Medical Consult/Training Medical Director									
Disaster Medical Planner									
Dispatch Supervisor									
Medical Planner									
Data Evaluator/Analyst	Epidemiologist II	0.20	\$48.34	\$49.54	\$50.78	34.62%	34.82%	33.42%	
QA/QI Coordinator									
Public Info. & Education Coordinator									
Executive Secretary									
Other Clerical									
Data Entry Clerk									
Other	Administrative Services Assistant	1	\$43.80	\$45.34	46.47	34.62%	34.82%	33.42%	



Other	Accountant I	1	\$33.68	\$34.52\$	38.85	34.62%	34.82%	33.42%	
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Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**The organizational chart below represents the Monterey County EMS Agency's staffing as of December 31<sup>st</sup>, 2024.**



**TABLE 3: STAFFING/TRAINING**Reporting Year: **2022**

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	<b>641</b>	N/A		N/A
Number newly certified this year	<b>70</b>	N/A		N/A
Number recertified this year	<b>256</b>	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	<b>215</b>	N/A
Number of certification reviews resulting in:				
a) formal investigations	<b>3</b>	N/A	<b>0</b>	N/A
b) probation	<b>1</b>	N/A	<b>0</b>	N/A
c) suspensions	<b>0</b>	N/A	<b>0</b>	N/A
d) revocations	<b>0</b>	N/A	<b>0</b>	N/A
e) denials	<b>0</b>	N/A	<b>0</b>	N/A
f) denials of renewal	<b>0</b>	N/A	<b>0</b>	N/A
g) no action taken	<b>6</b>	N/A	<b>0</b>	0N/A

## 1. Early defibrillation:

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

Unknown

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

Unknown

## 2. Do you have an EMR training program

☒ yes ☐ no

**TABLE 3: STAFFING/TRAINING (cont.)**Reporting Year: **2023**

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	<b>632</b>	N/A		N/A
Number newly certified this year	<b>66</b>	N/A		N/A
Number recertified this year	<b>249</b>	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	<b>214</b>	N/A
Number of certification reviews resulting in:				
a) formal investigations	<b>6</b>	N/A	<b>3</b>	N/A
b) probation	<b>2</b>	N/A	<b>0</b>	N/A
c) suspensions	<b>0</b>	N/A	<b>1</b>	N/A
d) revocations	<b>2</b>	N/A	<b>0</b>	N/A
e) denials	<b>0</b>	N/A	<b>0</b>	N/A
f) denials of renewal	<b>0</b>	N/A	<b>0</b>	N/A
g) no action taken	<b>5</b>	N/A	<b>2</b>	0N/A

## 1. Early defibrillation:

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

Unknown

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

Unknown

## 2. Do you have an EMR training program

☒ yes ☐ no

**TABLE 3: STAFFING/TRAINING (cont.)**Reporting Year: **2024**

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	<b>649</b>	N/A		N/A
Number newly certified this year	<b>87</b>	N/A		N/A
Number recertified this year	<b>258</b>	N/A		N/A
Total number of accredited personnel on July 1 of the reporting year	N/A	N/A	<b>210</b>	N/A
Number of certification reviews resulting in:				
a) formal investigations	<b>3</b>	N/A	<b>1</b>	N/A
b) probation	<b>1</b>	N/A	<b>0</b>	N/A
c) suspensions	<b>0</b>	N/A	<b>0</b>	N/A
d) revocations	<b>0</b>	N/A	<b>0</b>	N/A
e) denials	<b>0</b>	N/A	<b>0</b>	N/A
f) denials of renewal	<b>0</b>	N/A	<b>0</b>	N/A
g) no action taken	<b>2</b>	N/A	<b>0</b>	0N/A

## 1. Early defibrillation:

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

Unknown

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

Unknown

## 2. Do you have an EMR training program

☒ yes ☐ no

## TABLE 4: COMMUNICATIONS

County: **Monterey County**

Reporting Year: **2022 through 2024**

1. Number of primary Public Service Answering Points (PSAP)
  - **Monterey County Emergency Communications Department**
  - **California Highway Patrol – Monterey**
  - **City of Carmel**
  - **Fort Hunter Liggett**
  - **Presidio of Monterey (POM)**

**5**

---
2. Number of secondary PSAPs
  - **American Medical Response**
  - **CalFire**

**2**

---
3. Number of dispatch centers directly dispatching ambulances

**2**

---
4. Number of EMS dispatch agencies utilizing EMD guidelines

**1**

---
5. Number of designated dispatch centers for EMS Aircraft

**2**

---
6. Who is your primary dispatch agency for day-to-day emergencies?
  - **Monterey County Emergency Communications Department (9-1-1)**
7. Who is your primary dispatch agency for a disaster?
  - **Monterey County Emergency Communications Department (9-1-1)**
8. Do you have an operational area disaster communication system? ☒ Yes ☐ No
  - a. Radio primary frequency     458.4/453.4 467.950/462.950,467.975/462.975
  - b. Other methods – ReddiNet, TENS, EAS, CAHAN, Faxes, Internet, Text Messages, Cell, Commercial Satellite Phones, etc
  - c. Can all medical response units communicate on the same disaster communications system? ☒ Yes ☐ No
  - d. Do you participate in the Operational Area Satellite Information System (OASIS)? ☒ Yes ☐ No
  - e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? ☐ Yes ☒ No
    - 1) Within the operational area? ☐ Yes ☒ No
      - a. County of Monterey Department of Emergency Management (MCDEM) does not currently have a ratified plan to utilize

ARES/RACES as a backup communication system. Per the County of Monterey Emergency Operations Plan (EOP), ARES/RACES is integrated into the Monterey County Operational Area (MCOA) Emergency Operations Center (EOC) Logistics Section, Communications Unit to provide:

- i. amateur radio emergency services under the direction of the EOC
- ii. emergency radio services in critical facilities; incident command centers (equipment & staff).
- b. MCDEM is currently discussing additional capacities with ARES/RACES as backup communication systems for Operational Area, Regional, and State communications.

☐ Yes ☒ No

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

- a. MCDEM is currently working with Monterey County ARES/RACES and San Benito ARES/RACES to develop Cross Operational Area Trainings.
- b. MCDEM is currently discussing additional capacities with ARES/RACES as backup communication systems for Operational Area, Regional, and State communications.

## TABLE 5: RESPONSE/TRANSPORTATION

County: **Monterey County**

Reporting Year: **2022 through 2024**

### Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **17**

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

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	<b>8 Minutes</b>	<b>12 / 16 Minutes</b>	<b>ASAP</b>	N/A

## TABLE 6: FACILITIES/CRITICAL CARE

County: **Monterey County**

Reporting Year: **2022 through 2024**

### Trauma

Trauma patients:

	2022	2023	2024
1. Number of patients meeting trauma triage criteria.	1,349	1,361	1,400
2. Number of major trauma victims transported directly to a trauma center by ambulance.	1,047	1,063	1,070
3. Number of major trauma patients transferred to a trauma center.	196	77	85
4. Number of patients meetings trauma triage criteria who weren't treated at a trauma center.	106	221	245

### Emergency Departments

Total number of emergency departments	4
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	4
4. Number of comprehensive emergency services	0

### Receiving Hospitals

1. Number of receiving hospitals with written agreements	4
2. Number of base hospitals with written agreements	3



## TABLE 7: DISASTER MEDICAL

County: **Monterey County**

Reporting Year: **2022 through 2024**

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? **N/A, see 8.11 and 8.12**
  - b. How are they staffed? **N/A**
  - c. Do you have a supply system for supporting them for 72 hours? **N/A**
2. CISD  
Do you have a CISD provider with 24 hour capability? ☒ Yes ☐ No
3. Medical Response Team
  - a. Do you have any team medical response capability? ☐ Yes ☒ No
  - b. For each team, are they incorporated into your local response plan? **N/A**
  - c. Are they available for statewide response? **N/A**
  - d. Are they part of a formal out-of-state response system? **N/A**
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams? ☒ Yes ☐ No
  - b. At what HazMat level are they trained? **Level A**
  - c. Do you have the ability to do decontamination in an emergency room? ☒ Yes ☐ No
  - d. Do you have the ability to do decontamination in the field? ☒ Yes ☐ No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? ☒ Yes ☐ No
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **12 Cities and 20 special districts**
3. Have you tested your MCI Plan this year in a:
  - a. real event? ☒ Yes ☐ No
  - b. exercise? ☒ Yes ☐ No

**TABLE 7: DISASTER MEDICAL (cont.)**

4. List all counties with which you have a written medical mutual aid agreement:  
**California Mutual Aid Region II Intra-Region Cooperative Agreement for Medical and Health Disaster Assistance**
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? ☒ Yes ☐ No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? ☐ Yes ☒ No
7. Are you part of a multi-county EMS system for disaster response? ☒ Yes ☐ No
8. Are you a separate department or agency? ☐ Yes ☒ No
9. If not, to whom do you report? **Monterey County Health Dept.**
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **N/A**

## TABLE 8: RESOURCE DIRECTORY

Reporting Year: **2022**

### Response/Transportation/Providers

**County:** Monterey **Provider:** American Medical Response West **Response Zone:** #1

**Address:** 2511 Garden Rd Ste A140 **Number of Ambulance Vehicles in Fleet:** 29  
Monterey, CA 93940

**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <table><tr><td><input checked="" type="checkbox"/> Transport</td><td><input checked="" type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input type="checkbox"/> Non-Transport</td><td><input type="checkbox"/> BLS</td><td><input checked="" type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input checked="" type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input checked="" type="checkbox"/> IFT</td><td></td></tr></table>	<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water			<input checked="" type="checkbox"/> IFT	
<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input checked="" type="checkbox"/> IFT																	

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

### Transporting Agencies

40,893 Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses

26,584 Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

### Air Ambulance Services

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

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

**Table 8: Resource Directory**Reporting Year: **2023****Response/Transportation/Providers****County:** Monterey **Provider:** American Medical Response West **Response Zone:** #1**Address:** 2511 Garden Rd Ste A140  
Monterey, CA 93940 **Number of Ambulance Vehicles in Fleet:** 29**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<b><u>If Public:</u></b>  <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**
41,494 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

26,716 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports
**Air Ambulance Services**
 \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

**Table 8: Resource Directory**Reporting Year: **2024****Response/Transportation/Providers****County:** Monterey **Provider:** American Medical Response West **Response Zone:** #1**Address:** 2511 Garden Rd Ste A140 **Number of Ambulance Vehicles in Fleet:** 29Monterey, CA 93940**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

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

**Transporting Agencies**40,688 Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses27,781 Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports**Air Ambulance Services**\_\_\_\_ Total number of responses  
\_\_\_\_ Number of emergency responses  
\_\_\_\_ Number of non-emergency responses\_\_\_\_ Total number of transports  
\_\_\_\_ Number of emergency transports  
\_\_\_\_ Number of non-emergency transports

# Table 8: Resource Directory

Reporting Year: 2022 through 2024

## Response/Transportation/Providers

County: Monterey Provider: Big Sur Volunteer Fire Brigade Response Zone: Big Sur Coast

Address: PO Box 520  
Big Sur, CA 93920

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 831-667-2113

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: 2022 through 2024

## Response/Transportation/Providers

County: Monterey Provider: Cachagua Fire Protection District Response Zone: Cachagua FPD

Address: PO Box 2090  
Carmel Valley, CA 93924

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 831-659-7700

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

## Air Ambulance Services

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

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** CAL FIRE (Carmel Highlands Fire Protection District) **Response Zone:** Carmel Highlands PFD

**Address:** 2221 Garden Rd  
Monterey, CA 93940 **Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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



**Table 8: Resource Directory**Reporting Year: **2022 through 2024****Response/Transportation/Providers****County:** Monterey **Provider:** CAL FIRE (Cypress Fire Protection District) **Response Zone:** Cypress FPD**Address:** 2221 Garden Rd  
Monterey, CA 93940 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** CAL FIRE (Pebble Beach Community Services District) **Response Zone:** Pebble Beach CSD

**Address:** 3101 Forrest Lake Rd  
Pebble Beach, CA 93953 **Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 831-373-1274 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

Table 8: Resource Directory

Reporting Year: 2022 through 2024

Response/Transportation/Providers

County: Monterey      Provider: CAL FIRE (Soledad)      Response Zone: City of Soledad

Address: 2221 Garden Rd      Number of Ambulance Vehicles in Fleet: 0  
Monterey, CA 93940

Phone Number: 831-333-2600      Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

Air Ambulance Services

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

## Table 8: Resource Directory

Reporting Year: **2022 through 2024**

### Response/Transportation/Providers

**County:** Monterey **Provider:** CAL FIRE (South Monterey County FPD) **Response Zone:** SOMOCO

**Address:** 2221 Garden Rd **Number of Ambulance Vehicles in Fleet:** 0  
Monterey, Ca. 93940

**Phone Number:** 831-333-2600 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

### Air Ambulance Services

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

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

Table 8: Resource Directory

Reporting Year: 2022 through 2024

Response/Transportation/Providers

County: Monterey Provider: CAL FIRE (Aromas Tri-County Fire Protection District) Response Zone: Tri-County FPD

Address: 2221 Garden Rd  
Monterey, Ca. 93940  
Phone Number: 831-333-2600  
Number of Ambulance Vehicles in Fleet: 0  
Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

Air Ambulance Services

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

# Table 8: Resource Directory

Reporting Year: **2022**

## Response/Transportation/Providers

County: Monterey Provider: CALSTAR Response Zone: Monterey County

Address: 4922 Baily Loop  
McClellan, CA 95652

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 916-921-4000

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

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

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

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

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: **2023**

## Response/Transportation/Providers

County: Monterey Provider: CALSTAR Response Zone: Monterey County

Address: 4922 Baily Loop  
McClellan, CA 95652

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 916-921-4000

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

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

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

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

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: **2024**

## Response/Transportation/Providers

County: Monterey Provider: CALSTAR Response Zone: Monterey County

Address: 4922 Baily Loop  
McClellan, CA 95652

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 916-921-4000

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

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

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

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

## Air Ambulance Services

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

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



**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** Camp Roberts Emergency Services **Response Zone:** Camp Roberts

**Address:** HQ Camp Roberts Hwy 101, Bldg 4050 **Number of Ambulance Vehicles in Fleet:** 0  
Camp Roberts, CA 93451

**Phone Number:** 831-238-8220 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: **2022****Response/Transportation/Providers****County:** Monterey **Provider:** City of Carmel Ambulance **Response Zone:** Carmel-by-the-Sea**Address:** PO Box CC  
Carmel, CA 93921 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**
1,146 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

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

**Table 8: Resource Directory**Reporting Year: **2023****Response/Transportation/Providers****County:** Monterey **Provider:** City of Carmel Ambulance **Response Zone:** Carmel-by-the-Sea**Address:** PO Box CC  
Carmel, CA 93921 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**
1,101 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: MontereyProvider: City of Carmel AmbulanceResponse Zone: Carmel-by-the-Sea

Address: PO Box CC  
Carmel, CA 93921Number of Ambulance Vehicles in Fleet: 2

Phone Number: 831-718-9555Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

Transporting Agencies

920

Total number of responses

Number of emergency responses

Number of non-emergency responses

636

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** California Correctional Training Facility **Response Zone:** State Prison

**Address:** Hwy 101 Soledad  
Soledad, CA 93960 **Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 831-678-5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: **2022**

## Response/Transportation/Providers

**County:** Monterey **Provider:** California Highway Patrol **Response Zone:** Monterey County

**Address:** 5020 Wing Ave  
Paso Robles, CA 93446

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 805-239-3553

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

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

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

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

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: **2023**

## Response/Transportation/Providers

**County:** Monterey **Provider:** California Highway Patrol **Response Zone:** Monterey County

**Address:** 5020 Wing Ave **Number of Ambulance Vehicles in Fleet:** 1  
Paso Robles, CA 93446

**Phone Number:** 805-239-3553 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

## Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: **2024**

## Response/Transportation/Providers

**County:** Monterey **Provider:** California Highway Patrol **Response Zone:** Monterey County

**Address:** 5020 Wing Ave  
Paso Robles, CA 93446

**Number of Ambulance Vehicles in Fleet:** 1

**Phone Number:** 805-239-3553

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

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

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

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

## Air Ambulance Services

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

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



**Table 8: Resource Directory**Reporting Year: **2022 through 2024****Response/Transportation/Providers****County:** Monterey **Provider:** City of Marina Fire Department **Response Zone:** City of Marina**Address:** 211 Hillcrest Ave  
Marina, CA 93933 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 831-718-9555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: **2022**

## Response/Transportation/Providers

**County:** Monterey **Provider:** Fort Hunter-Liggett Fire Department **Response Zone:** FHL US Army Garrison

**Address:** T-120 Infantry Rd  
Jolon, CA 93928 **Number of Ambulance Vehicles in Fleet:** 2

**Phone Number:** 831-678-5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

## Air Ambulance Services

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

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

**Table 8: Resource Directory**Reporting Year: **2023****Response/Transportation/Providers****County:** Monterey **Provider:** Fort Hunter-Liggett Fire Department **Response Zone:** FHL US Army Garrison**Address:** T-120 Infantry Rd  
Jolon, Ca. 93928 **Number of Ambulance Vehicles in Fleet:** 2**Phone Number:** 831-678-5922 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Monterey Provider: Fort Hunter-Liggett Fire Department Response Zone: FHL US Army Garrison

Address: T-120 Infantry Rd  
Jolon, CA 93928

Number of Ambulance Vehicles in Fleet: 2

Phone Number: 831-678-5922

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

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

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

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

Air Ambulance Services

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

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

# Table 8: Resource Directory

Reporting Year: **2022 through 2024**

## Response/Transportation/Providers

**County:** Monterey **Provider:** City of Gonzales Fire Department **Response Zone:** Cities of Gonzalez & Gonzalez Rural Fire Protection District

**Address:** PO Box 647 **Number of Ambulance Vehicles in Fleet:** 0  
Gonzalez, CA 93926  
**Phone Number:** 831-675-5000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

## Air Ambulance Services

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

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** City of Greenfield Fire Department **Response Zone:** City of Greenfield and Greenfield FPD

**Address:** 380 Oak Ave **Number of Ambulance Vehicles in Fleet:** 0  
Greenfield, CA 93927

**Phone Number:** 831-674-5484 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: **2022 through 2024****Response/Transportation/Providers****County:** Monterey **Provider:** City of King Fire Department **Response Zone:** City of King City**Address:** PO Box 2550  
King City, CA 93930 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 831-385-3430 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: **2022****Response/Transportation/Providers****County:** Monterey **Provider:** Monterey County Regional Fire Protection District/CVFA **Response Zone:** #3**Address:** 19900 Portola Dr  
Salinas, CA 93908 **Number of Ambulance Vehicles in Fleet:** 5**Phone Number:** 831-472-2311 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**
1,139 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

1,026 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports
**Air Ambulance Services**
 \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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



**Table 8: Resource Directory**Reporting Year: **2023****Response/Transportation/Providers****County:** Monterey **Provider:** Monterey County Regional Fire Protection District/CVFA **Response Zone:** #3**Address:** 19900 Portola Dr  
Salinas, CA 93908**Number of Ambulance Vehicles in Fleet:** 5**Phone Number:** 831-472-2311**Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
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<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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**Transporting Agencies**
1,151 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

1,024 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports
**Air Ambulance Services**
 \_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: Monterey Provider: Monterey County Regional Fire Protection District/CVFA Response Zone: #3

Address: 19900 Portola Dr Number of Ambulance Vehicles in Fleet: 5  
Salinas, CA 93908  
Phone Number: 831-472-2311 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 4

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

Transporting Agencies

1,213	Total number of responses	1,039	Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

Air Ambulance Services

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

# Table 8: Resource Directory

Reporting Year: **2022**

## Response/Transportation/Providers

County: Monterey Provider: Mercy Air Service Response Zone: Monterey County

Address: 1670 Miro Wy  
Rialto, CA 92376 Number of Ambulance Vehicles in Fleet: 2

Phone Number: 909-829-7030 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

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

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

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

## Air Ambulance Services

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

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

**Table 8: Resource Directory**

Reporting Year: **2023**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** Mercy Air Service **Response Zone:** Monterey County

**Address:** 1670 Miro Wy **Number of Ambulance Vehicles in Fleet:** 2  
Rialto, CA 92376

**Phone Number:** 909-829-7030 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

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

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

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

**Air Ambulance Services**

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

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

Table 8: Resource Directory

Reporting Year: 2024

Response/Transportation/Providers

County: MontereyProvider: Mercy Air ServiceResponse Zone: Monterey County

Address: 1670 Miro Wy  
Rialto, CA 92376

Phone Number: 909-829-7030

Number of Ambulance Vehicles in Fleet: 2

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

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

Total number of responses

Number of emergency responses

Number of non-emergency responses

Total number of transports

Number of emergency transports

Number of non-emergency transports

Air Ambulance Services

81Total number of responses

Number of emergency responses

Number of non-emergency responses

32Total number of transports

Number of emergency transports

Number of non-emergency transports

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** Mid Coast Fire Brigade **Response Zone:** Mid Coast

**Address:** 33841 Palo Colorado Canyon  
Monterey, CA 93923 **Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 831-624-8287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<b><u>Written Contract:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <table><tr><td><input type="checkbox"/> Transport</td><td><input type="checkbox"/> ALS</td><td><input checked="" type="checkbox"/> 9-1-1</td><td><input checked="" type="checkbox"/> Ground</td></tr><tr><td><input checked="" type="checkbox"/> Non-Transport</td><td><input checked="" type="checkbox"/> BLS</td><td><input type="checkbox"/> 7-Digit</td><td><input type="checkbox"/> Air</td></tr><tr><td></td><td><input type="checkbox"/> LALS</td><td><input type="checkbox"/> CCT</td><td><input type="checkbox"/> Water</td></tr><tr><td></td><td></td><td><input type="checkbox"/> IFT</td><td></td></tr></table>	<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input type="checkbox"/> IFT																	

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

**Transporting Agencies**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** City of Monterey Fire Department **Response Zone:** Cities of Monterey, Carmel, Sand City and Pacific Grove

**Address:** 610 Pacific St  
Monterey, CA 93940

**Number of Ambulance Vehicles in Fleet:** 0

**Phone Number:** 831-646-3900

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

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

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

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

**Air Ambulance Services**

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

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

# Table 8: Resource Directory

Reporting Year: 2022 through 2024

## Response/Transportation/Providers

County: Monterey Provider: Monterey County Parks Response Zone: Monterey County Parks

Address: 2610 San Antonio Rd  
Bradley, CA 93426

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 831-472-2311

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

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

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

## Air Ambulance Services

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

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



Table 8: Resource Directory

Reporting Year: 2022 through 2024

Response/Transportation/Providers

County: Monterey      Provider: North County Fire Protection District      Response Zone: North County FPD

Address: 11200 Speegle St  
Castroville, CA 95012

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 831-633-2578

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

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

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

Air Ambulance Services

\_\_\_\_\_ Total number of responses

\_\_\_\_\_ Number of emergency responses

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

\_\_\_\_\_ Total number of transports

\_\_\_\_\_ Number of emergency transports

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** Presidio of Monterey Fire Department **Response Zone:** Presidio of Monterey

**Address:** Bldg #4400 General Jim Moore Blvd **Number of Ambulance Vehicles in Fleet:** 0  
Seaside, Ca 93955

**Phone Number:** 831-242-7702 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

Reporting Year: **2022 through 2024**

**Response/Transportation/Providers**

**County:** Monterey **Provider:** City of Salinas Fire Department **Response Zone:** City of Salinas

**Address:** 65 West Alisal St Ste 200 **Number of Ambulance Vehicles in Fleet:** 0  
Salinas, CA 93901

**Phone Number:** 831-758-7261 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**Reporting Year: **2022 through 2024****Response/Transportation/Providers****County:** Monterey **Provider:** City of Seaside Fire Department **Response Zone:** Cities of Seaside and Del Ray Oaks**Address:** 1635 Broadway Ave  
Seaside, CA 93955 **Number of Ambulance Vehicles in Fleet:** 0**Phone Number:** 831-899-6790 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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

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

**Air Ambulance Services**

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

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

## TABLE 9: FACILITIES

County: Monterey

Reporting Year: 2022 through 2024

Facility: Natividad  
Address: 1441 Constitution Blvd  
Salinas, CA 93906

Telephone Number: 831-755-4185

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Pediatric Critical Care Center<sup>1</sup></b> <b>EDAP<sup>2</sup></b> <b>PICU<sup>3</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV
<b><u>STEMI Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<sup>1</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>2</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>3</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: FACILITIES (cont.)****County: Monterey**Reporting Year: **2022 through 2024**

**Facility:** Community Hospital of the Monterey Peninsula  
(CHOMP)  
**Address:** 23625 Holman Highway  
Monterey, CA 93940

**Telephone Number:** 831-642-5311

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>5</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>6</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

**TABLE 9: FACILITIES (cont.)****County: Monterey****Reporting Year: 2022 through 2024**

**Facility:** Salinas Valley Health (SVH)  
**Address:** 450 E. Romie Ln  
Salinas, CA 93901

**Telephone Number:** 831-757-4333

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b>  <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Burn Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>7</sup></b> <b>EDAP<sup>8</sup></b> <b>PICU<sup>9</sup></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b>  <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Stroke Center:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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<sup>7</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>8</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>9</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES (cont.)**

**County: Monterey**

**Reporting Year: 2022 through 2024**

**Facility:** George L. Mee Memorial Hospital  
**Address:** 300 Canal St  
King City, CA 93930

**Telephone Number:** 831-385-6000

<b><u>Written Contract:</u></b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Service:</u></b> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<b><u>Base Hospital:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Burn Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>If Trauma Center what level:</u></b> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<b><u>STEMI Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Stroke Center:</u></b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<sup>10</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>11</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>12</sup> Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*



**TABLE 10: APPROVED TRAINING PROGRAMS**

County: **Monterey**

Reporting Year: **2022 through 2024**

		<b>Hartnell College</b>			<b>831-770-6146</b>			
Training Institution:					Telephone Number:			
Address:		<b>411 Central Ave</b>						
		<b>Salinas, CA 93901</b>						
Student Eligibility*:	<b>Open</b>	**Program Level <b>EMT</b>						
		Cost of Program:						
		2022 Basic:	<b>959</b>	Number of students completing training per year:	<b>2022</b>	<b>2023</b>	<b>2024</b>	
		2023 Basic:	<b>959</b>		Initial training:	77	92	52
		2024 Basic:	<b>959</b>		Refresher:	0	0	0
		2022 Refresher:	<b>N/A</b>		Continuing Education:	0	0	0
		2023 Refresher:	<b>N/A</b>		Expiration Date:			
		2024 Refresher:	<b>N/A</b>		Number of courses:	<b>2022</b>	<b>2023</b>	<b>2024</b>
					Initial training:	5	5	5
					Refresher:	0	0	0
					Continuing Education:	0	0	0

		<b>Monterey Peninsula College</b>			<b>831-646-1240</b>			
Training Institution:					Telephone Number:			
Address:		<b>980 Fremont Street</b>						
		<b>Monterey, CA 93940</b>						
Student Eligibility*:	<b>Open</b>	**Program Level <b>EMT</b>						
		Cost of Program:						
		2022 Basic:	<b>1220</b>	Number of students completing training per year:	<b>2022</b>	<b>2023</b>	<b>2024</b>	
		2023 Basic:	<b>1220</b>		Initial training:	56	63	84
		2024 Basic:	<b>934</b>		Refresher:	0	0	0
		2022 Refresher:	<b>42</b>		Continuing Education:	2	2	2
		2023 Refresher:	<b>42</b>		Expiration Date:			
		2024 Refresher:	<b>42</b>		Number of courses:	<b>2022</b>	<b>2023</b>	<b>2024</b>
					Initial training:	4	4	4
					Refresher:	1	1	1
					Continuing Education:	2	2	2

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS (cont.)**

**County: Monterey**

**Reporting Year: 2022 through 2024**

<b>Medics for Life</b>		<b>831-601-2494</b>	
Training Institution: _____		Telephone Number: _____	
Address: <b>8022 San Miguel Canyon Road</b>			
<b>Prunedale, CA 93907</b>			
Student Eligibility*: _____	<b>Restricted</b>	**Program Level	<b>EMR</b>
Cost of Program:			
2022 EMR:	<b>0</b>	Number of students completing training per year:	<b>2022</b>
2023 EMR:	<b>0</b>	Initial training:	<b>2023</b>
2024 EMR:	<b>0</b>	Refresher:	<b>2024</b>
2022 Refresher:	<b>0</b>	Continuing Education:	
2023 Refresher:	<b>0</b>	Expiration Date:	
2024 Refresher:	<b>0</b>	Number of courses:	<b>2022</b>
		Initial training:	<b>2023</b>
		Refresher:	<b>2024</b>
		Continuing Education:	

<b>Monterey County Regional Fire District</b>		<b>831-455-1828</b>	
Training Institution: _____		Telephone Number: _____	
Address: <b>19900 Portola Drive</b>			
<b>Salinas, CA 93908</b>			
Student Eligibility*: _____	<b>Restricted</b>	**Program Level	<b>EMR</b>
Cost of Program:			
2022 EMR:	<b>0</b>	Number of students completing training per year:	<b>2022</b>
2023 EMR:	<b>0</b>	Initial training:	<b>2023</b>
2024 EMR:	<b>0</b>	Refresher:	<b>2024</b>
2022 Refresher:	<b>0</b>	Continuing Education:	
2023 Refresher:	<b>0</b>	Expiration Date:	
2024 Refresher:	<b>0</b>	Number of courses:	<b>2022</b>
		Initial training:	<b>2023</b>
		Refresher:	<b>2024</b>
		Continuing Education:	

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS (cont.)**

**County: Monterey**

**Reporting Year: 2022 through 2024**

<b>Mid-Coast Fire Brigade</b>		<b>831-625-8175</b>	
Training Institution:			Telephone Number: <span style="border-bottom: 1px solid black;"></span>
Address:			
Student Eligibility*:	<b>Restricted</b>	**Program Level <b>EMR</b>	
	Cost of Program:		
	2022 EMR: <span style="border-bottom: 1px solid black;">0</span>	Number of students completing training per year:	<b>2022</b>
	2023 EMR: <span style="border-bottom: 1px solid black;">0</span>	Initial training:	<b>2023</b>
	2024 EMR: <span style="border-bottom: 1px solid black;">0</span>	Refresher:	<b>2024</b>
	2022 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Continuing Education:	0
	2023 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Expiration Date:	0
	2024 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Number of courses:	0
		Initial training:	0
		Refresher:	0
		Continuing Education:	0

<b>Rescue Instruction Operations</b>		<b>805-975-2460</b>	
Training Institution:			Telephone Number: <span style="border-bottom: 1px solid black;"></span>
Address:			
Student Eligibility*:	<b>Open</b>	**Program Level <b>EMR</b>	
	Cost of Program:		
	2022 EMR: <span style="border-bottom: 1px solid black;">0</span>	Number of students completing training per year:	<b>2022</b>
	2023 EMR: <span style="border-bottom: 1px solid black;">0</span>	Initial training:	<b>2023</b>
	2024 EMR: <span style="border-bottom: 1px solid black;">0</span>	Refresher:	<b>2024</b>
	2022 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Continuing Education:	0
	2023 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Expiration Date:	0
	2024 Refresher: <span style="border-bottom: 1px solid black;">0</span>	Number of courses:	0
		Initial training:	0
		Refresher:	0
		Continuing Education:	0

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS (cont.)**

**County: Monterey**

**Reporting Year: 2022 through 2024**

Training Institution:	<b>South Bay Regional Public Safety Training Consortium/Monterey Peninsula College</b>		Telephone Number:	<b>831-646-1240</b>			
Address:	<b>980 Fremont Street</b>						
	<b>Monterey, CA 93940</b>						
Student Eligibility*:			**Program Level	<b>Paramedic</b>			
	Cost of Program:						
	2022 Paramedic:	<b>13,739</b>	Number of students completing training per year:		<b>2022</b>	<b>2023</b>	<b>2024</b>
	2023 Paramedic:	<b>13,351</b>			15	36	19
	2024 Paramedic:	<b>15,965</b>			N/A	N/A	N/A
	2022 Refresher:	<b>N/A</b>			N/A	N/A	N/A
	2023 Refresher:	<b>N/A</b>					
	2024 Refresher:	<b>N/A</b>					
			Number of courses:		<b>2022</b>	<b>2023</b>	<b>2024</b>
					1	2	1
					N/A	N/A	N/A
					N/A	N/A	N/A

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

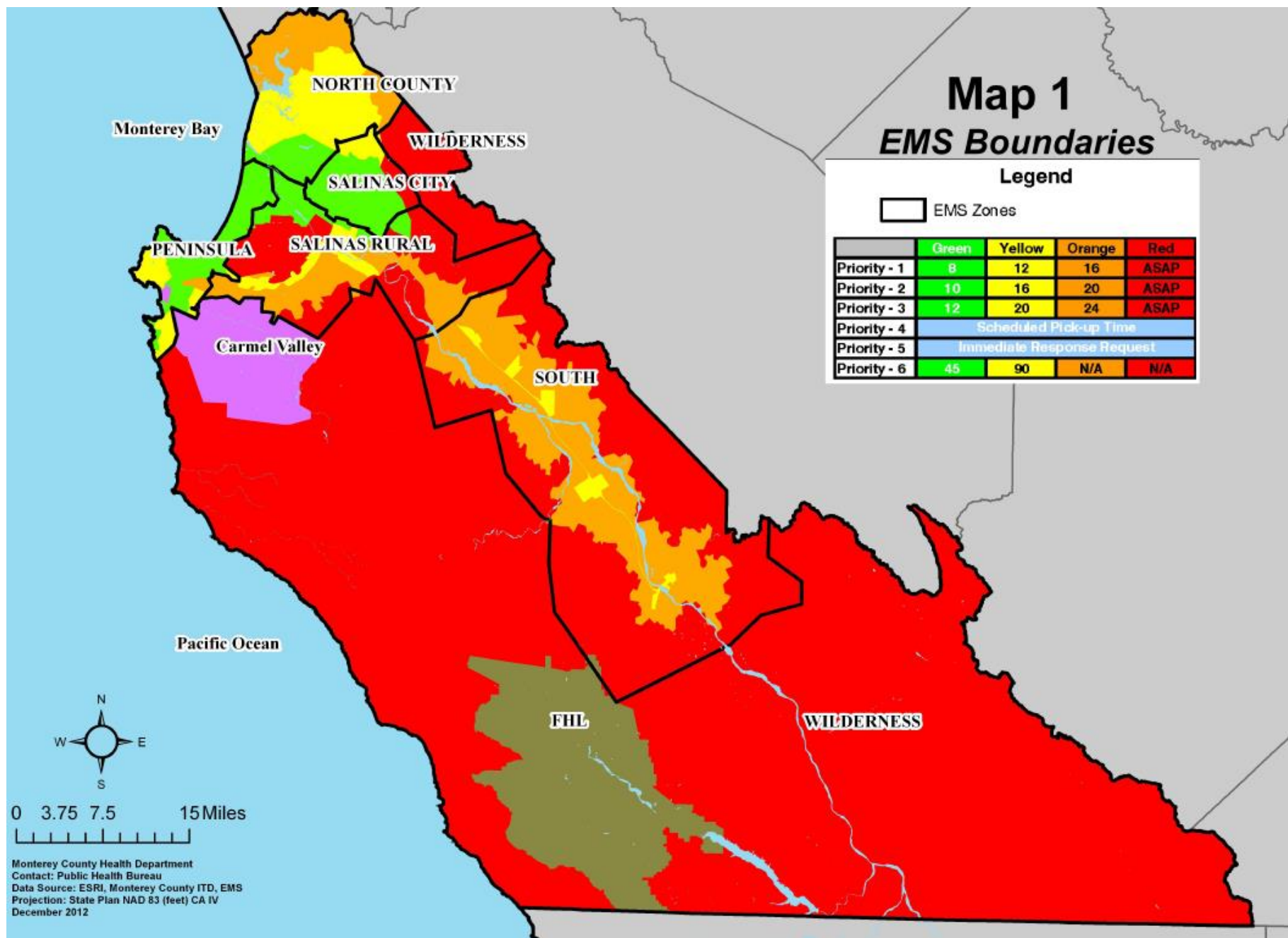
\*\* Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level

**TABLE 11: DISPATCH AGENCY****County: Monterey****Reporting Year: 2022 through 2024**

<b>American Medical Response</b>		<b>Jessica Iniquez, AMR Communications Manager</b>	
Name:		Primary Contact:	
Address:	<u>1322 Natividad Rd</u>		
	<u>Salinas, CA 93906</u>		
Telephone Number:	<u>831-796-6444</u>		
Written Contract:	Medical	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Director:	<input type="checkbox"/> Disaster	<u>  9  </u> EMD Training <u>      </u> EMT-D <u>      </u> ALS
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>      </u> BLS <u>      </u> LALS <u>      </u> Other
Ownership:		If Public:	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal
		<input type="checkbox"/> Law	
		<input type="checkbox"/> Other	
		Explain:	
		<u>                    </u>	

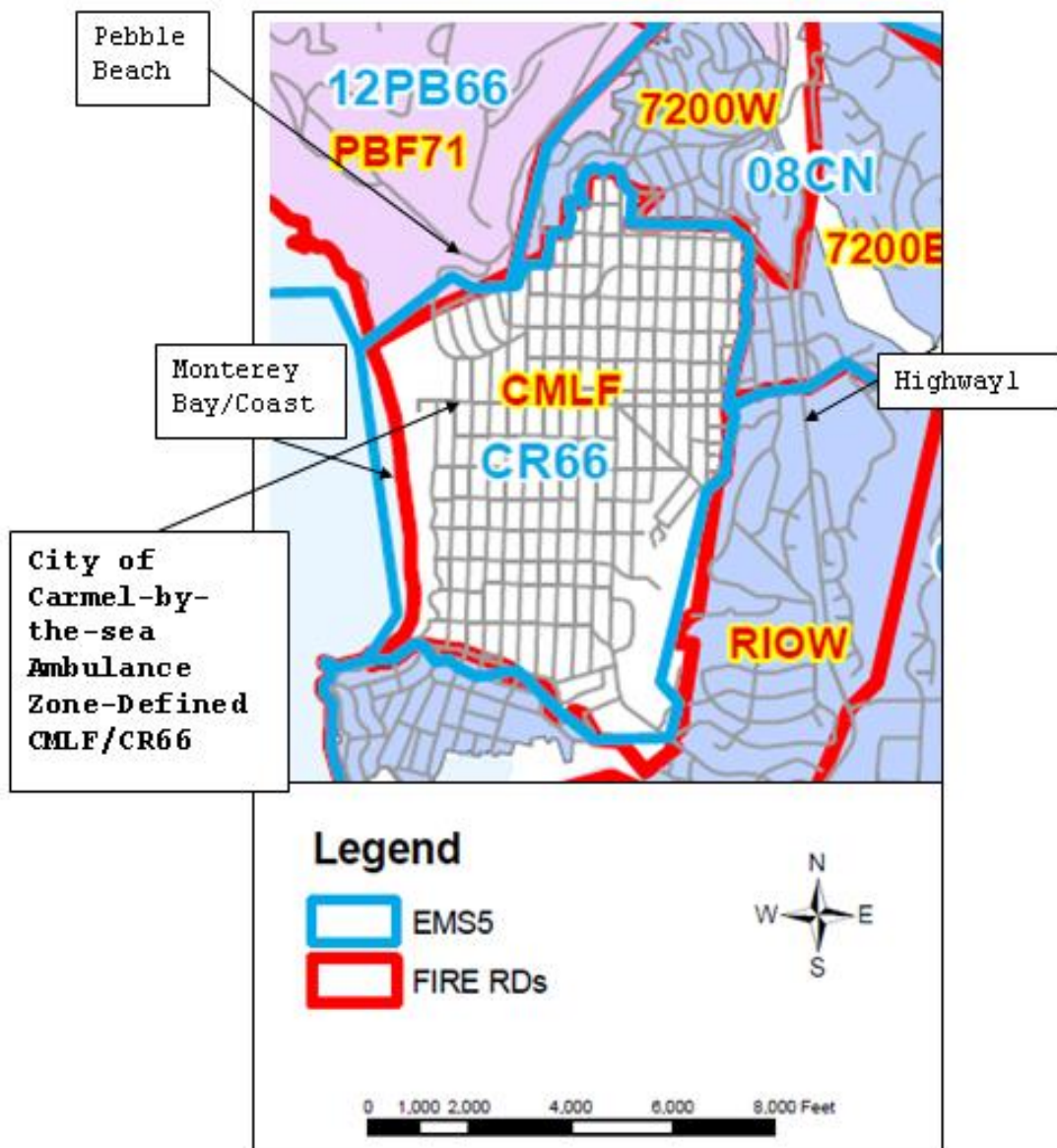
**TABLE 12: AMBULANCE ZONE SUMMARY**

<b>Local EMS Agency or County Name:</b> County of Monterey EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #1 Monterey County
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  American Medical Response (AMR-West)
<b>Area or Subarea (Zone) Geographic Description:</b>  The geographic and legal boundaries of Monterey County
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-exclusive.
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A.
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

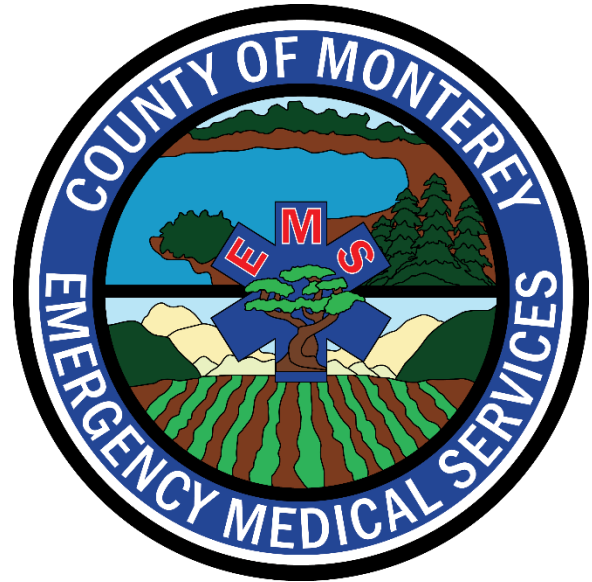


<b>Local EMS Agency or County Name:</b> County of Monterey EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #2 Carmel by the Sea
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Carmel Fire Ambulance (CFA)
<b>Area or Subarea (Zone) Geographic Description:</b> City of Carmel by the Sea
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> N/A
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A





<b>Local EMS Agency or County Name:</b> County of Monterey EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Monterey County Regional Fire Protection District (MCRFD)
<b>Area or Subarea (Zone) Geographic Description:</b> East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action.  Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> N/A
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



**County of Monterey**  
**Emergency Medical Services Agency**

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**Trauma System Status Report**  
**2024 Update**

In accordance with State of California Code of Regulations, Title 22, Division 9, Chapter 7, Monterey County submits this Trauma System Status Report.

## Trauma System Summary

The Monterey County Emergency Medical Services Agency (MCEMSA) Trauma System Plan was developed in compliance with California Health and Safety Code, Section 1798.160 et seq. and California Code of Regulations, Title 22, Sections 100253 through 100258. The California EMS Authority (EMSA) approved the MCEMSA's initial Trauma System Plan in 2014. The MCEMSA implemented its system of care for trauma patients in 2015.

Monterey County encompasses a population of 432,977 people in 3,771 square miles.<sup>1</sup> In 2015, following a competitive process, the MCEMSA designated Natividad as the first and only trauma center in the County. Natividad was initially verified by the American College of Surgeons Committee on Trauma (ACS-COT) in December 2018 as an Adult Level II Trauma Center. In December 2022, Natividad again achieved verification as an Adult Level II Trauma Center through November 7, 2025.

The MCEMSA policy addressing field trauma triage is based upon the Center for Disease Control's (CDC) Guidelines for Field Triage of Injured Patients. The policy directs adult patients meeting Step 1, 2, and/or 3 of the trauma triage criteria to the closest Trauma Center.

The EMS System does not have an in-county pediatric trauma center. The closest pediatric trauma centers are Santa Clara Valley Medical Center (SCVMC), 62 miles northeast of Natividad, and Stanford Healthcare, 80 miles north of Natividad. Pediatric patients (less than 15 years of age) who meet Step 1 and/or Step 2 pediatric trauma triage criteria are directed to one of the Pediatric Trauma Centers by air ambulance. If the patient cannot be flown for any reason (e.g. parental refusal, helicopter unable to fly), the patient is directed to the closest Trauma Center. Pediatric patients who meet Step 3 of the pediatric trauma triage criteria are transported to Natividad. Pediatric patients meeting Step 4 of the CDC Trauma Triage Guidelines are transported to the closest, most appropriate Emergency Department (ED).

The Monterey County Trauma System undergoes review on a continuous basis. Reviews include regular meetings of our Trauma Evaluation and Quality Improvement Committee (TEQIC). The TEQIC is led by MCEMSA staff and includes members from transport and first responder EMS agencies, representatives from non-trauma center hospitals in Monterey County, law enforcement, and Natividad's Trauma Program Director and Medical Director. Additionally, the TEQIC includes the Medical Director and EMS Agency personnel from neighboring Santa Cruz and San Benito Counties. The MCEMSA continues to refine and validate the data collection processes, and to look at the Trauma System utilizing available data to improve trauma care for all Monterey County residents and visitors.

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<sup>1</sup> <https://datausa.io/profile/geo/monterey-county-ca/>

## Changes in the Trauma System

Multiple policy and protocol updates have occurred since the Monterey County EMS Agency first designated Natividad as a Trauma Center in 2015. The Monterey County EMS Agency established a three-year policy and protocol review cycle in which the EMS Agency reviews each policy and protocol every three years at a minimum. Additional changes may be made “off cycle” due to reasons such as system needs or clinical care advances. The Monterey County EMS Agency implemented the following significant changes since our last trauma system status report in 2023:

### 2023:

- Policy 1030 – Trauma System
  - Eliminated duplicate information also contained in Policy #5060 (Trauma Center Standards).
- Policy 6050 – Trauma Quality Improvement and System Evaluation
  - Added language addressing data submission requirements for non-trauma centers.
- Protocol TP-1 – Burn Care – Pediatric
  - Adoption of a new flowchart/algorithm format.
- Protocol TP-2 – Isolated Extremity Injury – Pediatric
  - Adoption of a new flowchart/algorithm format.
  - Added additional guidance related to hemorrhage control.

### 2024:

- Policy 4040 – Field Trauma Triage Criteria
  - Revised to better mirror the 2021 National Trauma Guidelines.
- Policy 5050 – Trauma Center Designation and Redesignation Process
  - Revised the processes for trauma center designation.
  - Added language related to redesignation processes.
- T-6 – Hemorrhage Control
  - Clarified inclusion and exclusion criteria for the administration of tranexamic acid (TXA).
- T-5 – Traumatic Cardiac Arrest
  - Added language providing further clarification that cardiac medications are not indicated during arrests due to a traumatic etiology.

## Number and Designation Level of Trauma Centers

Natividad (located in Salinas at 1441 Constitution Blvd.) has been designated as an Adult Level II Trauma Center. In July 2021, the Monterey County EMS Agency and Natividad executed an updated Designation Agreement for Trauma Center Services. This agreement extends Natividad's designation until June 2026, unless terminated earlier.

Monterey County has no designated Pediatric Trauma Centers within the County.

## Trauma System Goals and Objectives

### **2014 Trauma System Plan Goals and Objectives:**

#### **Objective 1: Approve the Trauma Care System Plan**

Status: Completed.

The Monterey County Trauma System Plan was approved by the California EMS Authority In 2014.

#### **Objective 2: Adopt Trauma Policies**

Status: Completed.

The Monterey County EMS Agency has had specific trauma policies in place since 2014. These policies have undergone several revisions, which are addressed in "Changes to the Trauma System" section of this plan.

#### **Objective 3: Trauma Center Designation**

Status: Completed.

In January 2015, the Monterey County EMS Agency designated Natividad as the Monterey County EMS System's sole Adult Level II Trauma Center. In December 2018, the American College of Surgeons' Committee on Trauma verified Natividad as an Adult Level II Trauma Center.

#### **Objective 4: Training Plan**

Status: Completed and Ongoing.

In October 2014, all system providers received training on the new and revised policies and procedures. Since that time, Monterey County has implemented additional training on all changes to trauma policies for all EMS field-level providers.

#### **Objective 5: Trauma Data Collection**

Status: Completed and Ongoing.

Monterey County's EMS Agency and Trauma Center utilize the TraumaOne Trauma Registry from Lancet to collect data on all trauma patients transported via EMS.

#### Objective 6: Trauma Quality Improvement Process

Status: Completed and Ongoing.

The Monterey County EMS Agency and Natividad participate in the Santa Clara County Trauma Care System Quality Improvement Committee (TCSQIC), which functions as a Trauma Audit Committee. The Monterey County EMS Agency and Natividad also participate in Santa Clara County's Trauma Executive Committee, which conducts peer review on selected cases from trauma surgeons in Santa Clara County. Natividad holds quarterly internal Trauma Service Improvement Committee meetings, which the EMS Agency Trauma Coordinator attends to receive input on the Performance Improvement activities of the Trauma Center, and to provide input on EMS Trauma System issues. The Monterey County EMS Agency also holds a quarterly Trauma Evaluation Quality Improvement Committee (TEQIC) meeting, attended by Natividad's Trauma Program Manager, Natividad's Trauma Medical Director, non-trauma center physician representatives, EMS providers, and EMS Agency staff to review trauma system data and offer input on issues identified in the Trauma System.

#### **Current Goals and Objectives:**

**Goal 1: Improve the resources available within Monterey County for the timely rapid re-triage of trauma patients from a non-trauma center to a trauma center.**

#### Objective 1 – Provide hospitals with a better awareness of the availability of Monterey County's Critical Care Transport (CCT) ambulance.

Status: Completed and Ongoing.

The EMS Agency utilizes the Reddinet system to track the availability of the CCT ambulance. This information is available to all facilities and helps facilitate planning of the transfer of critical trauma patients.

#### Objective 2 – Implement a policy permitting sending facility staff to accompany trauma patients on EMS vehicles during transfers.

Status: Completed and Ongoing.

The EMS Agency worked with staff from Monterey County hospitals to establish this policy. Transfers are tracked via Computer-Aided Dispatch (CAD).

#### Objective 3 – Add a Local Optional Scope of Practice (LOSOP) to permit paramedics to monitor blood and blood products during interfacility transports.

Status: In Process.

The EMS Agency has met with stakeholders to determine the interest and feasibility of applying for this LOSOP. We have begun working on policy documents, training materials, and the LOSOP application. This will require further work and development throughout 2023.

**Goal 2: Revise and develop policies and procedures based on new information and identified needs.**

Objective 1 – Establish and maintain a regular cycle of policy and protocol review.

Status: Completed and Ongoing.

The Monterey County EMS Agency established a three-year policy and protocol review cycle in which the EMS Agency reviews each policy and protocol every three years at a minimum. Additional changes may be made “off cycle” due to reasons such as system needs or clinical care advances.

Objective 2 – Utilize an algorithm format for treatment protocols, where appropriate.

Status: Completed and Ongoing.

The Monterey County EMS Agency began an effort to transition EMS treatment protocols to an algorithm format, where appropriate. This process began approximately two years ago, and the EMS Agency has completed its review of roughly two-thirds of Monterey County’s EMS treatment protocols. The EMS Agency anticipates completing its review of the remaining EMS treatment protocols during the next policy and protocol review cycle. Any modifications made during that cycle will be implemented in July 2024.

**Goal 3: Ensure accurate data is available for EMS system stakeholders and other entities, as required by regulation and statute.**

Objective 1 – Accurately document trauma patient destination and receiving Trauma Center level of care.

Status: In Process.

The Monterey County EMS Agency, through its ongoing trauma data review, has identified instances of inaccurate and incomplete documentation of destination and Trauma Center levels. The EMS Agency has communicated this issue to its stakeholders through TEQIC and Continuous Quality Improvement Technical Advisory Group (CQI TAG) meetings. The EMS Agency is currently working with its provider agencies to ensure that their destination lists are accurate and appropriately coded based on the state’s information. The EMS Agency is developing a process to provide regular timely feedback to provider agencies when submitted patient care documentation does not comply with established guidelines. Development of these processes will continue during 2023 and will require ongoing follow-up.



Objective 2 – Accurately document the specific Field Trauma Triage Criteria applicable to each patient.

Status: In Process.

The Monterey County EMS Agency has identified a lack of consistent documentation of patient Field Trauma Triage Criteria. The EMS Agency has communicated this issue to its stakeholders through TEQIC meetings, and the EMS Agency is currently working internally to develop education for field providers related to documentation of this item. Completion of these initiatives are expected by the end of the 3<sup>rd</sup> quarter of 2023.

## Changes to Implementation Schedule

There are no changes to the current implementation schedule.

## System Performance Improvement

### Unified Scope of Practice

The paramedics who staff the various air ambulances within Monterey County often function in multiple jurisdictions, each with their own specific policies. The Monterey County EMS Agency applied and was approved for a LOSOP to implement a Unified Scope of Practice for qualified flight paramedics so that they can function across multiple counties under a coordinated single scope of practice. This policy went into effect in January 2021.

### Ketamine

The Monterey County EMS Agency applied and was approved for a LOSOP to permit paramedics to administer ketamine for the purpose of pain management. This provides paramedics with a non-narcotic medication for managing and treating patients who are experiencing pain from a variety of causes. The EMS Agency added ketamine to the paramedic's scope of practice in January 2021.

### Educational Opportunities

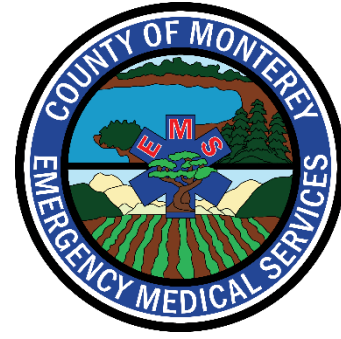
The Monterey County EMS Agency implemented a regular series of Continuing Education courses hosted by the EMS Agency's Medical Director, Dr. John Beuerle. These courses are offered free of charge and are available to EMS providers and hospital staff throughout Monterey County. The EMS Agency provides Continuing Education credit to attendees meeting attendance, testing, and post-course survey requirements. Course topics are developed to reflect educational needs identified through Quality Improvement activities and have included items related to trauma patient assessment and care. Additionally, the EMS Agency worked with Natividad to host a neurosurgeon at one of the TEQIC meetings to speak on the topic of patients on anticoagulant/anti-platelet therapies who sustain head trauma.

## Progress on Addressing EMS Authority Trauma System Plan Comments

EMSA approved the Monterey County EMS Agency's most recent Trauma System Status Report on August 1, 2019. This approval did not identify issues to be addressed or commented upon by the MCEMSA.

## Other Issues

There are no other relevant issues that the Monterey County EMS Agency wishes to address within this report.



# County of Monterey Emergency Medical Services Agency

## STEMI Critical Care System Plan – 2024 Update

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## Monterey County EMS Agency and EMS System

The Monterey County EMS Agency is the regulatory agency overseeing the Monterey County EMS System. Monterey County is a very diverse County, serving a population of 439,035 residents<sup>1</sup> with an additional 4.6 million visitors per year.<sup>2</sup> Monterey County encompasses 3,771 square miles with topography that limits ground travel across the County to a few main highways.

The EMS system is composed of multiple organizations working together to provide medical treatment and transport to residents, workers, and visitors in Monterey County. Ambulance services for both emergency response and routine transfers are provided primarily by a single ambulance provider. Smaller areas are covered by fire-based ambulance services, and remote areas are served by first responders, air medical transport, or ambulances in bordering counties. Ambulance transport is primarily provided at the Advanced Life Support (ALS) level of care.

First responder services are provided by a mix of full-time paid firefighters, paid on-call and volunteer firefighters, and full-time seasonal firefighters. A few areas have first response covered by law enforcement or park rangers.

There are four hospitals within Monterey County. Two are designated as STEMI Receiving Centers, located in Salinas and on the Monterey Peninsula. No hospitals bordering Monterey County are designated as STEMI Receiving Centers.

## Mission, Vision, and Values

### **EMS Mission:**

The mission of the Monterey County EMS Agency is to enhance, protect, and improve the health of the people of Monterey County by collaboratively planning, regulating, and optimizing the quality and stability of the emergency medical services system.

### **EMS Vision:**

We envision leading the Monterey County EMS System to ensure best practices and standards of emergency medical care for the people of Monterey County.

### **EMS Values:**

The Monterey County EMS Agency is committed to:

- Valuing the needs and safety of the patient in all that we do.
- Ensuring personal, professional, and organizational integrity.
- Consistently treating all people with dignity, respect, honesty, and fairness.
- Working fairly and openly in an environment of trust, transparency, safety, and teamwork.

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<sup>1</sup> Census.gov/quickfacts/montereycountycalifornia (2020 Census)

<sup>2</sup> Seemonterey.com/media/fact-sheet (2022)

- Providing leadership that brings accountability, responsibility, and success to our organization.
- Maintaining an equitable and inclusive work environment.
- Striving to achieve excellence through planning, communicating, and continued learning.

## STEMI Critical Care System

Monterey County's ST-Elevation Myocardial Infarction (STEMI) Critical Care System was established in 2010 and is an important part of the overall EMS System. It utilizes two designated STEMI Receiving Centers. Prior to designation, both hospitals underwent a site review from the Monterey County EMS Agency to determine their capabilities. Policies and protocols have been in place for the identification, prehospital treatment, and appropriate transport destination for patients who have been identified in the prehospital environment as having a STEMI. These policies and protocols are regularly reviewed and updated with the assistance of the Monterey County STEMI QI Committee, which is described later in this document.

## Monterey County EMS Agency Organization

Staffing at the Monterey County EMS Agency includes:

- **EMS Director/Bureau Chief** Teresa Rios, who is responsible for overall direction of the EMS Agency
- **EMS Medical Director** John Beuerle, M. D., who is responsible for medical oversight and medical direction for the EMS system
- **Management Analyst III** Debra Hopgood, who is responsible for EMS Agency staff oversight
- **EMS Analyst** Steve Brooks, who is responsible for coordination of the STEMI System including QI activities, data management, and policy development
- **EMS Analysts** Kimberley Hernandez and Blake Anderson, who provide assistance to STEMI System review and coordination
- **Epidemiologist** Roxann Seepersad, who assists with data collection, analysis, and interpretation
- **Administrative Services Assistant** Korina Moreno, who provides numerous support services to the EMS Agency
- **Accountant I** Carolina Coyt, who provides financial review and consultation pertaining to EMS Agency funds

## Designated STEMI Receiving Centers

Monterey County has designated two of the four hospitals in our system as STEMI Receiving Centers: Community Hospital of the Monterey Peninsula (CHOMP) and Salinas Valley Memorial Hospital (SVMH). SVMH is accredited by The Joint Commission as a Primary Heart Attack Center. CHOMP is accredited by the American College of Cardiology as a Chest Pain Center.

Facility	Contract Term	Agreement Type
Community Hospital of the Monterey Peninsula	March 6, 2014 – March 5, 2024	STEMI Receiving Center Agreement
Salinas Valley Memorial Hospital	January 24, 2014 – January 23, 2024	STEMI Receiving Center Agreement

The EMS Agency is working toward updating the STEMI Receiving Center Agreements, which will be designation agreements (rather than mutually negotiated agreements) documenting that the hospitals have met the requirements to be STEMI Receiving Centers.

## Monterey County EMS Agency Policies and Protocols

The Monterey County EMS Agency has several policies and protocols in place to direct the treatment and transport for patients identified as suffering from a STEMI:

- **Policy 3080: Hospital Communications** mandates hospital notification or base contact with a STEMI Receiving Center for a suspected STEMI patient.
- **Policy 4070: EMS Aircraft Operations** provides guidance on STEMI patient transport by air when ground transport is expected to exceed one hour.
- **Policy 5000: Patient Destination** stipulates that specialty care patients (STEMI, Stroke, and Trauma) shall be transported to the most accessible designated hospital that provides that specialty care.
- **Policy 5150: STEMI Receiving Center** directs that once a hospital is notified that a possible STEMI patient is en route to their facility and an ECG is received from the field and confirmed to be a STEMI, the STEMI Receiving Center shall activate their internal STEMI response. Policy 5150 also states, “Monterey County STEMI Receiving Centers shall accept all ambulance transported patients with a suspected STEMI except in situations of internal disaster.” This applies equally to 9-1-1 patients and to patients being transferred from a non-STEMI Receiving hospital.
- **Protocol C-3: Chest Pain Suspected Cardiac Origin** contains an algorithm for the treatment of suspected ACS patients, including STEMI patients, as well as ECG transmission and destination determination for suspected STEMI patients.
- **Protocol C-7: Cardiac Arrest with Return of Spontaneous Pulses** directs patients with Return of Spontaneous Circulation (ROSC) to be transported to the closest, most appropriate STEMI Receiving Center.

- **Protocol M-3: Routine Medical Care** includes indications for performing a 12-Lead ECG, when to transmit the ECG to a STEMI Receiving Center, and 12-Lead ECG findings consistent with STEMI.

## Communications

Monterey County has several redundancies built into its communications system. Currently, all hospitals and ambulances in Monterey County are equipped with 800 MHz radios, which are tested daily. Monterey County hospitals and ambulances are also equipped with a UHF MEDNET radio. The EMS Agency has integrated all ambulance dispatch radio communications into the Countywide NEXGEN radio system. Hospitals all have a dedicated telephone line for the receipt of base hospital consult requests and hospital notification of incoming patients. Monterey County hospitals and dispatch agencies also utilize ReddiNet to communicate such things as hospital status, Mass Casualty Incidents, bed capacity, HAvBED polls, and to send messages to other users on the system. Ambulances transporting suspected STEMI patients are required to contact the STEMI Receiving Center as early as possible to notify the hospital of an incoming STEMI patient. Additionally, the 12-Lead ECG is transmitted through the LifeNet system to the STEMI Receiving Center and to the on-call cardiologist, and the emergency department physician and on-call cardiologist determine whether to activate the STEMI team at the STEMI Receiving Center.

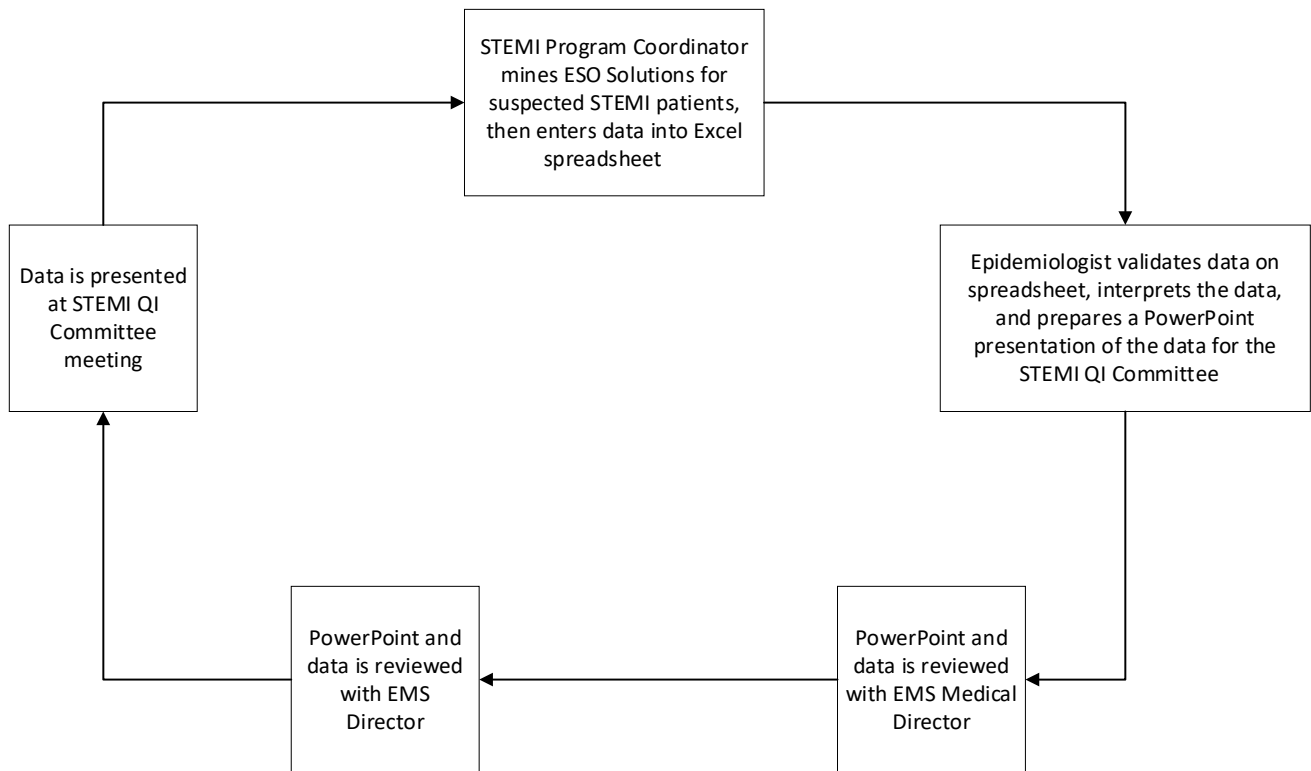
## Data Collection

Currently, the STEMI Receiving Centers all submit data to the American Heart Association / Get With The Guidelines (AHA/GWTG) registry. The EMS Agency has become a user of the AHA/GWTG registry and started data collection through this registry in September 2022. Prior to July 1, 2019, data elements were agreed upon by the STEMI QI Committee. The EMS Agency utilizes ESO Solutions, the Countywide electronic Patient Care Report (ePCR) database, to identify prehospital suspected STEMI patients and to determine their hospital destinations. Identification of STEMI patients is substantiated through the AHA/GWTG registry. In addition to data on patients transported by ambulance, hospitals are asked to provide data for walk-in STEMI patients, which supports community education initiatives on the use of the 9-1-1 system for patients experiencing chest pain.

Data is incorporated into a spreadsheet that is submitted to the epidemiologist, who cleans and validates the data and creates a PowerPoint presentation that is reviewed with the EMS Medical Director and the EMS Bureau Chief. Once the data and PowerPoint have received approval from the EMS Medical Director and Bureau Chief, it is ready for presentation to the STEMI QI Committee. The STEMI QI Committee reports to the Continuous Quality Improvement Technical Advisory Group (CQI TAG), which reports system issues or concerns to the Medical Advisory Subcommittee (MAC). Action items may be suggested at any stage of this process by members of any of these committees.



## EMS Data Flow:



Currently, the EMS Agency collects and reports to the STEMI QI Committee on the following metrics:

- Number of STEMIs called in the field vs. number of STEMIs confirmed at STEMI Receiving Center
- Scene time on prehospital-identified STEMIs
- Time from First Medical Contact (FMC) to prehospital ECG
- Aspirin administration documented (self-administered, dispatch-directed, or given by EMS personnel)
- Time from prehospital ECG to PCI (ECG-to-Balloon Time, a.k.a. E2B Time)
- Time from FMC to deployment of reperfusion device
- Time from emergency department (ED) arrival to PCI (Door-to-Balloon Time, a.k.a., D2B Time), which is limited to ambulance transports of confirmed STEMI patients
- Survival to Hospital Discharge
- Hospital Outcomes (expired, clear coronaries, medically managed, OR, PCI)
- Under-triaged ("missed STEMI") cases, which are reviewed as case reviews at the STEMI QI meeting. The STEMI QI Committee defines a "missed STEMI" as a patient who is evaluated by EMS, undergoes a prehospital ECG, is not identified by EMS as having a STEMI, but who is diagnosed with a STEMI by the emergency department physician based on the prehospital ECG.

## Integration with Neighboring Counties

Patients in the western portion of San Benito County are frequently transported to SVMH since it is the closest STEMI Receiving Center and the hospital in San Benito County is not designated as a STEMI Receiving Center. STEMI Receiving Centers in Monterey County are required by policy to accept all ambulance-transported patients with suspected STEMI, except in situations of an internal hospital disaster.

## Quality Improvement

The Monterey County EMS Agency hosts a recurring STEMI QI Committee meeting with representation from all STEMI Centers, all non-STEMI hospitals, ALS transport and non-transport fire departments, BLS non-transport fire departments, and air ambulances. The committee structure, purpose, membership, and meeting frequency are delineated in **Policy 1020: EMS Advisory Committees**.

The STEMI QI Committee, which meets quarterly, is a confidential QI Committee protected by Evidence Code §1157.7. All members must sign a confidentiality agreement to participate on the committee. The purpose of the STEMI QI Committee is to review STEMI system data and medical care and to advise the Monterey County EMS Agency on issues or concerns related to STEMI system policy, organization, training, and equipment. The STEMI QI Committee reports action items, issues, and concerns to the Continuous Quality Improvement Technical Advisory Committee (CQI TAG), which in turn reports to the Medical Advisory Subcommittee (MAC).

## Education

STEMI Receiving Centers are required to participate in the Monterey County STEMI QI Committee and are required to provide prehospital STEMI-related educational activities. Educational presentations such as EKG Boot Camp are offered to prehospital personnel by the STEMI Receiving Centers on a regular basis. STEMI Receiving Centers regularly do community outreach in both English and Spanish to educate the public on cardiac-related health issues, including signs and symptoms of a heart attack and the importance of calling 9-1-1 for symptoms of chest pain or other medical emergencies.

## STEMI System Goals

Goal	Purpose	Status
Participation in a STEMI data registry to simplify the submission and collection of	Streamline data collection and submission	The EMS Agency is reviewing the registries available, verifying which registries are used by the

STEMI outcome data from hospitals		STEMI Receiving Centers, and will select the best fit.
Better tracking of under-triaged (“missed STEMI”) patients	Evaluate each under-triaged STEMI case to determine whether further education is necessary for the individual or for the prehospital system	The STEMI QI Committee has defined an under-triaged STEMI patient and has identified times when it may be acceptable to not perform an ECG (cardiac arrest, multisystem trauma, etc.). STEMI Receiving Centers report under-triaged STEMI cases to the EMS Agency.
EMS Agency will provide a STEMI plan update to follow the new State STEMI regulations	Maintain compliance with State regulations; standardization of data collection, making true comparisons with other systems possible.	This document is the State update.
Continue to refine data collection and report meaningful data at the STEMI QI Committee meetings	Use of data to improve the EMS System	This is an ongoing goal. Changes to data collection and reporting are discussed and agreed upon at STEMI QI Committee meetings.

Appendix  
Current STEMI-Related County of Monterey EMS System  
Policies and Treatment Protocols

# Monterey County EMS System Policy



Policy Number: 3080  
Effective Date: 7/1/2024  
Review Date: 6/30/2027

## HOSPITAL COMMUNICATIONS

### PURPOSE:

To establish procedures for phone and radio communications between field personnel and hospital personnel.

### POLICY

- A. This policy addresses procedures to be used in two types of hospital communication: **base hospital contact** and **hospital notification**.
- B. **Base hospital contact** is used by paramedic personnel to contact a Monterey County EMS Agency-designated base hospital for the purpose of obtaining medical direction from a base hospital physician.
  1. Paramedic personnel shall make base hospital contact in the following circumstances:
    - a. To receive direction for administering medications or providing treatments that are restricted by policy or protocol to base contact order only.
    - b. For a patient presenting with symptoms that cause uncertainty regarding the appropriate protocol to be used.
    - c. To obtain a field pronouncement of death when the patient does not meet the criteria listed in Policy #4100 (Pre-Hospital Determination of Death).
    - d. To perform Advanced Life Support (ALS) treatments or administer medications not specifically authorized by Monterey County Policy and Protocol but that are within the Monterey County paramedic scope of practice.
    - e. For consultation when:
      - 1) The patient has a serious or potentially life-threatening condition but is refusing care or transport, and base physician involvement may convince the patient to accept the recommended treatment or transport.
      - 2) There is disagreement among field providers regarding patient care. Refer to Policy #4000 (Emergency Medical Scene Management).
      - 3) The paramedic believes that base hospital physician involvement will benefit patient care.
    - f. When required by Monterey County EMS System Policy.
  2. Base contact is not the appropriate communication modality for discussion of the patient's condition with the base hospital physician, except as detailed above.
  3. Base contact should be made to the designated specialty care center when needed as outlined below:

- a. For patients meeting Step 1-3 Trauma Triage Criteria, contact Natividad. **For any questions related to the destination for adult and pediatric patients meeting Step 4 trauma triage criteria, or for any patients who do not meet trauma triage criteria, but whom the paramedic feels may benefit from a trauma center, base hospital contact should be with Natividad.**
  - b. For patients who are believed to be experiencing a stroke, contact the nearest Monterey County EMS designated Stroke Center.
  - c. For patients who are believed to be experiencing an ST-Elevation Myocardial Infarction (STEMI), contact the nearest Monterey County EMS designated STEMI Receiving Center.
  - d. For ROSC in the adult,, contact the nearest STEMI Receiving Center.
4. Base hospital contact shall be with the receiving hospital if that hospital is also a base hospital. If the receiving hospital is not a base hospital, contact the closest base hospital.
    - a. If the base hospital is not also the receiving hospital, the base hospital shall contact the receiving hospital with a report on the patient and any orders given by the base hospital.
  5. In the event of base hospital communication failure, follow Monterey County EMS System Policy #3091 (Base Hospital Communication Failure).
- C. **Hospital notification** is used to contact the receiving hospital to advise the hospital of impending patient arrival and condition. Most hospital communications will be hospital notification only.
1. The purpose of hospital notification is to ensure that the hospital is prepared to receive the patient with the appropriate bed, equipment, and personnel to care for the patient's condition.
  2. These notifications should also include the proper specialty alert, in order to help the receiving hospital prepare for the potential needs of the patient.
- D. The minimum information to be communicated under base contact or hospital notification is outlined in the procedure section of this policy.

## PROCEDURE

- A. Base hospital contact shall be made through a dedicated recorded radio channel or phone line.
- B. Communication with a designated base hospital will start with specifying whether the communication is for base contact or hospital notification.
- C. Communications shall utilize the SBAR mnemonic, as below:
  1. **S**ituation
  2. **B**ackground
  3. **A**ssessment
  4. **R**ecommendations/ **R**ecap

- D. A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.
- E. Paramedics shall repeat any orders given by a base hospital physician prior to closing communication with the base hospital.

<b>Identify yourself, organization, unit, and type of call</b> <i>(e.g., "This is Paramedic Smith, AMR Medic 20 with a 52 y/o male Stroke Alert patient")</i>		
<b>Situation</b>	<ul style="list-style-type: none"> <li>• Code 2 or Code 3</li> <li>• ETA</li> <li>• Age/Sex/Chief Complaint of patient</li> <li>• State urgent issues and immediate needs up front</li> <li>• Reason for base consult (trauma patient destination, specialty patient, AMA documentation, request for orders, etc.)</li> </ul>	
	Trauma	Medical
	<ul style="list-style-type: none"> <li>• MVC:               <ul style="list-style-type: none"> <li>○ Speed (known mph and/or freeway or city streets)</li> <li>○ Type of impact (rollover, head-on, etc.)</li> <li>○ Describe significant damage to vehicle (e.g., amount of intrusion, entrapment, steering wheel damaged, etc.)</li> <li>○ Number and condition of patients (e.g., 3 moderate, 2 critical)</li> </ul> </li> <li>• MCC               <ul style="list-style-type: none"> <li>○ Protective clothing</li> <li>○ Damage to helmet</li> <li>○ Distance of ejection from motorcycle</li> </ul> </li> <li>• Falls               <ul style="list-style-type: none"> <li>○ Distance (2nd story, ground level fall, etc.)</li> </ul> </li> <li>• Assault               <ul style="list-style-type: none"> <li>○ Object (e.g., GSW, stabbing, fists, etc.)</li> <li>○ Impact area</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stroke               <ul style="list-style-type: none"> <li>○ Time last known well</li> <li>○ Time of onset of symptoms</li> <li>○ What was the positive hit on the BEFAST?</li> </ul> </li> <li>• STEMI               <ul style="list-style-type: none"> <li>○ ECG transmitted</li> <li>○ Is this patient s/p cardiac arrest with ROSC?</li> </ul> </li> <li>• OB               <ul style="list-style-type: none"> <li>○ # of months pregnant</li> <li>○ Gravida/Para status</li> <li>○ Prenatal care?</li> <li>○ Any known complications (e.g., breech presentation)</li> </ul> </li> <li>• Behavioral Health               <ul style="list-style-type: none"> <li>○ Restraints (physical and/or chemical)</li> <li>○ Security needed?</li> <li>○ Is the patient on a 5150?</li> </ul> </li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>• History of current illness/injury</li> <li>• Pertinent past medical history</li> <li>• Pertinent medications/allergies (e.g., stroke pt with history of A-fib, takes Coumadin, allergic to aspirin)</li> </ul>	
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• ABC's</li> <li>• Focused physical assessment</li> <li>• General impression</li> <li>• Vital signs (including systolic and diastolic blood pressure, if possible), GCS, lung sounds, pain level, skin signs, pupils, blood glucose, ECG as appropriate               <ul style="list-style-type: none"> <li>○ Vitals to be monitored every 15" for stable patients, every 5" for unstable</li> </ul> </li> </ul>	



## Monterey County EMS System Policy 3080

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<b>Recommendations/ Recap</b>	<ul style="list-style-type: none"><li>• Treatment rendered and patient's response</li><li>• What would you like from the physician? If you are looking for a specific order, state that here.</li><li>• Repeat orders given by a physician</li></ul>
<i>A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.</i>	



### END OF POLICY

  
John Beuerle, M.D.  
EMS Medical Director

  
Teresa Rios  
EMS Bureau Chief

# Monterey County EMS System Policy



Policy Number: 5000  
Effective Date: 7/1/2022  
Review Date: 6/30/2025

## PATIENT DESTINATION

### I. PURPOSE

To provide guidance regarding hospital destination decisions for patients in the prehospital setting.

### II. PROCEDURE

- A. **Unmanageable Airway:** Patients with an unmanageable airway shall be transported to the closest, most accessible emergency department, regardless of hospital diversion status.
- B. **Trauma Patients:** Patients meeting Step 1, 2, or 3 criteria under Policy 4040: Field Trauma Triage Criteria shall be transported to the closest, most accessible Level I or Level II Trauma Center. A trauma patient with an unmanageable airway may be transported to the closest, most accessible emergency department for airway management.
- C. **In-Extremis Patients:** Patients who are in-extremis shall be transported to the closest, most accessible emergency department regardless of hospital diversion status.
- D. **Specialty Care Patients:** Patients who meet Monterey County EMS Agency established criteria for specialty care (i.e. trauma, STEMI, stroke, ROSC) shall be transported to the closest, most accessible designated hospital that provides that specialty care. If the patient refuses, the medic should make every effort to convince the patient to go to the appropriate specialty care hospital. A patient's refusal to go to a recommended specialty care hospital shall be documented in the PCR.
- E. **Behavioral Health Patients:**
  - 1. Patients presenting with acute medical conditions and/or traumatic injury shall be transported to the closest and most appropriate emergency department.
  - 2. Patients who are placed on a 5150 hold by an authorized behavioral health specialist shall be taken to an emergency department (within Monterey County) designated by the behavioral health specialist.
  - 3. Patients who are placed on a 5150 hold by Law Enforcement Officers, without the aid of a behavioral health specialist, should be taken to Natividad Medical Center or the Community Hospital of Monterey Peninsula.
- F. **Patient Preference:** All other patients requiring transport should be transported to the emergency department of the patient's preference, unless honoring that request poses an unreasonable or impractical burden on EMS resources.
- G. **No Stated Preference:** Patients with no stated preference should, in most cases, be transported to the most accessible emergency department.

### **III. OUT-OF-COUNTY EMERGENCY DEPARTMENTS**

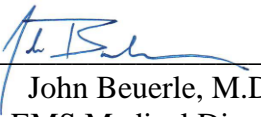
Patients may be transported to an out-of-county emergency department if that hospital is accessible and open for ambulance traffic. Base Hospital Contact shall be made with Natividad Medical Center prior to transporting Adult Major Trauma Victims out of county. Paramedic Field Supervisor approval is required for destinations further than adjacent counties.


1. Contact shall be made with EMS Dispatch to determine whether an out-of-county hospital is on diversion. EMS Dispatch will use ReddiNet to determine the status of the out-of-county hospital.
2. Transport may continue to the out-of-county emergency department if it is able to accept the patient.
3. If the out-of-county hospital is not able to accept the patient, the patient shall be transported to the most accessible Monterey County emergency department or appropriate specialty center.
4. Medical control will remain with a Monterey County designated Base Hospital.

### **IV. NOTES**

- A. Consider utilizing more than one hospital when there are multiple patients to avoid overloading any single hospital. Follow patient distribution principles found in the MCI Plan in a declared MCI.
  1. Make every attempt to transport family members to the same trauma center, if possible.
- B. In the City of Salinas, patients located north of Market St. will be considered closer to Natividad Medical Center. Patients located south of Market St. will be considered closer to Salinas Valley Memorial.
- C. For scene calls, patients who have a valid DNR order who expire during transport shall be transported to the destination hospital. If a patient with a DNR expires during a transfer, the patient should be taken to the receiving hospital or returned to the sending hospital, whichever is closer. This decision may be based on paramedic judgement or family wishes if they are present.

### **END OF POLICY**

  
John Beuerle, M.D.  
EMS Medical Director

  
Teresa Rios  
EMS Bureau Chief

# Monterey County EMS System Policy



Policy Number: 5150  
Effective Date: 7/1/2023  
Review Date: 6/30/2026

## STEMI RECEIVING CENTERS

### I. PURPOSE

To define requirements for designation as a Monterey County ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC).

### II. POLICY

A. The Monterey County EMS Agency Medical Director may designate a hospital as a SRC if all of the following requirements are met:

1. The hospital shall have established protocols for triage, diagnosis, and cardiac catheterization laboratory (Cath lab) activation following field notification.
2. Once a hospital is notified that a possible STEMI patient is en route to their facility and an ECG is received from the field and confirmed to be a STEMI by the STEMI Receiving Center, the SRC shall activate their internal STEMI response.
3. The hospital shall have a single call activation system to activate the Cardiac Catheterization Team directly.
4. Written protocols shall be in place for the identification of STEMI patients.
  - a. At a minimum, these written protocols shall be applicable in the intensive care unit/coronary care unit, Cath lab, and the emergency department.
5. The hospital shall be available for treatment of STEMI patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
6. The hospital shall have a process in place for the treatment and triage of simultaneously arriving STEMI patients.
7. The hospital shall maintain STEMI team and Cardiac Catheterization Team call rosters.
8. The Cardiac Catheterization Team shall be immediately available.
9. The hospital shall agree to accept all STEMI patients except in situations of internal disaster.
10. SRCs shall comply with the requirement for a minimum volume of procedures for designation required by the Monterey County EMS Agency
  - a. Cardiac catheterization laboratory team and interventional cardiologists shall meet or exceed current ACC/AHA/SCAI standards for competence regarding the number of procedures performed annually.
11. The hospital shall have and maintain the following personnel:

- a. SRC Medical Director
    - 1) The STEMI Medical Director shall be a physician certified by the American Board of Internal Medicine (ABIM) with current ABIM sub-specialty certification in Cardiovascular Disease and Interventional Cardiology who will ensure compliance with these SRC standards and who is responsible for the STEMI program, performance improvement, and patient safety programs related to the STEMI critical care system.
  - b. SRC Program Manager
    - 1) The SRC Program Manager shall have experience in Emergency Medicine or Cardiovascular Care, who shall assist the SRC Medical Director to ensure compliance with these SRC standards and who is responsible for monitoring, coordinating, and evaluating the STEMI program.
  - c. Intra-aortic balloon pump technician(s)
  - d. Appropriate Cardiac catheterization nursing and support personnel
  - e. Physician Consultants
    - 1) Cardiology interventionalist
    - 2) CV Surgeon
  - f. Clinical Capabilities
    - 1) Performance (timeliness) and outcome measures will be assessed initially in the EMS survey process and will be monitored closely on an ongoing basis.
11. The hospital shall have job descriptions and organizational structure clarifying the relationship between the STEMI medical director, STEMI program manager, and the STEMI team.
12. A STEMI Receiving Center without cardiac surgery capability on-site shall have a written transfer plan and agreements for transfer to a facility with cardiovascular surgery capability.

### **III. QUALITY/PERFORMANCE IMPROVEMENT**

- A. The Monterey County EMS Agency shall be responsible for ongoing performance evaluation and quality improvement of the STEMI critical care system.
- B. The SRC shall participate in the Monterey County EMS Agency quality improvement processes related to the STEMI critical care system.
  - 1. Participation in Monterey County EMS STEMI QI Committee as described in Monterey County EMS Policy #1020, EMS Advisory Committees.
  - 2. Meetings to be held on a quarterly basis initially.

3. Written internal quality improvement plan/ program description for STEMI patients shall include appropriate evidence of an internal review process that includes:
  - a. Death rate (within 30 days, related to procedure regardless of mechanism)
  - b. Emergency CABG rate (result of procedure failure or complication)
  - c. Vascular complications (access site, transfusion, or operative intervention required)
  - d. Cerebrovascular accident rate (peri-procedure)
  - e. Post-procedure nephrotoxicity (increase in serum creatinine of >0.5)
  - f. Sentinel event, system and organization issue review and resolution processes.
4. Participation in Prehospital STEMI related educational activities

#### **IV. APPLICATION PROCESS**

- A. A hospital requesting designation as a SRC shall apply to the Monterey County EMS Agency following the application process outlined in this policy. The application (see attached) shall be submitted at least three (3) months prior to the desired date of implementation.
- B. Submit applicable designation fees to cover initial and ongoing Monterey County EMS Agency costs to support the STEMI program.
  1. STEMI Receiving Center Application Fee: Hospitals applying for STEMI Receiving Center designation will be assessed the STEMI Receiving Center Application Fee. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development, Requests for Proposal development, review of proposals, out of area site team costs, legal reviews, and agency costs in excess of the costs associated with the day-to-day STEMI system regulation. Fees paid that are in excess of actual costs will be returned to applicants.
  2. STEMI Receiving Center Designation Fee: The Monterey County Board of Supervisors will establish an annual STEMI Receiving Center Designation Fee. This fee covers the cost of monitoring the operation of the STEMI System in compliance with State of California EMS Authority regulations and Monterey County EMS Agency policies and protocols. The fee will be based on the time requirements of the STEMI System Medical Director, STEMI System Coordinator, and other staff activity dedicated to STEMI issues as well as associated overhead and program support costs.
  3. Monterey County EMS Agency will provide the designated STEMI Receiving Center(s) written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.

**V. DESIGNATION CRITERIA**

- A. Hospitals wishing to be designated as a STEMI Receiving Center by the Monterey County EMS Agency shall meet the following requirements:
1. Current California licensure as an acute care facility providing Basic or Comprehensive Emergency Medical Services.
  2. Obtain and maintain accreditation as a STEMI Receiving Center from the American Heart Association, Mission: Lifeline program or equivalent.
  3. Establish transfer agreement(s) between the applicant SRC hospital and each STEMI Referral Hospital (SRH) in Monterey County whereby applicant SRC agrees to immediately and rapidly accept the transfer of a STEMI patient from the transferring SRH upon notification of STEMI ALERT and request by the SRH-affiliated physician.
  4. Submit the Application for STEMI Receiving Center Designation, the STEMI Center Designation Criteria Evaluation Tool, and all required supporting documentation to the EMS Agency.
  5. Enter into and maintain a written STEMI Receiving Center agreement with the Monterey County EMS Agency that defines the roles and responsibilities of the STEMI Receiving Center and the EMS Agency relative to the care of STEMI patients.
  6. Develop and maintain appropriate internal (hospital) policies addressing the following:
    - a. Cardiac interventionalist activation with the on-call cardiologist immediately available.
    - b. Cardiac catheterization team activation with team arrival within thirty minutes of activation.
    - c. Activation of the cardiac interventionalist and catheterization team upon notice that a patient with STEMI is being transported to their facility.
    - d. Contingency plans for personnel and equipment to include activation of a second cardiac interventionalist and catheterization lab team should this be needed.
    - e. Coronary angiography.
    - f. PCI and use of fibrinolytics.
    - g. Interfacility transfer STEMI policies/protocols.
    - h. Collection of data and a process for sharing requested data with the Monterey County EMS Agency and the STEMI QI Committee.
  7. Initiate and maintain a hospital STEMI QI committee.
  8. A needs assessment documenting the needs of the community for a designated STEMI Receiving Center.

- B. The Monterey County EMS Agency will designate a hospital as a STEMI Receiving Center if all of the requirements of this policy are met **and** if a needs assessment demonstrates a need for an additional STEMI Receiving Center.
- C. STEMI Receiving Center designation period will coincide with the period covered in the written agreement between the STEMI Receiving Center and the Monterey County EMS Agency.

**VI. REDESIGNATION**

- A. A SRC may be redesignated following a satisfactory review in accordance with current standards and the terms of the written agreement.
- B. Redesignation of a SRC shall require submission of an Application for STEMI Receiving Center Designation, the STEMI Center Designation Criteria Evaluation Tool, and updated supporting documentation to the EMS Agency.
- C. The SRC must be current with the submission of all data required by the Monterey County EMS Agency and the State of California EMS Authority.
- D. SRCs shall respond in writing regarding program compliance.
- E. On-site SRC visits for redesignation shall occur every three years, in coordination with the terms of the STEMI Receiving Center agreement with the Monterey County EMS Agency. The SRC shall receive written notification of the site visit from the Monterey County EMS Agency.
- F. SRCs shall notify the Monterey County EMS Agency by telephone, followed by a letter or email within 48 hours, of changes in program compliance or performance.

**VII. DATA COLLECTION, SUBMISSION, AND ANALYSIS**

- A. Participation in National Cardiac Data Registry (NCDR) and/or other EMS Agency approved or requested registry is required for initial and continued designation.
- B. Participation in Monterey County EMS Agency data collection is required for continued designation. Data shall be submitted to the Monterey County EMS Agency on a quarterly basis or as required by the EMS Agency
- C. STEMI Patient data elements shall include, but not be limited to those data elements described in California Code of Regulations, Division 9, Title 22 and as requested by the Monterey County EMS Agency.

1.

**D. STEMI QI COMMITTEE**

- 1. The Monterey County EMS STEMI QI Committee is described in Policy 1020, EMS Advisory Committees with required participation by Monterey County STEMI Receiving Centers.

a.

- 2. The Monterey County EMS STEMI QI Committee will be responsible for a quality improvement process that shall include, but not be limited to:




- a. Evaluation of program structure, process, and outcome.
- b. Review of STEMI-related deaths, major complications, and transfers.
- c. Evaluation of regional integration of STEMI patient movement
- d. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected STEMI cases.

**VIII. BASIS FOR LOSS OF DESIGNATION**

The Monterey County EMS Agency may suspend or revoke the approval of an SRC at any time for failure to comply with any applicable policies, procedures, or regulations, including failure to submit required data within the applicable timeframes. Grounds for loss of designation may include, but are not limited to:

- A. Inability to meet and maintain STEMI Receiving Center Designation Criteria
- B. Failure to provide required data and/or to participate in STEMI system QI activities
- C. Other criteria as defined and reviewed by the EMS Agency STEMI QI Committee

**END OF POLICY**

  
\_\_\_\_\_  
John Beuerle, M.D.  
EMS Medical Director

  
\_\_\_\_\_  
Teresa Rios  
EMS Bureau Chief

# STEMI Center Designation Criteria Evaluation Tool



## APPLICATION FOR STEMI RECEIVING CENTER DESIGNATION

Hospital: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Administration/ Staffing

**A. Medical Director (attach resume)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**B. STEMI Program Manager (attach resume)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

**C. Cardiac Catheterization Lab Contact (if different from STEMI Program Manager) (attach resume)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

### STEMI Receiving Center Requirements:

- A. Is your hospital licensed by the California Department of Health Services and accredited by a Heart Attack Receiving Center from the American Heart Association, Mission: Lifeline program or as a Chest Pain Center by the Society of Cardiovascular Patient Care? Yes ☐ No ☐

*(Provide copy of current accreditation documentation)*

- B. Is your hospital approved for Emergency Percutaneous Coronary Interventions (PCI)? Yes ☐ No ☐

- C. Number of PCIs per year: \_\_\_\_\_  
*(PCI will be defined as a therapeutic coronary intervention such as angioplasty, Stent placement, etc. Total personally performed therapeutic PCIs per year at all institutions, not just this hospital. This would include any PCI as defined above and not restricted to acute myocardial infarction.)*

# STEMI Center Designation Criteria Evaluation Tool

- D. Is there a cardiovascular surgical call panel? Yes ☐ No ☐  
*(Provide copies of Interventional Cardiologists daily roster On-Call Schedules [primary and backup] and proof that physicians will be immediately available upon notification.)*
- E. Do you have a Cath Lab team available or on call 24/7/365? Yes ☐ No ☐  
*(Provide copies of Cath Lab Team daily roster On-Call schedules [primary and backup] and proof that team will be immediately available upon notification.)*
- F. Does your hospital meet all requirements of the current Monterey County EMS Agency policy #5150 – STEMI Receiving Centers? Yes ☐ No ☐
- G. Does your hospital have a special permit for cardiovascular surgery? Yes ☐ No ☐
- H. Number of cardiovascular surgeries per year: \_\_\_\_\_
- I. Cardiovascular surgeon? Yes ☐ No ☐
- J. Is there a dedicated recorded phone line, capable of being answered 24/7/365 for paramedic notification of STEMI patients? Yes ☐ No ☐

## Policies:

- G. Is there currently a hospital policy for the treatment of myocardial infarction that define who shall receive emergent angiography and who shall receive emergent fibrinolysis? Yes ☐ No ☐
- H. Does the policy include diversion of STEMI patients only during times of Internal Disaster? Yes ☐ No ☐  
*(Please attach)*
- I. Is there currently a hospital policy regarding prompt acceptance of STEMI patients from other STEMI Referral Hospitals that do not have Emergency PCI capability? Yes ☐ No ☐
- J. Is there currently a hospital policy for activation of the Cardiac Catheterization team when notified of an EMS transported STEMI? Yes ☐ No ☐  
*(Please attach)*
- K. Does the hospital provide continuing education opportunities for EMS personnel in areas of 12-lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients? Yes ☐ No ☐  
*(Provide documentation showing educational presentations)*

## STEMI Center Designation Criteria Evaluation Tool

### Data:

- L. Does your hospital participate in the Monterey County STEMI data collection? Yes ☐ No ☐
- M. Do you have a formal quality improvement process to review STEMI-related deaths, major complications, and performance standards? Yes ☐ No ☐
- N. Does your facility meet the primary door-to-balloon time of 90 minutes or less 90% of the time? Yes ☐ No ☐
- O. Is a process in place to provide the required data to the Monterey County EMS Agency on no less than a quarterly basis? Yes ☐ No ☐

---

On behalf of the above-named hospital and physicians, I agree to all provisions identified in Monterey County policy #5150 – STEMI Receiving Centers.

---

**Signature – Administrator**

---

**Date**

---

**Print Name**

Please contact the Monterey County EMS Agency at [emsadmin@co.monterey.ca.us](mailto:emsadmin@co.monterey.ca.us) prior to submission of the application for initial or continued designation. Request contact with the STEMI program staff member for the purpose of submission of a STEMI Receiving Center application for designation or continued designation.

## STEMI Center Designation Criteria Evaluation Tool

STEMI Designation Standard	Objective Measurement	Meets Standard	Comments
Current License to provide Basic Emergency Services in Monterey County	Copy of License	Yes No	
Current copy of Joint Commission, HFAP or DN Certification	Copy of Certification	Yes No	
Cardiac catheterization lab available 24/7/365	On-call schedules for three (3) months On-call policy and procedures documented	Yes No	
Intra-aortic balloon pump capability with staffing available 24/7/365	Staffing policies demonstrate support of operations Intra-aortic balloon pump capability for # of patients: ____	Yes No	
Dedicated telephone line for base hospital contact by paramedics	Operational dedicated base hospital telephone line. Telephone number: _____	Yes No	
Notification of cardiologist and staff of a STEMI alert	Copy of policy for notification of cath lab team and cardiologist	Yes No	
Interfacility transfer agreements with Monterey County hospitals that are not designated as STEMI Receiving Centers	Copy of transfer agreements to allow automatic acceptance of all STEMI patients transferred from Monterey County hospitals	Yes No	
Cardiovascular surgical services available 24/7/365	California permit number	Yes No	
Accept all patients identified as STEMI by EMS personnel	Copy of policy	Yes No	
STEMI Team activation by ED physician upon notice of STEMI patient by EMS personnel	Copy of policy	Yes No	
Contingency plans for more than one STEMI patient at the same time	Copy of contingency plans/policies	Yes No	

## STEMI Center Designation Criteria Evaluation Tool

HOSPITAL PERSONNEL			
<b>STEMI Receiving Center Program Medical Director:</b> 1. Board Certified in Cardiovascular Disease 2. Board Certified in Interventional Cardiology 3. Credentialed member of medical staff with privileges for Primary PCI 4. Trained in cardiac radiographic imaging and radiation protection 5. Job description 6. Participates in Monterey County STEMI activities	Copy of Board Certification in Cardiovascular Disease	Yes	
	Copy of Board Certification in Interventional Cardiology	No	
	Documentation of training in radiographic imaging and radiation protection		
	Copy of job description		
	Documentation of Monterey County STEMI QI program participation		
<b>STEMI Receiving Center Program Manager:</b> 1. Current RN License 2. STEMI program experience 3. Participates in Monterey County STEMI activities	Copy of current RN license or documentation of same	Yes	
	Documentation of STEMI program experience	No	
	Documentation of Monterey County STEMI QI program participation		
Cardiac Cath Lab Manager	Job description	Yes	
		No	
Cardiology Interventionalist	Copy of On-call schedule for 3 months	Yes	
		No	
Cardiothoracic Surgery	Current Board Certification	Yes	
	On-call policy	No	

## STEMI Center Designation Criteria Evaluation Tool

CLINICAL CAPABILITIES			
Process performance	3 months of data documenting door to device time in less than 90 minutes for 90% of STEMI patients	Yes No	
Cath Lab and Interventionalist activation	Copy of policy for STEMI activation	Yes No	
Policy identifying criteria for patients to receive emergent angiography or emergent fibrinolysis based on physician decision for individual patients	Copy of policy	Yes No	
PERFORMANCE IMPROVEMENT			
Program Review	Copy of policy for QI review of: <ul style="list-style-type: none"> <li>Deaths</li> <li>Complications</li> <li>Sentinel events</li> <li>System issues</li> <li>Organizational issues</li> </ul>	Yes No	
	Written QI plan	Yes No	
EMS QI program participation	Written agreement to participate in EMS STEMI QI program	Yes No	
Data submission to the EMS Agency	Written agreement to submit EMS Agency required data on a regular basis to be determined by the EMS Agency	Yes No	
STEMI Registry	Data submitted to a STEMI Registry approved by the EMS Agency	Yes No	
EMS Education	Copy of EMS educational activities over the previous 3 months	Yes No	

## STEMI Center Designation Criteria Evaluation Tool

ADMINISTRATION			
Application submitted to the Monterey County EMS Agency	Date application received by the Monterey County EMS Agency	Yes  No	Date of application receipt by Monterey County EMS Agency:  _____
Written agreement with the Monterey County EMS Agency	Date agreement received by the Monterey County EMS Agency	Yes  No	Date agreement signed by both hospital and Monterey County EMS Agency:  _____



# Monterey County EMS System Policy



Protocol Number: C-3  
Effective Date: 7/1/2022  
Review Date: 6/30/2025

## CHEST PAIN SUSPECTED CARDIAC ORIGIN

(Acute Coronary Syndrome)

### **BLS CARE**

Routine Medical Care

**Aspirin 324mg PO.** This must be chewable aspirin and not enteric coated.

**Nitroglycerin 0.4mg SL.** May assist the patient with taking their own NTG if the patient desires and the patient's systolic BP is above 110 mmHg. May repeat every 5 minutes to total of 3 doses if the patient's systolic BP is above 110 mmHg. Do not allow the patient to self-administer if they have used erectile dysfunction medications within the prior 48 hours.

### **ALS CARE**

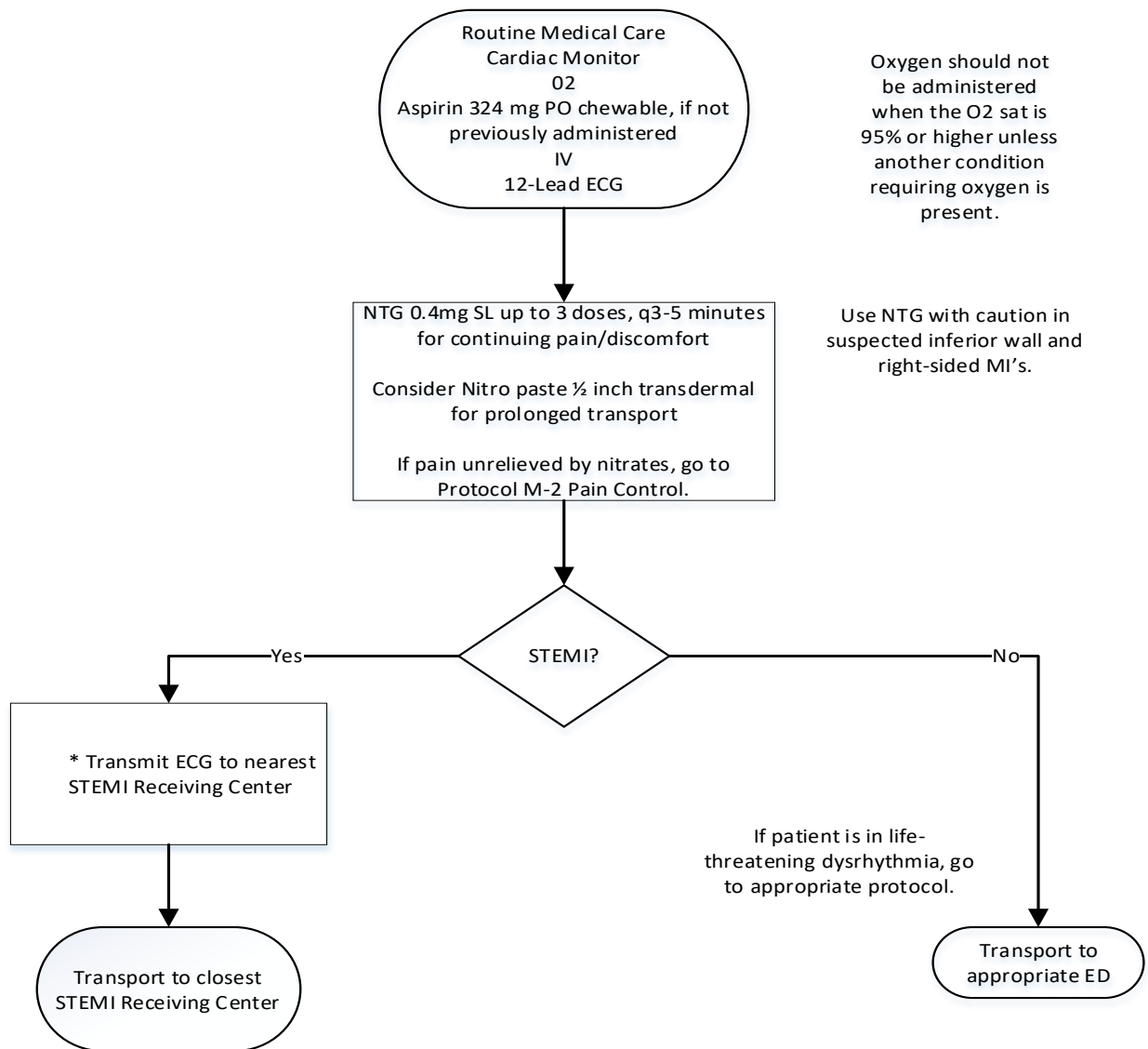
Routine Medical Care.

### **NOTES:**

Do not administer Nitroglycerin in the following circumstances:

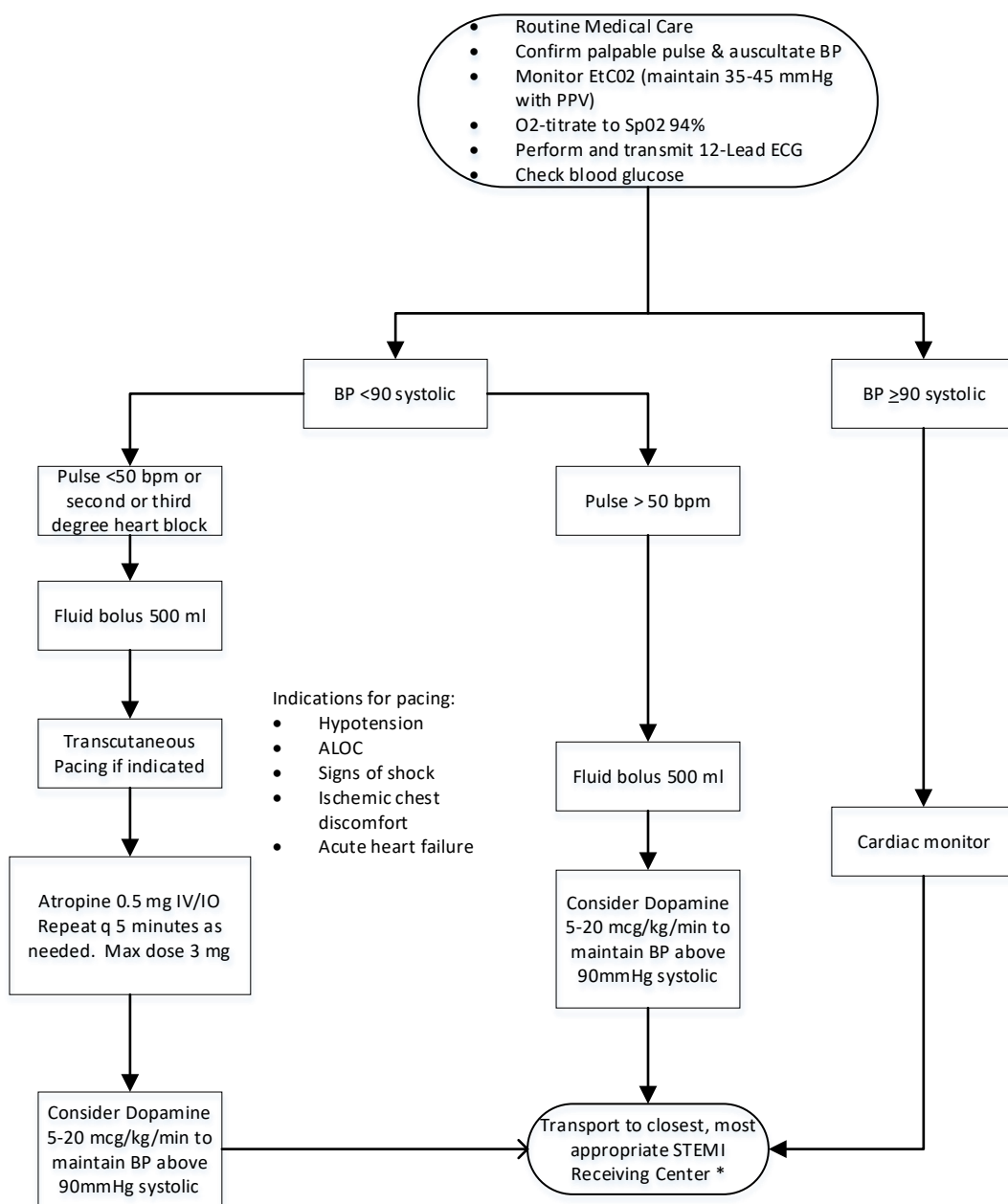
- Patient has used erectile dysfunction medications (e.g., Viagra, Cialis) within the previous 48 hours.
- Administer nitrates with extreme caution, if at all, to patients with inferior wall MI and suspected right ventricular involvement because these patients require adequate RV preload.

Do not delay transport if technical difficulties impede ECG transmission. Attempt to send en-route whenever possible.





## CARDIAC ARREST-RETURN OF SPONTANEOUS CIRCULATION (ROSC)



\*Patients with pulses after cardiac arrest where the cause is clearly determined to be other than cardiac (e.g. drowning, electrocution, etc.) are to be transported to the closest ED.

# Monterey County EMS System Policy



Protocol Number: M-3  
Effective Date: 7/1/2022  
Review Date: 6/30/2025

## ROUTINE MEDICAL CARE

### **BLS CARE**

Evaluate scene safety/Personal Protective Equipment

Assess, establish and maintain airway.

Apply O<sub>2</sub> to maintain SpO<sub>2</sub> of  $\geq 94\%$

Suction as needed

Evaluate breathing and circulation – control life threatening bleeding

Assess chief complaint

Remove patient's clothing to expose and identify injuries

Ensure patient warmth – cover patient after clothing removal to maintain core body temperature

Spinal Motion Restriction (SMR) if indicated per Policy 4509 (Spinal Motion Restriction)

Focused physical exam and vital signs shall be taken minimum q15 minutes for stable patients and q 5 minutes for unstable patients:

#### Pulse

Blood pressure – First obtained blood pressure will be obtained manually by provider, and will include both a systolic and a diastolic reading, if possible. Subsequent blood pressures may then be obtained by non-invasive blood pressure (NIBP) if unit is equipped.

#### Respiratory rate

#### Skin signs

BLS Treatment protocols

Collect patient medications and bring them to the hospital. Document the patient's allergies on the PCR

Evaluate the scene to provide information to better understand the patient's condition (e.g., domestic violence, child or elder neglect/abuse, etc.)

### **ALS CARE**

Routine Medical Care

First pulse rate will be obtained by palpation. Only after assuring the mechanical correlation of the ECG to the physical pulse will the rate on the cardiac monitor be acceptable for subsequent assessments.

Vascular access if indicated

Capnography, if available/applicable

Blood glucose measurement

12 Lead Electrocardiogram (ECG), if indicated

1. A 12-Lead ECG is indicated when the patient complains of any of the following:
  - a. Chest pain, discomfort, pressure or tightness.
    - 1) Pain may radiate to the jaw, shoulders, or arms.
  - b. New onset cardiac dysrhythmias (including adult cardiac arrest, if return of spontaneous circulation)
  - c. Palpitations
  - d. Unexplained diaphoresis
  - e. Dyspnea
  - f. Syncope, near syncope, or dizziness
  - g. Known history of Acute Coronary Syndrome (ACS)
  - h. Epigastric pain
  - i. General weakness
  - j. Congenital heart problems
  - k. Any patient the paramedic feels would benefit from a 12-Lead ECG assessment.
2. Transmit ECGs when:
  - a. The machine reads, **\*\*Acute MI Suspected\*\*** or equivalent
    - 1) “Infarct suspected, age indeterminate” usually indicates an MI in the patient’s past, and is usually not considered to be an Acute MI.
  - b. The paramedic interprets the ECG as STEMI, even if the machine does not read **\*\*Acute MI Suspected\*\*** or equivalent
    - 1) STEMI is defined as 1 mm ST elevation or greater in two or more contiguous precordial leads, or 2 mm ST elevation or greater in two or more contiguous limb leads, with reciprocal ST depressions.

Re-assess the patient.

Base Hospital contact as needed to manage patient care or hospital notification.

Document assessment findings and treatments rendered on the Patient Care Report. See Patient Care Report policy for more specific guidance.

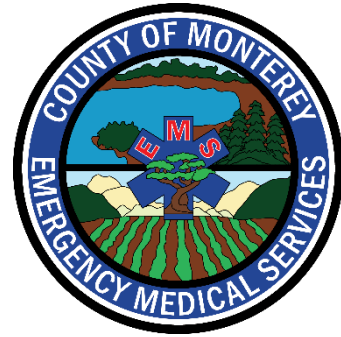
### **NOTES:**

Scene size-up for safety issues, need for additional resources, number of victims and mechanism of injury, and environmental hazards must be performed on all scenes.

Patient positioning is an important consideration for airway maintenance, circulatory support, patient comfort, and patient management.

Follow appropriate treatment protocols based on the patient's presentation. Use of more than one protocol may be required to manage the patient.

**Transport of the patient should be as early as possible.** The time on-scene for trauma patients should be 10 minutes or less and 15 minutes or less for STEMI and stroke patients.



# County of Monterey EMS Agency

## Stroke Critical Care System Plan – 2024 Update

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## Monterey County EMS Agency

The Monterey County EMS Agency is the regulatory agency overseeing the Monterey County EMS System. Monterey County is a very diverse County, serving a population of 439,035 residents<sup>1</sup> with an additional 4.6 million visitors per year.<sup>2</sup> Monterey County encompasses 3,771 square miles with topography that limits ground travel across the County to a few main highways.

The EMS system is composed of multiple organizations working together to provide medical treatment and transport to residents, workers, and visitors in Monterey County. Ambulance services for both emergency response and routine transfers are provided primarily by a single ambulance provider. Smaller areas are covered by fire-based ambulance services, and remote areas are served by first responders, air medical transport, or ambulances in bordering counties. Ambulance transport is primarily provided at the Advanced Life Support (ALS) level of care.

First responder services are provided by a mix of full-time paid firefighters, paid on-call and volunteer firefighters, and full-time seasonal firefighters. A few areas have first response covered by law enforcement or park rangers.

There are four hospitals within Monterey County. Two are designated as Primary Stroke Centers, located in Salinas and on the Monterey Peninsula. No hospitals bordering Monterey County are designated as Stroke Receiving Centers.

## Mission, Vision, and Values

### **EMS Mission:**

The mission of the Monterey County EMS Agency is to enhance, protect, and improve the health of the people of Monterey County by collaboratively planning, regulating, and optimizing the quality and stability of the emergency medical services system.

### **EMS Vision:**

We envision leading the Monterey County EMS System to ensure best practices and standards of emergency medical care for the people of Monterey County.

### **EMS Values:**

The Monterey County EMS Agency is committed to:

- Valuing the needs and safety of the patient in all that we do.
- Ensuring personal, professional, and organizational integrity.

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<sup>1</sup> Census.gov/quickfacts/montereycountycalifornia (2020 Census)

<sup>2</sup> Seemonterey.com/media/fact-sheet (2022)

- Consistently treating all people with dignity, respect, honesty, and fairness.
- Working fairly and openly in an environment of trust, transparency, safety, and teamwork.
- Providing leadership that brings accountability, responsibility, and success to our organization.
- Maintaining an equitable and inclusive work environment.
- Striving to achieve excellence through planning, communicating, and continued learning.

## Stroke Critical Care System

Monterey County's Stroke Critical Care System was established in 2010 and is an important part of the overall EMS System. It utilizes two designated Primary Stroke Centers. Prior to designation, both hospitals underwent a site review from the Monterey County EMS Agency to determine their capabilities. Policies and protocols have been in place for the identification, prehospital treatment, and appropriate transport destination for patients who have been identified in the prehospital environment as having a stroke. These policies and protocols are regularly reviewed and updated with the assistance of the Monterey County Stroke QI Committee, which is described later in this document.

## Monterey County EMS Agency Organization

Staffing at the Monterey County EMS Agency includes:

- **EMS Director/Bureau Chief** Teresa Rios, who is responsible for overall direction of the EMS Agency
- **EMS Medical Director** John Beuerle, M. D., who is responsible for medical oversight and medical direction for the EMS system
- **Management Analyst III** Debra Hopgood, who is responsible for EMS Agency staff oversight
- **EMS Analyst** Steve Brooks, who is responsible for coordination of the Stroke System including QI activities, data management, and policy development
- **EMS Analysts** Kimberley Hernandez and Blake Anderson, who provide assistance to Stroke System review and coordination
- **Epidemiologist** Roxann Seepersad, who assists with data collection, analysis, and interpretation
- **Administrative Services Assistant** Korina Moreno, who collects Stroke data and provides numerous support services to the EMS Agency
- **Accountant I** Carolina Coyt, who provides financial review and consultation pertaining to EMS Agency funds

## Designated Stroke Centers

Monterey County has designated two of the four hospitals in our system as Primary Stroke Centers: Community Hospital of the Monterey Peninsula (CHOMP) and Salinas Valley Memorial Hospital (SVMH). Both hospitals have undergone and maintained accreditation from The Joint Commission as Primary Stroke Centers. Both hospitals have agreements with the Monterey County EMS Agency for their designation as a Primary Stroke Center and for the care of stroke patients.

Facility	Contract Term	Agreement Type
Community Hospital of the Monterey Peninsula	March 6, 20014 – March 5, 2024	Stroke Center Agreement
Salinas Valley Memorial Hospital	January 24, 2014 – January 23, 2024	Stroke Center Agreement

For patients who are found to be suffering from Large Vessel Occlusion (LVO) strokes and who meet criteria for potential advanced endovascular therapies, Monterey County Stroke Centers have agreements with nearby out-of-county Comprehensive Stroke Centers to transport these stroke patients to Comprehensive Stroke Centers for a higher level of care. These patients are generally transported by medical helicopter (air ambulance). When air ambulances are not able to fly, patients are transported emergently by a ground ambulance.

The EMS Agency is working toward updating the Stroke Receiving Center Agreements, which will be designation agreements (rather than mutually negotiated agreements) documenting that the hospitals have met the requirements to be Stroke Receiving Centers.

## Monterey County EMS Agency Policies and Protocols

The Monterey County EMS Agency has several policies and protocols in place to direct the treatment and transport for patients identified as suffering from a possible stroke:

- **Policy 3080: Hospital Communications** mandates hospital notification or base contact with a Stroke Receiving Center for a suspected stroke patient.
- **Policy 4070: EMS Aircraft Operations** provides guidance on Stroke patient transport by air when ground transport is expected to exceed one hour.
- **Policy 5000: Patient Destination** stipulates that specialty care patients (STEMI, Stroke, and Trauma) shall be transported to the most accessible designated hospital that provides that specialty care.
- **Policy 5190: Stroke Center Designation** states, “The Stroke Center shall activate their internal stroke response upon notification that a patient with positive BEFAST Stroke Scale findings will be, or is, en route to their facility.” Policy 5190 further states,

“Monterey County Stroke Centers shall accept all ambulance transported patients with positive BEFAST Stroke Scale findings except in situations of internal disaster.” This applies equally to 9-1-1 patients and to patients being transferred from a non-Stroke hospital.

- **Protocol N-2: Non-Traumatic Neuro Impairment Suspected CVA** directs EMS crews to “Transport patients Code 3 with positive BEFAST findings and last known well time of 20 hours or less, and patients with stroke/TIA symptoms that have resolved, directly to a designated Stroke Receiving Center.” EMS crews are further advised to keep the scene time at 15 minutes or less.

## Communications

Monterey County has several redundancies built into the communications systems. Currently, all hospitals and ambulances in Monterey County are equipped with 800 MHz radios, which are tested daily. Monterey County hospitals and ambulances are also equipped with a UHF MEDNET radio. The EMS Agency has integrated all ambulance dispatch radio communications into the Countywide NEXGEN radio system. Hospitals all have a dedicated telephone line for the receipt of base hospital consult requests and hospital notification of incoming patients. Monterey County hospitals and dispatch agencies also utilize ReddiNet to communicate such things as hospital status, Mass Casualty Incidents, bed capacity, HAvBED polls, and to send messages to other users on the system. Ambulances transporting suspected stroke patients are required to contact the Stroke Receiving Center as early as possible to notify the hospital of an incoming stroke patient.

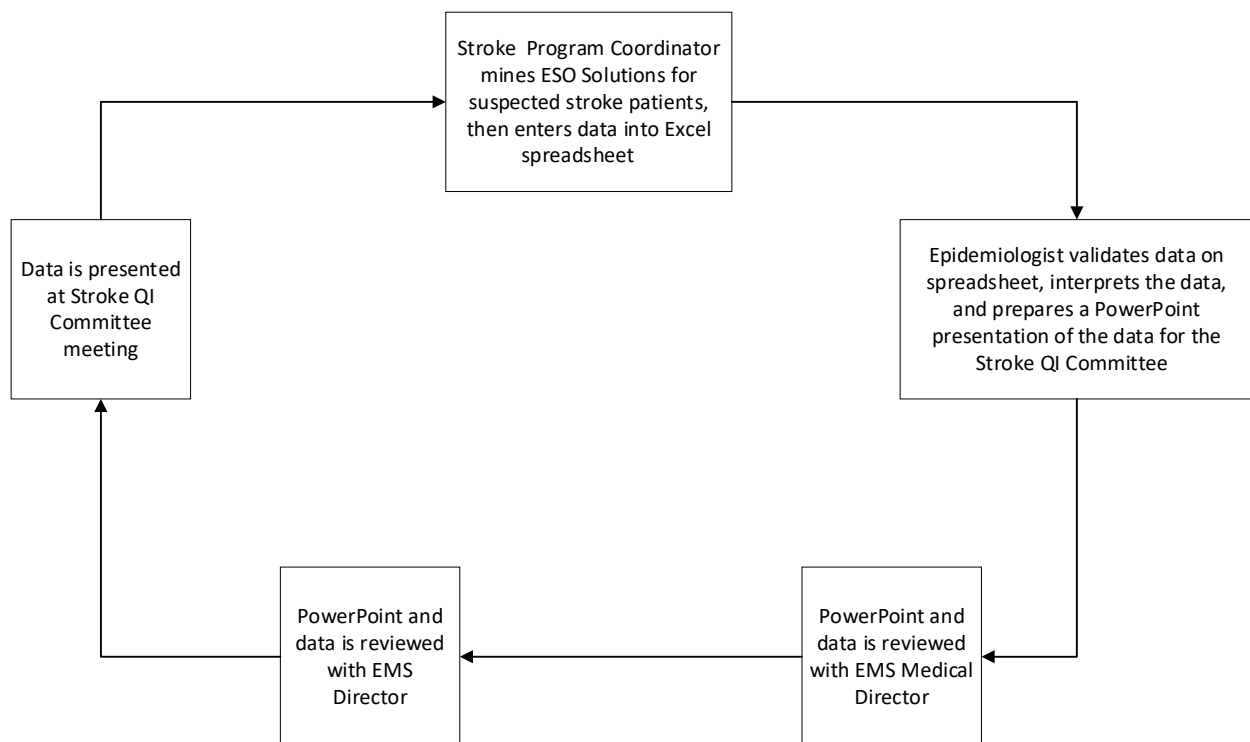
## Data Collection

Currently, the Stroke Receiving Centers in Monterey County participate in American Heart Association/American Stroke Association’s Get With The Guidelines (GWTG) Stroke registry. The Monterey County EMS Agency has access to the GWTG registry as a SuperUser, where data submitted by the Stroke Centers in Monterey County will be available to the EMS Agency for system monitoring and data collection.

The Stroke QI Committee has identified agreed-upon data elements that are collected and evaluated by the EMS Agency and reported to the Stroke QI Committee. The EMS Agency utilizes ESO Solutions, the Countywide electronic Patient Care Report (ePCR) database, to identify prehospital suspected stroke patients and to determine their hospital destinations. In addition to data on ambulance transported patients, hospitals are asked to provide data for walk-in stroke patients, which supports community education initiatives on the use of the 9-1-1 system for patients experiencing symptoms of a possible stroke.

Data is incorporated into a spreadsheet that is submitted to the epidemiologist, who cleans and validates the data and creates a PowerPoint presentation that is reviewed with the EMS Medical Director and the EMS Bureau Chief. Once the data and PowerPoint have received approval from the EMS Medical Director and Bureau Chief, it is ready for presentation to the Stroke QI Committee. The Stroke QI Committee reports to the Continuous Quality Improvement Technical Advisory Group (CQI TAG), which reports system issues or concerns to the Medical Advisory Subcommittee (MAC). Action items may be suggested at any stage of this process by members of any of these committees.

### EMS Data Flow:



Currently, the EMS Agency collects data and reports to the Stroke QI Committee on the following metrics:

- Number of field-identified stroke patients vs. number of stroke patients confirmed by the Stroke Receiving Centers
- Stroke patients by age and gender
- Scene time on prehospital-identified suspected stroke patients
- Blood glucose checked by prehospital providers
- Prehospital stroke scale utilization for suspected stroke patients
- Emergency Department (ED) disposition of EMS-transported confirmed stroke patients
- Hospital disposition of EMS-transported confirmed stroke patients

- Strokes by category (ischemic, hemorrhagic, TIA)
- ED use of thrombolytics for ischemic stroke patients transported by EMS
- Under-triage (“missed stroke”) cases, which are reviewed as case reviews at the Stroke QI meeting

## Integration with Neighboring Counties

Patients in the western portion of San Benito County are frequently transported to SVMH or to a Stroke Receiving Center in Santa Clara County if it is closer. Stroke Receiving Centers in Monterey County are required by policy to accept all ambulance-transported patients who meet BEFAST stroke criteria, except in situations of an internal hospital disaster.

## Quality Improvement

The Monterey County EMS Agency hosts a recurring Stroke QI Committee meeting with representation from all Stroke Receiving Centers, all non-stroke hospitals, ALS transport and non-transport fire departments, BLS non-transport fire departments, and air ambulances. The committee structure, purpose, membership, and meeting frequency are delineated in **Policy 1020: EMS Advisory Committees**.

The Stroke QI Committee, which meets quarterly, is a confidential QI Committee protected by Evidence Code §1157.7. All members must sign a confidentiality agreement to participate on the committee. The purpose of the Stroke QI Committee is to review stroke system data and medical care and to advise the Monterey County EMS Agency on issues or concerns related to Stroke system policy, organization, training, and equipment. The Stroke QI Committee reports action items, issues, and concerns to the Continuous Quality Improvement Technical Advisory Committee (CQI TAG), which in turn reports to the Medical Advisory Subcommittee (MAC).

## Education

Stroke Receiving Centers are required to participate in the Monterey County Stroke QI Committee and to provide prehospital stroke-related educational activities. Educational presentations such as Advanced Stroke Life Support and classes on “Dizzy Strokes” are offered to prehospital personnel by the Stroke Receiving Centers on a regular basis. Stroke Receiving Centers regularly do community outreach in both English and Spanish to educate the public on

signs and symptoms of a stroke and the importance of calling 9-1-1 immediately for any symptoms of a possible stroke.

## Stroke System Goals

Goal	Purpose	Status
The EMS Agency will subscribe to the American Heart Association/American Stroke Association (AHA/ASA) Get With The Guidelines (GWTG) Stroke Registry.	Streamline data collection and submission	The EMS Agency has gained access to the AHA-GWTG registry.
The EMS Agency will write a Stroke Critical Care System Plan that follows the new California Stroke Regulations.	Compliance with regulations; standardization of data collection and reporting statewide	This plan meets this goal.
Continue to refine data collection and report meaningful data at the Stroke QI Committee.	Use of data to improve the EMS system	This is an ongoing goal. Changes to data collection and reporting are discussed and agreed upon at Stroke QI Committee meetings.
Integrate all radio systems into the NEXGEN system.	<ul style="list-style-type: none"> <li>• Integration with Law Enforcement and Fire Communications</li> <li>• Digital System</li> <li>• Upgraded technology for better communications</li> <li>• Leaves all other systems in place for redundancy</li> </ul>	The radio system is fully integrated into the NEXGEN system.
The EMS Agency will mandate the use of the BEFAST reporting tool within the ESO ePCR system.	<ul style="list-style-type: none"> <li>• Data standardization</li> <li>• Reinforce the use of BEFAST as the patient assessment tool for stroke</li> </ul>	BEFAST is now active as the stroke reporting tool in the ESO ePCR.

Appendix  
Current Stroke-Related County of Monterey EMS System  
Policies and Treatment Protocols



# Monterey County EMS System Policy



Policy Number: 3080  
Effective Date: 7/1/2024  
Review Date: 6/30/2027

## HOSPITAL COMMUNICATIONS

### PURPOSE:

To establish procedures for phone and radio communications between field personnel and hospital personnel.

### POLICY

- A. This policy addresses procedures to be used in two types of hospital communication: **base hospital contact** and **hospital notification**.
- B. **Base hospital contact** is used by paramedic personnel to contact a Monterey County EMS Agency-designated base hospital for the purpose of obtaining medical direction from a base hospital physician.
  1. Paramedic personnel shall make base hospital contact in the following circumstances:
    - a. To receive direction for administering medications or providing treatments that are restricted by policy or protocol to base contact order only.
    - b. For a patient presenting with symptoms that cause uncertainty regarding the appropriate protocol to be used.
    - c. To obtain a field pronouncement of death when the patient does not meet the criteria listed in Policy #4100 (Pre-Hospital Determination of Death).
    - d. To perform Advanced Life Support (ALS) treatments or administer medications not specifically authorized by Monterey County Policy and Protocol but that are within the Monterey County paramedic scope of practice.
    - e. For consultation when:
      - 1) The patient has a serious or potentially life-threatening condition but is refusing care or transport, and base physician involvement may convince the patient to accept the recommended treatment or transport.
      - 2) There is disagreement among field providers regarding patient care. Refer to Policy #4000 (Emergency Medical Scene Management).
      - 3) The paramedic believes that base hospital physician involvement will benefit patient care.
    - f. When required by Monterey County EMS System Policy.
  2. Base contact is not the appropriate communication modality for discussion of the patient's condition with the base hospital physician, except as detailed above.
  3. Base contact should be made to the designated specialty care center when needed as outlined below:

- a. For patients meeting Step 1-3 Trauma Triage Criteria, contact Natividad. **For any questions related to the destination for adult and pediatric patients meeting Step 4 trauma triage criteria, or for any patients who do not meet trauma triage criteria, but whom the paramedic feels may benefit from a trauma center, base hospital contact should be with Natividad.**
  - b. For patients who are believed to be experiencing a stroke, contact the nearest Monterey County EMS designated Stroke Center.
  - c. For patients who are believed to be experiencing an ST-Elevation Myocardial Infarction (STEMI), contact the nearest Monterey County EMS designated STEMI Receiving Center.
  - d. For ROSC in the adult,, contact the nearest STEMI Receiving Center.
  4. Base hospital contact shall be with the receiving hospital if that hospital is also a base hospital. If the receiving hospital is not a base hospital, contact the closest base hospital.
    - a. If the base hospital is not also the receiving hospital, the base hospital shall contact the receiving hospital with a report on the patient and any orders given by the base hospital.
  5. In the event of base hospital communication failure, follow Monterey County EMS System Policy #3091 (Base Hospital Communication Failure).
- C. **Hospital notification** is used to contact the receiving hospital to advise the hospital of impending patient arrival and condition. Most hospital communications will be hospital notification only.
1. The purpose of hospital notification is to ensure that the hospital is prepared to receive the patient with the appropriate bed, equipment, and personnel to care for the patient's condition.
  2. These notifications should also include the proper specialty alert, in order to help the receiving hospital prepare for the potential needs of the patient.
- D. The minimum information to be communicated under base contact or hospital notification is outlined in the procedure section of this policy.

## PROCEDURE

- A. Base hospital contact shall be made through a dedicated recorded radio channel or phone line.
- B. Communication with a designated base hospital will start with specifying whether the communication is for base contact or hospital notification.
- C. Communications shall utilize the SBAR mnemonic, as below:
  1. **S**ituation
  2. **B**ackground
  3. **A**ssessment
  4. **R**ecommendations/ **R**ecap

- D. A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.
- E. Paramedics shall repeat any orders given by a base hospital physician prior to closing communication with the base hospital.

<b>Identify yourself, organization, unit, and type of call</b> <i>(e.g., "This is Paramedic Smith, AMR Medic 20 with a 52 y/o male Stroke Alert patient")</i>		
<b>Situation</b>	<ul style="list-style-type: none"> <li>• Code 2 or Code 3</li> <li>• ETA</li> <li>• Age/Sex/Chief Complaint of patient</li> <li>• State urgent issues and immediate needs up front</li> <li>• Reason for base consult (trauma patient destination, specialty patient, AMA documentation, request for orders, etc.)</li> </ul>	
	Trauma	Medical
	<ul style="list-style-type: none"> <li>• MVC:               <ul style="list-style-type: none"> <li>○ Speed (known mph and/or freeway or city streets)</li> <li>○ Type of impact (rollover, head-on, etc.)</li> <li>○ Describe significant damage to vehicle (e.g., amount of intrusion, entrapment, steering wheel damaged, etc.)</li> <li>○ Number and condition of patients (e.g., 3 moderate, 2 critical)</li> </ul> </li> <li>• MCC               <ul style="list-style-type: none"> <li>○ Protective clothing</li> <li>○ Damage to helmet</li> <li>○ Distance of ejection from motorcycle</li> </ul> </li> <li>• Falls               <ul style="list-style-type: none"> <li>○ Distance (2nd story, ground level fall, etc.)</li> </ul> </li> <li>• Assault               <ul style="list-style-type: none"> <li>○ Object (e.g., GSW, stabbing, fists, etc.)</li> <li>○ Impact area</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Stroke               <ul style="list-style-type: none"> <li>○ Time last known well</li> <li>○ Time of onset of symptoms</li> <li>○ What was the positive hit on the BEFAST?</li> </ul> </li> <li>• STEMI               <ul style="list-style-type: none"> <li>○ ECG transmitted</li> <li>○ Is this patient s/p cardiac arrest with ROSC?</li> </ul> </li> <li>• OB               <ul style="list-style-type: none"> <li>○ # of months pregnant</li> <li>○ Gravida/Para status</li> <li>○ Prenatal care?</li> <li>○ Any known complications (e.g., breech presentation)</li> </ul> </li> <li>• Behavioral Health               <ul style="list-style-type: none"> <li>○ Restraints (physical and/or chemical)</li> <li>○ Security needed?</li> <li>○ Is the patient on a 5150?</li> </ul> </li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>• History of current illness/injury</li> <li>• Pertinent past medical history</li> <li>• Pertinent medications/allergies (e.g., stroke pt with history of A-fib, takes Coumadin, allergic to aspirin)</li> </ul>	
<b>Assessment</b>	<ul style="list-style-type: none"> <li>• ABC's</li> <li>• Focused physical assessment</li> <li>• General impression</li> <li>• Vital signs (including systolic and diastolic blood pressure, if possible), GCS, lung sounds, pain level, skin signs, pupils, blood glucose, ECG as appropriate               <ul style="list-style-type: none"> <li>○ Vitals to be monitored every 15" for stable patients, every 5" for unstable</li> </ul> </li> </ul>	

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<b>Recommendations/ Recap</b>	<ul style="list-style-type: none"><li>• Treatment rendered and patient's response</li><li>• What would you like from the physician? If you are looking for a specific order, state that here.</li><li>• Repeat orders given by a physician</li></ul>
<i>A full report should take 60 seconds or less, unless there are multiple patients or other mitigating circumstances.</i>	



### END OF POLICY

  
John Beuerle, M.D.  
EMS Medical Director

  
Teresa Rios  
EMS Bureau Chief

# Monterey County EMS System Policy



Policy Number: 5000  
Effective Date: 7/1/2022  
Review Date: 6/30/2025

## PATIENT DESTINATION

### I. PURPOSE

To provide guidance regarding hospital destination decisions for patients in the prehospital setting.

### II. PROCEDURE

- A. **Unmanageable Airway:** Patients with an unmanageable airway shall be transported to the closest, most accessible emergency department, regardless of hospital diversion status.
- B. **Trauma Patients:** Patients meeting Step 1, 2, or 3 criteria under Policy 4040: Field Trauma Triage Criteria shall be transported to the closest, most accessible Level I or Level II Trauma Center. A trauma patient with an unmanageable airway may be transported to the closest, most accessible emergency department for airway management.
- C. **In-Extremis Patients:** Patients who are in-extremis shall be transported to the closest, most accessible emergency department regardless of hospital diversion status.
- D. **Specialty Care Patients:** Patients who meet Monterey County EMS Agency established criteria for specialty care (i.e. trauma, STEMI, stroke, ROSC) shall be transported to the closest, most accessible designated hospital that provides that specialty care. If the patient refuses, the medic should make every effort to convince the patient to go to the appropriate specialty care hospital. A patient's refusal to go to a recommended specialty care hospital shall be documented in the PCR.
- E. **Behavioral Health Patients:**
  - 1. Patients presenting with acute medical conditions and/or traumatic injury shall be transported to the closest and most appropriate emergency department.
  - 2. Patients who are placed on a 5150 hold by an authorized behavioral health specialist shall be taken to an emergency department (within Monterey County) designated by the behavioral health specialist.
  - 3. Patients who are placed on a 5150 hold by Law Enforcement Officers, without the aid of a behavioral health specialist, should be taken to Natividad Medical Center or the Community Hospital of Monterey Peninsula.
- F. **Patient Preference:** All other patients requiring transport should be transported to the emergency department of the patient's preference, unless honoring that request poses an unreasonable or impractical burden on EMS resources.
- G. **No Stated Preference:** Patients with no stated preference should, in most cases, be transported to the most accessible emergency department.

### **III. OUT-OF-COUNTY EMERGENCY DEPARTMENTS**

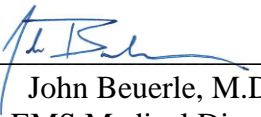
Patients may be transported to an out-of-county emergency department if that hospital is accessible and open for ambulance traffic. Base Hospital Contact shall be made with Natividad Medical Center prior to transporting Adult Major Trauma Victims out of county. Paramedic Field Supervisor approval is required for destinations further than adjacent counties.


1. Contact shall be made with EMS Dispatch to determine whether an out-of-county hospital is on diversion. EMS Dispatch will use ReddiNet to determine the status of the out-of-county hospital.
2. Transport may continue to the out-of-county emergency department if it is able to accept the patient.
3. If the out-of-county hospital is not able to accept the patient, the patient shall be transported to the most accessible Monterey County emergency department or appropriate specialty center.
4. Medical control will remain with a Monterey County designated Base Hospital.

### **IV. NOTES**

- A. Consider utilizing more than one hospital when there are multiple patients to avoid overloading any single hospital. Follow patient distribution principles found in the MCI Plan in a declared MCI.
  1. Make every attempt to transport family members to the same trauma center, if possible.
- B. In the City of Salinas, patients located north of Market St. will be considered closer to Natividad Medical Center. Patients located south of Market St. will be considered closer to Salinas Valley Memorial.
- C. For scene calls, patients who have a valid DNR order who expire during transport shall be transported to the destination hospital. If a patient with a DNR expires during a transfer, the patient should be taken to the receiving hospital or returned to the sending hospital, whichever is closer. This decision may be based on paramedic judgement or family wishes if they are present.

### **END OF POLICY**

  
John Beuerle, M.D.  
EMS Medical Director

  
Teresa Rios  
EMS Bureau Chief

# Monterey County EMS System Policy



Policy Number: 5190  
Effective Date: 7/1/2023  
Review Date: 6/30/2026

## STROKE CENTERS

### I. PURPOSE

To define requirements for designation as a Stroke Center in Monterey County.

### II. POLICY

A. Hospitals requesting designation as a Primary Stroke Center by the Monterey County EMS Agency shall meet the following minimum criteria:

1. Adequate staff, equipment, and training to perform rapid evaluation, triage, and treatment for the stroke patient in the emergency department.
2. Standardized stroke care protocol/order set.
3. Stroke diagnosis and treatment capacity twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
4. Data-driven, continuous quality improvement process including collection and monitoring of standardized performance measures.
5. Continuing education in stroke care provided for staff physicians, staff nurses, staff allied health personnel, and EMS personnel.
6. Public education on stroke and illness prevention.
7. A clinical stroke team, available to see in person or via telehealth, a patient identified as a potential acute stroke patient within 15 minutes following the patient's arrival at the hospital's emergency department or within 15 minutes following a diagnosis of a patient's potential acute stroke.
  - a. At a minimum, a clinical stroke team shall consist of:
    - 1) A neurologist, neurosurgeon, interventional neuro-radiologist, or emergency physician who is board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, or other board-certified physician with sufficient experience and expertise in managing patients with acute cerebral vascular disease as determined by the hospital credentials committee.
    - 2) A registered nurse, physician assistant, or nurse practitioner capable of caring for acute stroke patients that has been designated by the hospital who may serve as a stroke program manager.
8. Written policies and procedures for stroke services which shall include written protocols and standardized orders for the emergency care of stroke patients. These policies and procedures shall be reviewed at least every three (3) years, revised as needed, and implemented.



9. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
10. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
11. CT scanning or equivalent neuroimaging shall be initiated within twenty-five (25) minutes following emergency department arrival.
12. Other imaging shall be available within a clinically appropriate timeframe and shall at a minimum include:
  - a. MRI
  - b. CTA and/or Magnetic resonance angiography (MRA)
  - c. TEE or TTE
13. Interpretation of imaging:
  - a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
  - b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as board-certified radiologist, board-certified neurologist, board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
    - 1) For the purpose of this subsection, a qualified radiologist shall be board certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
    - 2) For the purpose of this subsection, a qualified neurologist shall be board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.
    - 3) For the purpose of this subsection, a qualified neurosurgeon shall be board certified by the American Board of Neurological Surgery.
14. Laboratory services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that services may be performed within forty-five (45) minutes following emergency department arrival
15. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, comprehensive or other stroke center with neurosurgical services, within two (2) hours following the arrival of acute stroke patients to the primary stroke center.

16. Acute care rehabilitation services.
  17. Transfer arrangements with one or more higher level of care centers when clinically warranted or for neurosurgical emergencies.
  18. There shall be a stroke medical director of a primary stroke center, who may also serve as a physician member of a stroke team, who is board-certified in neurology or neurosurgery or another board-certified physician with sufficient experience and expertise dealing with cerebral vascular disease as determined by the hospital credential committee.
- B. Hospitals requesting designation as a thrombectomy-capable stroke center by the Monterey County EMS Agency shall meet the following minimum criteria:
1. Satisfy all the requirements of a primary stroke center as provided in Section II A.
  2. The ability to perform mechanical thrombectomy for the treatment of ischemic stroke twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
  3. Dedicated neuro-intensive care unit beds to care for acute ischemic stroke patients twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year.
  4. Satisfy all the following staff qualifications:
    - a. A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology, or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff as deemed by the hospital's credentialing committee.
    - b. A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
    - c. A qualified vascular neurologist, board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with the appropriate education and experience as defined by the hospital credentialing committee.
    - d. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
    - e. The ability to perform advanced imaging twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, which shall include, but not be limited to, the following:
      - 1) Computed tomography angiography (CTA)
      - 2) Diffusion-weighted MRI or CT Perfusion
      - 3) Catheter angiography
      - 4) Magnetic resonance angiography (MRA)

- 5) And the following modalities available when clinically necessary:
  - a) Transesophageal echocardiography (TEE)
  - b) Transthoracic echocardiography (TTE)
5. A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy.
6. Written transfer agreement(s) with at least one comprehensive stroke center.
- C. Hospitals requesting designation as an acute stroke ready center by the Monterey County EMS Agency shall meet the following minimum criteria:
  1. A clinical stroke team available to see in person or via telehealth a patient identified as a potential acute stroke patient within twenty (20) minutes following the patient's arrival at the hospital's emergency department.
  2. Written policies and procedures for emergency department stroke services that are reviewed, revised as needed, and implemented at least every three (3) years.
  3. Emergency department policies and procedures that include written protocols and standardized orders for the emergency care of stroke patients.
  4. Data-driven continuous quality improvement process including collection and monitoring of standardized performance measures.
  5. Neuro-imaging services capability that is available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, such that imaging shall be performed and reviewed by a physician within forty-five (45) minutes following emergency department arrival.
  6. Neuro-imaging services shall, at a minimum, include CT or MRI or both.
  7. Imaging interpretation:
    - a. If teleradiology is used in image interpretation, all staffing and staff qualification requirements contained in this section shall remain in effect and shall be documented by the hospital.
    - b. Neuro-imaging studies shall be reviewed by a physician with appropriate expertise, such as a board-certified radiologist, board-certified neurologist, a board-certified neurosurgeon, or residents who interpret such studies as part of their training in ACGME-approved radiology, neurology, or neurosurgery training program within forty-five (45) minutes of emergency department arrival.
      - 1) For the purpose of this subsection, a qualified radiologist shall be board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology.
      - 2) For the purpose of this subsection, a qualified neurologist shall be board-certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

- 3) For the purpose of this subsection, a qualified neurosurgeon shall be board-certified by the American Board of Neurological Surgery.
  8. Laboratory services shall, at a minimum, include blood testing, electrocardiography and x-ray services, and be available twenty-four (24) hours per day, seven (7) days per week, three hundred and sixty-five (365) days per year, and able to be completed and reviewed by physician within sixty (60) minutes following emergency department arrival.
  9. Neurosurgical services shall be available, including operating room availability, either directly or under an agreement with a thrombectomy-capable, primary or comprehensive stroke center, within three (3) hours following the arrival of acute stroke patients to an acute stroke-ready hospital.
  10. Provide IV thrombolytic treatment and have transfer arrangements with one or more thrombectomy-capable, primary or comprehensive stroke center(s) that facilitate the transfer of patients with strokes to a stroke center for care when clinically warranted.
  11. There shall be a medical director of an acute stroke-ready hospital, who may also serve as a member of a stroke team, who is a physician or advanced practice nurse who maintains at least four (4) hours per year of educational time in cerebrovascular disease.
  12. The clinical stroke team for an acute stroke-ready hospital at a minimum shall consist of a nurse and a physician with training and expertise in acute stroke care.
- D. EMS receiving hospital that are not designated to provide stroke critical care services shall work cooperatively with stroke receiving centers and the Monterey County EMS Agency to do the following, at a minimum:
1. Participate in the Monterey County EMS Agency's quality improvement system, including data submission as determined by the Monterey County EMS Agency medical director.
  2. Participate in interfacility transfer agreements to ensure access to the stroke critical care system for potential stroke patients.

### **III. APPLICATION PROCESS**

- A. To apply for designation as a Stroke Center in Monterey County, an interested hospital shall:
1. Submit an application packet that contains all of the required documentation outlined in the Stroke Center application checklist.
  2. Submit the applicable designation fees to cover initial and ongoing Monterey County EMS Agency costs to support the stroke program.
    - a. Stroke Center Application Fee: A stroke center application fee will be established. This fee will cover the costs associated with the designation process. These costs may include contract costs for plan development,

Requests for Proposal development, review of proposals, out of area site team costs, legal reviews and agency costs in excess of the costs associated with the day-to-day stroke system regulation. The stroke center application fee will be assessed for hospitals applying for stroke center designation. Fees paid in excess of actual costs will be returned to applicants.

- b. Stroke Center Designation Fee: The Monterey County Board of Supervisors will establish an annual Stroke Center Designation Fee. This fee covers the cost of monitoring the operation of the stroke system in compliance with State of California EMS Authority regulations and Monterey County EMS Agency policies and protocols. The fee will be based on the time requirements of the stroke system medical director, stroke system coordinator, and other staff activity dedicated to stroke issues as well as associated overhead and program support costs.
  - c. Monterey County EMS Agency will provide the designated stroke center(s) written notice of any increase in the designated fee at least 180 days (6 months) prior to the effective date of the increase with an explanation for the increase and the basis on which it was calculated.
3. Develop transfer agreements with other Monterey County hospitals to accept any stroke patients from those facilities. A copy of these agreements shall be included in the application packet.

#### **IV. DESIGNATION CRITERIA**

- A. Hospitals wishing to be designated as a Stroke Receiving Center (Acute Stroke Ready Hospital, Primary Stroke Center, Thrombectomy-Capable Stroke Center or Comprehensive Stroke Center) in Monterey County shall meet the following requirements:
  1. Current California licensure as an acute care facility providing Basic or Comprehensive Emergency Medical Services.
  2. Submit the Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and all required supporting documentation to the EMS Agency.
  3. Enter into and maintain a written Stroke Center agreement with the Monterey County EMS Agency that defines the roles and responsibilities of the hospital and the EMS Agency relative to the care of stroke patients.
  4. Receive and maintain current certification as an Acute Stroke Ready Hospital, a Primary Stroke Center, a Comprehensive Stroke Center, or a Thrombectomy Capable Stroke Center by the Joint Commission, the Healthcare Facilities Accreditation Program (HFAP), or Det Norske Veritas Healthcare, Inc (DNV).
  5. Develop and maintain appropriate internal (hospital) policies addressing the following:

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- a. Designation of the Stroke Center Medical Director and the Stroke Center Nurse Program Manager.
  - b. Staff and physician coverage. The policy shall including availability requirements for timely staff and physician response upon notification or arrival of a stroke patient to the emergency department
  - c. Interfacility transfer policies, protocols, and agreements.
  - d. Collection of data and a process for sharing required data with the Monterey County EMS Agency and the Stroke QI Committee
  - e. Active and regular participation in Monterey County EMS Stroke QI activities including the Monterey County EMS Agency Stroke QI Committee.
6. Initiate and maintain a hospital Stroke QI Committee.
  7. Participate in the California Stroke Registry.
- B. Stroke center designation will be provided to a hospital following satisfactory review of written documentation and initial site survey by Monterey County EMS Agency staff and receipt of stroke center fees by the Monterey County EMS Agency.
  - C. The stroke center designation period will coincide with the period covered in the written agreement between the Stroke Receiving Center and the Monterey County EMS Agency.

### **V. REDESIGNATION CRITERIA**

- A. A stroke center may be redesignated following a satisfactory review of written documentation and a site survey.
- B. Redesignation of a stroke center shall require submission of a Stroke Center Designation Application, the Stroke Center Designation Criteria Evaluation Tool, and updated supporting documentation to the EMS Agency.
- C. On-site stroke center surveys for redesignation shall occur every three years in coordination with the terms of the Stroke Center agreement with the Monterey County EMS Agency.
- D. Stroke centers must be current with the submission of all data required by the Monterey County EMS Agency and the State of California EMS Authority.

### **VI. QUALITY/PERFORMANCE IMPROVEMENT**

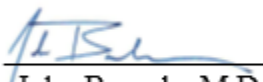
- A. The Monterey County EMS Agency shall be responsible for ongoing performance evaluation and quality improvement of the stroke critical care system.
- B. Stroke centers shall participate in the Monterey County EMS Agency quality improvement processes related to the stroke critical care program.

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- C. Stroke centers shall participate in the Stroke QI Committee, as described in Monterey County EMS Policy #1020 EMS Advisory Committees, with attendance at not less than 80% of the meetings.
- D. A stroke center shall develop a written internal quality improvement plan/program description for stroke patients.
  - 1. The plan will include a Community Stroke Reduction Plan including participation in outreach programs to reduce cardiovascular disease and stroke.
- E. Stroke centers shall provide continuing education to EMS personnel, the clinical stroke team, and related hospital staff.
- F. The Monterey County EMS Agency Stroke Critical Care System shall have a quality improvement process that shall include, at a minimum:
  - 1. Evaluation of program structure, process, and outcome
  - 2. Review of stroke-related deaths, major complications, and transfers.
  - 3. A multidisciplinary Stroke Quality Improvement Committee, including both prehospital and hospital members.
  - 4. Participation in the QI process by all designated stroke centers and prehospital providers involved in the stroke critical care system.
  - 5. Evaluation of regional integration of stroke patient movement.
  - 6. Participation in the stroke data management system.
  - 7. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected stroke cases.

### END OF POLICY

  
John Beuerle, M.D.  
EMS Medical Director

  
Teresa Rios  
EMS Bureau Chief



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

*Nationally Accredited for Providing Quality Health Services*

## Application for Stroke Center Designation

Hospital: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

- Is your hospital licensed by the California Department of Health Services and accredited by a CMS-approved accrediting body as a Primary or Comprehensive Stroke Center? Yes ☐ No ☐
- Does your hospital have a special permit for Neurosurgical Services? *(Not required for designation as an Acute Stroke Ready Hospital or a Primary Stroke Center)* Yes ☐ No ☐

### Administration/Staffing

#### A. Stroke Center Medical Director (attach resume)

Name of Proposed Stroke Center Medical Director: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Board Certified in:
- |                    |                          |
|--------------------|--------------------------|
| Emergency Medicine | <input type="checkbox"/> |
| Neurology          | <input type="checkbox"/> |
| Other: _____       | <input type="checkbox"/> |

#### B. Stroke Center Coordinator/Program Manager (attach resume)

Name of proposed Stroke Center Coordinator: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

#### C. Stroke Center administrative contact

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_



- Do you use tele-neurology? Yes ☐ No ☐
  - *If yes, please include a copy of the contract with the tele-neurology service including timeframes for examination of Stroke/ TIA patients.*
- Do you use tele-radiology for interpretation of radiological studies? Yes ☐ No ☐
  - *If yes, please include a copy of the agreement with teleradiology service including timeframes for reading and interpreting radiological studies for Stroke/ TIA patients.*
- Do you have a dedicated and audio recorded phone line, capable of being answered 24 hours per day, seven days per week, for paramedic notification of Stroke/ TIA patients? Yes ☐ No ☐

**Policies:**

- Does your organization have policies on the treatment of Stroke patients that define who shall receive emergent tPA or other IV thrombolytic medication? ***(Please attach)*** Yes ☐ No ☐
- Does your organization have a policy on the treatment of Stroke that includes emphasis on rapid treatment? ***(Please attach)*** Yes ☐ No ☐
- Does your organization have data and quality improvement policies that meet the requirements in the Monterey County Stroke Center policy? (Please attach) Yes ☐ No ☐

**Data:**

- Does your organization agree to participate in the California Stroke Registry/California Coverdell Program? Yes ☐ No ☐
- Does your organization agree to report data on stroke patients, including outcome data, to the EMS Agency every quarter? Yes ☐ No ☐
- Please attach the previous 6 months' worth of the following data for your organization:
  - Total number of Stroke patients that were seen and treated at hour hospital. \_\_\_\_\_
  - Total number of Stroke patients that were transferred from an acute care hospital to your facility for definitive care. \_\_\_\_\_
  - Total number of Stroke patients who met criteria for receiving IV thrombolytics. \_\_\_\_\_
  - Total number of Stroke patients who met criteria for receiving IV thrombolytics who refused the therapy. \_\_\_\_\_
  - Total number of Stroke patients who received IV thrombolytics. \_\_\_\_\_
  - Total number of Stroke patients who were discharged alive. \_\_\_\_\_
  - Total number of Stroke patients who were discharged to a rehabilitation facility. \_\_\_\_\_
  - Total number of Stroke patients who were discharged home alive \_\_\_\_\_

Completed by (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please contact the Monterey County EMS Agency at [emsadmin@co.monterey.ca.us](mailto:emsadmin@co.monterey.ca.us) prior to submission of the application for initial or continued designation. Request contact with the Stroke program staff member for the purpose of submission of a Stroke Receiving Center application for designation or continued designation.

List of neurologists/neurointerventionalists/interventional radiologists proposed for call for Stroke/TIA patients

<u>Physician Name</u>	<u>At which hospitals does the physician have privileges?</u>	<u>Number of Stroke/TIA Pts/year</u>
_____	_____	_____
_____	_____	_____
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## ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Current License to provide Basic Emergency Services in Monterey County	Copy of License	Yes No	
Current copy of Joint Commission, HFAP or DNV Certification	Copy of Certification	Yes No	
An acute Stroke team available within 20 minutes of patient's arrival in ED	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes No	May use telehealth for this requirement
Written policies and procedures for Stroke services	Copy of policies, procedures	Yes No	Include protocols and standardized orders and order sets
Data-driven, CQI process including collection and monitoring of standardized performance measures	3 months' worth of CQI data Data showing identification of areas in need of improvement and how the issue was dealt with.	Yes No	
Data reporting mechanism	Copy of agreement with AHA/ASA Get With The Guidelines – Stroke	Yes No	AHA Get With The Guidelines - Stroke
Neuro-imaging capability 24/7/365	Policies/protocols supporting operations	Yes No	CT and/or MRI
One of the following: <ul style="list-style-type: none"> <li>• Qualified Radiologist</li> <li>• Qualified Neurologist</li> <li>• Qualified Neurosurgeon</li> </ul>	Copy of appropriate board certification  On-call schedules for 3 months	Yes  No	If using telemedicine, hospital must document this standard
Laboratory services 24/7/365	Copy of policies/procedures/protocols for lab services	Yes No	Blood testing, ECG, and x-ray services
Provide IV thrombolytic treatment to qualified patients	Copy of policies/procedures/protocols for administration of tPA	Yes No	

## ACUTE STROKE READY HOSPITAL DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Medical Director: <ul style="list-style-type: none"> <li>Physician</li> <li>Advanced practice nurse</li> </ul> Both must maintain at least 4 hours per year of educational time in cerebrovascular disease	Copy of CE units for previous 2 years	Yes  No	
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes No	Required if no neurosurgery
In-patient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes No	
Designated telephone number for prehospital	Actual number on file	Yes No	
Written transfer guidelines for higher level of service	Transfer policies/procedures  Copy of agreement	Yes No	
Continuing Education Provider	Copy of approval letter with CE provider number	Yes No	
Stroke contingency plans <ul style="list-style-type: none"> <li>Personnel</li> <li>Imaging equipment</li> <li>Bed capacity</li> </ul>	Pertinent policy and procedures to minimize disruption	Yes No	Expectation of no advisory status except for internal disaster
<b>STAFFING</b>			
Acute Stroke Care team:			
One of the following: <ul style="list-style-type: none"> <li>Neurologist</li> <li>Neurosurgeon</li> <li>Interventional neuroradiologist</li> <li>Emergency Physician</li> </ul>	Copy of appropriate board certification  On-call schedule for 3 months  Copy of job description	Yes  No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: <ul style="list-style-type: none"> <li>Registered Nurse</li> <li>Physician assistant</li> <li>Nurse practitioner</li> </ul>	Copy of license  Copy of job description	Yes No	Demonstrated competency in caring for acute stroke patients

## PRIMARY STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Hospital must meet all requirements of an Acute Stroke Ready Hospital plus:			
An acute Stroke team available within 15 minutes	On-call schedules for 3 months. On-call policy and procedure. Emergency Department protocol for initial screening and treatment of suspected stroke patients.	Yes  No	
Immediate, telemetry or critical care beds	Immediate: _____ Telemetry: _____ Critical Care: _____	Yes  No	Number of beds
Neurosurgical services including operating room	Number of operating rooms on license: _____ Copy of agreement(s) with other Stroke Centers	Yes  No	May be under agreement with another Stroke Center
If no neurosurgical services available: Plan to transfer within 2 hours	Supporting policies, procedures and agreements	Yes  No	Required if no neurosurgery
Inpatient acute care rehabilitation	Policies/procedures for inpatient rehabilitation Agreement with other inpatient acute rehabilitation	Yes  No	May contract with other acute inpatient rehabilitation provider
Designated telephone number for prehospital personnel to contact ED	Actual number on file	Yes  No	
Written transfer guidelines for higher level of service	Transfer policies/procedures  Copy of agreement	Yes  No	
Monterey County designated Continuing Education Provider	Copy of approval letter with CE provider number	Yes  No	
Stroke contingency plans <ul style="list-style-type: none"> <li>Personnel</li> <li>Imaging equipment</li> </ul> Bed capacity	Pertinent policy and procedures to minimize disruption	Yes  No	Expectation of no advisory status except for internal disaster
<b>STAFFING</b>			
Acute Stroke Care Team			

## PRIMARY STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
One of the following: <ul style="list-style-type: none"> <li>• Neurologist</li> <li>• Neurosurgeon</li> <li>• Interventional neuroradiologist</li> </ul> Emergency Physician	Copy of appropriate board certification  On-call schedule for 3 months  Copy of job description	Yes  No	Board certified or board eligible in neurology, neurosurgery, endovascular neurosurgical radiology, with experience and expertise in dealing with cerebral vascular disease
One of the following: <ul style="list-style-type: none"> <li>• Registered Nurse</li> <li>• Physician assistant</li> </ul> Nurse practitioner	Copy of license  Copy of job description	Yes  No	Demonstrated competency in caring for acute stroke patients

## THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
Meets all requirements of Primary Stroke Center plus:		Yes No	
Ability to perform mechanical thrombectomy for the treatment of ischemic stroke 24/7/365	Copy of on-call schedules for interventionalists	Yes No	
Staffing: Must have all the following staff qualifications:			
A qualified physician, board certified by the American Board of Radiology, American Osteopathic Board of Radiology, American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, with neuro-interventional angiographic training and skills on staff	Copy of interventionalist CV	Yes No	
A qualified neuro-radiologist, board-certified by the American Board of Radiology or the American Osteopathic Board of Radiology	Copy of radiologist CV	Yes No	
A qualified vascular neurologist, board certified by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or with appropriate education and experience as defined by the hospital credentials committee	Copy of CV	Yes No	
If teleradiology is used in image interpretation, all staffing and staff qualifications shall remain in effect and shall be documented by the hospital		Yes No	
The ability to perform advanced imaging 24/7/365,		Yes	



## THROMBECTOMY-CAPABLE STROKE CENTER DESIGNATION CRITERIA EVALUATION TOOL

Stroke Designation Standard	Objective Measurement	Meets Standard	Comments
to include but not be limited to: <ul style="list-style-type: none"> <li>• CTA</li> <li>• Diffusion-weighted MRI or CT Perfusion</li> <li>• MRA</li> <li>• Catheter angiography</li> </ul>	On-call schedules for the last 3 months	No	
The following modalities must be available when clinically necessary: <ul style="list-style-type: none"> <li>• Carotid duplex ultrasound</li> <li>• TEE</li> <li>• TTE</li> </ul>	Demonstrated on site survey	Yes  No	
A process to collect and review data regarding adverse patient outcomes following mechanical thrombectomy	Written policies/protocols/procedures/plans	Yes  No	

# Monterey County EMS System Policy



Protocol Number: N-2  
Effective Date: 7/1/2023  
Review Date: 6/30/2026

**Protocol:** Neurological

## Non-Traumatic Neuro Impairment Suspected CVA

### **BLS CARE**

Routine medical care

Identify time last well known. Be as specific as possible

Obtain a cell phone number for a family member who can make decisions for the patient, if possible.

Blood glucose measurement.

### **ALS CARE**

Routine medical care.

Use B.E. F.A.S.T for patient assessment for possible CVA.

- B- Balance. Loss or change in balance or coordination
- E- Eyes. Sudden vision changes
- F- Face. Facial droop
- A- Arm. Arm Drift
- S- Speech. Slurred or confused speech
- T- Time. What time did symptoms begin? When was patient last known well?

Obtain a 12-Lead ECG. Do not delay time on scene to obtain this.

Follow Protocol N-4 Suspected Hypoglycemia if blood glucose measurement is <70.

Patients with positive B.E.F.A.S.T. findings AND last known well time of 24 hours or less should be transported Code 3 to a designated Stroke Receiving Center.

Patients whose stroke/TIA symptoms began within the past 24 hours but have resolved completely should be transported Code 2 to a designated Stroke Receiving Center.

Patients whose new-onset stroke symptoms have been present for more than 24 hours should be transported to the closest Stroke Receiving Center.

### **NOTE:**

Scene time should be kept to 15 minutes or less.

For patients with symptoms of acute stroke who are being transported Code 3 to a Stroke Receiving Center, contact the Stroke Receiving Center as early as possible to allow time to prepare for the patient's arrival. Inform the hospital that a "Stroke Alert" is being transported. Provide patient name and date of birth only if using the telephone.



# COUNTY OF MONTEREY HEALTH DEPARTMENT

Elsa Jimenez, Director of Health

Administration   Animal Services   Behavioral Health   Clinic Services  
Emergency Medical Services   Environmental Health   Public Administrator/Public Guardian   Public Health

January 14, 2025

Tom McGinnis, Chief  
EMS Quality and Planning Division  
Emergency Medical Services Authority  
11120 International Dr., Suite 200  
Rancho Cordova, CA 95670

Subject: 2022 through 2024 County of Monterey EMS Plan Submission – Quality Improvement and Specialty Care Plans

Mr. McGinnis,

The County of Monterey EMS Agency (EMS Agency) received approval of our most recent EMS Plan along with our Quality Improvement Plan, Stroke and STEMI Critical Care System Plans, and Trauma System Annual Update from the Emergency Medical Services Authority (EMSA) on January 10, 2025. The plans submitted complied with the requirements included in Chapters 7 (Trauma Care Systems), 7.1 (ST-Elevation Myocardial Infarction Critical Care System), 7.2 (Stroke Critical Care System), and 12 (EMS System Quality Improvements) of Division 9 of Title 22 of the California Code of Regulations.

We are re-submitting these plans alongside our EMS Plan covering the years 2022 through 2024. The EMS Agency has not made changes to the content of the Quality Improvement Plan since the most recent submission. We have updated the other plans as follows:

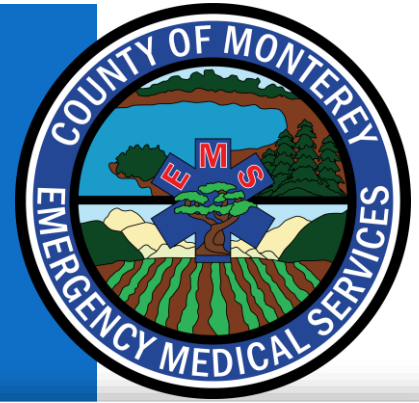
- Stroke Critical Care System Plan Update – Appendix updated to include the current stroke-related policies and treatment protocols.
- STEMI Critical Care System Plan Update – Appendix updated to include the current STEMI-related policies and treatment protocols.
- Trauma System Annual Update – Update Page 3 to reflect policy and treatment protocol changes made during the 2023 and 2024 annual review cycles.

Thank you for your review and consideration.

Sincerely,

Teresa Rios  
EMS Agency Director  
County of Monterey EMS Agency

# 2024 QUALITY IMPROVEMENT PLAN



**MONTEREY COUNTY**  
**EMS AGENCY**

1441 Schilling Place  
Salinas, CA 93901

Phone: (831) 755-5013

Website: [www.mocoems.org](http://www.mocoems.org)

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# I. Structure and Organizational Description

## A. Introduction

1. The Monterey County Quality Improvement Program (MoCo QIP) is a formal approach to the collection of EMS data, analysis of EMS system performance, and efforts to improve system performance.
2. The MoCo QIP relies upon EMS system collaboration and a shared commitment to excellence and will only function effectively with it.
3. The statutory and regulatory requirements found in the California Health and Safety Code and in the Code of Regulations mandate the establishment and maintenance of the MoCo QIP.

## B. EMS Agency Mission

The mission of the Monterey County EMS Agency is to lead the Monterey County EMS System through establishing the highest standards of emergency medical care, system operations, and medical disaster preparedness for the benefit of Monterey County.

## C. EMS Agency Organizational Structure

While all employees of the Monterey County EMS Agency are crucial for the proper functioning of the EMS Agency, the following EMS Agency staff members have specific identified roles in the MoCo QIP:

- (a) EMS Agency Director. This person is responsible for directing the activities of all staff and establishing EMS Agency priorities.
- (b) EMS Medical Director. This person is responsible for the medical direction of the Monterey County EMS system. The EMS Medical Director provides clinical guidance and establishes medical standards for the EMS system.
- (c) Management Analyst III. The Management Analyst III (MA III) provides supervision and support to the EMS Analysts.
- (d) Health Program Coordinator (HPC). The HPC serves as the primary coordinator for the EMS Agency's Specialty Care Programs (Trauma, Stroke, and ST-Elevation Myocardial Infarction).
- (e) EMS Analyst. EMS Analyst coordinate and provide staff support for the Emergency Medical Care Committee (EMCC), Clinical Care Committee (CCC), Operations Working Group (OPS), and the Clinical Quality Improvement (QI) Committees. EMS Analysts provides technical assistance with QI-related functions to EMS system providers as needed and requested and represent the EMS Agency at external QI-related activities.
- (f) Epidemiologist. The Epidemiologist is a part-time position that assists the EMS Agency with the development and analysis of complex data reports.

## D. Monterey County QI Program Goals

The EMS Agency's QI Program strives to:

1. Provide direction and coordination of the EMS system.

2. Provide for the establishment of minimum standards while encouraging EMS organizations and personnel to excel beyond these standards.
3. Develop information and reporting systems that facilitate the review and analysis of the EMS system.
4. Evaluate, through QI processes, the function and effectiveness of the EMS system focusing on improvement efforts to identify root causes of problems, intervening to reduce or eliminate these causes, and taking steps to correct the process(s) as necessary.
5. Help EMS leadership prioritize QI functions within the EMS system and within their own organizations.
6. Establish a “Just Culture” approach to EMS system QI.
7. Identify potential areas for improvement, training opportunities, and opportunities to recognize outstanding clinical performance.

#### E. QI Partners

QI coordination begins with EMS Agency staff and the Medical Director ensuring system-wide QI activities are in place with meaningful outputs. The EMS Agency has identified the following entities as partners in our QI program:

1. Ground Ambulance Transport Providers
2. Air Ambulance Transport Providers
3. ALS and BLS First Responder Service Providers
4. Base and Receiving Hospitals
5. County of Monterey Emergency Communications/911 Department
6. EMT and Paramedic Training Programs
7. EMS Continuing Education Providers

#### F. Services Provided by the EMS Agency

1. The EMS Agency provides administrative oversight of the EMS system as mandated by state statutes and regulations, local ordinances, and Monterey County policy. This includes medical oversight provided by the EMS Medical Director and clinical QI review. The EMS Agency continually reviews the Monterey County EMS system internally as well as through its committees. The EMS Agency works cooperatively with EMS system stakeholders for the betterment of the EMS System in Monterey County.
2. Processing applications for initial and renewal EMT certifications is a core function of the EMS Agency. The EMS Agency ensures that those individuals seeking EMT certification or recertification meet at least the minimum standards for clinical education outlined in state regulations. The EMS Agency was one of the first LEMSAs to require a criminal background check prior to providing EMT certification. The EMS Agency reviews all criminal background reports to ensure the health and safety of the public and other EMS responders. The EMS Agency seeks to ensure EMT certification applications are processed within ten (10) working days from submission of a complete application, supporting documents, and receipt of the LiveScan criminal background report.
3. Processing applications for Paramedic accreditation is another important function of the EMS Agency. Monterey County Paramedic accreditation allows a California-licensed



Paramedic to perform the Advanced Life Support (ALS) skills and procedures approved by the EMS Medical Director. Paramedic accreditation is limited to only those California-licensed Paramedics employed by an approved ALS provider. The EMS Agency seeks to ensure that applications for Paramedic accreditation are processed within ten (10) working days from submission of a complete application.

4. The EMS Agency coordinates and designates specialty centers. The EMS Medical Director, in consultation with EMS Agency staff and EMS system providers, determines whether there is a need for specialty care services within Monterey County. The EMS Agency designated a trauma center in Monterey County to ensure rapid access to trauma care services and to provide care closer to home for patients and their families. Natividad, Monterey County's designated trauma center, is accredited by the American College of Surgeons (ACS) as a Level II trauma center. The EMS Agency has also designated STEMI and Stroke centers, recognizing that the designated hospitals have received accreditation from outside organizations, evidencing they have met or exceeded the standards for accreditation. The EMS Agency developed policies to direct EMS personnel to transport patients who meet specified criteria to the designated specialty care centers. Ongoing review of the specialty care systems is provided through the established specialty care QI committees for Stroke, STEMI, and Trauma.
5. The EMS Agency reviews and, if needed, revises existing policies and protocols at least every three (3) years. Outside of this standing review cycle, policy and protocol development may also start with the identification of a need for either revision of a current policy or protocol or the need for a new policy or protocol. EMS Agency staff will draft a new or revised document and bring it to the appropriate committee for review. This review seeks to allow for input from the committee members on the appropriateness and impact of the change in policy or protocol. Upon review and endorsement by the appropriate committee(s), the policy will become effective at the next policy revision date which is July 1 of each year. This may be modified in those instances where the EMS Agency identifies an emergent or more urgent need to implement the policy/protocol. New and revised policies will be shared with EMS system providers at the start of April each year giving them adequate time to disseminate the information to their personnel prior to implementation. The EMS Agency currently has treatment protocols that encompass the paramedic's scope of practice. Policies are in place to provide direction and medical control to paramedic base hospitals, paramedic service providers, prehospital personnel at the ALS and BLS levels, and the Monterey County EMS Agency.
6. Medical disaster coordination is an infrequently used but vital function of the EMS Agency. Should a medical disaster occur, either as part of a larger disaster such as an earthquake or as part of a localized incident such as a structure fire at a large convalescent facility, the EMS Agency provides leadership and coordination functions to ensure the best possible outcome for those impacted by the disaster. The EMS Agency is also uniquely positioned to bring QI review to disaster management in order to utilize lessons learned during past incidents to improve performance during future incidents.

#### G. EMS System Advisory Committees

1. Emergency Medical Care Committee (EMCC)
  - (a) The EMCC advises the Board of Supervisors, and the EMS Director on EMS System issues, ensures that all EMS constituents actively engage in decisions regarding EMS System resources, and provides input on the development and implementation of

County EMS policies, protocols, and procedures. As the established committee with citizen representatives, this committee is positioned to provide input from the perspective of the community at large.

- (b) The Board of Supervisors appoints members to the EMCC. The EMCC is comprised of EMS system members, members of the community at large, and representatives of organizations and municipalities. EMS Agency staff provide support to this committee.
- (c) Contract Compliance Working Group (CCWG)
  - 1) The CCWG reports to the EMCC.
  - 2) The group meets regularly to monitor the performance of the contracted ambulance provider for Monterey County's Exclusive Operating Area (EOA). The CCWG reviews a wide range of metrics to maintain a system that delivers vital prehospital services to the community.
  - 3) Membership consists of members of the EMCC including citizen representatives, a local Emergency Department Physician, leadership from the contracted ambulance provider, and EMS Agency staff.

## 2. Clinical Care Committee (CCC)

- (a) The CCC advises the EMS Agency Director and the EMS Medical Director on issues related to medical control, prehospital care, and specialty care systems. It is the primary committee for review and EMS system endorsement of current, new, and revised policies and protocols.
- (b) Membership consists of the EMS Medical Director, the base hospital coordinator from each base hospital, paramedic and EMT personnel working in the Monterey County EMS system, a paramedic receiving hospital representative, base hospital medical directors from each base hospital, the QI coordinator from the primary ambulance contractor, a representative from the EMS aircraft providers, and a representative of law enforcement. EMS Agency staff provide support to this committee.

## 3. Operations Working Groups (OPS)

- (a) OPS advises the EMS Director on operational issues involving prehospital and emergency medical services.
- (b) Membership consists of a representative from municipal fire departments, fire districts, law enforcement, base hospital coordinators, ambulance contractors, fire-based ambulance services, air ambulance providers, and 911 communications. EMS Agency staff provide support to this committee.

## H. Clinical Quality Improvement Committees

*Division 9 (Prehospital Emergency Medical Services) of Title 22 (Social Security) of the California Code of Regulations authorizes and requires the local EMS agency to develop clinical standards and quality improvement processes for the EMS system including specialty care systems related to trauma, stroke, and ST-elevation myocardial infarction (STEMI). In furtherance of this, the EMS Director has established the following Clinical Quality Improvement Committees. Meeting attendance is only open to committee members, appointed by the EMS Director, who must sign a confidentiality agreement and guests, approved by the EMS Director, who also must sign a confidentiality agreement.*

1. Continuous Quality Improvement Technical Advisory Group (CQI TAG)
  - (a) The CQI TAG is the primary field-focused QI committee.
  - (b) Membership includes the EMS Medical Director, EMS Agency staff members, representatives from each Advanced Life Support (ALS) Service Provider and Air Ambulance provider, an individual representing the Basic Life Support (BLS) Service Providers, and the Base Hospital Coordinator from each Base Hospital.
  - (c) The CQI TAG is established to:
    - 1) Perform case reviews.
    - 2) Evaluate draft protocols, policies, and potential protocol or policy revisions.
    - 3) Review EMS System data and make system improvement recommendations to the EMS Medical Director.
2. ST-Elevation Myocardial Infarction (STEMI) QI Committee
  - (a) The STEMI QI Committee is intended to focus on the STEMI system of care.
  - (b) Membership includes the EMS Medical Director, EMS Agency staff, representatives from each ALS Service Provider, a representative from each STEMI Receiving Center, a representative from each interventional cardiology department, a representative from the BLS Service Provider, a representative from each Air Ambulance provider, a San Benito EMS System representative, and a representative from each STEMI Referral Hospital.
  - (c) The STEMI QI Committee is established to:
    - 1) Review STEMI System care and advise the EMS Agency on STEMI system policy, organization, training, and equipment.
    - 2) Review cardiac-related concerns outside of the STEMI system and make recommendations to the EMS Medical Director regarding cardiac care.
3. Stroke QI Committee
  - (a) The Stroke QI Committee is intended to focus on the Stroke system of care.
  - (b) Membership includes the EMS Medical Director, EMS Agency staff, representatives from each ALS Service Provider, a Stroke Coordinator from each designated Stroke Center, a Base Hospital Coordinator from each Stroke center, representatives from the remaining local hospitals, a representative from a non-transporting BLS Fire Department, a representative from a non-transporting ALS Fire Department, a representative from each Ground and Air Ambulance provider, and representatives from San Benito and Santa Cruz County.
  - (c) The Stroke QI Committee is established to:
    - 1) Review stroke system care and advise the EMS Agency on stroke system policy, organization, training, and equipment.
4. Trauma Evaluation and Quality Improvement Committee (TEQIC)
  - (a) The Trauma QI Committee has the mission to review and improve trauma care in Monterey County.

(b) Membership includes the EMS Medical Director, EMS Agency staff, the Trauma Program Manager from Natividad, the Trauma Program Medical Director from Natividad, the Base Hospital Coordinator from Natividad, an Emergency Department Physician from Natividad, a representative from the Natividad Transfer Center, a representative from each Ground and Air Ambulance transport provider, a representative for all BLS First Responder Agencies, A representative for all ALS non-transport Fire Departments, an Emergency Department Physician representative from each non-Trauma Center, a representative from Monterey County Law Enforcement, a representative from the Monterey County Coroner's Office, and the Medical Director for San Benito and Santa Cruz County EMS Agencies.

(c) The TEQIC is established to:

- 1) Review trauma system care and advise the EMS Agency on trauma system policy, organization, training, and equipment.
- 2) Evaluate the trauma system including system vulnerabilities, the development of policy and/or approaches to related issues such as major trauma and burn-related prehospital care, injury surveillance, trauma transfers, retriage, repatriation, and long-term outcomes.

#### I. External QI participation by the EMS Agency

1. Monterey County Fire Chiefs Association (MCFCA).

(a) EMS Agency staff participate in the MCFCA as invited guests.

(b) Staff provides an update on new and ongoing efforts and changes to the EMS System.

The meetings also allow for direct discussion between the EMS Agency and leadership from fire departments and districts throughout the County of Monterey.

2. Natividad Trauma System Improvement Committee (SIC).

3. Regional Trauma Care Committee (RTCC) – Santa Clara County.

4. Trauma Care system Quality Improvement Committee (TCSQIC) – Santa Clara County.

#### J. QI Plan Development

1. All EMS service providers will develop an EMS QI Plan, which coordinates with the Monterey County EMS QI Plan.

2. The Monterey County EMS QI Plan will coordinate with the State EMS QI Plan.

3. EMS Agency staff will be available to assist EMS service providers in the development of their EMS QI Plan to ensure coordination with the EMS QI Plan as well as to provide assistance with Plan development.

4. The EMS Agency will regularly review EMS service provider QI plans to ensure coordination with the EMS Agency Plan.

#### K. EMS QI Policy Revision

1. The EMS Agency will regularly review the QI Plan and QI policy and ensure the QI Plan coordinates with the EMS system providers.

2. As needed, the EMS Agency will update its current QI policy.

#### L. Confidentiality

1. Activities of the Clinical QI committees are confidential.

2. Reports generated through the EMS QI program and the established Clinical QI committees and groups will be reported through appropriate channels such as at the CCC or other public meetings.

3. Review of data or actions of an identifiable individual or organization shall be reported only to the individual and/or their employer unless the data has been pre-established as reportable to the EMS system and or the public.
4. Members of QI committees or groups are required to sign a confidentiality agreement. Members agree to not divulge or discuss any information obtained solely through the committee membership except as previously agreed to by members for the purposes of follow-up or resolution of EMS system issues.





## II. Data Collection, Evaluation, and Reporting

### A. Monterey County EMS Agency Measures

#### 1. Personnel

- (a) EMT certification/recertification processing time.
  - 1) The EMS Agency seeks to process EMT certification and recertification applications within ten (10) business days of receipt of a completed application packet.
  - 2) This data is collected monthly.
  - 3) Evaluation is made by EMS Agency staff.
  - 4) The EMS Agency reports the data internally as a Health Department Performance Measure.
- (b) Paramedic accreditation processing time.
  - 1) The EMS Agency seeks to process paramedic accreditation applications within ten (10) business days of receipt of a completed application packet.
  - 2) This data is collected monthly.
  - 3) Evaluation is made by EMS Agency staff.
  - 4) The EMS Agency reports the data internally as a Health Department Performance Measure.
- (c) Paramedic maintenance of required education and skills maintenance.
  - 1) Data collected by the employer and reported as part of the paramedic accreditation application process.
  - 2) Data is collected at the time of a paramedic's initial accreditation and upon renewal of accreditation every two years.
  - 3) Evaluation is made by EMS Agency staff and employer's staff.
  - 4) Employer reports on the application for initial or renewal of accreditation to EMS Agency staff.

#### 2. Documentation

- (a) The EMS Agency adopted ESO as the recommended electronic patient care reporting (ePCR) platform for the County of Monterey EMS System. Most of our EMS system partner organizations have adopted and currently utilize ESO.
- (b) The EMS Agency works with EMS system partner organizations to ensure patient care documentation is accurate and consistent across the organization.

#### 3. Clinical Care and Patient Outcome

- (a) Case reviews of sentinel events or exceptional performance.
- (b) Specialty care
  - 1) Trauma
    - 1) Data related to trauma patients is presented and reviewed at regularly scheduled meetings of the TEQIC. Routinely reviewed data includes:
      - Trauma patient acuity and trauma triage criteria met.
      - Appropriateness of the selected destination.
    - 2) Other topics and data points are reviewed and presented as needed.

- 2) STEMI
  - 1) First medical contact to 12-Lead is reviewed quarterly.
  - 2) Door-to-needle time is reviewed quarterly with EMS transport compared to walk-in.
  - 3) A summary report is made at the STEMI QI meeting.
- 3) Stroke
  - 1) Door-to-CT scan time is reviewed quarterly.
  - 2) Total time on scene by EMS is reviewed quarterly.
  - 3) A summary report is made at the Stroke QI meeting.
- (c) Cardiac arrest data is being collected to initiate a review of care.
  - 1) Utilize CARES data reports to monitor OHCA.
- (d) Pain management.
  - 1) Ongoing review of policy compliance
    - 1) Vital signs before and after administration of narcotics.
    - 2) Pain scale before and after administration of narcotics.
    - 3) Review of selected pain medication performed as deemed appropriate by the EMS Agency and the Medical director at CQI TAG.
- 4. Skills maintenance/competency
  - (a) ALS annual skills success reporting
    - 1) Focus on ET intubation and IV start success rate.
    - 2) Indicators are currently in development.
    - 3) Review of data at the EMS QI committee meeting.
    - 4) Report from EMS QI to CCC.
- 5. Transportation/Facilities
  - (a) Ongoing review of ambulance response times based on contract requirements.
    - 1) Data provided by the contracted ambulance provider.
    - 2) Data validation by a third party.
    - 3) Data will be reviewed by the EMS Agency.
    - 4) Data review by the Contract Compliance Working Group.
    - 5) Summary report to EMCC.
- 6. Communications
  - (a) Emergency Medical Dispatch time
    - 1) Monthly review of the time from call receipt to dispatch of ambulance. Data provided by the contracted ambulance provider.
    - 2) Data validation by a third party.
    - 3) Data review by the EMS Agency
    - 4) Data Review by the Contract Compliance Committee.
    - 5) Summary report to EMCC.
- 7. MCI
  - (a) EMS Agency review of MCI activities evaluated against the MCI Plan.
    - 1) Internal EMS Agency review.
    - 2) Intent to reassess the MCI review process within the next two years.

- (b) After-action review and report.
    - 1) Not active at this time unless requested for a specific incident.
- 8. Public Education and Prevention
  - (a) Social Media Awareness Campaign.
    - 1) Review/Coordinate with AMR.
    - 2) Monthly meetings to identify health and safety topics.
- 9. Risk management
  - (a) Ambulance critical failure report review.
- 10. EMS Authority directed Core Measures
  - (a) The EMS Agency gathers data from EMS service providers to submit the annually requested Core Measures to the EMS Authority.

#### B. Data Indicator Selection Process

- 1. EMS Agency staff and the EMS Medical Director, with input from stakeholders, will select data indicators for review in the following year or more frequently as dictated by the needs of the EMS System.
  - (a) STEMI system data indicators will be selected with input from the STEMI QI Committee.
  - (b) Stroke system data indicators will be selected with input from the Stroke QI Committee.
- 2. Trauma system data indicators will be selected with input from the TEQIC.
- 3. Ambulance contract compliance data related to response time requirements will be reviewed monthly.

#### C. EMS Agency Data Report Collection and Distribution

- 1. Data report collection
  - (a) The EMS Agency develops data reports regarding the selected data indicators in the areas outlined above.
  - (b) These data reports are designed to provide clarity about the information being presented.
  - (c) The collection of data comes from sources such as patient care reports, computer-aided dispatch (CAD) records, and reports submitted by EMS service providers, hospitals, and EMS dispatch.
- 2. Data report distribution
  - (a) Reports from data collection, review, and evaluation are distributed through the committee or committees with the most appropriate focus.
  - (b) Confidential reports are distributed within the appropriate QI committee and then collected to ensure confidentiality.

#### D. Core Measures Project

- 1. The EMS Agency participates in the Statewide Core Measures project.
- 2. The EMS Agency gathers and submits the data to the State based on the requirements contained within the most current version of the EMS Core Quality Measures Instruction Manual published by EMSA.

#### E. Data System

- 1. The EMS Agency does not require a specific data system to be used for data



collection.

2. All ALS service providers currently use an electronic patient care record (e-PCR) system to generate patient care reports and for data development. These data systems are determined to be NEMSIS/CEMSIS compliant by the company that produced the system.
3. The EMS requires all ALS and BLS providers to submit patient care data to the EMS Agency in a specified format compatible with the data system being selected by the EMS Agency. The submitted data must meet the NEMSIS/CEMSIS standards in place at the time of submission.
4. The EMS Agency is working towards full implementation of a bi-directional Health Data Exchange (HDE) system that provides hospitals with copies of the EMS ePCR while also providing patient outcome reports from hospitals to the appropriate EMS providers and the EMS Agency. This program is established through the county's contracted EHR/PCR provider, ESO.
5. Through regulation and policy, the primary caregiver from each responding paramedic or BLS unit is required to complete an ePCR for each EMS response. This includes every patient response, patient contact (including non-transport), medical transfer, and emergency transport. EMS responses with more than one patient require an ePCR for each patient.



### III. Action to Improve

#### A. EMS Agency Approach to Performance Improvement

1. PDSA model for QI
  - a) To enhance a common understanding of the quality improvement process, the EMS Agency is intent on using the PDSA model for QI.
  - b) The EMS Agency will encourage EMS system provider agencies to use the PDSA model for QI activities within their organizations.
  - c) The EMS Agency will take the lead to ensure common and coordinated efforts of all EMS system provider agencies through the PDSA process.
2. Just Culture
  - a) This is a decision-making and analysis approach on how to address problems and concerns. The Just Culture System balances the quality of thinking/actions of the individual and an understanding of systemic influences. Overall, Just Culture looks to do right by the system and the stakeholders.

#### B. Forums and Systems to Communicate QI Activities

1. The EMS Agency utilizes a variety of forums and systems to share and receive QI-related activities and reports with stakeholders.
  - a) The EMS Agency communicates internally through staff meetings and internal communications channels.
  - b) The EMS Agency is actively engaged in providing and receiving QI-related communications and reports through the CCC, Operations, and EMCC meetings.
  - c) EMS policy and protocol changes are communicated through CCC meetings as well as through wide distribution of updated guidance documents and training materials distributed ninety (90) days prior to the annual policy/protocol update implementation date of July 1.

#### C. Concern Management and Monitoring

1. The EMS Agency maintains a form on the Health Department website for interested parties to communicate feedback and concerns regarding the EMS system.
2. The EMS Agency also receives feedback through other avenues such as emails, direct phone calls, and committee meetings.
3. EMS Agency staff logs all complaints and concerns.
4. An EMS Agency staff member is assigned to be the primary responsible person to ensure resolution of the complaint/concern. This staff member is the primary contact to ensure coordination with appropriate outside agencies and receipt of reports from outside agencies.
5. EMS Agency staff provides feedback, as appropriate, to the person who generated the complaint as well as other involved parties and ensures that a resolution was reached.

#### D. Performance Improvement Plan

1. The EMS Agency will work with EMS service providers in the development and implementation of a Performance Improvement Plan when deficiencies are discovered. This plan may address areas of improvement with the EMS service provider or with individuals employed by the EMS service provider.
2. The Performance Improvement Plan will be developed collaboratively with the EMS service provider. This plan will have clear and measurable identified results and a timeframe for completion.

## IV. Training and Education

### A. EMS Agency Provided Training

1. The EMS Agency provides occasional educational offerings for EMS System participants. EMS Agency staff and the Medical Director work collaboratively with stakeholders to identify educational needs.
2. EMS Agency staff attends EMS service provider trainings upon request to provide subject matter expert assistance.
3. The EMS Agency provides case review opportunities and other training at its QI committee meetings. These meetings occur at a minimum of once every two months and are established by the EMS Agency's QI Coordinator.
4. EMS Agency staff develop and distribute a Policy and Protocol Update Guidance document each year to assist EMS service providers in ensuring their staff are aware of changes and receive the appropriate training to ensure compliance with the new or revised policies and protocols. EMS provider agencies document the completion of required training, which is reviewed and overseen by the EMS agency.

### B. Oversight of EMS Training

1. The EMS Agency approves and provides oversight to EMS training providers.
2. EMS training providers within Monterey County must meet the standards outlined in Title 22, CCR, for initial and ongoing approval.
3. Compliance with Title 22, CCR, and Monterey County policy is ensured through regular review of each approved program.
  - a. An administrative review is conducted for both EMT and Paramedic training programs and for EMS CE providers.
  - b. An EMS Agency-created checklist is provided to the training program prior to the review. The checklist covers the requirements outlined in Title 22, CCR for the respective type of program.
  - c. The EMS Agency has created a checklist for use during a classroom review. The classroom review is typically an unannounced visit during class hours.
4. Results of the EMS Training Program review are shared with the training program. Areas of improvement, if any, are identified and a plan for improvement is developed. Programs with areas of outstanding performance are identified and encouraged to continue.
5. All EMT training programs will be reviewed during the initial application and then once every four years.
6. All EMS CE provider programs will be reviewed during the initial application and then once every four years.

### C. ALS Skills Maintenance

1. The paramedic shall complete the skills maintenance requirements and policy review each calendar year.
2. Annual Skills and Policy Review Form 6091 shall be submitted by each paramedic reaccrediting in Monterey County for each year of the reaccreditation cycle.

#### D. Public Education

##### 1. AMR/Social Media Education

- a. The county-contracted ambulance provider (AMR) has regularly engaged in social media campaigns that educate the public on health and safety topics. Each month, the EMS Agency collaborates with AMR on the topics that will be presented and the materials that will be released.





## V. Annual Update

### A. Annual EMS Agency report.

1. The EMS Agency will provide an annual update of the QI program at the EMCC.
2. The annual update will be provided to the EMS Authority.

### B. Annual EMS Agency Plan for the upcoming year

1. The EMS Agency plans to continue utilizing the current data indicators and areas of review for the 2023/2024 year.
2. Planning for the QI activities and benchmarks starting January 1<sup>st</sup>, 2025, will begin in July 2024.



# Appendix – Organizational Chart – Monterey County EMS Advisory Committees

