

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



September 9, 2025

Steve Carroll, EMS Administrator  
Ventura County Emergency Medical Services Agency  
2220 E. Gonzales Rd., Suite 200  
Oxnard, CA 93036-0619

Dear Steve Carroll,

This letter is in response to Ventura County Emergency Medical Service (EMS) Agency's 2024 EMS, Trauma, St-Elevation Myocardial Infarction (STEMI), Stroke, and Quality Improvement (QI) plan submissions to Emergency Medical Service Authority (EMSA) on July 23, 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 Trauma, STEMI, Stroke, and QI plans based on compliance with Chapters 6.1, 6.2, 6.3, and 10 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. Ventura 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 September 9, 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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Ventura County 2024 EMS Areas and Subareas	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	IFT	Standby Service with Transport Auth.
	EXCLUSIVITY			TYPE			LEVEL						
ASA 1		X	Non-Competitive	X				X					
ASA 2		X	Non-Competitive	X				X					
ASA 3		X	Non-Competitive	X				X					
ASA 4		X	Non-Competitive	X				X					
ASA 5		X	Non-Competitive	X				X					
ASA 6		X	Non-Competitive	X				X					
ASA 7		X	Non-Competitive	X				X					

July 23, 2025

Angela Wise  
Emergency Medical Services Authority  
11120 International Drive, 2<sup>nd</sup> Floor  
Rancho Cordova, CA 95670

Dear Angela,

I am pleased to submit the Ventura County EMS Plan Update for calendar year 2024 for your review, including updated Tables 1 through 11, and the specialty care system and QIP updates. Additionally, the Ambulance Zone Summary Forms are being resubmitted with no changes to the seven exclusive operating areas during the 2024 reporting period. Our seven exclusive operating areas remain contracted to our grandfathered providers, who also maintain a subcontract to Ventura County Fire Department for four rescue ambulances to augment ambulance coverage in the cities of Camarillo, Santa Paula, Simi Valley and Thousand Oaks. These rescue ambulances generally operate as rescue squads and are only used for transport when they are needed to augment the AMR and Gold Coast ambulances deployed in our system. The request for proposal process to select future ambulance service providers is ongoing, however, the draft RFP is still being reviewed administratively.

As identified in previous EMS Plan updates, Ventura County EMS does not have an enhanced level pediatric emergency medical and critical care system as addressed in Standard 5.10. Ventura County Medical Center operates the only Pediatric Intensive Care Unit (PICU), after Los Robles Regional Medical Center closed pediatric in-patient services in mid-2025. We will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources, although limited pediatric patient volume makes any enhanced services unlikely.

Ventura County has two licensed rural general acute care hospitals that are designated as standby emergency departments and therefore are considered as Alternate Receiving Facilities. Community Memorial Hospital - Ojai and VCMC Santa Paula Hospital serve rural areas that are geographically separated from our larger population areas and are over 15 miles from the closest basic emergency department. These hospitals operate with full-time staff, always including an emergency physician on-site, however, they do not maintain in-patient ICU capabilities. VCEMS Policy 420, addresses the designation of a standby emergency department as an ambulance receiving center and a copy of our policy is provided with this EMS Plan update. Additionally, I have included a copy of our current review and approval for both facilities.

Ventura County EMS has an active Medical Health Operational Area Coordination (MHOAC) program where we actively participate in the development of the County's operational area disaster plan. Steve Carroll is the primary MHOAC and Chris Rosa and Adriane Gil-Stefansen are alternate MHOAC designees. We also comply with the Disaster Medical/Health requirements addressed in 1797.152 and 1797.153.

Ventura County EMS remains in compliance with the Medical Control and Communications requirements addressed in Title 22 Ch. 4 Section 100170 and Ch. 8 Article 5 Section 100306, along with statutes 1797.223 and 1798.8. Additionally, our Quality Improvement Plan remains in compliance with Title 22, Division 9, Ch. 12, Section 100404, and an annual report is included with this update.

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

Sincerely,



Steve Carroll  
EMS Administrator

**SECTION II - ASSESSMENT OF SYSTEM 2024**

**E. Facilities and Critical Care**

*Enhanced Level: Pediatric Emergency Medical and Critical Care System*

**Minimum Standard**

**Recommended Guidelines**

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

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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**CURRENT STATUS:**

Ventura County EMS does not currently meet the minimum standard for this section as we have not developed a pediatric emergency medical and critical care system. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) at Los Robles Regional Medical Center in Thousand Oaks and one Pediatric Intensive Care Unit (PICU), located at Ventura County Medical Center (VCMC) in Ventura. Los Robles Regional Medical Center closed in-patient pediatric services in mid-2025. As necessary, local hospitals work with pediatric specialty centers in neighboring counties to coordinate transfers when a higher level of care is

needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County, however limited pediatric patient volume inhibits opportunities for enhanced services.

**SECTION II - ASSESSMENT OF SYSTEM 2024**

**E. Facilities and Critical Care**

5.10 (Cont'd.)

**COORDINATION WITH OTHER EMS AGENCIES:**

N/A

**NEEDS:**

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

**OBJECTIVE:**

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



**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 & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<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		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
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			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**B. STAFFING/TRAINING**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<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	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<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	X		
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		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**D. RESPONSE/TRANSPORTATION**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
4.01	Service Area Boundaries*		X	X		
4.02	Monitoring		X	X		
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X	X		
4.12	Disaster Response		X			
4.13	Intercounty Response*		X	X		
4.14	Incident Command System		X			
4.15	MCI Plans		X			
<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”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**E. FACILITIES/CRITICAL CARE**

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<b>Universal Level:</b>						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X	X		
5.06	Hospital Evacuation*		X			
<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				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			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**F. DATA COLLECTION/SYSTEM EVALUATION**

	Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
<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	X		
<b>Enhanced Level: Trauma Care System:</b>					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

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

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**H. DISASTER MEDICAL RESPONSE**

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



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

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>    x    </u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

**5. EXPENSES FY23-24**

Salaries and benefits (All but contract personnel)	\$ <u>2,059,519</u>
Contract Services (e.g. medical director, legal)	<u>371,493</u>
Operations (e.g. copying, postage, facilities)	<u>601,216</u>
Travel	<u>31,149</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>158,323</u>
Ambulance subsidy	<u>60,000</u>
EMS Fund payments to physicians/hospital	<u>2,069,908</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Vehicle Charges</u>	<u>167,467</u>
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$ <u>5,519,074</u></b>

**6. SOURCES OF REVENUE FY23-24**

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	<u>1,291,439</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>555,996</u>
Certification fees	<u>80,406</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

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

Trauma center application fees	<u>                    </u>
Trauma center designation fees	<u>150,000</u>
Pediatric facility approval fees	<u>                    </u>
Pediatric facility designation fees	<u>                    </u>
Other critical care center application fees	<u>                    </u>
Type: <u>                    </u>	
Other critical care center designation fees	<u>                    </u>
Type: <u>                    </u>	
Ambulance service/vehicle fees	<u>328,960</u>
Contributions	<u>                    </u>
EMS Fund (SB 12/612)	<u>2,716,561</u>
Other grants: <u>  MRC, FoPH                    </u>	<u>379,450</u>
Other fees: <u>  Misc.                                    </u>	<u>16,262</u>
Other (specify): <u>                                    </u>	<u>                    </u>
 <b>TOTAL REVENUE</b>	 <b>\$ <u>5,519,074</u></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

Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>136.00</u>
EMT-I recertification	<u>96.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>80.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>589.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>759.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	<u>1,202.00</u>
Ambulance vehicle permits	<u>N/A</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

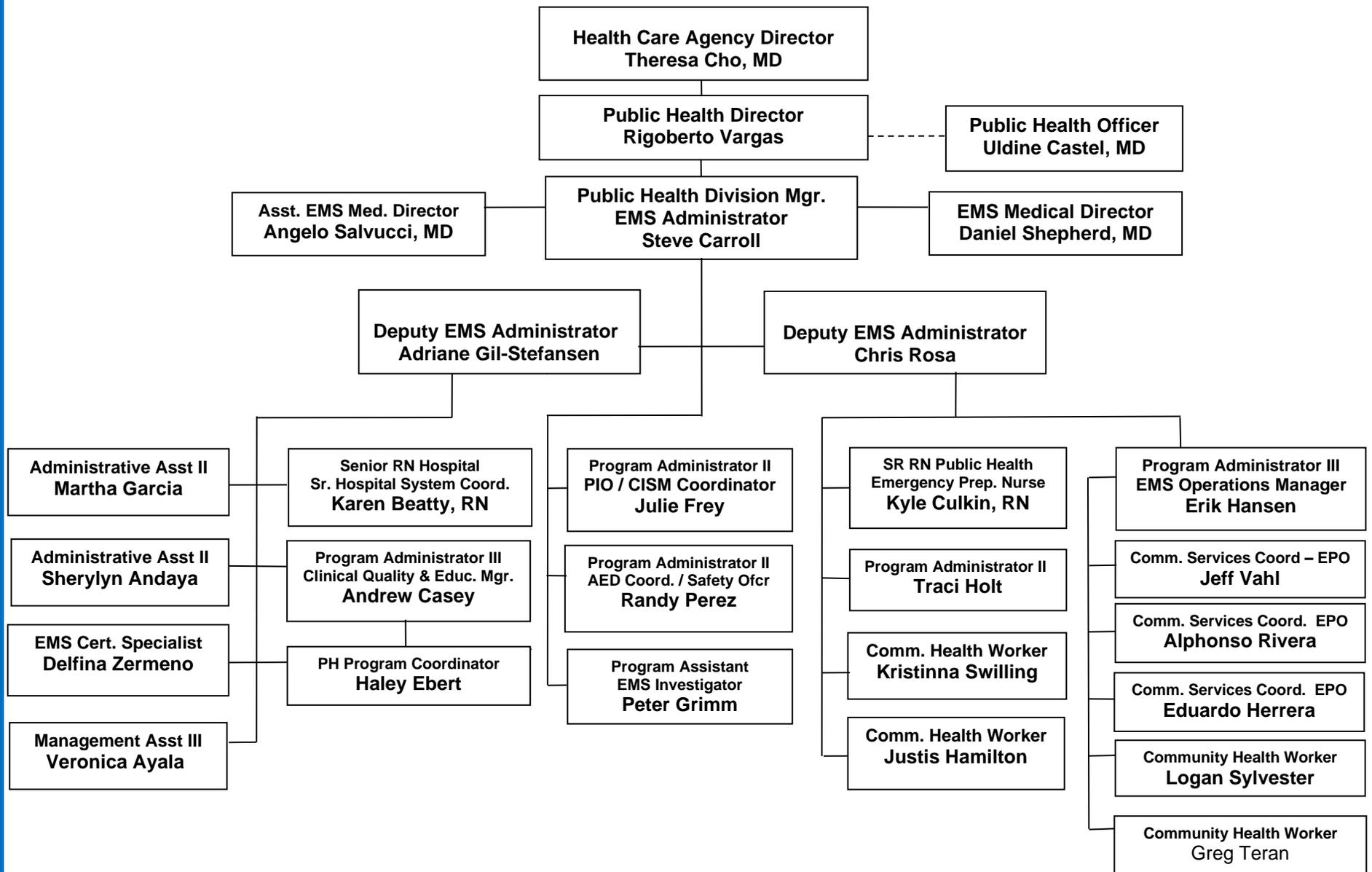
**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
EMS Admin./Coord./Director	Public Health Division Manager	1.0	86.64 / hr.	37%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	68.19 / hr.	37%	Deputy EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Administrator	1.0	63.91 / hr.	38%	Deputy EMS Administrator
Medical Director	EMS Medical Director	0.5	120.75 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	98.43 / hr.	0	Independent Contractor
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	68.21/ hr.	39%	Senior Hospital Systems Coordinator
Disaster Medical Planner	Senior Registered Nurse Public Health	1.0	65.49 / hr.	39%	Senior Emergency Preparedness Nurse
Disaster Medical Planner	Program Administrator III	1.0	56.87 / hr.	38%	EMS Operations Specialist
QA/QI Coordinator	Program Administrator III	1.0	56.87 / hr	38%	Clinical Quality Manager
Other Clerical	Administrative Assistant II	1.0	40.39 / hr.	48%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	40.39 / hr.	48%	EMS Admin. Asst.
Other Clerical	Management Assistant III	1.0	33.91 / hr.	48%	EMS Admin. Asst.
Other Clerical	HCA Training / Education Asst.	1.0	34.70 / hr.	48%	EMS Certification Specialist

Other	Community Services Coordinator	1.0	42.64 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	42.64 / hr.	53%	EPO Logistics Coordinator
Other	Community Services Coordinator	1.0	42.64 / hr.	53%	EPO Logistics Coordinator
Other	Program Administrator II	1.0	54.32 / hr.	43%	MRC Program Administrator
Other	Program Administrator II	1.0	54.32 / hr.	43%	EMS Specialist and Safety Officer
Other	Program Administrator II	1.0	54.32 / hr.	43%	EMS Specialist and CISM Coordinator
Other	Program Assistant	1.0	49.38 / hr.	47%	EMS Investigator
Other	PH Program Coordinator	1.0	49.19 / hr.	47%	PH Data Program Coordinator
Other	Community Health Worker	1.0	30.59 / hr.	56%	HCC Coordinator
Other	Community Health Worker	1.0	30.56 / hr.	56%	HCC Assistant
Other	Community Health Worker	1.0	30.59 / hr.	56%	EPO Logistics Assistant
Other	Community Health Worker	1.0	30.59 / hr.	56%	EPO Logistics Assistant

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

**Ventura County Emergency Medical Services Agency  
Organizational Chart  
2024**



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.

**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2024

**NOTE:** Table 3 is to be reported by agency.

	<b>EMT - Is</b>	<b>EMT - IIs</b>	<b>EMT - Ps</b>	<b>MICN</b>
Total Certified	1067	0		110
Number newly certified this year	508	0		34
Number recertified this year	559	0		76
Total number of accredited personnel on July 1 of the reporting year	2503	0	316	154
Number of certification reviews resulting in:				
a) formal investigations	15	0		0
b) probation	6	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	11	0	0	0

1. Early defibrillation:

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

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

UNKNOWN

UNKNOWN

2. Do you have an EMR training program

yes  no

## TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2024

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>9</u>  |
| 2. Number of secondary PSAPs  | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Ventura County Fire Protection District</u>                        |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Ventura County Sheriff's Dept. and Ventura County Fire Protection District</u> |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.055</u>   |   |
| b. Other methods _____  |   |
| c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2024

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 8

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

Enter the response times in the appropriate boxes:

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

**TABLE 6: FACILITIES/CRITICAL CARE**

Reporting Year: 2024

**NOTE:** Table 6 is to be reported by agency.

**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>6784</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>284</u>
3. Number of major trauma patients transferred to a trauma center	<u>23</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>3212</u>

**Emergency Departments**

Total number of emergency departments	<u>8</u>
1. Number of referral emergency services	<u>0</u>
2. Number of standby emergency services	<u>2</u>
3. Number of basic emergency services	<u>6</u>
4. Number of comprehensive emergency services	<u>0</u>

**Receiving Hospitals**

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>0</u>

## TABLE 7: DISASTER MEDICAL

Reporting Year: 2024

County: Ventura

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Hospital Parking Lots
  - b. How are they staffed? Hospital personnel, PH nurses, and Medical Reserve Corps
  - c. Do you have a supply system for supporting them for 72 hours?  Yes  No
  
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?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - 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
  
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.

Medical Mutual Aid with all Region 1 and Region 6 counties

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 616 Fitch Ave      **Number of Ambulance Vehicles in Fleet:** 36  
Moorpark, CA 93021

**Phone Number:** 805-517-2000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <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"/> Fire 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**

49873 Total number of responses  
48761 Number of emergency responses  
1112 Number of non-emergency responses

37459 Total number of transports  
36443 Number of emergency transports  
1016 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 200 Bernoulli Circle      **Number of Ambulance Vehicles in Fleet:** 30  
Oxnard, CA 93030

**Phone Number:** 805-485-3040      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 22

<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 checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <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"/> Fire 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**

36837 Total number of responses  
23694 Number of emergency responses  
13143 Number of non-emergency responses

29804 Total number of transports  
16912 Number of emergency transports  
12982 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 1425 Dowell Dr.      **Number of Ambulance Vehicles in Fleet:** 0  
Ventura, CA 93003

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

<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 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"/> 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>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire 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**

**THIS IS NOT A TRANSPORT PROVIDER**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

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

**Phone Number:** 805-385-7722 **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 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 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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <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>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire 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**

**THIS IS NOT A TRANSPORT PROVIDER**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura      **Provider:** Fillmore Fire Dept.      **Response Zone:** \_\_\_\_\_

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

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

<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 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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <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>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire 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**

**THIS IS NOT A TRANSPORT PROVIDER**

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

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

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

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

<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 checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <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>  <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire 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**

**Subcontracted transport provider through AMR/GCA EOA's**

12797 Total number of responses  
12797 Number of emergency responses  
0 Number of non-emergency responses

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

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura **Provider:** Ventura County Aviation Unit **Response Zone:** \_\_\_\_\_

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

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

<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 checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <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 checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input type="checkbox"/> City <input checked="" type="checkbox"/> County (Sheriff) <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire 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 checked="" type="checkbox"/> BLS Rescue

**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**

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

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

**Response numbers are for rescue aircraft only**

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 7755 Haskell Ave.      **Number of Ambulance Vehicles in Fleet:** 2  
Van Nuys, CA 91406

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

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

**Transporting Agencies**

3281 Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
3281 Number of non-emergency responses

3199 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
3199 Number of non-emergency transports

**Air Ambulance Services**

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

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

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura **Provider:** MedTrans Ambulance **Response Zone:** N/A

**Address:** 345 S. Woods Ave. **Number of Ambulance Vehicles in Fleet:** 2  
Los Angeles, CA 90022

**Phone Number:** 323-780-9500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

**Transporting Agencies**

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

10 Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
10 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:**           Ventura          

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

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

<b><u>Written Contract:</u></b>	<b><u>Service:</u></b>	<b><u>Base Hospital:</u></b>	<b><u>Burn Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input 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**

**County:**           Ventura          

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

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

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

<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>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<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**

**County:**           Ventura          

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

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

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

<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</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>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**County:**           Ventura          

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

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

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

<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</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>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<b><u>STEMI Center:</u></b>	<b><u>Stroke Center:</u></b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>18</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 9: FACILITIES**

**County:** Ventura

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

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

<p><b><u>Written Contract:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Service:</u></b></p> <p><input type="checkbox"/> Referral Emergency      <input type="checkbox"/> Standby Emergency  <input checked="" type="checkbox"/> Basic Emergency      <input type="checkbox"/> Comprehensive Emergency</p>	<p><b><u>Base Hospital:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Burn Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p><b>Pediatric Critical Care Center<sup>19</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>EDAP<sup>20</sup></b>      <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>PICU<sup>21</sup></b>      <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>Trauma Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b><u>If Trauma Center what level:</u></b></p> <p><input type="checkbox"/> Level I      <input checked="" type="checkbox"/> Level II  <input type="checkbox"/> Level III      <input type="checkbox"/> Level IV</p>
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<p><b><u>STEMI Center:</u></b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b><u>Stroke Center:</u></b></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>21</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards



**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Adventist Health Simi Valley</u>	Telephone Number:	<u>805-955-6103</u>
Address:	<u>2975 Sycamore Dr</u> <u>Simi Valley, CA 93035</u>		
Student Eligibility*:	<u>Private</u>	**Program Level	<u>MICN</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>16</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>239</u>
		Expiration Date:	<u>8/31/27</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>19</u>

\*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.

Training Institution:	<u>Conejo Valley Adult School</u>	Telephone Number:	<u>805-497-2761</u>
Address:	<u>1025 Old Farm Road</u> <u>Thousand Oaks, CA 91360</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>1500.00</u>	Number of students completing training per year:	
	Refresher: <u>299.00</u>	Initial training:	<u>6</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2/28/27</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>CVUSD – Newbury Park High School</u>		Telephone Number:	<u>805-499-3549</u>
Address:	<u>456 Reino Rd</u>			
	<u>Thousand Oaks, CA 91320</u>			
Student Eligibility*:	<u>Private</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic: <u>0</u>	Number of students completing training per year:		
	Refresher: _____	Initial training:		<u>0</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>5/31/28</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

\*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.

Training Institution:	<u>Federal Fire Department – Ventura County</u>		Telephone Number:	<u>760-525-2448</u>
Address:	<u>613 S. Laguna Rd</u>			
	<u>Point Mugu, CA 93042</u>			
Student Eligibility*:	<u>Private</u>	**Program Level	<u>EMT – Refresher Only</u>	
	Cost of Program:			
	Basic: <u>0</u>	Number of students completing training per year:		
	Refresher: <u>0</u>	Initial training:		<u>0</u>
		Refresher:		<u>42</u>
		Continuing Education:		<u>1448</u>
		Expiration Date:		<u>3/31/27</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>1</u>
		Continuing Education:		<u>245</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Los Robles Regional Medical Center</u>	Telephone Number:	<u>805-370-4437</u>
Address:	<u>215 W. Janss Rd</u>		
	<u>Thousand Oaks, CA 91361</u>		
Student Eligibility*:	<u>Private</u>	**Program Level	<u>MICN</u>
Cost of Program:			
Basic:	<u>0</u>	Number of students completing training per year:	
Refresher:	<u>          </u>	Initial training:	<u>16</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>165</u>
		Expiration Date:	<u>2/28/26</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>10</u>

\*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.

Training Institution:	<u>Moorpark College</u>	Telephone Number:	<u>805-378-1433</u>
Address:	<u>7075 Campus Rd.</u>		
	<u>Moorpark, CA 93021</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
Cost of Program:			
Basic:	<u>\$1345</u>	Number of students completing training per year:	
Refresher:	<u>          </u>	Initial training:	<u>57</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>5/31/28</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Moorpark College</u>		Telephone Number:	<u>805-378-1433</u>
Address:	<u>7075 Campus Rd</u>			
	<u>Moorpark, CA 93021</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMR</u>	
	Cost of Program:			
	Basic:	<u>\$375</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/29</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

\*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.

Training Institution:	<u>Moorpark College – Paramedic Program</u>		Telephone Number:	<u>805-378-1433</u>
Address:	<u>7075 Campus Rd</u>			
	<u>Moorpark, CA 93021</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:			
	Basic:	<u>\$3950</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>9</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>12</u>
			Expiration Date:	<u>3/31/27</u>
			Number of courses:	
			Initial training:	<u>1</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>1</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Oxnard College</u>	Telephone Number:	<u>805-678-5090</u>
Address:	<u>4000 South Rose Avenue</u> <u>Oxnard, CA 93033</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>\$738</u>	Number of students completing training per year:	
	Refresher: <u>\$105</u>	Initial training:	<u>191</u>
		Refresher:	<u>20</u>
		Continuing Education:	<u>6</u>
		Expiration Date:	<u>1/31/28</u>
		Number of courses:	
		Initial training:	<u>12</u>
		Refresher:	<u>2</u>
		Continuing Education:	<u>4</u>

\*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.

Training Institution:	<u>Oxnard College</u>	Telephone Number:	<u>805-678-5090</u>
Address:	<u>4000 South Rose Avenue</u> <u>Oxnard, CA 93033</u>		
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMR</u>
	Cost of Program:		
	Basic: _____	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>1/31/28</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Oxnard EMS Corps</u>		Telephone Number:	<u>805-509-5203</u>
Address:	<u>360 West Second St.</u>			
	<u>Oxnard, CA 93030</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>9/30/28</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

\*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.

Training Institution:	<u>Simi Institute for Careers and Education</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>1880 Blackstock Avenue</u>			
	<u>Simi Valley, CA 93065</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1185.00</u>	Number of students completing training per year:	
	Refresher:	<u>325.00</u>	Initial training:	<u>56</u>
			Refresher:	<u>5</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/27</u>
			Number of courses:	
			Initial training:	<u>5</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>0</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2024

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

Training Institution:	<u>Ventura College</u>		Telephone Number:	<u>805-289-6364</u>
Address:	<u>4667 Telegraph Road</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$1155</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>56</u>
			Refresher:	<u>18</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/27</u>
			Number of courses:	
			Initial training:	<u>3</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>0</u>

\*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.

Training Institution:	<u>Ventura College – Paramedic Program</u>		Telephone Number:	<u>805-289-6364</u>
Address:	<u>4667 Telegraph Road</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:			
	Basic:	<u>4261.00</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>31</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>229</u>
			Expiration Date:	<u>4/30/28</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>18</u>

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

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

**TABLE 11: DISPATCH AGENCY**

**County:** Ventura      **Reporting Year:** 2024

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

<b>Name:</b>	Ventura County Fire Protection District	<b>Primary Contact:</b> Guillermo DeLaRosa
<b>Address:</b>	<u>165 Durley Ave. Camarillo, CA 93010</u>	
<b>Telephone Number:</b>	<u>805-389-9710</u>	
<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	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster
<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>Number of Personnel Providing Services:</b> <u>38</u> EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS                      _____ Other
<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 1</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance Serving since 1935</b>
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p><small>Include intent of local EMS agency and Board action.</small></p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="text-align: center;"><b>Effective June 2021, Ojai Ambulance Inc., dba LifeLine Medical Transport, sold all operating assets and transferred complete operations to Gold Coast Ambulance Service, Inc., a subsidiary of American Medical Response Ambulance Service, Inc. They will continue to serve ASA 1 in the same manner and scope as they have since 1935. Paramedic service was added to the service area in 1986. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001.</b></p> <p style="text-align: center;"><b>Previous Owners:</b>  <b>Jerry Clauson and Family 1935 - 1994</b>  <b>Steve Frank 1994 - 2021</b>  <b>Gold Coast Ambulance 2021 - present</b></p> <p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 2</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<b>American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b>	
<b>Previous Owners:</b>	
<b>Courtesy Ambulance 1962-1991</b>	
<b>Pruner Health Services 1991-1993</b>	
<b>Careline 1993-1996</b>	
<b>Medtrans 1996-1999</b>	
<b>American Medical Response 1999-present</b>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 3</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
Include intent of local EMS agency and Board action.	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red;"><b>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p style="color: red;"><b>Previous Owners:</b>  <b>Brady Ambulance 1962-1975</b>  <b>Pruner Health Services 1975-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 5</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<small>Include intent of local EMS agency and Board action.</small>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red;"><b>American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p style="color: red;"><b>Previous Owners:</b>  <b>Camarillo Ambulance 1962-1978</b>  <b>Pruner Health Services 1978-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 6</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance</b> <b>Serving since 1949</b>
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p><small>Include intent of local EMS agency and Board action.</small></p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p><b>Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation, which is now American Medical Response Ambulance Service Inc. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Previously known as Oxnard Ambulance Service, the business name changed to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Robert Brown 1949 - 1980</b>  <b>Kendall Cook 1980 - 2010</b>  <b>American Medical Response 2010 - present</b></p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 7</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p>Include intent of local EMS agency and Board action.</p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p><b>Grandfathered</b>  <b>American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes over the years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</b></p> <p><b>Previous Owners:</b>  <b>Courtesy Ambulance 1962-1991</b>  <b>Pruner Health Services 1991-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p> <p><b>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</b></p> <p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

October 15, 2024

Dr. John Fankhauser CEO  
Santa Paula Hospital  
825 N. 10<sup>th</sup> Street  
Santa Paula, CA 93061

Dear Dr. Fankhauser:

Santa Paula Hospital has successfully passed the initial review outlined in VCEMS Policy 420 – Receiving Hospital Standards and will be designated to operate as a Receiving Hospital *Standby* Emergency Department in the County of Ventura. Utilizing the criteria outlined in Policy 420, VCEMS has reviewed the materials related to Santa Paula Hospital standby emergency department capabilities and staffing and have determined them to be appropriate. We feel that it remains in the best interest of the Santa Paula community to continue allowing ambulance transport to Santa Paula Hospital for patients meeting general (non-specialty care) criteria. This designation replaces your previous designation dated Sept. 11, 2024, as a Receiving Hospital, and will remain in effect from October 15, 2024, until your next review scheduled for October 1, 2026, provided Santa Paula Hospital continues to meet all standards outlined in VCEMS Policy 420 as a Receiving Hospital *Standby* Emergency Department.

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

Sincerely,



Steve Carroll, Paramedic  
VCEMS Administrator



Daniel Shepherd, MD  
VCEMS Medical Director

September 4, 2024

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

**Osahon Ekhaese, MBA, FACHE, CPHQ**  
Chief Operating Officer

**Minako Watabe, MD, MSc, FACOG**  
Chief Medical Officer

**Danielle Gabele, DNP, RN, CENP, CCRN-K**  
Chief Nursing Executive

**Jill K. Ward, CPA**  
Chief Financial Officer

Re: Application to Modify Receiving Hospital Status Designation

Dear Mr. Carroll:

We would like to formally request that Santa Paula Hospital be approved as a Ventura County Receiving Hospital, operating as a Standby Emergency department per Emergency Medical Services (EMS) definitions.

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

This status change would take effect following California Department of Public Health (CDPH) regulatory approval, presently anticipated for October 15, 2024.

We affirm our commitment to the Santa Paula community to provide care for emergency patients as a Ventura County EMS receiving hospital and our compliance with EMS Policy 420. Please let us know should there be any questions related to this matter, as we look forward to your positive reply.

Sincerely,



John Fankhauser, MD  
Chief Executive Officer  
Santa Paula Hospital

CC: Minako Watabe, Chief Medical Officer  
Danielle Gabele, Chief Nursing Officer  
Osahon Ekhaese, Chief Operating Officer

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Santa Paula Hospital

Date: 09-09-24

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1.	Be licensed by the State of California as an acute care hospital.	X	
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.	X	
3.	Be accredited by a CMS accrediting agency	X	
4.	Operate an Intensive Care Unit.		X
5.	Radiology and laboratory services meet the requirements as defined in Title 22, Section 70413	X	
6.	Meet the statutory requirements for ambulance patient offload outlined in Health and Safety Code 1797.120.5-7	X	
7.	Have the capability at all times to communicate with the ambulances and the BH.	X	
8.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
a.	Be regularly assigned to the Emergency Department.	X	
b.	Have knowledge of VC EMS policies and procedures.	X	
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.	X	
d.	Attend or have designee attend PSC meetings.	X	
e.	Provide Emergency Department staff education.	X	
f.	Schedule medical staffing for the ED on a 24-hour basis.	X	
9.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.	X	
10.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.	X	
11.	Participate with the BH in evaluation of paramedics for reaccreditation.	X	
12.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.	N/A	
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.	X	

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Thomas Sichi

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Caleb Scarth

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Christopher Taicher

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Kyle Brooks

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Miles Maassen

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Scott Speier

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Ted Mandryk

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Richard Cegelski

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: Gregory Patton

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Daniel Firer

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

Physician Name: Jacob West

Date: 09-09-24

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name Tipu Khan

Date: 09-09-24

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

The above named physician is:

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

July 17, 2025

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

Dear Mr. Lashkari,

Community Memorial Hospital-Ojai has successfully passed the biennial review outlined in VCEMS Policy 420 – Receiving Hospital Standards and will continue to operate as a Receiving Hospital Standby Emergency Department in the County of Ventura. Utilizing the criteria outlined in Policy 420, VCEMS has reviewed the materials related to Community Memorial Hospital-Ojai standby emergency department capabilities and staffing and have determined them to be appropriate. We feel that it remains in the best interest of the Ojai Valley community to continue allowing ambulance transport to Community Memorial Hospital-Ojai for patients meeting general (non-specialty care) criteria. This designation will remain in effect from August 1, 2025 until your next review scheduled for July 31, 2027, provided Community Memorial Hospital-Ojai continues to meet all standards outlined in VCEMS Policy 420.

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

Sincerely,



Steve Carroll, Paramedic  
VCEMS Administrator



Daniel Shepherd, MD  
VCEMS Medical Director



July 16, 2025

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

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

Dear Mr. Carroll:

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

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

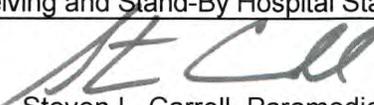
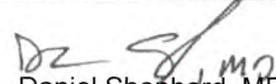
We reaffirm our commitment to the Ojai Valley community to provide care for emergency patients as a VC EMS receiving hospital and our compliance with EMS Policy 420. Please contact us right away if you have any questions related to this matter, as we look forward to your positive reply.

Sincerely,

A handwritten signature in black ink, appearing to read "Bret McClure", with a long, sweeping horizontal line extending to the right.

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

CC: Dr. Jeffrey Barrett, MD,  
Community Memorial Hospital - Ojai ED Medical Director

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Receiving and Stand-By Hospital Standards		Policy Number 420	
APPROVED Administration:	 Steven L. Carroll, Paramedic	Date: August 8, 2024	
APPROVED Medical Director:	 Daniel Shepherd, MD	Date: August 8, 2024	
Origination Date:	April 1, 1984	Effective Date: August 8, 2024	
Date Revised:	August 8, 2024		
Date Last Reviewed:	August 8, 2024		
Review Date:	August 31, 2027		

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
  - A. A RH, approved and designated by the Ventura County EMS Agency, shall:
    - 1. Be licensed by the State of California as an acute care hospital.
    - 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
    - 3. Be accredited by a CMS accrediting agency.
    - 4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a "Comprehensive Emergency Department," "Basic Emergency Department" or a "Standby Emergency Department."
    - 5. Have an intensive care service with adequate monitoring and therapeutic equipment
    - 6. Surgical services shall be immediately available for life-threatening situations.
    - 7. Have radiology and laboratory services as defined in Title 22, Section 7041
    - 8. Assess patients arriving by ambulance upon arrival.
    - 9. Attempt to offload patients from the ambulance gurney to the hospital gurney within twenty minutes.

10. Meet the statutory requirements for ambulance patient offload outlined in Health and Safety Code 1797.120.5-7
  11. Have the capability to communicate with the ambulances and the Base Hospital (BH).
  12. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.
    - a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations
  13. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
    - a. Be regularly assigned to the ED.
    - b. Have knowledge of VCEMS policies and procedures.
    - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
    - d. Attend, or have designee attend, PSC meetings.
    - e. Provide ED staff education.
    - f. Schedule medical staffing for the ED on a 24-hour basis.
  14. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
  15. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
  16. Participate with the BH in evaluation of paramedics for reaccreditation.
  17. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.

- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
  - 1. Application:  
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
  - 2. Approval:  
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
  - 1. All RH shall receive notification of evaluation from the EMS.
  - 2. All RH shall respond in writing regarding program compliance.
  - 3. On-site visits for evaluative purposes may occur.
  - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
  - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
  - 2. Chest pain or discomfort of known or suspected cardiac origin
  - 3. Sustained respiratory distress not responsive to field treatment
  - 4. Suspected pulmonary edema not responsive to field treatment
  - 5. Potentially significant cardiac arrhythmias
  - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
  8. Burns greater than 10% body surface area
  9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
  10. Criteria that meet stroke, LVO, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care. Standby Emergency Departments shall be staffed and provide services in accordance with Title 22 section 70653.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
    - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
    - b. With bleeding that cannot be controlled
    - c. Without an effective airway
  2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, LVO, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
  3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Community Memorial Hospital - Ojai

Date: 11/16/25

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1.	Be licensed by the State of California as an acute care hospital.	✓	
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.	✓	
3.	Be accredited by a CMS accrediting agency	✓	
4.	Operate an Intensive Care Unit. <i>As staffing allows + ICI serv. in ED if needed.</i>	✓	
5.	Radiology and laboratory services meet the requirements as defined in Title 22, Section 70413	✓	
6.	Meet the statutory requirements for ambulance patient offload outlined in Health and Safety Code 1797.120.5-7	✓	
7.	Have the capability at all times to communicate with the ambulances and the BH.	✓	
8.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
a.	Be regularly assigned to the Emergency Department.	✓	
b.	Have knowledge of VC EMS policies and procedures.	✓	
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.	✓	
d.	Attend or have designee attend PSC meetings.	✓	
e.	Provide Emergency Department staff education.	✓	
f.	Schedule medical staffing for the ED on a 24-hour basis.	✓	
9.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.	✓	
10.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.	✓	
11.	Participate with the BH in evaluation of paramedics for reaccreditation.	✓	
12.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.	<i>we do not have helipad at this hospital ✓</i>	
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.	✓	

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: See attached list

Date: 7/16/25

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

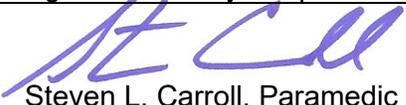
**STAND-BY** RECEIVING HOSPITAL  
EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: Community Memorial Hospital - Gai Date: 7/16/25

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

Community Memorial Hospital – Ojai ED Physicians – Physician Criteria Compliance Checklist 7.16.25

Physician Name	Be immediately available to the RH ED at all times Yes or No	2. Be certified by the Am. Board of Emergency Medicine OR the Am. Osteopathic Board of Emergency Medicine OR have all of the following: 2A Current ACLS certification, 2B complete at least 25 Cat.1 CME hrs /yr w/content applicable to Emerg. Medicine, 2C Have and maintain current Adv. Trauma Life Support (ATLS) certification Respond Yes/No to either #2, OR, #2A,2B, 2C – as a group	1)Full Time (120 hours or more per month)	2)Regular Part Time: Seeing 90 patients per month or more (Avg monthly census of acute patients divided by 720 hours equals avg number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED physician.
Arribas, Miguel, M.D.	Yes	#2 Yes	No	Yes
Barrett, Jeffrey P., M.D.	Yes	#2 Yes	Yes	No
Canby, Neil E., M.D.	Yes	#2 Yes	Yes	No
Gonzales, Andrea T., M.D.	Yes	#2 Yes	Yes	No
Halle, McKenzie R., M.D.	Yes	#2 Yes	No	Yes
Huffard, Adrian, M.D.	Yes	#2 Yes	Yes	No
Inabnit, Christopher K., M.D.	Yes	#2 Yes	Yes	No
Koger, Matthew B., M.D.	Yes	#2 Yes	Yes	No
Levin, Ross E., M.D.	Yes	#2 Yes	Yes	No
Long, Yasha S., MD	Yes	#2 Yes	Yes	No
Maassen, Miles R., D.O.	Yes	#2 Yes	No	Yes
Owen, Rodney J., M.D.	Yes	#2 Yes	Yes	No
Raffetto, Brian J., M.D.	Yes	#2 Yes	Yes	No
Saenz, Nicolas F., M.D.	Yes	#2 Yes	Yes	No
Scarth, Caleb J., D.O.	Yes	#2 Yes	No	Yes
Trigueros, Dennis, M.D.	Yes	#2 Yes	No	Yes
Wu, Evan F., M.D.	Yes	#2 Yes	No	Yes

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES	
Policy Title: Receiving and Stand-By Hospital Standards		Policy Number 420	
APPROVED Administration:  Steven L. Carroll, Paramedic		Date: August 8, 2024	
APPROVED Medical Director:  Daniel Shepherd, MD		Date: August 8, 2024	
Origination Date:	April 1, 1984		
Date Revised:	August 8, 2024	Effective Date:	August 8, 2024
Date Last Reviewed:	August 8, 2024		
Review Date:	August 31, 2027		

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
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- III. POLICY:
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    2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
    3. Be accredited by a CMS accrediting agency.
    4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a "Comprehensive Emergency Department," "Basic Emergency Department" or a "Standby Emergency Department."
    5. Have an intensive care service with adequate monitoring and therapeutic equipment
    6. Surgical services shall be immediately available for life-threatening situations.
    7. Have radiology and laboratory services as defined in Title 22, Section 7041
    8. Assess patients arriving by ambulance upon arrival.
    9. Attempt to offload patients from the ambulance gurney to the hospital gurney within twenty minutes.

10. Meet the statutory requirements for ambulance patient offload outlined in Health and Safety Code 1797.120.5-7
  11. Have the capability to communicate with the ambulances and the Base Hospital (BH).
  12. Maintain multiple forms of redundant communication, in the event a widespread disaster disables traditional methods.
    - a. Existing amateur radio sites established in each receiving facility will be maintained in coordination with local emergency management agency and amateur radio organizations
  13. Designate an ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
    - a. Be regularly assigned to the ED.
    - b. Have knowledge of VCEMS policies and procedures.
    - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
    - d. Attend, or have designee attend, PSC meetings.
    - e. Provide ED staff education.
    - f. Schedule medical staffing for the ED on a 24-hour basis.
  14. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
  15. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
  16. Participate with the BH in evaluation of paramedics for reaccreditation.
  17. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.

- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
  - 1. Application:  
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
  - 2. Approval:  
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
  - 1. All RH shall receive notification of evaluation from the EMS.
  - 2. All RH shall respond in writing regarding program compliance.
  - 3. On-site visits for evaluative purposes may occur.
  - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
  - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
  - 2. Chest pain or discomfort of known or suspected cardiac origin
  - 3. Sustained respiratory distress not responsive to field treatment
  - 4. Suspected pulmonary edema not responsive to field treatment
  - 5. Potentially significant cardiac arrhythmias
  - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
  8. Burns greater than 10% body surface area
  9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
  10. Criteria that meet stroke, LVO, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care. Standby Emergency Departments shall be staffed and provide services in accordance with Title 22 section 70653.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
    - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
    - b. With bleeding that cannot be controlled
    - c. Without an effective airway
  2. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, LVO, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
  3. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

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

Date: \_\_\_\_\_

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County EMS Agency, shall:		
1. Be licensed by the State of California as an acute care hospital.		
2. Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3. Be accredited by a CMS accrediting agency		
4. Operate an Intensive Care Unit.		
5. Radiology and laboratory services meet the requirements as defined in Title 22, Section 70413		
6. Meet the statutory requirements for ambulance patient offload outlined in Health and Safety Code 1797.120.5-7		
7. Have the capability at all times to communicate with the ambulances and the BH.		
8. Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California, and have experience in emergency medical care. The Medical Director shall:		
a. Be regularly assigned to the Emergency Department.		
b. Have knowledge of VC EMS policies and procedures.		
c. Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
d. Attend or have designee attend PSC meetings.		
e. Provide Emergency Department staff education.		
f. Schedule medical staffing for the ED on a 24-hour basis.		
9. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
10. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
11. Participate with the BH in evaluation of paramedics for reaccreditation.		
12. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY RECEIVING HOSPITAL  
PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST**

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

Date: \_\_\_\_\_

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

**STAND-BY** RECEIVING HOSPITAL  
EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: \_\_\_\_\_

Date: \_\_\_\_\_

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

COMMENTS



## TRAUMA SYSTEM STATUS REPORT Reporting for Calendar Year 2024

June 2025

Steve Carroll, EMS Administrator  
Adriane Gil-Stefansen, EMS Deputy Administrator  
Kyle Culkin, Senior Trauma and Preparedness Coordinator

### Trauma System Summary

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

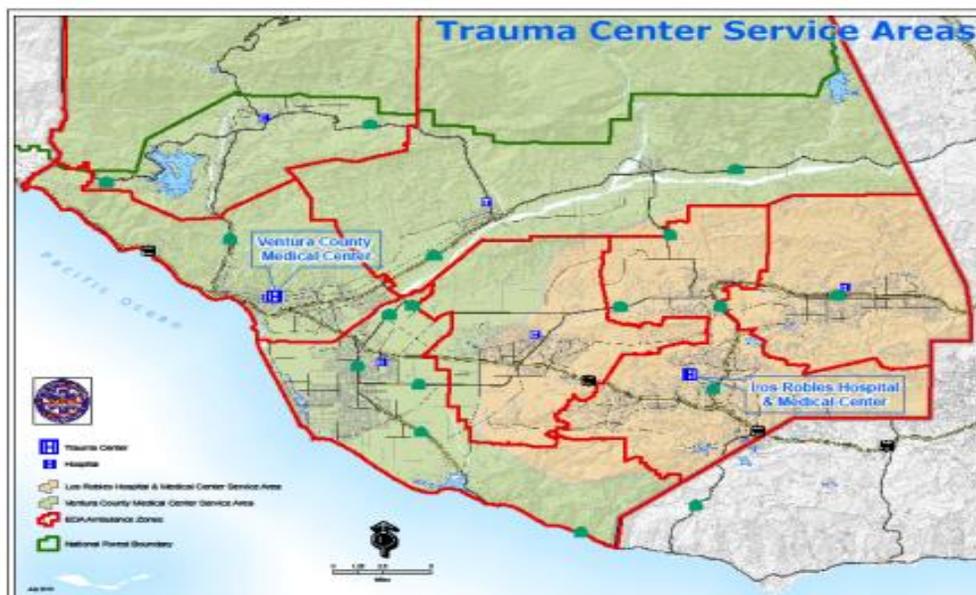
Both trauma centers are required by County EMS contract to maintain American College of Surgeons (ACS) verification. LRRMC was awarded their ACS verification in February 2024 and are due for their review in February 2026. VCMC renewed their verification in September 2024 and are due for their review in September 2027.

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

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

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

*Ventura County Trauma Center Catchment Map*



## 2024 Ventura County Trauma System Destinations

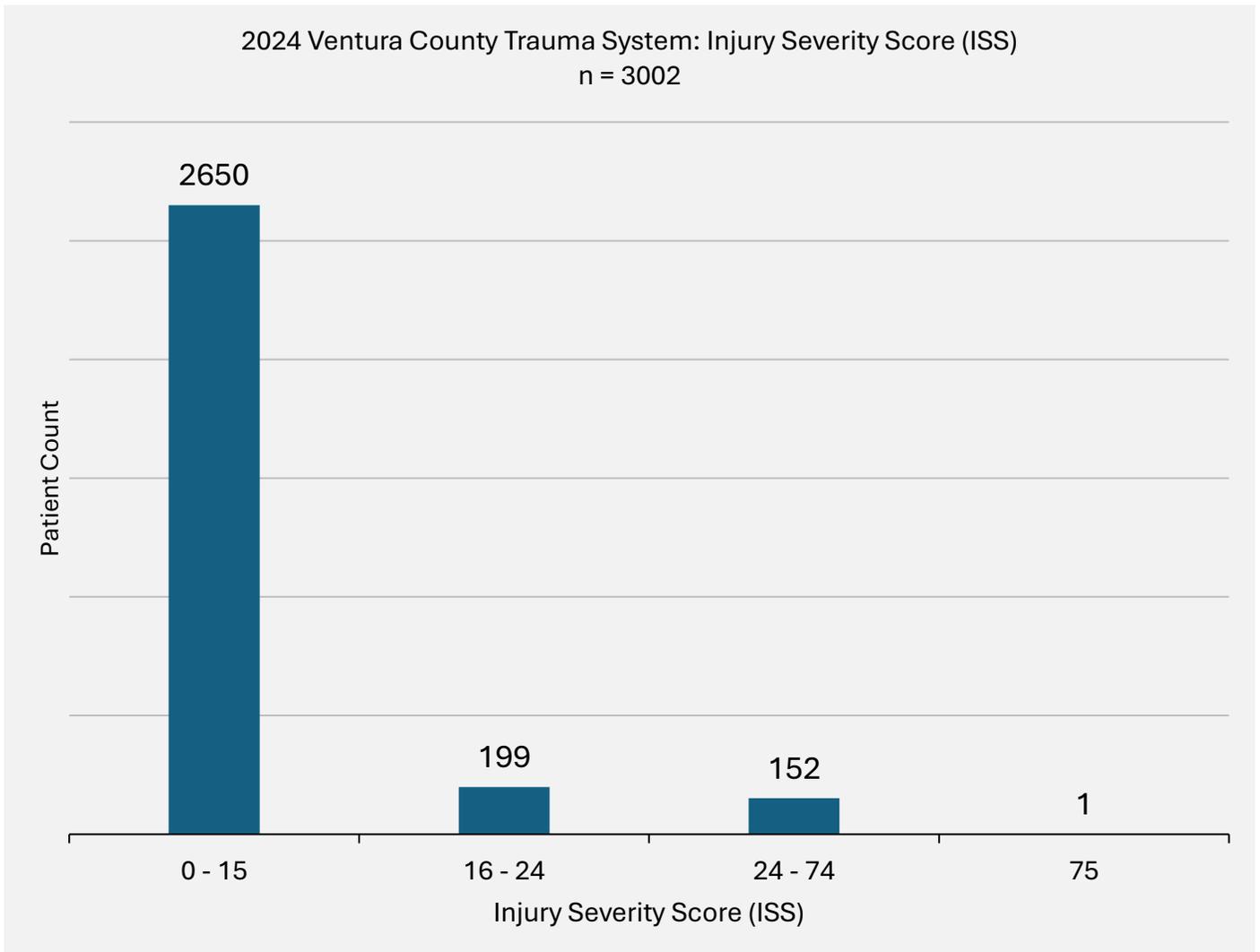
Trauma Catchment Base Hospital	-Trauma Center		
Destination	Step 1 TOTAL 450	Step 2 TOTAL 488	Step 3 TOTAL 586
<b>VCMC Trauma Catchment Calls</b>	<b>262</b>	<b>339</b>	<b>363</b>
Community Memorial Hospital	0	1	0
<b>-Henry Mayo Newhall Memorial Hospital</b>	<b>1</b>	<b>4</b>	<b>9</b>
<b>-Los Robles Hospital and Medical Center</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>-Santa Barbara Cottage Hospital</b>	<b>0</b>	<b>2</b>	<b>2</b>
Santa Paula Hospital	0	1	1
St. John's Regional Medical Center	3	1	6
St. John's Camarillo	1	0	0
<b>-Ventura County Medical Center</b>	<b>257</b>	<b>330</b>	<b>342</b>
Ojai Hospital	0	0	1
<b>LRHMC Trauma Catchment Calls</b>	<b>188</b>	<b>154</b>	<b>225</b>
Adventist Health Simi Valley	3	0	5
<b>-Henry Mayo Newhall Memorial Hospital</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>-Los Robles Hospital and Medical Center</b>	<b>180</b>	<b>151</b>	<b>216</b>
<b>-Northridge Medical Center</b>	<b>0</b>	<b>1</b>	<b>3</b>
<b>-Providence Holy Cross</b>	<b>4</b>	<b>2</b>	<b>1</b>
St. John's Hospital Camarillo	0	0	0
<b>-Ventura County Medical Center</b>	<b>1</b>	<b>0</b>	<b>0</b>

2024 Step 1-3 by Hospital	N
Adventist Health Simi Valley	8
Community Memorial Hospital	1
<b>-Henry Mayo Newhall Memorial Hospital</b>	<b>14</b>
<b>-Los Robles Hospital and Medical Center</b>	<b>549</b>
<b>-Northridge Medical Center</b>	<b>4</b>
Ojai Hospital	1
<b>-Providence Holy Cross</b>	<b>7</b>
<b>-Santa Barbara Cottage Hospital</b>	<b>4</b>
Santa Paula Hospital	2
St. John's Hospital Camarillo	1
St. John's Regional Medical Center	10
<b>-Ventura County Medical Center</b>	<b>930</b>
<b>TOTAL</b>	<b>1531</b>

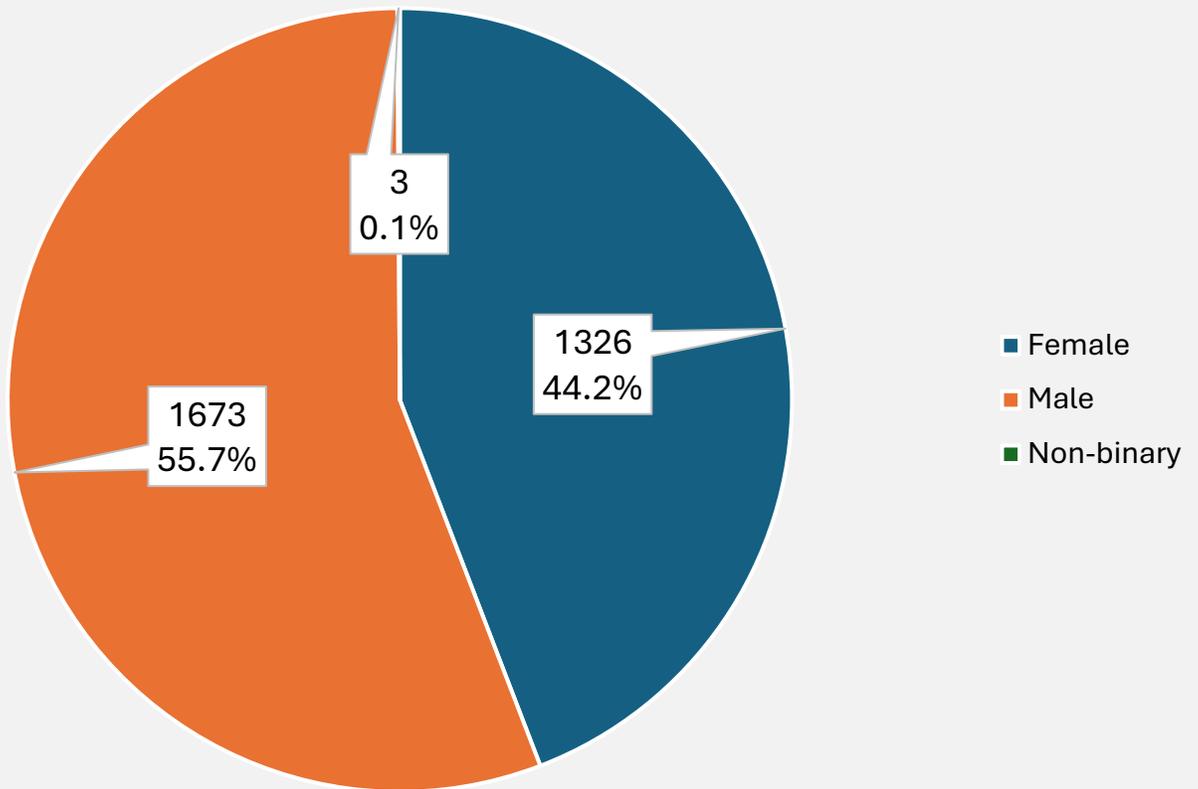
2024 Step 4 by Hospital	N
Adventist Health Simi Valley	753
Community Memorial Hospital	674
<b>-Henry Mayo Newhall Memorial Hospital</b>	<b>13</b>
<b>-Los Robles Hospital and Medical Center</b>	<b>1258</b>
<b>-Northridge Medical Center</b>	<b>2</b>
<b>-Providence Holy Cross</b>	<b>1</b>
<b>-Santa Barbara Cottage Hospital</b>	<b>0</b>
Kaiser WH	1
LAC USC Medical Center	0
Ojai Valley Hospital	192
Santa Paula Hospital	115
St. John's Hospital Camarillo	570
St. John's Regional Medical Center	907
West Hills Hospital	0
<b>-Ventura County Medical Center</b>	<b>767</b>
<b>TOTAL</b>	<b>5,253</b>

## 2024 Ventura County Trauma System Statistics

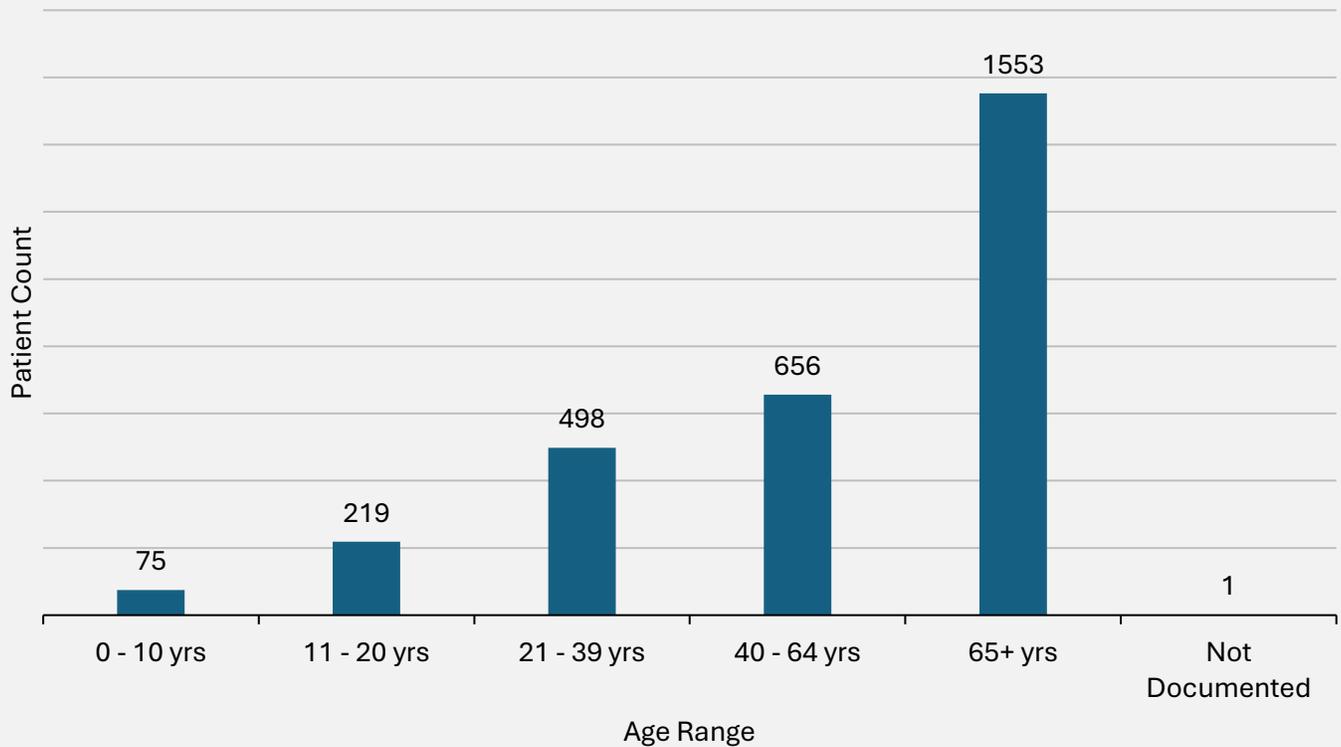
Ventura County Trauma System Statistics 2024	N
1. Patients meeting trauma triage criteria Steps 1-3	1531
2. Patients meeting trauma triage criteria Steps 1-3 Transported to a <i>non-trauma</i> center by EMS	23
3. Major trauma patients (ISS ≥ 16) Transported directly to a trauma center by EMS	284
4. Major trauma patients (ISS ≥ 16) Arrived by EMS or POV to a <i>non-trauma</i> center, then transferred (Urgent or Emergent) to a trauma center	23
5. Major trauma patients (ISS ≥ 16) Transported to a <i>non-trauma center</i> by EMS, then transferred (Urgent or Emergent) to a trauma center	14
6. Steps 1-4 ( <i>Under Triage</i> : ISS ≥ 16) Transported to a <i>non-trauma center</i> by EMS, then transferred (Urgent or Emergent) to a trauma center Under Triage Rate = 14/1531	0.9%
7. Steps 1-4 ( <i>Under Triage</i> : All ISS) Transported to a <i>non-trauma center</i> by EMS, then transferred (Urgent or Emergent) to a trauma center Under Triage Rate = 25/6783	0.4%



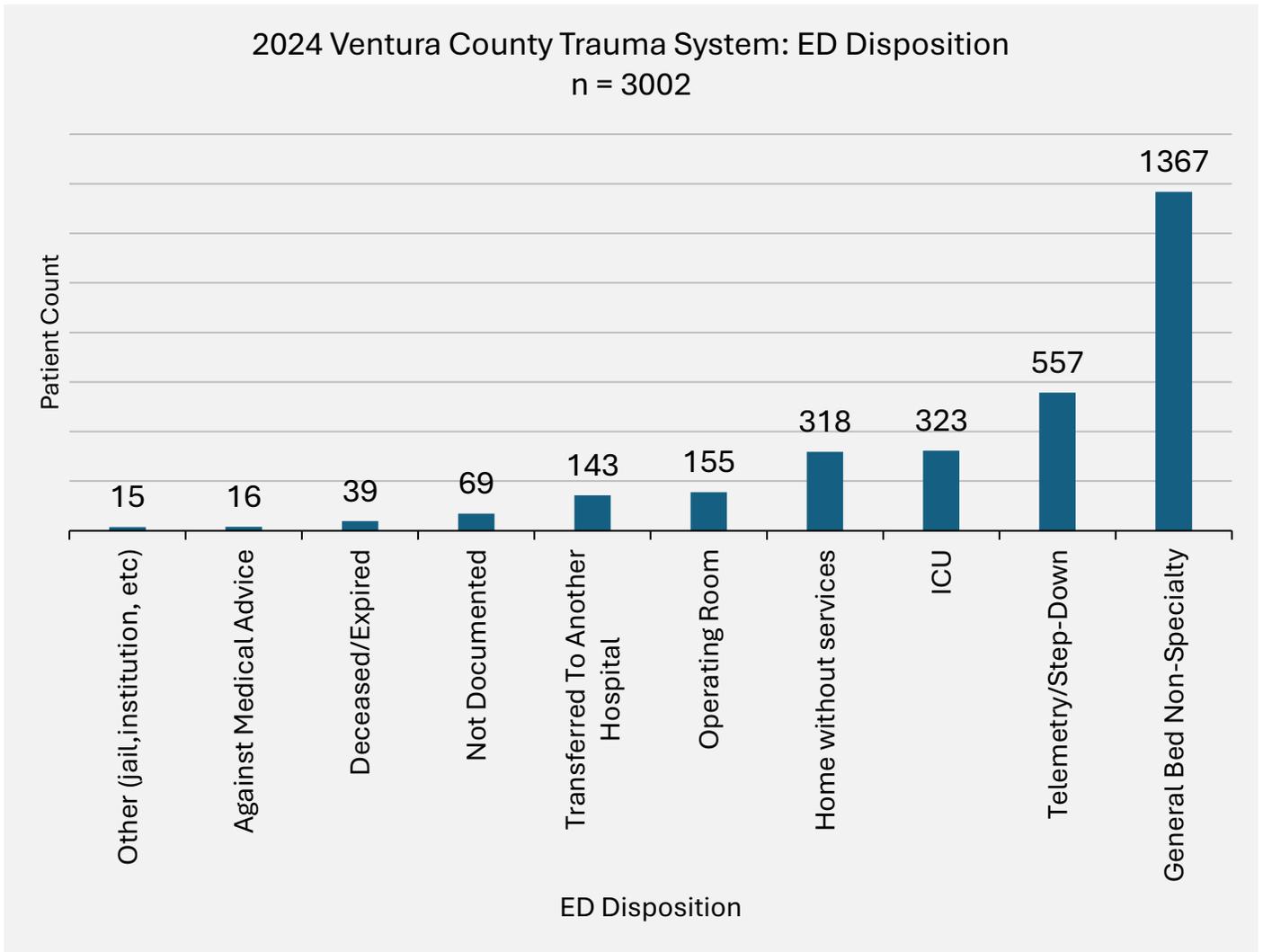
2024 Ventura County Trauma System: Gender  
n = 3002



2024 Ventura County Trauma System: Age  
n = 3002



## 2024 Ventura County Trauma System: ED Disposition n = 3002



### TXA Administration

In 2024, Tranexamic Acid (TXA) was administered to 159 patients, which is an increase from the 40 patients who received TXA in 2023. This increase was expected due to a change in policy adding TXA to standard scope. VCEMS will continue to monitor in 2025.

### Changes in Trauma System

Changes to the trauma system include the following:

Changes to Title 22 from the State of California required updating a variety of trauma policies the Division 9 section numbers to be updated in the “Authority” section of Ventura County pre-hospital policies.

Ventura County system continued to utilize “Resources for Optimal Care of the Injured Patient” (2022 Standards-Gray book) by the American College of Surgeons for 2024.

Stop the Bleed classes were held monthly at a variety of locations for county employees including the Ventura County Government Center, Public Health, Ventura County Medical Center, San Buena Ventura State Beach, and at a variety of events throughout 2024.

Guidelines for IFT to Trauma Center Policy 1404 was updated to improve the transfer algorithm and the transfer call centers for both trauma centers to help facilitate timely response for trauma transfers to the appropriate facility.

Los Robles, VCMC and VCEMS all hosted multiple "Hands-Only" CPR trainings at multiple public events in Ventura County throughout 2024.

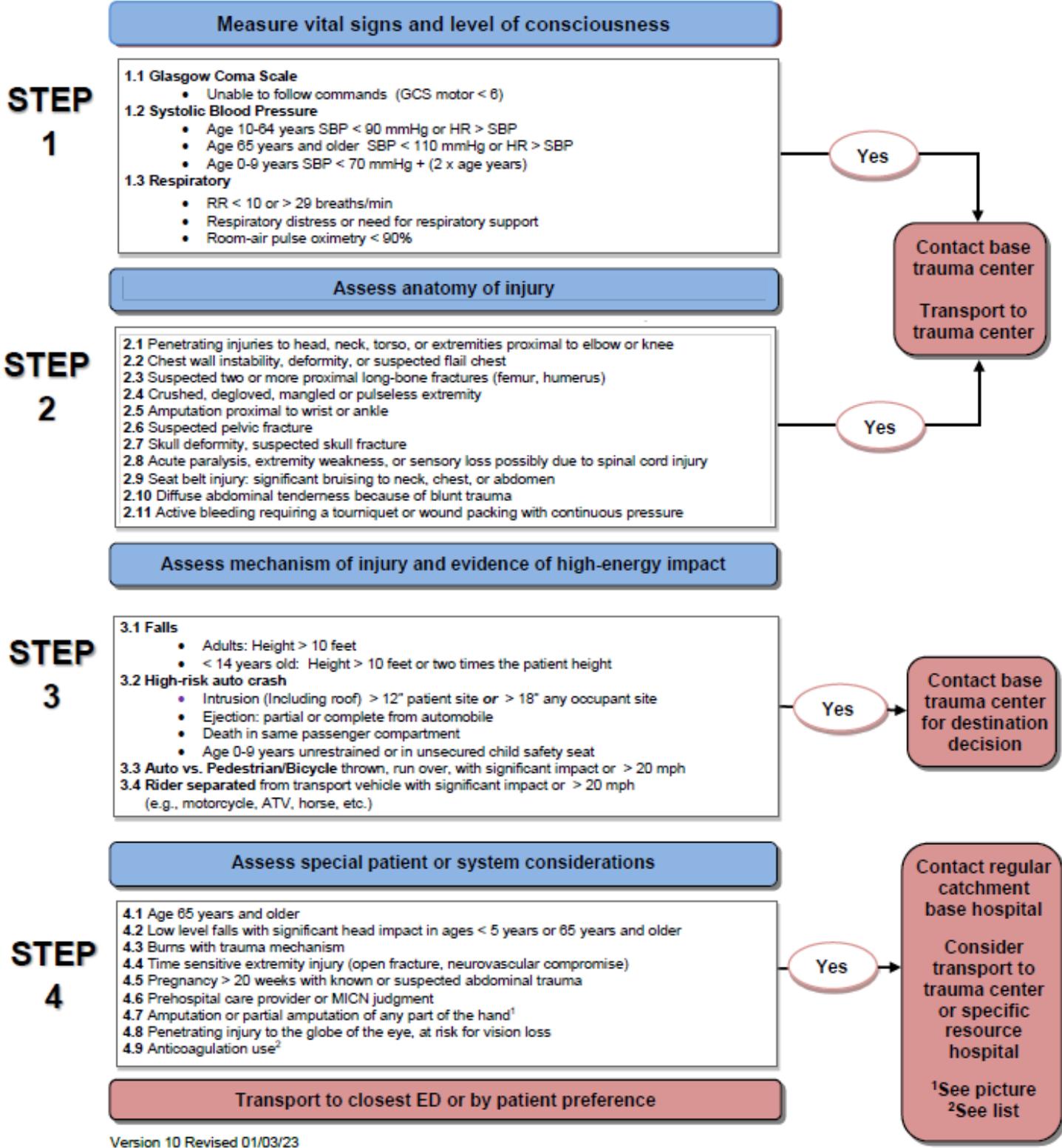
Continuing to monitor and present to our Trauma Operations Review Committee (TORC), all patients brought in by EMS to a non-trauma center and then Emergently Trauma transferred and any trauma transfer with an ISS > 15. In 2024, some transfer times have been variable due to sustained winter surge events.

On May 14, 2024, VCEMS hosted the Medical Response Surge Exercise (MRSE) Chemical MCI- This was a functional exercise with a simulation of multiple injured patients from a a chemical overspray on the agricultural land in Camarillo. The After-Action Report presented opportunities to update our guidelines in Chempack policy and demonstrated strong multi-agency coordination in response to large scale MCI's.

VCEMSA continues to monitor "Step 4" being transported directly by EMS to a Trauma Center. We found the percentage remained steady at 39% from 2023 through 2024. We also monitor what % of Step 4s are transferred after arriving to a non-trauma center by EMS. VCEMS found a slight decrease at less than 1% in 2024. This data is monitored and presented at the quarterly TORC meeting.



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



## Number and Designation Level of Trauma Centers

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

East County:

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

West County:

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

## Trauma System Goals and Objectives

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

### **1. Identification and Access:**

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

*Objective: Ventura County EMS under triage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries. 2024= 0.4% n=25/6783*

Update: In 2024, VCEMS continued to base prehospital trauma triage policy on current research and best practice recommendations from the American College of Surgeons, "National Guideline for the Field Triage of Injured Patients" currently reflected in Policy 1405, "Trauma Triage and Destination Criteria".

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

284 = Total number of patients transported from the field by EMS to a trauma center, who had ISS  $\geq$  16

Los Robles	Ventura County Medical Center
130	154

36

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

12

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

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

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

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

## **2. Prehospital Care/Transportation:**

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

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

Update: Trauma-specific education of prehospital care providers has been delivered by first responder fire departments, ambulance providers, base hospital prehospital care coordinators, and regular presentations of trauma-specific topics by the two trauma centers. A master calendar is maintained at VCEMS and posted on the website. In 2024, education was completed virtually and in-person.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year. In 2024, education was provided virtually and VCEMS was able to provide education and the MICN course in-person.

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

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

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

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

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

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

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

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



*Objective: Establish and maintain the “Ventura County Stop the Bleed Program.”*

Update: This program consists of educating the public in lifesaving skills required in the first few minutes of major trauma and strategically locating “Bleeding Control Kits” in government buildings throughout Ventura County. In 2024, classes were taught in-person by our Two Trauma Centers and Ventura County EMS Agency.



Both Trauma Centers completed classes with skills including classes at high schools and several community outreach events including a mass training for Junior Lifeguards.

Our EMS Agency taught classes the Grand Jury, high schools, and community outreach events. In 2024, VCEMS taught these classes every other month to Public Health Employees.

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

### **3. Hospital Care:**

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

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

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

For 2024, EMS out-of-county transports for trauma care include the following:

Step 1

- 1 Henry Mayo Newhall Memorial Hospital
- 4 Providence Holy Cross Hospital
- 0 Northridge Regional Medical Center

Step 2

- 4 Henry Mayo Newhall Memorial Hospital
- 2 Providence Holy Cross Hospital
- 1 Northridge Regional Medical Center
- 2 Santa Barbara Cottage Hospital

Step 3

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

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

**4. Evaluation:**

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

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

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

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

**5. Injury Prevention:**

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

*Objectives:*

- 1. VCEMS will have fully implemented the EMS portion of the Elderly Fall Prevention Coalition project*
- 2. VCEMS will identify and collaborate with all County trauma centers' fall prevention efforts.*

Update: The Elderly Fall Prevention Coalition (EFPC) fall prevention project continues to be fully implemented in the pilot area, which is the catchment area for VCMC. This is primarily a "secondary fall" prevention effort and is directed toward assisting elderly individuals who have

already experienced a fall in the home with resources to prevent another fall. LRRMC is a member of EFPC and actively participates in fall prevention planning and programs.

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

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

A Fall Prevention Symposium was held in-person on September 27, 2024. The event included prevention presentations by local physicians, physical therapists, social workers, and other experts in elderly trauma prevention. This was an in-person event with approximately 400 people in attendance. We offered seasonal flu vaccine free of charge and administered approximately 14 doses. Most attendees had already received their flu vaccine prior to the event.

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

*2024 Ventura County Trauma System: Elderly Fall Statistics*

<b>Ventura County EMS Elderly Population</b>	<b>N</b>
Patients age ≥ 65 years With ICD-10 indicating “fall”	1002
ISS 0 - 15	922
ISS 16 - 24	52
ISS 25 - 74	28
ISS 75	0
Expired in hospital	31
Discharged to hospice	27

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

**6. Inclusive Trauma System:**

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

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

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

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

**7. Assure Currency of Trauma Policies:**

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

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

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

Trauma Treatment Guidelines Policy 705.01 added language to the pelvic injury area regarding use of pelvic binders.

Tourniquet Use Policy 0731 added language to include “high and tight”.

Tranexamic Acid (TXA) Policy 0734 was updated to reflect the change for the drug now in basic scope of practice for paramedics in anyone with hemorrhagic shock from either trauma or medical issues such as GI bleed or postpartum hemorrhage. Language for “isolated head injuries” was removed from contraindications along with the requirement to be older than 15 years for administration. Hemorrhagic Shock Policy 705.14 was revised to reflect these new updates.

Trauma Center Designation Policy 1401 was updated to clarify trauma center designation criteria and a trauma system assessment bi-annually using the “Needs Based Assessment of Trauma Systems “NBATS” Tool.

Policy Number	Name	Reviewed/ Revised	Next Review
705.01	Trauma Treatment Guidelines	4/10/2025	4/30/2027
0731	Tourniquet Use	4/11/24	4/30/26
0734	Tranexamic Acid (TXA) Administration	8/8/24	8/31/26
1400	Trauma Care System General Provisions	6/6/2024	6/30/2027
1401	Trauma Center Designation	12/5/2024	12/31/2027
1402	Trauma Committees	9/7/2023	9/30/2026
1403	Trauma Hospital Data Elements	12/5/2024	12/31/2027
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	1/29/2025	9/30/2026
1405	Trauma Triage and Destination Criteria	12/5/2024	12/31/2026
1406	Trauma Center Standards	12/5/2024	12/31/2027

Timeline: Follow-up is quarterly, ongoing.

## **System Performance Improvement**

Trauma system performance review currently includes the following:  
(TORC had 1 virtual meeting, and 3 in-person meetings)  
(TAC had 1 virtual meeting)

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

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

## **Changes to Implementation Schedule**

There are no changes to implementation schedule to report currently.

## **Progress on Addressing EMS Authority Trauma System Plan Comments**

We reviewed Mr. McGinnis' 9/3/2024 letter approving the VCEMS Trauma System for 2023. All categories of the trauma system status report were accepted as written, with no required actions or recommendations.

## **Other Issues**

There are presently no other issues.

\*\*\*END OF REPORT\*\*\*

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Kyle Culkin  
Trauma and Preparedness Coordinator



Adriane Gil-Stefansen  
EMS Deputy Administrator



**Ventura County EMS Plan  
QUALITY IMPROVEMENT PROGRAM  
Reporting for Calendar Year 2024  
June 2025**

Steve Carroll, EMS Administrator  
Adriane Gil-Stefansen, EMS Deputy Administrator  
Kyle Culkin, Trauma and Preparedness Coordinator

**QI Program Summary**

Ventura County EMSA updated the QI Plan in 2024. We ensure that all core measures are patient focused and implementation for improvement will be timely and sustainable. The core measure data is collected, and the information is disseminated to our key stakeholders.

**Changes in the QI program**

Thus far, in 2025, 2024 data has been analyzed to identify improvement projects. Through our quarterly meetings with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our PRESTO study, stroke core measures, trauma triage and destination, and cardiac arrest survival. We continue to screen for Large Vessel Occlusion (LVO) stroke patients and transport them directly to a Thrombectomy Capable Acute Stroke Center (TCASC). We have two TCASC designated hospitals, both are certified as Comprehensive Stroke Centers (CSC) by Det Norske Veritas (DNV).

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

1. Dispatch notified to brain image interpretation:  
2024 median time of 68 minutes  
2023 median time of 60 minutes
2. Dispatch notified to thrombolytic given in ED:  
2024 median time of 63 minutes  
2023 median time of 65 minutes
3. EMS On-scene time for Stroke/LVO Alerts:  
2024 median time of 14 minutes  
2023 median time of 14 minutes
4. Dispatch to Percutaneous Coronary Intervention (PCI) for STEMI patients:  
2024 median time of 85 minutes  
2023 median time of 85 minutes

The STEMI Receiving Centers (SRCs) utilize the AHA/ASA “Guidelines for Early Management of Patients with Acute Ischemic Stroke” and the “American College of Cardiology guidelines for the Management of STEMI”.

Pulsara continues to be utilized countywide for STEMI patients which includes real-time EKG review. With Pulsara in place, there has been an improvement in our false positive (FP) activation rates at the STEMI Receiving Centers (SRCs). We have a positive EKG to pre-alert notification median of 6 minutes which meets the goal of 10 minutes or less.

We continue to screen for LVO type stroke patients. Paramedics perform a two-part screening: First, they use the Cincinnati Prehospital Stroke Scale (CPSS). Second, they use a prehospital screening tool called the Ventura LVO Score (VES). If the patient is positive for all 3 elements of the CPSS and is positive for 1 or more on the VES, they are transported directly as an “LVO Alert” to one of our designated TCASCs (both are CSCs). This addition to our stroke triage system is designed to preferentially divert patients to a facility capable of performing mechanical thrombectomy. For 2024, we had 58% True Positive LVO alerts, hemorrhagic strokes are included in this number.

We are participating in Ventura County’s Fall Prevention program by gathering data on patients that have fallen or have a potential to fall and are *not* transported by EMS to the hospital. We answer a set of questions that are sent to the fall prevention coordinator along with leaving educational material about fall prevention at the home. We meet quarterly to discuss the data and areas of improvement. A Fall Prevention Symposium was held in-person on September 27, 2024. The event included prevention presentations by local physicians, physical therapists, social workers, and other experts in elderly trauma prevention. We had a very good turnout with approximately 400 attendees. We offered seasonal flu vaccine free of charge and administered 14 doses. Most attendees had already received their flu vaccine prior to the event.

In reviewing our Sudden Cardiac Arrest data, we saw an increase in our Utstein survival to hospital discharge rate percentages from 23% in 2023 to 35.8% in 2024, but a decrease in our bystander CPR from 79% in 2023 to 58%. In 2024 we reviewed data as it relates to our Cardiac Arrest Management program and the use of the Lucas device to identify areas of improvement to increase our survival to hospital discharge percentage.

### **Data Collection**

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

Ventura County’s two Trauma Centers actively participate in data collection, which helps to identify severity index scores on EMS patients. We can analyze this data and use it for injury prevention education in the community. Data measures are patient focused and implementation for improvement is timely and sustainable through the collaboration of our key stakeholders.

### **Audit Critical skills**

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

### **Performance Improvement**

Pre-hospital EMS Agencies individually submitted data for the 2024 Mission Lifeline Awards. Five First Responder Agencies applied and received awards.

Establish county-wide use with Pulsara for prehospital Stroke/LVO alerts. This goal was not met in 2024, and we hope to complete in 2025. Four of the six Stroke Centers now have Pulsara in place; however, we need two more hospitals to finish the process before we can move forward.

We presented the breakdown of hospitals using Tenecteplase (TNK) verses Alteplase to monitor the door to thrombolytic administration time and complication rate at our quarterly stroke meeting. 5 of the 6 stroke centers are using TNK, with 1 still using Alteplase. In 2024 the median time for TNK was 41 minutes and the median time for Alteplase was 41 minutes.

Increase the survival to hospital discharge rate to 30%. This goal was met with an Utstein survival to hospital discharge of 35.8% for 2024.

Increase SRH % of door to EKG within 10 minutes from 58% in 2023 to 75%. This goal was not met for 2024, but there was an increase to 71%, this will be a continued goal for 2025.

A revision to the metric “Decrease *SRC Diversion* hours by 10% from 290 hours in 2023 to 261 hours” was made. Those numbers reflect the “occurrences of a hospital being on diversion.” The total SRC System Diversion hours in 2023 was 501 total hours. There was an increase to 681 total hours for 2024. We will continue to work on reducing SRC System Diversion hours in 2025.

Decrease door in / door out (DIDO) time to 180 minutes for patients that arrived by EMS at a non-trauma center then emergently transferred to a Trauma Center. This goal was met with a median time of 92 minutes for Emergent transfers.

## **Policies**

Trauma Policies that were updated include 705.01, 705.14 715, 731, 734, and 1404. Changes to target SBP for hypovolemia from  $\geq 80$  to  $\geq 90$  which standardized the target with indication for TXA Administration. TXA Administration now approved for pediatrics and atraumatic hemorrhagic shock. Needle-T language updated to align with manufacturer technique, along with listing approved devices. Tourniquet use added “high and tight” for placement. Added a non-urgent IFT trauma transfer as an option to prioritize patient transfers who need a higher level of care. Additional policies that were update include 705.04, 705.18, 705.24, 717, and 736. These policies address the removal of *Excited Delirium* from Behavioral Emergencies, added Buprenorphine to the Paramedic Scope of Practice (go-live date for administration will not be until 2025). Increasing Atropine dosing in Symptomatic Bradycardia to 1 mg from 0.5 mg. Inclusion of the femur as a site for IO insertion for pediatrics.

**2025 Goals**

Establish county-wide use with Pulsara for prehospital Stroke/LVO alerts. This goal was not met in 2024, and we hope to complete in 2025.

Increase the Utstein survival to hospital discharge rate to 40%.

Increase SRH % of door to EKG within 10 minutes from 71% in 2024 to 75%.

Decrease *SRC System Diversion* hours.

Implement and monitor whole blood usage in prehospital care.

Implement and monitor the use of Buprenorphine and Substance Use Navigation for the treatment of opioid use disorder.

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Adriane Gil-Stefansen  
EMS Deputy Administrator



Kyle Culkin  
Trauma and Preparedness Coordinator



## Ventura County EMS Plan Stroke Critical Care System Plan Reporting for Calendar Year 2024

June 2025

Steve Carroll, EMS Administrator  
Adriane Gil-Stefansen, EMS Deputy Administrator

### **Stroke Critical Care System Plan Summary**

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

### **Changes in the Stroke Critical Care System Plan**

2024 data has been analyzed to identify improvement projects. Through quarterly meetings with the Stroke Committee, the stroke core measures which include Large Vessel Occlusion (LVO) data continue to be monitored.

### **Measures**

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

1. Dispatch notified to brain image interpretation time: median time of 61 minutes for 2023, this was 60 minutes in 2023.
2. Dispatch notified to thrombolytic given: median time of 64 minutes for 2024, this was 65 minutes in 2023.
3. EMS on-scene time for *Stroke Alerts*: median time of 14 minutes for 2024, this was the same as 2023.
4. Door to first pass (patients arriving directly to the TCASC): median time of 82 minutes for 2024, this was 79 minutes for 2023, and 71% of patients received their first pass within 90 minutes of arrival which is an increase from 63% in 2023. AHA benchmark for this measure is 50%.

## Data Collection

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

## Performance Improvement

1. Update monthly “Report Card” of data metrics sent to the ASCs to monitor for corrections needed to collect data that is accurate. This goal was met with the creation of the report. A continued 2025 goal will be automation of this report where hospitals can check their “Report Card” through a link provided.
2. Present the breakdown of hospitals using Tenecteplase (TNK) versus tissue plasminogen activator (t-PA) to monitor the door to thrombolytic administration time and complication rate at our quarterly stroke meeting. Goal met in 2024 with TNK median time in 2024 at 35 minutes versus 41 minutes for Alteplase. All Stroke Centers but 1 have transitioned to TNK in 2024.
3. All 6 ASCs will implement the use of Pulsara for prehospital *Stroke/LVO Alerts*. Goal not met: 2 of the 6 ASCs have not implemented the use of Pulsara, will be a continued goal for 2025.
4. Provide stroke education to our providers to improve our true positive (TP) *Stroke Alert* percentage from 52% to 60%. Education was provided during EMS Update referencing atypical presentations of Stroke, TP increased slightly to 56%.
5. Continue to monitor and decrease FP *Stroke/LVO Alerts* diagnosed with sepsis. This was broken down further in 2024 data to present LVO Alerts not diagnosed as LVO and monitor the ICD-10 diagnosis codes.

## Policies

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

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	10/31/2024	10/31/2027
402	Patient Diversion/Emergency Department Closures	In Progress	In Progress
420	Receiving Hospital Standards	8/8/2024	8/31/2027
450	Acute Stroke Center (ASC) Standards		
451	Stroke System Triage and Destination	9/27/2023	09/30/2025
452	Thrombectomy Capable Acute Stroke Center (TCASC) Standards	1/26/2025	1/31/2028
460	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	9/25/2024	9/30/2026
705.26	705.26 Suspected Stroke	09/27/2023	09/30/2025

## 2025 Goals

1. Automate the Hospital Stroke "Report Card" where hospitals can check their "Report Card" through a link provided.
2. All 6 ASCs will implement the use of Pulsara for prehospital *Stroke/LVO Alerts*.
3. Create a checklist for ASCs and EMS to reference which patients are documented in GWTG as Stroke Alerts from EMS versus which patients are documented in ImageTrend as a Stroke Alert. This will help overall to determine which EMS patients are Stroke Alerts versus which patients arrive by EMS and have the Emergency Department initiate the Stroke Alert.
4. Decrease the DIDO for patients who require transfer for Advanced Stroke Care (e.g., Neurocritical care, surgical or other time critical therapy) -OR- Evaluation for Endovascular thrombectomy from 121 minutes in 2024 to below 121 minutes in 2025.

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Adriane Gil-Stefansen  
EMS Deputy Administrator



# Ventura County EMS Plan STEMI Critical Care System Plan Reporting for Calendar Year 2024

June 2025

Steve Carroll, EMS Administrator  
Adriane Gil-Stefansen, EMS Deputy Administrator

## **STEMI Critical Care System Plan Summary**

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

## **Changes in the STEMI Critical Care System Plan**

2024 data has been analyzed to identify improvement projects. STEMI core measures and cardiac arrest data are monitored and cases that fall out of the measures are reviewed.

## **Measures**

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

1. Dispatch notified to PCI time for STEMI patients: median time of 85 minutes for 2024, which was the same in 2023.
2. Arrival at STEMI Referral Hospital (SRH) to PCI at the SRC for STEMI patients: median time of 97 minutes for 2024, which was the same in 2023.
3. EMS on-scene time for STEMI patients: median time of 13 minutes for 2024, which was the same in 2023.
4. Door-in to door-out (DIDO) time for STEMI patients transferred from SRH to SRC for PCI: median time of 35 minutes for 2024, an increase from 29 minutes in 2023.

## 5. Cardiac Arrest Outcome data:

<b>ALL PRESUMED CARDIAC</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>
<b>Presumed Cardiac Etiology</b>	<b>462</b>	<b>431</b>	<b>478</b>	<b>488</b>
<b>Bystander CPR Provided</b>	<b>53.3%</b>	<b>54.9%</b>	<b>54.7%</b>	<b>50.1%</b>
<b>Survival to Hospital Discharge</b>	<b>9.1%</b>	<b>13.0%</b>	<b>8.4%</b>	<b>11.5%</b>
<b>CARES National Benchmark for survival to Hospital Discharge</b>	<b>8.1%</b>	<b>8.5%</b>	<b>9.2%</b>	<b>9.5%</b>
<b>Survival to Hospital Discharge for CPC 1 or 2</b>	<b>8.4%</b>	<b>10.7%</b>	<b>6.9%</b>	<b>10%</b>
<b>CARES National Benchmark for survival to Hospital Discharge CPC 1 or 2</b>	<b>6.4%</b>	<b>6.8%</b>	<b>7.4%</b>	<b>7.5%</b>
<b>UTSTEIN</b>				
<b>Bystander Witnessed, Shockable Rhythm</b>	<b>72</b>	<b>67</b>	<b>61</b>	<b>67</b>
<b>% of presumed cardiac arrests that are Utstein cases</b>	<b>15.6%</b>	<b>15.5%</b>	<b>12.8%</b>	<b>13.7%</b>
<b>Bystander CPR Provided</b>	<b>79.2%</b>	<b>67.2%</b>	<b>78.7%</b>	<b>58.2%</b>
<b>Survival to Hospital Discharge</b>	<b>33.3%</b>	<b>43.3%</b>	<b>26.2%</b>	<b>35.8%</b>
<b>CARES National Benchmark for survival to Hospital Discharge</b>	<b>29.2%</b>	<b>30.9%</b>	<b>32.7%</b>	<b>29.4%</b>

### Data Collection

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

### Performance Improvement

1. Increase Utstein CPC 1 & 2 survival rate from 24.5% in 2023 to 30% in 2024. Goal was met with 32.8% in 2024.
2. Increase SRH % of door to EKG within 10 minutes from 58% in 2023 to 75% in 2024. Goal not met: increased to 71% for 2024, will be a continued goal for 2025.
3. Increase FMC to PCI % within 90 minutes from 85% in 2023 to 90% in 2024. Goal not met: decreased to 78% for 2024, will be a continued goal for 2025
4. Apply and receive the 2024 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures by our provider agencies. Goal met.
5. Decrease SRC Diversion hours by 10% from 290 hours in 2023 to 261 hours was not met and will be a continued goal for 2025. A revision to the metric "Decrease SRC Diversion hours by 10% from 290 hours in 2023 to 261 hours" was made. Those numbers reflect the "occurrences of a hospital being on diversion." The total SRC System Diversion hours in 2023 was 501 total hours. There was an increase to 681 total hours for 2024. This will be a continued goal for reducing SRC System Diversion hours in 2025.

## **Policies**

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

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	10/31/2024	10/31/2027
402	Patient Diversion/Emergency Department Closures	In Progress	In Progress
420	Receiving Hospital Standards	8/8/2024	8/31/2027
430	STEMI Receiving Centers and STEMI Referral Hospital Standards	10/23/2024	10/31/2027
440	Code STEMI Transfer of Patients with STEMI for PCI	2/26/2025	2/29/2028
705.09	Chest Pain-Acute Coronary Syndrome	6/13/2024	12/31/2026
726	12 Lead ECG	08/23/2023	10/31/2025

## **2025 Goals**

1. Increase the CPC 1 & 2 Utstein survival to hospital discharge rate to 40%.
2. Increase SRH % of door to EKG within 10 minutes from 71% in 2024 to 75% in 2025.
3. Decrease DIDO for STEMI Transfers from 35 minutes in 2024 to 30 minutes in 2025.
4. Increase FMC to PCI % within 90 minutes from 78% in 2024 to 90% in 2025.
5. Decrease SRC System Diversion Hours below 500 total hours.

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Adriane Gil-Stefansen  
EMS Deputy Administrator