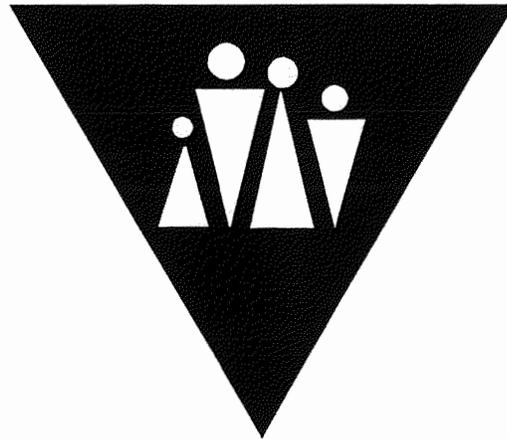


**EMERGENCY MEDICAL SERVICES**

**Santa Barbara County  
Health Care Services**



**STRATEGIC PLAN**

# EMS STRATEGIC PLAN

## INTRODUCTION

### Purpose of Plan

The Emergency Medical Services (EMS) Plan for Santa Barbara County is a description of the current capabilities and future goals of the EMS system in the County. The purpose of this plan and its authority derives from the California Health and Safety Code and direction by the Santa Barbara County Board of Supervisors. As a strategic planning document, it is intended to provide an organized and logical guide towards assuring the highest quality of emergency care to all in Santa Barbara County. This plan recognizes that a vast partnership of organizations, institutions and individuals form the nucleus of a quality EMS system. It is only through this partnership and adherence to the highest standards of care that the goals of this plan will be achieved.

### Goal of Plan

The Santa Barbara County EMS system has undergone significant development since its inception in 1978. The goal of this document is to develop a logical methodology to assist with the ongoing development of the EMS system. The primary mission of this EMS Plan is the establishment of a quality, integrated EMS system. It is the intent of this plan to provide a clear, and orderly framework for implementing a comprehensive EMS system for Santa Barbara County.

### Methodology

For this plan, the entire EMS staff participated in an in-depth analysis of current State and national EMS system guidelines, future proposed guidelines, existing EMS systems in California and the expectations and desires of EMS policy makers in Santa Barbara County. These guidelines and expectations were then indexed against the eight components of an EMS system as defined by the California EMS Authority. Program objectives and tasks were then defined and prioritized in the written plan. A draft copy of the written plan and a request for comments were forwarded to all Advanced Life Support (ALS) providers, fire departments, hospital emergency departments, EMS training agencies, lifeguard services, search and rescue units, and community leaders. Input from these sources was utilized in developing the final draft of the EMS strategic plan.

# INTRODUCTION

## Format

The Santa Barbara EMS Agency is responsible for planning, administering, monitoring and evaluating the EMS system in Santa Barbara County. There are eight EMS system components as defined by the California EMS Authority and this plan identifies the following for each component: key expectations, needs, program priorities, objectives, and actions. These eight components are as follows:

1. Manpower/training (Staffing/Training)
2. Communication
3. Transportation (Response/Transportation)
4. Assessment of hospitals and specialty care centers (Facilities/Critical care)
5. System organization and management
6. Data collection and evaluation (Data collection/System evaluation)
7. Public information and education
8. Disaster medical preparedness (Disaster medical response)

Also included with this strategic plan is information pertaining to the following areas:

1. Local agency specialty areas (objectives which supersede State guidelines)
2. Definitions and abbreviations used in the strategic plan
3. Local agency history
4. Local agency geographic information
5. Local agency demographic information, and
6. Appendices for the following:
  - Santa Barbara County map
  - EMS organizational chart
  - Section 1797.224 of the Health and Safety code
  - System resources and operations
  - EMS budget
  - EMS first responder services
  - Search and rescue teams
  - ALS providers
  - EMS training agencies
  - EMS receiving hospitals

## Future Actions

This document will be used primarily as a planning tool. It will be updated on an annual basis to reflect changes in direction from the State EMS Authority and from the County Board of Supervisors. All objectives in this plan are subject to the availability of necessary resources. Objectives will be retailored and/or reprioritized to reflect system demands and modifications.

# EMS STRATEGIC PLAN

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**EMS STRATEGIC PLAN**

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Agency Administration

Minimum Standard

1.01 Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and maintain organizational structure including agency staff and non-agency resources	Prior year	∞	X

**Responsible Person:** EMS Director

**STATUS DESCRIPTION:**

The local EMS agency includes the following positions (see organizational chart - Appendix "A"):

- 1.0 FTE Director
- .3 FTE Medical Director
- 1.0 FTE Coordinator, Administrative Services
- 1.0 FTE Coordinator, Prehospital and Disaster Medical Services
- .5 FTE Coordinator, Special Projects
- .75 FTE Coordinator, Emergency Department Services
- .5 FTE Coordinator, Community Education
- .25 FTE Data Analyst
- .5 FTE Coordinator, Quality Improvement and Training
- .25 FTE Coordinator, Mental Health Assessment Team Services



## **I. SYSTEM ORGANIZATION AND MANAGEMENT**

Non-agency resources are described in Appendix "D". Additional organizational structure includes the Emergency Medical Advisory Committee and the Prehospital Advisory Committee.



# EMS STRATEGIC PLAN

## Minimum Standard

1.02 Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement and evaluation processes to identify needed system changes.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Plan, implement, and evaluate the EMS system	Prior year	∞	X
Re-evaluate 1993 EMS plan	July 1995	Dec. 1995	X
Develop and implement Lancet database management program	July 1995	June 1996	
Update QI plan	March 1996	∞	
Implement measures	April 1996	∞	

**Responsible Person:** Coordinator, Quality Improvement

### STATUS DESCRIPTION:

The quality improvement plan has been developed. This plan is currently being re-evaluated.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

1.03 Each local EMS agency shall have a mechanism (including the emergency medical care committee(s) and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies, and procedures, as described throughout this document.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop mechanisms for obtaining provider input regarding the development of plans, policies, and procedures	Prior year	∞	X

**Responsible Person:** Coordinator, Quality Improvement

### STATUS DESCRIPTION:

The local EMS agency meets all minimum standards. Consumers of emergency department services have been assessed and these findings have been incorporated into procedures.

Committees and projects include:

- SB Regional Health Authority Community Advisory Board
- Emergency Department Utilization Project
- CHDP provider surveys
- EMAC
- Receiving hospital meetings



# EMS STRATEGIC PLAN

1.04 Each local EMS agency shall appoint a medical director who is a licensed physician who has substantial experience in the practice of emergency medicine.

The local EMS agency medical director should have administrative experience in emergency medical services systems.

Each local EMS agency medical director should establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers (including nurses and prehospital providers), and/or should appoint medical consultants with expertise in trauma care, pediatrics, and other areas, as needed.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Appoint a medical director with administrative experience in emergency medical services systems	Prior year	∞	X
Establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers	Prior year	∞	X
Establish a trauma advisory committee	Sept. 1995	Dec. 1995	X

**Responsible Person:** EMS Medical Director

### STATUS DESCRIPTION (minimum and recommended)

The local EMS agency meets all recommended guidelines. Current advisory groups include:

- EMAC
- EMS Committee of the County Medical Society

A trauma advisory committee was established in the fall of 1995.



# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Planning Activities

### Minimum Standards

- 1.05 Each local EMS agency shall develop an EMS System plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:
- assess how the current system meets these guidelines,
  - identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
  - provide a methodology and timeline for meeting these needs.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Draft EMS system plan	Prior year	Prior year	X
Revise EMS plan	Prior year	Sept. 1995	X
Conduct community review	Oct. 1995	Feb. 1996	X
Obtain Board of Supervisors Approval	Feb. 1996	March 1996	
Submit approved plan to EMS Authority	March 1996	∞	

**Responsible Person:** Coordinator, Emergency Department Services

### STATUS DESCRIPTION:

The EMS system plan was completed in 1993. Effective fiscal year 1995-96, an update will be completed annually.



# EMS STRATEGIC PLAN

## Minimum Standard

- 1.06 Each local EMS agency shall develop an annual update to its EMS System plan and shall submit it to the EMS Authority. The update shall identify progress made in plan implementation and changes to the planned system design.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Draft EMS system plan	Prior year	Prior year	X
Revise EMS plan	Prior year	Sept. 1995	X
Conduct community review	Oct. 1995	Feb. 1996	X
Obtain Board of Supervisors Approval	Feb. 1996	March 1996	
Submit approved plan to EMS Authority	March 1996	∞	

**Responsible Person:** Coordinator, Emergency Department Services

### STATUS DESCRIPTION:

The annual update has been completed. This update will be sent to EMS Authority prior to January 31, 1996.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

Minimum Standard

Recommended Guidelines

- 1.07 The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction. The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop plan and system design for trauma care	Prior year	June 1995	X
Re-consider executing agreements with specialty care facilities in other jurisdictions	June 1996	∞	
Formulate trauma task force	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan	Oct. 1995	June 1996	
Develop methodology for assessment process	Oct. 1995	June 1996	
Conduct review of air transport services	Oct. 1995	June 1996	
Compare trauma care to existing standards	Oct. 1995	June 1996	
Evaluate trauma care issues specific to Santa Ynez Valley	Oct. 1995	June 1996	

**Responsible Person:** EMS Medical Director (Coordinator, Special Projects/Quality Improvement)

**STATUS DESCRIPTION (minimum and recommended):**

All seven hospitals participate in the trauma care system. This system will be re-evaluated annually. The agency will continue to improve performance-based evaluation of the trauma care system. This goal will be achieved through a State EMS grant.



# EMS STRATEGIC PLAN

## Minimum Standard

1.08 Each local EMS agency shall plan for eventual provision of advanced life support (ALS) services throughout its jurisdiction.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and implement plan for County-wide ALS services	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

100% compliance achieved with the addition of the Cuyama Valley paramedic unit in 1994.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

1.09 Each local EMS agency shall develop a detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) within its area and, at least annually, shall update this inventory.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop detailed inventory of EMS resources (e.g., personnel, vehicles, and facilities) including:	June 1995	Oct. 1995	X
Update inventory annually	June 1996	∞	

**Responsible Person:** Coordinator, Administrative Services

### STATUS DESCRIPTION:

A comprehensive inventory of EMS resources is included in Appendix "D".



# EMS STRATEGIC PLAN

## Minimum Standard

1.10 Each local EMS agency shall identify population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

## Recommended Guidelines

Each local EMS agency should develop services, as appropriate, for special population groups served by the EMS system which require specialized services (e.g., elderly, handicapped, children, non-English speakers).

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Identify population groups served by the EMS system which require specialized services	Sept. 1995	June 1996	
Develop services, if feasible and as appropriate, for special population groups served by the EMS system which require specialized services	June 1996	∞	
Contingent upon the availability of necessary resources, Implement services	Dec. 1996	∞	

**Responsible Person:** Coordinator, Community Education, (Coordinator, Special Projects; EMS Medical Director; Data Analyst)

### STATUS DESCRIPTION (minimum and recommended):

Population group identification has already commenced via :

- Managed Care Medi-Cal Injury Prevention project
- ED Utilization Project
- Poison Prevention Project
- EMS for Children Project

Educational materials have been developed on ED use, self care, injury prevention, and poisoning for the monolingual Spanish-speaking/low literacy population.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

## Recommended Guidelines

1.11 Each local EMS Agency shall identify the optimal roles and responsibilities of system participants.

Each local EMS agency should ensure that system participants conform with their assigned EMS system roles and responsibilities, through mechanisms such as written agreements, facility designations, and exclusive operating areas.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Obtain written agreements with AMR, Montecito Fire, and all receiving hospitals	Prior year	Prior year	X
Identify the optimal roles and responsibilities of system participants	July 1995	June 1996	
Redefine roles and responsibilities	July 1995	June 1996	
Review/develop written agreements for optimal system design (including UCSB and County Fire)	Dec. 1995	October 1977	
Conduct ongoing evaluation of assigned EMS system roles and responsibilities	July 1996	∞	
Renegotiate agreements, as necessary	July 1996	∞	

**Responsible Person:** EMS Director (EMS Medical Director; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services; Data Analyst; Coordinator, Administrative Services).

### STATUS DESCRIPTION (minimum and recommended):

Agreements have been obtained from two ALS providers and from all seven receiving hospitals. Roles and responsibilities are being further delineated via the development of written agreements with all ALS providers.



# EMS STRATEGIC PLAN

## Regulatory Activities

### Minimum Standard

1.12 Each local EMS agency shall provide for review and monitoring of EMS system operations.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Provide for review and monitoring of EMS system operations	Prior year	∞	X
Develop and distribute EMS policy and procedure manual	Prior year	∞	X
Develop and distribute paramedic policy and procedure manual	Prior year	∞	X
Identify the optimal roles and responsibilities of system participants	July 1995	June 1996	
Redefine roles and responsibilities	July 1995	June 1996	
Develop and implement Lancet database management program	July 1995	June 1996	
Conduct annual system operations evaluation	June 1997	∞	

**Responsible Person:** EMS Director (EMS Medical Director; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services; Data Analyst)

### STATUS DESCRIPTION:

Review and monitoring activities meet minimum standards. This function is performed via the Medical Director, the Coordinator of Prehospital and Disaster Medical Services, and the Coordinator of Emergency Department Services. The review process (including data collection) for the County's contracted paramedic provider will be implemented prior to June, 1996. The Department will be attempting to obtain funding for

## I. SYSTEM ORGANIZATION AND MANAGEMENT

expanding the data collection process into other providers (both hospital and prehospital) in the near future. An update of the review and monitoring system will be completed prior to June 30, 1996.



# EMS STRATEGIC PLAN

## Minimum Standard

1.13 Each local EMS agency shall coordinate EMS system operations.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Obtain written agreements with AMR, Montecito Fire, and all receiving hospitals	Prior year	Prior year	X
Identify the optimal roles and responsibilities of system participants	July 1995	June 1996	
Redefine roles and responsibilities	July 1995	June 1996	
Review/develop agreements for optimal system design (including UCSB and County Fire)	Dec. 1995	Oct. 1977	
Conduct ongoing evaluation of assigned EMS system roles and responsibilities	July 1996	∞	
Renegotiate agreements, as necessary	July 1996	∞	

**Responsible Person:** EMS Director (EMS Medical Director; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services; Data Analyst)

### STATUS DESCRIPTION:

Agreements have been obtained from two ALS providers and from all seven receiving hospitals. Roles and responsibilities are being further delineated via the development of written agreements with all ALS providers.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

- 1.14 Each local EMS agency shall develop a policy and procedures manual which includes all EMS agency policies and procedures. The agency shall ensure that the manual is available to all EMS system providers (including public safety agencies, ambulance services, and hospitals) within the system.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual	Prior year	∞	X
Develop and distribute paramedic policy and procedure manual	Prior year	∞	X
Review policy and procedure manuals from comparable EMS agencies	Sept. 1995	June 1996	
Consider utilizing EMS Authority System Guidelines as template for local agency policy and procedure manual	Dec. 1995	June 1996	
Revise EMS agency policy and procedure manual	Sept. 1995	June 1996	
Implement policy and procedure review system	June 1996	∞	

**Responsible Person:** EMS Director (EMS Medical Director)

### STATUS DESCRIPTION:

Policy and procedure manual developed and distributed to all EMS system providers. The agency could benefit from a comprehensive review and update of the entire manual. This goal will be completed prior to June 30, 1996. A manual review mechanism should be developed to ensure appropriate policies are in place.



# EMS STRATEGIC PLAN

## Minimum Standard

1.15 Each local EMS agency shall have a mechanism to review, monitor, and enforce compliance with system policies.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Provide for review and monitoring of EMS system operations	Prior year	∞	X
Develop and distribute EMS policy and procedure manual	Prior year	∞	X
Develop and distribute paramedic policy and procedure manual	Prior year	∞	X
Identify the optimal roles and responsibilities of system participants	July 1995	June 1996	
Redefine roles and responsibilities	July 1995	June 1996	
Develop and implement Lancet database management program	July 1995	June 1996	
Conduct annual evaluation of compliance with system policies	June 1997	∞	

**Responsible Person:** Coordinator, Quality Improvement; EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

Review and monitoring activities meet minimum standards. This function is performed via the Medical Director, the Coordinator of Prehospital and Disaster Medical Services, and the Coordinator of Emergency Department Services. The review process (including data collection) for the County's contracted paramedic provider was implemented in December, 1995. The department will be attempting to obtain funding for expanding the data collection process into other providers (both hospital and prehospital) in the near future. An update of the review and monitoring system will be completed prior to June 30, 1996.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## System Finances

### Minimum Standard

- 1.16 Each local EMS agency shall have a funding mechanism which is sufficient to ensure its continued operation and shall maximize use of its Emergency Medical Services Fund.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop a funding mechanism which is sufficient to ensure continued operation of local agency	Prior year	∞	X
Explore feasibility of utilizing Emergency Medical Services Fund	Oct. 1995	June 1996	
Research external funding sources	Sept. 1995	∞	
Develop letters of intent/grant proposals	Sept. 1995	∞	

**Responsible Person:** EMS Director (Coordinator, Special Projects/Quality Improvement; Coordinator, Community Education; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

The local agency has not maximized the use of its Emergency Medical Services Fund (AB 12/612). It will continue pursuing alternate sources of funding as an additional source of revenue. A copy of the fiscal year 1995-96 budget is included in appendix "E".



# EMS STRATEGIC PLAN

## Medical Direction

THE LOCAL EMS SYSTEM SHALL INCLUDE APPROPRIATE MEDICAL DIRECTION. THIS IMPLIES INVOLVEMENT OF THE MEDICAL COMMUNITY AND ENSURES MEDICAL ACCOUNTABILITY IN ALL STAGES OF THE SYSTEM.

### Minimum Standard

- 1.17 Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of receiving hospitals and alternative base stations and the roles, responsibilities, and relationships of prehospital and hospital providers.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Select and appoint Medical Director	Prior year	∞	X
Establish Medical Advisory Committee	Prior year	∞	X
Obtain written agreements with AMR, Montecito Fire, and all receiving hospitals	Prior year	Prior year	X
Identify the optimal roles and responsibilities of system participants	July 1995	June 1996	
Redefine roles and responsibilities	July 1995	June 1996	
Review/develop agreements for optimal system design (including UCSB and County Fire)	Dec. 1995	Oct. 1977	
Conduct ongoing evaluation of assigned EMS system roles and responsibilities	July 1996	∞	
Renegotiate agreements, as necessary	July 1996	∞	

Responsible Person: EMS Medical Director

# **I. SYSTEM ORGANIZATION AND MANAGEMENT**

## **STATUS DESCRIPTION:**

Planning for medical direction meets minimum standards. This process can be improved by further clarifying roles and responsibilities through performance based written agreements with all prehospital and hospital providers. This will be completed prior to October 31, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

1.18 Each local EMS agency shall establish a quality assurance/quality improvement program. This may include use of provider based programs which are approved by the local EMS agency and which are coordinated with other system participants.

## Recommended Guidelines

Prehospital care providers should be encouraged to establish in-house procedures which identify methods of improving the quality of care provided.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish a quality assurance/quality improvement program	Prior year	∞	X
Encourage prehospital care providers to establish in-house procedures which identify methods of improving the quality of care provided	Prior year	∞	X
Develop and implement Lancet database management program	July 1995	June 1996	
Reassess current system for monitoring prehospital providers	Oct. 1996	∞	
Revise existing QI program	Dec. 1995	June 1996	
Integrate provider based QI programs with County program (consider requiring as a deliverable in all ALS provider agreements)	June 1996	∞	

**Responsible Person:** Coordinator, Quality Improvement; Data Analyst; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services)

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## STATUS DESCRIPTION (minimum and recommended):

The local EMS agency meets the minimum guidelines for this goal. The QI program will be improved with the implementation of the Lancet database management software.



# EMS STRATEGIC PLAN

## Minimum Standard

## Recommended Guidelines

- 1.19 Each local EMS agency shall develop written policies, procedures, and/or protocols including, but not limited to:
- a) triage,
  - b) treatment,
  - c) medical dispatch protocols,
  - d) transport,
  - e) on-scene treatment times,
  - f) transfer of emergency patients,
  - g) standing orders,
  - h) receiving hospital contact,
  - I) on-scene physicians and other medical personnel, and
  - j) local scope of practice for prehospital personnel.

Each local EMS agency should develop (or encourage the development of) pre-arrival/post dispatch instructions.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop written policies, procedures, and/or protocols	Prior year	∞	X
Revise medical dispatch protocols	Oct. 1995	June. 1996	
Encourage the development of pre-arrival/post-dispatch instructions	Jan. 1996	∞	

**Responsible Person:** EMS Medical Director

### STATUS DESCRIPTION:

EMS agency meets minimum standard.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

1.20 Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the prehospital setting, in accordance with the EMS Authority's DNR guidelines.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Draft and distribute "Do Not Resuscitate (DNR)" policy	Prior year	∞	X
Monitor "Do Not Resuscitate (DNR)" policy compliance	Prior year	∞	X

**Responsible Person:** EMS Medical Director

### STATUS DESCRIPTION (minimum and recommended):

"Do Not Resuscitate (DNR)" Policy included in policy and procedure manual.



# EMS STRATEGIC PLAN

## Minimum Standard

- 1.21 Each local EMS agency, in conjunction with the county coroner(s) shall develop a policy regarding determination of death, including deaths at the scene of apparent crimes.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Review determination of death policies from other EMS agencies	Oct. 1995	June 1996	
Develop a policy regarding determination of death	Jan. 1996	June 1996	

**Responsible Person:** EMS Medical Director

### STATUS DESCRIPTION:

The local agency does not currently meet standard. The agency will work with county coroner to draft determination of death policy. This will be completed prior to March 1, 1996.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

1.22 Each local EMS agency, shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths	Prior year	∞	X
Discuss reporting mechanism annually at each receiving hospital meeting	Oct. 1995	∞	
Review state laws/regulations & current forms	Oct. 1995	June 1996	
Receive training from MSSP staff re: elder abuse	Oct. 1995	June 1996	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services (EMS Medical Director; Coordinator, Community Education)

### STATUS DESCRIPTION:

Reporting mechanism described in policy and procedure manual.



# EMS STRATEGIC PLAN

## Minimum Standard

1.23 The local EMS medical director shall establish Policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.	Prior year	∞	X

**Responsible Person:** EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION:

Policies and procedures for interfacility transfers are the same as for all prehospital settings.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Enhanced Level: Advanced Life Support

Minimum Standard

Recommended Guidelines

- 1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency. Each local EMS agency, based on State approval, should, when appropriate, develop exclusive operating areas for ALS providers.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Award EOA pursuant to section 1797.224 of the Health and Safety Code	1978	As defined by BOS	X
Execute written agreements with AMR and Montecito Fire Department	Prior year	∞	X
<b>UCSB WRITTEN AGREEMENT</b>			
• Meet with UCSB Police Dept.	Aug. 1995	Dec. 1995	X
• Draft written agreement with UCSB	Dec. 1995	July 1996	
• Execute written agreement with UCSB	Dec. 1996	∞	
<b>COUNTY FIRE WRITTEN AGREEMENT</b>			
• Meet with Department Representatives	Dec. 1995	June 1996	
• Draft written agreement with County Fire	June 1996	Dec. 1996	
• Execute written agreement with County Fire	March 1997	∞	



## **EMS STRATEGIC PLAN**

**Responsible Person:** EMS Director; (Coordinator, Prehospital and Disaster Medical Services; EMS Medical Director)

### **STATUS DESCRIPTION FOR ADVANCED LEVEL (minimum and recommended):**

Written agreements are in place with the Montecito Fire Department and American Medical Response. Discussions are under way with UCSB and Santa Barbara County Fire Department.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Minimum Standard

## Recommended Guidelines

1.25 Each EMS system shall have on-line medical direction, provided by a receiving hospital (or alternative base station) physician or authorized registered nurse/mobile intensive care nurse.

Each EMS system should develop a medical control plan which determines:

- a) the receiving hospital configuration for the system,
- b) the process for selecting receiving hospitals, including a process for designation which allows all eligible facilities to apply, and
- c) the process for determining the need for in-house medical direction for provider agencies.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish on-line medical direction	Prior year	∞	X
Develop medical control plan	Prior year	June 1996	
Establish written agreement (contract) deliverables which integrate medical control plan	July 1996	June 1997	
Conduct written agreement negotiations with all receiving hospitals	July 1996	June 1997	
Execute written agreements	June 1997	Oct. 1997	

**Responsible Person:**; EMS Medical Director; (EMS Director; Coordinator, Emergency Department Services)

### STATUS DESCRIPTION FOR ENHANCED LEVEL (minimum and recommended):

Local EMS agency meets minimum standards. Performance based agreements with all receiving hospitals should be completed prior to October 31, 1997.



# EMS STRATEGIC PLAN

## Enhanced Level: Trauma Care System

### Minimum Standard

- 1.26 The local EMS agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:
- a) the optimal system design for trauma care in the EMS area, and
  - b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop trauma system plan	Prior year	Prior year	X
Formulate Trauma System Task Force	Oct. 1995	∞	X
Review and update trauma system plan	Nov. 1995	June 1996	

**Responsible Person:** EMS Medical Director; (Coordinator, Special Projects)

### STATUS DESCRIPTION FOR ENHANCED LEVEL:

All receiving hospitals meet ACS level three trauma standards. The local agency trauma care system plan will be standardized and improved via the grant project.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

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

### Minimum Standard

1.27 The local EMS agency shall develop a pediatric emergency medical and critical care system plan, based on community needs and utilization of appropriate resources, which determines:

- a) the optimal system design for Pediatric emergency medical and critical care in the EMS area, and
- b) the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop a pediatric emergency medical and critical care system plan	Prior year	∞	X
Review EMS final report	Oct. 1995	March 1995	
Assess system participants	Oct. 1995	March 1995	
If necessary, develop and implement a revised pediatric emergency medical and critical care system plan	Jan. 1996	June 1996	
Review system plan compliance	June 1996	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services)



## **EMS STRATEGIC PLAN**

### **STATUS DESCRIPTION FOR ENHANCED LEVEL:**

The system plan includes the following:

- That each ambulance carry specialty pediatric equipment
- That each paramedic is certified in PALS
- That each hospital carry specialty pediatric equipment

The agency is also reviewing the State EMSC report to determine further integration of services.

# I. SYSTEM ORGANIZATION AND MANAGEMENT

## Enhanced Level: Exclusive Operating Areas

### Minimum Standard

1.28 The local EMS agency shall develop, and submit for state approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas which determines:

- a) the optimal system design for ambulance service and advanced life support services in the EMS area, and
- b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

Does not currently meet standard	<input type="checkbox"/>	Meets minimum standard	<input checked="" type="checkbox"/>	Meets recommended guidelines	<input type="checkbox"/>	Short-range plan	<input type="checkbox"/>	Long-range plan	<input type="checkbox"/>
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Award EOA to MLS/AMR	Prior to 1981	As defined by BOS	X

**Responsible Person:** EMS Director

### STATUS DESCRIPTION FOR ENHANCED LEVEL:

The current provider of services in service area one has been rendering services in the same manner and scope prior to January 1, 1981.



# EMS STRATEGIC PLAN

## II. Staffing/Training

THE LOCAL EMS SYSTEM SHOULD INCLUDE AN ADEQUATE NUMBER OF HOSPITAL AND PREHOSPITAL HEALTH PROFESSIONALS TO PROVIDE EMERGENCY MEDICAL SERVICES ON A TWENTY-FOUR HOUR PER DAY BASIS.

PROVISION SHOULD BE MADE FOR THE INITIAL AND ONGOING TRAINING OF THESE PERSONNEL UTILIZING CURRICULA CONSISTENT WITH STATE AND NATIONAL STANDARDS.

### Local EMS Agency

#### Minimum Standards

2.01 The local EMS agency shall routinely assess personnel and training needs.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Assess personnel and training needs	Prior year	Prior year	X
Conduct annual EMS conference	Prior year	∞	X
Develop and implement Lancet database management program	July 1995	June 1996	
Re-evaluate and update current training program	June 1996	∞	
Develop curriculum for unmet training needs	Dec. 1996	June 1997	

**Responsible Person:** Coordinator, Quality Improvement; (Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services; EMS Medical Director; Coordinator, Community Education)

## **II. STAFFING/TRAINING**

### **STATUS DESCRIPTION:**

AMR has ALS and BLS provider based QI programs in place. Additional assessment occurs at the quarterly Emergency Medical Advisory Committee meetings and through the Lancet data collection hardware which has been installed. Feedback from these and other sources is utilized in establishing topics for the annual EMS training conference.



# EMS STRATEGIC PLAN

## Minimum Standard

2.02 The EMS Authority and/or local EMS agencies shall have a mechanism to approve EMS education programs which require approval (according to regulations) and shall monitor them to ensure that they comply with state regulations.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Implement mechanism to approve EMS education programs	Prior year	∞	X
Based upon QI findings, upgrade monitoring process for education programs	Oct. 1995	June 1996	
Establish separate mechanism for monitoring EMT-1 & EMT-P approved continuing education providers	Jan. 1996	Jan. 1997	

**Responsible Person:** Coordinator, Quality Improvement (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION:

Mechanism to approve EMS education programs is in place. Improvements to the education programs are included in the EMS Strategic plan.

## II. STAFFING/TRAINING

### Minimum Standard

- 2.03 The local EMS agency shall have mechanisms to accredit, authorize, and certify prehospital medical personnel and conduct certification reviews, in accordance with state regulations. This shall include a process for prehospital providers to identify and notify the local EMS agency of unusual occurrences which could impact EMS personnel certification.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Review State regulations pertaining to local agency's role in discipline and the interface with the State process	*	*	
Develop & implement policy requiring providers to notify local agency of occurrences which could impact personnel certification/accreditation	Jan. 1996	July 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (Coordinator, Administrative Services)

### STATUS DESCRIPTION:

\*Review of the State regulations (pertaining to local agency's role in discipline and the interface with the State process) will commence when the State Guidelines for Local Accreditation document is approved by the EMS Commission.



# EMS STRATEGIC PLAN

## Dispatchers

2.04 Public safety answering point (PSAP) operators with medical responsibility shall have emergency medical orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Review EMD Guidelines	Oct. 1995	April. 1996	
Distribute Guidelines to all five dispatch centers	April. 1996	June 1996	
Explore feasibility of training & testing of dispatch personnel in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines	May 1996	June 1996	
If feasible, conduct training & testing	July 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director; EMS Director)

**STATUS DESCRIPTION (minimum and recommended):**

While all of the PSAP operators do attend POST approved training, they all lack training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines. The local agency will attempt to standardize dispatch guidelines prior to June 30, 1997



## II. STAFFING/TRAINING

### First Responders (non-transporting)

#### Minimum Standard

2.05 At least one person on each non-transporting EMS first response unit shall have been trained to administer first aid and CPR within the three previous year.

#### Recommended Guidelines

At least one person on each non-transporting EMS first response unit should be currently certified to provide defibrillation and have available equipment commensurate with such scope of practice, when such a program is justified by the response times for other ALS providers.

At least one person on each non-transporting EMS first response unit should be currently certified at the EMT-1 level and have available equipment commensurate with such scope of practice.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that at least one person on each non-transporting EMS first response unit is trained to administer first aid and CPR	Prior year	∞	X
Continue to assist local Fire Departments in identifying funding for the expansion of the early defibrillation (EMT-D) program, particularly in Guadalupe, Santa Maria, Lompoc, and Orcutt	Prior year	∞	X
Consider including lifeguards in the early defibrillation program	June 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)



## **EMS STRATEGIC PLAN**

### **STATUS DESCRIPTION (minimum and recommended):**

Presently, at least one person on each non-transporting EMS first response unit is certified at the EMT-1 level and has equipment commensurate with such scope of practice. Further, all first responder agencies (except the lifeguards) are trained and equipped to provide EMT-D services.

## II. STAFFING/TRAINING

### Minimum Standard

2.06 Public safety agencies and industrial first aid teams shall be encouraged to respond to medical emergencies and shall be utilized in accordance with local EMS agency policies.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Continue to utilize public safety agencies for medical emergencies	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Public safety agencies are responding to medical emergencies within the County.



# EMS STRATEGIC PLAN

## Minimum Standard

2.07 Non-transporting EMS first responders shall operate under medical direction policies, as specified by the local EMS agency medical director.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and distribute medical direction policies	Prior year	∞	X
Review EMT-1 guidelines	Oct. 1995	Nov. 1997	
Revise local agency guidelines	Dec. 1995	Jan. 1996	
Distribute/implement new guidelines	Feb. 1996	June 1996	

**Responsible Person:** EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION:

EMT treatment guidelines have been established. These guidelines will be reviewed and revised prior to June 30, 1996.

## II. STAFFING/TRAINING

### Transport Personnel

#### Minimum Standard

2.08 All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-I level.

#### Recommended Guidelines

If advanced life support personnel are not available, at least one person on each emergency medical transport vehicle should be trained to provide defibrillation.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all emergency medical transport vehicle personnel are currently certified at least at the EMT-I level	Prior year	∞	X
Ensure that at least one person on each emergency medical transport vehicle is trained to provide defibrillation	Prior year	∞	X
Review transport personnel staffing patterns annually	June 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

#### STATUS DESCRIPTION (minimum and recommended):

100% ALS coverage is provided throughout the County.



# EMS STRATEGIC PLAN

## Hospital

### Minimum Standard

2.09 All allied health personnel who provide direct emergency patient care shall be trained in CPR.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all allied health personnel who provide direct emergency patient care are trained in CPR	Prior year	∞	X
Monitor allied health personnel CPR training on an annual basis	June 1996	∞	

**Responsible Person:** Coordinator, Emergency Department Services; (EMS Medical Director)

### STATUS DESCRIPTION:

All allied health personnel have been trained in CPR. This training will be reviewed on an annual basis at the beginning of each fiscal year.

## II. STAFFING/TRAINING

### Minimum Standard

### Recommended Guidelines

2.10 All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.

All emergency department physicians should be certified by the American Board of Emergency Medicine.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support	Prior year	∞	X
Monitor ALS training for emergency department physicians and nurses who provide direct patient care	June 1996	∞	
On an annual basis, consider requiring that all emergency department physicians be certified by the American Board of Emergency Medicine.	June 1996	∞	

**Responsible Person:** Coordinator, Emergency Department Services; (EMS Medical Director)

### STATUS DESCRIPTION (minimum and recommended):

Minimum standard achieved. All emergency health personnel have been trained in ALS. This training will be reviewed on an annual basis at the beginning of each fiscal year. Recommended guidelines will be discussed, on an annual basis, at the EMAC meeting. If agreed upon at this meeting, the recommended guidelines will be considered as part of all receiving hospital written agreements.



# EMS STRATEGIC PLAN

Minimum Standard

## Enhanced Level: Advanced Life Support

2.11 The local EMS agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to system policies and procedures, orientation to the roles and responsibilities of providers within the local EMS system, testing in any optional scope of practice, and enrollment into the local EMS agency's quality assurance/quality improvement process.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish a procedure for accreditation of advanced life support personnel	Prior year	∞	X
After State accreditation guidelines have been established, review current policy	June 1996	June 1997	
Rewrite accreditation policy	June 1997	Dec. 1997	
Enroll policy into the local EMS agency's quality assurance/quality improvement process	Dec. 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### ENHANCED LEVEL STATUS DESCRIPTION:

With the exception of enrollment into the quality assurance/quality improvement process, the local agency meets minimum standards. Enrollment into the quality assurance/quality improvement process will be accomplished after the State guidelines have been established.

## II. STAFFING/TRAINING

### Minimum Standard

2.12 The local EMS agency shall establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation	Prior year	∞	X
Facilitate potential grant funding for Orcutt, Solvang, & Guadalupe volunteer fire departments	June 1995	July 1996	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### ENHANCED LEVEL STATUS DESCRIPTION:

The accreditation process is described in the policy and procedure manual. The local EMS agency supports the American Heart Association's push to identify funding for the remaining three fire departments to implement EMT-D services.



# EMS STRATEGIC PLAN

## Minimum Standard

- 2.13 All receiving hospital/alternative base station personnel who provide medical direction to prehospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual to all receiving hospitals	Prior year	∞	X
Conduct weekly Med-Net radio drill and monthly disaster phone drill	Prior year	∞	X
Consider requiring on-going training as a deliverable in all receiving hospital written agreements	June 1995	Oct. 1977	

**Responsible Person:** Coordinator, Emergency Department Services; (EMS Medical Director)

### ENHANCED LEVEL STATUS DESCRIPTION:

Policy and procedure manual and routine updates are distributed to all receiving hospitals.

### III. Communications

THE LOCAL EMS SYSTEM SHOULD MAKE PROVISION FOR TWO-WAY COMMUNICATIONS BETWEEN PERSONNEL AND FACILITIES WITHIN COORDINATED COMMUNICATIONS SYSTEM(S).

THE COMMUNICATIONS SYSTEM SHOULD INCLUDE PUBLIC ACCESS TO THE EMS SYSTEM, RESOURCE MANAGEMENT, AND MEDICAL DIRECTION ON BOTH THE BASIC LIFE SUPPORT AND ADVANCED LIFE SUPPORT LEVELS.

#### Communications Equipment

3.01 The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.

The local EMS agency's communications plan should consider the availability and use of satellites and cellular telephones.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement communication plan	Prior year	∞	X
Install cellular communication system	Prior year	∞	X
Conduct weekly Med-Net radio drill and monthly disaster phone drill	Prior year	∞	X
Develop and distribute standard resource directory which includes all agency cellular phone numbers	June 1995	July 1996	
Consider establishing a Communications Task Force for all first responders	June 1995	July 1996	



### **III. COMMUNICATIONS**

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

#### **STATUS DESCRIPTION (minimum and recommended)**

All ALS providers have cellular phones (except at UCSB) . The cellular system is functioning satisfactorily, except that the lack of a directory makes inter-agency communication difficult.



# EMS STRATEGIC PLAN

## Minimum Standard

3.02 Emergency medical transport vehicles and non-transporting advanced life support responders shall have two-way radio communications equipment which complies with the local EMS communications plan and which provides for dispatch and ambulance-to-hospital communication.

## Recommended Guidelines

Emergency medical transport vehicles should have two-way radio communications equipment which complies with the local EMS communications plan and which provides for vehicle-to-vehicle (including both ambulances and non-transporting first responder units) communication.

Does not currently meet standard		Meets minimum standard		Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement communication plan	Prior year	∞	X
Install cellular communication system	Prior year	∞	X
Conduct weekly Med-Net radio drill and monthly disaster phone drill	Prior year	∞	X
Develop and distribute standard resource directory which includes all agency cellular phone numbers	June 1995	July 1996	
Consider establishing a Communications Task Force for all first responders	June 1995	July 1996	
Prepare report on communication frequency "dead zones"	July 1996	June 1997	
Require multi-agency vehicle-to-vehicle radio communication as a deliverable in each provider written agreement	July 1996	June 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Present communication equipment meets recommended guidelines.

### III. COMMUNICATIONS

#### Minimum Standard

3.03 Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Insure communication with both sending and receiving facilities for all interfacility transfers	Prior year	∞	X
Review & update inter-facility transfer policy (if necessary)	Jan. 1996	July 1996	
Require inter-facility transfer communications (via cellular phones) as a deliverable in each provider written agreement	July 1996	Oct. 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

#### STATUS DESCRIPTION:

With the exception of UCSB, interfacility transfer vehicles have both radios and cellular phones.



# EMS STRATEGIC PLAN

## Minimum Standard

3.04 All emergency medical transport vehicles where physically possible, (based on geography and technology), shall have the ability to communicate with a single dispatch center or disaster communications command post.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Implement communication network	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

All transport vehicles can communicate with a single dispatch center except UCSB. However, UCSB has its own dispatch center and has a radio to communicate with County dispatch. Information about the 9-1-1 calls are forwarded to the County communication center from Santa Barbara City Dispatch, UCSB Dispatch, Lompoc Police Department, and Santa Maria City Dispatch.

### III. COMMUNICATIONS

#### Minimum Standard

3.05 All hospitals within the local EMS system shall (where physically possible) have the ability to communicate with each other by two-way radio.

#### Recommended Guidelines

All hospitals should have direct communications access to relevant services in other hospitals within the system (e.g., poison information, pediatric and trauma consultation).

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all hospitals have the ability to communicate with each other by two-way radio	Prior year	∞	X
Conduct weekly Med-Net radio drill and monthly disaster phone drill	Prior year	∞	X
Ensure that all hospitals have direct communications access to relevant services in other hospitals within the system	Prior year	∞	X

**Responsible Person:** Coordinator, Emergency Department Services

#### STATUS DESCRIPTION (minimum and recommended):

A hospital-to-hospital cellular network has been established and a microwave system is in place.



# EMS STRATEGIC PLAN

## Minimum Standard

3.06 The local EMS agency shall review communications linkages among providers (prehospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Conduct review of communication linkages	Prior year	∞	X
Conduct weekly Med-Net radio drill and monthly disaster phone drill	Prior year	∞	X
Consider dispatcher training for multi-casualty incidents and disasters	June 1996	June 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

Tactical frequencies and cellular phones are in place. A Med-Net radio drill is conducted weekly and a designated disaster cellular phone drill is performed monthly. The agency would benefit from dispatcher training with these systems.

### III. COMMUNICATIONS

#### Public Access

##### Minimum Standard

3.07 The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.

##### Recommended Guidelines

The local EMS agency should promote the development of enhanced 9-1-1 systems.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Participate in the planning and coordination of the 9-1-1 telephone service	Prior year	Prior year	X
Promote current 9-1-1 system	Prior year	Prior year	X
Assess current efforts to promote 9-1-1 system	Nov. 1995	∞	
Develop PSA's and press releases and incorporate information into educational materials	Dec. 1995	∞	

**Responsible Person:** Coordinator, Community Education; (Coordinator, Quality Improvement)

#### STATUS DESCRIPTION (minimum and recommended):

A 9-1-1-E system has been installed. Educational materials (including a video) and classes encourage proper utilization of ED's and promote the 9-1-1 system.



# EMS STRATEGIC PLAN

## Minimum Standard

3.08 The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Conduct public education regarding the 9-1-1 telephone service	Prior year	∞	X
Re-evaluate public education program.	Nov. 1995	March 1996	
Develop methodologies to improve utilization	March 1996	∞	
Implement methodologies	June 1996	∞	
Develop PSA's and press releases and incorporate information into educational materials	Dec. 1996	∞	

**Responsible Person:** Coordinator, Community Education; (Coordinator, Special Projects/Quality Improvement)

### STATUS DESCRIPTION:

The local EMS agency's involvement in 9-1-1 education has been enhanced through the ED utilization project.

### III. COMMUNICATIONS

## Resource Management

#### Minimum Standard

3.09 The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.

#### Recommended Guidelines

The local EMS agency should establish a emergency medical dispatch priority reference system, including systematized caller interrogation, dispatch triage policies, and prearrival instructions.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force	July 1996	June 1997	
Develop guidelines for dispatch triage	July 1996	June 1997	
Establish emergency medical dispatch priority system	July 1997	June 1998	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

#### STATUS DESCRIPTION (minimum and recommended):

There are currently no EMS policies in place which describe proper dispatch triage. This issue will be discussed with each of the five dispatch centers and standardized guidelines should be in place prior to June 30, 1998.



# EMS STRATEGIC PLAN

## Minimum Standard

3.10 The local EMS system shall have a functionally integrated dispatch with system-wide emergency services coordination, using standardized communications frequencies.

## Recommended Guidelines

The local EMS agency should develop a mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Implement a functionally integrated dispatch with system-wide emergency services coordination	Prior year	∞	X
Develop mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Appropriate ambulance coverage during peak demand is required and monitored on a regular basis. During peak hours, flex cars have been implemented.

## IV. Response/Transportation

THE LOCAL EMS SYSTEM SHOULD INCLUDE ADEQUATE GROUND, AIR, AND WATER VEHICLES MEETING APPROPRIATE STANDARDS REGARDING LOCATION, DESIGN, PERFORMANCE, EQUIPMENT, PERSONNEL, AND SAFETY.

### General Information

**Minimum Standard**

4.01 The local EMS agency shall determine the boundaries of emergency medical transportation service areas.

**Recommended Guidelines**

The local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas (e.g., ambulance response zones).

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish boundaries for emergency medical transportation service areas	Prior year	∞	X
Describe mechanism for establishing emergency medical transport service areas in the EMRM and in the written agreement with AMR	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

**STATUS DESCRIPTION (minimum and recommended):**

Medical transportation service area boundaries have been previously established by the County and its EMS agency and in the written agreement with AMR.



## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

- 4.02 The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.

### Recommended Guidelines

The local EMS agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport services. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other local ambulance regulatory programs within the EMS area.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, and policies	Prior year	∞	X
Consider ordinance for licensure of emergency medical transport services	June 1996	Sept. 1996	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Medical transportation services are reviewed on a regular basis by the Coordinator of Prehospital and Disaster Medical Services. An ordinance for licensure of emergency medical transport services has been achieved through a similar means via written agreements.



# EMS STRATEGIC PLAN

## Minimum Standard

4.03 The local EMS agency shall determine criteria for classifying medical requests (e.g., emergent, urgent, and non-emergent) and shall determine the appropriate level of medical response to each.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force	July 1996	June 1997	
Develop guidelines for dispatch triage	July 1996	June 1997	
Establish emergency medical dispatch priority system	July 1997	June 1998	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### STATUS DESCRIPTION:

There are currently no EMS policies in place which describe classification of medical requests. This issue will be discussed with each of the five dispatch centers.

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.04 Service by emergency medical transport vehicles which can be prescheduled without negative medical impact shall be provided only at levels which permit compliance with local EMS agency policy.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Implement and maintain system for pre-scheduled transport	Prior Year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

This practice is required under the performance based agreements with AMR which provides over 93% of all EMS transportation.



# EMS STRATEGIC PLAN

## Minimum Standard

- 4.05 Each local EMS agency shall develop response time standards for medical responses. These standards shall take into account the total time from receipt of the call at the primary public safety answering point (PSAP) to arrival of the responding unit at the scene, including all dispatch intervals and driving time.

## Recommended Guidelines

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergent responses,:

- a. the response time for a basic life support and CPR capable first responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--15 minutes  
Wilderness--as quickly as possible
- b. the response time for an early defibrillation-capable responder does not exceed:  
Metro/urban--5 minutes  
Suburban/rural--as quickly as possible  
Wilderness--as quickly as possible
- c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible
- d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:  
Metro/urban--8 minutes  
Suburban/rural--20 minutes  
Wilderness--as quickly as possible.

#### IV. RESPONSE/ TRANSPORTATION

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish response times for ALS providers	Prior year	∞	X
Monitor response times	Prior year	∞	X
Explore feasibility of centralizing or sharing call information with all PSAPs	Dec. 1995	June 1996	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

**STATUS DESCRIPTION (minimum and recommended):**

The local EMS agency does not meet recommended guidelines because the agency does not have access to call data from all PSAPs. Hence, the local agency does not know *when* a particular call was received at the PSAP. The feasibility of acquiring this information will be explored during fiscal year 1995-96. However, response times are provided to the local EMS agency on a monthly basis by American Medical Response (AMR). Once AMR *receives the call*, response times fall within recommended guidelines.



# EMS STRATEGIC PLAN

## Minimum Standard

4.06 All emergency medical transport vehicles shall be staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Monitor EMS transport vehicles pursuant to State and local agency vehicle regulations	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

This practice is monitored by the Coordinator of Prehospital and Disaster Medical Services. The Highway Patrol also inspects EMS vehicles on an annual basis.

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.07 The local EMS agency shall integrate qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) into the system.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Integrate qualified first responders into the local EMS system	Prior year	∞	X
Ensure that all qualified first responders are integrated into the program	July 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

First responders are integrated into the EMS system. This process is monitored by the Coordinator of Prehospital and Disaster Medical Services.



# EMS STRATEGIC PLAN

## Minimum Standard

4.08 The local EMS agency shall have a process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:

- a) authorization of aircraft to be utilized in prehospital patient care,
- b) requesting of EMS aircraft,
- c) dispatching of EMS aircraft,
- d) determination of EMS aircraft patient destination,
- e) orientation of pilots and medical flight crews to the local EMS system, and
- f) addressing and resolving formal complaints regarding EMS aircraft.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish Helicopter Response Task Force	Prior year	∞	X
Review current system	June 1995	Jan. 1996	X
Develop and implement policies and procedures regarding medical and rescue aircraft	Jan. 1996	Dec. 1997	
Consider RFP or permitting process for air transportation providers	Jan. 1996	Dec. 1997	
Implement plan for air transportation providers	Dec. 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Policies regarding medical and rescue aircraft are currently being developed. These policies should be developed and implemented prior to December 31, 1997.

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.09 The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Draft & implement policy pursuant to dispatch of air ambulances and/or air rescue	Jan. 1996	Dec. 1997	
Review policy annually	Dec. 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Policies regarding medical and rescue aircraft are currently being developed. These policies should be finalized and implemented prior to December 31, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

4.10 The local EMS agency shall identify the availability and staffing of medical and rescue aircraft for emergency patient transportation and shall maintain written agreements with aeromedical services operating within the EMS area.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Assess capabilities of medical & rescue aircraft providers	Jan. 1996	Dec. 1997	
If feasible, develop & implement written agreements with providers	Dec. 1997	Dec. 1998	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Policies regarding medical and rescue aircraft are currently being developed. If feasible, these written agreements will be negotiated and implemented prior to December 31, 1998

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.11 Where applicable, the local EMS agency shall identify the availability and staffing of all-terrain vehicles, snow mobiles, and water rescue and transportation vehicles.

### Recommended Guidelines

The local EMS agency should plan for response by and use of all-terrain vehicles, snow mobiles, and water rescue vehicles in areas where applicable. This plan should consider existing EMS resources, population density, environmental factors, dispatch procedures and catchment area.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Identify need & assess the availability and staffing of all-terrain vehicles and water rescue and transportation vehicles	Jan. 1996	June 1997	
Contingent upon the availability of necessary resources, develop & implement plan for response by and use of all-terrain vehicles water rescue vehicles	June 1997	June 1998	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Policies regarding use of all-terrain vehicles and water rescue vehicles are currently being developed. If feasible, written agreements will be drafted and implemented with providers prior to December 31, 1998

# EMS STRATEGIC PLAN

## Minimum Standard

- 4.12 The local EMS agency, in cooperation with the local office of emergency services (OES), shall plan for mobilizing response and transport vehicles for disaster.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Implement a plan for mobilizing response & transport vehicles for disaster	July 1996	June 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Annex "D" of the County Multi-Hazard Functional plan addresses this goal. However, a more comprehensive response plan is needed. This plan will be developed in conjunction with the local office of emergency services (OES).

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.13 The local EMS agency shall develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.

### Recommended Guidelines

The local EMS agency should encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop agreements permitting intercounty response of emergency medical transport vehicles and EMS personnel.	Jan. 1996	Dec. 1996	
Encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.	Jan. 1997	Dec. 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

The local agency is involved with the State Emergency Medical Services Authority's Regional Disaster Medical Health Coordination System. Mutual aid concerns are being discussed in this plan. Currently, citizens are receiving services across county boundaries (i.e., Kern, Ventura, and San Luis Obispo). These responses will be formalized by way of written agreements.



## EMS STRATEGIC PLAN

### Minimum Standard

- 4.14 The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System (ICS).

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement MCI response plan	Prior year	∞	X
Review & refine plan	Jan. 1996	May 1996	
Consider including other first response agencies as part of the MCI plan	June 1997	∞	
Review & refine plan annually	June 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### STATUS DESCRIPTION:

The MCI plan, a State-wide version using ICS, is providing the basis for training. Montecito, County Fire, and AMR have all completed training for their personnel. Other responding agencies are beginning to train to this plan.

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

4.15 Multi-casualty response plans and procedures shall utilize State standards and guidelines.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement MCI response plans pursuant to State guidelines	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

State standards are being utilized in multi-casualty response plans.



# EMS STRATEGIC PLAN

## Enhanced level: Advanced Life Support

### Minimum Standard

4.16 All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level.

### Recommended Guidelines

The local EMS agency should determine whether advanced life support units should be staffed with two ALS crew members or with one ALS and one BLS crew members.

On any emergency ALS unit which is not staffed with two ALS crew members, the second crew member should be trained to provide defibrillation, using available defibrillators.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all ALS ambulances shall be staffed with at least one person certified at the advanced life support level and one person staffed at the EMT-I level	Prior year	∞	X
Consider requiring that advanced life support units be staffed with two ALS crew members or with one ALS and one BLS crew members	Prior year	∞	X
Determine if the second crew member of any emergency ALS unit which is not staffed with two ALS crew members, be trained to provide defibrillation, using available defibrillators	June 1996	Dec. 1996	
If required, develop curriculum and monitor training	Jan. 1997	June 1997	
Contingent upon the availability of necessary resources, ensure training of EMT-1 personnel on ALS vehicles to perform defibrillation	June 1996	June 1998	

#### **IV. RESPONSE/ TRANSPORTATION**

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

**STATUS DESCRIPTION (minimum and recommended):**

ALS provider EMT-1's are not currently trained to utilize manual defibrillators



# EMS STRATEGIC PLAN

## Minimum Standard

4.17 All emergency ALS ambulances shall be appropriately equipped for the scope of practice of its level of staffing.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all emergency ALS ambulances are equipped for scope of practice	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### STATUS DESCRIPTION:

Local agency meets minimum standards. Scope of practice equipment is monitored by the Coordinator of Prehospital and Disaster Medical Services

## IV. RESPONSE/ TRANSPORTATION

### Enhanced Level: Ambulance Regulation

#### Minimum Standard

- 4.18 The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual	Prior year	∞	X
Develop and distribute paramedic policy and procedure manual	Prior year	∞	X
Execute written agreements with AMR and Montecito Fire Department	Prior year	∞	X
<b>UCSB PERFORMANCE MEASURES</b>			
• Meet with UCSB Police Dept.	Aug. 1995	Dec. 1995	X
• Draft written agreement with UCSB	Dec. 1995	July 1996	
• Execute written agreement with UCSB	Dec. 1996	∞	
<b>COUNTY FIRE PERFORMANCE MEASURES</b>			
• Meet with Department Representatives	Dec. 1995	June 1996	
• Draft written agreement with County Fire	June 1996	Dec. 1996	
• Execute written with County Fire	March 1997	∞	

**Responsible Person:** EMS Director; (Coordinator, Prehospital and Disaster Medical Services)



## **EMS STRATEGIC PLAN**

### **ENHANCED LEVEL STATUS DESCRIPTION:**

The local agency has written agreements with AMR and Montecito Fire Department. Written agreements with County Fire Department and UCSB are being developed. This goal should be completed prior to March 31, 1997.

## IV. RESPONSE/ TRANSPORTATION

### Enhanced Level: Exclusive Operating Permits

#### Minimum Standard

- 4.19 Any local EMS agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H&SC, shall develop an EMS transportation plan which addresses:
- minimum standards for transportation services,
  - optimal transportation system efficiency and effectiveness, and
  - use of a competitive process to ensure system optimization.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop an EMS transportation plan which addresses minimum standards for transportation services	Prior year	∞	X
Construct an EMS transportation plan which identifies optimal transportation system efficiency and effectiveness	Prior year	∞	X
Devise an EMS transportation plan which utilizes a competitive process to ensure system optimization	Prior year	∞	X
Annually review EMS transportation plan	June 1996	∞	

**Responsible Person:** EMS Director

#### ENHANCED LEVEL STATUS DESCRIPTION:

The local agency meets minimum standard. The EMS transportation plan will be reviewed annually.



# EMS STRATEGIC PLAN

## Minimum Standard

4.20 Any local EMS agency which desires to grant an exclusive operating permit without use of a competitive process shall document in its EMS transportation plan that its existing provider meets all of the requirements for non-competitive selection ("grandfathering") under Section 1797.224, H&SC.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Award EOA to MLS/AMR	Prior to 1981	As defined by BOS	X

**Responsible Person:** EMS Director

### STATUS DESCRIPTION FOR ENHANCED LEVEL:

The current provider of services in service area one has been rendering services in the same manner and scope prior to January 1, 1981.

## IV. RESPONSE/ TRANSPORTATION

### Minimum Standard

- 4.21 The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, Pursuant to Section 1797.224, H&SC comply with applicable policies and procedures regarding system operations and patient care.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop and disburse EMS policy and procedure manual	Prior year	∞	X
Design and distribute paramedic policy and procedure manual	Prior year	∞	X
Devise & implement monitoring program to ensure compliance with applicable policies & procedures regarding system operations & patient care	Prior year	∞	X
Develop and install Lancet database management program	July 1995	June 1996	X
Review exclusive operating permits annually	June 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### ENHANCED LEVEL STATUS DESCRIPTION:

AMR submits monthly performance reports which are reviewed for compliance. The Lancet database management program has been installed.



# EMS STRATEGIC PLAN

## Minimum Standard

4.22 The local EMS agency shall periodically evaluate the design of exclusive operating areas.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Devise & install monitoring program to ensure compliance with applicable policies & procedures regarding system operations & patient care	Prior year	∞	X
Review exclusive operating area monthly for contract compliance	Prior year	∞	X
Develop and implement Lancet database management program	July 1995	June 1996	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### ENHANCED LEVEL STATUS DESCRIPTION:

The local agency meets minimum standards. Exclusive operating permits are reviewed monthly for compliance.

## V. Facilities/Critical Care

THE LOCAL EMS SYSTEM SHOULD HAVE PROVISION FOR AN APPROPRIATE NUMBER AND LEVEL OF HEALTH FACILITIES TO RECEIVE AND TREAT EMERGENCY PATIENTS. IT SHALL HAVE A SYSTEM OF IDENTIFYING, UNDER MEDICAL DIRECTION, THE MOST APPROPRIATE FACILITY TO MANAGE A PATIENT'S CLINICAL PROBLEM AND ARRANGING FOR TRIAGE AND/OR TRANSFER OF THE PATIENT TO THIS FACILITY.

### General Information

Minimum Standard

Recommended Guidelines

5.01 The local EMS agency shall assess and periodically reassess the EMS - related capabilities of acute care facilities in its service area.

The local EMS agency should have written agreements with acute care facilities in its services area.

Does not currently meet standard		Meets minimum standard		Meets recommended guidelines	X	Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish written agreements with all receiving hospitals	Prior year	∞	X
Develop medical control plan	June 1996	June 1997	
Establish written agreement (contract) deliverables which integrate medical control plan	July 1996	June 1997	
Conduct written agreement negotiations with all receiving hospitals	July 1996	June 1997	
Execute written agreements	July 1997	October 1997	
Renew written agreements if deliverables are achieved	Jan. 1998	June 1998	

## V. FACILITIES/CRITICAL CARE

**Responsible Person:** Coordinator, Emergency Department Services

**STATUS DESCRIPTION (minimum and recommended):**

Written agreements are in place with all receiving hospitals. These written agreements need to be updated and renegotiated. This goal will be completed prior to October 31, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

5.02 The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish prehospital triage protocols	Prior year	∞	X
Review current system	Dec. 1995	April 1996	
Develop interfacility transfer protocols	April 1996	Sept. 1996	
Facilitate interfacility transfer agreements	Sept. 1996	Jan. 1997	

**Responsible Person:** EMS Medical Director; (Coordinator, Emergency Department Services; Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION:

This goal is a requirement for hospitals under the COBRA legislation. Prehospital triage protocols are included in the policy and procedure manual. Interfacility transfer protocols will be developed and implemented prior to September 30, 1996.

## V. FACILITIES/CRITICAL CARE

### Minimum Standard

- 5.03 The local EMS agency, with participation of acute care hospital administrators, physicians, and nurses, shall establish guidelines to identify patients who should be considered for transfer to facilities of higher capability and shall work with acute care hospitals to establish transfer agreements with such facilities.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish guidelines to identify patients who should be considered for transfer to facilities of higher capability	March 1996	Sept. 1996	
Facilitate acute care hospitals in establishing transfer agreements	Sept. 1996	Jan. 1997	

**Responsible Person:** EMS Medical Director; (Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

Local agency does not currently meet standard. These guidelines will be developed and implemented prior to January 31, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

5.04 The local EMS agency shall designate and monitor receiving hospitals and, when appropriate specialty care facilities for specified groups of emergency patients.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Designate receiving hospitals	Prior year	∞	X
Develop evaluation criterion	Prior year	June 1996	
Conduct feasibility study of acquiring a receiving hospital data management system (consider as written agreement deliverable)	June 1996	July 1997	
Contingent upon the availability of necessary resources, install and implement system at all receiving hospitals	July 1997	June 1998	
Monitor receiving hospitals on a monthly basis	June 1998	∞	

**Responsible Person:** Coordinator, Emergency Department Services; (EMS Medical Director)

### STATUS DESCRIPTION:

All base hospitals are receiving hospitals. The local agency has written agreements with all designated receiving hospitals. Monitoring of these facilities needs improvement. The local agency would benefit from a receiving hospital data management system. A feasibility study will be completed prior to July 31, 1997.

## V. FACILITIES/CRITICAL CARE

### Minimum Standard

5.05 The local EMS agency shall encourage hospitals to prepare for mass casualty management.

### Recommended Guidelines

The local EMS agency should assist hospitals with preparation for mass casualty management, including procedures for coordinating hospital communications and patient flow

Does not currently meet standard		Meets minimum standard		Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Coordinate hospital-based preparation for mass casualty management	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION (minimum and recommended):

This function is performed via the EMS Agency's Disaster Preparedness Advisory Committee. The committee includes representation by all seven hospitals and the Rehabilitation Institute of Santa Barbara.

Accomplishments of this committee are as follows:

- Generation of disaster ID tags which are available to all hospital personnel through hospital administration
- Training and weekly Med-Net radio exercises
- Implementation of designated cellular phone system. This system is exercised in drills each month
- Development of county-wide MCI communication drills
- Planning for a County-wide functional disaster exercise. This exercise will be performed biannually.



# EMS STRATEGIC PLAN

## Minimum Standard

5.06 The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish the Disaster Preparedness Advisory Committee (DPAC)	Prior year	∞	X
Develop & disseminate plan for hospital evacuation	June 1996	Dec. 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

This plan will be developed by the Disaster Preparedness Advisory Committee. The hospital evacuation plan will be completed prior to December 31, 1997.

## V. FACILITIES/CRITICAL CARE

### Enhanced Level: Advanced Life Support

#### Minimum Standard

5.07 The local EMS agency shall, using a process which allows all eligible facilities to apply, designate receiving hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Designate receiving hospitals to provide medical direction of prehospital personnel	Prior year	∞	X
Establish written agreements with all receiving hospitals	Prior year	∞	X
Review receiving hospital designation annually at the EMAC meeting	Jan. 1996	∞	
Develop medical control plan	June 1996	June 1997	
Establish deliverables for written agreements which integrate medical control plan	July 1996	June 1997	
Conduct negotiations with all receiving hospitals	July 1996	June 1997	
Execute written agreements	July 1997	October 1997	
Renew written agreements if deliverables are achieved	Jan. 1998	June 1998	

**Responsible Person:** Coordinator, Emergency Department Services

#### ENHANCED LEVEL STATUS DESCRIPTION:

All hospitals in the local agency's jurisdiction are designated receiving hospitals.



# EMS STRATEGIC PLAN

## Enhanced Level: Trauma Care System

5.08 Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- a) the number and level of trauma centers (including the use of trauma centers in other counties),
- 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 triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- d) the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- e) a plan for monitoring and evaluation of the system.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop plan and system design for trauma care	Prior year	June 1995	X
Re-consider executing agreements with trauma facilities in other jurisdictions	June 1996	∞	
Formulate Trauma Task Force	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan	Oct. 1995	June 1996	
Develop methodology for assessment process	Oct. 1995	June 1996	
Conduct review air transport services	Oct. 1995	June 1996	
Compare trauma care to existing standards	Oct. 1995	June 1996	
Evaluate trauma care issues specific to Santa Ynez Valley	Oct. 1995	June 1996	
Reformulate and reconvene Trauma Advisory Committee	June 1996	July 1996	

## **V. FACILITIES/CRITICAL CARE**

**Responsible Person:** EMS Medical Director; (Coordinator, Special Projects/Quality Improvement)

### **ENHANCED LEVEL STATUS DESCRIPTION:**

The local agency meets the minimum standard. This system will be upgraded via the trauma grant.



# EMS STRATEGIC PLAN

## Minimum Standard

5.09 In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish workgroup to assess EMS trauma plan.	Oct. 1995	June 1996	
Institute Trauma Advisory Committee.	June 1996	July 1996	
Utilize input from both prehospital and hospital providers and consumers in planning for trauma care system	June 1996	June 1997	

**Responsible Person:** Coordinator, Special Projects

### ENHANCED LEVEL STATUS DESCRIPTION:

Consumers have not yet been involved in the planning process . This goal will be accomplished via the trauma grant. This goal will be completed prior to June 30, 1997

## V. FACILITIES/CRITICAL CARE

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

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		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop plan and system design for pediatric emergency medical and critical care	Prior year	June 1995	X
Re-consider executing agreements for pediatric emergency medical and critical care with trauma facilities in other jurisdictions	June 1996	∞	
Formulate Trauma Task Force to review, among other tasks, the design for pediatric emergency medical and critical care	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan including pediatric emergency medical and critical care	Oct. 1995	June 1996	
Conduct review of air transport services pertaining to pediatric emergency medical and critical care	Oct. 1995	June 1996	



# EMS STRATEGIC PLAN

Compare pediatric emergency medical and critical care to existing standards	June 1996	∞	
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**Responsible Person:** EMS Medical Director; (Coordinator, Special Projects/Quality Improvement)

## ENHANCED LEVEL STATUS DESCRIPTION:

All prehospital and hospital providers are equipped for pediatric care.

## V. FACILITIES/CRITICAL CARE

### Minimum Standard

- 5.11 Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:
- staffing,
  - training,
  - equipment,
  - identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - quality assurance/quality improvement, and
  - data reporting to the local EMS agency.

### Recommended Guidelines

Local EMS agencies should develop methods of identifying emergency departments which meet standards for pediatric care and for pediatric critical care centers and pediatric trauma centers.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Solicit input from both prehospital and hospital providers and consumers concerning the pediatric emergency medical and critical care system	Prior year	∞	X
Receive evaluation from State Pediatric Review Panel	June 1995	June 1996	
Obtain evaluation from State Pediatric Review panel	Prior year	March 1996	
Review 1993 EMS plan, PT&D final report, and 1990 Emergency Department study	Oct. 1995	March 1996	
Formulate trauma task force to review, among other tasks, the design for pediatric emergency medical and critical care	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan including pediatric emergency medical and critical care	Oct. 1995	June 1996	
Conduct review of air transport services pertaining to pediatric emergency medical and critical care	Oct. 1995	June 1996	



EMERGENCY MEDICAL SERVICES

## EMS STRATEGIC PLAN

Compare pediatric emergency medical and critical care to existing standards	June 1996	∞	
Assess system participant's standards for pediatric capability of emergency departments	Oct. 1995	Jan. 1996	
Implement plan for pediatric capability of emergency departments	Jan. 1996	June 1996	
Review compliance annually	June 1996	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Emergency Department Services; Coordinator, Special Projects/Quality Improvement)

### ENHANCED LEVEL STATUS DESCRIPTION (minimum and recommended):

The local agency does not meet the minimum standard. This goal will be completed prior to June 30, 1996.

## V. FACILITIES/CRITICAL CARE

### Minimum Standard

- 5.12 In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Solicit input from both prehospital and hospital providers and consumers concerning the pediatric emergency medical and critical care system	Prior year	∞	X
Obtain evaluation from State Pediatric Review panel	Prior year	March 1996	
Review 1993 EMS plan, PT&D final report, and 1990 Emergency Department study	Oct. 1995	March 1996	
Formulate trauma task force to review, among other tasks, the design for pediatric emergency medical and critical care	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan including pediatric emergency medical and critical care	Oct. 1995	June 1996	
Conduct review of air transport services pertaining to pediatric emergency medical and critical care	Oct. 1995	June 1996	
Compare pediatric emergency medical and critical care to existing standards	June 1996	∞	
Assess system participant's standards for pediatric capability of emergency departments	Oct. 1995	March 1996	
Implement plan for pediatric capability of emergency departments	Jan. 1996	June 1996	
Review compliance annually	June 1996	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Emergency Department Services; Coordinator, Prehospital and Disaster Medical Services; Coordinator, Special Projects/Quality Improvement)



## **EMS STRATEGIC PLAN**

### **ENHANCED LEVEL STATUS DESCRIPTION:**

The local agency meets the minimum standard for this goal. Input from both prehospital and hospital providers and consumers will continue on an ongoing basis.

## V. FACILITIES/CRITICAL CARE

### Enhanced Level: Other Specialty Care Systems

#### Minimum Standard

- 5.13 Local EMS agencies developing specialty care plans for EMS targeted clinical conditions shall determine the optimal system for the specific condition involved including:
- the number and role of system participants,
  - the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
  - identification of patients who should be triaged or transferred to a designated center,
  - the role of non-designated hospitals including those which are outside of the primary triage area, and
  - a plan for monitoring and evaluation of the system.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Receive input on specialty care plans from both prehospital and hospital providers and consumers.	Prior year	∞	X
Review/evaluate specialty care needs	Jan. 1996	June 1996	
Develop specialty care plan, as needed	June 1996	Dec. 1996	
Contingent upon the availability of necessary resources, implement plan	Jan. 1997	June 1997	
Review specialty care plans annually	June 1997	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Emergency Department Services; Coordinator, Prehospital and Disaster Medical Services)



## **EMS STRATEGIC PLAN**

### **ENHANCED LEVEL STATUS DESCRIPTION:**

Currently, the local agency does not maintain specialty care systems. The need for these systems will be evaluated on an ongoing basis by the EMS Medical Director.

## V. FACILITIES/CRITICAL CARE

### Minimum Standard

5.14 In planning other specialty care systems, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Receive input on specialty care plans from both prehospital and hospital providers and consumers.	Prior year	∞	X
Review/evaluate specialty care needs	Jan. 1996	June 1996	
Develop specialty care plan, as needed	June 1996	Dec. 1996	
Contingent upon the availability of necessary resources, implement plan	Jan. 1997	June 1997	
Review specialty care plans annually	June 1997	∞	

**Responsible Person:** EMS Medical Director

### ENHANCED LEVEL STATUS DESCRIPTION:

Currently, the local agency does not maintain specialty care systems. The need for these systems will be evaluated on an ongoing basis by the EMS Medical Director.



# **VI. DATA COLLECTION/SYSTEM EVALUATION**

THE LOCAL EMS SYSTEM SHOULD HAVE MECHANISMS TO COLLECT DATA REGARDING OPERATIONAL AND CLINICAL ASPECTS OF THE SYSTEM, COVERING ALL STAGES OF THE SYSTEM. BOTH DAY-TODAY QUALITY ASSURANCE/QUALITY IMPROVEMENT AUDITS AND OVERALL EVALUATIONS OF SYSTEM OPERATIONS ARE NECESSARY.

## **General Information**

### **Minimum Standard**

6.01 The local EMS agency shall establish an EMS quality assurance/quality improvement (QA/QI) program to evaluate the response to emergency medical incidents and the care provided to specific patients. The programs shall address the total EMS system, including all prehospital provider agencies, receiving hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.

### **Recommended Guidelines**

The local EMS agency should have the resources to evaluate the response to, and the care provided to, specific patients.

<b>Does not currently meet standard</b>	<b>X</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>		<b>Short-range plan</b>		<b>Long-range plan</b>	<b>X</b>
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<b>PERFORMANCE MEASURES</b>	<b>START DATE</b>	<b>END DATE</b>	<b>COMPLETED</b>
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## VI. DATA COLLECTION/SYSTEM EVALUATION

Develop methodology for assessment and evaluation of current QA/QI programs	Jan. 1996	June 1996	
Conduct assessment and evaluation of current system	Jan. 1996	Dec. 1996	
Assess, procure and install Lancet data collection system	Prior year	June 1996	
Ensure that education programs are in place to address identified needs	Jan. 1997	∞	
Discuss the merits of an emergency department care data system (consider requiring as a deliverable in written agreements)	Jan. 1997	∞	

**Responsible Person:** Coordinator, Special Projects/Quality Improvement; (EMS Medical Director; Data Analyst)

### STATUS DESCRIPTION (minimum and recommended):

Resources to evaluate the response to, and the prehospital care provided to, specific patients will be improved as the Lancet data collection system continues to become operational. The merits of an emergency department care data system is being considered as a long term goal for the local agency.

# EMS STRATEGIC PLAN

## Minimum Standard

6.02 Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that prehospital records for all patient responses are completed and forwarded to the local EMS agency	Prior year	∞	X
Draft and distribute policy pertaining to destruction of local agency records	Prior year	March 1996	
Review prehospital record requirements annually	June 1995	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

The local agency's NCR patient care report is distributed as follows:

- The white copy becomes part of the patient's medical record.
- The pink copy is sent to the hospital for CQI, then forwarded to the local agency.
- The yellow copy stays with the providing agency.

## VI. DATA COLLECTION/SYSTEM EVALUATION

### Minimum Standard

### Recommended Guidelines

6.03 Audits of prehospital care including both system response and clinical aspects, shall be conducted.

The local EMS agency should have a mechanism to link prehospital records with dispatch, emergency department, in-patient and discharge records.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Conduct audits of prehospital care	Prior year	∞	X
Assess, procure and install Lancet data collection system	Prior year	June 1996	
Receive data system training from Lancet	Dec. 1995	∞	
Explore funding options to link fire departments with EMS data system	July 1996	July 1997	
Explore funding options of linking prehospital records with dispatch, emergency department, in-patient and discharge records	July 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services (EMS Medical Director)

### STATUS DESCRIPTION (minimum and recommended):

The local agency meets minimum standards. Planning for recommended guidelines has commenced. This goal is included in the long-range strategic plan.



# EMS STRATEGIC PLAN

## Minimum Standard

6.04 The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement mechanism to review medical dispatching	July 1995	∞	
Provide input & oversight into construction of the new County dispatch center	June 1995	June 1997	
Contingent upon the availability of necessary resources, link review of medical dispatching process to the County CAD System	June 1998	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services; (EMS Medical Director)

### STATUS DESCRIPTION:

The local agency does not currently meet standard. Planning for minimum standards has commenced. This goal is included in the long-range strategic plan and, if feasible, will be completed prior to June 30, 1998.

## VI. DATA COLLECTION/SYSTEM EVALUATION

### Minimum Standard

6.05 The local EMS agency shall establish a data management system which supports its system-wide planning and evaluation (including identification of high risk patient groups) and the QA/QI audit of the care provided to specific patients. It shall be based on state standards.

### Recommended Guidelines

The local EMS agency should establish an integrated data management system which includes system response and clinical (both prehospital and hospital) data.

The local EMS agency should use patient registries, tracer studies, and other monitoring systems to evaluate patient care at all stages of the system.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Assess, procure and install Lancet data collection system	Prior year	June 1996	X
Receive training on data system	Sept. 1995	June 1996	X
Develop methodology to assess and evaluate needs of high risk patient groups	Jan. 1996	June 1996	
Develop methodology to assess and evaluate quality of patient care	Jan. 1996	June 1996	
Conduct assessment and evaluations	June 1996	∞	
Develop reporting mechanism	July 1996	Sept. 1996	
Contingent upon the availability of necessary resources, implement comprehensive data management system	June 1996	∞	
Conduct annual review of data management system	Nov. 1996	∞	

**Responsible Person:** Coordinator, Quality Improvement; (Data Analyst)



EMERGENCY MEDICAL SERVICES

## **EMS STRATEGIC PLAN**

### **STATUS DESCRIPTION (minimum and recommended):**

The local agency does not currently meet standard. Contingent upon the availability of necessary resources, this goal will be met prior to Jan. 1997.

## VI. DATA COLLECTION/SYSTEM EVALUATION

### Minimum Standard

- 6.06 The local EMS agency shall establish an evaluation program to evaluate EMS system design and operations, including system effectiveness at meeting community needs, appropriateness of guidelines and standards, prevention strategies that are tailored to community needs, and assessment of resources needed to adequately support the system. This shall include structure, process, and outcome evaluations, utilizing state standards and guidelines.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish an evaluation program to review the EMS system design and operations	Oct. 1995	June 1996	X
Develop strategic plan as evaluation tool	Prior year	March 1996	X
Assess evaluation tool	June 1996	∞	
Contingent upon the availability of necessary resources, develop and implement programs to address unmet needs	July 1996	June 1997	
Re-evaluate structure, process, and outcome evaluations, utilizing State standards and guidelines	June 1997	∞	

**Responsible Person:** Coordinator, Special Projects/Quality Improvement

### STATUS DESCRIPTION:

Current evaluation program does not meet standard. Contingent upon the availability of necessary resources, this program is part of the local agency's strategic plan and will be completed prior to June 30, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

6.07 The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Encourage provider participation in the system-wide evaluation program from EMAC membership	Prior year	∞	X
Solicit provider participation in the system-wide evaluation program as part of the CQI plan	Dec. 1995	∞	

**Responsible Person:** EMS Medical Director; (EMS Director)

### STATUS DESCRIPTION:

Provider participation in system-wide evaluation occurs at various levels of program implementation. Participation in the system-wide evaluation program will be part of the CQI plan.

## VI. DATA COLLECTION/SYSTEM EVALUATION

### Minimum Standard

6.08 The local EMS agency shall, at least annually report on the results of its evaluation of EMS system design and operations to the Board(s) of Supervisors, provider agencies, and Emergency Medical Care Committee(s).

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan	X	Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Draft EMS System plan	Prior year	Jan. 1996	X
Conduct Community Review	Jan. 1996	Mar. 1996	X
Acquire Board of Supervisors Approval	Mar. 1996	∞	
Submit plan to EMS Authority	Mar. 1996	∞	
Provide copies of plan to provider agencies and Emergency Medical Care Committee(s)	Mar. 1996	∞	

**Responsible Person:** Coordinator, Emergency Department Services

### STATUS DESCRIPTION:

The local agency does not currently meet the standard. This goal will be completed prior to March 31, 1996 and will be re-evaluated on an annual basis.



# EMS STRATEGIC PLAN

## Enhanced Level: Advanced Life Support

### Minimum Standard

6.09 The process used to audit treatment provided by advanced life support providers shall evaluate both receiving hospital (or alternative base station) and prehospital activities.

### Recommended Guidelines

The local EMS agency's integrated data management system should include prehospital, receiving hospital, and receiving hospital data.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Assess, procure and install Lancet data collection system	Prior year	Jan. 1996	X
Oversee training to EMS staff on data system	Sept. 1995	∞	X
Develop methodology to assess and evaluate both receiving hospital (or alternative base station) and prehospital activities.	Jan. 1996	June 1996	
Develop methodology to assess and evaluate quality of the local EMS agency's integrated data management system	Jan. 1996	June 1996	
Conduct assessment and evaluations	June 1996	∞	
Develop reporting mechanism	July 1996	Sept. 1996	
Contingent upon the availability of necessary resources, implement a comprehensive data management system including prehospital, receiving hospital, and receiving hospital data	June 1996	∞	
Conduct training to EMS staff and providers	Nov. 1996	∞	

**Responsible Person:** Coordinator, Quality Improvement; (Data Analyst)

## **VI. DATA COLLECTION/SYSTEM EVALUATION**

### **ENHANCED LEVEL STATUS DESCRIPTION (minimum and recommended):**

The local agency does not currently meet standard. Planning for minimum standards has commenced. Contingent upon the availability of necessary resources, this goal is included in the long-range strategic plan and will be completed prior to June 30, 1996.



# EMS STRATEGIC PLAN

## Enhanced Level: Trauma Care System

### Minimum Standard

- 6.10 The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:
- a) a trauma registry,
  - b) a mechanism to identify patients whose care fell outside of established criteria, and
  - c) a process of identifying potential improvements to the system design and operation.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Formulate Trauma Task Force	Oct. 1995	Dec. 1995	X
Review trauma systems and develop a County-wide trauma plan	Oct. 1995	June 1996	
Develop methodology for assessment process	Oct. 1995	June 1996	
Compare trauma care to existing standards	Oct. 1995	June 1996	
Develop plan and system design for trauma care	Prior year	June 1996	
Assess benefits of trauma registry	Oct. 1995	June 1996	
Implement trauma registry if feasible	June 1996	∞	

**Responsible Person:** Coordinator, Special Projects; (EMS Medical Director; Data Analyst)

## **VI. DATA COLLECTION/SYSTEM EVALUATION**

### **ENHANCED LEVEL STATUS DESCRIPTION:**

The local agency does not currently meet standard. This goal will be achieved, via a trauma grant and a data collection grant from the State, prior to June 30, 1997.



# EMS STRATEGIC PLAN

## Enhanced Level: Advanced Life Support

### Minimum Standard

6.11 The local EMS agency shall ensure that designated trauma centers provide required data to the EMS agency, including patient specific information which is required for quality assurance/quality improvement and system evaluation.

### Recommended Guidelines

The local EMS agency should seek data on trauma patients who are treated at non-trauma center hospitals and shall include this information in their quality assurance/quality improvement and system evaluation program.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Re-evaluate trauma receiving facilities	Oct. 1995	June 1996	
Contingent upon the availability of necessary resources, incorporate trauma specific data into a comprehensive data management system including prehospital, receiving hospital, and receiving hospital data	June 1996	∞	
Consider requiring receiving hospitals to provide data on trauma patients as part of their quality assurance/quality improvement and system evaluation program	June 1996	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Special Projects/Quality Improvement; Data Analyst)

### ENHANCED LEVEL STATUS DESCRIPTION (minimum and recommended):

The local agency does not currently meet standard. Contingent upon the availability of necessary resources, this goal will be completed prior to June 30, 1997.

## VII. PUBLIC INFORMATION AND EDUCATION

THE LOCAL EMS SYSTEM SHOULD PROVIDE PROGRAMS TO ESTABLISH AN AWARENESS OF THE EMS SYSTEM, HOW TO ACCESS THE SYSTEM AND HOW TO USE THE SYSTEM. PROGRAMS TO TRAIN MEMBERS OF THE PUBLIC IN FIRST AID AND CPR SHOULD BE AVAILABLE.

### General Information

#### Minimum Standard

- 7.01 The local EMS agency shall promote the development and dissemination of information materials for the public which addresses:
- a) understanding of EMS system design and operation,
  - b) proper access to the system,
  - c) self help (e.g., CPR, first aid, etc.),
  - d) patient and consumer rights as they relate to the EMS system,
  - e) health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
  - f) appropriate utilization of emergency departments.

#### Recommended Guidelines

The local EMS agency should promote targeted community education programs on the use of emergency medical services in its service area.

Does not currently meet standard		Meets minimum standard		Meets recommended guidelines	X	Short-range plan	X	Long-range plan	
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## VII. PUBLIC INFORMATION AND EDUCATION

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop educational program to improve proper utilization of EDs	Sept. 1994	July 1995	X
Design poison prevention educational material	Sept. 1994	Sept. 1995	X
Devise injury prevention resource directory/pamphlet	Sept. 1994	July 1995	X
Distribute self-help educational materials (English /Spanish)	Sept. 1994	July 1995	X
Evaluate pediatric provider offices for injury prevention education	Jan. 1995	July 1995	X
Delineate interventions to reduce health risks and improve service delivery of ED	Jan. 1995	∞	X

**Responsible Person:** Coordinator, Community Education; (Coordinator, Special Projects/Quality Improvement)

**STATUS DESCRIPTION (minimum and recommended):**

The local agency currently meets minimum and recommended standards. Interventions will be developed and implemented on an ongoing basis.



# EMS STRATEGIC PLAN

## Minimum Standard

7.02 The local EMS agency, in conjunction with other local health education programs, shall work to promote injury control and preventive medicine.

## Recommended Guidelines

The local EMS agency should promote the development of special EMS educational programs for targeted groups at high risk of injury or illness.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Distribute injury prevention materials for Medi-Cal population	Prior year	July 1995	X
Develop poison prevention materials for Spanish speaking parents	July 1995	Sept. 1995	X
Collaborate with other community-based agencies to design educational program for: violence prevention, child abuse prevention, community traffic safety	Prior year	∞	X

**Responsible Person:** Coordinator, Community Education; (Coordinator, Special Projects/Quality Improvement)

### STATUS DESCRIPTION (minimum and recommended):

This program is overseen by the Coordinator of Community Education. Staff currently collaborate with several coalitions, County programs, and community based agencies to develop and implement education programs for high risk individuals

These include:

- Santa Barbara Regional Health Authority ( Managed Medi-Cal)
- The Family Project ( home based Child Abuse prevention)
- Community Traffic Safety Program (emphasis on bike /pedestrian safety, low cost car seats and helmets are offered through Health Care Services).
- Injury Prevention Network - Safe Kids
- Pro-Youth Coalition (violence prevention)

The EMS Agency was funded in FY 94-95 to develop a poison prevention program and an education program to improve use of ED's. These programs are still in place.

## VII. PUBLIC INFORMATION AND EDUCATION

### Minimum Standard

7.03 The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

### Recommended Guidelines

The local EMS agency, in conjunction with the local office of emergency services (OES), should produce and disseminate information on disaster medical preparedness.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Meet with local OES office to assess current programs (public information)	Nov. 1995	March 1996	
Collaborate with OES to develop public information/educational programs	Jan. 1996	March 1996	
Implement educational/information programs, e.g. PSAs, press releases, etc.	March 1996	∞	

**Responsible Person:** Coordinator, Community Education; (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION (minimum and recommended):

The local agency does not currently meet standard. Disaster preparedness activities will be overseen by the Coordinator of Prehospital and Disaster Medical Services and the Coordinator of Community Education/Information. This program will be in place prior to January 1, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

7.04 The local EMS agency shall promote the availability of first aid and CPR training for the general public.

## Recommended Guidelines

The local EMS agency should adopt a goal for training of an appropriate percentage of the general public in first aid and CPR. A higher percentage should be achieved in high risk groups.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Research local agencies who offer CPR courses	Nov. 1995	March 1996	
Promote CPR classes and disseminate schedule information	April 1996	∞	
Assess waiting lists for CPR classes	April 1996	∞	
Consider adopting a goal for training of an appropriate percentage of the general public in first aid and CPR	April 1996	∞	

**Responsible Person:** Coordinator, Community Education

### STATUS DESCRIPTION (minimum and recommended):

CPR training is provided in schools throughout the county by various agencies/institutions. The coordinator of Community Education will seek to promote class schedules and identify high risk groups for CPR training.

## VIII. DISASTER AND MEDICAL RESPONSE

THE LOCAL EMS SYSTEM MUST BE CAPABLE OF EXPANDING ITS STANDARD OPERATIONS TO MEET THE NEEDS CREATED BY MULTI-CASUALTY INCIDENT AND MEDICAL DISASTERS, INCLUDING INTEGRATION OF OUT-OF-AREA RESOURCES.

### General Information

#### Minimum Standard

- 8.01 In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Does not currently meet standard		Meets minimum standard	<b>X</b>	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances	Prior year	∞	X
Meet with the local Office of Emergency Services (OES) to re-evaluate medical response plans	June 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

**STATUS DESCRIPTION:**

Medical response plans are included in the Multi-Hazard Functional plan.



## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.02 Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances.

### Recommended Guidelines

The California Office of Emergency Services' multi-hazard functional plan should serve as the model for the development of medical response plans for catastrophic disasters.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Develop & implement medical response plans for catastrophic disasters	Prior year	∞	X
Utilize the California Office of Emergency Services' multi-hazard functional plan for catastrophic disasters	Prior year	∞	X
Meet with the local Office of Emergency Services (OES) to re-evaluate medical response plans	June 1996	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Local agency meets recommended guidelines.



# EMS STRATEGIC PLAN

## Minimum Standard

8.03 All EMS providers shall be properly trained and equipped for response to hazardous materials incidents, as determined by their system role and responsibilities.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that all EMS providers are properly trained and equipped for response to hazardous materials incidents	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

OSHA training is mandated, on an annual basis, for all personnel who respond to Hazmat incidents.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.04 Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.

### Recommended Guidelines

The local EMS agency should ensure that ICS training is provided for all medical providers.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Utilize the Incident Command System (ICS) as the basis for field management	Prior year	∞	X
Ensure that ICS training is provided for all medical providers	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION (minimum and recommended):

The local agency meets recommended guidelines. ICS training is being handled through the local OES.



# EMS STRATEGIC PLAN

## Minimum Standard

8.05 The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties to the medically most appropriate facilities in its service area.

## Recommended Guidelines

The local EMS agency, using state guidelines, and in consultation with Regional Poison Centers, should identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries.

Does not currently meet standard	X	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish Disaster Preparedness Advisory Committee	Prior year	Prior year	X
Work with the Disaster Preparedness Advisory Committee to establish written procedures for distributing disaster casualties to the (medically) most appropriate facilities in service area	July 1996	June 1997	
Work with the Disaster Preparedness Advisory Committee to identify hospitals with special facilities and capabilities for receipt and treatment of patients with radiation and chemical contamination and injuries	July 1996	June 1997	

**Responsible Person:** Coordinator, Emergency Department Services

**STATUS DESCRIPTION (minimum and recommended):**

Recommended guidelines are identified in the MHF Plan.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.06 The local EMS agency, using state guidelines, shall establish written procedures for early assessment of needs and shall establish a means for communicating emergency requests to the state and other jurisdictions.

### Recommended Guidelines

The local EMS agency's procedures for determining necessary outside assistance should be exercised yearly.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Establish written procedures for early assessment procedures for determining necessary outside assistance	Prior year	∞	X
Exercise yearly the procedures for determining necessary out-of-county resources	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

Recommended guidelines are identified in the MHF plan.



# EMS STRATEGIC PLAN

## Minimum Standard

8.07 A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster.

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

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Identify frequencies for interagency communication and coordination during a disaster	Prior year	∞	X
Work with the Communications Subcommittee of EMAC to re-evaluate interagency disaster communication capabilities	March 1996	June 1996	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

Med 10 is used with hospitals utilizing the Med Net intercom. This system is tested regularly.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.08 The local EMS agency, in cooperation with the local OES, shall develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area.

### Recommended Guidelines

The local EMS agency should ensure that emergency medical providers and health care facilities have written agreements with anticipated providers of disaster medical resources

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Work with the local OES to Develop an inventory of appropriate disaster medical resources to respond to multi-casualty incidents and disasters likely to occur in its service area`	July 1996	June 1997	
Encourage emergency medical providers and health care facilities to have written agreements with anticipated providers of disaster medical resources	July 1997	June 1998	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION (minimum and recommended):

The local agency does not currently meet the standard. This goal is part of the agency's long-range strategic plan.



# EMS STRATEGIC PLAN

## Minimum Standard

8.09 The local EMS agency shall establish and maintain relationships with DMAT teams in its area.

## Recommended Guidelines

The local EMS agency should support the development and maintenance of DMAT teams in its area.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Conduct feasibility study on use of DMAT by local agency	June 1996	Jan. 1997	
If feasible, support the development and maintenance of DMAT teams	Jan. 1997	July 1998	

**Responsible Person:** EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION (minimum and recommended):

There are no DMAT teams in this County. A feasibility study for this project will be completed prior to January 31, 1997.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.10 The local EMS agency shall ensure the existence of medical mutual aid agreements with other counties in its OES region and elsewhere, as needed, which ensure that sufficient emergency medical response and transport vehicles, and other relevant resources will be made available during significant medical incidents and during periods of extraordinary system demand.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Assist the RDMHC with the development of regional medical mutual aid agreements	Prior year	June 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

The Regional Disaster Medical Health Coordination planning Committee is developing templates for these agreements. This goal will be implemented prior to June 30, 1997.



# EMS STRATEGIC PLAN

## Minimum Standard

8.11 The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Designate CCPs county-wide	Prior year	∞	X
Review & update designated CCPs	July 1996	July 1997	
Consider the merits of prepublishing designated CCPs	July 1997	Dec. 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

**STATUS DESCRIPTION:**  
CCPs have been designated.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.12 The local EMS agency, in coordination with the local OES, shall develop plans for establishing CCPs and a means for communicating with them.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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	START DATE	END DATE	COMPLETED
Develop plans for establishing alternate CCPs	Dec. 1996	June 1997	
Establish communication network between CCPs	June 1997	Dec. 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION:

Recommended guidelines will be completed prior to December 31, 1997

# EMS STRATEGIC PLAN

## Minimum Standard

8.13 The local EMS agency shall review the disaster medical training of EMS responders in its service area, including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances.

## Recommended Guidelines

The local EMS agency should ensure that EMS responders are appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Review the disaster medical training of EMS responders including the proper management of casualties exposed to and/or contaminated by toxic or radioactive substances	July 1996	June 1997	
Encourage EMS responders to become appropriately trained in disaster response, including the proper management of casualties exposed to or contaminated by toxic or radioactive substances	June 1997	∞	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### STATUS DESCRIPTION (minimum and recommended):

The local agency does not currently meet this standard. This goal will be achieved prior to June 30, 1997.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.14 The local EMS agency shall encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s).

### Recommended Guidelines

At least one disaster drill per year conducted by each hospital should involve other hospitals, the local EMS agency, and prehospital medical care agencies.

Does not currently meet standard		Meets minimum standard		Meets recommended guidelines	X	Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Encourage all hospitals to ensure that their plans for internal and external disasters are fully integrated with the county's medical response plan(s)	Prior year	∞	X
Conduct at least one disaster drill per year	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION (minimum and recommended):

This practice has been conducted for the past several years.



# EMS STRATEGIC PLAN

## Minimum Standard

8.15 The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that there is an emergency system for inter hospital communications, including operational procedures	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services;  
(Coordinator, Emergency Department Services)

### STATUS DESCRIPTION:

Interhospital communications is accomplished via the Med Net radio system.

## VIII. DISASTER AND MEDICAL RESPONSE

### Minimum Standard

8.16 The local EMS agency shall ensure that all prehospital medical response agencies and acute-care hospitals in its service area, in cooperation with other local disaster medical response agencies, have developed guidelines for the management of significant medical incidents and have trained their staffs in their use.

### Recommended Guidelines

The local EMS agency should ensure the availability of training in management of significant medical incidents for all prehospital medical response agencies and acute-care hospital staffs in its service area.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Review MCI guidelines of the Disaster Preparedness Advisory Committee meeting	Jan. 1996	June 1996	
Require receiving hospitals to implement EMS agency protocols for the management of significant medical incidents and to train their staffs in their use	June 1996	Oct. 1997	
Monitor hospital training	Oct. 1997	∞	

**Responsible Person:** Coordinator, Emergency Department Services; (Coordinator, Prehospital and Disaster Medical Services)

### STATUS DESCRIPTION (minimum and recommended):

This goal is part of the agency's long-range strategic plan. This goal will be accomplished, via written agreements, prior to October 31, 1997.



# EMS STRATEGIC PLAN

## Enhanced Level: Advanced Life Support

### Minimum Standard

8.17 The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responders from other EMS systems to respond and function during significant medical incidents.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
In conjunction with the RDMHC, establish policies & procedures allowing ALS personnel & mutual aid responders to respond during significant medical incidents	Dec. 1995	July 1996	
Develop agreements for mutual aid	July 1996	June 1997	

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

### ENHANCED LEVEL STATUS DESCRIPTION:

This goal is part of the agency's long-range strategic plan. The Agency is working with the RDMHC to continue participation of mutual aid, in not only the local area, but the regional area as well.

## VIII. DISASTER AND MEDICAL RESPONSE

### Enhanced Level: Specialty Care Systems

#### Minimum Standard

8.18 Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during significant medical incidents and the impact of such incidents on day-to-day triage procedures.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
If designated, consider determining role of identified specialty centers during significant medical incidents	When designated	∞	

**Responsible Person:** EMS Medical Director; (Coordinator, Prehospital and Disaster Medical Services; Coordinator, Emergency Department Services; Coordinator Special Projects/Quality Improvement; Data Analyst.)

#### ENHANCED LEVEL STATUS DESCRIPTION:

At present, this goal does not apply to the local agency.



**EMS STRATEGIC PLAN**

**Enhanced Level: Exclusive Operating Areas/Ambulance Regulation**

Minimum Standard

8.19 Local EMS agencies which grant exclusive operating permits shall ensure that a process exists to waive the exclusivity in the event of a significant medical incident.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	
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PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure that a process exists for all EOAs to waive exclusivity in the event of a significant medical incident	Prior year	∞	X

**Responsible Person:** Coordinator, Prehospital and Disaster Medical Services

**ENHANCED LEVEL STATUS DESCRIPTION:**

This goal is covered in the written agreement with AMR.

## IX. LOCAL AGENCY SPECIALTY AREAS

### MHAT Program

PERFORMANCE MEASURES	START DATE	END DATE	COMPLETED
Ensure ongoing training for MHAT personnel	Prior Year	∞	X
Issue certifications from Mental Health to all MHAT team members	Sept. 1995	Sept. 1995	X
Develop comprehensive MHAT training manual	Prior Year	∞	X
Update MHAT training manual	Jan. 1996	June 1996	
Develop and implement a comprehensive MHAT training program (consider recertification for trained MHAT personnel)	Jan. 1996	June 1997	
Consider CEU's for monthly MHAT meetings at Mental Health	Jan. 1996	June 1996	
Schedule regular lectures from PHF staff and other experts from the mental health field	Jan. 1996	∞	
Facilitate attendance of MHAT team members at Mental Health "writ hearings"	Jan. 1996	∞	
Consider CISD training for AMR staff	Jan. 1996	June 1996	
Arrange for annual attendance by MHAT team supervisors at all Police and Sheriff Department briefings to educate personnel on MHAT program	Jan. 1996	∞	
Consider the issue of "23 hour beds" and options for "short stay" patients at PHF	Jan. 1996	June 1996	
Issue ID cards for all MHAT team members	Jan. 1996	∞	
Review the contractor's diversion plan for MHAT team members when MHAT calls cannot be answered immediately	March 1996	∞	

## IX . LOCAL AGENCY SPECIALTY AREAS

Analyze and update data collection process	March 1996	∞	
Upgrade QI/QA program	March 1996	∞	

# EMS STRATEGIC PLAN

## CISD (Critical Incident Stress Debriefing)

<b>PERFORMANCE MEASURES</b>	<b>START DATE</b>	<b>END DATE</b>	<b>COMPLETED</b>
Recruit and install CISD team	Prior Year	∞	X
Encourage participation by all involved agencies	Prior Year	∞	X
Explore funding options to provide local basic training	Prior Year	∞	X
Contingent upon the availability of necessary resources, provide inservice education for all first response agencies	Sept. 1996	Sept. 1997	

## X. DEFINITIONS AND ABBREVIATIONS

The following terms and abbreviations are utilized throughout this EMS Plan.

**Advanced Life Support (ALS)** - Special services designed to provide definitive prehospital emergency medical care as defined in Health and Safety Code Section 1797.52, including, but not limited to, cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specified drugs and other medicinal preparations, and other specified techniques and procedures administered by authorized personnel under the direct supervision of a receiving hospital.

**Ambulance** - Any vehicle specially constructed, modified or equipped and used for transporting sick, injured, convalescent, infirmed or otherwise incapacitated person.

**Ambulance Service** - An ambulance service is a private or public organization or individual providing an ambulance for use in emergency service or a situation which has the potential of becoming an emergency.

**Ambulance Service Area** - All ambulance service areas established within Santa Barbara County and designated on the ambulance service map as approved by Santa Barbara County EMS Agency.

**Ambulance Unit** - An ambulance staffed with qualified personnel and equipped with appropriate medical equipment and supplies and designed to transport the patient to a medical care facility.

**Assessment Service** - Medical services at the ALS or BLS level which are provided by a first responder or rescue unit to identify emergency medical conditions and to render care as appropriate.

**Receiving hospital** - A hospital which, upon entering into written agreement with the local EMS Agency, is responsible for directing the advanced life support system or limited advanced life support system assigned to it.

**Receiving hospital Physician** - A physician licensed to practice medicine in the State of California and approved as a Receiving Hospital Physician by the Medical Director, and knowledgeable in the medical protocols, radio procedure and general operating

## X. DEFINITIONS AND ABBREVIATIONS

policies of the County EMS system, and a person from whom ambulance personnel may take medical direction by radio or other remote communications device.

**Basic Life Support (BLS)** - As defined in Health and Safety Code Section 1797.60.

**Basic Life Support Unit (BLS Unit)** - As defined in Health and Safety Code Section 1797.60. Emergency first aid and cardiopulmonary resuscitation procedures which, as a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation to maintain life without invasive techniques until the patient may be transported or until advanced life support is available.

**Casualty Collection Point (CCP)** - A site for the congregation, triage (sorting), preliminary treatment, and evacuation of casualties following a disaster.

**Central Dispatch** - Santa Barbara County Public Safety Communications Center dispatch point.

**Code-One Call** - Any non Code-3 or Code-2 request for service which are scheduled or unscheduled where a person has determined a need for an ambulance because of the potential for an emergency or the inability of a patient to be otherwise transported.

**Code-Two Call** - Any request for service designated as non-life threatening by dispatch personnel in accordance with County policy, requiring the immediate dispatch of an ambulance without the use of lights and sirens.

**Code-Three Call** - Any request for service perceived or actual life threatening, as determined by dispatch personnel, in accordance with County policy, requiring immediate dispatch with the use of lights and sirens.

**Computer-Aided Dispatch or CAD** - Computer-Aided Dispatch system consisting of associated hardware and software to facilitate call taking, unit selection, resource dispatch and deployment, event time stamping, creation and real time maintenance of incident database, and providing management information.

**Designated Facility** - A hospital which has been designated by a local EMS Agency to perform specified emergency medical services system functions pursuant to guidelines established by the Authority.

**EMRM** - Emergency Medical Response Manual that has been adopted by Santa Barbara County which defines the manner in which ambulance company operators respond to calls.



## EMS STRATEGIC PLAN

**EMS** - Emergency Medical Services.

**EMS Agency** - Santa Barbara County Emergency Medical Services Agency, a program of Health-Care Services established by the Santa Barbara County Board of Supervisors, which monitors the medical control and standards of the county EMS system.

**Emergency** - Any apparent sudden or serious illness or injury requiring, or having the potential of requiring, immediate medical attention under circumstances that delay in providing such services may aggravate the medical condition or cause the loss of life.

**Emergency Air Ambulance** - An aircraft with emergency medical transport capabilities.

**Emergency Ambulance Service** - An emergency medical transport provider operating within an organized EMS system for the purpose of assuring twenty-four (24) hour availability of such services. This pertains to all ground, air or water emergency medical transport.

**Emergency Call** - A request for an emergency vehicle, first responder vehicle or ambulance to transport or assist a person in apparent sudden need of medical attention, or to assist a person who has the potential for sudden need of medical attention, or in a medical emergency as determined by a physician, to transport blood, any therapeutic device, accessory to such device or tissue or organ for transplant.

**Emergency Department (ED)** - The area of a licensed general acute-care facility that customarily receives patients in need of emergent medical evaluation and/or care.

**Emergency Ground Ambulance** - A surface transportation vehicle that is specially designed, constructed, maintained, supplied, equipped, and intended for exclusive use in emergency transport of the sick and injured.

**Emergency Medical Advisory Committee** - The committee which recommends to the medical director the various standards, rules and regulations related to the medical and clinical aspects of ambulance service and which performs medical audits.

**Emergency Medical Dispatch (EMD)** - Personnel trained to state and national standards on emergency medical dispatch techniques including call screening, resource priority and pre-arrival instruction.

## **X. DEFINITIONS AND ABBREVIATIONS**

**Emergency Medical Services (EMS)** - The provision of services to patients requiring immediate assistance due to illness or injury, including access, response, rescue, prehospital and hospital treatment, and transportation.

**EMS Plan** - A plan for the delivery of all emergency medical services.

**EMS System** - A coordinated arrangement of resources (including personnel, equipment, and facilities) which are organized to respond to medical emergencies, regardless of the cause.

**Emergency Medical Technician - Defibrillator (EMT-D)** - Personnel trained to initiate automatic or semi-automatic defibrillator procedures.

**Emergency Medical Technician - One or EMT-I** - An individual trained in all facets of basic life support according to standards prescribed by this part and who has a valid certificate issued pursuant to this part.

**Emergency Medical Technician - Paramedic - or EMT-P** - Individual whose scope of practice to provide advanced life support is according to standards prescribed by this division and who has a valid certificate issued pursuant to this division.

**Emergency Service** - The function in response to an emergency call. Emergency service also includes transportation of a patient, regardless of the presumption of death of the patient, or transportation of a body for the purpose of making an anatomical gift.

**First Responder** - Fire department, law-enforcement vehicles, life-guard units, non-transporting rescue units or other EMS Agency recognized services with personnel capable of providing appropriate prehospital care.

**First Responder or Rescue Unit** - Specially equipped fire department, law-enforcement, life-guard or other non-transporting rescue vehicles designed to respond to emergency calls and to provide BLS or ALS assessment services.

**Incident Command System (ICS)** - A command structure designed by the fire service and adopted in Santa Barbara County, to provide a hierarchy of command during an emergency incident.

**Limited Advanced Life Support** - Special services designed to provide prehospital emergency medical care limited to techniques and procedures that exceed basic life support but are less than advanced life support.



## EMS STRATEGIC PLAN

**Medical Control (indirect)** - Physician responsibility for the development, implementation, and evaluation of the clinical aspects of an EMS system.

**Medical Control (direct)** - Direction given ambulance personnel by a receiving hospital physician through direct voice contact with or without cardiac-rhythm telemetry, as required by applicable medical protocols.

**Medical Director** - Person designated pursuant to Section 1797.204 of the Health and Safety Code to serve as administrative officer in carrying out the duties and powers of the Health Officer.

**Medical Protocol**- Any diagnosis-specific or problem-oriented written statement of standard procedure, or algorithm, promulgated by the Medical Director as the normal standard of prehospital care for the given clinical condition.

**Mutual Aid** - The furnishing of resources, from one individual or agency to another individual or agency, including but not limited to facilities, personnel, equipment, and services, pursuant to an agreement with the individual or agency, for use within the jurisdiction of the individual or agency requesting assistance.

**Paramedic Unit** - An emergency vehicle staffed and equipped to provide advanced life support at the scene of a medical emergency of a patient(s) and designated as a paramedic unit by the Medical Director.

**Public Safety Agency** - A functional division of a public agency which provides fire fighting, police, medical or other emergency services.

**Public Safety Answering Point** - The 9-1-1 location which an emergency call is answered and, either appropriate resources are dispatched or the request is relayed to the responding agency.

**Public Safety Officer** - Any person designated as a public safety officer by the law of the State of California.

**Physician** - Any person duly licensed to practice medicine in the State of California.

**Remote Area** - Census tracts or enumeration districts without census tracts which have a population density of 5 to 9 persons per square mile.

**Response Time** - The actual elapsed time between receipt by the contractor of a call that an ambulance is needed and arrival of the ambulance at the requested location.

## **X. DEFINITIONS AND ABBREVIATIONS**

**Rural Area** - All census places within a population of less than 2500 and population density of 10 to 99 persons per square mile; or census tracts or enumeration districts without census tracts which have a population density of 10 to 99 persons per square mile.

**Santa Barbara County Emergency Medical Services Agency** - The EMS agency established by the County Board of Supervisors for planning and implementation of emergency programs for Santa Barbara County.

**System-Status Management** - A management tool to define the "unit hours" of production time, their positioning and allocation, by hour and day of week to best meet demand patterns.

**Transfer Agreement** - A written agreement between health facilities providing reasonable assurance that transfer of patients will be effected between health facilities whenever such transfer is medically appropriate, as determined by the attending physician.

**Triage** - The process of sorting the sick and injured on the basis of type and urgency of condition present, so that they may be properly routed to the medical facility most appropriately situated and equipped for their care.

**Urban Area** - All census places with a population of 2,500 to 500,000 and a population density of 100 to 999 persons per square mile; or census tracts and enumeration districts with census tracts which have a population density of 100 to 999 persons per square mile.

**Wilderness Area** - Census tracts or enumeration districts without census tracts which have a population density of less than 5 persons per square mile.



## XI. LOCAL AGENCY HISTORY

During 1966, the so-called EMS "White Paper" titled "Accidental Death and Disability: The Neglected Disease of Modern Society", identified deficiencies in providing emergency medical care in the country.<sup>1</sup> This paper was the catalyst to spurring federal leadership toward an organized approach to EMS. Through the enactment of the 1966 Highway Safety Act, the states' authority to set standards and regulate EMS was further reinforced and encouraged. This Act also provided highway-safety funds to buy equipment and train personnel.

During 1973, the Emergency Medical Services Act (PL-93-154) was enacted to promote the development of regional EMS systems. Fifteen program components were recognized as essential elements of an EMS system. During 1981, this program ended and was folded into the Preventive Health and Health Services (PHHS) Block Grant Program. The original "White Paper", the accompanying Highway Safety Act, the Emergency Medical Services Act and subsequent block-grant programs contributed significantly to the improvement of EMS across the country.

Early in California, this improvement took the form of increased standards for vehicle licensing and personnel certification. Emergency Medical Technician (EMT) training was required for ambulance personnel, as were ambulance inspections by the California Highway Patrol. Unbridled growth of ambulance services and the difficulty of monitoring ambulance providers and their personnel led some communities to limit the number of transporting ambulance services serving their communities. These communities relied on licensing ambulance services into designated service areas and limited new licensees. For the most part, this franchising was limited to monitoring equipment and controlling patient charges and did not begin to address the broad-ranged needs of an EMS system.

Significant state EMS leadership from California regarding the development of EMS systems began occurring in 1981 with the establishment of State law and the California EMS Authority. After considerable debate, the California State Legislature enacted the "Emergency Medical Services System and Prehospital Emergency Medical Care Personnel Act" (Health and Safety Code 1797, et seq.). This law specifically authorized local EMS agencies to "...*plan, implement, and evaluate an emergency medical services system...consisting of an organized pattern of readiness and response services...*"(Health and Safety Code 1797.204). The Act

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<sup>1</sup> National Committee of Trauma and Committee on Shock. "Accidental Death and Disability: The Neglected Disease of Modern Society," Washington D.C., National Academy of Sciences/National Research Council, 1966

## XI. LOCAL AGENCY HISTORY

further authorized local EMS agencies to plan, implement and monitor limited advanced life support and advanced life support programs.

During 1985 and pursuant to Section 1797.103 of the California Health and Safety Code, the California EMS Authority promulgated the document Emergency Medical Services System Standards and Guidelines. These guidelines describe the basic components and general function of an EMS system. The following components titles are provided with the proposed new guideline titles in parenthesis.

1. Manpower/training (Staffing/Training)
2. Communication
3. Transportation (Response/Transportation)
4. Assessment of hospitals and specialty care centers (Facilities/Critical care)
5. System organization and management
6. Data collection and evaluation (Data collection/System evaluation)
7. Public information and education
8. Disaster medical preparedness (Disaster medical response)

During 1990, it was apparent that EMS in California had surpassed these original published standards, and, in the intervening years, new regulations had been adopted (i.e. trauma, EMS dispatching standards, etc.) necessitating updating the document.

A third draft of the new standards and guidelines were issued in September, 1992 with an expected completion date of early 1993.

The early development of the EMS system in Santa Barbara County took the form of developing a paramedic program under the authority of the Santa Barbara County Health Officer. Paramedic program development occurred as a result of physician leadership by John Dorman M.D., at Goleta Valley Community Hospital. Dr. Dorman trained private ambulance personnel and firefighters from the County Fire Department.

Administrative support for the EMS Office began in 1978. In 1980, a request for proposal process (RFP) was initiated to select an advance life support (ALS) ambulance provider for the county. There were no responses to that RFP. Subsequently, the County asked Santa Barbara Ambulance Company, (who changed their name to Mobil Life Support and then to American Medical Response,) to provide exclusive ALS ambulance services to ambulance Area 1. This area includes the entire county exclusive of Lompoc Valley and New Cuyama areas. The area of Isla Vista adjacent to University of California at Santa Barbara is served by the University Paramedic Unit under separate agreement with the county. The Board of Supervisor's approved agreement and its basic provisions with Mobile Life Support written agreement remain in effect today.



## **EMS STRATEGIC PLAN**

During 1978, the Emergency Medical Care Committee prepared an Emergency Medical Response Manual (EMRM) and in 1985 the EMS Agency prepared an EMS Plan which was submitted to the State. During 1991-92 a comprehensive review of the EMS system was conducted by an outside consultant firm at the request of the EMS Agency. In 1993 the County's first strategic plan was completed.

## **XII. GEOGRAPHIC INFORMATION:**

### **General Description of the Area**

The County of Santa Barbara is located in Southern California and encompasses an area of 2,748 square miles. The boundary of the county extends from the Sierra Madre and San Rafael mountain ranges and a small portion of Kern County on the Northeast, from San Luis Obispo County on the Northwest, Ventura County on the Southeast and the Pacific Ocean on the Southwest.

The size and industrial diversity of the Santa Barbara County area presents special problems in the allocation and availability of health-care resources. Mountainous terrain, expanses of agricultural lands, and widely dispersed rural communities intensify this problem by limiting accessibility to health care.

### **Transportation**

The automobile is the predominate form of transportation in Santa Barbara County. One major artery, Highway 101, transects the area from south to north along the edge of the Pacific Ocean until the community of Gaviota is reached where the freeway heads inland. Three other smaller arteries, Highway 166 (from New Cuyama), Highway 154 (connects Goleta to Los Olivos and reconnects with Highway 101), and Highway 1 (connects to Highway 101 above Gaviota, breaks off to the west off the City of Lompoc and then meanders north to San Luis Obispo County), also transect Santa Barbara County. There is a network of county and city roads which provide access between the incorporated cities and the agricultural lands and rural communities of the county.

One hindrance to the overall effectiveness of the local EMS system is the limited number of adequate, multiple, east-west highways in Santa Barbara County. Highway 166 extends from New Cuyama to the east to the City of Santa Maria in the north-west county. This highway borders the northern portion of the county and is inadequate in terms of access and travel time as an east-west connector.

Scheduled commercial and private air travel is provided at the Santa Barbara and Santa Maria Airports. There is also scheduled charter services from Lompoc Airport and private services available at the Santa Ynez Airport. Santa Barbara Airport is the largest of the airports. The total passenger volume at Santa Barbara Airport for 1995 was 530,650. For that same period the total flights, including commercial

## XII DEMOGRAPHIC INFORMATION

carrier/taxi services, and general aviation numbered 167,817. Passenger rail service is also available via Amtrak, which has a scheduled stop at Santa Barbara.

### Climate

The Santa Barbara area has both mild winters and temperate summers. Precipitation is generally confined to the winter months and averages about 15 inches per year. The average daytime temperature varies between 60 degrees Fahrenheit in January to 75-plus degrees Fahrenheit in August. Occasional late-night frost occurs during the winter months requiring protection for certain crops. Continuous freezing temperatures are not experienced outside of the mountain regions of the area. Coastal fog is common during the summer months burning off during the midday. This fog can become dense at the higher elevations.

Water plays a vital role in the growth and development of this area. Santa Barbara County is a water-deficient area with demand greater than the local supply. Acquisition, quality, and conservation of water are paramount to the area's development. Local water supplies come from runoff stored in reservoirs or from ground water, and a new desalination plant that became operational during 1992. Water is the main recreational feature in Santa Barbara County attracting tourists and the fishing industry.

The mountains, which borders the eastern section of the county together with humid conditions create dense fog during the summer months at the higher elevations. This dense fog can produce zero visibility and result in a high-accident rate for the area and also hinders the accessibility to health-care services, especially for rural residents.

The ideal summer temperatures (65-75 degrees) coupled with large areas of water and beaches attract thousands of people during the summer months. This tourist traffic produces a high incidence of water-related accidents.



## XIII. DEMOGRAPHIC INFORMATION:

### Population

According to the *1995 Santa Barbara County Economic Outlook* published by the University of California Santa Barbara, the population of Santa Barbara County is approximately 399,800. The population density for this county is 135.20 per square mile, which places it in the urban classification using the United States Census Bureau's definition. However, out of the 84 census tracts in the county, 18 are categorized as semirural, 20 as rural and 11 as remote using the United States Census Bureau's definition.

Between the years 1995 and 2005 the population is expected to increase by 20% or 1.5% per year with most occurring in the North county.

Of significance is the population over 65 years of age (14.7%) which exceeds California as a whole (11.5%). As the population of Santa Barbara County continues to age, it will bring an increased demand for EMS services in this age group.

### Recreation and Points of Interest

Each year, millions of visitors and tourists enter the Santa Barbara County for business, recreational activities, and family vacationing. It is estimated by the Santa Barbara Conference and Visitors' Bureau that there are 4.7 million overnight visitors to the county each year and an equal number of day-trip visitors and people passing through. The county area offers the recreational and sporting aspects of the ocean, resorts, museums, sporting events and many natural and man-made resource attractions. Visitors and tourists make major demands on emergency resources. The University of California, Santa Barbara also adds 18,000 students to the population during the peak school-year period.

### Major Industry

Government is the largest employer in Santa Barbara County with University of California Santa Barbara (8,262), Vandenberg Air Force Base (4,918) and the County of Santa Barbara (4,078) as the top 3 employers. The number of

### **XIII. DEMOGRAPHIC INFORMATION**

agricultural activities in the area also creates special problems. Occupational risks occur relative to farming accidents. Large numbers of migrant workers enter the area to work in the fields. Due to the transient nature of their work, these migrant workers generally have not had adequate access to primary health-care services, and may enter the health-care delivery system through the EMS system.

#### **Epidemiological Characteristics**

Statistics from the California Department of Health Services found the major causes of death in Santa Barbara County are from heart disease and cancer which is consistent with the trend throughout California and the United States. Table 1 contains a demographic summary for Santa Barbara County:



*Table 1*

<b>DEMOGRAPHIC SUMMARY SANTA BARBARA COUNTY</b>			
	<b>July 1994</b>	<b>July 1995</b>	<b>Percent change</b>
Population	394,400	399,808	1.4
Santa Barbara City	89,174	90,066	1.2
Santa Maria City	67,822	69,520	2.5
Births	6,516	6,469	-0.7
Deaths	2,815	2,786	-0.8
Net In-Migration	1,431	1,812	28
Age Distribution			
less than 5 (%)	—	9.9	
5-24 (%)	—	30.0	
25-44 (%)	—	31.6	
45-64 (%)	—	15.0	
65 and over (%)	—	14.5	
Population Hispanic (%)	—	28.0	
Housing Units	141,258	141,922	0.5
Persons per Household	2.79	2.82	0.7
Household Income	\$38,000	\$38,500	0.4
Per Capita Personal Income	\$23,634	\$24,397	1.2

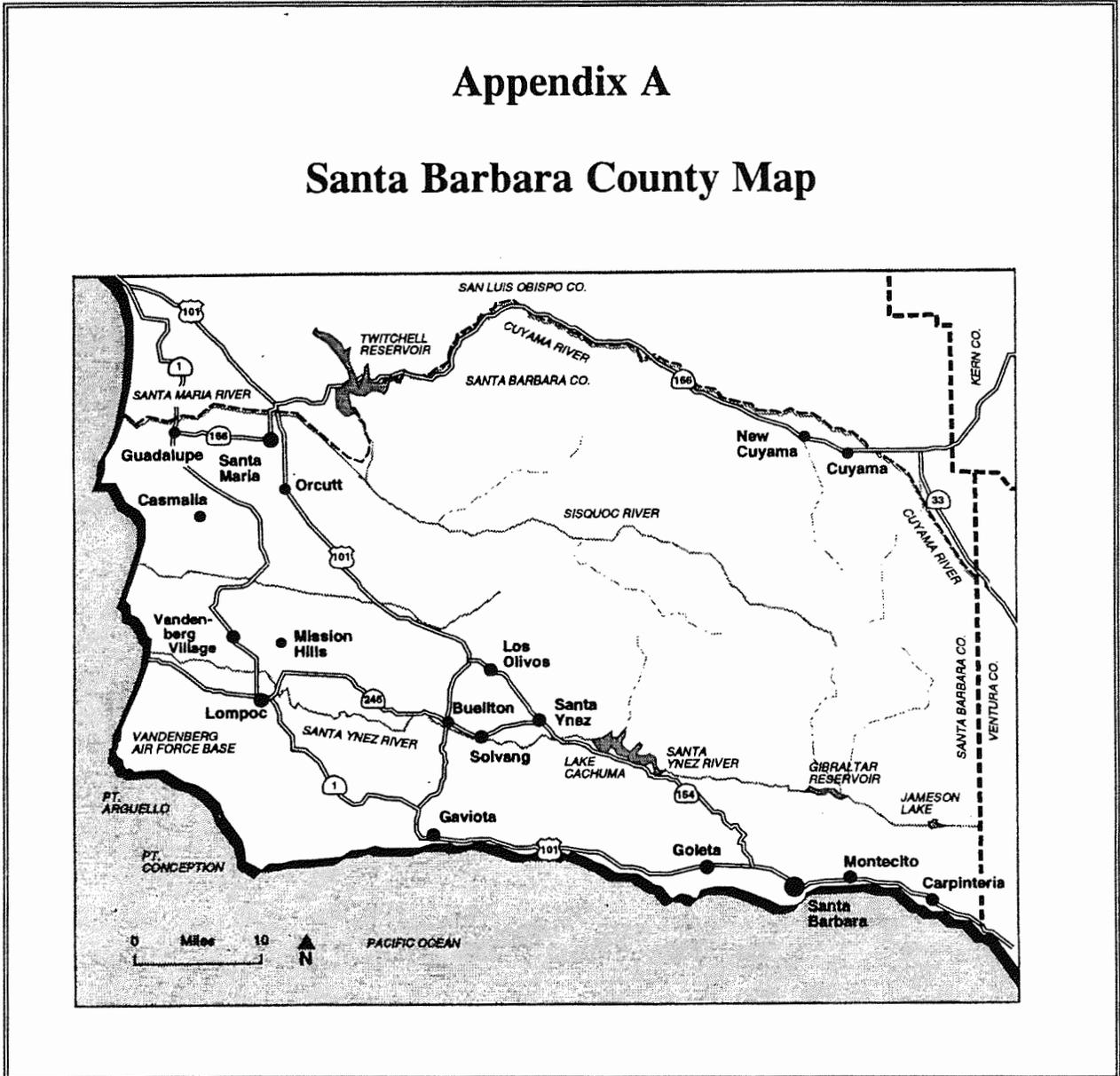
Source: *The 1995 Santa Barbara County Economic Outlook*, University of California Santa Barbara, April, 1995 (Figures in 1995 column are "projected").



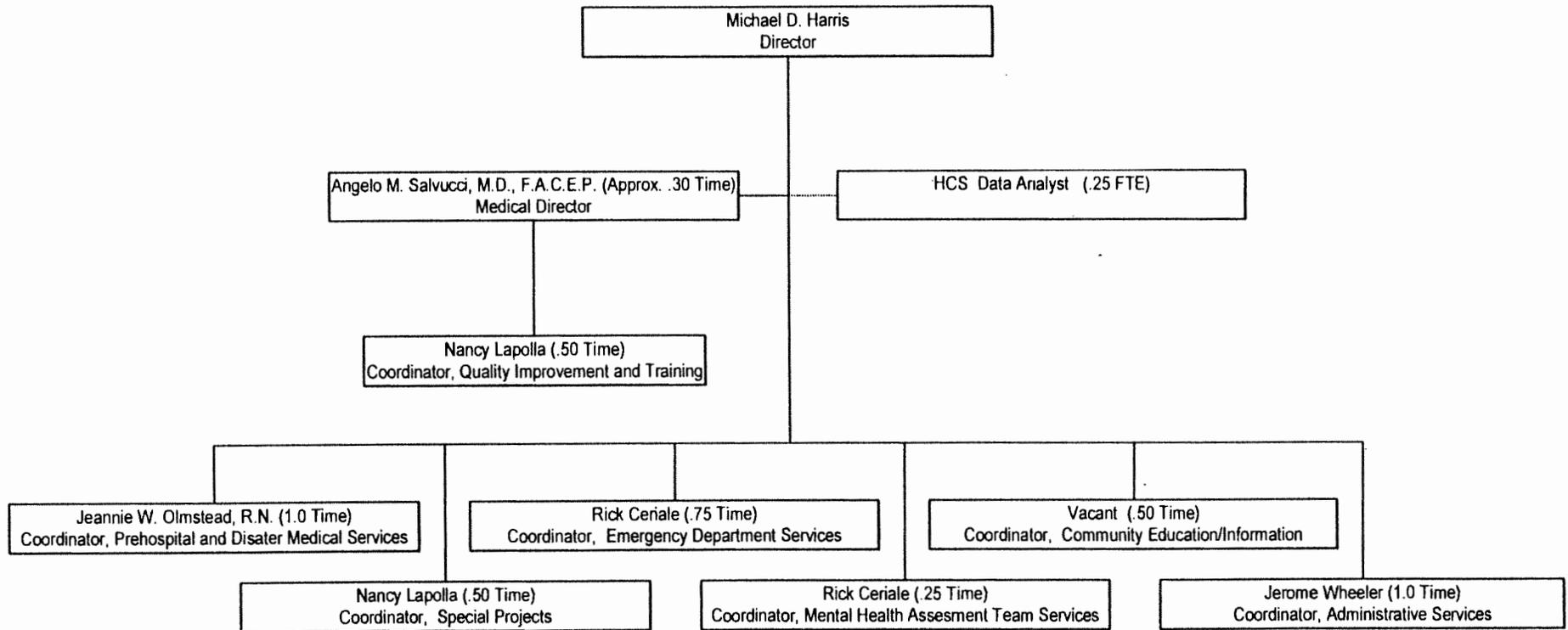
# XIV. APPENDICES

## Appendix A

### Santa Barbara County Map



**Appendix B**  
**EMS Organizational Chart**



**Appendix C**

**Section 1797.224 of the Health and Safety Code**

A local EMS agency may create one or more exclusive operating areas in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals.

## Appendix D

### Santa Barbara County System Resources and Operations

<u>Category</u>	<u>Status/Number</u>
<b>1. Personnel/training</b>	
<b>A. Number of EMT-Is employed:</b>	
1. Public	540
2. Private	120
3. New certifications for FY (7-1-1994 through 6-30-1995)	360
4. Number recertified FY (7-1-1994 through 6-30-1995)	730
5. Historical certificate reviews	
a) Formal investigations	0
b) Suspensions	0
c) Revocations	0
d) Denials	2
e) No action taken	0
f) Formal investigation, letter of reprimand	0
<b>B. Number of EMT-IIs employed:</b>	0
1. Public	0
2. Private	0
3. Number newly certified this year	0

## APPENDIX D --SYSTEM RESOURCES AND OPERATIONS

4.	Number recertified this year	0
5.	Certificate reviews	0
	a) Formal investigations	0
	b) Suspensions	0
	c) Revocations	0
	d) Denials	0
	e) No action taken	0
<b>C. Number of EMT-Ps employed:</b>		<b>68</b>
1.	Public	22
2.	Private	46
3.	Number newly certified this year (7-1-1994 through 7-1-995)	9
4.	Number recertified this year (7-1-1994 through 7-1-995)	31
5.	Certificate reviews	1
	a) Formal investigations	2
	b) Suspensions	6
	c) Revocations	0
	d) Denials	0
	e) No action taken	0
	f) Letter of reprimand	1
<b>D. Number of MICNs employed:</b>		<b>0</b>



## EMS STRATEGIC PLAN

<b>E. Number of EMS dispatchers employed:</b> (Dispatchers at county communications are cross-trained)	21
1. Number trained to EMSA standards	21
<b>F. Number of EMT-I(defib) employed:</b>	460
<b>G. Number of training programs:</b>	
1. EMT-I	4
2. EMT-II	0
3. EMT-P	0
4. MICN	0
<b>2. Communications</b>	
A. Number of primary PSAPs	3
B. Number of secondary PSAPs	3
C. Number of EMS dispatch centers	5
<b>3. Response/transportation</b>	
<b>A. First responders:</b>	17
1. Number of fire departments first response agencies.	14
2. Number of law enforcement first response agencies.	3
3. Number of other first response agencies.	0

## APPENDIX D --SYSTEM RESOURCES AND OPERATIONS

<b>B. Number of ambulance services:</b>	
1. Fire service	1
2. Proprietary	1
3. Other	1
4. Basic life support (only)	0
5. Limited advanced life support	0
6. Advanced life support	3
<b>C. EMT-Defib/Public safety defib programs:</b>	
1. Automated	7
2. Manual	0
<b>D. Helicopters</b>	
1. Air ambulance	0
2. ALS rescue	0
3. BLS rescue	0
<b>E. Regulatory programs</b>	
1. Number of transport agency written agreements	1
2. Number of exclusive operating areas	1
3. Percentage of population covered by EOAs	87%
<b>F. Number of responses</b>	
1. Emergency	»18,736
2. Non-emergency	unknown



## EMS STRATEGIC PLAN

<b>G. Number of transports</b>	»15,034
1. Emergency	unknown
2. Non-emergency	unknown
<b>H. Response times (90th percentile)</b>	
1. Wilderness	unknown
2. Rural	unknown
3. Urban	8 minute
4. Facilities/critical care	unknown
<b>4. Facilities / Critical Care</b>	
<b>A. Trauma centers</b>	0
1. Number of Level I trauma centers	0
2. Number of Level II trauma centers	0
3. Number of Level III trauma centers	0
4. Number of pediatric trauma centers	0
5. Percentage of population within 30 minutes of a trauma center	0
<b>B. Emergency departments</b>	
1. Number of referral emergency services	0
2. Number of standby emergency services	0
3. Number of basic emergency services	7
4. Number of comprehensive emergency services	0
5. Number of receiving hospitals with agreements	7

## APPENDIX D --SYSTEM RESOURCES AND OPERATIONS

<b>C. Medical control facilities</b>		
1.	Number of receiving hospitals	7
2.	Number of alternative receiving hospitals	0
<b>D. Pediatric facilities</b>		
1.	Number of pediatric critical care (non-trauma)centers	0
2.	Number of pediatric ICUs	0
3.	Number of emergency departments approved for pediatrics	0
<b>E. Number of Emergency Psychiatric Facilities</b>		0
<b>F. Rehabilitation centers</b>		
1.	Number of burn centers	0
2.	Number of cardiac rehabilitation centers	0
3.	Number of spinal cord rehabilitation centers	1
<b>G. Number and type of other critical-care centers</b>		0
<b>H. Receiving hospital written agreements</b>		7
1.	Emergency	7
2.	Non-emergency	0



# EMS STRATEGIC PLAN

<b>I. Trauma patients</b>		
1.	Number meeting triage criteria	Unknown
2.	Number transported directly to a trauma center	N/A
3.	Number transferred to a trauma center	N/A
4.	Number not treated at a trauma center	N/A
5.	System Organization and Management	
<b>5. System Organization and Management</b>		
A.	Population served	399,800
B.	Number of counties served	1
C. Percentage of population by level of care		
1.	BLS	100%
2.	LAS	N/A
3.	ALS	93%
D. Type of agency		
<input type="checkbox"/> Public Health Department <input checked="" type="checkbox"/> County Health Services Agency <input type="checkbox"/> Other (non-health) County Department: <input type="checkbox"/> Joint Powers Agency <input type="checkbox"/> Private Non-profit Entity <input type="checkbox"/> Other:		

## APPENDIX D --SYSTEM RESOURCES AND OPERATIONS

E. The person responsible for day-to-day activities of the agency reports to:

- Public Health Officer
- Health Services Agency Director/Administrator
- Board of Directors
- Other:

F. INDICATE THE FUNCTIONS WHICH ARE PERFORMED BY YOUR AGENCY

- Development of Exclusive Operating Areas (ambulance franchising)
- Designation of trauma center
- Designation of other critical care centers (e.g. Poison Control)
- Development of transfer agreements
- Enforcement of Local Amb. Ordinance
- Enforcement of Ambulance Written agreements
- Operation of Ambulance Service
- Operation or Oversight of EMS Dispatch Center
- Non-medical Disaster Planning
- Other:

G. Types of calls (unknown)

- 1. Medical
- 2. Trauma

H. Patient treatment (approximately)

- 1. BLS 72%
- 2. ALS/LAS 28%



**Appendix E**

**EMS Budget**

<u>Category</u>	<u>BUDGET</u>
<b>EXPENSES</b>	
1. Salaries and Benefits	\$200,920
2. Services/Supplies (e.g. copying, postage)	28,875
3. Travel and Training	5,250
4. Subsidies (Mental Health Assessment Team)	413,870
5. Written agreement Services (e.g. Medical Director)	30,000
6. Communications	71,499
7. Communications — Sheriff (CAD)	120,000
8. Other:	110,686
<b>TOTAL EXPENSES</b>	<b>\$981,100</b>

## APPENDIX E --EMS BUDGET

### SOURCES OF FUNDING:

1. State General Fund	0
2. County General Fund	X
3. Other Local Tax Funds (City MHAT contracts)	X
4. County Written agreements	0
5. Certification Fees	X
6. Training Program Fees	0
7. Receiving hospital Application Fees	
8. Receiving hospital Designation Fees	0
9. Trauma Center Application Fees	0
10. Trauma Center Designation Fees	0
11. System Development Grant	0
12. Special Project Grant	X
13. Contributions	0
14. SB 12 (SB 612)	0
15. Other (SBRHA MHAT contract)	X
(AMR Contract — Administrative Oversight)	X



# EMS STRATEGIC PLAN

TOTAL REVENUES	
CATEGORY	BUDGET
FEE STRUCTURE (FY)	
___ We do not charge any fees.	
___ Our fees are:	
EMT-I Certification	\$10
EMT-I Recertification	\$10
EMT-II Certification	N/A
EMT-II Recertification	N/A
EMT-Paramedic Certification	\$20
EMT-Paramedic Recertification	\$20
MICN/ARN Certification	N/A
MICN/ARN Recertification	N/A
EMT-I Training Program Approval	0
EMT-II Training Program Approval	N/A
EMT-P Training Program Approval	N/A
MICN/ARN Training Program Approval	N/A
Receiving hospital Application	N/A
Receiving hospital Designation	N/A
Trauma Center Application	N/A
Trauma Center Designation	N/A

**APPENDIX E --EMS BUDGET**

<b>TOTAL REVENUES</b>	
<b><u>CATEGORY</u></b>	<b><u>BUDGET</u></b>
Ambulance Service License	N/A
Ambulance Vehicle Permits	N/A
Other _____	



# EMS STRATEGIC PLAN

## Appendix F EMS First Responder Services

Name/Address	
1.	California State Lifeguards Dept. of Parks and Recreation No. 10 Refugio Beach Road Goleta, CA 93117 Attn: Greg White
2.	Carpinteria Summerland Fire 9811 Walnut Avenue Carpinteria, Ca 93103 Randy Graham, Fire Chief
3.	County of Santa Barbara Park Department 610 Mission Canyon Road Santa Barbara, CA 93105 Attn: James M. Isaac
4.	Guadalupe Police Dept. 4490 Tenth Street Guadalupe, CA 93436 Christopher Nartatez, Police Chief
5.	Guadalupe Fire Department c/o City Hall 918 Obispo Guadalupe, CA 93434 Henry Lawrence, Fire Chief
6.	Lompoc Police Department 107 Civic Center Plaza Lompoc, CA 93436 Robert Herbert, Police Chief
7.	Lompoc City Fire Department 115 South "G" Street Lompoc, CA 93436 Ed Casarez, Fire Chief
8.	Montecito Fire Protection 1486 East Valley Road Montecito, CA 93108 Herbert McElwee, Fire Chief
9.	Santa Barbara City Fire 121 West Carrillo Street Santa Barbara, CA 93101 Monroe Rutherford, Fire Chief

## APPENDIX F --EMS FIRST RESPONDER SERVICES

10.	Santa Barbara City Lifeguards c/o S B Recreation Department P.O. Box 1990 Santa Barbara, CA 93102-1990 Attn: Paul Hodgert
11.	Santa Barbara County Fire Dept. 4410 Cathedral Oaks Road Santa Barbara, CA 93110 James Thomas, Fire Chief & Sheriff
12.	Santa Barbara Police Dept. 215 East Figueroa Street Santa Barbara, CA 93101 Richard Breza, Police Chief
13.	Santa Barbara Sheriff Dept. 4437 Calle Real Santa Barbara, CA 93110 James Thomas, Sheriff
14.	Santa Maria Fire Dept. 204 East Cook Street Santa Maria, CA 93454 Dan Shiner Fire Chief & Police Chief
15.	Santa Maria Police Dept. 222 East Cook Street Santa Maria, CA 93454 Dan Shiner, Police Chief
16.	Solvang Mid Fire Station 1644 Oak Street Solvang, CA 93463 Terry Fibich, Fire Chief
17.	UC Police Department 1105 Public Safety Bldg. UCSB — Santa Barbara, Santa Barbara, CA 93106 John MacPherson, Police Chief



**Appendix G**

**Search and Rescue Teams**

**Name/Address**

1. Los Padres Search and Rescue  
P.O. Box 6602  
Santa Barbara, CA 93160
  
2. Santa Barbara County Search and Rescue of Lompoc  
751 Burton Mesa Blvd.  
Lompoc, Ca 93436
  
3. Santa Barbara County Search and Rescue of Santa Maria  
812 West Foster  
Santa Maria, Ca 93455



**EMS STRATEGIC PLAN**

**Appendix H**

**ALS Providers**

Name/Address	No of Units	No of Transport Units	Service Area	EMS Responses 1995		Percent
				Responses	Transports	
<b>ALS:</b>						
American Medical Response 240 E. Highway 246, Suite 300 Buellton, CA 93427 Contact: John Eaglesham, Director	15	15	1 and 2	18,736	15,034	81%
Santa Barbara County Fire Department 4410 Cathedral Oaks Rd. Santa Barbara, CA 93110 Contact: James Thomas, Sheriff& Fire Chief	4	4	#51- Gaviota and the Lompoc Valley #41- Cuyama	3,528	456	15%
UCSB Rescue Operations Police Department/ Public Safety Bldg. University of California Santa Barbara, CA 93106 Contact: Jim Emerson,	2	2	UCSB and Isla Vista	543	295	2%
Montecito Fire Department 595 San Ysidro Road Montecito, CA 93108				340	0	1%



**Appendix I**

**EMS Training Agencies**

Name/Address	Contact Person	Type of Training
Santa Barbara City College 712 Cliff Drive Santa Barbara, CA 93101	Susie Thielmann, RN Health Technologies Department	EMT-I: Basic Recert.
Allan Hancock College 800 South College Drive Santa Marie, CA 93454	Connie Bunamn, RN Director, EMS Training	EMT-I Basic Recert:
U. C. S. B. UCSB Rescue Dept. Public Safety Bldg. Santa Barbara, CA 93106	Jim Emerson, EMT-P Director EMS Training	EMT-I Basic Recert.
S.B. County Fire 4410 Cathedral Oaks Road Santa Barbara, CA 93110	Jan Purkett, R.N. EMS Training	EMT-I Refresher



**Appendix J**

**EMS Receiving Hospitals**

Name/Address	No. of Beds	No of ICU Beds	Special Services		NUMBER OF ER Visits	
			Base Hosp	Other	1994	1995
1) Goleta Valley Hospital 351 Patterson Ave. Santa Barbara, CA 93160	130	12	Yes	Heliport CT Scan	10,432	9,702
2) Lompoc District Hospital 508 E. Hickory St. Lompoc, CA 93436	60	4	Yes	CT Scan	13,803	14,537
3) Marian Medical Center 1400 E. Church St. Santa Maria, CA 93454	130	10	Yes	Heliport CT Scan	19,930	18,779
4) Saint Francis Medical Center 601 E. Micheltorena St. Santa Barbara, CA 93103	110	8	Yes	CT Scan MRI	8,654	9,226
5) Santa Barbara Cottage Hospital Pueblo at Bath Street Santa Barbara, CA 93105	443	ICU 25 NICU20	Yes	CT Scan	22,015	24,383
6) Santa Ynez Valley/Cottage Hosp. 700 Alamo Pintado Rd. Solvang, CA 93463	30	4	Yes	-	4,063	4,026
7) Valley Community Hosp. 505 E. Plaza Drive Santa Maria, CA 93454	70	6	Yes	CT Scan	10,163	10,580

## EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET, SUITE 100  
SACRAMENTO, CA 95814-7043  
(916) 322-4336  
FAX (916) 324-2875



February 6, 1997

Michael D. Harris  
EMS Administrator  
Santa Barbara County EMS  
300 North San Antonio Road  
Santa Barbara, CA 93110-1316

Dear Mr. Harris:

We have completed our review of *Santa Barbara's Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*.

Several of our reviewers commented that your plan was well put together and that you should be commended for your efforts.

If you have any questions regarding the plan review, please call Michele Rains at (916) 322-4336, extension 315.

Sincerely,

A handwritten signature in cursive script that reads "Maureen McNeil".

Maureen McNeil  
Chief, EMS Division

mr:MM:orange.app:02/06/97