

**SUMMARY OF CHANGES  
SAN JOAQUIN COUNTY EMS SYSTEM  
OCTOBER 2002 TO OCTOBER 2003**

The San Joaquin EMS Agency continues to go through several changes since the last fiscal year 2001/2002. These changes are described below, along with updates to the local EMS plan.

**Data Collection**

The data collection system and quality assurance/improvement programs continue to function well. The EMS Agency continues to contract with an outside data consultant, Cary Parkins, in an effort to improve the overall EMS data system. Mr. Parkins provides updates to the existing data system and recently completed installation of EMS Data Pro to the nine ambulance providers in San Joaquin County. Also, Mr. Parkins installed the trauma data registry system at the County's seven hospitals for future use once the trauma plan and trauma designation occurs.

Fred Claridge, EMS Quality Improvement Coordinator continues to review, analyze and compile data findings relating to prehospital or hospital complaints. There has been a major increase in ambulance provider complaints over the last year. Therefore, Mr. Claridge uses the EMS database continually to address the complaints and concerns of the prehospital personnel.

**Specialty Populations**

The EMS Agency continues to maintain a list of all the special populations in San Joaquin County. This listing is located at the San Joaquin County Office of Emergency Services, as well as the EMS Agency office. During this year's Statewide Medical and Health Disaster Exercise, a nursing facility plans to participate. This will be the first time ever that a specialty population will be involved in a statewide exercise in San Joaquin County. The EMS Agency believes this will strengthen our connection with specialty populations and will be better prepared should a real disaster occur.

**Trauma System Planning**

The San Joaquin EMS Agency received grant funding in 2002, pursuant to AB 687, to implement a trauma system plan. The Trauma Steering Committee continues to meet monthly to develop the trauma plan, which is nearly complete. The plan will be ready for submission by the State EMS Authority in December 2003.

**First Responder Automated External Defibrillation (AED) Certification**

The EMS Agency continues to meet the goal of the California EMS Authority's recommendation to ensure that all non-transporting first responder units have at least one EMT with defibrillation certification. At this point there is approximately 95% of first responder EMTs in San Joaquin County that have defibrillation certification and this is a 10% increase from last year.

**Disaster Preparedness**

The EMS Agency has coordinated development of mutual aid agreements in region IV by adopting inter-county accords through the Region IV Multi-Casualty Incident (MCI) Plan, Manual III. Guidelines and agreements with participating facilities have been created to identify patients who should be transferred to higher levels of care.

The EMS Agency have been heavily involved in the development and review of the City of Stockton's MMRS plan. The MMRS plan is awaiting final approval by DHHS- OEP.

Also, the EMS Agency has participated in the San Joaquin County Office of Emergency Services Weapons of Mass Destruction (WMD) Planning Committee. This committee has developed Incident Command System (ICS) schemes and job action sheets specific to WMD events. The EMS Agency also is part of the San Joaquin Bioterrorism Preparedness Advisory Committee (BPAC) and works closely with the county's Public Health Department, who is the lead agency for BPAC. Also, EMS Agency staff is assisting the County Public Health Department in the development of the Strategic National Stockpile plan for San Joaquin County.

Lastly, the EMS Agency routinely participates in local or state disaster exercises with other governmental agencies. Also, the EMS Agency recently was involved in planning a full-scale chemical exercise at the county fairgrounds. Lastly, a bioterrorism tabletop exercise is being planned, as well as participation in the Statewide Medical and Health Disaster Exercise in November 2003.

### **EMSC Program**

The California EMS Authority requested the EMS Agency to provide an update of the EMSC program in this updated EMS Plan. In 1995/96, the EMS Agency received a grant (EMS #6019) to implement the EMSC guidelines in San Joaquin County. During this project, a consultant was hired and a Pediatric Advisory Committee (PAC) developed. Also, evaluation of prehospital treatment guidelines and equipment and emergency room assessments were completed.

After an extensive review and evaluation of pediatric transfer agreements, pediatric transfers programs, and implementation of EMSC guidelines for specialized centers, the PAC committee and EMS Agency created a document, *Guidelines for Pediatric Critical Care Centers*, which was approved by the California EMS Authority.

Recently, the EMS Agency participated in a statewide project regarding EMSC. A representative from Harbor-UCLA Medical Center visited the EMS Agency to discuss EMSC and obtain information about our guidelines and planning efforts. The goal of the project was to identify successful programs and activities that may be useful to other counties and to recognize common needs and issues in EMSC implementation.

### **Ambulance Issues**

As stated in last year's updated EMS plan, the EMS Agency continues to undergo major changes in its ambulance transportation system. In February 2003, the County Board of Supervisors directed EMS Agency staff to initiate a Request for Proposal (RFP) for a competitive bid to establish exclusivity of ambulance services for zones one through five (please see section II of this manual, *Updates on Specific Information*, for a copy of the County Board Order). Recently, the RFP consultant was hired and it is anticipated that the process will take 18-24 months to complete.

Ambulance provider instability continues. Provider complaints about dispatch assignments have significantly increased. Instead of one ambulance system complaint every few weeks, the EMS Agency now receives two to five complaints per week with an increase in 15 system complaints recently in one week. Some of the complaints involve the Stockton Fire Dispatch center. Ambulance personnel complain that calls are inappropriately dispatched to particular providers. The ambulance providers continue their plans to expand, opening new stations with the stated intent of garnishing more territory. Since February 2003 an additional five ambulance stations have opened and three stations have closed. Also, the EMS Agency recently received a request from an outside ambulance provider for an Emergency Ambulance Operator Permit Application to begin ambulance service in San Joaquin County. If this new ambulance provider begins service in San Joaquin County, this will increase the number of providers to 10, countywide. These

constant changes, the addition of new ambulance providers, and complaints results in a very unstable transportation system, where the providers mistrust each other and the EMS Agency.

In an effort to stop the trend of new stations, disputes in trusting the dispatch center, and an increase in complaints, the County Board of Supervisors sent a request to the California EMS Authority to grant an amendment to the EMS Agency Plan to allow a temporary cessation in the issuance of new ambulance permits. After review from the State EMS Authority, they responded that such a moratorium could not be granted because the State did not have statutory authority to grant a temporary suspension (please see section II of this manual, *Updates on Specific Information* for a copy of the denial letter sent from Richard Watson, Interim Director, California EMS Authority.)

### **Conclusion**

After nearly 20 years of stability, the San Joaquin EMS Agency is undergoing major changes. The plans to establish a trauma system have generated significant community support. If a trauma system can be established, it will infuse new energy and change in our EMS system. The plans to establish exclusivity in ambulance services for zones one through five also have a major impact in the EMS system. Currently, competition among the ambulance providers has grown to such an extent that it is disrupting daily operations and working relationships. A change in the transportation system is required in order to maintain an effective system for the public. The EMS Agency is ready to face these challenges, with anticipation that by fall of 2004, these issues will be well on their way to being resolved. We will keep the California EMS Authority updated of any future major events or changes.

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**A. SYSTEM ORGANIZATION AND MANAGEMENT**

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

**SYSTEM ORGANIZATION AND MANAGEMENT (continued)**

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

## B. STAFFING/TRAINING

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

### C. COMMUNICATIONS

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

**D. RESPONSE/TRANSPORTATION**

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

**RESPONSE/TRANSPORTATION (continued)**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18 Compliance		X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
4.19 Transportation Plan	✘	✘		✘	✘
4.20 "Grandfathering"		X			
4.21 Compliance		X			
4.22 Evaluation		X			

**E. FACILITIES/CRITICAL CARE**

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

## F. DATA COLLECTION/SYSTEM EVALUATION

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

**G. PUBLIC INFORMATION AND EDUCATION**

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

## H. DISASTER MEDICAL RESPONSE

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

**Section II**  
**Updates of Specific Information**



San Joaquin

Emergency Medical Services Agency

A Division of Health Care Services

January 28, 2003

Board of Supervisors  
County Courthouse  
Stockton, California

**IMPROVING EMERGENCY AMBULANCE SERVICES  
IN SAN JOAQUIN COUNTY**

Dear Board Members:

**RECOMMENDATION:**

That the Board of Supervisors direct the Emergency Medical Services Agency (EMS) staff, to develop a process to establish an exclusive operating area (EOA) for ambulance zones 1, 2, 3, 4 and 5; and

That the Board of Supervisors appoint an independent advisory committee to assist the EMS agency efforts to develop improved ambulance standards; and

That the Board of Supervisors direct staff to prepare an amendment to the EMS Plan to establish an EOA for ambulance zones 1, 2, 3, 4 and 5 for submission to the California Emergency Medical Services Authority.

**REASON FOR RECOMMENDATION:**

For the past year, there has been much debate and controversy related to emergency ambulance operations in San Joaquin County. Although much of the debate has been centered in the Stockton metropolitan area, the issue is also relevant to the Lodi and Tracy areas. The Board of Supervisors recently deliberated twice on appeals filed by existing ambulance providers against permits issued to new ambulance providers and to additional ambulance units granted to existing ambulance providers. There have been many allegations of problems in ambulance services, with conflicting data presented to Board members and to the EMS community.

Staff presented information to the Board demonstrating a recent rapid growth in ambulance services (see appendix 1). The rapid increase in ambulance units has resulted in increased competition among the ambulance providers. Appropriate placement of ambulances is a concern, and requests have been made to the EMS Agency

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to either limit the number of ambulances in areas that are "saturated" or to dictate where new ambulances are to be located. Attempts to discuss the concerns at a community level through committees or through a "consensus process" has not yielded a solution to dampen the controversy. In fact, the parties do not agree on the problem.

Staff has, in the past year, sought to obtain consensus and objective information to answer questions or to address problems. The Emergency Medical Care Committee (EMCC) has met twice on the issue. State EMS Authority guidance has also been sought. The process and steps taken by EMS Agency staff are described in Appendix 2. The findings and recommendations of staff are described in this Board letter.

### What is the Problem?

The concerns or issues fall into several categories, as discussed below:

#### Ambulance Availability/Rapid Growth

Appendix 1 displays a history of the growth of ambulance stations and ambulance units over the past 23 years. The chart shows that the biggest fluctuations have occurred in the last two years, since 2000. There has been an 80% increase in the number of ambulance stations in the last two years (since October 2000); 50% of this increase has occurred since the summer of 2001. The number of permitted ambulance units has correspondingly increased. In the last two years, the number of ambulance units increased by 79%; 61% of this increase occurred since the summer of 2001.

Hospitals and some agencies in the County have expressed past concerns that there were not enough ambulances to perform the emergency and non-emergency work. *With the recent significant increases, the concern about the number of ambulances units in the system has been addressed.* Hospitals reported at the EMCC meetings that they no longer have trouble obtaining ambulances for non-emergency transfer work. Although there were concerns about ambulance availability for emergency response, staff has not found documented evidence of or cases reported when an ambulance could not be found to respond to emergencies. However, the dispatch agency has conveyed the view that the need to move units from neighboring districts to fill in for areas with no ambulances has significantly reduced in recent months and the frequency of times when "no ambulances are available" has also significantly reduced.

There have also been concerns expressed about limiting the number of ambulances in areas of saturation. The California EMS Authority has stated that anti-trust regulations do not allow a county to restrict the number of ambulance units in a non-exclusive area. The only way limitations can be placed on the number of

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ambulances without violating anti-trust regulations is through the establishment of an EOA.

Another problem identified is that the existing Ambulance Ordinance does not require ambulances to be dedicated for emergency response. Emergency ambulance permits allow the ambulances to be used for either emergency or non-emergency purposes. The decision as to how many units are used for emergency only, or for combined purposes, is made by the ambulance provider. The Ambulance Ordinance did not require dedicated emergency ambulance units because there were adequate numbers of ambulances available when the Ambulance Ordinance was adopted. This requirement may need to be reviewed.

#### Response Time Compliance

Statements have been made that private ambulance providers in the Stockton metropolitan area have not complied with the County's response time criteria and that with the increase in the number of ambulance units, it has been stated that this non-compliance problem has been fixed. The dispatch center and private ambulance providers have submitted conflicting data; consequently, staff initiated its own response time study, using data from the ambulance dispatch center. The study was conducted over several time periods: January through June 2002; July through October 9, 2002; and then October and November 2002. The study only reviewed performance in the Stockton metropolitan ambulance zones (see Appendix 3).

The EMS Agency's definition for response time includes two components – dispatch and ambulance response. EMS Policy 810 defines response time as "the time interval from receipt of a call in the secondary public safety answering point (PSAP) until the responding ambulance arrives on scene." Policy 810 requires all ambulance providers to comply with an eight minute or less response 90% of the time. The response time studies demonstrated the following findings:

1. All ambulances dispatched code 3 in the City of Stockton met the 8 minute response times as defined in Policy 810 78% during the time period January to June 2002; this overall figure increased to 87% for the month of October and for November 2002. *Although the overall performance improved, overall ambulance response still does not comply with Policy 810. Data on response times prior to January 2002 were not available.*
2. *Despite a near doubling of ambulance units, the overall ambulance response time does not comply with County Policy 810.*

3. The County definition for response times should, in the future, separate the dispatch component from the ambulance response time component, as is done in about half of the other counties in California. Because dispatch times vary for reasons beyond the control of both the dispatch agency and the ambulance provider, it should be considered separately. *The study showed that the ambulances did comply with the 8 minute response time requirement without the dispatch component.* The overall ambulance compliance for the time periods studied ranged from 91% to 98% if one excludes the dispatch component.

#### Patient Care

There is no documented information to demonstrate that the issues regarding ambulance services have positively or negatively affected patient care. In other words, patients continue to receive emergency ambulance transportation services when they have medical emergencies. The EMS Agency has not received patient complaints or incident reports complaining about patient care provided by the ambulance providers in the last year. There is a concern, however, that the lower volume of calls per unit, which occurs because more ambulances are available, will result in a reduction in skills for the staff. This concern will need to be studied in the future through quality improvement efforts. Presently, this fear has not been proven through a specific complaint or data.

#### Station Location

The increase in station locations is documented in Appendix 1. Providers have complained that there are no rules governing placement of new ambulance stations. Ambulance providers are placing their new stations in areas of high volume (which means the stations can, at times, be less than a mile apart). This results in a reduction in calls for existing providers and creates a negative competitive atmosphere. Currently, the Ambulance Ordinance only requires that ambulance stations meet local planning ordinance requirements. The County cannot specify that additional ambulances open up stations in areas of need. The California EMS Authority states that counties cannot specify the placement of ambulance stations, unless an exclusive operating area (EOA) has been established. Specifying ambulance station location without an EOA is considered a restriction of access or competition, which violates anti-trust regulations.

Appendix 4 contains a map that displays the location of ambulance stations in the County. A list of stations with addresses is also contained in Appendix 4. The majority of the increases in ambulance stations occurred in the Stockton metropolitan area. New stations are planned for Tracy; one opened in the Victor area in the past two months. Staff interviews with each ambulance provider indicate there are plans for further expansions, particularly in the Tracy and Lodi areas.

### Economic Considerations

The existing Ambulance Ordinance requires the EMS Agency to issue permits to operate to any provider who meets the requirements of the Ambulance Ordinance Code. There are no provisions in the Ambulance Ordinance which guarantees each approved provider economic viability. Ambulance providers currently receive reimbursement for services rendered from third parties or from the patients. The County sets maximum ambulance rates through the Ambulance Ordinance. San Joaquin County currently does not provide a subsidy to the ambulance provider for services provided to medically indigent patients (MIA). Ambulances are dispatched based on districts/zones, using the primary criterion of who is closest at the time of call. Existing calls are shared among the ambulance providers based on dispatch protocols.

During staff interviews, some of the ambulance providers expressed concern about their economic viability. Several stated a strong interest in seeing the emergency ambulance rates increased. Similarly, some of the ambulance providers are interested in receiving MIA subsidy from the County, which is a practice in other counties. Competition over time, without intervention by the County, will determine which companies will survive and which will not.

Another economic concern is that there are no provisions in the existing Ambulance Ordinance that require an ambulance provider to give notice should it close. If an ambulance provider does close, the emergency calls are re-distributed to the remaining providers. Operationally, rapid changes (e.g. new ambulances added; ambulance closure) create instability and introduces potential error. Currently, the dispatch center programs the ambulances into their dispatch protocol; addition or deletion of ambulances requires dispatch protocol changes, changes in maps and re-calculation of closest responder protocols. As one might expect, mistakes have been made in recent months with the rapid changes.

### Management/Staffing Issues

The rapid increase in the number of available ambulances has resulted in several operational concerns. First, it has greatly increased the competitive nature of operations. Complaints about dispatch (e.g. did the right ambulance get dispatched?) have increased from one complaint every six months to two or three in a week to the EMS Agency on the average. The dispatch agency receives even more. EMS Agency staff is needed to investigate complaints, review and process new applications, modify dispatch maps, analyze data, and resolve disputes. With the increased competitive atmosphere, the EMS Agency has had to increase its regulatory role. For example, given the disputes on ambulance response times, the EMS Agency must conduct the evaluation instead of relying upon the dispatch agency or the provider to convey the information.

The County has absorbed the cost of adding one contract staff position to deal with the increased workload. This position costs approximately \$60,000 per year, including salary and benefits. Given the additional management needs (e.g. quality improvement performance measurement, development of new standards, increased ordinance processing, etc.), staff estimates that two more FTEs are required to perform the functions at the cost of an additional \$139,000 including benefits. The three FTEs needed total nearly \$200,000 for salaries and benefits. Staffing costs can be offset by increased ambulance permit fees under the existing system; full cost of increased staffing can be absorbed through fees charged through an EOA.

#### General Concerns

The existing Ambulance Ordinance does not have sufficient provisions to hold the ambulance provider accountable for compliance with the requirements. The Ambulance Ordinance does allow for a permit to be revoked, but there are no financial penalties or intermediary disciplinary steps for repeated non-compliance to ensure improved performance.

Under the existing Ambulance Ordinance, ambulance zones 1, 2, 3, 4 and 5 are non-exclusive. This means that any provider can open up additional ambulance stations or units in those zones as long as they meet the Ambulance Ordinance requirements. The County cannot limit the addition of ambulance units by law, if it perceives there is no need for additional resources. According to the State, the only way the County may legally limit the number of units is through the establishment of an EOA. We believed the economics of competition alone would "scare away" expansion. Staff has found, through interviews and proposed plans, economics has not deterred expansion plans. Appendix 1 identifies the areas of future expansion.

Another concern is that the existing centralized dispatch agency is now also a provider of ambulance services. Although staff does not feel and has not observed any improprieties in the way the Stockton Fire Department Dispatch Center performs its work, the existing competition creates an atmosphere of suspicion which interferes with operations.

#### Proposed Policy Direction

There are three options for Board consideration:  
Option #1 - Status Quo

This option keeps the existing system in place. No significant changes are made to the Ambulance Ordinance, and no restrictions are placed on the number or location of ambulances. Competition will determine which ambulance provider gives services in what areas. Plans for expansion will continue to be processed.

Option #2 - Increased Regulation

This option maintains non-exclusive areas for zones 1, 2, 3, 4 and 5; however, modifications would be made to the Ambulance Ordinance, EMS Agency policies and procedures, and other regulations. The modifications would address the problems identified above, with the exception of those that violate anti-trust laws. For example, the Ambulance Ordinance may be modified to require that units be dedicated emergency units, or dedicated non-emergency units. Permit fees can be increased to help offset staff costs. More stringent requirements for quality improvement review can be imposed on the ambulance provider.

Option #3 - Establish an EOA

Establishing an EOA means one or more ambulance providers are granted exclusive privileges to providing ambulance services in a specified area for a specified period of time. The exclusivity (or franchise) is granted after the County conducts a competitive bid process, which specifies performance standards and penalties if those standards are not met. The State has guidelines for how an exclusive operating area is to be established. The State will provide anti-trust immunity to those Counties who follow these guidelines and who receive State approval for their process.

Staff estimates that a competitive process to establish an EOA will take 18 months to two years, depending on the time it takes to develop standards and evaluate the proposals. An EOA will allow a County to identify how many ambulances are needed, or specify response times by specific geographical areas, station locations, and other requirements. The winning bidder pays fees for the cost of monitoring the EOA. Additional EMS agency staff costs can be covered through an EOA. An EOA will prevent new ambulance providers from opening emergency ambulance services during the term of the contract.

Each option has its advantages and disadvantages. The policy question for the Board of Supervisors is what is the best structure for the County to regulate ambulance services? The grid below identifies the major problem areas and whether or not each option can address that problem.

**TABLE I - OPTIONS GRID  
 PROBLEMS AMENABLE TO SOLUTION BY OPTION**

Issue/Problem Area	Option #1 Status Quo	Option #2 Increased Regulation	Option #3 Exclusive Operating Area	Other Process
Increasing ambulance units	X	X	X	
Stop addition of new ambulance units in areas of over-saturation.			X	
Dedicated emergency ambulance units		X	X	
Improve response time compliance		X	X	
Patient Care - quality of care issues		X	X	X
Station location - County specify or limit			X	
Slow down rapid increases in ambulances units			X	
Increased ambulance rates			X	
Notification requirement prior to closure		X	X	
Increased EMS Agency staff costs for oversight		Partial	X	
Dispatch Center - perceived conflict				X

The EMCC met twice to deliberate on the issue. The EMCC recommended that 1) no change be made to the current system of ambulance transportation, and 2) that the EMCC be granted an 18 month time period to conduct a study on the ambulance transportation system in San Joaquin County (see Appendix B).

Given the current competitive environment and the need to increase the County's regulatory responsibilities for ambulance services, staff recommends that the Board establish an EOA, which is Option 3. An EOA provides a better method to improve regulation over ambulance services, as identified in Table I, and allows the County to fully recoup its management costs. Improved standards will be a key part of the establishment of an EOA. Community participation in developing these standards is needed, hence the staff recommendation that a special independent committee be appointed. The major disadvantage of an EOA is the time it will take to initiate the process, obtain State approval for the process, set standards, and then proceed through a request for a proposal process to selection of an ambulance provider. Staff estimates it will take 18 months to 2 years for an EOA process to be completed. One half of the

Board of Supervisors  
January 28, 2003  
Page Nine

EMS agencies in California use an EOA to structure their ambulance services. Staff surveys of those EMS agencies demonstrate a high degree of satisfaction with the structure (see Appendix *B*).

Services to the public will continue with the adoption of any of the options. Correspondence to the Board regarding the legal issues with the execution of an EOA are contained in Appendix 7. Appendix 8 contains staff reports on ambulance services in the last year. Appendix 9 contains general interest articles on economic regulation.

**FINANCIAL IMPACT:**

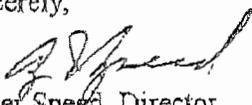
Costs associated with the process to establish EOAs for the County can be recouped through the fees charged to interested applicants. Ongoing management of the EOA will be recouped through fees assessed to the ambulance provider who prevails. Staff estimates there will be nearly \$200,000 in staff costs for three positions associated with overseeing ambulance services. One position has been hired on contract with the EMS Agency. The estimated net additional cost is \$139,000 including benefits. The cost for these additional positions can be delayed until the Board and the State approve a process for the development of an EOA.

**ACTION TO BE TAKEN FOLLOWING RECOMMENDATION:**

Staff with advice from County Counsel's Office, will develop a process to develop an EOA for zones 1, 2, 3, 4 and 5 that is consistent with State guidelines. This process will be presented to the Board of Supervisors prior to submission to the California EMS Authority for approval, as an amendment to the Local EMS Agency Plan.

In addition to describing the process, this report will include cost estimates for development of an EOA and for additional staff to be hired. The Board of Supervisors will appoint an independent advisory committee to guide these efforts to improve ambulance standards. Work on these standards may begin immediately, while the EMS Agency submits its EOA process to the State for approval.

Sincerely,

  
Roger Speed, Director  
Health Care Services

RS:dl  
C: County Counsel Office  
Clerk of the Board  
Health Care Services  
EMS Agency

BEFORE THE BOARD OF SUPERVISORS

County of San Joaquin, State of California

B- 03-192

MOTION: MARENCO/ORNELLAS

IT IS HEREBY ORDERED by this Board of Supervisors to direct staff to hire a consultant to evaluate the ambulance component of the San Joaquin Emergency Medical Services System and to assist EMS staff in the process of establishing an exclusive operating area (EOA) for ambulance zones 1, 2, 3, 4 and 5; and

IT IS FURTHER ORDERED by this Board of Supervisors to direct the EMS Agency to appoint an independent advisory committee to develop improved ambulance standards; and,

IT IS FURTHER ORDERED by this Board of Supervisors to direct staff and the consultant to collect ideas and concerns from the key stakeholders in the community on the EOA process and to report their findings to the Board on a periodic basis; and

IT IS FURTHER ORDERED by this Board of Supervisors to direct staff to prepare for Board approval an amendment to the EMS Plan to establish an EOA for ambulance zones 1, 2, 3, 4 and 5 that will be submitted to the California Emergency Medical Services Authority.

2/4/03

I HEREBY CERTIFY that the above order was passed and adopted on \_\_\_\_\_ by the following vote of the Board of Supervisors, to wit:

- AYES: ORNELLAS, MOW, GUTIERREZ, MARENCO, SIEGLOCK
- NOES: NONE
- ABSENT: NONE
- ABSTAIN: NONE

LOIS M. SAHYOUN  
Clerk of the Board of Supervisors  
County of San Joaquin  
State of California



LOIS M. SAHYOUN

**EMERGENCY MEDICAL SERVICES AUTHORITY**

1930 9TH STREET  
SACRAMENTO, CALIFORNIA 95814-7043  
(916) 322-4336 FAX: (916) 324-2875



October 18, 2002

Elaine L. Hatch, EMS Director  
San Joaquin EMS Agency  
P. O. Box 1020  
Stockton, CA 95201

Dear Ms. Hatch:

This is in response to your October 7, 2002 letter in which you ask for the Emergency Medical Services Authority's (EMSA) approval to amend the San Joaquin County EMS Plan to provide for a temporary suspension for issuance of ambulance permits for nonexclusive ambulance zones 1, 2, 3, 4, and 5.

EMSA does not have the statutory authority to approve a plan amendment that would grant a temporary suspension of permits for nonexclusive areas. Nonexclusive areas are, by definition, areas where competition is not limited.

Health and Safety Code 1797.85 defines "exclusive operating area" as an EMS area or subarea defined by the EMS plan for which a local EMS agency restricts operations to one or more emergency ambulance services or providers. Section 1797.224 allows local EMS agencies to create exclusive operating areas in the development of a local plan if specific conditions are met and 1797.6 provides for state action immunity under federal antitrust laws. If specified conditions are not met, the local agency may not enjoy the antitrust protection provided under section 1797.6. The statutory authority of EMS to approve the EMS plan extends for exclusive operating areas. We would consider a review of an EMS plan amendment that includes exclusive operating areas and specified timelines for achieving those EOAs. Of course, the specific details of such a proposal would have to be carefully reviewed on a case-by-case basis.

If you have additional questions, please contact me or Donna Nicolaus at (916) 322-4336.

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson".

Richard E. Watson  
Interim Director

cc: Victor Mow, Chairman, Board of Supervisors  
Manuel Lopez, County Administrator  
Michael McGrew, Assistant County Counsel  
Roger Speed, Director Health Care Services  
Darrell Cramphorn, EMS Coordinator

**Annex I**  
**System Resources & Operations**

**TABLE 2: SYSTEM RESOURCES AND OPERATIONS**

**System Organization and Management**

EMS System: San Joaquin County  
 Reporting Year: 2002/2003

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

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

County: San Joaquin County

- |   |            |
|---|------------|
| A. Basic Life Support (BLS)             | ___0___%   |
| B. Limited Advanced Life Support (LALS) | ___0___%   |
| C. Advanced Life Support (ALS)          | ___100___% |

2. Type of agency  
 a - Public Health Department  
**b - County Health Services Agency XX**  
 c - Other (non-health) County Department  
 d - Joint Powers Agency  
 e - Private Non-Profit Entity  
 f - Other: \_\_\_\_\_

3. The person responsible for day-to-day activities of the EMS agency reports to:  
 a - Public Health Officer  
**b - Health Services Agency Director/Administrator XX**  
 c - Board of Directors  
 d - Other: \_\_\_\_\_

4. Indicate the non-required functions, which are performed by the agency:
- |   |           |
|---|-----------|
| Implementation of exclusive operating areas (ambulance franchising) | ___ X ___ |
| Designation of trauma centers/trauma care system planning           | ___ X ___ |
| Designation/approval of pediatric facilities                        | _____     |
| Designation of other critical care centers                          | _____     |
| Development of transfer agreements                                  | ___ X ___ |
| Enforcement of local ambulance ordinance                            | ___ X ___ |
| Enforcement of ambulance service contracts                          | ___ X ___ |
| Operation of ambulance service                                      | _____     |

**Table 2 - System Organization & Management (cont.)**

Continuing education	_ X _
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_ X _
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 2002/2003

A. EXPENSES

Salaries and benefits (All but contract personnel)	\$ _619,670_
Contract Services (e.g. medical director)	_203,300_
Operations (e.g. copying, postage, facilities)	_71,375_
Travel	_19,330_
Fixed assets	_9,300_
Indirect expenses (overhead)	_31,500_
Ambulance subsidy	_ 0 _
EMS Fund payments to physicians/hospital	_ 0 _
Dispatch center operations (non-staff)	_ 0 _
Training program operations	_45,000_
Other: _ Communications _____	_45,534_
Other: _ GIS Services _____	_15,000_
Other: _ Direct _____	_24,325_
<b>TOTAL EXPENSES</b>	<b>\$ _1,084,334_</b>

**Table 2 - System Organization & Management (cont.)**

**B. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ 397,615_
Office of Traffic Safety (OTS)	0_
State general fund	0_
County general fund	473,219_
Other local tax funds (e.g., EMS district)	0_
County contracts (e.g. multi-county agencies)	0_
Certification fees	7,000_
Training program approval fees	3,000_
Training program tuition/Average daily attendance funds (ADA)	36,000_
Job Training Partnership ACT (JTPA) funds/other payments	0_
Base hospital application fees	0_
Trauma center application fees	0_
Trauma center designation fees	0_
Pediatric facility approval fees	0_
Pediatric facility designation fees	0_
Other critical care center application fees	0_
Type: _____	
Other critical care center designation fees	0_
Type: _____	
Ambulance service/vehicle fees	17,500_
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
<b>TOTAL REVENUE</b>	<b>\$ 1,084,334_</b>

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

**Table 2 - System Organization & Management (cont.)**

6. Fee structure for FY 2002/2003

We do not charge any fees

Our fee structure is:

First responder certification	\$ <u>10.00</u>
EMS dispatcher certification	<u>10.00</u>
EMT-I certification	<u>30.00</u>
EMT-I recertification	<u>10.00</u> w/o testing, 30.00 w/ testing
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
EMT-II certification	<u>N/A</u>
EMT-II recertification	<u>N/A</u>
EMT-P accreditation	<u>50.00</u> one time fee
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>50.00</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>200.00</u>
EMT-II training program approval	_____
EMT-P training program approval	<u>200.00</u>
MICN/ARN training program approval	<u>200.00</u>
Base hospital application	<u>0</u>
Base hospital designation	<u>0</u>
Trauma center application	<u>0</u>
Trauma center designation	<u>0</u>
Pediatric facility approval	<u>0</u>
Pediatric facility designation	<u>0</u>

Other critical care center application

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

Other critical care center designation

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

Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: <u>Additional ambulance zones</u>	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for fiscal year: 2002/2003.

**Table 2 - System Organization & Management (cont.)**

EMS System: San Joaquin County

Reporting year: 2002/2003

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	N/A				
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1.0	\$30.98	38%	
ALS Coord./Field Coord./ Training Coordinator	Prehospital Care Coordinator	1.0	\$26.77	38%	
Program Coordinator/ Field Liaison (Non-clinical)	N/A				
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	.1	\$125.00	0%	
Other MD/Medical Consult/ Training Medical Director	EMS Trauma Medical Director	0	0	0	Our trauma medical director did not start until July 2003.
Disaster Medical Planner	RDMHS	1.0	\$25.36	30%	

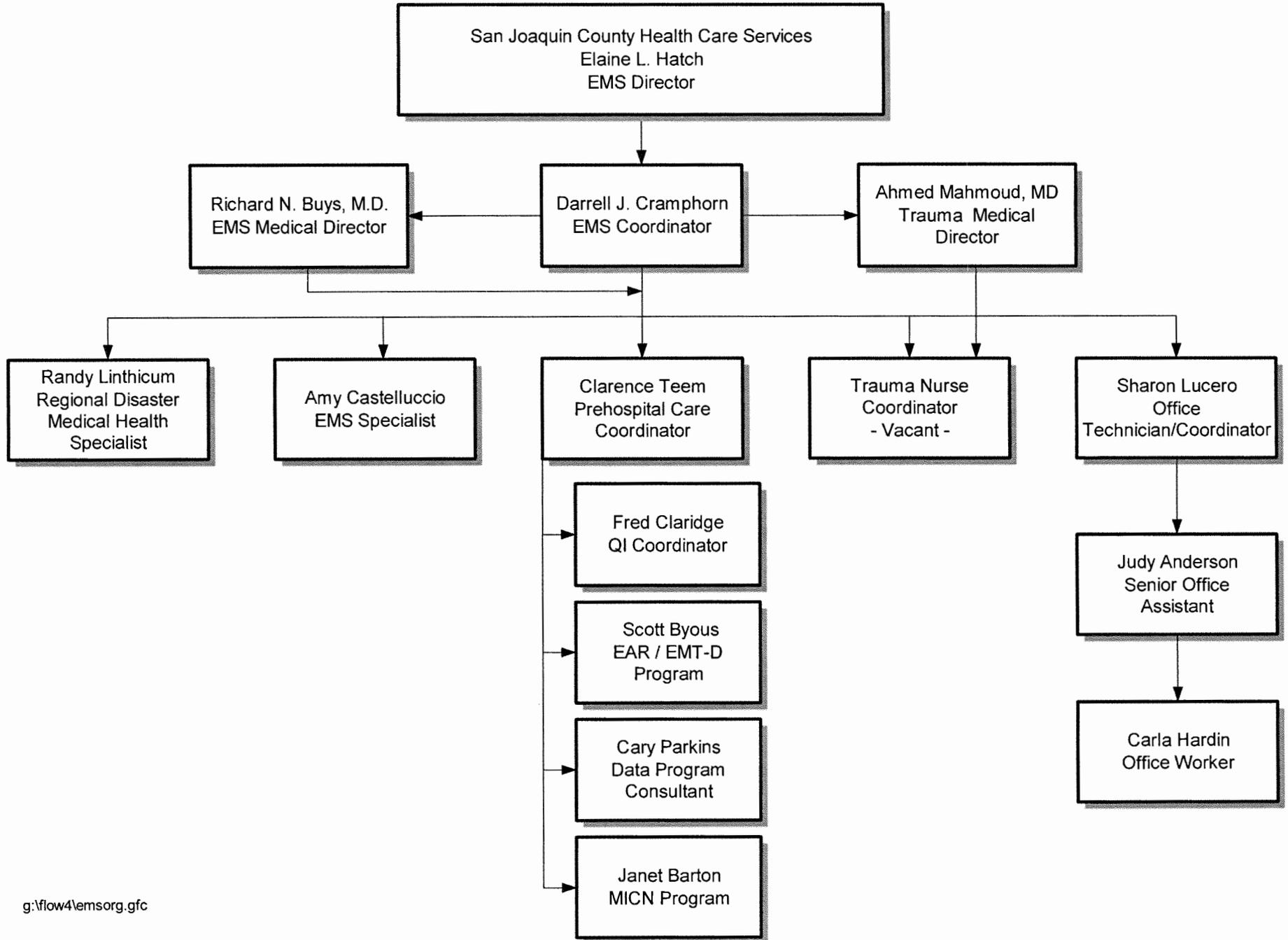
Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**Table 2 - System Organization & Management (cont.)**

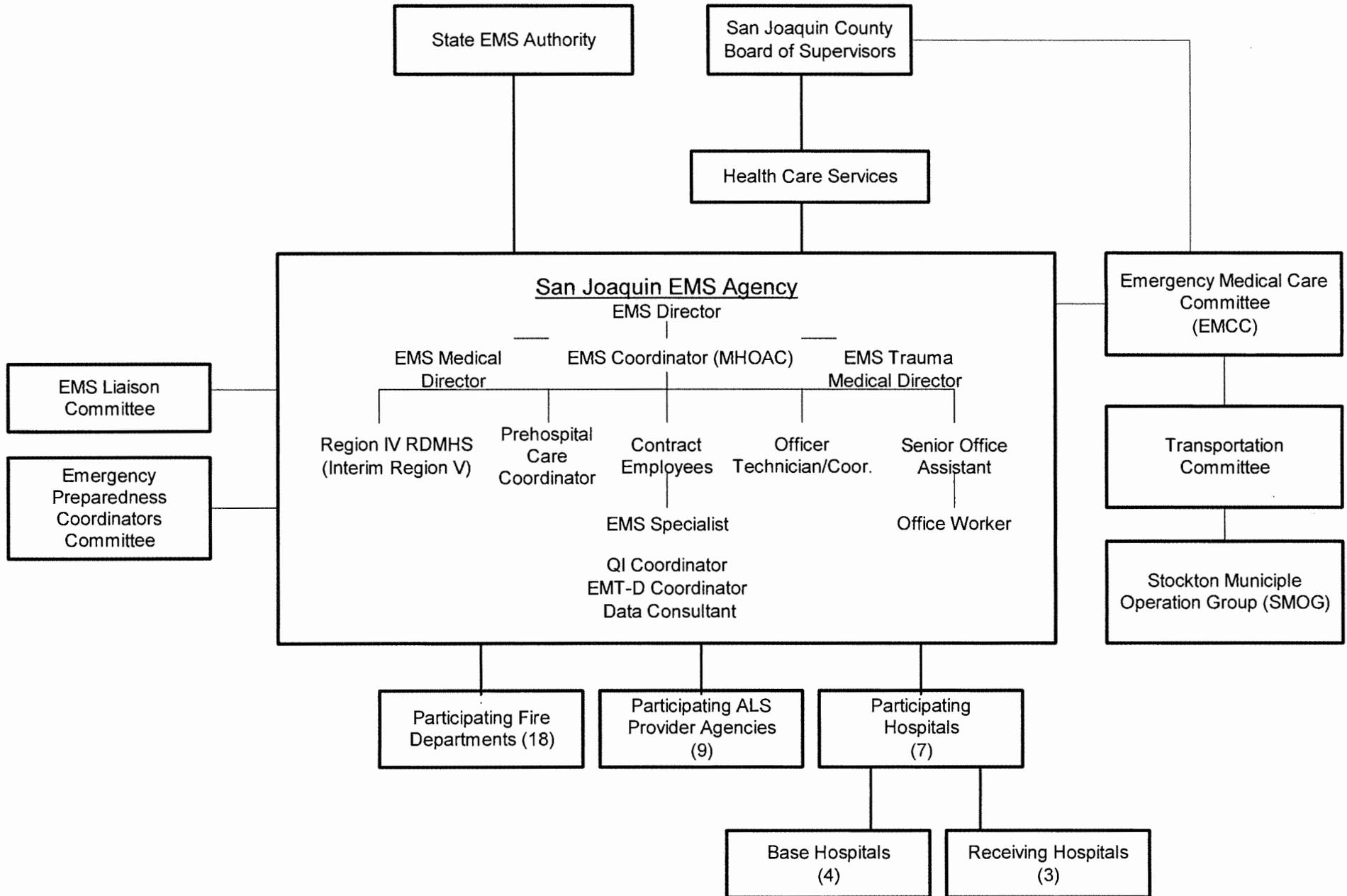
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
Dispatch Supervisor	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	N/A				
QA/QI Coordinator	Quality Improvement Coordinator	1.0	\$24.03	30%	
Public Info. & Education Coordinator	N/A				
Executive Secretary	Office Technician/Coordinator	1.0	\$16.60	38%	
Other Clerical	Senior Office Assistant	1.0	\$14.98	38%	
Data Entry Clerk	Officer Worker	.75	\$11.74	30%	
Other	EMS Specialist	1.0	\$21.69	30%	

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

# San Joaquin EMS Agency Organization Chart



# SAN JOAQUIN COUNTY EMS ORGANIZATION CHART



**TABLE 3. SYSTEM RESOURCES AND OPERATIONS - Personnel Training**

Revision #3 (2/16/05)

EMS System: San Joaquin County

Reporting Year: 2002/2003

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

	EMT - Is	EMT - IIs	EMT - Ps	MICN	EMS Dispatchers
Total Certified	503	N/A	309	139	N/A
Number newly certified this year	229	N/A	106	10	N/A
Number recertified this year	277	N/A	206	52	N/A
Total number of accredited personnel on July 1 of the reporting year	503	N/A	309	139	N/A
Number of certification reviews resulting in:					
a) formal investigations	0	N/A	0	0	N/A
b) probation	0	N/A	0	0	N/A
c) suspensions	0	N/A	0	0	N/A
d) revocations	0	N/A	0	0	N/A
e) denials	0	N/A	0	0	N/A
f) denials of renewal	0	N/A	0	0	N/A
g) no action taken	0	N/A	0	0	N/A

1. Number of EMS dispatchers trained to EMSA standards:   N/A
2. Early defibrillation:
  - a) Number of EMT-I (defib) certified (Including EARs)   400
  - b) Number of public safety (defib) certified (non-EMT-I)   N/A
3. Do you have a first responder training program  yes  no

**TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

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

- 1. Number of primary Public Service Answering Points (PSAP) \_\_\_7\_\_\_
- 2. Number of secondary PSAPs \_\_\_1\_\_\_
- 3. Number of dispatch centers directly dispatching ambulances \_\_\_1\_\_\_
- 4. Number of designated dispatch centers for EMS Aircraft \_\_\_1\_\_\_
- 5. Do you have an operational area disaster communication system? Yes  No 
  - a. Radio primary frequency 463.025
  - b. Other methods (209) 982-1975
  - c. Can all medical response units communicate on the same disaster communications system?  
Yes  No
  - d. Do you participate in OASIS? Yes  No
  - e. Do you have a plan to utilize RACES as a back-up communication system?  
Yes  No
  - 1) Within the operational area? Yes  No
  - 2) Between the operational area and the region and/or state? Yes  No
- 6. Who is your primary dispatch agency for day-to-day emergencies? Stockton Fire Department
- 7. Who is your primary dispatch agency for a disaster? Stockton Fire Department

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS**  
**Response/Transportation**

EMS System: San Joaquin County

Reporting Year: San Joaquin County

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

**TRANSPORTING AGENCIES**

1.	Number of exclusive operating areas		<u>  3  </u>
2.	Percentage of population covered by Exclusive Operating Areas (EOA)		<u> 12 </u> %
3.	Total number responses		<u>57,796</u>
	a) Number of emergency responses	(Code 2: expedient, Code 3: lights and siren)	<u>57,780</u>
	b) Number non-emergency responses	(Code 1: normal)	<u>  16  </u>
4.	Total number of transports		<u>35,774</u>
	a) Number of emergency transports	(Code 2: expedient, Code 3: lights and siren)	<u>33,365</u>
	b) Number of non-emergency transports	(Code 1: normal)	<u> 2,409 </u>

**Early Defibrillation Providers**

5.	Number of public safety defibrillation providers		
	a) Automated		<u> N/A </u>
	b) Manual		<u> N/A </u>
6.	Number of EMT-Defibrillation providers		
	a) Automated		<u>  15  </u>
	b) Manual		<u> N/A </u>

**Air Ambulance Services**

7.	Total number of responses		<u> N/A </u>
	a) Number of emergency responses		<u> N/A </u>
	b) Number of non-emergency responses		<u> N/A </u>
8.	Total number of transports		<u> N/A </u>
	a) Number of emergency (scene) responses		<u> N/A </u>
	b) Number of non-emergency responses		<u> N/A </u>

**TABLE 5: SYSTEM RESOURCES AND OPERATIONS - Response/Transportation (cont'd.)**

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

Enter the response times in the appropriate boxes	<b>METRO/URBAN</b>	<b>SUBURBAN/RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
1. BLS and CPR capable first responder	N/A	N/A	N/A	N/A
2. Early defibrillation responder	N/A	N/A	N/A	N/A
3. Advanced life support responder	N/A	N/A	N/A	N/A
4. Transport Ambulance	8 min.	20 min.	asap	14 min.

**TABLE 6: SYSTEM RESOURCES AND OPERATIONS**  
**Facilities/Critical Care**

EMS System: San Joaquin County

Reporting Year: 2002/2003

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

**Trauma**

Trauma patients:

- a) Number of patients meeting trauma triage criteria \_\_\_\_\_N/A\_\_\_\_\_
- b) Number of major trauma victims transported directly to a trauma center by ambulance \_\_\_\_\_N/A\_\_\_\_\_
- c) Number of major trauma patients transferred to a trauma center \_\_\_\_\_N/A\_\_\_\_\_
- d) Number of patients meeting triage criteria who weren't treated at a trauma center \_\_\_\_\_N/A\_\_\_\_\_

**Emergency Departments**

- Total number of emergency departments \_\_\_\_\_7\_\_\_\_\_
- a) Number of referral emergency services \_\_\_\_\_0\_\_\_\_\_
- b) Number of standby emergency services \_\_\_\_\_0\_\_\_\_\_
- c) Number of basic emergency services \_\_\_\_\_0\_\_\_\_\_
- d) Number of comprehensive emergency services \_\_\_\_\_7\_\_\_\_\_

**Receiving Hospitals**

- 1. Number of receiving hospitals with written agreements \_\_\_\_\_3\_\_\_\_\_
- 2. Number of base hospitals with written agreements \_\_\_\_\_4\_\_\_\_\_





**Annex II**  
**Resources Directory**

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> American Medical Response 888 E. Lindsay Stockton, Ca 95202 1 (800) 913-9142			<b>Primary Contact:</b> Doug Petrik		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __90__ BLS    __14__ EMT-D ____ LALS    __69__ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __28__

<b>Name, address &amp; telephone:</b> A-1 Ambulance 1243 E. Waterloo Stockton, Ca 95205 (209) 464-9380			<b>Primary Contact:</b> Donna McCann		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __8__ BLS    __7__ EMT-D ____ LALS    __5__ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __3__

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Escalon Ambulance PO Box 212 Escalon, Ca 95320 (209) 838-1351			<b>Primary Contact:</b> Mike Pitassi		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib ___17___ BLS _____ EMT-D _____ LALS ___ 8 ___ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ___ 3 ___

<b>Name, address &amp; telephone:</b> First Responder EMS – Sacto. 8611 Folsom Blvd., Ste. G Sacramento, Ca 95816 (916) 381-3780			<b>Primary Contact:</b> Tom Arjil		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS _____ PS-Defib _____ BLS _____ EMT-D _____ LALS _____ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ___ 3 ___

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> <b>Hughson Paramedic Ambulance</b> PO Box 1719 Hughson, Ca 95326 (209) 883-9177			<b>Primary Contact:</b> <b>Tom Crowder</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __9__ BLS    __4__ EMT-D ____ LALS    __12__ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __7__

<b>Name, address &amp; telephone:</b> <b>Manteca Ambulance</b> PO Box 2 Manteca, Ca 95336 (209) 823-1032			<b>Primary Contact:</b> <b>Dana Solomon</b>		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __15__ BLS    __6__ EMT-D ____ LALS    __14__ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __6__

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Priority One Ambulance 8520 Archibald Ave. #20B Rancho Cucamonga, Ca 91730 1 (800) 600-3370			<b>Primary Contact:</b> Mike Parker		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __14__ BLS    __9__ EMT-D ____ LALS    __18__ ALS
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __7__

<b>Name, address &amp; telephone:</b> Ripon Ambulance 142 S. Stockton St. Ripon, Ca 95366 (209) 599-4209			<b>Primary Contact:</b> Gene Vander Plaats		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: ____ PS      ____ PS-Defib __15__ BLS    __15__ EMT-D ____ LALS    __20__ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input checked="" type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: __1__

**TABLE 8. RESOURCES DIRECTORY -- Providers**

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Stockton Fire Department 425 N. El Dorado St. Stockton, Ca 95202 (209) 937-7129			<b>Primary Contact:</b> Jim Beck		
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input checked="" type="checkbox"/> Transport <input type="checkbox"/> Non-Transport	Air classification: <input type="checkbox"/> auxiliary rescue <input type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: _____ PS      _____ PS-Defib _160_ BLS      _160_ EMT-D _____ LALS      _120_ ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city <input type="checkbox"/> county <input type="checkbox"/> state <input type="checkbox"/> fire district <input type="checkbox"/> Federal	System available 24 hours? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Number of ambulances: ___7___

**TABLE 9. RESOURCES DIRECTORY -- Approved Training Programs**

Revision #1 [2/16/95]

**EMS System:** San Joaquin County

**County:** San Joaquin County

**Reporting Year:** 2002/2003

**NOTE:** Table 9 is to be completed by county. Make copies to add pages as needed.

**Training Institution Name** Emergency Medical Services  
Training Institute (EMSTI)  
**Address** 343 E. Main St. #906  
Stockton, Ca 95202

**Contact Person telephone no.** Craig Stroup (209) 836-0146  
Dave Patton (209) 461-5550

<b>Student Eligibility: *</b> Must be: 18 y/o, no felony convictions, EMT-1 cert., >1 yr. FTE experience pre-paramedic or Anatomical & Physiological, EKG – college level.	<b>Cost of Program</b>  Basic _\$5,550.00 per student_  Refresher ____N/A____	<b>**Program Level: EMT-P</b> Number of students completing training per year: Initial training:     _55_ Refresher:             _N/A_ Cont. Education       _N/A_ Expiration Date:     _N/A_ Number of courses:    _2_ Initial training:       _2_ Refresher:             _0_ Cont. Education:       _0_

**Training Institution Name** Delta College EMT Training Program  
**Address** 5100 Pacific Avenue  
Stockton, Ca 95202

**Contact Person telephone no.** Debra Lewis (209) 954-5516

<b>Student Eligibility: *</b> Must be: Healthcare Provider/Professional Rescue CPR certified.	<b>Cost of Program</b>  Basic     _\$52.00 per student_  Refresher _\$13.00 per student_	<b>**Program Level: EMT-I</b> Number of students completing training per year: Initial training:    _150_ Refresher:           _60_ Cont. Education     _0_ Expiration Date:   _N/A_ Number of courses:  _6_ Initial training:    _4_ Refresher:           _2_ Cont. Education:    _N/A_

- Open to general public or restricted to certain personnel only.
- \*\* Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

**TABLE 10. RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Dameron Hospital 525 W. Acacia Street Stockton, Ca 95203 (209) 461-3135			<b>Primary Contact:</b> Nicholas Arismendi	
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  ✓ yes <input type="checkbox"/> no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> Doctor's Hospital, Manteca 1205 E. North Street Manteca, Ca 95336 (209) 823-3111			<b>Primary Contact:</b> Tareq Ali, MD	
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes ✓ no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10. RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Lodi Memorial Hospital 1320 Fairmont Street Lodi, Ca 95241 (209) 368-3121		<b>Primary Contact:</b> Joseph Harrington, CEO		
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  ✓ yes <input type="checkbox"/> no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> San Joaquin General Hospital PO Box 1020 Stockton, Ca 95201 (209) 468-6100		<b>Primary Contact:</b> Steve Ebert, Hospital Director		
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  ✓ yes <input type="checkbox"/> no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10: RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> St. Dominic's Hospital 1777 West Yosemite Ave. Manteca, Ca 95336 (209) 825-3561		<b>Primary Contact:</b> George Abbott, MD		
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  <input type="checkbox"/> yes ✓ no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

<b>Name, address &amp; telephone:</b> St. Joseph's Medical Center 1800 North California Street Stockton, Ca 95213 (209) 461-3200		<b>Primary Contact:</b> Michael Herrera, MD		
Written Contract ✓ yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service ✓ Comprehensive emergency service <input type="checkbox"/>	Base Hospital:  ✓ yes <input type="checkbox"/> no	Pediatric Critical Care Center: *  <input type="checkbox"/> yes ✓ no	
EDAP:** <input type="checkbox"/> yes ✓ no	PICU:*** <input type="checkbox"/> yes ✓ no	Burn Center: <input type="checkbox"/> yes ✓ no	Trauma Center: <input type="checkbox"/> yes ✓ no	If Trauma Center what Level:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.
- \*\*\* Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 10. RESOURCES DIRECTORY -- Facilities**

Revision #1 [2/16/95]

EMS System: San Joaquin County

County: San Joaquin County

Reporting Year: 2002/2003

<b>Name, address &amp; telephone:</b> Sutter-Tracy Community Hospital 1420 Tracy Blvd. Tracy, Ca 95376 (209) 835-1500			<b>Primary Contact:</b> Alan Uyeno, MD	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- \* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*
- \*\* Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards.*
- \*\*\* Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.*
- \*\*\*\* Levels I, II, III and Pediatric.

**TABLE 1. RESOURCES DIRECTORY -- Dispatch Agency**

Revision #2 [9/14/95]

**EMS System:** San Joaquin County

**County:** San Joaquin County

**Reporting Year:** 2002/2003

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

<b>Name, address &amp; telephone:</b> Stockton Fire Department 425 N. El Dorado Street Stockton, Ca 95202 (209) 464-4648		<b>Primary Contact:</b> Dave Hafey	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      __18__ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

<b>Name, address &amp; telephone:</b>		<b>Primary Contact:</b>	
Written Contract: <input type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training      _____ EMT-D      _____ ALS _____ BLS                      _____ LALS                      _____ Other
Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

\* \* \* \* \*

**Trauma Planning**

STANDARD:

**Minimum Standards**

1.07 The local EMS Agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

**Recommended Guidelines**

The local EMS Agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS:

**Currently, the EMS Agency is working on establishing a trauma system plan within San Joaquin County. A public hearing for the trauma plan is scheduled with the County Board of Supervisors for January 20, 2004. After approval of the trauma plan, it will be submitted to the State EMS Authority for review and approval. During the trauma planning process, the County Trauma Steering Committee agreed on the optimal system design for San Joaquin County. This information is included in the trauma plan for the Board of Supervisors to review.**

COORDINATION WITH OTHER EMS AGENCIES:

**Coordination with surrounding counties is forthcoming once the trauma plan is approved.**

NEED(S):

OBJECTIVE:

**Approval of trauma plan and designation of a trauma center in San Joaquin County.**

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **X**

Long-range Plan (more than one year)

\*\*\*\*\*

## Trauma System Design

### 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 process which allows all eligible facilities to apply.

### CURRENT STATUS:

**The EMS Agency, along with the County Trauma Steering Committee recently completed the County trauma plan. The plan has been reviewed by the Board of Supervisors and a public hearing for the trauma plan is scheduled for January 20, 2004. The trauma plan includes the optimal system design for San Joaquin County and the processes for assigning roles to system participants. Any hospital in San Joaquin County will be allowed to apply for trauma center designation once the plan has been approved by the EMS Authority.**

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

**Approval of trauma plan and designation of a trauma center in San Joaquin County.**

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **X**

Long-range Plan (more than one year)

\* \* \* \* \*

## Pediatric System Design

### 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 process which allows all eligible facilities to apply.

### CURRENT STATUS:

**In 1995/96, the EMS Agency received a grant (EMS #6019) to implement the EMSC guidelines in San Joaquin County. During this project, a consultant was hired and a Pediatric Advisory Committee (PAC) developed. Also, evaluation of prehospital treatment guidelines and equipment and emergency room assessments were completed.**

**After an extensive review and evaluation of pediatric transfer agreements, pediatric transfers programs, and implementation of EMSC guidelines for specialized centers, the PAC committee and EMS Agency created a document, *Guidelines for Pediatric Critical Care Centers*, which was approved by the California EMS Authority.**

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year)

\*\*\*\*\*

**Enhanced Level: Exclusive Operating Areas**

**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

**CURRENT STATUS:**

**The San Joaquin County EMS Transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan. Pursuant to a competitive process, a contract for exclusive emergency ambulance service was granted in Zone's A, B, and C, to become effective May 1, 2006.**

**COORDINATION WITH OTHER EMS AGENCIES:**

**N/A**

**NEED(S):**

**In cooperation with selected provider develop and implement a plan for transitioning ambulance zones A, B, and C, to exclusive service effective May 1, 2006.**

**OBJECTIVE:**

**Implement exclusive ambulance service contract for ambulance zones A, B, and C, effective May 1, 2006.**

**TIME FRAME FOR MEETING OBJECTIVE:**

Short-range Plan (one year or less)      **X**

Long-range Plan (more than one year)

\*\*\*\*\*

### Response and Transportation

#### STANDARD:

- 4.01 Minimum - the local EMS agency shall determine the boundaries of emergency medical transportation service. Recommended – the local EMS agency should secure a county ordinance or similar mechanism for establishing emergency medical transport service areas.

#### CURRENT STATUS:

**San Joaquin County modified its ambulance ordinance addressing the establishment of emergency medical transport service areas in October 19, 2004, in order to implement the provisions of the County's EMS Transportation Plan, including new emergency medical transportation service areas. The County's EMS transportation Plan was approved by the EMS Authority on August 4, 2004, as an amendment to the County's EMS Plan.**

#### COORDINATION WITH OTHER EMS AGENCIES:

**N/A**

#### NEED(S):

**N/A**

#### OBJECTIVE:

**N/A**

#### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **N/A**

Long-range Plan (more than one year)

\*\*\*\*\*

## Response and Transport

### STANDARD:

- 4.02 Minimum - the local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies and procedures. Recommended – the local EMS Agency should secure a county ordinance or similar mechanism for licensure of emergency medical transport service. These should be intended to promote compliance with overall system management and should, wherever possible, replace any other ambulance regulatory programs within the EMS area.

### CURRENT STATUS:

**The County's ambulance ordinance, EOA provider agreements and EMS Agency policies and procedures specify minimum standards and system operation. Compliance is monitored by the EMS Agency.**

### COORDINATION WITH OTHER EMS AGENCIES:

**N/A**

### NEED(S):

**N/A**

### OBJECTIVE:

**N/A**

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **N/A**

Long-range Plan (more than one year)

\*\*\*\*\*

**Response/Transportation**

STANDARD:

**Minimum Standards**

**Recommended Guidelines**

**Universal Level**

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.

CURRENT STATUS:

**Prescheduled responses by EMS transport vehicles are provided at levels that permit compliance with local EMS policy.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\* \* \* \* \*

Response/Transportation

STANDARD:

**Minimum Standards**

**Recommended Guidelines**

**Universal Level**

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.

CURRENT STATUS:

**All EMS transport vehicles meet the current State and local EMS agency regulations for staffing and equipment for each level of service provided. The local EMS agency's Ambulance Ordinance Officer inspects and issues permits after the ambulance provider meets the requirements for staffing, equipment and vehicle inspection.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

**Response/Transportation**

STANDARD:

**Minimum Standards**

**Recommended Guidelines**

**Universal Level**

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

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

CURRENT STATUS:

**Local EMS agency has intercounty agreements for response to EMS vehicles. No mutual aid agreement exists. Financial responsibilities for mutual aid have not been addressed.**

COORDINATION WITH OTHER EMS AGENCIES:

**“Continuation of call” agreement exists.**

NEED(S):

**Mutual aid plan that addresses financial responsibilities.**

OBJECTIVE:

**Establish mutual aid agreements with neighboring local EMS agencies that addresses financial responsibilities.**

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less)

Long-range Plan (more than one year) **X**

\* \* \* \* \*

**Enhanced Level: Ambulance Regulation**

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.

CURRENT STATUS:

**Local EMS agency has written agreement with all EMS transportation agencies. These agreements identify compliance policies and procedures regarding system operation and clinical care.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

**Enhanced Level: Exclusive Operating Permits**

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:
- a) minimum standards for transportation services,
  - b) optimal transportation system efficiency and effectiveness, and
  - c) use of a competitive process to ensure system optimization.

CURRENT STATUS:

**Local EMS agency does not have a formal transportation plan that identifies optimal standards and competitive process to ensure system optimization. Three out of the eight ambulance zones are EOAs and operating under the Grandfather Clause, pursuant to section 1797.224 of the H&SC. The EOA provider agreements and policy 810.01 specify minimum standards and system operation.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

**A formal transportation plan will be included in the competitive bid process.**

OBJECTIVE:

**Develop and complete transportation plan through the competitive bid process.**

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **X**

Long-range Plan (more than one year)

\*\*\*\*\*

**Enhanced Level: Exclusive Operating Permits**

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.

CURRENT STATUS:

**Transportation plan does not exist, nor does the local EMS agency intend to grant an exclusive operating permit without the use of a competitive bid. Currently, ambulance zones six, seven, and eight are EOAs and were done so under the Grandfather Clause, section 1797.224, H&SC.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\* \* \* \* \*

**Enhanced Level: Exclusive Operating Permits**

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.

CURRENT STATUS:

**Contract for EOA permit requires compliance with applicable policies and procedures regarding system operations and patient care.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

**Enhanced Level: Exclusive Operating Permits**

STANDARD:

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

CURRENT STATUS:

**Pursuant to the guidelines established by the California EMS Authority, the EOA agreements are reviewed annually and response time compliance with minimum standards is evaluated monthly.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

**Development of plan to evaluate design of EOAs.**

OBJECTIVE:

**Complete development of plan to evaluate design of EOAs.**

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **X**

Long-range Plan (more than one year)

\* \* \* \* \*

## Trauma System Design

### STANDARD:

- 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.

### CURRENT STATUS:

- **The EMS Agency, along with the County Trauma Steering Committee, agreed that the optimal trauma system design for San Joaquin County is to have one level II trauma center.**
- **Consideration of the catchments areas will be made once the trauma plan is approved.**
- **The County trauma triage criteria was approved by the Patient Flow subcommittee, which was part of the County trauma planning process.**
- **The role of the non-trauma centers is being discussed and is part of the trauma plan.**
- **Monitoring and evaluation of the system is discussed within the trauma plan. It was agreed by the EMS Agency and the Trauma Steering Committee that a Trauma Audit Committee (TAC) will be formed, pending approval of the trauma center designation.**

### COORDINATION WITH OTHER EMS AGENCIES:

**Discussion with other EMS Agencies regarding the catchment areas is forthcoming.**

### NEED(S):

N/A

### OBJECTIVE:

**Establish one level II trauma center.**

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) **X**

Long-range Plan (more than one year)

\*\*\*\*\*

## Pediatric System Design

### STANDARD:

- 5.10 Local EMS Agencies that develop pediatric emergency medical and critical care systems shall determine the optimal 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 specialty care centers,
  - d.) identification of providers who are qualified to transport such patients to a designated facility, identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - e.) identification of tertiary care centers for pediatric critical care and pediatric trauma,
  - f.) the role of non-pediatric specialty care hospitals including those which are outside of the primary triage area,
  - g.) a plan for monitoring and evaluation of the system.

### CURRENT STATUS:

**As stated in Standard 1.27, the PAC committee and EMS Agency created a document, *Guidelines for Pediatric Critical Care Centers* that describes the process taken in San Joaquin County for pediatric trauma or critical care patients. The above objectives are described within the *Guidelines for Pediatric Critical Care Centers* document.**

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

## Emergency Departments

### STANDARD:

#### Minimum Standards

#### Recommended Guidelines

- 5.11 Local EMS Agencies shall identify minimum standards for pediatric capacity of emergency departments including:
- a.) staffing,
  - b.) training,
  - c.) equipment,
  - d.) identification of patients for whom consultation with a pediatric critical care center is appropriate,
  - e.) quality assurance/quality improvement, and
  - f.) data reporting to the local EMS Agency.

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.

### CURRENT STATUS:

**Pursuant to the EMSC grant, the EMS Agency decided not to develop Emergency Departments Approved for Pediatrics (EDAP) criteria. It was felt, at that time, that no ED could reasonably meet those criteria. Existing interfacility transfer processes were felt to be sufficient to continue care for the emergent pediatric patient. Additionally, EMS Prehospital policy was modified to allow pediatric patients meeting certain triage criteria to be sent to an approved Pediatric Trauma Center directly from the scene. The EMS Agency received data on all prehospital patients electronically for QA/QI purposes.**

### COORDINATION WITH OTHER EMS AGENCIES:

N/A

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\* \* \* \* \*

**Public Input**

STANDARD:

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

CURRENT STATUS:

**This objective was completed when the EMS Agency received grant EMS #6019 to implement the EMSC guidelines in San Joaquin County. During this project, a consultant was hired and a Pediatric Advisory Committee (PAC) developed, consisting of input from both pre-hospital and hospital providers and consumers.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

**Public Input**

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:
- a.) the number and role of system participants,
  - b.) the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
  - c.) identification of patients who should be triaged or transferred to a designated center,
  - d.) the role of non-designated hospitals including those which are outside of the primary triage area, and
  - e.) a plan for monitoring and evaluation of the system.

CURRENT STATUS:

**The specific items listed in Standard 5.13 will be addressed by the Trauma Plan, and will be released once approved by the Board of Supervisors.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

### Public Input

STANDARD:

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

CURRENT STATUS:

**The EMS Agency continually strives for broad input in development of policies and procedures. The County Trauma Steering Committee is composed of representatives from hospitals, prehospital, EMS Staff, and the public. Such committee makeup is common practice and will continue to be utilized.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\* \* \* \* \*

**ALS Audit**

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.

CURRENT STATUS:

**The objectives above were completed this year in coordination with the County Trauma Steering Committee. This committee consists of representatives from acute care providers, public consumers and other health care agencies. A Data Subcommittee was formed which evaluated potential trauma registries. A trauma data registry system is in place at each hospital and will be used once the trauma plan and trauma center designation is approved. Additionally, a Trauma Audit Committee (TAC) will be developed after implementation of the trauma plan to monitor the system.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

**ALS Audit**

STANDARD:

**Minimum Standards**

**Recommended Guidelines**

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.

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.

CURRENT STATUS:

**A trauma data registry system has been installed at all seven of the hospitals in San Joaquin County. Therefore, once the trauma plan is authorized, trauma data will be submitted to the EMS Agency by all participating facilities, and forwarded to the EMS Authority.**

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEED(S):

N/A

OBJECTIVE:

N/A

TIME FRAME FOR MEETING OBJECTIVE:

Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

\*\*\*\*\*

## Mutual Aid Agreements

### 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.

### CURRENT STATUS:

**San Joaquin County, in addition to the other counties in Region IV, follows the Region IV Multi-Casualty Incident (MCI) Plan, which abides by the objectives stated above.**

### COORDINATION WITH OTHER EMS AGENCIES:

**Coordination with other EMS Agencies during times of disaster or periods of extraordinary system demand is available.**

### NEED(S):

N/A

### OBJECTIVE:

N/A

### TIME FRAME FOR MEETING OBJECTIVE:

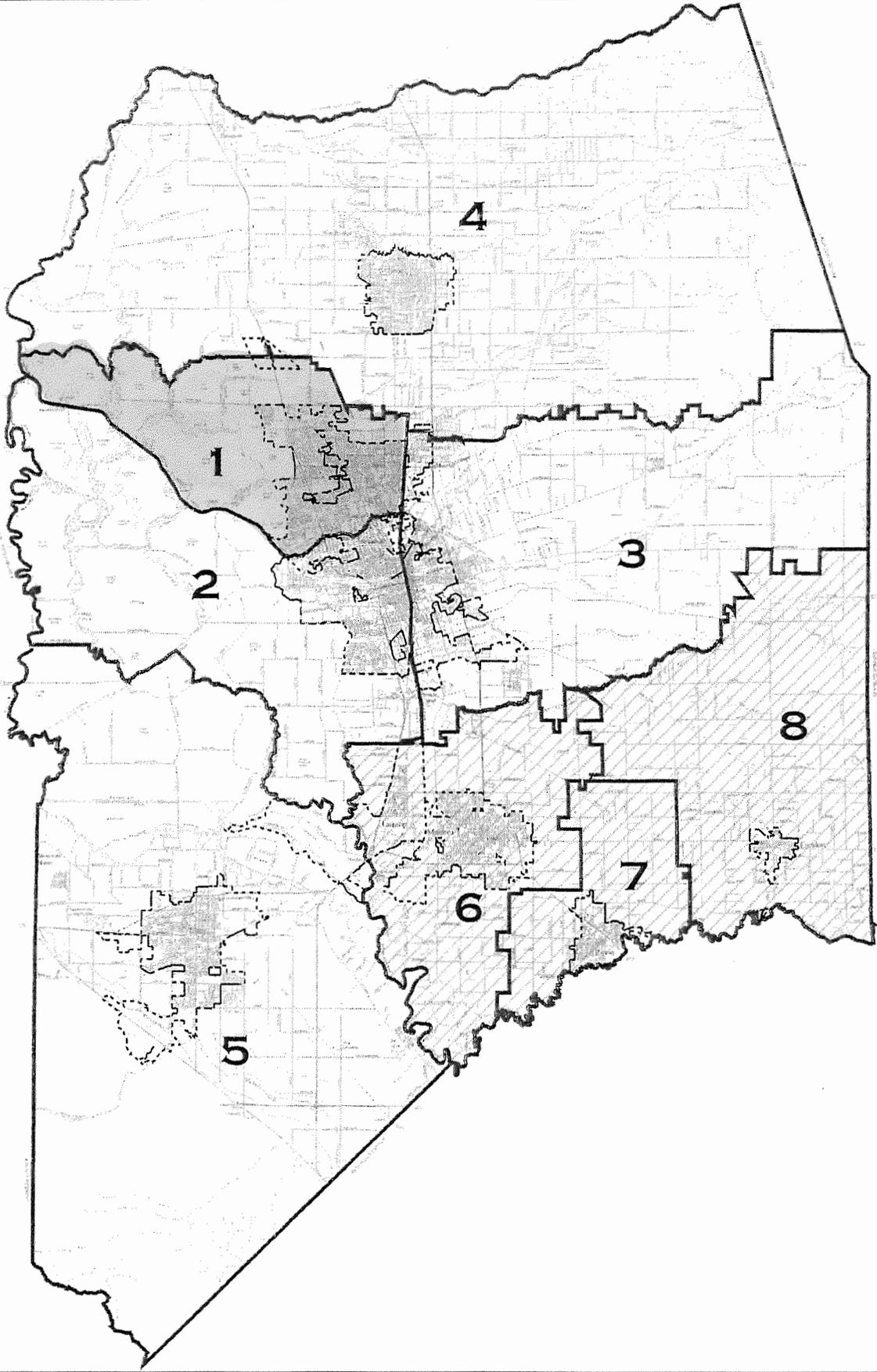
Short-range Plan (one year or less) N/A

Long-range Plan (more than one year)

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone One</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response – 10 years                      Stockton Fire Department – 1 year Hughson Paramedic Ambulance – 3 years                      First Responder EMS, Inc.-Stockton – 3/10/03</p>
<p><b>Area or subarea (Zone) Geographic Description:</b> See map attached</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive zone</p>
<p><b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>N/A</p>



# Ambulance Zones

San Joaquin County Geographic Information Systems  
 1810 East Hazelton Avenue, Stockton, CA 95205

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Legend:

- Water
- Street
- Ambulance Zone
- (Exclusive Operating Area)
- City Limit

0 1 2 Miles

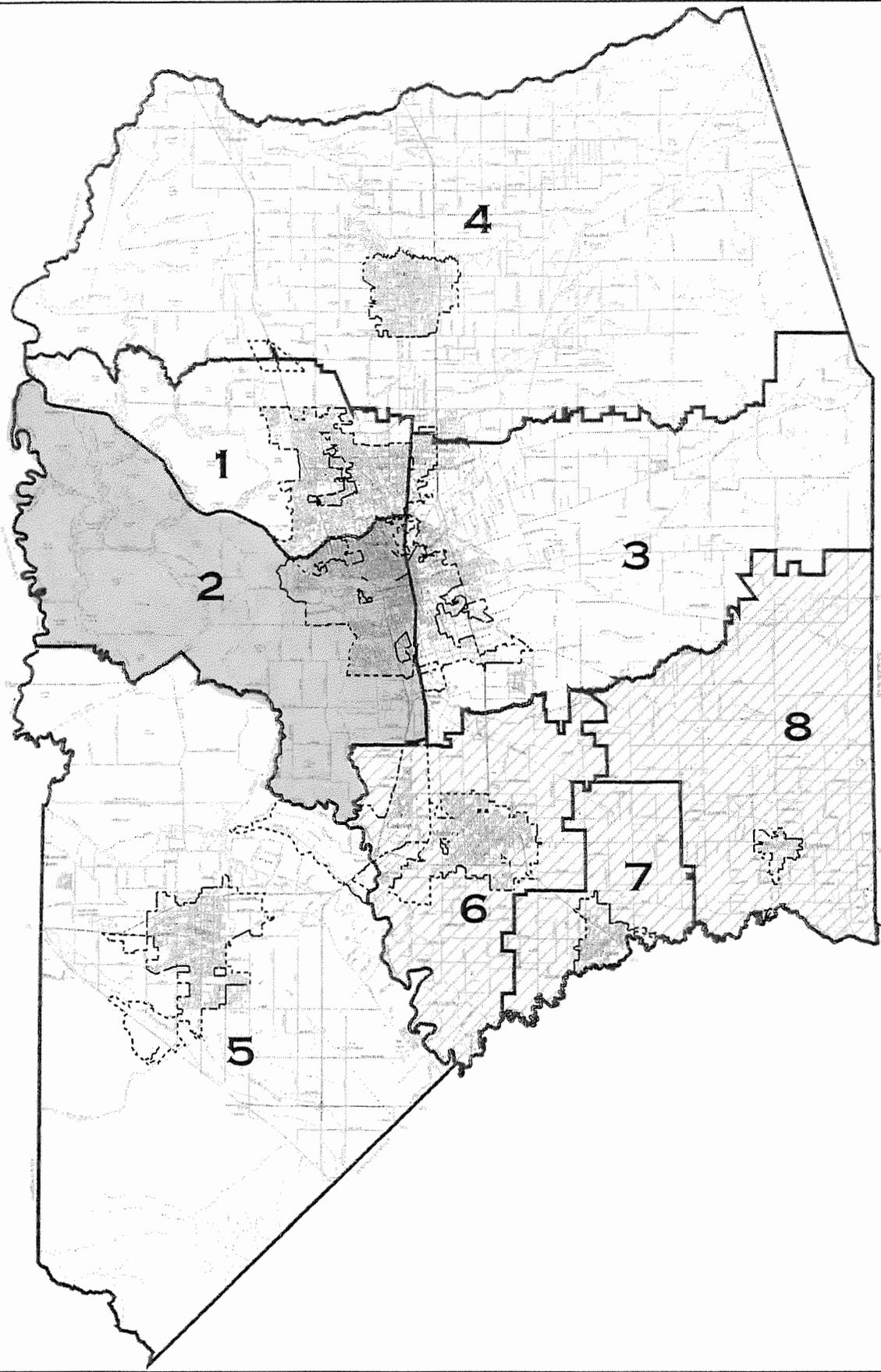
June 27, 2003 David Bollinger

**Zone Two  
Non-Exclusive Operating Area**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone Two</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response – 10 years      Stockton Fire Department – 1 year Priority One Medical Transport – 1 year      <i>Hughson Ambulance no longer in zone two</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b> See map attached</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive zone</p>
<p><b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>N/A</p>



# Ambulance Zones

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Legend:

- Water
- Street
- Ambulance Zone
- (Exclusive Operating Area)
- City Limit

0 1 2 Miles

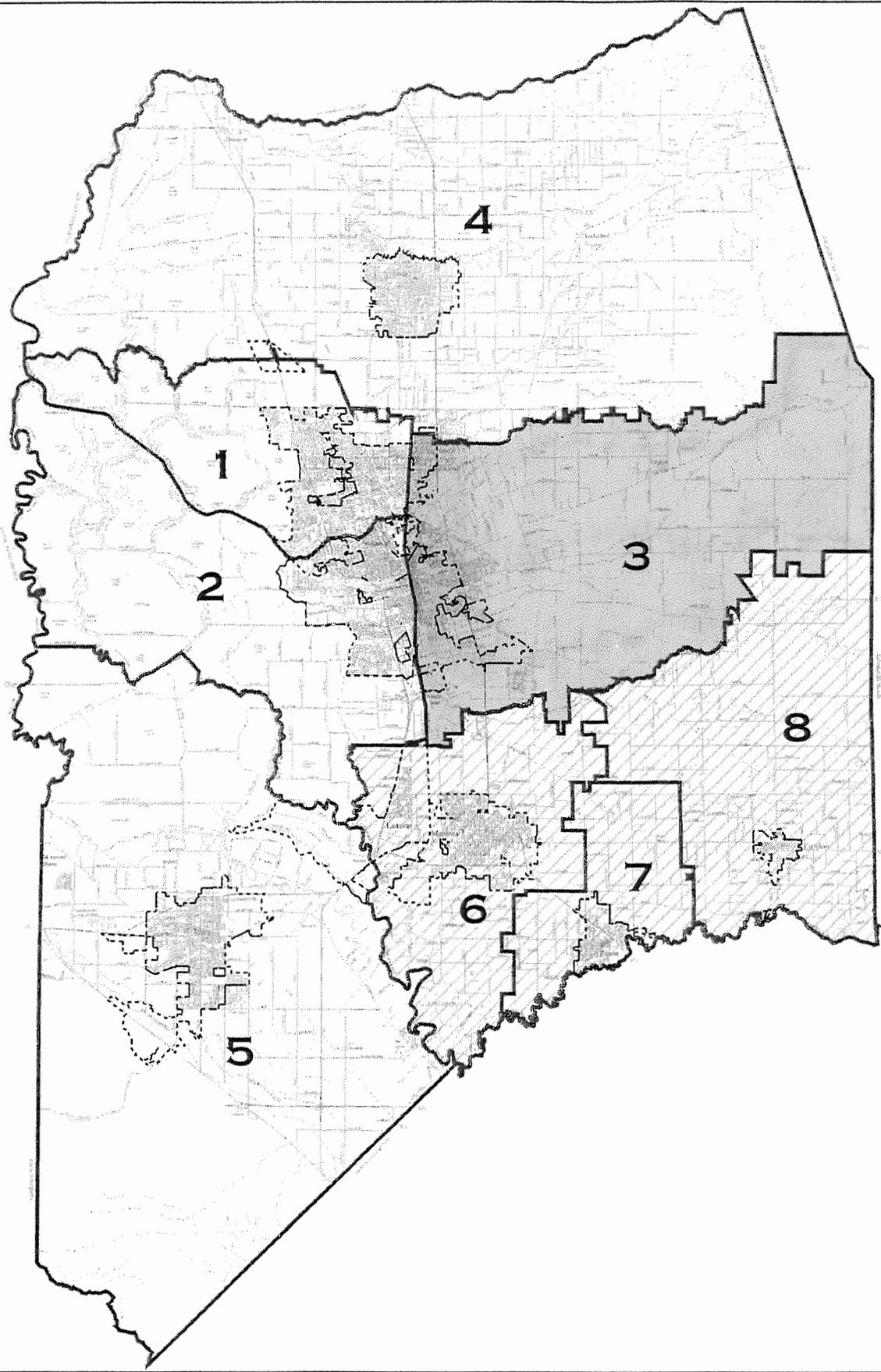
June 27, 2003 David Bollinger

**Zone Three  
Non-Exclusive Operating Area**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<p><b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency</p>
<p><b>Area or subarea (Zone) Name or Title:</b> Zone Three</p>
<p><b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>American Medical Response – 10 years      Stockton Fire Department – 1 year          Priority One Medical Transport – 1 ½ years      A-1 Ambulance – 32 years  <i>Hughson Ambulance no longer in zone three</i></p>
<p><b>Area or subarea (Zone) Geographic Description:</b> See map attached</p>
<p><b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.</p> <p>Non-exclusive zone</p>
<p><b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>N/A</p>
<p><b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>N/A</p>



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Legend:

- Water
- Street
- Ambulance Zone
- (Exclusion Operating Area)
- City Limit

0 1 2 3 Miles

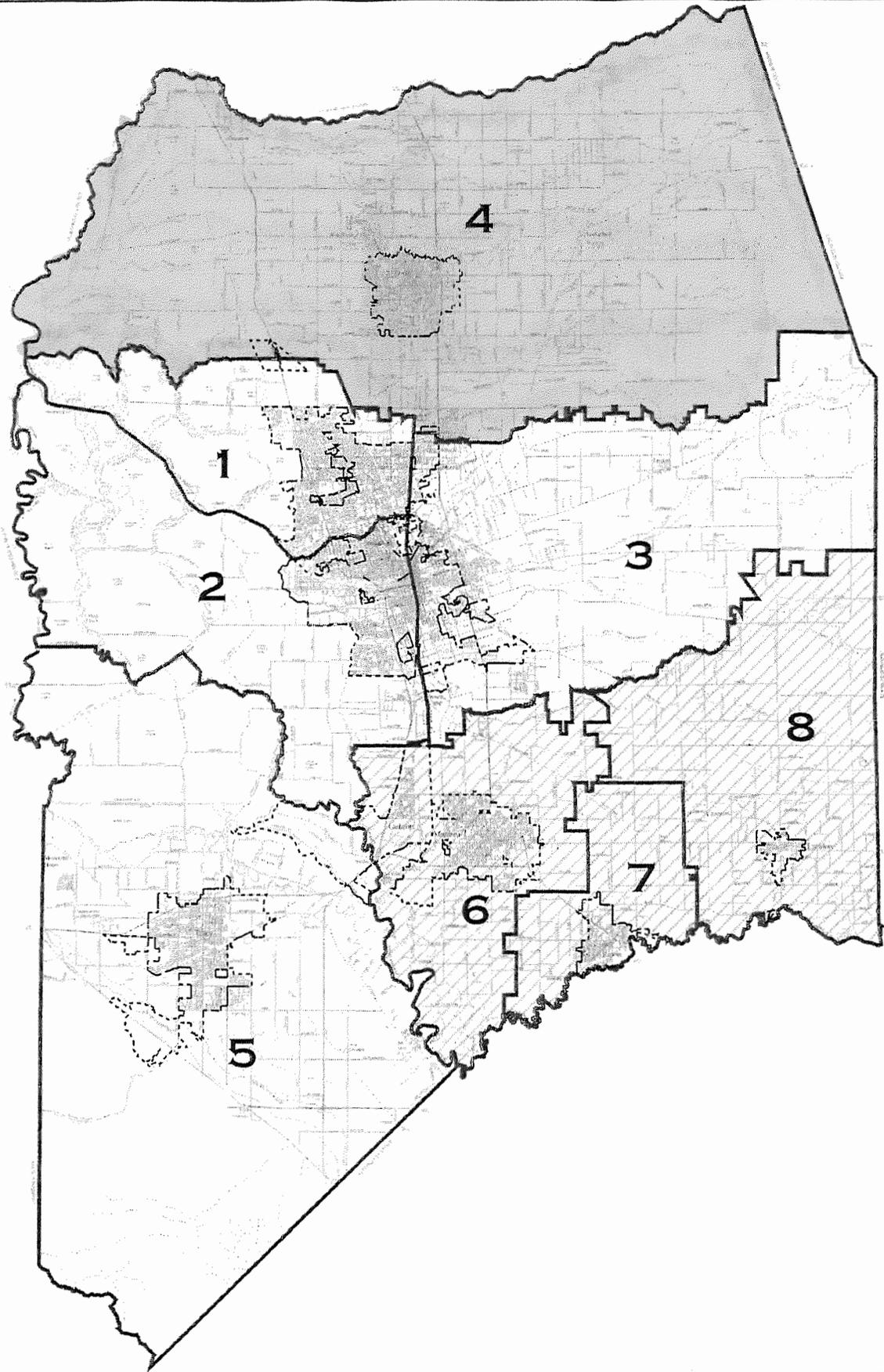
June 27, 2003 David Bollinger

**Zone Four  
Non-Exclusive Operating Area**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone Four
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  American Medical Response – 10 years      Priority One Medical Transport – 8-4-03
<b>Area or subarea (Zone) Geographic Description:</b> See map attached
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Non-exclusive zone
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



## Ambulance Zones

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Legend

- Water
- Street
- Ambulance Zone
- (Exclusive Operating Area)
- City Limit

Scale: 0 1 2 Miles

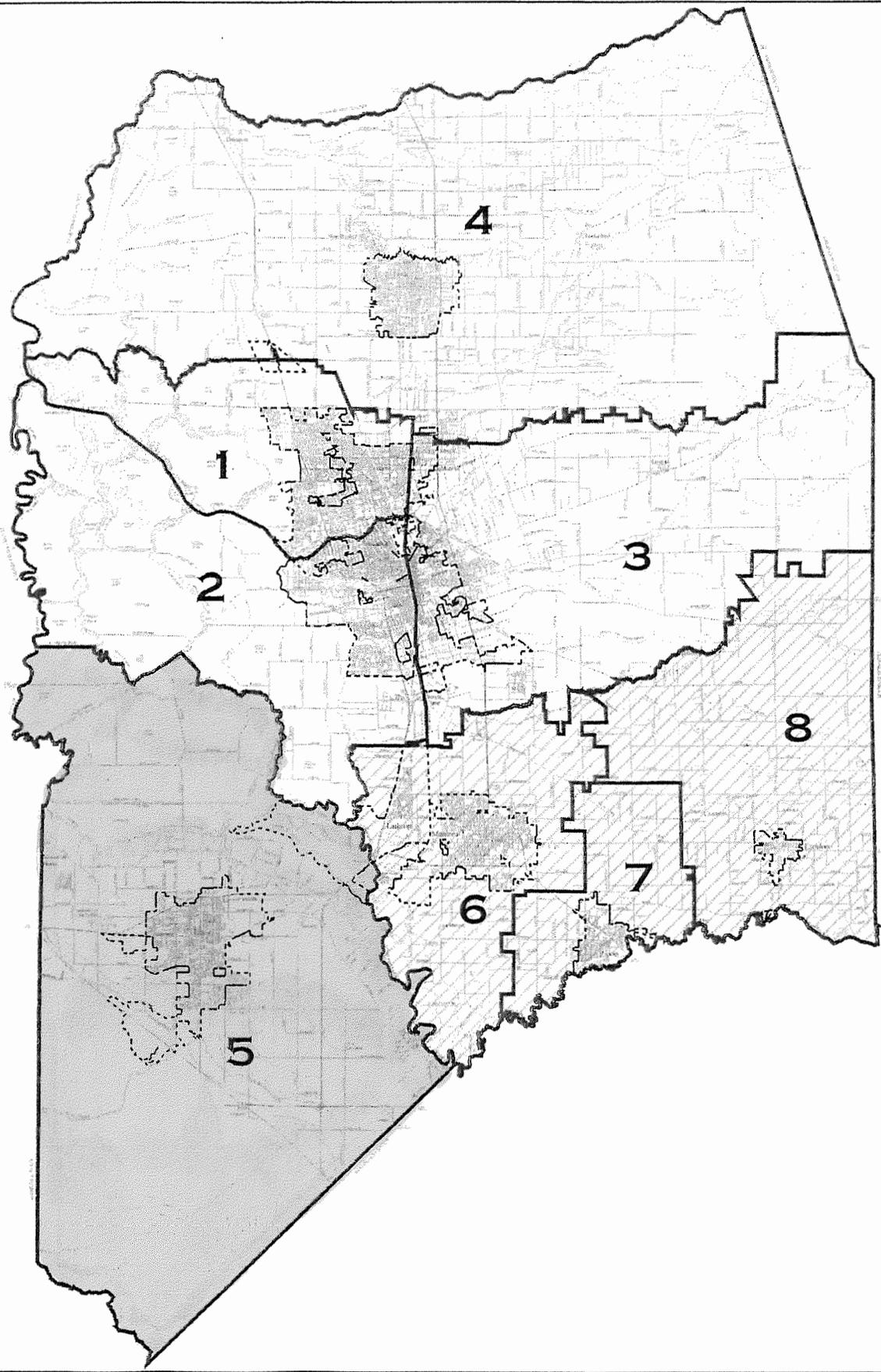
June 27, 2003 David Bollinger

**Zone Five  
Non-Exclusive Operating Area**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone Five
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  American Medical Response – 10 years      Hughson Paramedic Ambulance – 2-17-03
<b>Area or subarea (Zone) Geographic Description:</b> See map attached
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Non-exclusive zone
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  N/A
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



# Ambulance Zones

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Legend:

- Water
- Street
- Ambulance Zone
- (Exclusive Operating Area)
- City Limit

0 1 2 Miles

June 27, 2003 David Bollinger

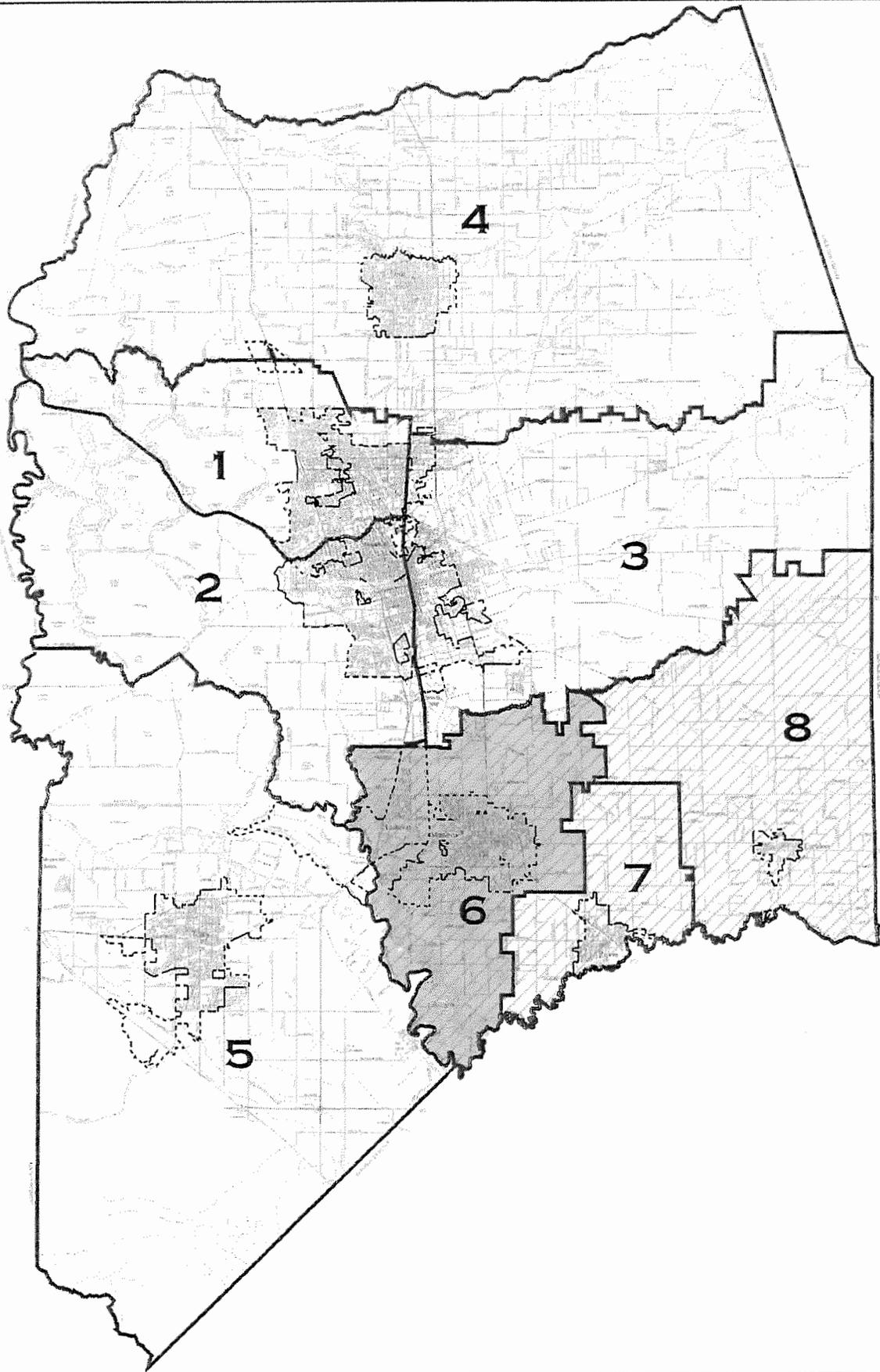


**Zone Six  
Exclusive Operating Area**

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b> San Joaquin EMS Agency
<b>Area or subarea (Zone) Name or Title:</b> Zone Six
<b>Name of Current Provider(s):</b> Include company name(s) and length of operation (uninterrupted) in specified area or subarea.  Manteca Fire District Ambulance Service – 52 years
<b>Area or subarea (Zone) Geographic Description:</b> See map attached
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b> Include intent of local EMS agency and Board action.  Exclusive zone
<b>Type of Exclusivity, Emergency Ambulance, ALS, or LALS (HS 1797.85):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).  Emergency ambulance/ALS All calls requiring emergency ambulance service.
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b> If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.  If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  Grandfathered - Manteca District Ambulance (MDA) Service originally began providing transportation services in November, 1951. This service has continued, without interruption or competition and since then no changes to the scope and manner of service exists. Also, MDA provides advanced life support (ALS) service in a 911 setting and no changes to their zone have occurred. MDA is an ambulance district run by their Board of Directors.



# Ambulance Zones

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**Legend:**

- Water
- Road
- Ambulance Zone
- (Exclusive Operating Area)
- City Limit

Scale: 0 1 2 Miles

June 27, 2003 David Bollinger

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



February 19, 2004

Darrell J. Cramphorn  
San Joaquin County EMS Agency  
P.O. Box 1020  
Stockton, CA 95201

Dear Mr. Cramphorn:

We have completed our review of *San Joaquin County's 2003 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

Our reviewers raised some concerns regarding certain sections of the plan. I have listed those sections along with the specific comment below.

<b>SECTION</b>	<b>COMMENT</b>
1.27 Pediatric System Plan	Each of these standards needs a thorough description of the changes that took place. Stating they are described within the county's Guidelines for PCCC document is not sufficient.
5.10 Pediatric System Design	

San Joaquin County's next EMS Plan update will be due on 2/19/05. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423

Sincerely,

A handwritten signature in black ink that reads "Richard E. Watson".

Richard E. Watson  
Interim Director

REW:ss