

OVERVIEW

The Ventura County Emergency Medical Services (VCEMS) system has undergone significant development and improvement since its formal inception on July 01, 1980. The goal of this document is to develop a logical methodology to assist with the ongoing improvement of the local EMS system.

The primary mission of the EMS Plan is to outline current EMS function and to develop realistic objectives for the future using the collaborative efforts of the public and private sector to review and enhance the system. It is the intent of this plan to provide a clear and orderly framework for monitoring the system and from which to establish timelines.

The EMS Plan describes the current capabilities and future goals. The purpose of this plan and its authority is derived from the California Health and Safety Code, California Code of Regulations, California EMS Authority. The success of this plan is dependent upon support from all participants in the local system and by the leadership of the Ventura County Public Health Administration, County Health Officer, EMS Medical Director and the Ventura County Board of Supervisors.

Given the nature of service we provide, focus is directed towards maintaining the highest quality prehospital care for those in need of emergency medical services in Ventura County. This plan recognizes that many organizations, institutions and individuals are links in the chain of a quality EMS system. It is only through the cooperation of all these participants and adherence to higher standards of care that the goals and objectives of this plan will be achieved.

TABLE OF CONTENTS

OVERVIEW..... I

TABLE OF CONTENTS II

SECTION I - EXECUTIVE SUMMARY..... 1

SECTION II - ASSESSMENT OF SYSTEM- TABLE 1 3

 A. SYSTEM ORGANIZATION AND MANAGEMENT 4

 B. STAFFING / TRAINING 6

 C. COMMUNICATIONS..... 7

 D. RESPONSE / TRANSPORTATION..... 8

 E. FACILITIES / CRITICAL CARE..... 10

 F. DATA COLLECTION / EVALUATION 11

 G. PUBLIC INFORMATION AND EDUCATION..... 12

 H. DISASTER MEDICAL RESPONSE 13

A. SYSTEM ORGANIZATION AND MANAGEMENT 15

B. STAFFING AND TRAINING 47

C. COMMUNICATIONS..... 60

D. RESPONSE AND TRANSPORTATION..... 70

E. FACILITIES AND CRITICAL CARE 93

F. DATA COLLECTION AND SYSTEM EVALUATION 109

G. PUBLIC INFORMATION AND EDUCATION 122

H. DISASTER MEDICAL RESPONSE..... 126

I. LOCAL SPECIALTY AREAS..... 145

SECTION III - SYSTEM RESOURCES & OPERATIONS 146

 TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT 147

 TABLE 3: PERSONNEL/TRAINING 153

 TABLE 4: COMMUNICATIONS 154

 TABLE 5: RESPONSE / TRANSPORTATION 155

 TABLE 6: FACILITIES/CRITICAL CARE..... 157

 TABLE 7: DISASTER MEDICAL..... 158

SECTION IV - RESOURCES DIRECTORY 161

 TABLE 8: RESOURCES DIRECTORY -- PROVIDERS 162

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 9: RESOURCES DIRECTORY -- APPROVED TRAINING PROGRAMS	167
TABLE 10: RESOURCES DIRECTORY -- FACILITIES.....	172
TABLE 11A: RESOURCES DIRECTORY -- DISASTER MEDICAL RESPONDERS	176
TABLE 11B: RESOURCES DIRECTORY -- DISASTER MEDICAL RESPONDERS (CONT.)..	178
SECTION V - PLAN DEVELOPMENT PROCESS.....	180
SECTION VI LOCAL AGENCY HISTORY	181
SECTION VII - DEMOGRAPHIC INFORMATION	183
OUR COMMUNITIES, RECREATION AND POINTS OF INTERESTS	185
TABLE A POPULATION ESTIMATES.....	188
TABLE B 1996 VITAL RECORDS REPORTS FOR BIRTHS AND DEATHS*	189
TABLE C COMPONENTS OF POPULATION CHANGE.....	190
TABLE D RACE DISTRIBUTION	191
TABLE E HOUSING AND INCOME	192
TABLE F EMPLOYMENT STATISTICS.....	193
TABLE G SUMMARY REPORT U.S. CENSUS-VENTURA COUNTY	194
SECTION VIII - EPIDEMIOLOGICAL CHARACTERISTICS, MORBIDITY & MORTALITY.....	196
SECTION IX DISASTER RESPONSE FUNCTIONS.....	197
SECTION X - APPENDICES.....	198
APPENDIX A VENTURA COUNTY OPERATIONAL AREA MAPS.....	216
AREA 1 MAP	200
AREA 2 MAP	201
AREA 3 MAP	202
AREA 4 MAP	203
AREA 5 MAP	204
AREA 6 MAP	205
AREA 7 MAP	206
APPENDIX B VENTURA COUNTY EMS ORGANIZATIONAL CHART	207
APPENDIX C HEALTH AND SAFETY CODE - SECTION 1797.224.....	208
APPENDIX D - GLOSSARY OF TERMS AND DEFINITIONS	209

SECTION I - EXECUTIVE SUMMARY

"Local EMS agencies shall annually submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority." Health and Safety Code, Division 2.5, Section 1797.254

Ventura County EMS submits to the California EMS Authority the required EMS Plan in an effort to continually improve the local EMS system in the delivery of prehospital care.

This Plan is the framework for all local participants and committees to use in short and long range system improvement. The content, goals and timelines are submitted for review to all local participants and will be accomplished with the direction of the Medical Director, Administrator as approved by the County Board of Supervisors.

This plan will be reviewed and updated annually with a summary identifying progress or status on long range plans.

It is important that all system participants and organizations realize that EMS is a dynamic service and that the influence of managed health care, funding, standards of care and clinically based prehospital medicine will impact the way EMS services are provided.

It is also significant for local participants to realize the effects of an ever growing and aging population within Ventura County and the impact of being in close proximity to Los Angeles County which may affect surrounding counties in the event of a major medical/health disaster.

The following components of this plan have recently been improved:

**SECTION 1
EXECUTIVE SUMMARY (Cont'd.)**

Administrative Staff

Our Agency has added and expanded two positions. We have hired an R.N. to develop and implement our new Quality Improvement program. We have increased the hours for our Medical Director from 12 hours per week to 20 hours per week.

Quality Improvement

A new Quality Improvement Program has been developed and implemented for Ventura County. There are representatives from both public and private agencies that make up the four committees specific to there function.

1. Advisory CQI Committee – Oversight
2. Advanced Life Support CQI
3. Base Hospital CQI
4. Emergency Medical Dispatch CQI

Data Collection

Our system now uses an electronic pre-hospital documentation system (EMEDS), which now allows us to gather data for quality assurance as well as system evaluation in a timely fashion.

Communications

Our Agency needs enhanced communications for several aspects of EMS including regular newsletters (printed and web page) and other redundant communications methods.

Disaster Medical

Our agency currently conducts disaster medical/health plan development and interface with all local jurisdictions, EMS system providers, the Sheriff Office of Emergency Services and the RDMHS Program. Additional disaster preparedness equipment has been procured through the Homeland Security Grants.

Public Education and Information

The Agency has taken an active role in this area and has started several programs. These include, public access defibrillation, drowning prevention and terrorism training.

Over the last 20 years the Ventura County EMS Agency and System have expanded with the needs of the community. There has been a balance between need, service delivery and financial feasibility. When system enhancements are desired the need must be justified. All changes should reflect value added by developing cooperative programs between the public and private sectors. Ventura County EMS will remain vigilant in searching for opportunities to maintain and improve prehospital care delivery while preserving the balance of the system.

SECTION II - ASSESSMENT OF SYSTEM- TABLE 1

- | | |
|--|---|
| A. System Organization And Management | E. Facilities And Critical Care |
| B. Staffing And Training | F. Data Collection And System Evaluation |
| C. Communications | G. Public Information And Education |
| D. Response And Transportation | H. Disaster Medical Response |

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

B. STAFFING / TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE / TRANSPORTATION

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

D. RESPONSE / TRANSPORTATION

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

E. FACILITIES / CRITICAL CARE

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

F. DATA COLLECTION / SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

8.15	Interhospital Communications		X		X	
8.16	Prehospital Agency Plans				X	
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X		X	
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles	X				X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

SECTION II - ASSESSMENT OF SYSTEM

A. System Organization and Management

Agency Administration

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and maintain organizational structure including agency staff and non-agency resources			X
Re-evaluate and make recommendations to improve technical and clinical expertise with outside/optional resources. Examine public/private cost-effective programs that enhance patient care delivery. Utilize an annual review process.			∞X

RESPONSIBLE PERSON: Medical Director/EMS Administrator/CQI Coordinator

STATUS DESCRIPTION:

The local EMS Agency is part of the Ventura County Public Health Department which is a division of the Ventura County Health Care Agency. Current positions within Ventura County EMS are:

MEDICAL DIRECTOR
ADMINISTRATOR*
DEPUTY ADMINISTRATOR*
ADMINISTRATIVE ASSISTANT***

CQI COORDINATOR
DATA ENTRY****

*FTE= Full-time Employee
**PTE = Part Time/Contracted Employee

NEEDS:

- Establishment of field compliance officer
- Additional clerical support
- Streamlining of essential programs

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Agency Administration

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Plan, implement, and evaluate the EMS system		∞	
Re-evaluate EMS plan	Annual	April	
Evaluate, procure and update database management program	9/98		X
Update CQI plan	Annual	∞	
Develop improved communications for feedback			X
Develop standardized, minimum thresholds for compliance in field care aspects of service delivery			X
Implement thresholds and re-evaluate system	Bi-annual	∞	

RESPONSIBLE PERSON: Medical Director, Administrator and CQI Coordinator

STATUS DESCRIPTION:

The overall responsibility of the local EMS System falls upon the Ventura County EMS Administrator and the EMS Medical Director. The EMS Medical Director provides medical direction for the EMS System. Medical direction includes establishment, implementation and evaluation of the prehospital standards of care and recommendations to the receiving facilities for the care of those patients who are entered into the EMS system. The EMS Medical Director also works with the CQI Committee to measure medical efficacy of system policies and procedures. The overall plan is administered by the EMS Administrator and is reviewed in part by the Prehospital Services Committee (PSC). Input for the plan and system adjustments are solicited from all participants of EMS including: First Responder Agencies, Transport Providers, Prehospital Care Coordinators, Paramedic Liaison Physicians, Emergency Department Nurses and Physicians.

All paramedic units in Ventura County are now using an electronic documentation system. We are experiencing continuous challenges with making changes to the system due to the programming costs from our outside vendor. We are continuing to look at other systems that are self sufficient and would not require additional time and money to make system changes.

NEEDS:

- Continue to explore other paperless documentation systems.
- Increased use of CQI/TQM processes within the local EMS system
- Review feedback mechanism(s) for committees and field personnel

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Agency Administration

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Continue function of Prehospital Services Committee as mechanism for obtaining provider input regarding the development of plans, policies, and procedures.	In Place	∞	
Utilize a CQI Committee as a resource to study patient care outcomes and making recommendation to the Prehospital Services Committee (PSC).	In Place	∞	

RESPONSIBLE PERSON: EMS Medical Director, Administrator, and CQI Coordinator

STATUS DESCRIPTION:

The local EMS Agency meets the Minimum Standards. The PSC works directly with the EMS Medical Director and EMS Administrator, and all system participants have an opportunity providing input on a regular basis.

In addition the CQI Committee assesses pilot studies, updated county-wide protocols, development of clinical thresholds and contract compliance review. The Ventura County EMS Agency is and will continue to plan, implement, and review and adjust the EMS system accordingly.

Long term system adjustments include reviewing Committee structure, focus and membership, appointment of specific working taskforces for project development, and standardized, systematic surveys of field staff to obtain additional information and suggestions for improvement of the system and the EMS plan.

COMMITTEES AND RESPONSIBILITIES:

Prehospital Services Committee (PSC)

The PSC is comprised of representatives from all sections of the EMS system. It includes First Responder fire agencies, ALS provider agencies, and three ALS first responder agencies, Base Hospitals, Receiving Hospitals and Search and Rescue representation. The PSC is responsible for developing and recommending for approval, broad operational policy as it is needed. Within the PSC is a group of participants that act as a medical taskforce which work closely with the Medical Director to develop medical protocols, pilot programs, training issues, equipment and supplies.

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Agency Administration

Table 1.03 (cont'd.)

CQI Committee

The CQI Committee is charged with measuring the appropriateness, quality and effectiveness of the care that is provided within the EMS system. Through ongoing study of specific patient care challenges, auditing, establishing of thresholds and anecdotal review the Committee is responsible for bringing statistical support to the EMS system. The facts regarding what we do and how we do it are benchmarked.

Multi-Casualty Incident (“MCI”) Committee

Reviews County protocols for multi-casualty response and establishing criteria for on-scene medical operations and communications. Also will coordinate the integration of plans into the ICS system and SEMS and develop new documentation forms for Level 2 and Level 3 MCI's.

EMS Advisory Committee

The Board of Supervisors has appointed an independent EMS Advisory Committee to review all aspects of the Emergency Medical Services system. The Committee is made up of individuals familiar with different aspects of emergency response, patient care, communication and disaster preparedness. The Committee is overseen by the EMS Administrator and Medical Director. Recommendations are made to the EMS Agency to assist them in making decisions related to the County-wide EMS system.

EMS Education Committee

The EMS Educators are a group of EMS program coordinators and instructors who work with the Administrator and Medical Director to implement program changes as mandated by the State and County EMS Policy. Many of the changes that occur at this level are the result of policy development and recommendations of the other Committees. Likewise, this group can make recommendations to the EMS Agency in regard to teaching challenges and educational technical issues. As the population increases there may be a future need for expanding the educational programs in the region and it is through the continued efforts and dedication of this group of instructors that those programs will be developed. Their focus is on medical continuity in training and bringing the latest technology and policy into the classroom.

NEEDS:

- **Annual assessment tool of the local EMS System that includes input from providers, field staff and patients**
- **Internal assessment tool for the evaluation of Ventura County EMS in the provision of regulatory oversight**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Agency Administration

Minimum Standard

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

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Appoint a medical director with administrative experience in emergency medical services systems		∞	X
Establish clinical specialty advisory groups composed of physicians with appropriate specialties and non-physician providers		∞	

RESPONSIBLE PERSON: Director of Public Health, EMS Administrator

STATUS DESCRIPTION: (minimum and recommended)

The local EMS Agency meets or exceeds all recommended guidelines. The medical director is a California licensed physician with over 20 years of emergency medicine experience and over 15 years of administrative experience in emergency medical services systems. The Medical Director for Ventura County is contracted for 20 hours per week. Advising the medical director on clinical matters is the medical group of the Prehospital Services Committee, which meets monthly, the CQI Committee, the Dispatch Committee, and the EMS Advisory Committee. Current advisory groups include:

- **PREHOSPITAL SERVICES COMMITTEE**
- **CQI COMMITTEE**
- **PRIORITIZED DISPATCH COMMITTEE**
- **EMS ADVISORY COMMITTEE**
- **EMS EDUCATION COMMITTEE**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Agency Administration

Table 1.04 (cont.)

NEEDS:

- **Review the function and effectiveness of the committees**
- **Establish mission/objectives for each committee**
- **Establish qualifications for committee membership**
- **Annual summary of committee impacts on local EMS System**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

Recommended Guidelines

1.05 Each local EMS Agency shall develop an EMS System plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority. The plan shall:

- a. assess how the current system meets these guidelines,
- b. identify system needs for patients within each of the targeted clinical categories
- c. provide a methodology and timeline for meeting these needs.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Revise EMS plan	Annually		∞
Conduct community review	Annually		∞
Submit approved plan to EMS Authority	Annually		∞

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The EMS Plan is the cornerstone and blueprint of what we do and where we want to go. With specific goals and objectives outlined, the direction is set and all participants can refer to the document for a common vision. Other components for accomplishing these goals involve the securing of political and financial support to animate these programs. The EMS Administrator is responsible for developing and submitting the EMS Plan to the Board of Supervisors for approval. The Medical Director is responsible for developing and implementing high standards of patient care. The Administrator is responsible for verifying that providers are in compliance with those standards.

Currently the EMS Plan is going through review and implementation. The EMS system plan will be reviewed and updated annually.

NEEDS:

- **Develop feedback mechanism for system participants through written or electronic media such as newsletters or webpage**
- **Use findings from data collected from the prehospital arena to meet EMS Plan needs**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMS system plan	Annually	∞	
Assess current EMS Agency capabilities	Annually	∞	
Conduct community and participant review	Annually	∞	
Evaluate participant input and statistics collected from CQI Committee over previous year	Annually	∞	
Submit necessary recommendations to committees and Medical Director	Annually	∞	
Obtain Board of Supervisors approval	Annually	∞	
Submit approved plan to EMS Authority	Annually	∞	
Implement changes to system	Annually	∞	

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

A review and evaluation survey has been developed to assist system participants in their own individual assessment of the system. An avenue for public input is being developed.

NEEDS:

- **Develop timelines and milestones for all projects**
- **Assure adequate resources to expeditiously complete projects**
- **Measure effectiveness of local programs and EMS Plan through a survey mechanism**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

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.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a methodology for a needs assessment process	2/04	5/05	
Perform a needs assessment for a trauma system within the county	9/04	1/06	
Appoint a trauma task force compare trauma care to existing standards	12/04	12/06	
Review other trauma systems of similar geography and population density and develop a functional county-wide trauma plan	2/04	5/07	
Consider developing agreements with specialty care facilities in other jurisdictions if needed.	5/04	12/07	
Conduct review of all transport services if needed to accomplish trauma care.	5/04	12/07	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

There is no trauma care system established within Ventura County. All eight hospitals provide Standby or Basic Emergency Services and receive ambulance-transported patients. Each facility has the option to arrange out-of-area transfers for those patients that are stable enough to be transported. The CQI Committee is currently conducting an evaluation of all of the trauma deaths in 2003 and the appropriateness of the prehospital care. This will later be expanded to the in-hospital care. The Medical Director will continue to pursue trauma system establishment or alternate facility/treatment resources in order to assure the best emergent patient care.

NEEDS:

- **Perform a needs assessment for a trauma system**
- **Develop list of specialty care providers including contingency or backup capabilities**
- **Identify resources outside of Ventura County capable of offering specialized care**
- **Develop an evaluation mechanism for trauma system effectiveness**

Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES **EMS PLAN**

SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement a plan for County-wide ALS services	1984	1986	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Advanced life support Paramedics are provided by three contracted transport providers and three first responder ALS fire service agencies (City of San Buenaventura, Ventura County Fire Department, and Fillmore Fire Department). Ventura City Fire Department currently is operating First Responder ALS (FR-ALS) units within their city limits. Ventura County Fire Department is operating two paramedic squads and four paramedic engines. Fillmore Fire Department has a volunteer paramedic engine. All urban areas within Ventura County have an 8.5 minute response time requirement with the exception of the City of Ojai which has not met the urban population density. This area has a 10 minute 90% response time requirement.

NEEDS:

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop detailed inventory of EMS resources including: Staffing, vehicles, stations/posts, phone numbers, emergency contacts			X
Update inventory twice annually	October/ April	∞	
Identify all special facilities such as SNF, Extended Care, Nursing Homes, technologically dependent or vulnerable population centers.	April 1997	∞	X

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION: A baseline inventory of all First Responder and Transport Service Providers has been completed. Names, addresses, phone numbers and contact names have been completed and will be updated every six months. The Deputy Administrator also tracks these resources as they relate to disaster preparedness and the RDMHS Program.

NEEDS:

- Complete an emergency resources list that includes essential facilities for ancillary care, skilled nursing, extended care and other medical related sites
- Identification of other agencies developing similar products to minimize duplication of efforts and to reduce required EMS staff time
- Upon completion of the document, distribute to OES, Fire, Ambulance and other first responder agencies.

A comprehensive inventory of EMS resources is included in Section III

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Planning Activities

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Work with other public and private agencies to identify population groups that may be served by the EMS system which require specialized services		∞	X
Complete a supplemental directory within the Disaster Medical/Health Response Book that outlines specialized populations groups, actions to be taken and contact information.			

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION:

The current list of vulnerable populations is primarily those of licensed convalescent facilities and licensed child day care facilities. Several local agencies in coordination with EMS and the Office of Emergency Services (OES), responsible for the licensing processes of these facilities, have been providing the information as it is updated annually.

NEEDS:

- **Develop resource lists of individuals or groups of special needs patients**
- **Include Transport Service Providers in the development of these lists**
- **Develop public relations campaigns to gather and disseminate essential information**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify the optimal roles and responsibilities of system participants	1980	∞	
Obtain written agreements with AMR, Gold Coast Ambulance and Lifeline Medical Transport for the provision of ambulance services including the provision of ALS and participation in declared disasters.	1996	2001	
Obtain written agreements with Ventura City Fire Department, Ventura County Fire Department, and Fillmore Fire Department for the provision of First Responder ALS services.	2000		
Obtain written agreement with Mercy Air for the provision of Air Ambulance Services.			
Obtain written agreement with County Sheriff Search and Rescue for Rescue Aircraft ALS services.			
Obtain memos of understanding with Oxnard Fire Department, Santa Paula Fire Department, Ventura Federal Fire Department for the provision of First Responder-BLS or ALS services.			
Obtain memos of understanding with and all Base and Receiving Hospitals for the provision of Basic Emergency Services as designated by JCAHO.		∞	
Establish letters designating specific hospitals as Paramedic Base Hospitals.		∞	
Conduct evaluations for all EMS system participants as defined by specific roles and responsibilities.		∞	
Re-negotiate written documents as necessary		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current system has written contracts with the ambulance transport providers, the ALS first response fire departments, and the air ambulance provider, and is in discussions with the County Sheriff for ALS rescue helicopter services. There are letters of participation by the Receiving and Base Hospitals for provision of prehospital services. These letters are written every two years and the County Board of Supervisors acknowledges and designates these hospitals as participants in the County EMS system.

NEEDS:

- **Memoranda of Understanding for all system participants which include recognition of EMS as the regulatory agency for prehospital services, expectations, protocols and guidelines as established by the State and local EMS Agency**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Planning Activities

1.11 (Cont'd.)

- **Federal based Responders will require Memoranda Of Understanding that do not relinquish the rights or authority of the Federal Government but allow for participation within the County EMS system**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Planning Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Continue to review and monitor EMS system operations	∞	∞	X
Review , update and distribute EMS policy and procedure manual	1984	∞	X
Identify the optimal roles and responsibilities of system participants			
Evaluate and procure an updated database management system	7/98		X
Conduct annual system operations evaluation			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The delivery of BLS and ALS transport service is provided by contracted private ambulance services. In addition there are first responder BLS & ALS fire agencies, one of which is a volunteer firefighter agency and one combined Federal. The others are County and City municipal services. In the wilderness sections first responder service is provided by Search and Rescue, Forest Service, Park Service.

The Ventura County Board of Supervisors has implemented an EMS Advisory Committee which is overseen by the Medical Director and Administrator. This group will assess the performance of those contractors and public services currently serving the County EMS system.

NEEDS:

- Development of additional data sets that are inclusive of all aspects of prehospital care including discharge summary and patient outcome
- Development of positive public relations programs that support EMS activity using reliable data interpretation

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Regulatory Activities

Minimum Standard

Recommended Guidelines

1.13 Each local EMS Agency shall coordinate EMS system operations.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and review Policies and Procedures as required		∞	X
Through the efforts of CQI and compliance, make system adjustments and recommendations		∞	
Review system participant roles		∞	
Continue development of improved data collection and dissemination of facts		∞	X
Develop and implement an updated communications plan			
Coordinate on-going committee meetings		∞	

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

The EMS system in Ventura County is progressive and very successful due to the consistent interaction with all EMS providers.

As mentioned in section 1.12 the success of EMS locally and nationally will be predicated upon facts and regulated by the policies and procedures arising from those facts. It is important for the EMS Agency to maintain a neutral stance as to the provision of the service, but, more importantly to be able to identify the standards of care and establish accountability for those that provide the care. The measuring and coordinating can only come through clearly defined guidelines and protocols based upon facts learned.

NEEDS:

- **Assure that field level health care workers understand their mission and roles within the system**
- **Maintain compliance and develop a feedback tool from end users**
- **Improve ability to correlate system performance with clinical outcomes**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Regulatory Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual	1984	∞	X
Continue to review policy and procedure manuals from comparable EMS systems, validate against National standards of cares as they arise.		∞	X
Revise EMS Agency policy and procedure manual as required by changes in Standard, State EMSA Guidelines and CQI determination		∞	X
Complete an annual review of system operations		∞	
Current policy manual is available on VCEMS website to ensure availability to all system providers		∞	X

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

Ventura County EMS has an up-to-date ALS policy and procedure manual, with medical care protocols being reviewed and adjusted on a regular basis by the Medical Director. New Paramedics that enter into the system are given a review of the system by the local Prehospital Care Coordinators and their employer through the accreditation process. Each new Paramedic is also introduced to the EMS Administrator or designee who reviews some specific policy and procedures with them. In addition, EMS updates are done twice a year as a way to introduce new policy/procedure changes, and are mandatory for all paramedics, EMT's, and MICN's. One of the challenges facing local provider agencies is the attrition of Paramedics who are experienced and qualified to work in an area or region. As part of an incentive to maintain high medical care standards and long term experienced personnel, the EMS Agency, along with its EMS system participants have developed standards that allow Paramedics to progress through a "Preceptor Program" based upon experience and expertise within the local system. This is very important in situations where local system familiarity comes into play.

NEEDS:

- Finalization of the Preceptor Program
- Development, review and revision of policies related to Preceptor Program including basic life support
- Consider adding BLS policies

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Regulatory Activities

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual			X
Maintain optimal roles and responsibilities of system participants		∞	
Develop and implement an sentinel event form and use policy for field personnel			X
Review anecdotal information as submitted by field personnel		∞	
Evaluate and procure an updated database management program			
Conduct annual evaluation of compliance with system policies		∞	

RESPONSIBLE PERSON: Administrator, CQI Coordinator, Medical Director

STATUS DESCRIPTION:

Ventura County EMS has historically gathered information about patient care as it is forwarded by ambulance transport providers, first responder BLS and ALS Fire Departments, Base and Receiving Hospitals. In 2003, the first compilation of data was dispersed to Ventura County and Ventura City Fire Departments for their internal quality assurance process. The information was removed from the previous data system which had not been done in the past. In addition complaints or concerns from patients and/or families have been a primary source of follow-up for Ventura County EMS. Exclusive Operating Areas have been contracted to ambulance transport providers for the delivery of ALS Services. Incidents that involve patient care are reportable to the Medical Director of Ventura County EMS.

NEEDS:

- **Develop written summaries for each prehospital care provider position**
- **Mechanism for identifying outstanding performance**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

System Finance

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a funding mechanism which is sufficient to ensure continued operation of local agency		∞	
Utilize Emergency Medical Services Agency Block Grants/Funds		∞	
Research external funding sources		∞	
Develop letters of intent/grant proposals		∞	
Maximize use of EMS Fund			X

RESPONSIBLE PERSON: Administrator, Deputy Administrator/Grant Coordinator

STATUS DESCRIPTION:

The Ventura County EMS Office was folded into the Public Health Department in December of 1995. At that time it no longer was a "County Agency" although still maintaining the roles and accountability of a local EMS "Agency" as defined by State guidelines and law. Funding for Ventura County EMS comes from the EMS Fund, and the County general fund.

NEEDS:

- **Contract fines to support system development/improvement**
- **Development and review of additional mechanisms for revenue generation**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

GENERAL INFORMATION: *The local EMS system shall include appropriate medical direction. This implies involvement of the medical community and ensures medical accountability in all stages of the system.*

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Select and appoint Medical Director	1981	∞	X
Establish Prehospital Services Committee	1981	∞	X
Obtain written Contracts with Ambulance Transport Providers (AMR Inc., Gold Coast Ambulance, Lifeline Medical Transport)	1973	∞	X
Identify the optimal roles and responsibilities of system participants		∞	X
Review optimal system design including descriptions for first responder agencies		∞	
Conduct on-going evaluation of assigned EMS system roles and responsibilities		∞	
Adjust roles and responsibilities of EMS System participants as necessary		∞	
Established Base and Receiving Hospitals	1978		X

RESPONSIBLE PERSON: Public Health Director, Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

The Medical Director was hired through a process conducted by Public Health Administration and the Ventura EMS Agency. The Medical Director works with a medical task force on the Prehospital Services Committee. All policies and procedures are assigned a review date and changed as necessary. There are Exclusive Operating Area contracts with the transport providers for delivery of ALS transportation services. Paramedic Base Hospitals within the County are solicited by letter to retain their Base Hospital status every two years. There are no formal agreements or contracts for Paramedic Base or Receiving Hospitals

NEEDS:

- Develop EMS system participant roles and responsibilities

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a quality assurance/quality improvement program	1994	∞	X
Require prehospital care providers to establish in-house procedures which identify methods of improving the quality of care provided	1996	∞	X
Evaluate and procure an upgraded database management program	1998	2001	X
Reassess current system for monitoring prehospital providers			X
Revise existing QI program	1999		X
Integrate provider based QI programs with County program.		∞	X

RESPONSIBLE PERSON: Medical Director, Administrator, CQI Coordinator

STATUS DESCRIPTION:

Ventura County EMS has developed a written CQI Program. Several topics of concern have been identified and pilot projects or studies have been undertaken. The education of field staff through administrative participants has been an evolutionary process. There is much to do in the area of CQI and its implementation to a higher level. It is difficult to measure patient outcome in a prehospital environment. The challenge is in developing a data collection system and educating those who use, to properly document and submit that essential information for statistical analysis. We are currently able to meet most demands for statistical information but detail, reliability and validity of those statistics may be questioned by participants in the system.

NEEDS:

- Evaluate and procure a comprehensive data collection system
- Evaluate the efficiency and effectiveness of data collection, reporting-products and application of CQI/QA processes
- Perform Monitoring and compliance of individual programs
- Development of CQI programs for maximum system improvements
- Assure contract compliance by participating in and guiding provider programs.
- Foster collaborative countywide CQI projects to create and assure standardization of the highest quality EMS care in the County of Ventura.

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

Minimum Standard

1.19 Each local EMS Agency shall develop written policies, procedures, and/or protocols including, but not limited to:

- a. triage,
- b. treatment,
- c. medical dispatch protocols,
- d. transport,
- e. on-scene treatment times,
- f. transfer of emergency patients,
- g. standing orders,
- h. Receiving Hospital contact,
- i. on-scene physicians and other medical personnel,
- j. local scope of practice for prehospital personnel.

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop written policies, procedures and/or protocols for:			
a. Triage			X
b. Treatment			X
c. EMD			X
d. Transport			X
e. On-Scene Times			X
f. Transfer of Emergency Patients			X
g. Standing Orders (Communications Failure/Limited Base Contact)			X
h. Receiving Hospital Contact			X
i. On-scene Physicians and other medical personnel			X
j. Local Scope of Practice			X
k. Develop and implement of pre-arrival/post-dispatch instructions (EMD)			X
l. Revise EMD protocols			X

RESPONSIBLE PERSON: Medical Director, Administrator

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

1.19 (cont'd.)

STATUS DESCRIPTION:

Ventura County EMS has developed and implemented an emergency medical dispatch (EMD) program. All of the Public Safety Access Points (PSAPs) either have qualified EMD personnel answering calls for emergency medical needs or transfer the caller to a PSAP that does.

Medical care protocols are in place and are continually being reviewed and revised. Operational guidelines for receiving and base contact are in place, as are guidelines for Critical Care Transfers (CCT's) and a policy for Multi-Casualty Incidents (MCI). On scene treatment times have been reviewed for specific types of calls.

NEEDS:

- **Use CQI to establish realistic attainable thresholds for on-scene times in general categories such as Cardiac Arrest, uncomplicated Trauma calls, uncomplicated Medical calls**
- **Develop a peer review for on-scene times using tape review audits and medical-control feedback**
- **Anecdotal reporting for assessment of extended on scene times**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and distribute Do Not Resuscitate policy ("DNR")			X
Develop grief access and training programs for field personnel	1995	2000	X
Develop public relations material for DNR			X
Monitor the Do Not Resuscitate policy for compliance		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION: (minimum and recommended):

The DNR program is in place and functions well, and has recently been revised and updated. Brochures have been developed and have been distributed through the Ventura EMS Agency on request.

NEEDS:

- **Development of public relations programs to implement and support the program**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

Minimum Standard

Recommended Guidelines

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

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan	X	Long-range plan	
PERFORMANCE CRITERIA						START DATE	END DATE	COMPLETED	
Develop and implement policy regarding determination of death								X	
Review determination of death policy and update to reflect system needs and legal definitions								X	
Develop and implement a feedback loop from the Medical Examiner to field personnel regarding resuscitative efforts and end points.									

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Determination of Death policy for Ventura County EMS complies with applicable statute and has been recently revised to reflect the recommendations of the National Association of EMS Physicians and the American College of Surgeons.

NEEDS:

- **Develop a feedback loop for determining effectiveness of prehospital care delivery for those cases involving determination of death in the field**
- **Perform regular reviews of system effectiveness utilizing statistics obtained from applicable Medical Examiner's cases**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Medical Direction

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths			X
Discuss annually the reporting mechanism through continuing education			X
Update as State statute/regulations change			X
Provide education for new field staff entering Ventura County EMS System			X

RESPONSIBLE PERSON: EMS Administrator, Medical Director, Prehospital Care Coordinators, EMS Educators

STATUS DESCRIPTION: All of the current Ambulance Transport Providers and First-Responder Agencies are informed on reporting criteria. Updates at continuing education lectures have been provided and field personnel are required to learn reporting policies and steps for reporting.

NEEDS:

- Review reporting policy as needed/required by State change
- Perform annual review of incidents reported

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Medical Direction

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.			X
Review policies and protocols for interfacility transfers	1980	∞	
Develop documentation for patient care involving interfacility transports			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Policies and procedures for prehospital settings are applicable to interfacility transfers. Patients that are in need of additional care outside of the scope of Paramedic skills shall be attended to by healthcare staff certified or licensed to deliver such care on those urgent transfers. Critical care transport guidelines have been established so that CCT Nurses may function in those roles.

NEEDS:

- **Develop documentation for critical care of patients who receive interfacility transport via ground or air ambulance**
- **Conduct annual review of the number and nature of transports**
- **Make system adjustments or develop recommendations to reduce risk resulting from critical ambulance transports**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Enhanced Level: Advanced Life Support

Minimum Standard

1.24 Advanced life support services shall be provided only as an approved part of a local EMS system and all Service Providers shall have written agreements with the local EMS Agency.

Recommended Guidelines

Each local EMS Agency, based on State approval, should, when appropriate, develop exclusive operating areas for Service Providers.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Award EOA pursuant to section 1797.224 of the Health and Safety Code	7/01/96	07/01/01	X
Execute written contracts with AMR, Gold Coast and Lifeline Medical Transport providers	7/01/96	07/01/01	X
Work with Ventura City Fire Department to provide long term FR-ALS response	07/01/97	∞	X
Work with Ventura County Fire Department to develop provision of FR-ALS response		∞	X

RESPONSIBLE PERSON: Medical Director, Administrator

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

There are 4 contracts (AMR, Gold Coast Ambulance, Lifeline Medical Transport, and Mercy Air) with ambulance transport service providers in place for delivery of ALS services. The review of these contracts and the performance compliance requirements and auditing is being performed at this time. Extension of the contracts as allowed for by performance merit will be decided after review by the EMS advisory committee. The City of Fillmore, City of Ventura and Ventura County Fire Department's have First Responder ALS capabilities. An agreement with the County Sheriff is in progress.

NEEDS:

- Review existing service contracts for compliance on an annual basis
- Develop written agreements for all Agencies desiring to provide First-Responder Advanced Life Support
- Design and implement a system to capture data for all system participants
- Annually review data for system planning and adjustment

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Enhanced Level: Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish on-line medical direction for Paramedic field personnel	1986	1986	X
Establish Memo of Understanding for Base and Receiving Hospital provision	1976		X
Develop Medical Control Plan			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

All facilities provide Standby or Basic Emergency Medical Services. There are a total of seven (7) hospitals within Ventura County. Four are designated as Paramedic Base Hospitals

NEEDS:

- Develop Medical Control Plan delineating minimum requirements for Receiving and Base Hospital qualifications, Medical Control direction and operational catchment areas.
- Establish audit for the emergency department's capability at each hospital and consider this for the trauma network when developing the Medical Control Plan.

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Enhanced Level: Trauma Care System

Minimum Standard

1.26 The local EMS Agency shall develop a trauma care system plan, based on community needs and utilization of appropriate resources, which determines:

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Designate Trauma System Task Force from the PSC			
Perform a needs assessment for a countywide Trauma System			
Develop a Trauma System Plan			
Review and update Trauma System Plan			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

As indicated in Section 2-1.25 there is only Base and Receiving Hospital designations for local hospitals within the Ventura County EMS System.

NEEDS:

- **Compete 2003 death review**
- **Designate Trauma System Task Force from the PSC**
- **Perform a needs assessment for a countywide Trauma System**
- **Develop a Trauma System Plan**

SECTION II- ASSESSMENT OF SYSTEM

A. System Organization and Management

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Appoint an EMS-C Project Coordinator.	1996	1998	X
Assess system/participants for current capability.	1996	1996	X
Develop a pediatric emergency medical and critical care system plan.	1996		X
Review EMS-C final report.	1997		X
Develop EMS-C policies and protocols.	1998	∞	X
Implement adequate data collection mechanism to measure effectiveness	1998	1999	On-going
Implement EMS-C changes countywide.	1998	1999	On-going
Evaluate data, audit participants for compliance, adjust and complete master plan	1998	1999	Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator, EMS-C Coordinator, CQI Coordinator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

Ventura County EMS is currently working on implementing an EMS-C Plan. Providers and facilities have been assessed. Although not finalized, the components have been identified and are being developed and integrated into the countywide EMS system as listed:

- 1. Ambulances carry specialty pediatric equipment
- 2. Paramedics are certified in Pediatric Advanced Life Support (PALS)
- 3. Hospitals carry specialty pediatric equipment in Emergency Departments
- 4. Conduct review of the State EMS-C report to determine further integration of services

NEEDS:

- **Final Implementation of data collection system for Pediatrics**
- **Review of system wide integration of plan**

**SECTION II- ASSESSMENT OF SYSTEM
A. System Organization and Management**

Enhanced Level: Exclusive Operating Areas

Minimum Standard

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

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Award/Audit contracts for EOA's to ambulance transport providers (AMR, Gold Coast Ambulance, Lifeline Medical Transport)	7/96	7/01	
Review EMS System needs through statistical analysis			
Work with County Counsel and Board of Supervisors to renegotiate existing ambulance transportation agreements.	3/04	7/04	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

Current provision of ALS services is contracted by ambulance transport providers. These contracted services are in the form of a 5 year contract with 5 single year extensions based upon performance identified in the contract. The Service Providers were "grandfathered" in under existing County agreements.

NEEDS:

As directed by the Board of Supervisors, renegotiate the existing ambulance transportation agreements.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

GENERAL INFORMATION:

The local EMS system should include an adequate number of hospital and prehospital health professionals to provide emergency medical services on a twenty-four hour per day basis. Provision should be made for the initial and ongoing training of these personnel utilizing curricula consistent with state and national standards.

LOCAL EMS AGENCY

Minimum Standard

Recommended Guidelines

2.01 The local EMS Agency shall routinely assess personnel and training needs

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify key EMS Educators and develop Educational Committee			X
Assess personnel and training needs			
Conduct annual EMS conference			
Evaluate and procure an upgraded system to assist in tracking certifications, licensures and continuing education			
Working with CQI Committees to identify key training issues			
Using collected EMS data, evaluate effectiveness of training programs and changes in patient outcome.			
Regularly evaluate and update training program			
Develop curriculum for unmet training needs and integrate into system.			

RESPONSIBLE PERSON: EMS Education Coordinator

STATUS DESCRIPTION:

Ventura County EMS System participant size is small enough to communicate change or need for change in a rapid fashion. The changes that occur on a regular basis usually impact ALS Service Providers or field staff. Impacts on BLS provision are minimal. Ventura College is now an approved paramedic training facility which has had a positive impact on our system.

EMT-I Program Coordinators and Instructors meet on quarterly basis to discuss changes in curriculum, County policy and procedures related to BLS provision and any system changes that might impact the graduating EMT-I student. It is notable that a significant number of Prehospital Care Coordinators also instruct or co-instruct at the programs so that there is continuity of information in the classroom and in the field. Ventura County EMS audits these programs for compliance with State and County requirement. In addition, Ventura County EMS representatives audit ALS continuing education courses that are conducted within the County. All continuing education courses are approved by Ventura County EMS. Ventura County EMS co-sponsors an Annual EMS Conference which is open to all healthcare providers. Ventura County EMS has been a participant in the development and delivery of many EMS programs throughout the County.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Enhanced Level: Exclusive Operating Areas

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Implement mechanism to approve EMS education programs			X
Establish separate mechanism for monitoring BLS approved continuing education providers			X

RESPONSIBLE PERSON: EMS Education Coordinator

STATUS DESCRIPTION:

Ventura County EMS has had a mechanism in place for the approval of ALS continuing education programs for many years. The County EMS uses one C.E. provider number for all of the approved courses in the county. ALS continuing educations is offered by hospitals and ALS providers as Category I or II and are developed with Paramedics and MICN's and other interested prehospital care staff as a target audience.

NEEDS:

- **Development of EMT-I Continuing Education Programs**
- **Consider establishing separate EMS C.E. provider numbers for local education providers**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review State regulations pertaining to local agency's role in discipline and the interface with the State process			X
Establish and perform routine Department of Justice background checks on all EMS field personnel who certify and accredit through Ventura County EMS.			X
Medical Director review of Department of Justice reports and local system applicants as submitted to Ventura County EMS Agency.			X
Develop & implement policy and procedure requiring providers to notify local agency of occurrences which could impact personnel certification/accreditation			X
Minimize local certification process by adopting National Registry certification as approved by State EMS Authority.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS was one of the first counties in the State to adopt a general procedure for the clearance of prehospital personnel by the Department of Justice upon application for certification or accreditation. Resultant background check information is reviewed. If needed, the cardholder may be requested to provide additional information to determine if the card will be revoked or if other disciplinary measures are applied. Policies have been developed and are presented to the students at the beginning of all training programs that are publicly offered. The Department of Justice notifies Ventura EMS of any subsequent arrests and/or convictions.

NEEDS:

No current needs identified

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Dispatchers

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMD Guidelines			X
Distribute Guidelines to all PSAP/EMS dispatch centers			X
Write EMD Protocols as overseen by EMS Medical Director			X
Train current dispatch staff in EMD Protocol and Procedures			X
Review EMD Program effectiveness			∞
Incorporate a QA/QI Process into the EMD Program			X
Develop Prioritized Dispatch component			X
Train current EMD Dispatchers and implement Prioritized Dispatch			X
Review effectiveness of Prioritized Dispatch through CQI Process			∞X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has reviewed, developed and implemented a standardized EMD Program for Ventura County PSAPs. EMD is performed only by agencies whose primary function is dispatching of fire department first responders

NEEDS:

- **Move toward the Clawson System of priority dispatch.**
- **Validate EMD cards for effectiveness**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

First Responders (Non-Transporting)

Minimum Standard

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

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that at least one person on each non-transporting EMS first response unit is trained to administer first aid and CPR and maintain certification of EMT-I.			X
Assist local Fire Departments with on-going EMT-I and EMT-D Program development and implementation.			X
Consider including Harbor Patrol, Park Service and Forest Service in the early defibrillation program			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has all of its first responder firefighters and other emergency personnel certified in CPR and EMT-I/EMT-Defibrillation for many years. The Ventura Harbor Patrol is our most recent addition to our list of AED providers. Ventura County received grant funding for the purchase of 50 AEDs for placement in County facilities. All 50 AEDs were placed and in operation.

NEEDS:

- Assess other large commercial and residential complexes within the County for the provision of defibrillation.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Approve and coordinate cooperative medical training programs for public agencies	1978	∞	∞
Develop policy and procedures as needed regarding EMS system access and participation for industrial and commercial facilities			
Approve and coordinate cooperative medical training programs for private and industrial sites		∞	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The various fire departments throughout the county have provided excellent first responder service for decades. Historically during peak levels emergency activity public and private agencies have worked closely to ensure prompt response for all who access the 9-1-1 system. This cooperation between agencies is encouraged and maintained.

Ventura County EMS has been involved with developing and coordinating multi-agency drills involving a medical component. Organizations such as Community Emergency Response Teams (CERT) and Volunteer Organizations Assisting in Disaster (VOAD) are excellent resources for the identification of those industrial first-aid providers.

NEEDS:

- Identify and index industrial sites that utilize first responder level personnel for on-site-response that may precede fire department response
- Coordinate medical drills involving public and private sector agencies and industrial sites
- Educate industrial sites in the use and access of 9-1-1 services

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review EMT-I/First Responder policy and procedures	1999		X
Develop and implement data collection mechanism for first responders	1995		1998
Review data and adjust system accordingly			∞
Consider Memo of Understanding for all first-responder agencies			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

First responder levels of service have been maintained at minimum EMT-I/EMT-D level for approximately 5 years. The long term delivery of local first responder care at EMT-I level has been on-going since the mid-1970. It became a required standard in most fire agencies by the mid-1980. Currently each municipality maintains EMT-I level status with EMT-I Programs that are approved by Ventura County EMS. Ventura City and Ventura County Fire Departments have various levels of ALS first responder staffing. Ventura City has a paramedic on each engine, Ventura County Fire Department has both squad and engine paramedic configurations and are placed in strategic locations, and Fillmore Fire provides ALS services.

NEEDS:

- **Evaluation of field performance by first responders through the use of data collection as it is correlated to patient outcome. The EMS Agency is in the process of converting Dbase files into Microsoft access to help facilitate this process.**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Transporting Personnel

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all emergency medical transport vehicle personnel are currently certified at minimum EMT-I level	1976	∞	X
Ensure that at least one person on each emergency medical transport vehicle is trained to provide defibrillation	1990	∞	X
Review transport personnel staffing patterns annually	1989	∞	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has been regulating and approving EMT-I ambulance transportation personnel since the mid 1970's. With the establishment of Paramedics in the County in the mid 1970's followed by Countywide Paramedics in 1986, the roles of the EMT-I have evolved. Through the current EMS contracts, all 911 calls must be responded to by Advanced Life Support transport units.

NEEDS:

- Continued monitoring of EMT-I training programs
- Field observation of performance and compliance
- Specific allocation of time for EMS Education and development of Continuing-Education Programs
- Require AED equipment on BLS staffed ambulances.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Hospital

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all allied health personnel who provide direct emergency patient care are trained in CPR			
Perform random compliance audits for proper CPR certification			
Monitor allied health personnel for CPR training on an annual basis			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County allied health personnel are trained to minimum levels of First Aid and CPR which includes the use of AED. The Seven Ventura County hospitals require their licensed/certified staff to be trained in CPR.

NEEDS:

- Develop a database for allied healthcare providers that includes documentation of CPR certification/training
- Develop policy and procedures for submission of required CPR certification proof
- Pursue additional funding that will support this process.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Hospital

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support		8/03	X
Monitor ALS training for emergency department physicians and nurses who provide direct patient care		8/03	X
On an annual basis, recommend that all emergency department physicians be certified by the American Board of Emergency Medicine. Confirm ER Physician staff through PCCs at Base Hospitals and ER Supervisors at Receiving Hospitals.		8/03	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Most, but not all, of the Emergency Departments in the County have Emergency Physicians who are ABEM certified in Emergency Medicine. One exception is the Residency Program at Ventura County Medical Center. The Residents are under supervision of Board Certified Emergency Physicians. Since many of these hospitals are geographically separated by distance, there are many ALS level C.E. programs offered at each facility. There are also several ACLS teaching teams established within these regions.

NEEDS:

- Consider development of policies requiring Emergency Department Physicians and Nurses to be certified in ACLS, ATLS, PALS where applicable
- Consider development of policy requiring all Emergency Department Physicians to be American Board of Emergency Medicine certified
- Develop database of Ventura County Hospital Emergency Department Staff that have been certified under required policy

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Enhanced Level: Advanced Life Support

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a procedure for accreditation of advanced life support personnel			X
Utilize QA/QI process to review delivery of basic and optional skills			
Evaluate effectiveness of tracking mechanism			
Expand QA/QI processes and audit for compliance			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The current process for accreditation includes orientation and processing by EMS, Service Provider, and PCC for new paramedics. Orientation, training and testing is conducted by the Base Hospital Prehospital Care Coordinators (PCCs) for optional skills. EMS will process accreditation once the orientation process is completed. The accreditation process allows new field Paramedics to meet with the PCCs, interact and get an up-front view of the system, the challenges, pros and cons of the system. Ventura County is still small enough that the front-line EMS personnel are familiar with one another from EMT-I to Paramedic Liaison Physician. Accreditation and Orientation are conducted as needed by EMS, BH PCCs and Service Providers.

NEEDS:

- Review on an annual basis for possible revisions.

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies for local accreditation of public safety and other basic life support personnel in early defibrillation			X
Review EMT-D Defibrillation Programs			X
Consider developing early defibrillation policies for public AED as recommended by California Emergency Medical Services Authority.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The countywide implementation of EMT-I Defibrillation by all first responders occurred in 1991. Clinical evaluation by different departments and methods has not allowed for accurate retrieval of information or performance. First response defibrillation and reporting has not been consistent

NEEDS:

- **Develop standardized clinical evaluation procedures**

SECTION II - ASSESSMENT OF SYSTEM

B. Staffing and Training

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and distribute EMS policy and procedure manual to all Receiving Hospitals			
Involve ER Physicians and Agency Medical Directors in Medical Advisory and CQI Committee processes.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Receiving Hospitals are members of the Prehospital Services Committee, and are kept knowledgeable on all EMS policy and procedure and system issues.

Ventura County EMS was one of the first counties in the state to have standard frequency configuration for ambulance transportation. The first Ventura County transport providers (BLS service only) acquired radios and adopted the "Med Net" frequency 155.205 MHz as their operational channel. With the implementation of the regional dispatch center, all EMS units in the county other than the Oxnard Fire Dept. and Gold Coast Ambulance are dispatched by Ventura County Fire Department. The Med Net frequency is now utilized as the tactical frequency for any standard medical call. Two additional frequencies have been added for notifying Receiving Hospitals of non-emergent inbound patients. The transport providers train their personnel in radio operations, as do the Base Hospitals and Receiving Hospitals.

NEEDS:

- **Development of a detailed EMS Communication Plan**
- **Work with Los Angeles and Santa Barbara County Ambulance services to ensure they have the designated frequencies for Ventura County.**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

GENERAL INFORMATION:

The local EMS system should make provision for two-way communications between personnel and facilities within coordinated communications system(s). The communications system should include public access to the EMS system, resource management, and medical direction on both the basic life support and advanced life support levels.

Communications Equipment

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Complete a detailed Communication Plan	1998	1999	
Investigate expanded cellular communication system use	1998	∞	
Conduct monthly Med-Net radio drills		∞	
Develop and distribute standard resource directory which includes essential phone numbers and contacts and addresses.			
Work with State EMSA on coordination of disaster communications plan		2003	
Implement second Med Net frequency			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The day to day communications equipment and operational procedures work well. The intended use of the "Med Net" has been met and exceeded for many years. Most public and private agencies are now dispatched by the Ventura County Fire Protection District which has been an outstanding improvement to the overall coordination of the EMS System. We are continuing to work with other agencies to encourage participation in this "centralized" dispatch concept. Ventura County was the beta test site for local and state-wide internet based hospital communications network which is now being used by all seven hospitals within Ventura County utilizing the "Reddinet" program.

NEEDS:

- Explore additional technology for communication backup should the Internet not be accessible.
- Complete the Communication Plan
- Re-establish monthly Med Net radio drills (disaster preparedness)

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop & implement ALS communications plan			X
Install cellular communication system			X
Review EMS communications system and plan			X
Re-establish Med-Net frequency link in the EOC Operations Section for radio communications tests/disaster coordination			X
Conduct monthly radio disaster drill tests via RACES radio group			
Develop and distribute standard resource directory which includes essential phone numbers and contact names and addresses			
Participate in system design for integrating technology for AVL and CAD interface relative to data collection needs	5/03		
Assist prehospital providers in identifying communication frequency "dead zones"			X
Assure multi-agency vehicle-to-vehicle radio communication are maintained as a required in each provider contract			X

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION:

An ALS communications policy is in place with requirements specific to communication failure treatment protocols and Agency reporting requirements for such failures. Cell phones have been added to supplement the aging and less effective Paramedic radios. All systems are reliant upon hard-line phone connections at some point. There are geographical locations throughout the county that create radio "dead zones" in which reception or broadcasting is not possible. All Service Providers have maintained County owned radio equipment within their ambulances. As this equipment fails or is in need of upgrading, the Service Providers will be responsible for obtaining and maintaining their own equipment.

NEEDS:

- Add additional radio repeater sites where necessary

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Insure communication with both sending and receiving facilities for all interfacility transfers			X
Review & update inter-facility transfer policy			X
Require inter-facility communications capability as required in provider contracts			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Current Service Providers have the capability to communicate with all local Base and Receiving Hospitals. The units also have cellular phones which allow them to access other phone numbers or facilities as needed.

NEEDS:

- **Work with local long-term care, skilled nursing and other facilities and ambulance transport providers in identifying special communications needs for transport**

**SECTION II - ASSESSMENT OF SYSTEM
C. Communications**

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess communication system			X
Review communication system capability			
Work with ISD to identify communications system changes that will improve the delivery of prehospital care			
Collaborate with Sheriff's Office of Emergency Services to integrate a Medical Command Communications package in any mobile EOC that might be constructed or procured.			
Implement communication system changes as a result of obsolescence			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

In normal operations the EMS communications network can handle the volume of emergency calls and radio traffic. Most agencies within the County of Ventura are now dispatched by the Ventura County Fire Protections District. This has enabled the EMS system to not only coordinate better on large scale incidents, but now has the capability of having a larger selection of radio frequencies when needed.

NEEDS:

- Assist in the design of prehospital communication needs for disaster management

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that all hospitals and EMS providers have the ability to communicate with each other via two-way radio			X
Establish monthly radio drills using Med-Net and/or RACES radio			
Explore additional technologies for backup communication capability			X

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION:

Several systems are in place that allow hospitals to communicate with one another. These systems are primarily limited to emergency room and field operations. The Med-Net radios are installed at each Base and Receiving Hospital. Transport Service Providers have Med-Net radio communication equipment and the ability to unmute the receiving hospital radio (encoding). Ventura County Sheriff's Central Dispatch has the Med-Net frequency available to them in one dispatch console but has no hospital encoding capability. All hospitals within Ventura County now have the capability to communicate with each other via the Reddinet system. This system allows each hospital to see what services are available at each hospital in the County which facilitates the timely delivery of pre-hospital patients to a facility equipped to handle the patient's needs.

The ambulances are equipped with 16 channel Motorola Maxtrac radios with Med-Net Frequency included in the programmed frequency package. Most ambulances have the ability to individually encode a base or receiving facility within the County. Base Hospitals have Paramedic communication (medical control) capability and can record incoming ALS calls as required.

Additionally, HAM radio units have been placed in the emergency rooms of all Ventura County hospitals. In the event of disaster, members of the Radio Amateur Communications Emergency Services (RACES) would respond to the hospitals to provide primary emergency radio communications. There are HAM radios in the EOC and in the Public Health Department's Disaster Response Vehicle. Ambulance personnel would work under Communication Failure Protocols should normal radios be incapacitated.

NEEDS:

- Explore the possibility of having a back up system to the hospital communications system (Reddinet).

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Conduct review of communication linkages		6/98	X
Connect communications link for Med-Net radio in Central Dispatch/EOC Operations Section include encoding feature			
Conduct monthly Med-Net radio hospital polling			
Review, modify and implement MCI Communication Protocols for first responder and ALS provider agencies.			X
Develop dispatcher training for multi-casualty incidents			X

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION:

The Ventura County EMS Communications System has been reviewed. There is no digital tracking systems such as AVL or GPS or other navigational devices at this time, but there are plans being made by the Ventura County Fire Department to implement this system over the next few years. This EMS Agency would require all EMS transport providers to purchase this new technology to integrate into the County Fire Department communications center. Some First Responder agencies have station printers for calls and have Mobile Digital Terminals (MDT). All EMS responders in Ventura County other than the Oxnard Fire Dept. and Gold Coast Ambulance are now being dispatched by the Ventura County Fire Department. The goal is to have all EMS responders dispatched from one central location (Ventura County Fire Dispatch).

The ambulances utilize two frequencies as the primary method of communication with the hospitals to relay BLS patient information, non-emergency transports and pre-arrival instructions for admission. ALS ambulances utilize either standard telephone or cellular phone equipment for Base Station contact in the delivery of Paramedic services.

During multi-casualty incidents, determination of available medical resources occurs. It is the responsibility of the highest medical authority on-scene to determine what the total number of victims and their status (triage) is. Field supervisors make the necessary contacts thus allowing the on-scene Paramedic(s) to focus on patient care and transportation.

Since there is no formal trauma system established in Ventura County, and hospitals are significantly distanced between one another, it is general practice and policy to deliver patient(s) to the closest facility unless otherwise directed by medical control. Multi-agency incident critiques are conducted to review operational tactics. Use of multiple transport providers at MCI's has occurred and any unit, regardless of provider, should be responded to the scene if it is in close proximity.

NEEDS:

- **Develop integrated MCI/Disaster Communication Plan to dovetail into Public Health Communication Plan**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Where applicable educate public in appropriate medical access through 9-1-1 telephone service			
Provide input for 9-1-1 system enhancement for medical access			
Perform CQI/QA for EMD Dispatch			X
Implement Prioritized Medical Dispatch Guidelines to maximize utilization of resources			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has maintained countywide 9-1-1 system for 20 years. PSAPs have been using Emergency Medical Dispatch for several years.

NEEDS:

- Assist in the development of bilingual Public Safety Announcements regarding proper use of 9-1-1 access
- Explore other prioritized dispatch programs to see if there are more efficient systems available.

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate existing 9-1-1 public education programs			
Identify methods to improve local 9-1-1 medical utilization			
Establish public education regarding the 9-1-1 access			
Develop PSAs that incorporate appropriate 9-1-1 system access			

RESPONSIBLE PERSON: Medical Director, Administrator,

STATUS DESCRIPTION:

As mentioned in the preceding section 3.07, 9-1-1 has been in use within Ventura County for many years. Public Education was widespread during the first few years of implementation. 9-1-1 system use has increased with the population growth and will continue to do so. Population density will increase thus creating more emergency medical assistance need. Additional in-flow of non-emergent calls from an uninformed public will aggravate a taxed 9-1-1 system.

NEEDS:

- Commensurate with other agencies on public education for 9-1-1 medical access
- Work with State EMSA and managed health organizations in developing alternative medical access for non-emergent medical needs

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Resource Management

Minimum Standard

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

Recommended Guidelines

The local EMS Agency should establish an emergency medical dispatch priority reference system, including systematized caller interrogation, dispatch triage policies, and pre-arrival instructions.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force			X
Develop guidelines for prioritized dispatch triage			X
Train existing PSAP/EMD personnel in use of EMD system		12/98	X
Implement emergency medical dispatch priority system		12/98	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

EMD is currently conducted at the Ventura County Fire Dept. and the Oxnard Fire Dept. Dispatch Centers. All calls requiring pre-arrival medical instructions are transferred to one of these two PSAPs for EMD/Prioritized Dispatch.

Prioritized dispatch protocols and configurations have been completed by the Prioritized Dispatch Committee. Instruction/training programs for EMD and prioritized dispatch are on-going and conducted as needed.

NEEDS:

- **Review and Evaluate effectiveness of current pre-arrival instruction system.**

SECTION II - ASSESSMENT OF SYSTEM

C. Communications

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assist with development of integrated dispatch for system-wide emergency services coordination			
Conduct response time compliance audits for monitoring ambulance coverage			X
Develop mechanism to ensure appropriate system-wide ambulance coverage during periods of peak demand			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS System had multiple dispatch centers including PSAPs and transport provider dispatch centers. Over the last few years, several agencies have contracted with the Ventura County Fire Department for dispatch services. As previously mentioned, the long term goal is to have all EMS responders dispatched by the Ventura County Fire Department.

NEEDS:

- Perform response time analysis for EMS system
- Develop additional mechanism to ensure system wide ambulance coverage

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

GENERAL INFORMATION

The local EMS system should include adequate ground, air, and water vehicles meeting appropriate standards regarding location, design, performance, equipment, personnel, and safety.

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish boundaries for emergency medical transportation service areas			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Service areas for the County have been in place for many years. Currently there are seven (7) contract areas divided by three (3) service providers. These seven areas include 10 cities and the unincorporated areas of Ventura County. The wilderness areas (Northern County) are responded to by Lifeline Medical Transport, Hall Ambulance (Kern County), Ventura County Sheriff's Search and Rescue & Air Unit, Mounted Posse, and US Forest Service. The EMS Agency is in the process of reviewing the current EMS boundaries for possible revision.

NEEDS:

- Identify hazard areas and response access challenges in the database and on maps
- Explore interlinking with transport providers which may include AVL tie in
- Review current boundaries to ensure EMS needs are being provided to the public.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, and policies			X
Development of an independent auditing council to assess contract compliance or ALS provision and transport			X
Perform quarterly compliance audits of contracted ambulance service providers			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Board of Supervisors has awarded service contracts to three (3) service providers effective July 1st 1996. These ambulance contracts are in place for 5 years and the service providers who exceed contract compliance requirements will be eligible for up to 5 single year extensions of their contracted service areas. The three ambulance providers were awarded all 5 single year extensions to their contract. The current contract is due to expire in 2006. The EMS Agency is, under direction from the Board of Supervisors, in the process of renegotiating the existing ambulance transportation agreements.

NEEDS:

- Adapt or create policies that support data trends, healthcare provision needs
- Have the EMS Advisory Committee assess the effectiveness of all EMS providers, both public and private.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish Dispatch Task Force			X
Develop guidelines for dispatch triage			X
Establish Emergency Medical Dispatch priority system			X
Establish and maintain CQI program for prioritized dispatch program			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

A local Prioritized Dispatch System has been developed and implemented under a grant by the California EMS Authority.

NEEDS:

- Review and update priority medical protocols as needed

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Collect data from ambulance providers to assess information on emergency response times			X
Evaluate response time performance of contracted service providers			X
Identify issues or circumstances for delayed response times			X
Evaluate the need for dedicated ambulance assignments to specific service areas to coincide with a SSM Plan, particularly in suburban areas			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Historically the service providers for Ventura County have had exclusive rights to the provision of ambulance transport for emergent and non-emergent calls. This has limited the number of available transport ambulances in the County. With current contract obligations pressure has been placed on the service providers to maintain ambulance and staff levels to meet the response requirements. As the County population grows and ages, additional ambulances will be needed. The EMS Agency monitors the private ambulance contractors in regard to contract compliance issues. Ventura County EMS monitors response times for those occasions when multiple calls occur in an area resulting in extended response times for subsequent emergency calls for service. These are generally rare occurrences. The current Ambulance Contract specifically states what is required of the service providers and it is up to the service provider to meet those obligations.

NEEDS:

- Provide cooperation and oversight in any System Status Plan that may be implemented for ambulance transportation

Ventura County Public Health Department EMERGENCY MEDICAL SERVICES EMS PLAN

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

a. the response time for a basic life support and CPR capable first responder does not exceed:

Metro/urban - 5 minutes

Suburban/rural - 15 minutes

Wilderness - as quickly as possible

b. the response time for an early defibrillation-capable responder does not exceed:

Metro/urban - 5 minutes

Suburban/rural - as quickly as possible

Wilderness - as quickly as possible

c. the response time for an advanced life support capable responder (not functioning as the first responder) does not exceed:

Metro/urban - 8 minutes

Suburban/rural - 20 minutes

Wilderness - as quickly as possible

d. the response time for an EMS transportation unit (not functioning as the first responder) does not exceed:

Metro/urban - 8 minutes

Suburban/rural - 20 minutes

Wilderness - as quickly as possible.

Response times for transport units are extended from 8.5 minutes to 10 minutes in areas where first responder ALS services are in place (City of Ventura & specific areas of Ventura County).

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish response times for Service Providers			X
Monitor response times			X
Explore development of a common data link with all PSAPs			
Standardization of PSAP and EMS service provider time clocks			X

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

4.05 (Cont'd.)

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The response time requirements were developed and included in the current contracts for ALS service provision. The response times are being audited and are part of the overall evaluation of current service providers. Under current contract the service providers must respond to all 9-1-1 calls for emergent services within 8.5 minutes of time of notification in urban areas, 90% of the time. The ambulance transportation written agreements are currently being renegotiated and the response time standard for urban areas will be lowered to 8 minutes 0 seconds.

Currently there are eight (8) primary and one secondary PSAP not including the California Highway Patrol which captures cell phone activity. All EMS responders in Ventura County other than the Oxnard Fire Dept. and Gold Coast Ambulance are currently being dispatched by the Ventura County Fire Department. Many EMS calls are routed through the Sheriff's Central Dispatch which in turn sends the caller to the Ventura County Fire Department. All emergency disciplines are now operating on synchronized "universal time" clocks. The synchronization of time clocks has been accomplished by means of a Netclock.

NEEDS:

- Integrate or define areas where other agencies and/or providers may interface technologically on order to improve data collection and management
- Further evaluate first responders relative to the 5 minute BLS and defibrillation response times and prioritize system improvements as needed.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement staffing policies.			X
Audit and maintain records of service provider staffing patterns.			X
Develop and implement standardized equipment policy and lists which meet and/or exceed State guidelines.			X
Perform regular field audits of EMS transport vehicles pursuant to State and local agency vehicle regulations.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS Agency has developed staffing and response time levels based upon population density.

Current policy mandates the documentation and development of Paramedic levels within the local system which are based upon tenure and experience with certain patient medical conditions. The Paramedic can gain credit for experience by performing in simulated scenarios if no actual call(s) occur that allow for actual encounters. The service providers are responsible for maintaining these training levels and updating the local EMS Agency with personnel status changes. Ventura County EMS audits the service providers for compliance.

The ambulance equipment and supplies are regulated through policy and have stated minimums within the policy guidelines. Service providers are required to have their ALS units perform vehicle supply inventories as well as vehicle safety checks on all ambulances prior to operation. Although this is covered under the California Department of Motor Vehicles and CHP enforced with annual inspections, they only monitor minimal BLS inventories.

NEEDS:

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Integrate qualified first responders into the local EMS system			
Coordinate joint education and drills for all EMS participants including first responder industrial teams.			
Develop an industrial first responder use policy and plan			
Identify potential or existing industrial sites utilizing first responders			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The public safety fire agencies within Ventura County are all trained to EMT-I level and are certified to operate Automated External Defibrillators. A number of intermediate and large corporations that maintain manufacturing or industrial sites have internal safety or response teams. Some of these organizations are involved in a local group called Volunteer Organizations Aiding in Disaster (VOAD). Many are associated with specific organizations relative to their operations such as oil production, chemical manufacturing, bio-hazardous waste disposal and electrical product testing and manufacturing. There is no current list of private or industrial first responders. The most common interaction with these organizations occurs with the first responder EMT-I level fire service personnel or ALS service providers.

NEEDS:

- As staff is available, Ventura County EMS will develop local EMS policies and mechanisms for establishing and monitoring industrial first responder defibrillation programs.
- Work with Cities to require new business/buildings to be evaluated for AED access/deployment as part of the permit process.
- Target specific businesses that would fit criteria for implementation of industrial first responders

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish a Medical Aircraft advisory task force			X
Review current system			X
Develop and/or revise policies and procedures regarding air-medical and rescue aircraft			X
Implement plan for air transportation providers which includes identifying medical control for the patient, authorization/request for air-transportation, tracking of the aircraft and patient, destination considerations, education to the local EMS system for air-medical personnel and quality control issues.			X
Review data annually to evaluate system use and needed changes			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Emergency calls requiring helicopter transport are dispatched by the Ventura County Fire Department. Portions of the County are divided into automatic response zones based on geography and travel time. Incidents that are off road or require specialized equipment, the Ventura County Sheriff's Department responds. Incidents that are on a road or immediately accessible by a road are responded to by Mercy Air. Generally, any helicopter transport is used only when ground transport is longer than 20 minutes to a facility or when patient access is limited due to geography or possibly traffic gridlock.

The current Ventura County Sheriff helicopter staffing is made up of experienced volunteer nurses and Paramedics from various service providers in the County. The Sheriff's Air Unit supports search and rescue operations, fire suppression operations and law enforcement reconnaissance. There is generally daylight coverage only, and nighttime operations are rare other than responses for law enforcement issues. Mercy Air is required by contract to provide 24 hour coverage 7 days per week. Mercy Air 8 is based in Oxnard and is requested for emergencies through the Ventura County Fire Department. All EMS helicopter incidents are reviewed by the EMS administrator for compliance with current dispatch policy.

NEEDS:

- Update air transportation policies and procedures as needed

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and implement a policy specific to the dispatch of air ambulances and/or air rescue.			X
Review policy annually			On-going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The majority of medical responses involving fire service agencies and ALS service providers are dispatched and conducted through the Ventura County Fire Department Communications Center. The operational issues are conducted on the County Fire frequencies and medical control issues are conducted on the Med-Net frequency by ground based EMS personnel and Air Rescue personnel. Air transportation policies have been implemented to outline medical air dispatch and operations.

NEEDS:

- Regularly evaluate the system for compliance and outcomes for those calls utilizing air transport

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess capabilities of current medical & rescue aircraft providers			X
Maintain data on staffing, availability and use of Air Ambulance Transports			X
Develop & implement written agreements or MOU's with all providers involved in Air Operations service delivery			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County Sheriff's Air Unit is the home of several Search and Rescue Groups and an ALS group of volunteers made up of Paramedics and nurses from local service provider organizations. Staffing and hours vary upon availability and weather. Mercy Air currently has a contract with the County of Ventura and is dispatched according to established EMS policies. An ALS provider agreement with the Sheriff's Department is in development

NEEDS:

- Review all accidents/incidents involving patient care and air transport
- Develop a written agreement with the Ventura County Sheriff's Department.

**SECTION II - ASSESSMENT OF SYSTEM
D. Response and Transportation**

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify need & assess the availability and staffing of all-terrain vehicles and water rescue and transportation vehicles			X
Contingent upon the availability of necessary resources, develop & implement plan for response by and use of all-terrain vehicles and water rescue vehicles			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Currently several Ventura County agencies have swift water rescue teams. There is a diving team within the Sheriff's Search and Rescue Unit. There are no ATV's, snowmobiles, personal water rescue craft specifically identified as medical. However, private ambulance providers have equipped some of their field supervisors with 4 wheel drive ambulance support vehicles (ASVs) equipped with ALS equipment. Oxnard Fire Department now has personal watercraft for rescues. The Ventura Harbor Patrol also assists with water rescues as needed. Ventura City and County Fire Departments have also added a Fire boat to their operations. The US Coast Guard has rescue vessels based in Channel Islands Harbor. There are also a number of law-enforcement off-road motorcycles that operate throughout the County. In the wilderness areas of the county, helicopters may be responded for medical aid but air response to these remote areas would be limited by poor weather.

NEEDS:

- Work with other agencies to identify additional resources that may be used or modified to deliver emergency medical care
- Identify minimum medical qualifications for the staffing of these resources

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Assess available transportation resources for ambulatory and non-ambulatory patients		6/99	
Update list of facilities and contacts for activation of alternate transportation other than ambulance providers		6/99	
Review and revise plan for mobilizing response & transport vehicles for disaster medical needs		6/99	

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

The three contracted ambulance transport providers have an aggregate of approximately 24 staffed ambulances on a day to day basis for coverage of the County's ten cities and unincorporated areas. During a major medical disaster those ambulances would be quickly committed. Depending on the nature of the incident, the ambulances may be landlocked to regions or the cities in which they are based. This is particularly true in earthquake or flooding scenarios. The ambulances would be very limited in their ability to deliver ALS care and most likely supplies would be eliminated in a short amount of time. Long term care facilities, skilled nursing facilities, licensed residential care homes, would all have potential victims or patients that would require transport to other facilities. A variety of ambulatory and non-ambulatory victims would arise from these areas as a result of structural damage to these facilities. A large number of senior citizens with mild medical requirements who live in mobile home parks or senior complexes would be impacted as well. Hard hit would be mobile home parks as these dwellings have a tendency to fall from their support structures and thus displace the residents. Many of these residents have potential medical needs within the first 72 hours of a disaster.

NEEDS:

- Work with Ventura County Sheriff's OES to identify and develop transportation resources that may be utilized for ambulatory, but medically fragile patients
- Develop drill scenarios utilizing buses for transport of walking wounded or ambulatory but medically fragile patients/victims

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

4.13 The local EMS Agency shall develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop agreements permitting inter-county response of emergency medical transport vehicles and EMS personnel.			X
Encourage and coordinate development of mutual aid agreements which identify financial responsibility for mutual aid responses.			∞

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

The County of Ventura has signed an Inter-Regional Cooperative Agreement under the Regional Disaster Medical Health Coordination Program (RDMHS) which includes OES Region One and OES Region Six. This composite of Counties includes all of Southern California and allows for regional direction of medical resources. Recent legal review of this agreement may stimulate regulatory changes or modifications to the State of California's Master Mutual Aid Plan due to the increase need for critical medical support in disasters.

With the purchase and integration of many of the smaller ambulance companies by Laidlaw Corp (d.b.a. AMR Inc.) into one major ambulance service, the ability to rapidly deploy massive regional resources exists. This somewhat reduces the need to develop private mutual aid agreements with multiple service providers. Ventura County's three contracted private transport providers include AMR, Gold Coast Ambulance and Lifeline Medical Transport.

NEEDS:

- Continue to support and develop the Regional Disaster Medical Health Coordination (RDMHS) Program
- Provide input to elected officials regarding the need for additional development of the medical/health response in disasters in terms of transportation and cost recovery
- Support continued development of medical mutual aid agreements or MOU's
- Co-develop EMS public education resources for medical/health disaster preparedness

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review current MCI Policy and Procedures			X
Convene the MCI Task Force			X
Evaluate the current trauma system and system capabilities			
Oversee development of a County MCI Plan			X
Establish new trauma protocols for MCI Policy and Plan			
Implement and review plan annually			X

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

Ventura County has recently updated their MCI plan which includes both basic and advanced training in the ICS/SEMS system. The number of MCI's within the County has been minimal. There are rarely any notable large scale (over 20 victims) incidents in the County's history. Most of the incidents that involved high numbers of patients or potential patients have been related to Hazardous Materials sources and those usually turn out to be minor in nature.

NEEDS:

- **Work with OES to integrate the MCI Plan into the County's Emergency Plan**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate current MCI policy and response plan			X
Modify MCI policy to meet local needs and reflect minimum State guidelines			X
Provide continuing education programs to incorporate policy changes			X

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

The MCI policy has been revised to meet current system guidelines. Advanced MCI training has been completed by Chief Officer and supervisory personnel. All other personnel have completed the Basic MCI classes as of July 2004. The MCI Committee has reconvened with the initial task of developing multiple patient and multiple non-injured documentation forms.

NEEDS:

- **Ensure completion of Basic MCI training for all EMS providers. Conduct random compliance audit of all agencies.**
- **Develop after action reports for EMS Agency as part of the QA/CQI Process**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Enhanced Level Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Ensure that ALS ambulances are staffed with at least one EMT-P certified in advanced life support and one person staffed at the EMT-I-Defibrillation level.	1989	∞	X
Ensure that any second crew member of an emergency ALS unit which is not staffed with two ALS crew members is certified to provide defibrillation.	1989	∞	X
Review and approve EMT-D curriculum and monitor training standards. Utilize PCCs for Quality Assurance issues.	1989	∞	X
Perform compliance audits regarding staffing levels on ALS ambulances.	1978	∞	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has set minimum requirements for ambulance staffing since 1989. We have reviewed the medical literature and local system performance and determined that there is no evidence that one configuration is clinically or operationally superior. ALS service providers are allowed to staff their units with either two paramedics or one paramedic and one EMT-I.

VC EMS Policy goes further to establish County-specific training for each of these personnel. Policy 318 requires that paramedics have a minimum level of experience before practicing without the supervision of a preceptor. Policy 306 sets forth specific training requirements for EMT-Is to assist a paramedic in administering ALS-level care. This training includes the optional EMT-I skill of manual defibrillation.

NEEDS:

- **Develop regular compliance audits for staffing including random site visits for all EMS provider agencies**
- **Identify through mapping the various minimal staffing levels**
- **Continue to monitor performance relative to EMS Policy 318.**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish written policy for the maintenance of minimum levels of equipment and supplies consistent with ALS Scope of Practice			X
Periodically evaluate new equipment and products that enhance patient care delivery in the prehospital care phase			X
Perform on-going compliance audits to ensure that all emergency ALS ambulances are equipped for scope of practice			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has a policy in place for minimum equipment on ALS staffed ambulances which includes CHP requirements. There is a mechanism in place for ambulances to be restocked after each ALS call. All three transport providers have internal replenishment mechanisms for ALS and BLS equipment and supplies. ALL ALS agencies have both internal and external plans for restock of their supplies. Ambulance and ALS first responder personnel are to inspect their vehicles prior to operation for compliance with the minimum levels. Deficiencies are noted and ambulance or fire administration is notified and the deficiencies are rectified.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Enhanced Level Ambulance Regulation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify current system service providers and existing agreements between providers and the County of Ventura			X
Establish and perform consistent compliance audits for contracted ambulance service providers			X
Develop and implement an integrated CQI Program to ensure that patient care delivery is satisfactory to the citizens of Ventura County			X
Make recommendations for system adjustments based upon compliance facts and analysis			X

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County's three (3) contracted ambulance transport providers have been operating locally for many years. With the exception of AMR, all current and past providers have been privately owned and operated. It is necessary to evaluate all system providers carefully, equally and with a very clear, structured compliance tool. The local EMS system has worked well in past years but a thorough and on-going review of the system is essential in order to keep in pace with rapidly changing healthcare trends and managed health influences. Ventura County EMS has a ten (10) year ALS service contract in place for the three service providers which are set to expire in 2006. An independent EMS Advisory Committee has been in place for the length of the current contract to perform compliance audits on the current ambulance providers. A report is generated by Ventura County EMS and forwarded to the Board of Supervisors for review on an annual basis. The EMS Advisory Committee now meets on a quarterly basis to review all aspects of the pre-hospital care system and offers suggestions on how to improve the current system.

NEEDS:

- Continue to refine the evaluation mechanism for the delivery of clinical care
- Develop and regularly publish clinical feedback for field staff through the various CQI committees.

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Enhanced Level: Exclusive Operating Permits

Minimum Standard

Recommended Guidelines

4.19 Any local EMS Agency which desires to implement exclusive operating areas, pursuant to Section 1797.224, H & S C, 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.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop an EMS transportation plan which addresses minimum compliance standards for ambulance service areas			X
Collect data to develop an EMS transportation plan which identifies optimal transportation system efficiency and effectiveness (System Status Management Plan/Unit Hour Utilization models)			
Consider development of an EMS transportation plan which utilizes a competitive process to ensure system optimization			
Annually review the EMS transportation plan and response time effectiveness.		∞	X

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Current service providers have ambulances deployed and placed according to population density. The required response times are incorporated into the contracts and currently require a response of 10 minute or less in 90% of all calls within those identified metropolitan and urban areas. With the addition of Prioritized Dispatch, response time performance requirements have been adjusted down to reflect an eight (8) minute 30 second response for contracted ambulance providers that is defined as “from time of the receipt of call to time of arrival 90% of the time”, and, with the renegotiated agreements, this will be reduced to 8 minutes 0 seconds.

Current ambulance resource levels and deployment patterns can potentially cause a delay in response due to the utilization of these units for non-emergency transports which often take ambulances out of their assigned service area. ALS First Responder units help fill the gap in the current deployment patterns.

NEEDS:

- **Outline minimum system guides for local EMS Transportation needs including redundancy and replacement**
- **Collect data for local system on available resources for transportation**
- **Complete a written transportation plan for the Ventura County EMS System based upon data collected**

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop an EOA based upon grandfathering of current service providers with provision for assessment of clinical care, response time performance and customer satisfaction.			X
Award EOA to AMR, Gold Coast Ambulance and Lifeline Medical Transport.			X
Review contract requirements and compliance audits in order to improve/adjust for system needs at the end of the contract period.			
Develop standards for an RFP for provision of ambulance transportation			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION FOR ENHANCED LEVEL:

The current contracted ambulance service providers are grandfathered in for the existing contract period (5 years + 1 single year extension for every year of service that exceeds established minimums). The current providers are Lifeline Medical Transport, Gold Coast Ambulance and American Medical Response (Laidlaw/AMR). Lifeline and Gold Coast are privately owned and operated and have a long service record within the County. AMR is the second Company (and 3rd merger) to procure the now defunct Pruner Health Services. Under the original purchase by Careline California in 1994, Careline assumed the grandfathered status. Subsequent sale to Med-Trans and then the merger with AMR has led to the current status of grandfathered service providers.

NEEDS:

- Define grandfathering clause in any subsequent RFP if applicable

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

4.21 The local EMS Agency shall have a mechanism to ensure that EMS transportation and/or Advanced Life Support agencies to whom exclusive operating permits have been granted, Pursuant to Section 1797.224, H & S C comply with applicable policies and procedures regarding system operations and patient care.

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and disburse EMS policy and procedure manual			X
Design and distribute Paramedic policy and procedure manual			X
Develop & implement monitoring program to ensure compliance with applicable policies & procedures regarding system operations & patient care			X
Review and procure an updated database management system			X
Review exclusive operating permits annually			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The Ventura County EMS system has had ALS response within the system for over 20 years. Policies and Procedures have been in place since the beginning of the program. Revisions occur on a regular basis for all policies and procedures. The EMS community within Ventura County reviews and participates in the development of new policies and essential changes on a monthly basis.

The CQI/QA program is designed to require all service providers to have internal CQI Programs within their respective organizations and to "share" when appropriate, that information which will improve the overall performance of the system. Ventura County EMS understands the competitive needs of private business and will work with agencies to maintain confidentiality of proprietary information relative to individual service areas. However, proprietary issues do not exclude a service provider from participating in local system development and review for improvement globally.

NEEDS:

SECTION II - ASSESSMENT OF SYSTEM

D. Response and Transportation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Design and implement monitoring programs to ensure contractual compliance with policies, procedures & patient care			X
Review exclusive operating areas monthly, quarterly and annually for contract compliance			X
Utilize GIS Technology to develop EOA maps			X
Evaluate and procure an updated database management program for response time and clinical assessment			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The current EOA's were developed using Census Tract maps and population density. The current ambulance agreements (contracts) were signed for the term of July 01, 1996 to June 30, 2001, with the potential for 5 one year extensions based on performance which extends them to 2006. The auditing for current response time performance based on the year 2000 demographic information. Zones/locations in which access by service providers may be delayed have been identified. These too may change with different factors such as construction or weather impacts. Extended response times are allowed under certain circumstances, but case by case evaluation of each non-compliant response is reviewed.

NEEDS:

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

GENERAL INFORMATION

The local EMS system should have provision for an appropriate number and level of health facilities to receive and treat emergency patients. It shall have a system of identifying, under medical direction, the most appropriate facility to manage a patient's clinical problem and arranging for triage and/or transfer of the patient to this facility.

Minimum Standard

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop medical control guidelines and establish a minimum standard of care for Base/Receiving Hospitals			X
Evaluate prehospital care capabilities of Base/Receiving Hospitals.			X
Obtain Board of Supervisors approval for Letters of Intent from area hospitals that desire to voluntarily participate in the local EMS System			X
Conduct periodic reviews of all participating facilities for system compliance and performance.		∞	X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

There are seven hospitals in Ventura County that receive emergency patients via the EMS System. Four of those hospitals are Paramedic Base Hospitals. All hospitals are voluntary participants in the EMS System and receive no remuneration from the EMS System to provide those services. A letter to the County Board of Supervisors from the hospitals states that they will participate in the local EMS System and abide by the policy, procedures and guidelines established by the local EMS Agency.

NEEDS:

**SECTION II - ASSESSMENT OF SYSTEM
E. Facilities and Critical Care**

Recommended Guidelines

Minimum Standard

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop written minimum standards for triage protocols for local hospitals participating in the local EMS System			
Develop interfacility transfer policies and protocols that are synchronous with State minimum requirements			
Work at committee level when requested, to facilitate interfacility transfer agreements			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has a policy for interfacility transfers/agreements. Managed care changes have necessitated ambulance service contracts for non-emergency care and transportation. Historically the locally owned and operated ambulance services have solely provided that non-emergency service. Companies based outside of Ventura County are actively pursuing approval to provide non-emergent transportation within the County. HMO contracts and other contracts with private service providers may necessitate a process to approve those contracts and or service providers so that they are recognized and usable asset in Ventura County.

NEEDS:

- **Research interfacility transfer agreement policies in place for other regions for use in revision of current Ventura County policy**
- **Review current ALS-CCT Policies and amend as necessary to reflect current prehospital and ancillary care practices**
- **Provide input to facilities and ambulance transport providers who request assistance in the development of interfacility agreements**

**SECTION II - ASSESSMENT OF SYSTEM
E. Facilities and Critical Care**

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review and revise as necessary, transport guidelines for patients who are may require transfer to other acute care			
Develop Critical Care Transport (CCT) guidelines to include scope of practice statements and staffing levels commensurate with specific levels of care.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Patients needing higher levels of special are often transported with the assistance or a Paramedic ambulance and an accompanying Registered Nurse who is certified as a CCT Nurse. HMO requirements mandate that many patients be stabilized at the nearest receiving ED and then be transported for additional care at a contracted facility either in or out of Ventura County. Transport providers maintain Critical Care Nursing staff for such transports. Additionally, an ED Physician may contact a facility such as a Burn Center or Cardiac Catheterization Lab and make arrangements for an immediate transfer of a patient to a that location. Ventura County does not currently have a trauma plan and therefore most patients are treated at the closest facility.

All inter-facility transports going via ground ambulance are regulated by local policy and procedures. A Paramedic, RN or other healthcare provider may not function outside of their scope of practice.

NEEDS:

- Review and revise critical care transfer protocols as necessary to comply with State guidelines
- Develop data collection method to measure effectiveness of CCT system

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

5.04 The local EMS Agency shall designate and monitor Receiving Hospitals and, when appropriate specialty care facilities for specified groups of emergency patients.

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate and specify Receiving Hospital criteria			X
Evaluate hospitals desiring to be approved as receiving facilities			X
Establish evaluation criteria and perform periodic compliance audits			X
Develop a mechanism to acquire Receiving Hospital discharge data for patient outcome as it relates to prehospital care			X
Contingent upon resource funding, install a Wide Area Network (WAN) data collection system at all Receiving Hospitals for EMS system studies.			
Maintain patient care data for CQI and hospital receiving status			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

All hospital emergency departments in the County are capable of receiving patients as Basic Emergency Departments. All facilities undergo stringent JCAHO accreditation audits on a Bi-annual basis. The Ventura County EMS policy and procedures state the qualifications of a Receiving or Paramedic Base Hospital.

The capabilities of Receiving Hospitals are continuously reviewed, and, when needed triage and/or interfacility transfer agreements are put in place.

NEEDS:

- Produce annual EMS system performance reports to identify special needs patients

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Access Emergency Plans for hospitals			
Establish Operational Area Medical Disaster Committee to include hospital representation			
Encourage the use of HEICS plan for all hospitals in Ventura County			
Coordinate hospital/ambulance preparation and drills for mass casualty management			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

All hospitals/medical facilities that are accredited by JCAHO must have disaster plans and conduct regular emergency drills of various types. Ventura County EMS has worked with the various hospitals in the County in developing plans, conducting hospital and joint drills with other agencies and transport providers. In the event of a major incident or disaster, Ventura County EMS and the Public Health Department work at the Operational Area EOC and coordinate emergency medical resources and patient transport destinations. This is done in concert with the Regional Disaster Medical Health Coordinator for Region One (L.A. County EMS). Many of the hospitals have basic emergency plans while others are contracting to bring the Hospital Emergency Incident Command System (HEICS) on board to better facilitate disaster management and coordination with outside agencies in the SEMS/ICS system. Encourage convalescent facilities and urgent care centers to have an emergency plan and to conduct annual drills with their staff.

NEEDS:

- **Establish a Medical/Health Disaster Committee to include hospital representation**
- **Review all hospital disaster plans**
- **Promote the use of HEICS as the hospital disaster management system**
- **Perform local disaster drills and an annual countywide disaster drill with all EMS system participants**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review operational area hospital disaster plans			X
Establish Disaster Manager contacts for all medical facilities in the operational area			X
Assist operational area hospitals in developing mutual-aid evacuation plans including Memos of Understanding or Cooperative Agreements with like facilities or structures that could be converted for emergency treatment and housing of medically fragile			
Coordinate, participate and provide critique in local, operational area and regional disaster drills that utilize hospital evacuation plans			
Provide resource to hospitals using the EMSA/RDMHS Coordinator as a clearinghouse for standardization of medical disaster planning			

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

There are seven hospitals in Ventura County. Of the seven, four are Paramedic Base Stations. Given the geographic diversity of the County, there are many situations in which a hospital(s) could become landlocked from flood, fire or earthquake.

Hospitals are required under JCAHO to establish multi-functional disaster plans and conduct quarterly drills. Many of the hospitals are updating their existing disaster plans through the implementation of the HEICS. Hospitals are encouraged to develop mutual-aid plans with other hospitals and or facilities that can accommodate the medically fragile. The Regional Disaster Medical Health Coordinator (Los Angeles County Department of Health Services) would coordinate regional resources in the event of a disaster. Operational Area Disaster Medical Health Coordinators are set-up in all OES Region One counties to liaison between the local hospitals and the Regional Coordinator. The Regional Coordinator coordinates with the OES Regional Emergency Operations Center (REOC) to obtain resources from outside of the region. State OES coordinates with FEMA for out of State assistance.

NEEDS:

- Review evacuation plans for hospitals and medically fragile patients
- Collaborate with EMS system participants and hospital representatives to promote and develop cooperative agreements with like facilities that may be utilized to house and support medically fragile patients
- Develop, coordinate, participate in and provide feedback for disaster exercises

**SECTION II - ASSESSMENT OF SYSTEM
E. Facilities and Critical Care**

Enhanced Level Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish criteria for Base Hospital qualification and identify minimal criteria for being an approved Receiving Hospital.			X
Bi-annually review hospital designations and make recommendations for renewing MOU.			X
The Medical Director shall perform a Bi-annual review of the medical control plan			
Review performance of approved hospital emergency departments in their capacity to deliver prehospital care within the local EMS System			X

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County EMS currently approves those hospitals who desire to be Base or Receiving Hospitals based upon their ability to provide service. This is accomplished by having the hospital submit a letter of intent to provide emergency services at the level for which they are capable. The letters are registered with the local EMS office and recommendation to approve the facilities is forwarded to the Ventura County Board of Supervisors for review and approval. The facilities voluntarily comply with the minimum requirements set forth by Ventura County EMS.

NEEDS:

- Perform Bi-annual review of hospital performance in the delivery of prehospital services
- Develop feedback mechanism for hospital service improvement within the EMS system

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level Trauma Care System

Minimum 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.

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop a matrix for an assessment process	6/04		
Establish a Trauma Task Force	6/04		
Conduct reviews of ground and air medical transport services ability to provide BTLS and Receiving Hospitals ability to deliver ATLS	8/04		
Develop a written Trauma Plan	1/05		
Consider executing Memos of Understanding with existing hospitals to reflect a designation as an approved "Trauma" Receiving Facility based upon qualified capability	1/05		
Develop a quarterly CQI component for review of "grand rounds" type trauma cases based upon pre-determined criteria			
Conduct an annual review of the "Trauma System" effectiveness and implement necessary changes			

RESPONSIBLE PERSON: Medical Director, Administrator

In December 2000, the Abaris Group produced a Ventura County Trauma Assessment. The goal was to develop a formal trauma plan using the Trauma Assessment Report. Unfortunately, the Trauma Assessment report contained inaccurate information and did not give us a true complete and accurate assessment of our system. Our Agency will be developing its own Trauma Assessment with the help of all EMS System participants over the next 24 months.

SECTION II - ASSESSMENT OF SYSTEM
E. Facilities and Critical Care

5.08 (Cont'd.)

ENHANCED LEVEL STATUS DESCRIPTION:

Currently all local hospital emergency departments are operating at or about the same level of capability. Some of the facilities in the County are physically smaller and may not have the capability to function at a higher level. In the urban population areas there are four Hospitals that are designated as Paramedic Base Stations that may be able to achieve a modified "Trauma Center" designation based upon available staffing and resources. Distances between facilities necessitate that ambulances must go to the closest facility for stabilization. Patient(s) may be transported to the "next" closest facility with medical control approval, provided the patient(s) fall within certain criteria and the facility is capable of accepting the patient(s).

NEEDS:

- **Development of a Trauma Plan task force**
- **Development of a Trauma Plan**

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Perform an need assessment for a Trauma System			
Establish a Trauma Taskforce to assist in developing an EMS Trauma Plan			
Develop a mechanism to get consumer input/support of a modified trauma care system			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The current EMS system in Ventura County has no formal trauma plan. Funding for initial assessment and design may be covered by grant funding if/when available. Hospital and transport providers work closely on a day to day basis to assure that all that need acute trauma care will indeed receive the most appropriate treatment that is available within the system. Distances between hospitals make it difficult to implement a Trauma Center System since most transports are about 20 minutes between facilities. A review of trauma care was conducted in the mid-1980's and determined that a Trauma Center System was not feasible at that time.

NEEDS:

- **Establish a Trauma Task Force comprised of members from the Prehospital Care Committee**
- **Collect and evaluate trauma data for local EMS system**
- **Develop and implement Trauma Plan**

**SECTION II - ASSESSMENT OF SYSTEM
E. Facilities and Critical Care**

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Compare pediatric emergency medical and critical care to existing standards			
Appoint a Pediatric Trauma Task Force to review, among other tasks, the design for pediatric emergency medical and critical care			
Develop system design and plan for pediatric emergency medical and critical care			
Consider the development of Memos of Understanding for pediatric emergency medical and critical care with trauma facilities in other jurisdictions			
Conduct review of air transport services pertaining to pediatric emergency medical and critical care			
Provide quarterly and annual review of Pediatric "Grand Rounds" trauma cases and review patient outcomes. (CQI Component)			

RESPONSIBLE PERSON: Medical Director, Administrator

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

5.10 (Cont'd.)

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County EMS is promoting on-going training for the delivery of pediatric care. All paramedics are required to be PALS/PEPP recognized.

NEEDS:

- Data collection and analysis of pediatric care for Ventura County
- Development of an annual report for the delivery of pediatric prehospital care

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

5.11 Local EMS agencies shall identify minimum standards or pediatric capability 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.

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Solicit input from both prehospital and hospital providers and consumers concerning the pediatric emergency medical and critical care system	1996	1998	X
Appoint a Pediatric Trauma Task Force to review and assist in the design for pediatric emergency medical and critical care within a trauma system	1996	1998	Planning Process
Review and develop a matrix of various trauma systems and compare their pediatric component to existing local standards.	1996	1998	Planning Process
Review pediatric statistics through a quarterly CQI compliance process. Include morbidity/mortality statistics annually.	1996		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Under the EMS-Children Plan, Ventura County EMS is improving the way pediatric care is delivered throughout the system.

Local accreditation requires Paramedics to be PALS or PEPP certified. Equipment and supplies for pediatric type calls varies from facility to facility and provider to provider. Because of the distance/time between facilities, pediatric cases are generally transported to the closest facility. Currently no specialized trauma system or pediatric component within a trauma system exists in Ventura County. Additional CQI areas are being developed for the EMS-C Program and will extend into the pediatric trauma system component.

NEEDS:

- Development of an EMS Trauma Advisory Committee and Task Force
- Development of CQI indicators and thresholds for pediatric patient trauma care
- Completion of the EMS-C Master Plan

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Perform a needs assessment of transport providers and emergency departments.	1996	1998	
Designate a Pediatric Task Force to review data and participate in the design of a pediatric emergency medical and critical care plan.	1996		Ongoing
Compare current capability with recommended EMSA guidelines for pediatric care.	1996	1998	
Review and revise use of air medical transport services pertaining to pediatric emergency medical and critical care.	1996	1998	
Develop minimum Pediatric Training Standards, a CQI component and implement local EMS policies for pediatric care.	1996		Ongoing
Consider EMS-C Master plan when developing the County Trauma Plan.	1998		
Perform an annual assessment of pediatric care provision.	1996		Ongoing

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County has completed a State EMSA grant to develop an EMS-C Program. The needs assessment was performed and key organizations and individuals were invited to participate on the development task force.

Statistics were tabulated and reviewed for pediatric cases in Ventura County. A broad invitation went out to various organizations and individuals that manage pediatric patients. State (EMSA) guidelines were forwarded to those willing to participate in the pediatric taskforce. Transport providers and emergency departments were then evaluated for capability and given recommendations for development of a countywide standardized system of care for pediatrics. Additionally, training needs for prehospital personnel were identified and additional equipment to meet those needs was purchased.

NEEDS:

- Development of CQI indicators and thresholds for pediatric patient trauma care
- Development of an annual report for pediatric outcomes in prehospital care for the Ventura County EMS System

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Enhanced Level: Other Specialty Care Systems

Minimum Standard

Recommended Guidelines

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.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Procure and implement an upgraded data collection system			X
Collect and analyze data specific to specialty care			
If indicated, develop specialty care plan including a CQI component.			
If established, review specialty care plans			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The call volume, call types and population size are low enough that developing enhanced services for any given area or system wide may not be feasible. Such enhancements may include but are not limited to burn centers, spinal injury centers, pediatric critical care centers and trauma centers. Additional evaluation of data obtained through prehospital reporting may lead to the pursuit of specialty care centers in the future as the population of the County grows.

NEEDS:

- Evaluation of call types by occurrence and location

SECTION II - ASSESSMENT OF SYSTEM

E. Facilities and Critical Care

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Receive input on specialty care needs from both prehospital and hospital providers and consumers.			
Review current system capability to render specialty care			
Develop a specialty care plan to meet the needs of end-users contingent upon the availability of necessary resources.			
Review specialty care capability and results annually through CQI process in order to modify specialty plans.			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

There are no current plans to provide additional specialty care mechanisms within the system until an analysis of system capability and need are performed. Specific needs of prehospital service providers, Base and Receiving Hospitals would be surveyed by Ventura County EMS through the Prehospital Care Committee and through the CQI process. Agency(s) seeking system enhancements would be asked to provide supportive data which would be reviewed by the Medical Director and Administrator and forwarded to the Prehospital Care Committee for additional review and recommendation. If the requesting agency was in need of additional supportive or corroborative data, that data may be extracted from the Ventura County EMS Agency's field care database.

NEEDS:

- **Input and development of specific criteria for the expansion of specialty care facilities**
- **Collection and evaluation of current and future data (response time and clinical indicators)**
- **Recommendations to the EMS medical community for expansion of enhanced services**

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

GENERAL INFORMATION

The local EMS system should have mechanisms to collect data regarding operational and clinical aspects of the system, covering all stages of the system. Both day-to-day quality assurance/quality improvement audits and overall evaluations of system operations are necessary.

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop methodology for assessment and evaluation of current QA/CQI programs			X
Conduct assessment and evaluation of current system			On going
Procure and implement an updated data collection system		7/99	X
Develop EMS database that incorporates field care, emergency department care and patient outcome data. Coordinate data collection and distribution with system participants.		6/2000	X
Design and implement standardized data reporting periods based upon specific call types and defined indicators and thresholds which includes response times.		6/2000	X
Ensure that education, training and remedial programs are in place to address identified needs through the CQI Process.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has a computerized process for data entry in place. Technologically the system has improved. Mechanically it is very labor intensive for field crews and EMS Office staff. The strength of the current system is that data has been archived for future analysis.

SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation

6.01 (Cont'd.)

NEEDS:

- Procure and implement an updated data collection system
- Integrate data sharing links with other EMS system participants as they become available
- Establish reporting criteria including: clinical indicators, thresholds and milestones
- Provide timely QA/CQI feedback to the EMS community
- Develop EMS Office Annual System Summary based upon gained information

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Draft and distribute policy that states patient reporting requirements and develop an operational guide for report writing			X
Ensure that prehospital records for all patient responses are completed and forwarded to the local EMS Agency			X
Develop a policy for retaining and the disposal of local agency records			X
Review and implement an improved wide area network (WAN) data collection system to replace existing semi-automated system.		6/2000	
Annually review for compliance, prehospital records submissions			On going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Prehospital personnel are required to complete Electronic Medical Records (EMEDS) for patient contacts. First responders are required to prepare "First Responder" forms for their respective agencies and forward copies to the receiving hospital and to Ventura County EMS. It is the goal of Ventura County EMS to have all responders on the EMEDS system. ALS Transport personnel are required to complete an EMEDS for every patient contact. That information is automatically faxed to the Base and Receiving hospitals.

NEEDS:

- Pursue additional grant funding to pay for programming costs associated with adding first responders to the Electronic Data System.
- Pursue additional grant funding to pay for the development of "canned" reports for use by all EMS providers in Ventura County.

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Conduct audits of prehospital care for all system participants			In process
Explore options to link prehospital records with emergency medical dispatch, emergency department, and patient outcomes		2006	In Planning
Evaluate and implement an updated data collection system			x
Establish reporting periods, indicators, thresholds and milestones for system use and evaluation of clinical aspects and response performance			In process

RESPONSIBLE PERSON: Medical Director, CQI Coordinator

STATUS DESCRIPTION:

Audits of prehospital care records occur on an as needed basis. Records are pulled when a question regarding patient care arises or statistics are needed to complete a study. CQI programs at the provider level are asked to perform patient chart audits. The EMS CQI committee has historically developed different studies that are of clinical significance. Some of the topics are based upon trends or need. Input for change comes from the EMS Medical Director or other participants who may bring new information regarding clinical performance. Data is tabulated and analyzed with a decision to change the system occurring after a period of discussion through the committee process. Changes are made in the EMS policies and procedures as needed. Training and education programs are established and follow-up analysis is attempted. Individual plans for improvement are made at the provider level. Trends are monitored by the EMS Office, Prehospital Care Coordinators and EMS Providers.

NEEDS:

- Procure and implement an upgraded database management system
- Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects
- Electronically link EMS data sources together when feasible
- Perform random audits and provide system providers with timely feedback from database

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop & implement mechanism to review medical dispatch			On going
Provide input and medical direction in the development of a broad based data-collection system that is capable of measuring response time, clinical care, outcomes			On going
Contingent upon the availability of necessary resources, link various discipline databases together in order to evaluate EMS system and accelerate evaluation time			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County currently has EMD in place and operating at two PSAPs. Ventura County EMS conducts monthly tape review audits with the PSAPs to evaluate medical calls for EMD protocol compliance. The EMD dispatchers are also required to attend these audits in order to maintain their EMD dispatcher status. The EMS Medical Director or designate is present for these audits to answer any questions or to get input for system adjustments within the EMD protocols.

NEEDS:

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

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

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Procure and implement an automated data collection system		6/99	X
Develop methodology to assess and evaluate needs of high risk patient groups and evaluate quality of patient care			In Process
Develop standardized reporting formats and timeframes			X
Conduct timely acquisition and analysis			In Process
Conduct annual reviews of the data management system			On going

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS Agency has implemented an Electronic documentation system (EMEDS) that all ALS providers currently use. Information is entered into a laptop or desk top computer which is sent to a central server. The information is automatically formed into a field report and faxed to the Base and Receiving Hospitals, as well as the EMS provider. The EMS Agency is looking for grant funding to expand this system to all first responders as well as being able to provide canned reports for system administrators.

NEEDS:

- Apply for grant funding to continue the expansion of EMEDS
- Develop and implement various reporting programs/formats for regularly analysis of the system

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop an EMS plan for use as a guideline for the local system			
Establish an evaluation matrix for regular review of the EMS system based on contract compliance and all applicable laws			
Assess the effectiveness of the evaluation matrix through a CQI committee headed by the Medical Director			
Contingent upon availability of resources, develop and implement programs to address newly identified needs			
Consider Public/Private partnerships to reach common health prevention goals			
Actively seek other disciplines to share in prevention program development, information and data relative to those programs.			
Re-evaluate the process and the ability to respond to those identified needs utilizing State standards and guidelines.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Our local EMS system has many dedicated veteran participants that contribute on a variety of issues. A general consensus of the Prehospital Services Committee is generally needed in order to change the system. The challenge for the Committee is the ability for all members to understand what each other's specific needs are in a certain community and adjust the system to meet the needs of all participants in a fair and equitable manner, doing so, without compromising patient care or response capability. The ultimate goal is to provide the safest, quickest and appropriate care to those in need. At some point, this committee will be tasked with developing a comprehensive injury/illness protection program for the County of Ventura.

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

6.06 (Cont'd.)

The establishment of ambulance service provider contracts has served well to maintain medical control in the prehospital setting. The implementation and evaluation of training programs and the use of Prehospital Care Coordinators (PCCs) to monitor local prehospital needs has added consistency in the regulation of care given by field providers. Interaction between ambulance/Fire supervisors and PCCs to discuss and implement remedial or disciplinary action has also benefited the system. A specific improvement plan for individuals, communities or region occurs as a result of need. With joint education programs between the Ventura County EMS Agency, transport providers, first responders and other interested organizations has occurred over the years.

Individual care provider improvement needs are as a rule, handled by the provider agency or Base Hospital direction. The EMS Office only gets involved if a complaint is registered with the Office or there is a disciplinary issue that requires Medical Director or Administrator intervention. There is a comprehensive policy in place that addresses the management of all system improvement issues, whether from patients, family members, or system participants.

NEEDS:

- **Develop policy for incident reporting (*positive and negative*), required reporting and minimum reporting guidelines**
- **Evaluate incident impacts on the provision of service(s) in order to improve the system**
- **Provide feedback to provider agencies and field staff on improvement recommendations**

SECTION II - ASSESSMENT OF SYSTEM

F. Data Collection and System Evaluation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Require all transport providers to participate in established CQI Programs			X
Develop Quality Improvement indicators, thresholds and milestones for all aspects of EMS			X
Establish an auditing/reporting matrix that includes clinical and response time performance			X
Require EMS provider participation in system-wide evaluation			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County has developed a CQI Program Guide for system participants to adopt or model in their internal CQI programs and has a Countywide CQI Committee. The contracted transport providers are required to establish and conduct continuous quality improvement programs and to participate in the CQI process at the system level. The three contracted ambulance providers and three first responder ALS Fire Departments have established CQI programs as well. The CQI Committee is meeting monthly to develop and review topics relative to clinical care. This Committee and the CQI process are dependent on accurate, quantifiable data. Data is acquired from system participants, processed and distributed back to the group for analysis and discussion with the EMS Medical Director. Changes for the purpose of quality improvement will be generated based on findings from data gathering and analysis. They will be adopted after training and education and subsequently reevaluated for effectiveness.

NEEDS:

- Procure and implement an upgraded database management system
- Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects
- Develop and publish timely system analysis/performance reports
- Collaborate with system participants to expand effective QA/CQI programs

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Publish the local EMS System plan		4/04	
Solicit EMS participant comments for EMS Plan and adjust plan accordingly			X
Acquire Board of Supervisors approval for plan		3/04	
Submit approved plan to EMS Authority		4/04	
Provide copies of approved plan to provider agencies and members of the Prehospital Services Committee and CQI Committee.		4/04	

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

The Ventura County EMS System has historically responded to clinical and response need based upon after action reports and/or anecdotal evidence. The current EMS Plan addresses current need and looks ahead at future demands of the system. EMS system participants volunteer input and make necessary adjustments for positive change.

NEEDS:

- **Adjust EMS Plan to reflect recognized needs on an on-going basis.**
- **Obtain EMS Plan approval from Board of Supervisors**
- **Implement changes within system**
- **Prepare annual summary of system impacts, milestones and needs for improvement**

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Enhanced Level: Advanced Life Support

Minimum Standard

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

Recommended Guidelines

The local EMS Agency's integrated data management system should include prehospital, Base Hospital, and Receiving Hospital data.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate data collection system(s) and specify new system components			X
Develop an assessment tool for prehospital activities at the Base and Receiving facilities			
Develop an assessment tool to evaluate the local EMS Agency's ability to manage the data system, statistics and reporting			
Develop standardized clinical reporting formats			
Perform analysis and establish indicators, thresholds and milestones			
Contingent upon the availability resources, establish data-sharing links system wide which allows data merging from PSAPs, prehospital providers, hospitals			
Establish/coordinate EMS training for all system participants			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Different committees and system participants have needs for specific information. Those requests are generated as submitted to the local EMS Agency. Currently all field personnel complete patient care documentation electronically on our EMEDS system. We are continuing to develop ways to organize and report this data in a meaningful way.

NEEDS:

- **Develop clinical indicators, thresholds and milestones for response time performance and clinical aspects**
- **Coordinate and conduct timely training for prehospital care providers**

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Enhanced Level: Advanced Life Support

Minimum Standard

Recommended Guidelines

6.10 The local EMS Agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a. a trauma registry,
- b. a mechanism to identify patients whose care fell outside of established criteria, and
- c. a process of identifying potential improvements to the system design and operation.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Medical Director will appoint a Trauma Task Force			
Assess current system capability for rendering trauma care			
Compare local capability to State and National trauma care standards			
Implement system changes for trauma care as appropriate			
Collect and analyze data to assess effectiveness of system change			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The local EMS system does not have a trauma center system. The aggregate population of the County is approximately 800,000 divided amongst ten cities and the unincorporated area. Transport times to a receiving facility and the receiving facility's capability to render trauma care are variable within each catchment area or region. The larger facilities generally have greater resources in terms of personnel and equipment.

Some ALS personnel have Basic Trauma Life Support (BTLS) but it is not a requirement for accreditation. Personnel are required to have, Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS) or PEPP.

A trauma system is not in place, and therefore a Trauma Registry has not been established. All larger hospitals have specialists available for consult to the Emergency Room. In rare cases a patient may be transferred via ALS ambulance to a facility that is able to provide specific care such as neurosurgery, invasive cardiology, or cardiothoracic surgery services. These transfers usually occur when the patient is deemed stable or where the patient's condition will certainly deteriorate without the care. Transfer decisions are made by patients attending physician or medical control at the Base Hospital. Planning for a trauma system is underway.

NEEDS:

- **Develop a Trauma Task Force**
- **Identify key components of an effective trauma system**
- **Assess the local EMS system's capability for rendering trauma care**
- **Adjust system to meet minimum standards of trauma care based upon identified standards**
- **Re-evaluate the effectiveness of trauma care delivery within the local system**

**SECTION II - ASSESSMENT OF SYSTEM
F. Data Collection and System Evaluation**

Enhanced Level: Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Procure and implement an upgraded data collection system			
Develop policy requiring all system participants to provide data for trauma patients as part of the QA/CQI program and overall system analysis			
Develop trauma reporting formats including indicators, thresholds and milestones			
Identify and designate facilities capable of delivering specific levels of trauma care			
Obtain patient care outcomes from facilities including Medical Examiner/Coroner information on poor outcomes when feasible			
Produce timely trauma reports or summaries that will assist in making improvements to the trauma system			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Trauma care within local EMS system is in need of assessment. Establishing a trauma center system would have fiscal impacts for all system participants. A comprehensive analysis of system capability has not been performed. The EMS Medical Director is preparing to evaluate the current trauma care delivery for the County. Some trauma data is obtained via patient care records.

NEEDS:

- **Develop a Trauma Task Force**
- **Develop policy and procedures for trauma reporting**
- **Define trauma reporting criteria and implement system**
- **Collect data and review patient outcomes**
- **Recommend necessary system adjustments**

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

GENERAL INFORMATION

The local EMS system should provide programs to establish an awareness of the EMS system, how to access the system and how to use the system. Programs to train members of the public in first aid and CPR should be available.

Minimum Standard

7.01 The local EMS Agency shall promote the development and dissemination of information materials for the public which addresses:

- a. understanding of EMS system design and operation,
- b. proper access to the system,
- c. self help (e.g., CPR, first aid, etc.),
- d. patient and consumer rights as they relate to the EMS system,
- e. health and safety habits as they relate to the prevention and reduction of health risks in target areas, and
- f. appropriate utilization of emergency departments.

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Survey system participants for current public education programs			
Develop public education program to highlight proper utilization of 9-1-1 EMS system access			
Work with Public Health Education and other Agencies to co-develop injury prevention information for all age groups			
Evaluate pediatric provider offices for injury prevention education			
Designate a PIO for the EMS Office to work with agencies and organizations in prevention programs, public safety announcements and multi-media presentations.			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS requires current contracted transport providers to develop/participate in community education programs. Educational programs have been presented throughout the County for various aspects of EMS. These range from EMS System Access, Drunk Driver Awareness, CPR Courses, First-Aid and other programs. No long term data has been collected to demonstrate the effectiveness of EMS prevention programs.

NEEDS:

- **Develop an integrated plan for public information and education events**
- **Utilize data collection program to acquire and analyze program effectiveness**
- **Determine types of programs to be presented to the public**

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Collaborate with Public Health Education and other community-based agencies to design educational programs for: violence prevention, child and elder abuse prevention, community traffic safety and other identified high risk areas requiring prevention education			In Process
Develop and distribute appropriate prevention materials for English and non-English speaking residents			
Develop and distribute injury prevention materials for special needs or vulnerable population groups			In Process

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS was integrated into the Ventura County Public Health Department in December 1995. Since that time the EMS Office has worked with Public Health Education on sharing data and cooperating in program development. EMS also participates in a Special Needs Care and Shelter Committee with various other county and state agencies and the American Red Cross. This committee is working on identifying special needs groups and providing disaster preparedness education. EMS works with community organizations such as Volunteer Organizations Aiding in Disaster (VOAD) and Community Awareness and Emergency Response (CAER). Programs conducted include: drills for emergency preparedness for businesses, public health and safety fairs, group or civic presentations. Annually EMS participates in the Public Health Week activities. Educational materials for these events have been produced for specific events. This material can be adapted to meet other programs needs. Ventura County EMS has conducted a program since 2002 in which pool safety information is sent to all pool owners in Ventura County each spring.

NEEDS:

- **Develop a master planning calendar for public education/information events**
- **Determine target groups for injury/prevention programs**

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

Minimum Standard

7.03 The local EMS Agency, in conjunction with the local Office of Emergency Services, shall promote citizen disaster preparedness activities.

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Meet with local OES office to assess current programs (public information) relative to EMS/Medical/Health			
Collaborate with OES to develop public information/educational programs relative to Medical/Health needs in major emergencies or disasters			
Implement educational/information programs, e.g. PSA's, press releases, etc.			X

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

Ventura County EMS works closely with the local Office of Emergency Services which is directed by the County Sheriff. During disaster activation the EMS office functions in the Operations Section of the Emergency Operations Center (EOC) during "operational periods". Past incidents have allowed for post-critique regarding the response and role of EMS. Although Ventura County has not had a major incident involving injuries and death of scores of people, it has experienced its share of man-made and natural disasters. From brushfires, flooding, chemical spills and earthquakes the EMS Agency has been involved in the response as coordinated through OES. Additionally, the State RDMHS Program has also benefited Ventura County. EMS has worked closely with the Region One Disaster Medical Health Coordinator (LA County EMS) in disaster exercises and disaster system response development.

NEEDS:

- Plan and coordinate medical/health disaster drills
- Develop plans for evacuation procedures including sheltering issues for special needs groups
- Co-develop terrorist incident response plan with law enforcement and fire agencies
- Attend meetings and conferences offered by OES to aid in smooth disaster coordination/communication

SECTION II - ASSESSMENT OF SYSTEM

G. Public Information and Education

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify local agencies or organizations who offer CPR courses			
Promote CPR classes and disseminate schedule information			
Work with contracted ambulance providers to sponsor community CPR and first aid courses such as the "Start-a-Heart" program			
Collaborate with agencies to establish a goal for training a determined percentage of the general public in first aid and CPR			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Over the years Ventura County EMS has sponsored several large community and County efforts for CPR training. Under current contract requirements the transport providers are required to perform community service work including but not limited to education. Ventura City and County Fire routinely provide CPR instruction throughout the year. This provides an opportunity for first aid and CPR classes which can be conducted by qualified field staff. This provides a secondary benefit of letting the public know who their ALS providers are and how to access the EMS system appropriately. There is no current mechanism for tracking all CPR Instructors/Programs or calendared public medical education events (other than planned/approved C.E. by hospitals).

NEEDS:

- Develop public safety announcements for 9-1-1 access
- Develop an aggressive campaign to ensure CPR training for the general public
- Work with American Red Cross and American Heart Association to develop training calendars for public distribution

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

GENERAL INFORMATION

The local EMS system must be capable of expanding its standard operations to meet the needs created by multi-casualty incident and medical disasters, including integration of out-of-area resources.

Minimum Standard

8.01 In coordination with the local Office of Emergency Services (OES), the local EMS Agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
EMS Medical Director shall appoint a disaster medical/health task force			
EMS will work directly with the County Health Officer in development of a broad based medical/health response plan			X
EMS will work with the RDMHS to coordinate consistent medical/health response plans that integrate jurisdictions and regions including such things as catastrophic disasters and toxic substances or WMD's.			X
Meet with the local Office of Emergency Services (OES) to re-evaluate medical response plans as they relate to general disaster response plans			X

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

Ventura County has designated the County Health Officer (CHO) as the lead official for medical/health issues in disaster. In a "Unified Command" with the Sheriff, the CHO has the authority to direct and command the resources necessary to mitigate a health threat or hazard. The Ventura County EMS Office works directly with the CHO to coordinate efforts in medical/health disasters or incidents. In disaster scenarios Ventura County EMS coordinates prehospital field resources, tracks patient treatment and patient destination as well as establishes or coordinate establishment of shelters for the medically fragile/special needs groups. Ventura County EMS is the liaison to contracted ambulance providers. Ventura County EMS is the conduit for obtaining outside mutual medical/health resources.

Ventura County EMS enjoys a good working relationship with the Ventura County Sheriff's Office of Emergency Services (OES) in planning, drills and activation during a major disaster or incident. The EMS Agency is a member of the Terrorism Early Warning Group which is headed by the Ventura County Sheriff's Department. Representatives from County, City and Federal entities are also represented. This group meets on a quarterly basis, but has met as much as once a week depending on World or Local events. The CHO is appointed to the Ventura County Disaster Council and provides representation for Public Health and EMS to the Board of Supervisors in disasters or major medical/health incidents.

NEEDS:

- All EMS providers need additional multi agency drills on a consistent basis to remain proficient.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
EMS Medical Director and EMS Administrator shall designate an EMS Operational Area Disaster Medical Health Coordinator (OADMHC) to work with the CHO in an EMS/Public Health Disaster Response Plan which includes addressing toxic substances			X
The OADMHC shall work closely with the Regional Disaster Medical Health Coordinator (RDMHS) to develop response plans that will allow for transition/integration of Regional resources			X
Develop & implement medical response plans for catastrophic disasters utilizing the California Office of Emergency Services multi-hazard functional plan as a basic template for development			
Meet with the local Office of Emergency Services (OES) to review medical/health response plan updates and integration into overall disaster plan for the County			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS has maintained disaster medical/health provisions in the County's Multi-Function Plan for many years. The local Office of Emergency Services is currently updating their multi-function plan. Ventura County EMS is collecting resource material and working with Public Health and the RDMHS to revise the EMS Disaster Medical/Health Response component in that plan.

NEEDS:

- Complete revisions of the OADMHC Plan
- Incorporate updates into the education programs for EMS providers and the public where applicable
- Expand the focus for handling and sheltering special needs groups or the medically fragile

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Evaluate prehospital participant's capability to respond to and handle hazardous materials incidents			X
Establish local EMS Policy for EMS response in hazmat incidents including terrorism, chemical, biological or WMD			X
Ensure that all EMS providers are properly trained and/or equipped for response to hazardous incidents including toxic substances, terrorism, chemical, biological or WMD			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Local Fire Service Agencies are in charge of all Hazardous Materials Incidents. Ambulance personnel are trained by their employers to the level of "Hazmat First Responder". When ambulance personnel discover a potential hazardous situation they are to stage outside of the hazard area and wait for entry instructions are given by fire personnel.

In disasters or incidents involving hazardous materials and medical need, the fire service agencies will utilize EMS field personnel to assess any/all victims after assuring that decontamination has taken place. Transportation of any victim that has been exposed to a hazardous substance does not occur until decontamination is performed. As an additional safety measure, all hospitals are required to have a decontamination process/area in the event of "walking wounded" self-transporting to the medical facility without going through the decontamination process.

NEEDS:

- **Assure that all non-fire service field personnel are trained to appropriate levels by employers**
- **Plan and coordinate drills to measure knowledge of policies and procedures**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Adopt by policy, the Standardized Emergency Management System (SEMS) for EMS disaster coordination.			X
Coordinate and implement Incident Command System (ICS) training for all prehospital field personnel			X
Coordinate multi-agency disaster medical drills utilizing the ICS for management of casualties			X
Update disaster medical/health plans to reflect SEMS and ICS standards			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

In 1990 Ventura County EMS coordinated initial ICS train-the trainer classes and mandated all ALS/BLS ambulance providers to train personnel to a minimum level. The Ventura County Fire Department was the lead agency for the training.

In 1996 the State of California required all County and Local government agencies to adopt and implement SEMS as the disaster management model in order to be eligible for disaster reimbursement through the Federal Emergency Management Agency (FEMA). The Incident Command System (ICS) is a part of SEMS. All contracted transport providers are required to train in and use SEMS under emergency situations and disasters. In 2003, all EMS providers were required to send their front line supervisors through Advanced MCI training to become trainers for their agencies. All EMS personnel in Ventura County will have their SEMS/MCI training completed by the end of 2004.

NEEDS:

- **Develop ongoing SEMS courses for contracted transport providers**
- **Continue to conduct drills utilizing SEMS/ICS**
- **Identify/train additional personnel who may serve as EOC representatives in the role as liaison or medical transportation coordination**

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Designation of an Operational Area Disaster Medical Health Coordinator (Disaster Medical Planner)			X
OADMHC shall develop written procedures for coordinating patient transportation and treatment of triaged victims			X
OADMHC shall identify hospitals and other special facilities with capabilities for receipt and treatment of patients who have sustained radiation, chemical contamination and other extraordinary injuries that may require isolation or specialized care.			X

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Ventura County EMS currently has a designated Multi-Casualty Incident Committee. The goal of this committee is to continue to develop policies and procedures for the management of victims involved in day-to-day incidents but not specifically addressing disaster scenarios with mass casualty. The current committee is composed of representatives from the prehospital medical community.

The Ventura County EMS has dedicated staff time to manage disaster medical plans and drills as needed while managing other duties. Disaster Medical/Health drills are conducted by various providers and fire service organizations.

NEEDS:

- **Creation of a Disaster Medical Health planning task force**
- **Identify needed planning and training topics**
- **Develop a disaster medical health response plan including contingency, mutual aid, medical surveillance and recovery issues**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review and update written policy and procedures for early assessment of medical/health			
Maintain redundant communications for maintaining contact with RDMH Specialist and State Medical/Health Officials			
Plan and conduct annual disaster medical/health exercises with local and regional EMS system participants that incorporate use of procedures for determining necessary mutual medical/health resources			X
Adopt State model (when available) of an assessment tool for assessing medical/health needs in a major emergency or disaster.			
Conduct training and exercises based upon implemented assessment guidelines			X

RESPONSIBLE PERSON: Medical Director, Administrator, Deputy Administrator

STATUS DESCRIPTION:

In event of disaster the Ventura County Sheriff's Office of Emergency Services is the conduit for all disaster requests. Ventura County Fire Department is responsible for coordinating fire suppression and rescue resources. In disaster scenarios mutual aid EMS resources are coordinated by the EMS Agency staff and additional medical aid requested through OES and the RDMHS. Ventura County's contracted transport providers participate in drills throughout the county. These drills are generally conducted at the local level in cities or regions within the County.

NEEDS:

- Continue development and implementation of the OADMHC position in Ventura County
- Develop medical/health early assessment procedures for field personnel including notification pathways
- Lead the development and coordination of local disaster medical/health disaster drills
- Participate in regional disaster medical/health planning, education, training and exercises
- Develop trigger point when FCC coordinates EMS under mutual aid vs. when EMSA staff will integrate and assume responsibility.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Coordinate with the Ventura County Sheriff's OES and Ventura County Communications in establishing designated communications frequencies for use in major emergencies or disasters.			
Review and revise current EMS/Public Health Communication Plan to interface with other disciplines participating in disaster response and recovery operations			
Procure and implement designated frequencies in existing EMS/Public Health communications equipment			

RESPONSIBLE PERSON: Administrator, Deputy Administrator

STATUS DESCRIPTION:

The Ventura County Sheriff's OES is the lead agency coordinating the development of frequencies for disasters. The communications plan for the County of Ventura considers SEMS implementation in disasters. The communication plan is designed for all responding agencies to have radio frequencies preprogrammed so that all may communicate during disaster operations. At this time twelve (12) channels have been designated as SEMS channels. The frequencies are used on a daily basis by the various agencies that are licensed to use them. In the event of disaster their use would be designated by the EOC or Communications on a priority basis.

NEEDS:

- **Participate in the development and implementation of the Sheriff's OES disaster communication plan**
- **Add additional EMS frequency(s) as needed to improve communications ability**
- **Develop education and training for use of disaster medical/health communication equipment and frequencies**
- **Identify and delegate senior EMS personnel to use advanced communications equipment (Satellite/datalink phone) and integrate into the SEMS positions for disaster management**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Utilizing State standards for disaster preparedness, develop a list of minimum resources needed to support medical/health operations in an operational area disaster. Include contingency plans for operating in an austere medical environment.			
Maintain an inventory of disaster medical resources for response to multi-casualty incidents and disasters			
Establish MOU's with fire service and contracted transport providers in the deployment or distribution of disaster medical/health supplies.			
Assist prehospital care providers and other health care facilities to have written agreements with vendors of disaster medical supplies			

RESPONSIBLE PERSON: Medical Director, Administrator

STATUS DESCRIPTION:

Over the last eight years Ventura County EMS has been adding multi-casualty/disaster medical supply cache trailers to specific areas throughout the County. There are five small MCI trailers within the County located in the cities of Piru, Fillmore, Moorpark, Thousand Oaks and Oxnard. The disaster cache trailers are capable of supporting 10 lay down victims and many additional walking wounded. The trailers can be towed or slung under a helicopter if needed. 10 additional larger trailers with supplies for approximately 50 victims each are on order and will be supplied to each city in the county when received.

By contractual agreement there are additional supplies maintained by transport providers to supplement disaster response capability. Additionally, the County has one "drop box" type steel container in the Lake Piru community, which is remote and often isolated in inclement weather. Ventura County EMS is encouraging individual cities, communities, large civic groups and schools to consider using this type of storage mechanism. Some schools and medical facilities have procured this sort of storage mechanism.

NEEDS:

- **Develop educational materials for the public which address medical/health disaster preparedness**
- **Continue promoting disaster preparations and resource procurement**
- **Identify additional vendors or supply mechanisms for disaster supplies**
- **Maintain a dynamic inventory of disaster medical supplies/storage locations**
- **Coordinate training to access disaster supplies**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Explore political and community interest in establishing a local DMAT team.			
EMS will work with local agencies and the RDMHS to develop and coordinate drills that bring DMAT team(s) for interface with local responders			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Ventura County does not have resources available to maintain a DMAT team. Over the next few years the demographics of Ventura County may make it feasible to develop a DMAT team. With the location of the Air National Guard's 146th Air Squadron based at Channel Islands, it may be useful and feasible to assemble a DMAT in Ventura County for deployment locally, regionally and nationally.

To undertake establishing a DMAT team requires fiscal support, personnel and equipment and physical storage and deployment site. Pursuing the establishment of DMAT will require commitment of many agencies and organizations.

NEEDS:

- **Perform an interest survey to determine whether a DMAT team could be supported in Ventura County**
- **Develop drills that would include utilization of DMAT's from other areas to Ventura County**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Explore mutual aid agreements with surrounding counties, identifying existing MOU's, automatic aid and notification sequences			
Participate in the development of a regional medical mutual aid or cooperative agreement	1994	1997	8/97
Gain final approval for a Regional Mutual Aid Agreement			11/97
Annually review agreements for mutual aid and automatic aid. Revise policy and procedures as needed to maintain adequate resource availability			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Ventura County has maintained mutual aid agreements with Santa Barbara, Los Angeles and Kern Counties. Under the California Master Mutual Aid Plan all Counties may be utilized to assist each other in any disaster or major emergency situation without concern for reimbursement to the responding county.

Ventura County has signed an Inter-Regional Cooperative Agreement for the RDMHS Program which applies to those Counties within OES Region One and OES Region Six. All Southern California counties collectively make-up these two regions. There are additional planning and operational issues being developed for Region One and Region Six.

Requests and coordination of disaster medical/health resources in disaster will occur through each OADMHC and inter regional coordination would occur between RDMHS representatives and State DHS/OES/EMSA at the REOC.

NEEDS:

- Continue development of the OADMHC/RDMHS areas of accountability, procedures, planning, communication, and logistics
- Pursue additional support from the RDMHS in medical/health disaster planning and resource acquisition

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

8.11 The local EMS Agency, in coordination with the local OES and County Health Officer(s), and using state guidelines, shall designate casualty collection points (CCPs).

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify CCPs and procedures for activation			
Formally designate sights that are to be used as CCPs			
Consider developing Public Safety Announcements (PSAs) for those sights which would include radio and video media for local cable and radio.			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

After the Northridge Earthquake and other events involving multiple casualties it was discovered that most people automatically migrate to hospitals for treatment. Therefore, all hospitals in the County are considered CCPs. The facilities are set-up to accommodate moderate amounts of victims on the property adjacent to their facilities (parking lots, fields, parkways). Additional sites that citizens may migrate to would include urgent care centers, Public Health clinics and schools.

NEEDS:

- Evaluate current CCP sites and prepare for changeover to Field Treatment Site designations.
- Develop PSAs to be incorporated into any countywide disaster drills or events to indicate CCP's, FTS's or shelters.
- Identify additional healthcare providers who may be able to man these additional CCP's or FTS's.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

Recommended Guidelines

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

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

	START DATE	END DATE	COMPLETED
Develop plans for establishing alternate CCPs			
Establish a communication network between CCPs and the EOC and Medical Control			
Conduct drills for establishing communications at CCPs			
Establish drills that utilize medical facility CCP sites for patient triage			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

The EMS Agency has established emergency communication (HAM Radio) at the hospitals (CCPs). This is in addition to the already existing "Med Net" Radio system that links hospitals with ambulance transport providers and the Ventura County Sheriff's Central Dispatch. The Ventura County EOC should monitor HAM and Med Net during disaster operational periods. Ventura County Public Health clinics if needed for the treatment of walking wounded etc. are capable and also have the ability to communicate via the Med Net radio or other SEMS designated channels.

NEEDS:

- Complete the EMS/Public Health Communication Plan for disasters
- Distribute radio equipment to Public Health clinics
- Perform regular training and drills for EMS and Public Health that utilize all participants and exercise their ability to communicate
- Added equipment may be necessary if additional Field Treatment Sites are designated.

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and/or coordinate programs for disaster medical training of EMS responders including management of casualties exposed to and/or contaminated by chemical, biological or radioactive materials	1990	∞	On going
Conduct reviews of policy and procedures for the prehospital management of exposed casualties.	1989		On going

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Ventura County Fire Departments in connection with the Ventura County Environmental Health Department are responsible for coordinating, planning, response and mitigation of hazardous materials incidents. Acts of terrorism including such things as WMDs may be recognized, access restricted to and left for Federal or military personnel to mitigate or neutralize. In the event of an incident, the safety agency in charge will secure the area if possible, deny entry or mitigate situation, decontaminate victims prior to turning them over to the transport provider and/or releasing for transport to any facility. Hospitals have emergency decontamination procedures and limited resources to manage multiple victims. Efforts are made to control the scene so there is less risk to ambulance and hospital personnel.

NEEDS:

- **Conduct drills that have a hazardous materials component where multiple victims or casualties exist**
- **Work with local receiving facilities to identify means to manage convergent patients**
- **Evaluate the local EMS system's ability to manage victims from hazardous materials exposure**
- **Create additional incentives for participation in drills such as continuing education credits (CEUs)**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Coordinate disaster plans and exercises with local hospitals, surrounding counties and the RDMHS			X
Assist medical facilities in planning internal and external disasters			X
Make training available for the Hospital Emergency Incident Command System (HEICS) for hospitals			
Conduct an annual disaster exercise involving hospitals and EMS field personnel.			X

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Under JCAHO requirements, hospitals are required to have emergency and disaster plans, conduct drills and work with other agencies. EMS participates with hospitals in the development and execution of disaster drills. Some drills involve prehospital field personnel, ambulance transportation and other agencies. Ambulance transport providers are required to have a disaster plan and to participate in disaster education, training and drills. Many of the hospitals have received HEICS training. HEICS is an adaptation of SEMS for hospital management in disaster. Several hospitals have a form of the Incident Command System within their operations. EMS has and will continue to work with the local branch of the "Healthcare Association of Southern California" in unifying and developing consistent, high standard disaster drills with participation of those member hospitals.

NEEDS:

- Review disaster plans for all hospitals
- Develop, coordinate and observe various disaster drills that incorporate emergency responders including ambulance personnel
- Conduct regular testing of the disaster communications system at County hospitals

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Minimum Standard

Recommended Guidelines

8.15 The local EMS Agency shall ensure that there is an emergency system for inter-hospital communications, including operational procedures.

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish written protocols for activation of HAM radio operators at hospitals			
Develop an action plan for hospitals to monitor "Med Net" radio for a variety of situations or conditions			
Upgrade EOC Med-Net radio console to allow DTMF encoding in order to "unmute" radios for hospital polling			
Collaborate with Ventura County Sheriff's OES to develop a data pool for use in emergency notification/activation of personnel via automated means			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Ventura County has minimal redundancy built into the emergency medical communications system. With the addition of HAM radios at area hospitals, the County has the ability to get information even when the Med Net radio system fails. The limiting factor for the HAM radio system is the number of licensed and available volunteer HAM operators. The County of Ventura has contracted with ReddiNet for hospital communications between the EMS Agency, County Fire Department Communications Center and all Hospitals.

There are many prehospital personnel living in the County. Notifying them to return to work for an emergency situation or trying to pass along information is labor intensive and can take an inordinate amount of time. The Ventura County Sheriff's OES has a computer program in that allows for notification of emergency personnel via multiple methods such as paging, telephone and e-mail. This program requires correct data. EMS could provide some of the data for field staff to this OES Program. All prehospital personnel, hospital administration, personnel from other disciplines could be entered into the database so that they can be notified. In addition, there are other untapped personnel resources in the County that could be called upon in disaster if there were a mechanism to maintain data and make contact.

NEEDS:

- **Develop disaster notification phone trees for internal and external use**
- **Identify additional mechanisms to callback or activate off-duty EMS personnel**
- **Explore expanding the new County EMS data collection system to include callback database and autodialer for callbacks**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Minimum Standard

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

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Review and revise the disaster medical/health component of the Ventura County Sheriff's OES Multi-Hazard Functional Plan.			
Coordinate disaster medical/health drills, training programs with hospitals, transport providers and fire service training departments			
Distribute updated policies and procedures for disaster medical/health issues to all system participants			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

STATUS DESCRIPTION:

Ventura County EMS has coordinated various drills with hospitals and multiple agencies. The drills have included ambulance transport providers, first responder fire service, military service, forest service/park service, hospitals, mental health, law enforcement and others. Since the requirement for use of SEMS in December 1996 there have been a few small scale drills but no large scale disaster drill or exercise to test the capabilities of the field personnel or hospital facilities.

Training for the use of the Incident Command System (ICS) has occurred in the past. Additionally, an MCI task force has been convened to review the MCI Policies and Procedures currently in use.

NEEDS:

- Review current policies and procedures for the management of MCI's
- Conduct MCI and disaster casualty management courses
- Develop, coordinate and evaluate the effectiveness of EMS system management for MCIs

**SECTION II - ASSESSMENT OF SYSTEM
H. Disaster Medical Response**

Enhanced Level Advanced Life Support

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Establish policies & procedures allowing ALS personnel & mutual aid responders to respond during significant medical incidents			
Establish communication procedures for mutual aid resources arriving in the County			
Establish a medical re-supply method for ALS mutual aid responders			
Maintain notification process through the County Health Officer for communicable disease exposure for health disaster workers			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Local resources will be quickly overwhelmed in a disaster and the request for outside resources should be activated immediately. When the request for outside resources is made it should trigger a mechanism to anticipate the needs of those that will render mutual aid. This included communication, staging location, infection control issues, liaison with other agencies, patient tracking and record keeping, patient destination, re-supply, decontamination (if needed) and recovery (reimbursement) issues. The Inter Region Cooperative Agreement (mutual aid) for the RDMHS Program targets many of these issues but it is up to the local EMS office to develop guidelines, policies and procedures so that the issues are addressed. Preparation allows for better organizational response in disasters. It is the responsibility of local transport providers to implement their internal disaster plans and to take necessary preparatory action in order to avoid "operational paralysis" in the event of a disaster.

NEEDS:

- **Audit contracted EMS provider internal disaster plans and operational readiness plans for disaster response**
- **Develop redundant communication mechanisms for EMS dispatch, EMS responders and hospitals**
- **Perform disaster drills to reinforce disaster communication, protocols and tracking**
- **Coordinate with the Region One RDMHS for regional response and drills**

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Enhanced Level Specialty Care Systems

Minimum Standard

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

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Identify medical facilities that offer specialty care services			
Evaluate the ability of those specialty centers to integrate into the disaster response plan			
Develop mechanisms for specialty care centers to participate in disaster planning and integration during disaster			
Work with specialty care centers to develop operational guidelines that will allow for transition from ancillary care to disaster medical/health participation			
Develop a post-incident evaluation tool to measure effectiveness of participation			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

The use of trauma or specialty care facilities within Ventura County for disaster has not been explored. Growth in local populations has created an opportunity for EMS to examine alternative medical resources within Ventura County. There are numerous Clinics, Urgent Care Centers, Long Term Care Facilities, Skilled Nursing Facilities and Visiting Nurse Associations. All these resources offer specific services that may potentially be accessed in the event of a disaster or major medical emergency. Integration of these facilities and services into a disaster response situation may provide for quicker recovery of a fragile medical community.

NEEDS:

- Identify and specify roles of various healthcare providers/facilities for disaster response
- Work with OES to obtain disaster worker identification for qualified individuals
- Collaborate with other disciplines and private agencies to identify existing disaster response plans
- Develop post incident critique for emergency medical/health management

SECTION II - ASSESSMENT OF SYSTEM

H. Disaster Medical Response

Enhanced Level: Exclusive Operating Areas/Ambulance Regulation

Minimum Standard

Recommended Guidelines

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

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Develop and implement EMS policy that gives the County Health Officer, EMS Medical Director or their designate the authority to waive all exclusivity rights for service areas in disaster or major incidents			
Develop and implement EMS policy that allows the County Health Officer, EMS Medical Director or their designate the authority to modify or waive prehospital policy and procedure guidelines in the event of medical/health disaster or major incident including staffing variance			

RESPONSIBLE PERSON: Medical Director, Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County has not experienced a major medical/health disaster or incident that has overwhelmed the system. The Northridge Earthquake tested local response capability and pointed out the need to continue planning and drilling for disasters. State regulations are in place that allows the County Health Officer to mandate resources as necessary to contain or mitigate a medical/health disaster. Ventura County EMS has established communication failure protocols that allow for ALS provisions in disaster scenarios. Current EOA contracts require providers to respond and function in and during disasters or as requested by Ventura County EMS.

NEEDS:

- **Develop medical/health mutual aid agreements with bordering Counties**
- **Conduct annual disaster drills for medical/health providers**
- **Identify medical/health resources adjacent to Ventura County that may be utilized in disaster/major incidents for the provision of healthcare and/or transportation**

SECTION II - ASSESSMENT OF SYSTEM

I. Local Specialty Areas

CRITICAL INCIDENT STRESS DEBRIEFING (CISD)

Minimum Standard

Recommended Guidelines

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

PERFORMANCE CRITERIA	START DATE	END DATE	COMPLETED
Recruit and develop CISD team			
Encourage participation by all municipal and contracted agencies			
Explore funding options to provide local basic training			
Contingent upon the availability of necessary resources, provide in-service education for all first response agencies			

RESPONSIBLE PERSON: Medical Director, Deputy Administrator

ENHANCED LEVEL STATUS DESCRIPTION:

Ventura County EMS and Ventura County Public Health coordinate a Critical Incident Stress Management Coalition for First Responders, Law Enforcement and Hospital personnel. The Coalition is made up of numerous volunteers from local emergency agencies. The Coalition's goal is to assist emergency personnel in dealing with the stresses of their day to day jobs.

NEEDS:

- **Continue recruiting and training volunteers for CISM Teams.**

SECTION III - SYSTEM RESOURCES & OPERATIONS

TABLE 2:	System Organization and Management
TABLE 3:	Personnel/Training
TABLE 4:	Communications
TABLE 5:	Response/Transportation
TABLE 6:	Facilities/Critical Care
TABLE 7:	Disaster Medical

[Faint, illegible text from the reverse side of the page is visible through the paper.]

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: Ventura County

Reporting Year: 1996

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: Ventura

a. Basic Life Support (BLS)	0 %
b. Limited Advanced Life Support (LALS)	
c. Advanced Life Support (ALS)	100 %

2. Type of agency

a. Public Health Department	X
b. County Health Services Agency	
c. Other (non-health) County Department	
d. Joint Powers Agency	
e. Private Nonprofit Entity	
f. Other:	

3. The person responsible for day-to-day activities of EMS Agency reports to

a. Public Health Officer	
b. Health Services Agency Director/Administrator	
c. Board of Directors	
d. Other: Public Health Department Administrative Director	X

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	
Designation/approval of pediatric facilities	X
Designation of other critical care centers	
Development of transfer agreements	
Enforcement of local ambulance ordinance	X
Enforcement of ambulance service contracts	X
Operation of ambulance service	

Table 2 - System Organization and Management (cont.)

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

5. EMS Agency budget for FY 03-04

A. EXPENSES

Salaries and benefits (all but contract personnel)	\$392,000
Contract Services (e.g. medical director)	222,700
Operations (e.g. copying, postage, facilities)	236,000
Travel	15,000
Fixed assets	
Indirect expenses (overhead)	
Ambulance subvention	74,670
EMS Fund payments to physicians/hospital	1,304,300
Dispatch center operations (non-staff)	
Training program operations	
Other:	
Other:	
Other:	
TOTAL EXPENSES	\$2,245,062

Table 2 - System Organization and Management (cont.)

B. SOURCES OF REVENUE	
Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	
Office of Traffic Safety (OTS)	
State general fund	
County general fund	609,900
Other local tax funds (e.g., EMS district)	
County contracts (e.g. multi-county agencies)	
Certification fees	25,000
Training program approval fees	
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	
Base Hospital application fees	
Base Hospital designation fees	
Trauma center application fees	
Trauma center designation fees	
Pediatric facility approval fees	
Pediatric facility designation fees	
Other critical care center application fees	
Type:	
Other critical care center designation fees	
Type:	
Ambulance service/vehicle fees	
Contributions/Interest	9,000
EMS Fund (SB 12/612)	1,389,200
Other grants:	
Other fees: (Response Time Penalties)	51,300
Other (specify): ISF Rebates	
TOTAL REVENUE	\$2,075,400

Table 2 - System Organization and Management (cont.)

6. Fee structure for FY 2004/05

We do not charge any fees	
Our fee structure is:	
First responder certification	n/a
EMS dispatcher certification	n/a
EMT-I certification	\$25.00
EMT-I recertification	\$14.00
EMT-defibrillation certification	
EMT-defibrillation recertification	
EMT-II certification	
EMT-II recertification	
EMT-P accreditation	\$43.00
Mobile Intensive Care Nurse/Authorized Registered Nurse (MICN/ARN) Certification	
MICN/ARN recertification	
EMT-I training program approval	\$285.00
EMT-II training program approval	
EMT-P training program approval	\$530.00
MICN/ARN training program approval	
Base Hospital application	
Base Hospital designation	
Trauma center application	
Trauma center designation	
Pediatric facility approval	
Pediatric facility designation	
Other critical care center application	
Type:	
Other critical care center designation	
Type:	
Ambulance service license	
Ambulance vehicle permits	

Other:

Other:

7. Complete the table on the following two pages for the EMS Agency staff for the fiscal year of 2004/05

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

Table 2 - System Organization and Management (cont.)

EMS System: Ventura County

Reporting Year: 2003

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
EMS Admin. / Coord./Dir.	EMS Administrator	1.0			
Asst. Admin. / Admin. Asst./ Admin. Mgr.	Administrative Assistant I	1.0			
ALS Coord. / Field Coord. / Trng. Coord.	N/A				
Program Coord./Field Liaison (Non-clinical)	Program Administrator II	1.0			
Trauma Cord.	N/A				
Med. Director	Medical Director	0.5			Independent Contractor
Other MD/ Med. Consult. / Trng. Med. Dir.	CQI Coordinator	0.5			Independent Contractor
Disaster Med. Planner	N/A				

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

Table 2 - System Organization and Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% of Salary)	COMMENTS
Dispatch Supervisor					
Dispatch Supervisor					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Ed. Coord.					
Ex. Secretary					
Other Clerical					
Data Entry Clerk	Student Worker	0.5			
Other EMSC Coord.					

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

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

**TABLE 3: SYSTEM RESOURCES AND OPERATIONS
Personnel/Training**

EMS System: Ventura County

Reporting Year: 2004

NOTE: Table 3 is to be reported by agency.

	EMT - I	EMT - II	EMT - P	MICN	EMS Dispatchers
Total certified	1150	NA		94	35
Number of newly certified this year	221	NA		8	
Number of recertified this year	558	NA		50	
Total number of accredited personnel on July 1 of the reporting year			210		
Number of certificate reviews resulting in: a) formal investigations b) probation c) suspensions d) revocations e) denials f) denials of renewal g) no action taken	1		0	0	

1. Number of EMS dispatchers trained to EMSA standards:

2. Early defibrillation:

a) Number of EMT-I (defib) certified

Manual = 50
(non-EMT-I)

AED = 365
None

b) Number of public safety (defib) certified

3. Do you have a first responder training program? [] yes [X] no

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

EMS System: Ventura County
County: Ventura
Reporting Year: 2003

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 2
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 155.205 MHz
 - b. Other methods
 - 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? Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster? Disaster information is coordinated through the Ventura County Sheriff's Office of Emergency Services and coordinated through the operational area EOC. The Sheriff's Central Dispatch operates as a DOC and coordinates law enforcement issues. The Ventura County Fire Department coordinates fire suppression and rescue operations through their communications center.

TABLE 5: SYSTEM RESOURCES AND OPERATIONS

Response/Transportation

EMS System: Ventura County

Reporting Year: 2003

Note: Table 5 is to be reported by agency.

TRANSPORTING AGENCIES

1. Number of exclusive operating area	7
2. Percentage of population covered by Exclusive Operating Areas (EOA)	99%
3. Total number responses	35,134
a) Number of emergency responses (Code 2: expedient, Code 3: lights and siren)	26,595
b) Number non-emergency responses (Code 1: normal)	223
4. Total number of transports	21,513
a) Number of emergency transports (Code 2: expedient, Code 3: lights and siren)	21,247
b) Number non-emergency transports (Code 1: normal)	266

Early Defibrillation Programs

5. Number of public safety defibrillation programs	0
a) Automated	
b) Manual	
6. Number of EMT-Defibrillation programs	8
a) Automated	5
b) Manual	3

Air Ambulance Services

7. Total number of responses	
a) Number of emergency responses	696 approximate for 2003
b) Number of non-emergency responses	150 approximate for 2003
8. Total number of transports	
a) Number of emergency (scene) responses	
b) Number of non-emergency responses	

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

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes.	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	Not Defined	Not Defined	Not Defined	
2. Early defibrillation capable responder.	Not Defined	Not Defined	Not Defined	
3. Advanced life capable responder.	Not Defined	Not Defined	Not Defined	
4. EMS transport unit.	8 min 0 sec	20 min 0 sec	30 min 0 sec, ASAP	

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

EMS System: Ventura County

Reporting Year: 2004

NOTE: Table 6 is to be reported by agency.

Trauma care system *Ventura County does not have a formal Trauma System*

Trauma patients:

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

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	7
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of Receiving Hospitals with agreements	3
2. Number of Base Hospitals with written agreements	4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS
Disaster Medical

EMS System: Ventura County
County: Ventura
Reporting Year: 2004

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)

- a. Where are your CCPs located?
- b. How are they staffed?
- c. Do you have a supply system for supporting them for 72 hours?

Hospital Parking Lots
Call back hospital staff

yes [X] no []

2. CISD

Do you have a CISD provider with 24 hour capability?

yes [X] no []

3. Medical Response Team

- a. Do you have any team medical response capability?
- b. For each team, are they incorporated into your local response plan?
- c. Are they available for statewide response?
- d. Are they part of a formal out-of-state response system?

yes [X] no []

yes [X] no []

yes [] no [X]

yes [] no [X]

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams?
- b. At what HazMat level are they trained? _____
- c. Do you have the ability to do decontamination in an emergency room?
- d. Do you have the ability to do decontamination in the field?

yes [] no [X]

yes [X] no []

yes [X] no []

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?

yes [X] no []

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster?

12

3. Have you tested your MCI Plan this year in a:

- a. real event?
- b. exercise?

yes [] no [X]

yes [X] no []

4. List all counties with which you have a written medical mutual aid agreement.

Medical Mutual Aid Agreement with all counties in Regions One and Six (RDMHS program).

SECTION IV - RESOURCES DIRECTORY

TABLE 8:	Providers
TABLE 9:	Approved Training Programs
TABLE 10:	Facilities
TABLE 11:	Disaster Medical Responders

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 2004

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

Name, address & telephone: American Medical Response, 616 Fitch Ave. Moorpark, CA 93021 805-517-2000					
Primary Contact: Butch Kedrowski, Operations Manager					
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> 6 BLS <input checked="" type="checkbox"/> 24 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 92 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: 25

Name, address & telephone: Gold Coast Ambulance Service, 625 N. A Street, Oxnard, CA 93030 805 485-3040					
Primary Contact: Kendall R. Cook, Owner Tony Norton, Operations Manager					
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> 20 BLS <input checked="" type="checkbox"/> 10 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 47 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: 19

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 2004

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

Name, address & telephone: Lifeline Medical Transport, 1301 Maricopa Hwy., Suite 1, Ojai, CA 93023 805 646 9000					
Primary Contact: Stephen E. Frank, Owner					
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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 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: 4

Name, address & telephone: Ventura City Fire Department, 1425 Dowell Drive, Ventura, CA 93003 805 339 4300					
Primary Contact: Mike Lavery, Interim Chief Nancy Merman, EMS Coordinator					
Written Contract: <input checked="" type="checkbox"/> yes, with AMR <input type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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: N/A

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

Name, address & telephone: Ventura County Fire Protection District, 165 Durley Avenue, Camarillo, CA 93010 805-389-9710 Primary Contact: Bob Roper, Chief Kelly White, EMS Battalion Chief					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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: <input type="checkbox"/> PS <input checked="" type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> BLS <input type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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: N/A

Name, address & telephone: Oxnard Fire Department, 251 S. C St. Oxnard, CA 93030 805-385-7722 Primary Contact: Joe Milligan, Chief Stephanie Huhn, EMS Coordinator					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input 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: N/A

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 2004

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

Name, address & telephone: Santa Paula Fire Department 214 S. 10 th St. Santa Paula, CA 93060 805-525-4478 Primary Contact: Paul Skeels, Chief					
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Service: <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Air <input type="checkbox"/> Water	<input type="checkbox"/> Transport <input checked="" 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input checked="" type="checkbox"/> 6 BLS <input checked="" type="checkbox"/> 23 EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other	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: N/A

Name, address & telephone: Fillmore Fire Department PO Box 487 Fillmore, CA 93015 805-524-0586 Primary Contact: Patrick Askren, Chief					
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 type="checkbox"/> Transport <input checked="" 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: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 29 EMT-D <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 20 ALS
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other explain: Volunteer	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: N/A

TABLE 8: RESOURCES DIRECTORY -- Providers

EMS System: Ventura County

County: Ventura

Reporting Year: 2004

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

Name, address & telephone: Mercy Air, PO Box 2532 Fontana, CA 92334 909-357-9006 Primary Contact: Ken McFarland					
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Service: <input type="checkbox"/> Ground <input checked="" 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 checked="" type="checkbox"/> air ambulance <input type="checkbox"/> ALS rescue <input type="checkbox"/> BLS rescue	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Number of personnel providing services: <input type="checkbox"/> PS <input type="checkbox"/> PS-Defib <input type="checkbox"/> BLS <input checked="" type="checkbox"/> EMT-D <input type="checkbox"/> LALS <input type="checkbox"/> 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	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: 1

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

* 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.

Training Institution Name / Address		Contact Person telephone no.
Fillmore Fire Department P.O. Box 487 Fillmore, CA 93015		Pat Askren 805-524-0586
Student Eligibility: * Fire personnel	Cost of Program [basic/refresher]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 1 Refresher: 25 Cont. Education: NA Expiration Date: 05-31-05 Number of courses: As needed Initial training: 1 Refresher: 1 Cont. Education: NA
Training Institution Name / Address		Contact Person telephone no.
Ventura County Sheriffs Department 800 So. Victoria Ventura, CA 93009		Steve Giles 805-388-4218
Student Eligibility: * Private	Cost of Program [basic/refresher]:	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 35 Cont. Education: NA Expiration Date: 11-30-07 Number of courses: Initial training: 0 Refresher: 2 Cont. Education: NA

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

* 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.

Training Institution Name / Address		Contact Person telephone no.
Oxnard Fire Department 251 So. C Street Oxnard, CA 93030		Stephanie Huhn 385-8361
Student Eligibility: * Fire personnel	Cost of Program [basic/refreshers]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: 0 Cont. Education: Yes Expiration Date: 01-31-08 Number of courses: As needed Initial training: 0 Refresher: 0 Cont. Education:

Training Institution Name / Address		Contact Person telephone no.
Oxnard College 4000 So. Rose Ave. Oxnard, CA 93033		Gary Morgan 805-488-0911
Student Eligibility: * Open	Cost of Program [basic/refreshers]:	**Program Level: EMT-I Number of students completing training per year: Initial training: 120 Refresher: 44 Cont. Education: NA Expiration Date: 01-31-08 Number of courses: Initial training: 4 Refresher: 2 Cont. Education: NA

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

* 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.

Training Institution Name / Address		Contact Person telephone no.
Simi Valley Adult School 3150 School Road Simi Valley, CA 93062		Robert Sebree 805-579-6200
Student Eligibility: * Open	Cost of Program [basic/refresher]:	**Program Level: EMT-I Number of students completing training per year: Initial training: 19 Refresher: 8 Cont. Education: NA Expiration Date: 11-30-07 Number of courses: Initial training: 2 Refresher: 1 Cont. Education: NA

Training Institution Name / Address		Contact Person telephone no.
Moorpark College Health Sciences Division 7075 Campus Road Moorpark, CA 93021-1695		Brenda Schubert, RN,MN, Program Director 805-378-1433
Student Eligibility: * Open	Cost of Program [basic/refresher]: Basic: 104.00 Refresher: 26.00	**Program Level: EMT-I Number of students completing training per year Initial training 20 Refresher: 20 Cont. Education: 10 Expiration Date: 01-31-07 Number of courses: Initial training: 1 Refresher: 1 Cont. Education: NA

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

* 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.

Training Institution Name / Address		Contact Person telephone no.
Ventura City Fire Department 1425 Dowell Dr. Ventura, CA 93003		Nancy Merman 805-339-4461
Student Eligibility: * Fire Personnel	Cost of Program [basic/refresher]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 0 Refresher: As needed Cont. Education: Yes Expiration Date: 06-30-08 Number of courses: As needed Initial training: 0 Refresher: 1 Cont. Education: NA

Training Institution Name / Address		Contact Person telephone no.
Ventura County Fire Protection District 165 Durley Dr. Camarillo, CA 93010		Wendee Riegner 805-389-9775
Student Eligibility: * Fire Personnel	Cost of Program [basic/refresher]: Department absorbs the cost	**Program Level: EMT-I Number of students completing training per year: As needed Initial training: 6 Refresher: 390 Cont. Education: NA Expiration Date: 02-28-07 Number of courses: Initial training: 1 Refresher: 1 Cont. Education: Yes

TABLE 9: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

* 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.

Training Institution Name / Address		Contact Person telephone no.
Ventura College 4667 Telegraph Road Ventura, CA 93003		Meredith Mundell 805-654-6342
Student Eligibility: * Open	Cost of Program [basic/refresher]: Basic: 104.00 Refresher: 26.00	**Program Level: EMT-I Number of students completing training per year: Initial training: 65 Refresher: 25 Cont. Education: NA Expiration Date: 11-30-07 Number of courses: Initial training: 2 Refresher: 1 Cont. Education: NA

**Ventura County Public Health Department
EMERGENCY MEDICAL SERVICES**

EMS PLAN

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

Name, address & telephone: Ventura County Medical Center 3291 Loma Vista Road, Ventura, CA 93003 805 652 6000		Primary Contact: Michael Powers, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input checked="" type="checkbox"/> yes <input 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:****	

Name, address & telephone: Columbia Los Robles Regional Medical Center 215 W. Janss Road. Thousand Oaks, CA 91360 805 497 2727		Primary Contact: Jim Sherman, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input 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:****	

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

Name, address & telephone: St. John's Regional Medical Center 1600 N. Rose Avenue, Oxnard, CA 93030 805 988 2500		Primary Contact: Michael Murray, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input 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:****	

Name, address & telephone: Simi Valley Hospital and Health Care Center 2975 N. Sycamore, Dr., Simi Valley, CA 93062 805 527 2462		Primary Contact: Margaret Peterson, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Base Hospital: <input checked="" type="checkbox"/> yes <input 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:****	

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

Name, address & telephone: Community Memorial Hospital Loma Vista at Brent, Ventura, CA 93003 805 652 5011		Primary Contact: Gary Wilde, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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:****	

Name, address & telephone: Ojai Valley Community Hospital 1306 Maricopa Highway, Ojai, CA 93023 805 646 1401		Primary Contact: Victoria Alexander, Administrator			
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	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:****	

TABLE 10: RESOURCES DIRECTORY -- Facilities

EMS System: Ventura County County: Ventura Reporting Year: 2004

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

Name, address & telephone:		St. John's Pleasant Valley Hospital 2309 Antonio Avenue, Camarillo, CA 93010 805 484 2831		Primary Contact: Michael Murray, Administrator	
Written Agreement <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Basic/Comp EMS Permit H&SC Section 1798.101: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		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:****	

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders

EMS System: Ventura County **County:** Ventura **Date:** 2004

NOTE: Information on Table 11a is to be completed for each county.

County Office of Emergency Services (OES) Coordinator:

Alternate's Name:

Laura Hernandez, Asst. Director
Work Telephone No.: 805-654-2552
Home Telephone No.: 805-382-2719
Office Pager No.: 805-639-7162
FAX No.: 805-648-9258
24-HR No.: 805-654-2314
Cell Phone: 805-444-0945
Email: Laura.Hernandez@mail.co.ventura.ca.us

Dale Carnathan, Program Administrator
Work Telephone No.: 805-654-5152
Home Telephone No.: 805-646-9788
Office Pager No.: 805-639-7163
FAX No.: 805-648-9258
24-HR No.: 805-654-2314
Cell Phone: 805-444-0946
Email: Dale.Carnathan@mail.co.ventura.ca.us

County EMS Disaster Medical Services (DMS) Coordinator:

Alternate's Name:

Steve Carroll, Deputy EMS Administrator
Work Telephone No.: 805-485-9384
Home Telephone No.: 805-482-6379
FAX No.: 805-485-9214
24-HR No.: 805-388-4279
Cell Phone: 805-207-9325
Email: Steve.Carroll@mail.co.ventura.ca.us

Barry Fisher, EMS Administrator
Work Telephone No.: 805-981-5305
Home Telephone No.: 805-241-7610
FAX No.: 805-981-5300
24-HR No.: 805-388-4279
Cell Phone: 805-320-1830
Email: Barry.Fisher@mail.co.ventura.ca.us

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11a: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

EMS System: Ventura County **County:** Ventura **Date:** 2004

NOTE: Information on Table 11a is to be completed for each county.

County Health Officer's Name:

Alternate's Name:

Bob Levin, MD

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

805-988-5101

805-646-9086

805-675-6061

805-988-5100

805-988-5101

Work Telephone No.:

Home Telephone No.:

Office Pager No.:

FAX No.:

24-HR No.:

Medical/Health EOC telephone no.:

Medical/Health EOC FAX No.:

Amateur Radio contact name:

Work Telephone No.:

Home Telephone No.:

Pager:

Email:

David Gilmore- AA6VH

805-988-4346

805-389-8634

dgilmore@rain.org

Medical/Health radio frequency used: 155.205 MHz.

Who is the RDMHS for your region?

Los Angeles County Department of Health Services/EMS Agency

Jim Eads, RDMHS Program Coordinator

5555 Ferguson Drive Ste 220

Commerce, CA 90022

323-890-7519 FAX 323-890-8536

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

OES Region: Southern

County: Ventura

Date: 2004

NOTE: Information on Table 11b is to be completed by counties with RDMHS projects.

Regional OES Coordinator:

Alternate's Name:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Regional Disaster Coordinator:

Alternate's Name:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

NA
Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

TABLE 11b: RESOURCES DIRECTORY -- Disaster Medical Responders (cont.)

OES Region: Southern **County:** Ventura **Date:** 2004

NOTE: Information on Table 11b is to be completed by counties with RDMHS projects. **(LOS ANGELES COUNTY TO COMPLETE)**

Regional Disaster Medical Health Coordinator:

Alternate's Name:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Regional Ambulance Transportation Coordinator:

Alternate's Name:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-hour No.:

Work Telephone No.:
Home Telephone No.:
Office Pager No.:
FAX No.:
24-HR No.:

Medical/Health EOC telephone no.:
Amateur Radio contact name:

Medical/Health EOC FAX No.:
Medical/Health radio frequency used:

NOTE: In the event of an emergency it is critical for the EMSA to have current information on whom to contact. Therefore, please submit name and telephone number changes to Table 11 as they occur.

SECTION V - PLAN DEVELOPMENT PROCESS

The VCEMS Medical Director, Administrator and staff will complete the plan using the following methods:

- **Compare local EMS system performance against State EMS system recommendations and guidelines**
- **Develop a draft Plan that outlines current resources, capabilities and needs**
- **Distribute draft Plan with a data collection tool for local system participant comment**
- **Collect and analyze data and adjust Plan accordingly**
- **Finalize prioritize system goals, objectives and tasks**
- **Meet with local committees and system participants to review essential system changes**
- **Formalize draft for presentation to the Public Health Director, Health Care Agency Director and the Board of Supervisors**
- **Finalized Plan copies distributed to participating agencies and State EMSA**

The Plan will be administered by the Ventura County EMS with oversight from the Public Health Department under the Health Care Agency. The Plan is dynamic and will be evaluated annually by the EMS Administrator and Medical Director for achievements, deficiencies and adjustments to the system.

SECTION VI LOCAL AGENCY HISTORY

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

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

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

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

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

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

The early development of the EMS system in Ventura County took form through the development of an Emergency Medical Care Committee as established by the Ventura County Board of Supervisors. This Committee was composed of Physicians, Nurses, Ambulance Providers and municipal agency representation from Law Enforcement and Fire Departments. There were also members from volunteer organizations such as the Red Cross and representation from the general public. The EMCC remained in existence through 1995.

SECTION IV LOCAL AGENCY HISTORY (Cont'd.)

During its tenure the EMCC was instrumental in making recommendation to the Board of Supervisors for various improvements within the County EMS System. An initial task force shaped the design of a Basic Life Support and Transportation System. This system was the predecessor to our current Advanced Life Support and Transportation configuration which is contracted through Service Providers.

The County's method of distribution of Basic Life Support (EMT-I) Provider transportation resources was accomplished through the identification of "service areas" which corresponded to the then existing benefit assessment districts. Each area had a solely licensed ambulance provider. Mutual aid agreements were made between operators within the County to provide necessary resources in the even of a local emergency or disaster.

Currently all service areas are contracted through the use of private ambulance transportation providers who deliver Advanced Life Support (Paramedics). All current providers have upgraded from BLS services and have been "grandfathered" into the system. The current contracts with the ALS are valid for five years and are eligible for five single year extensions through July 2006.

SECTION VII - DEMOGRAPHIC INFORMATION

GEOGRAPHY AND POPULATION DENSITY

Ventura County encompasses an area of 1862 square miles. Located along the Southern California coastline, it is north-northeast of Los Angeles County. The County Government Center is located in the City of San Buenaventura at the northwest end of the County. Ventura County is located between Santa Barbara County and Los Angeles County.

Ventura County is diverse in geography and has roughly one third of its area located in the Los Padres National Forest. This is an area of sparse population with much of it being wilderness and inaccessible by automobile. The majority of the County's population of 753,197 (2002 est. from CA State Dept. of Finance) is located along the southern slope and in adjoining valleys, an area that accounts for less than 25% of the total County area.

Ventura County is an area geographically divided or surrounded by the several mountain ranges which also influence emergency medical response and mutual aid. The Topa-Topa Mountains of Ojai Valley, the Santa Susana Mountains in Simi Valley and the Santa Monica Mountains which divide the Pacific Coast area and the Conejo Valley (Thousand Oaks/Newbury Park).

CLIMATE

The climate for Ventura County coast is of a mild Mediterranean type, with a mean temperature of 60 degrees and average rainfall of 14 inches. The adjoining valleys and mountainous interior region are in areas of lower rainfall and greater temperature extremes. The eastern end of the County is nearer to the desert and has a more semi- arid climate.

Although Ventura County is often considered one of the best places to live it is not without potential for disaster. Ventura County does not sit on the San Andreas Fault, but it does have fault lines within its boundaries and has the potential for the generation of moderate earthquakes. It will experience the impact from a rupture of the San Andreas Fault line. There is an area of high potential for liquefaction and with a significant population living along a coastal edge there is a remote chance of a catastrophe from a seismic wave (tsunami).

Our biggest threat and most often reality are the annual Santa Ana winds which turn our mountainous areas into raging infernos. The threat of wildland fires, severe fire storms and the resultant rain run-off which causes flooding has been experienced frequently in the region. Although this in itself doesn't usually create a major EMS challenge, there are occasional threats to our remote communities with who have non-ambulatory or vulnerable populations that may be in need of basic ambulance transport to safer havens. Historically, the County has had very little loss of life due to the "natural disasters" that occur here.

As noted previously, Ventura County contains large portions of natural forest land which is primarily wilderness. These areas attract many visitors each year. The highways into these places are narrow and winding. Many of these locations require off road type vehicles over unimproved road access. Because of this, response times to these locations may be extended. Many times Air Rescue is required. Fortunately the volume of calls in these areas is extremely low.

TRANSPORTATION

The automobile is the primary source of transportation in Ventura County. The infrastructure of Ventura County is composed of 7 major freeway/highway connections, the primary of which is U.S. Highway 1 and U.S. Highway 101 and State Hwy. 126. Other State Highways include 23, 33, 118 and 150. This network of highways connects the ten cities of Ventura County together and allows for metropolitan populations to access the eight Receiving Hospitals in 30 minutes or less. Much of the wilderness area relies upon Air Rescue or Search and Rescue groups as requested.

In addition Ventura County has a major rail line that transports commercial goods and commuters in and out of the region. Private and light commercial air transportation is available via three small airports: Oxnard, Camarillo and Santa Paula. There are no international or major airports in the County. The only major airports in the region are Burbank Airport and Los Angeles International to the south of Ventura County and Santa Barbara Airport to the north. These major airports are within 1 hours traveling distance from the respective ends of the County. Ventura County also is the home to four military facilities.

MILITARY FACILITIES

The largest is the U.S. Naval Air Station at Point Mugu which is also the largest employer in the County. Point Mugu is a missile test site and has many training types of jet aircraft that practice over the Pacific Ocean and the Channel Islands chain. Most of the islands are uninhabited and are patrolled by U.S. Coast Guard, U.S. Parks Department and California Fish and Game unless local assistance is requested.

The Air National Guard Base is adjacent to the Point Mugu facility. Its fleet of C-130 fixed wing Aircraft is operated under the direction of the U.S. Air Force and the State of California Office of the Governor. They respond to regional, national and international incidents as requested. The Air National Guard is also home of the 146th Air Evacuation Medical Squadron which is responsible for providing air medical operations and support to the Western United States and other locations.

The third facility is the Navy "Sea Bee" Sea Base at Port Hueneme. They respond worldwide with naval construction equipment. The Port of Hueneme also one of the largest commercial shipping ports on the west coast. It is host to many commercial shipping and cargo vessels. In addition, there are several commercial and sport fishing fleets based out of Port Hueneme, Channel Islands and Ventura harbors.

The fourth is located on San Nicolas Island which is an arm of Pt. Mugu and is a military installation that has its own federal fire department and security. The installation has military aircraft continuously conducting operations some of which include pacific range missile testing.

MAJOR INDUSTRY AND COMMERCE

Historically Ventura County was a major agricultural concern for decades. That has changed over the last 20 years although agriculture still is an important concern to the overall financial strength of the County.

Currently Ventura County's largest employer is the government. A large portion of the commuter traffic is bound for jobs located at Point Mugu and the Ventura County Government Center. That is changing though as many light industrial and commercial sales and manufacturing concerns build up within the metropolitan areas of the County. Several large companies are involved in the handling of chemical manufacturing and bio-research. Familiar names are Proctor and Gamble, Amgen Corporation, 3M Corporation, Jafra Cosmetics, and General Motors Design Center. There are also regional shopping centers located throughout the County which attract large volumes of people on a daily basis.

OUR COMMUNITIES, RECREATION AND POINTS OF INTERESTS

There is diversity in the types of recreation and sights in Ventura County. Each of the ten cities and their surrounding unincorporated areas have their own special appeal for everyone.

Ojai Valley

The "Ojai" as it is often referred has wonderful cultural offerings from Tennis to Golf, Equestrian and Fishing at the Lake Casitas Reservoir. Ojai is the gateway to the Los Padres Forest area and it offers stops along the way for sightseers and consumers alike. It has been referred to as a modern Shangri-La as it relates to big city life. Ojai has a receiving facility which is Ojai Community Hospital. It is located centrally and adjacent to the sole private ambulance and ALS provider Lifeline Medical Transport.

City of San Buenaventura

The City of San Buenaventura in addition to being the County Seat, it is also home to the Ventura Mission. The mission is located in the very nostalgic downtown section which also offers a blend of old architecture with new and antique wares, shops and services. Ventura City also has excellent beaches and sport fishing. Ventura City has a unique medical situation. There are two major hospitals centrally located and 1 block from each other. Both are Basic Emergency Services approved. One of the hospitals, Ventura County Medical Center (formerly General Hospital), is the Paramedic Base and Receiving facility and the other is Community Memorial Hospital a receiving facility only. This situation will be addressed in another part of the EMS Plan. Ventura City is served by ALS first responders from the Ventura City Fire Department. It has contracted ambulance service for additional ALS care from AMR Inc. This is also a unique and new operational situation and will be addressed elsewhere in this plan.

City of Oxnard

The City of Oxnard which is the largest of the population centers hosts agriculture, manufacturing, and a major sport fishing and recreational harbor. The Channel Islands Sport fishing Center (CISCO) attracts thousands of visitors each year. Oxnard is also home of the annual Strawberry Festival which sees an influx of thousands of visitors during its duration. The area is served by a new modern hospital which is St. John's Regional Medical Center, Oxnard. Advanced Life Support for Oxnard and its incorporated area is provided by Gold Coast Ambulance service.

City of Port Hueneme

Port Hueneme although small in size is adjacent to Oxnard and it sits next to the coastal beaches and maintains a combination Naval and Commercial Port. Next to Los Angeles Harbor, the Port of Hueneme sees some of the largest amounts of ocean going commercial traffic. Notably is the off-loading of thousands of imported cars annually. These cars are shipped via railroad nationwide. The area is served by St. John's Regional Medical Center, Oxnard. Gold Coast Ambulance Service is the provider of Advanced Life Support and transportation.

City of Camarillo

The City of Camarillo is one of the fastest growing cities. It is named after one of the longtime Spanish pioneer families of Ventura County. There are agriculture concerns, light manufacturing and industry within the sphere of Camarillo's influence. Camarillo also has a model retirement community of Leisure Village which was developed in the late 1970's and early 1980's. This gated community is the home to many seniors who are still very active in community affairs and projects. Just east of Leisure Village is the Santa Rosa Valley which offers some very exclusive residential properties.

The Camarillo Airport which was formerly a U.S. Air Force Base is the home of the Ventura County Fire Department administration. They have a regional fire training facility there which works closely with the local college district to train EMT-I level first responders. There is also the Sheriff Department's Air Operations Wing which supports fire ground activity and emergent air medical evacuations when requested through on scene emergency personnel. Camarillo has St. John's Pleasant Valley Hospital as a receiving facility. AMR INC provides its Advanced Life Support and transportation.

City of Santa Paula

The City of Santa Paula is one of two communities located right in the heart of our citrus growing regions. It is one of the oldest communities in the County and has some of the largest citrus processing facilities in the State. It is located along Highway 126 which connects Ventura to the Northwest corner of Los Angeles County. Highway 150 is the back road out of Santa Paula and it terminates at the 101 freeway at Carpinteria after passing through Ojai. There are natural springs, campgrounds and picnicking and occasional trout fishing along the creeks that flow towards Santa Paula on their way to the Santa Clara River. It is also notable that the hills surrounding Santa Paula have some very large crude oil production sites which offer additional potential challenges to the EMS community. The City of Santa Paula maintains a municipal fire department comprised of 11 full-time firefighters and up to 27 par-time/paid-call firefighters. The Santa Paula Memorial Hospital is the nearest facility for Santa Paula, Fillmore and Piru residents. Santa Paula residents receive Advanced Life Support and transportation by AMR Inc.

City of Fillmore

The City of Fillmore is the other community nestled in amongst the citrus fields of the north eastern end of the County. Fillmore also has its own volunteer fire department and has a compact area of residential and commercial structures. North of Fillmore in the Los Padres Forest is the home of the North American Condor Sanctuary. This area is mentioned occasionally by media as they track the plight of the nearly extinct bird. It draws occasional hikers and conservationists. There is no local hospital or emergency medical service facility in Fillmore. The residents of Fillmore and Piru receive Advanced Life Support and transportation by AMR Inc.

Although not a part of Fillmore proper, the unincorporated community of Piru is about 15 minutes to the east and is the last community as you depart Ventura County and cross into Los Angeles County near Interstate 5. It is the location of Lake Piru which is a major recreational boating and fishing area.

The highway between the L.A. County line and Fillmore is Highway 126. It is an undivided high speed road which is notorious for multi-victim fatal accidents. From an EMS perspective the nearest hospitals are a minimum of 20-30 minutes away by ground transportation. This situation is one that will be addressed in another area of this plan.

City of Moorpark

The newest city in the County is the City of Moorpark. Although rich in history, growth has been controlled. However it is still a fast growing area in the County. It has a younger population base and is building new commercial and manufacturing facilities. It sits in a valley and is the home to Moorpark College. Moorpark was at one time the largest apricot growers and egg producers in the nation but that has given way to light industry such as Litton Industries and Seagate Corporation. There are still some agricultural concerns on the borders of the community. Moorpark is a bedroom community which has a few community parks and a very nostalgic downtown section that draws visitors from outlying cities. There are no receiving or emergency medical facilities in Moorpark. Advanced Life Support and transportation are provided by AMR Inc.

City of Simi Valley

Heading east finds the City of Simi Valley. Once a grazing and agricultural plain, Simi Valley has been transformed into one of the largest cities in the County. It has some major businesses located within its city limits. Although a bedroom community as well, Simi Valley has built up its light industry and manufacturing. It is the home of several large aerospace sub-contractors and has some very large Corporate Offices and plant sites such as Countrywide Funding Corporation, Bugle Boy Industries, Fields Aircraft and other notable companies. Simi Valley hosts several annual events which draw thousands of people at a time from other communities in Southern California. Simi Valley has its own culturally arts center and is also the proud home of the Ronald Reagan library. There is also a combined East County Courthouse and County Government Offices complex serving eastern Ventura County residents. The Paramedic Base and Receiving Hospital for the area is Simi Valley Hospital and Health Care Services. Advanced Life Support and transportation is provided by AMR Inc.

City of Thousand Oaks

The City of Thousand Oaks is a part of the Conejo Valley which extends from the top of the Conejo Grade on Highway 101 to the L.A. County line and from the Santa Monica Mountains on the south to foothills north. It has several communities within its influence. The unincorporated areas of Newbury Park, Lake Sherwood, Westlake Village (Ventura County side) North Ranch, Oak Park. Thousand Oaks and its surrounding areas offer light industrial, commercial manufacturing and sales. It is the home of the California Lutheran University and the Thousand Oaks Civic Arts Plaza. The City is considered to be the eastern gateway to the County as it welcomes millions of vehicles through the County on Highway 101. Thousand Oaks has a larger population density and has HCA/Los Robles Regional Medical Center and Hospital as a Paramedic Base and receiving facility. AMR Inc. is the Advanced Life Support Provider and transportation contractor for this area as well.

Table A POPULATION ESTIMATES

Location	1980	1990	2002	2010 est.
Unincorporated Area	99,444	86,873	93,127	114,060
City of Camarillo	37,797	52,303	57,077	69,500
City of Fillmore	9,602	11,992	13,643	18,730
City of Moorpark	Unincorporated	25,494	31,415	52,000
City of Ojai	6,816	7,613	7,862	8,170
City of Oxnard	108,195	142,216	170,358	167,027
City of Port Hueneme	17,803	20,319	21,845	28,381
City of San Buenaventura	74,393	92,575	100,916	113,500
City of Santa Paula	20,552	25,062	28,598	34,200
City of Simi Valley	77,500	100,217	111,351	137,000
City of Thousand Oaks	77,072	104,352	117,005	128,000
County Total	529,174	669,016	753,197	870,568

Age Distribution	Amount
less than 5 (%)	56,231
5-24 (%)	225,533
25-44 (%)	231,146
45-64 (%)	163,483
65 and over (%)	76,804

Source: California Dept. of Finance

Table B 1996 VITAL RECORDS REPORTS FOR BIRTHS AND DEATHS*(2002)

Location	Live Births	Deaths
Unincorporated Area	200	1035
City of Camarillo	815	583
City of Fillmore	365	126
City of Moorpark	511	287
City of Ojai	261	313
City of Oxnard	3952	943
City of Port Hueneme	509	146
City of San Buenaventura	1356	880
City of Santa Paula	611	243
City of Simi Valley	1659	577
City of Thousand Oaks	1558	1554
County Total	11,797	6,687

**Including Ventura County Residents Born or Expiring Outside of Ventura County*

Source: Ventura County Vital Records
U.S. Census Bureau

Table C COMPONENTS OF POPULATION CHANGE

YEAR*	Population	Change	Births	Deaths	Natural	Net Migration	Net	Net Domestic
1990	670,200							
1991	678,600	8,400	12,686	3,891	8,795	-395	2,838	-3,233
1992	690,100	11,500	12,828	3,905	8,923	2,577	3,963	-1,386
1993	697,900	7,800	12,144	3,977	8,167	-367	3,759	-4,126
1994	706,200	8,300	12,156	4,191	7,965	335	4,002	-3,667
1995	712,700	6,500	11,933	4,040	7,893	-1,393	3,385	-4,778
1996	714,800	2,100	11,938	4,102	7,836	-5,736	3,176	-8,912
2002		44,600	73,685	24,106	49,579	-4,979	21,123	-26,102
SUM		7,433	12,281	4,018	8,263	-830	3,521	-4,350
AVERAGE		7,433	12,281	4,018	8,263	-830	3,521	-4,350

*Averaged From 1990 to 1996 (July 1st)

Source: State of California-Department of Finance

Table D RACE DISTRIBUTION

Location	Total	White	%	Black	%	Amer Indian	%	Asian	%	Hispanic	%	Other	%
Unincorporated Area	93,127	63,457	68.14	1,179	1.2	485	.52	2,973	3.1	23,038	24.74	183	.19
City of Camarillo	57,077	41,543	72.78	802	1.4	201	.35	4,068	7.1	8,869	15.54	86	.15
City of Fillmore	13,643	4,178	30.62	26	.19	69	.51	97	.71	9,090	66.63	24	.18
City of Moorpark	31,415	19,611	62.42	435	1.3	82	.26	1,738	5.5	8,735	27.81	75	.24
City of Ojai	7,862	6,259	79.61	46	.59	23	.29	124	1.5	1,245	15.9	9	.11
City of Oxnard	170,358	35,049	20.57	5,923	3.4	597	.35	12,257	7.1	112,807	66.22	182	.11
City of Port Hueneme	21,845	9,321	42.67	1,216	5.5	158	.72	1,324	6.0	8,960	41.02	39	.18
City of San Buenaventura	100,916	68,710	68.09	1,284	1.2	631	.63	2,933	2.9	24,573	24.35	152	.15
City of Santa Paula	28,598	7,551	26.40	69	.24	129	.45	180	.63	20,360	71.19	39	.14
City of Simi Valley	111,351	80,908	72.66	1,348	1.2	457	.41	6,932	6.2	18,729	16.82	191	.17
City of Thousand Oaks	117,005	90,862	77.66	1,162	.99	345	.29	6,826	5.8	15,328	13.10	142	.12
County Total	753,197	427,449	56.75	13,490	1.8	3,177	.42	39,452	5.2	251,734	33.42	.1,122	.15

Source: U.S. Census Bureau

Table E HOUSING AND INCOME

Residential Dwellings

Location	1980	1990	2000 est.	2010 est.
Unincorporated Area	33,847	30,165	37,542	43,042
City of Camarillo	14,234	18,731	22,778	26,527
City of Fillmore	3,039	3,528	5,361	5,763
City of Moorpark	N/A	7,915	12,340	17,219
City of Ojai	2,671	3,130	3,381	3,583
City of Oxnard	35,087	41,247	46,294	51,552
City of Port Hueneme	6,788	7,481	9,579	11,130
City of San Buenaventura	30,412	37,343	41,430	45,400
City of Santa Paula	7,172	8,062	9,867	11,712
City of Simi Valley	22,643	33,111	40,544	48,239
City of Thousand Oaks	27,491	37,765	43,209	49,421
County Total	183,384	228,478	272,325	313,588

Income

Item	Amount
Housing Units	228,478
Persons per Household	3.016
Median Family Income (1990)	\$45,612
Per Capita Personal Income (1990)	\$17,861

Source: U.S. Census Bureau

Table F EMPLOYMENT STATISTICS

Location	1980	1990	2000	2010
Unincorporated Area	9,814	13,293	11,607	
City of Camarillo	13,691	27,977	30,195	
City of Fillmore	2,527	2,572	4,206	
City of Moorpark	521	8,519	16,205	
City of Ojai	3,097	5,095	5,310	
City of Oxnard	49,526	51,190	83,486	
City of Port Hueneme	10,464	14,871	16,498	
City of San Buenaventura	42,508	56,195	67,777	
City of Santa Paula	4,062	9,577	14,070	
City of Simi Valley	14,849	31,689	68,247	
City of Thousand Oaks	32,548	53,273	69,512	
County Total	174,289	274,551		

Source: U.S. Census Bureau

Table G Summary Report U.S. Census-Ventura County

POPULATION AND HOUSING (*Census*)

Total resident population:	
2000	753,197
Percent 65 years and over	10.2
Occupied housing units, 2000	243,234
Percent owner occupied	67.6

BIRTHS AND DEATHS (*Ventura County Public Health*)

Births, 2003	12,188
Per 1,000 resident population	17.6
Percent to mothers under 20 years of age	10.4
Deaths, 1993	4,149
Per 1,000 resident population	6.0
Infant deaths per 1,000 live births, 1993	5.5

EDUCATION (*Bureau of the Census*)

Persons 25 years and over, 2000	471,756
Percent high school graduates	19.7
Percent college graduates (bachelors degree or higher)	26.9

LABOR FORCE (*Bureau of Labor Statistics*)

Civilian labor force, 2000	367,453
Percent unemployed	3.4

PRIVATE NON-FARM ESTABLISHMENTS (*Bureau of the Census*)

Total establishments, 2000	16,463
Paid employees, 1998	191,480
Annual payroll, 1998	608.7 mil

PERSONAL INCOME (*Bureau of Economic Analysis*)

Total personal income, 1998	21,020.3 mil
Per capita (dollars)	28,711

AGRICULTURE (*Bureau of the Census*)

Number of farms, 1998	2,214
Land in farms as percent of total land	27

RETAIL TRADE (*Bureau of the Census*)

Retail sales, 1998	6,476.6 mil
Per capita (dollars)	8,968

Table G (Cont'd.)
Summary Report U.S. Census
Ventura County, California

COMMERCIAL AND SAVINGS BANKS (*Fed. Deposit Insurance Corp.*)

Number of offices, June 30, 1994	104
Total deposits (\$1,000)	4,251,344

Ventura County, California
Summary Report 1990 Census (Cont'd.)

SOCIAL PROGRAMS (*Social Security Administration*)

Social Security recipients, December 1993	82,255
Retired workers	52,175
Supplementary Security Income recipients, December 1994	13,797

FEDERAL FUNDS AND GRANTS (*Bureau of the Census*)

Total direct expenditures or obligations per capita: 1999 (dollars)	4,283
--	-------

Source: US Statistics 1990 Census/By County

SECTION VIII - EPIDEMIOLOGICAL CHARACTERISTICS, MORBIDITY & MORTALITY

Statistics from the *2003 Ventura County Public Health- Health Data Summary* found the major causes of death in the County are from heart disease and cancer.

Overall crude death rates between 1990 and 1994 did not fluctuate more than 6.6%. In 1994 with an estimated population of 706,200 the crude death rate was 589.2 per 100,000. In 1994 the top causes of death were as follows: Coronary heart disease, all Cancers, Stroke, Pulmonary Disease, Pneumonia/influenza, Diabetes Mellitus, Motor Vehicle Accidents, Suicide, Liver Disease, Alzheimer's Disease.

The largest factor in death is age. In terms of age, 75% of death cases occurred in individuals over 64, with the largest percentage in the 75-84 year range (29%). The number of people over 84 years of age is small they only accounted for 24.2% of deaths.

In 1994 the overall statistics indicate that there was a death rate of 387 per 100,000 populations. The statistics for death in young adults (15-24 years) indicate that Motor Vehicle Accidents (MVA) are still the number one cause. These figures are fairly consistent with State and National trends. Education in healthy lifestyles and prevention is clearly the most effective way to reduce the numbers of MVAs, other unintentional accidents and to improve overall health.

SECTION IX DISASTER RESPONSE FUNCTIONS

Ventura County Public Health Department

In disaster the Public Health Officer is the second highest ranking official in the County. S/He works with the Ventura County Sheriff and the Office of Emergency Services who are the lead in all County disaster operations. The Public Health Officer is responsible for investigating and tracking life and health threatening disease, pestilence and other pathogenic substances. S/He directs measures to be used by Public Health nursing staff. The Director of Public Health supervises the staff and administrates orders given by the Public Health Officer.

New to the EMS Agency is the addition of a four wheel drive Ford Expedition Command Vehicle. This vehicle and a representative of the EMS Agency are available 24 hours a day for any large scale disaster or other assistance that may be requested by EMS system participants.

Ventura County EMS Office

In 1995 the Ventura County EMS Agency was integrated into the Ventura County Public Health Department. Ventura County Public Health and EMS although integrated, still have very specific areas of function and accountability.

In a major emergency or disaster Ventura County EMS is responsible for coordinating, requesting and tracking medical assets such as: EMS personnel, ambulances and medical supplies. In addition, we monitor and advise medical facilities regarding patient receiving status and maintain patient logistics and statistics. Ventura County EMS works in the EOC with the County Health Officer, Ventura Sheriff/OES, Ventura County Fire Department, Ventura County Public Works, Red Cross, R.A.C.E.S. and other operations participants.

We are a member of the Office of Emergency Services (OES) Region One-Regional Disaster Medical Health Coordination ("RDMHS") Program. We report to L.A. County EMS who is the designated Region One Coordinator. The Region Coordinator is the region lead and liaison to the State OES, State EMS and State Public Health Agencies. The five counties that make up Region One are: Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura. Each county disaster medical coordinator in Region One has been assigned a portable satellite telephone (on loan from L.A. County) to be used in the event of normal communication equipment failure.

In an incident Ventura County EMS will have a representative report to the Command Post (CP), Local Disaster Operations Center (DOC) or the County Emergency Operations Center (EOC). Staffing is predicated upon size of and type of incident. Additional clerical staff may be acquired through the Ventura County Public Health Administration.

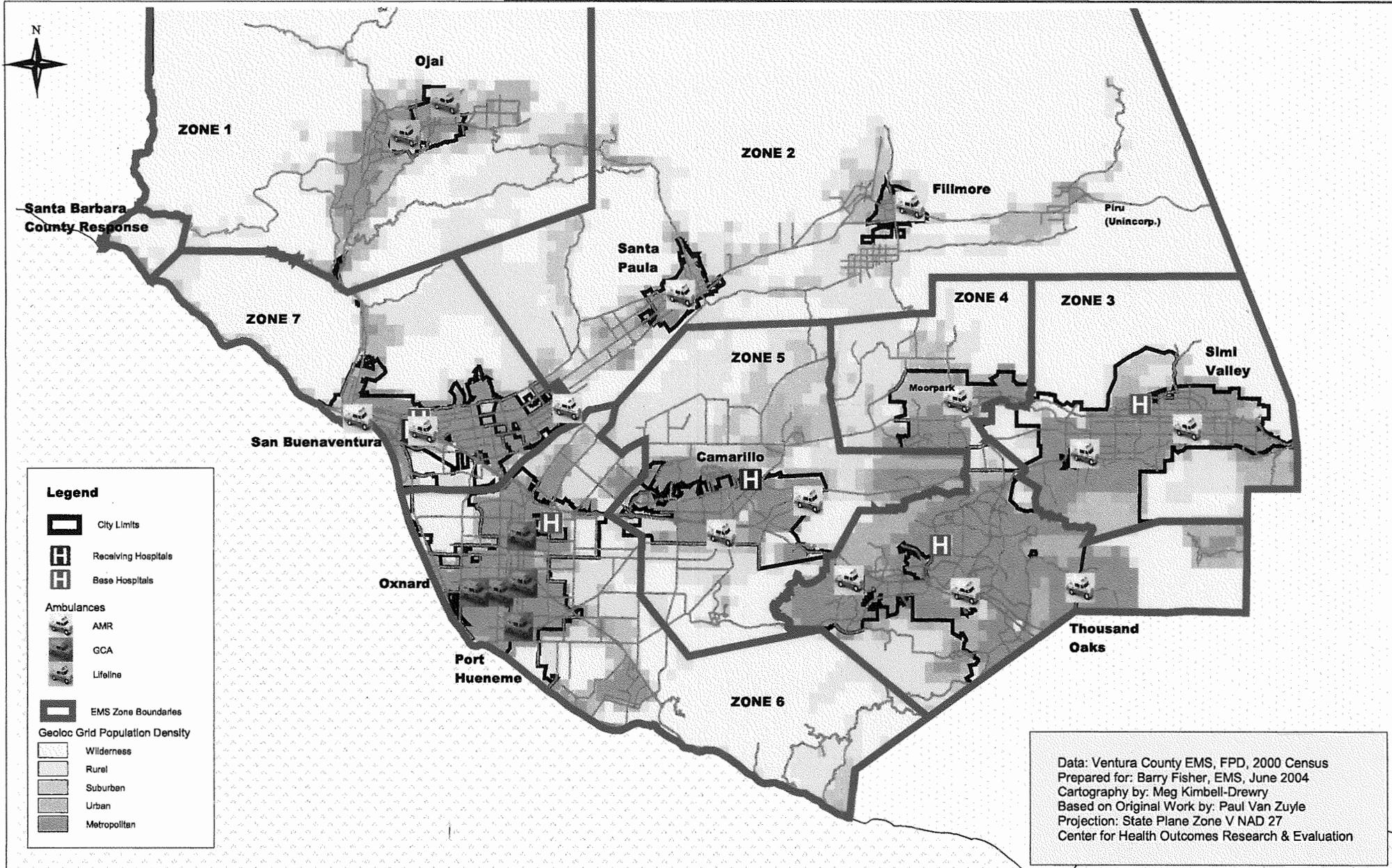
SECTION X - APPENDICES

Appendix A Ventura County Operational Area Maps

AREA 1 MAP

AREA 2 MAP

Ventura County Current Ambulance Service Areas



AREA 3 MAP

AREA 4 MAP

AREA 5 MAP

AREA 6 MAP

AREA 7 MAP

Appendix B Ventura County EMS Organizational Chart

Appendix C Health and Safety Code - Section 1797.224

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

APPENDIX D - GLOSSARY OF TERMS AND DEFINITIONS

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

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

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

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

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

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

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

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

Receiving Hospital Physician - A physician licensed to practice medicine in the State of California and approved as a Receiving Hospital Physician by the Medical Director, and knowledgeable in the medical protocols, radio procedure and general operating policies of the County EMS system, and a person from whom ambulance personnel may take medical direction by radio or other remote communications device.

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

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

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

Central Dispatch - Ventura County Public Safety Communications Center dispatch point.

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

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

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

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

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

EMS - Emergency Medical Services.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LEMSA - Local Emergency Medical Services Agency. The county designated regulatory agency for the provision of prehospital medical care.

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

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

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

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

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

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

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

Public Information Officer (PIO) A person designated to distribute information to direct or guide the general public in community affairs, disaster preparedness or incident related promoting awareness and/or safety.

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

Public Safety Answering Point (PSAP) - The location where an emergency 911 call is answered and, either appropriate resources are dispatched or the request is relayed to the responding agency.

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

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

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

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

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

Ventura County Emergency Medical Services (VCEMS) - The EMS Agency established by the County Board of Supervisors for planning and implementation of emergency programs for Ventura County.

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

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

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

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

Weapons of Mass Destruction (WMD) Such as: Chemical, Biological or Radiological, Terrorist weapons.

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

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Ventura County EMS Agency
Area or Subarea (Zone) Name or Title: Ambulance Area 1, Ojai and surrounding unincorporated areas
Name of Current Provider(s): Ojai Ambulance Service Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 1980 Owner, Jerry Claussen 1995 Ownership transferred to Stephen E. Frank with Board of Supervisors approval. By September 2001, there will be a name change: Ojai Ambulance Service dba Lifeline Medical Transport.
Area or subarea (Zone) Geographic Description: See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Ojai Ambulance provided BLS care. Given the permissive language in the contract regarding provision of ALS services, Ojai implemented an ALS level program in 1987 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 2, Santa Paula/Fillmore and surrounding unincorporated areas
Name of Current Provider(s):	American Medical Response Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
	1980 Courtesy Ambulance Service, Howard Marsh, Owner 1990 Sold to Pruner Health Services with Board of Supervisors approval 1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc. 1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans 1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224):	If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service: Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Courtesy Ambulance provided BLS care. Given the permissive language in the contract regarding provision of ALS services, AMR, as an approved ALS provider, implemented an ALS level program in 1990 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 3, Simi Valley and the surrounding unincorporated areas.
Name of Current Provider(s):	American Medical Response Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
	1980 Pruner Health Services 1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc. 1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans 1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Include intent of local EMS agency and Board action.
	Exclusive provider of emergency response and transportation services.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.).
	The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224):	If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.
	Contractor is grandfathered. ALS care was provided in this ambulance area beginning in 1978.
	If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.
	Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 4, Thousand Oaks/Moorpark and the surrounding unincorporated areas.
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	American Medical Response 1980 Pruner Health Services 1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc. 1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans 1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.
Area or subarea (Zone) Geographic Description:	See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.	Exclusive provider of emergency response and transportation services.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.).	The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	Contractor is grandfathered. ALS care has been provided in this ambulance area since 1977.
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	Not Applicable

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name:	Ventura County EMS Agency
Area or Subarea (Zone) Name or Title:	Ambulance Area 5, Camarillo
Name of Current Provider(s):	American Medical Response
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
1980 Pruner Health Services	
1994 Assignment of Agreement to Careline, Inc. upon Pruner Health Services becoming a wholly owned subsidiary of Careline, Inc.	
1995 Assignment of Agreement to Laidlaw, Inc. upon Careline, Inc. becoming a wholly owned subsidiary of Laidlaw, Inc., dba MedTrans	
1996 Name change from Laidlaw, Inc., dba MedTrans to Laidlaw, Inc., dba AMR.	
Area or subarea (Zone) Geographic Description:	
See attached Ambulance Area Map	
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	
Include intent of local EMS agency and Board action.	
Exclusive provider of emergency response and transportation services.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.).	
The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.	
Method to achieve exclusivity, if applicable (HS 1797.224):	
If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006.	
In 1980, Pruner Health Services provided BLS care. Given the permissive language in the contract regarding provision of ALS services, PHS implemented an ALS level program in 1982 with the approval of the Board of Supervisors.	
If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	
Not Applicable	

EXCLUSIVE OPERATING AREAS

EMSPLAN-ZONE SUMMARY

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually.

Local EMS Agency or County Name: Ventura County EMS Agency
Area or Subarea (Zone) Name or Title: Ambulance Area 6, Oxnard/Port Hueneme and surrounding unincorporated areas
Name of Current Provider(s): Gold Coast Ambulance Service Include company name(s) and length of operation (uninterrupted) in specified area or subarea. 1980 Oxnard Ambulance Service 1996 Change of corporate name to Gold Coast Ambulance. Ownership remained the same.
Area or subarea (Zone) Geographic Description: See attached Ambulance Area Map
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive provider of emergency response and transportation services.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring ambulance service, etc.). The provider responds to all requests for emergency medical services, both 9-1-1 dispatches and 7 digit calls to the company, provides BLS and ALS services and transports the patient to the hospital.
Method to achieve exclusivity, if applicable (HS 1797.224): If <u>grandfathered</u> , pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. In 1973, Ventura County entered into joint powers agreements with the then existing cities to govern the provision of emergency medical services. The County has retained this role since that time and has grandfathered contracts. The current contract expires in 2006. In 1980, Oxnard Ambulance Service provided BLS care. Given the permissive language in the contract regarding provision of ALS services, an ALS level program was implemented in 1984 with the approval of the Board of Supervisors. If <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. Not Applicable

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 14, 2005

Barry Fisher, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036-0619


Dear Mr. Fisher

We have completed our review of *Ventura's 2004 Emergency Medical Services Plan*, and have found it to be in compliance with the *EMS System Standards and Guidelines and the EMS System Planning Guidelines*.

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

SECTION	COMMENT
1.07 Trauma Planning	Need to develop a trauma system plan.
1.26 Trauma System Plan	
6.06 System Design Evaluation	Need to develop an evaluation program that evaluates EMS system design and operations. The need for this program is referenced in Title 22, Division 9, Chapter 12 EMS System Evaluation and Quality Improvement regulations.

These comments are for your information and may be addressed in your annual update. Your annual update, utilizing the attached guidelines, will be due one year from your approval date. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,



Richard E. Watson
Interim Director

REW:SS

Attachments