



City and County of San Francisco
Gavin Newsom, Mayor

Emergency Medical Services Agency
Department of Public Health

March 6, 2008

Ms. Bonnie Sinz, RN
EMS Systems Division Chief
California EMS Authority
1930 9th Street
Sacramento, CA 95814

Dear Ms. Sinz:

I am pleased to present to you, the 2008 revision of the San Francisco EMS Plan. This plan has been completed consistent with the guidance provided by EMSA.

On behalf of the San Francisco EMS Agency, I would also like to apologize for the extended delay in submitting EMS Plan revisions to EMSA. While we have endeavored to submit an annual EMS Plan revision, we have been challenged by changes in our Agency role in disaster preparedness, regulatory changes in EMT certification and paramedic practice, new system initiatives such as stroke and myocardial infarction care and fluctuations in our local governmental support for staff and resources. We have now modified our workplan to prioritize submitting EMS Plan updates annually.

Please feel free to contact me at 415-355-2607, or Michael Petrie, EMS Administrator at 415-355-2609, with any questions regarding the San Francisco EMS Plan.

Sincerely,

A handwritten signature in cursive script that reads "John F. Brown".

John F. Brown, MD
Medical Director

P:\EMS Plan\2008 EMS Plan Revision\Final\Submission Coverletter.doc

08 MAR 10 10:10 AM '08

EMSA

68 – 12th Street, Suite 220 • San Francisco, CA 94103-1297
(415) 355-2600 • FAX (415) 552-0194
www.SanFranciscoEMS.org

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	implemented a Local EMS Information System (LEMSIS). Through this system, the EMS Agency reports monthly to stakeholders and the public, a number of operations-based EMS System quality indicators. As EMS providers implement electronic patient care records, these monthly reports will also include patient-based quality improvement information. This information will be used to identify system improvements.	<ol style="list-style-type: none"> 1. Establish a mechanism for annual review and revisions to the EMS Plan. 2. Continue to expand the number of quality control indices monitored and reported by the EMS Agency.
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 input regarding the development of plans, policies, and procedures, as described throughout the document.	X	<input type="checkbox"/>		EMS Policy 1010-Advisory Committees, details the advisory committees used by the EMS Agency. These committees include the EMS Advisory Committee and the Trauma Systems Audit Sub-Committee. These committees replace the committees identified in the 1999 EMS Plan	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.		<input type="checkbox"/>		In addition to the EMS Agency Medical Director, the San Francisco Fire Department also employs a full time medical director to assist the provider in medical oversight. The Department of Emergency Management/Division of Emergency Communications also employes a .25 FTE medical director to assist the dispatch center in AMPDS and other aspects of medical dispatch.	None
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.	X	X		Since submitting the 1998 EMS Plan, the EMS Agency has improved our data collection methodologies, implementing the SF Local EMS Information System. This system allows the analysis of operational data such as response time performance. By the end of 2008 we anticipate this system will allow the review and analysis of patient care record-based data.	1. The EMS Agency will endeavor to submit an EMS Plan annually
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.		<input type="checkbox"/>		The EMS Agency shall endeavor to annually update its EMS Plan.	1. Establish a mechanism for annual review and revisions to the EMS Plan.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.	X		X	The EMS agency maintains an approved 2001 Trauma Plan that meets existing Title 22 guidelines. San Francisco General Hospital is the Level 1 trauma center for the City and County of San Francisco and Northern San Mateo County. Additionally, there are policies that address Intercounty bridge response and procedures to follow for local and regional hospitals to follow when the trauma center cannot provide services.	1. Continue to submit annual trauma systems status reports.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.08	Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMS Policy 4000 requires that a paramedic ambulance respond to all emergency requests for EMS, and that two paramedics respond to the most critical life-threatening emergency requests. Currently, SFFD staffs approximately 30 of 42 engines at the ALS level. Starting in 2004, the SFFD began to replace its station-based ambulance deployment structure with a dynamically deployed-based ambulance structure. At completion of this deployment structure (which is planned in 2008) SFFD will operate 4 station-based ambulances and between 18 and 25 dynamically deployed ambulances, based on call volume.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.10	Each local EMS agency shall identify population groups served the EMS system which require specialized services (e.g. elderly, handicapped, children, non-English speakers)			X	The age and ethnic background of San Francisco residents has not significantly changed since our last report. EMS system components which enable the EMS agency to identify and serve the various populations within its geopolitical boundaries: 1. Translator services are available to all EMS system participants, including 911 dispatchers, on a 24 hours per day basis, 2. Cultural competency training is offered by DPH for all City health care workers, including EMS and Base Hospital personnel, 3. Most EMS system facilities are accessible to handicapped individuals, 4. The EMS agency continues to maintain the City's Disaster Registry for Senior and Disabled persons program, which identifies self-enrolled clients that are vulnerable in disasters and triages available assistance to them. The program has been proposed for elimination this year due to budgetary issues.	1. Attempt to maintain DRP. Develop ongoing assessment tool for service to this population.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.11	Each local EMS Agency shall identify the optimal roles and responsibilities of system participants	X		X	System participants' roles and responsibilities are identified through the ambulance ordinance, administrative code, policy and written agreement. San Francisco established an exclusive operating area under the grandfather provision of HS 1797.224 in 1991. The EMS Agency, also has a written Paramedic Service Provider Agreement with the San Francisco Fire Department. The SF EMS Agency policies delineate roles and responsibilities for the system participants. These policies include: a) 5011 Base Hospital Standards, b) 5010 Receiving Hospital Standards, c) 5013 Trauma Center Designation, d) 5014 Level 1 Trauma Center Standards, e) 5015 Primary Stroke Center Standards, f) Medical Dispatch Standards, and g) 4000 Prehospital Provider Standards,	1. The EMS Agency has long term objectives to assess overall optimal roles for system providers by performing site visits, additional quality improvement activities, and through input from the EMS community

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.12	Each local EMS agency shall provide for review and monitoring of EMS system operations.	X		X	The EMS Agency reviews and monitors EMS System operations through a variety of methods. EMS System data is routinely reviewed, based upon the parameters of Policy 6000-Quality Improvement Program and Policy 6010-Local EMS Information System. The standards for reporting of incidents is contained is Policy 6020-Incident Reporting. Additionally, the EMS Agency routinely conducts ad hoc audits of EMS providers and dispatch centers.	<ol style="list-style-type: none"> 1. Continue implementation of LEMSIS to allow enhanced monitoring and reviewing of EMS System. 2. Conduct ad hoc site visits of EMS providers and dispatch centers as necessary.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.14	Each local EMS Agency shall develop a policy and procedure manual that 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	X			The EMS Agency maintains the San Francisco EMS Agency Manual that addresses all aspects of the citywide EMS system. The EMS Agency Policy Manual presents the most recent standards, guidelines, and procedures for all EMS activities in and related to The City and County Of San Francisco. The manual is divided into 8 Sections, each addressing different facets of the EMS system. The EMS Agency distributes Policy Manuals to all system participants, and it is available on the EMS Agency website for download. Policies and Procedures are reviewed and updated annually. Any changes made throughout the year are distributed to all system participants.	1. Update and revise policies and procedures as needed.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.		<input type="checkbox"/>		<p>The EMS Agency has developed cost-based fees for EMT certification, EMT-P accreditation and ambulance permitting. Next fiscal year, the EMS Agency will propose cost-based fees for hospital-based EMS-related services such as receiving hospitals, and specialty services such as STEMI receiving hospitals, stroke receiving hospitals, and trauma centers. The EMS Agency is maximizing the use of applicable EMS Fund-based revenue and SB 1773-based revenue.</p>	<p>1. Continue to seek sources for additional funding for EMS agency programs.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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 base hospitals and alternative base stations and the roles, responsibilities and relationships of prehospital and hospital providers	X			The EMS Agency has signed an MOU with the UCSF/SFGH Emergency Medicine residency program to provide support for EMS training for resident physicians in exchange for their involvement with teaching, medical control, quality improvement and research in the EMS system. By concentrating day-to-day medical control operations in one Base Hospital facility, we have been able to secure participation in national EMS research networks, such as NETT and CARES. Policy 5011 outlines the base hospital's role and responsibilities in the system.	1. Assist with development of emergency medicine residents in medical education and training functions.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	X		X	<p>The EMS Agency's quality improvement Policy was recodified as Policy 6000--Quality Improvement Program. Additional quality improvement, and performance reporting requirements are contained in Section six of the EMS Agency Policy Manual. This policy complies with the requirements of Title 22, Division 9, Chapter 12. Since submitting the 1999 EMS Plan, the EMS Agency has improved our data collection methodologies, implementing the SF Local EMS Information System. This system allows the analysis of operational data such as response time performance. By the end of 2008 we anticipate this system will allow the review and analysis of patient care record-based data.</p> <p>All EMS providers have submitted QI Plans, and the next due date for the annual QI Plan update is</p>	<ol style="list-style-type: none"> 1. Continue to implement the LEMSIS-based quality improvement system. 2. Receive QI Plan updates from all EMS Providers.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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) base hospital contact, i) on-scene physicians and other medical personnel, and j) local scope of practice for prehospital personnel.	X			The EMS Agency maintains Policy and Protocol manuals that presents the most recent standards, guidelines, and procedures for all EMS activities in and related to the City and County of San Francisco. The Policy Manual is divided into 8 sections and the Protocol Manual is divided into 6 sections, each addressing a different facet and treatment of the EMS system: Policies and Protocols are updated annually and as needed, in response to new system needs, changing system requirements, revisions or additions to State policy, etc. All new and altered policies and protocols must pass through the EMS Agency's Public Comment Process for approval.	1. Update and revise policies and procedures as needed.
1.20	Each local EMS agency shall have a policy regarding DNR situations in the prehospital setting, in accordance with the EMS Authority's guidelines.	X		X	Policy 4051-DNR Policy complies with the EMS Authority's guidelines for DNR policies.	1. Assure maintenance of EMS grief support training for family members by EMS providers.
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.	X			The EMS Agency maintains EMS Policy 4050-Death in the Field	1. Revise Policy 4050-Death in the Field to include death at crime scenes.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.22	Each local EMS Agency , shall ensure that providers have a mechanism for reporting child abuse, elder abuse, and suspected SIDS deaths	X		X	The EMS Agency maintains EMS Protocol P-050-Assault/Abuse. Phone numbers and instructions are listed in this protocol to advise prehospital personnel of the process to report child abuse, elder abuse, and sexual assault. SIDS Reporting: Training on SIDS is required for all entry level EMS system providers. This training incorporates information on reporting such cases.	1. The San Francisco EMS Agency needs to develop a mechanism to ensure that participants in the EMS system report suspected SIDS deaths.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.23	The local EMS Medical Director shall establish policies and protocols for scope of practice of prehospital medical personnel during interfacility transfers.	X	X		The EMS Agency maintains EMS Policy 2000-Prehospital Standards and Scope of Practice for all prehospital providers of care. The EMS Agency also maintains EMS Policy 5030-Interfacility Transfers. These policies outline the approved practice for interfacility transfers and establishes minimum training and staffing standards to ensure personnel with local experience and demonstrated competence to respond to each request for service. The EMS Agency is in the process of implementing Critical Care Transport-Paramedic policies and protocols which outlines their scope of practice. The CCT-P program will submit the CCT-P program to the EMSA for approval of optional scope of practice. Effective date of these policies/protocols will be August 1, 2008.	1. Implement CCT-P Program.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.24	Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the EMS agency.		<input type="checkbox"/>		The EMS Agency and the San Francisco Fire Department executed a paramedic service provider agreement in 2004. This agreement expired in 2006, and is being revised. We expect execution of the new agreement by March 2008. The geographic area of the City and County of San Francisco continues to be an exclusive operating area for Advanced Life Support and emergency ambulance services.	1. Revise memorandum of understanding with SFFD. 2. Establish memoranda of understanding with American Medical Response and King-American Ambulance.
1.25	Each EMS system shall have on-line medical direction, provided by a base hospital physician or authorized registered nurse/mobile intensive care nurse	X		X		1. Assist EMS provider without medical director to employ medical director.
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 the process for assigning roles to system participants, including a process which allows all eligible facilities to apply.	X	X		The EMS agency maintains an approved 2001 Trauma Plan that meets community needs and utilizes appropriate resources.	1. Continue to submit annual trauma systems status reports.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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: the optimal system design for pediatric emergency and critical care in the EMS area, and the process for assigning roles to system participants, including a process which allows all eligible facilities to apply	X		X	The EMS agency policies 5000-Ambulance Destination, 5010-Receiving Hospital Standards, and 5012-Pediatric Critical Care Standards outline the designation of pediatric critical care centers, and the responsibility of all receiving hospitals to care for pediatric patients.	1. Obtain funding for position and increase current trauma systems capability to include pediatric critical care system management.
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: the optimal system design for ambulance service and advanced life support services in the EMS area, and the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.		<input type="checkbox"/>		The geographic area of the City and County of San Francisco continues to be an exclusive operating area for Advanced Life Support and emergency ambulance services.	1. Revise memorandum of understanding with SFFD. 2. Establish memoranda of understanding with American Medical Response and King-American Ambulance.
2.01	The local EMS Agency shall routinely assess personnel and training needs.	X			The Field Provider Committee has been replaced by the EMS Advisory Committee. The San Francisco Fire Department no longer operates a paramedic training program; however, City College of San Francisco operates a paramedic training program.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	X		X	The EMS Agency maintains the following policies: a) EMS Policy 2020-EMT Program Approval b) EMS Policy 2060-CE Provider Approval c) EMS Policy 6000-Quality Improvement (The purpose of this policy is to maintain an effective method for monitoring and evaluating patient care.). The EMS Agency recently evaluated EMT/CE education program for the SFFD, as well as the EMT-P program at City College of San Francisco. In the process of accrediting National Parks Service Fire Department (Presidio FD) CE Provider Program. On August 1, 2008 the EMS Agency will institute policies which define the clinical education program requirements for Critical Care Transport-Paramedics	1. Establish regular site surveys checking of education programs.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	X		X	The EMS agency maintain the following policies that set requirements for prehospital personnel. a) EMS Policy 2000-Prehospital Personnel Standards, b) EMS Policy 2040-EMT Certification, c) 2050-Paramedic Accreditation, and, d) EMS Policy 6000-Quality Improvement.	1. The San Francisco EMS Agency needs to collaborate with other Bay Area EMS Agencies to standardize paramedic CCT accreditation.
2.04	Public safety answering point (PSAP) operators with medical responsibilities 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.	X			The SF 911 Call Center and dispatch centers for all private ambulance companies use the Advanced Medical Priority Dispatch System. The dispatch center training is accordance with EMS Agency and National Academies of Emergency Dispatch Standards. The standards for medical dispatch centers and personnel are set by EMS Policy 3000-Medical Dispatch Standards. EMS Policy 4010-Integrated Response Plan provides a uniform method of contacting private ALS ambulances during normal and disaster operations and also provides a method to incorporate BLS ambulances into EMS operations during times of disaster.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.05	At least one person in each nontransporting EMS first response unit shall have been trained to administer first aid and CPR within the previous 3 years	X			EMS First responders are San Francisco Firefighters on various apparatus. They are required to have at least one EMT on each of these units, as described in EMS Policy 4000-Prehospital Provider Standards. This policy also addresses the need to maintain EMT certification. All San Francisco permitted ambulances are required to carry manual or automatic defibrillators per EMS Policy 4001-Vehicle Equipment and Supply List, and are inspected annually.	None
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	X		X	Currently the San Francisco Fire Department provides EMS first response and ALS ambulance response and transportation according to the EMS agency policies and procedures. The San Francisco Police Department provides first response on high risk calls as requested by the EMS providers. The SFPD does not have any EMS medical direction currently for their tactical response and PAD programs	1. Continue to better integrate SFPD into the EMS System.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.08	All emergency medical transport vehicle personnel shall be currently certified at least at the EMT-1 level.	X			EMS Policy 2000-Personnel Standards and Scope of Practice outlines the requirements for all prehospital care providers with the EMT-1 level being the basic minimum	None
2.09	All allied health personnel who provide direct emergency patient care shall be trained in CPR	X			Through EMS Policy 2000-Personnel Standards and Scope of Practice, the EMS agency assures that all EMS personnel who provide direct patient care at trained in CPR.	None
2.10	All emergency department physicians and registered nurses who provide direct emergency patient care shall be trained in advanced life support.	X			EMS Agency Policy 5010-Receiving Hospital Standards requires that ED RN and Physicians maintain certification on BLS, ACLS, PALS or equivalent	None
2.11	The local EMS Agency shall establish a procedure for accreditation of advanced life support personnel which includes orientation to the EMS system, testing in any optional scope of practice, and enrollment into the local EMS Agency's quality assurance/quality improvement process policies and procedure, orientation to the roles and responsibilities of providers within the local EMS system	X			EMS Policy 2050-Paramedic Accreditation establishes guidelines for a Paramedic with statewide licensure to become accredited to practice as a Paramedic in the City and County of San Francisco.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.01	The LEMSA shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.	X		X	Since, April, 2000, the City & County has operated a combined police-fire-EMS dispatch system using the 800 MHz bandwidth. EMS Policy 3010-EMS System Communication Standards specifies the system equipment & procedures; EMS Policy 3011-Communication Drills requires regular testing (daily) of the 800, the HEARNet and the web-based communications system; EMS Policy 3020-Field to Hospital Communication details field to hospital communications.	1. Install hard-wired ham radios with roof-top antennas at each hospital.
3.02	Emergency medical transport vehicles and non-transporting advance 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-ambulance communication.	X			is able to communicate directly with all ambulances and non-transporting ALS responders. All ambulances can talk with all receiving hospitals in San Francisco. All ambulances share common talk groups that allow them to talk to each other. EMS Policy 3010-EMS System Communication Standards and EMS Policy 3020-Field to Hospital Communication provide the criteria that complies with this standard.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.03	Emergency medical transport vehicles used for interfacility transfers shall have the ability to communicate with both the sending and receiving facilities. This could be accomplished by cellular telephone.	X			All ALS and BLS ambulances in San Francisco, public and private, have portable 800 MHz radios to communicate with Dispatch and all receiving hospitals.	None.
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.	X		X	All hospitals can talk to each other on 800 MHz and HEARNet radio systems.. In 2003, the local blood bank was added to these systems. In 2007, the largest SNF (Jewish Home) was also added to the 800 MHz. system.	1. Continue to test radio systems to assure they will function as desired when needed.
3.06	The EMS Agency shall review communications linkages among providers (pre hospital and hospital) in its jurisdiction for their capability to provide service in the event of multi-casualty incidents and disasters.	X			Major exercises are conducted once or twice a year to test capabilities. Regular monthly tests are done on a smaller scale.	None.
3.07	The local EMS agency shall participate in ongoing planning and coordination of the 9-1-1 telephone service.	X		X	The new Combined Emergency Communications Center (9-1-1 Dispatch) opened in April, 2000. SF-EMSA is included in the ongoing planning process. The Division of Emergency Communications (9-1-1 Dispatch) is planning to upgrade the automatic vehicle locator system into a GPS-based system in the near future, subject to funding.	1. To continue to assure EMS representation on communication issues with the Department of Emergency Communication.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.08	The local EMS agency shall be involved in public education regarding the 9-1-1 telephone service as it impacts system access.	X			This standard is no longer applicable. The people of San Francisco are accustomed to understanding the 9-1-1 system.	None.
3.09	The local EMS agency shall establish guidelines for proper dispatch triage which identifies appropriate medical response.	X			In 2003, the San Francisco EMS System changed from the criteria-based dispatch protocol to the AMPDS dispatch protocol. The use of AMPDS by all medical dispatch centers is required by EMS Policy 3000 - Emergency Medical Dispatch Center Standards.	None
3.10	The local EMS agency shall have a functionally integrated dispatch with system wide emergency services coordination, using standard communications frequencies.	X		X	Since the opening of the new county-wide 9-1-1 Dispatch Center in April, 2000, EMS Policy 3010-EMS System Communication Standards requires all EMS providers to use a common and integrated communication system. This system is also integrated with local Police and Fire Services.	1. Integrate private-sector ALS providers into the fire Automatic Vehicle Locator system.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.01	The local EMS agency shall determine the boundaries of emergency medical transportation service area.		<input type="checkbox"/>		<p>The EMS Agency continues to meet the recommended guideline; however, the needs and objectives for this standard have changed. The EMS Agency authorized SFFD to conduct a limited scope BLS pilot project effective November 1998. The EMS Agency ended the SFFD BLS Pilot on July 31, 2000 after the objectives of the pilot project, including quality measures, were not met. Since 2004, SFFD has been transitioning from station-based ambulances to dynamically-deployed ambulances. The SF LEMSIS data system allows the EMS Agency to analyze and assure all regions of the city are receiving timely EMS response and transport. The "Intercounty and Bridge Response Policy" has been recodified as EMS Policy 4030.</p>	<ol style="list-style-type: none"> 1. Continue to support the SFFD in their transition to dynamically-deployed ambulances. 2. Continue to ensure medical response to and transport within newly developed regions of the City and County. 3. To execute an agreement with North County Fire Authority to provide automatic aid to the south west corner of San Francisco.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.02	The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations, policies, and procedures.		<input checked="" type="checkbox"/>		The EMS Agency and SFFD entered into a paramedic service provider agreement on May 13, 2004. This agreement was effective June 1, 2004 and expired June 30, 2006. We are currently negotiating with SFFD to secure a new agreement. The EMS Agency also must execute initial paramedic service provider agreements with the other two providers of ALS services--King American Ambulance and AMR-San Francisco. We expect to complete these agreements within one year.	<p>1) Renegotiate a paramedic service provider agreement with SFFD.</p> <p>2) Negotiate initial paramedic service provider agreements with AMR-San Francisco and King American Ambulance.</p>
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.				EMS Policy 3000-Emergency Medical Dispatch Center Standards requires the use of the Advanced Medical Priority Dispatch System by all San Francisco Medical Dispatch Centers.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.05	Each local EMS Agency shall develop response time standards for medical response. These standards shall take into account the total time from receipt of the call at the PSAP to arrival of the responding unit at the scene, including all dispatch intervals and driving time.	X		X	Provider Standards establishes response time standards for BLS and defibrillator, ALS, and transport, consistent with the EMSA-recommended response time standards. EMS Policy 3000-Medical Dispatch Standards establishes dispatch interval standards for all EMS dispatch centers. The SFFD Paramedic Service Provider Agreement, now expired, also sets identical response time standards. Compliance with dispatch and response time standards are measured monthly and reported publically.	<ol style="list-style-type: none"> 1. Participate in the implementation of the Division of Emergency Communications, ambulance Automatic Vehicle Locator program 2. Assure that all EMS providers and dispatch centers meet dispatch and response interval standards.
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.	X			<small>EMS Policy 4001 - Vehicle Equipment and Supplies</small> Equipment and Supplies establishes minimum standards for vehicle equipment and supplies. EMS Policy 4000-Prehospital Provider Standards establishes minimum requirements for EMT-1 and Paramedic staffing of each emergency and non-emergency ambulance.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.08	<p>process for categorizing medical and rescue aircraft and shall develop policies and procedures regarding:</p> <p>a) authorization of aircraft to be utilized in prehospital patient care,</p> <p>b) requesting of EMS aircraft,</p> <p>c) dispatching of EMS aircraft,</p> <p>d) determination of EMS aircraft patient destination, orientation of pilots and medical flight crews to the local EMS system, and addressing and resolving formal complaints regarding EMS aircraft.</p>	X		X	<p>EMS Policy 4020-EMS Aircraft Utilization prescribes standards and protocols for use of EMS Aircraft within San Francisco. San Francisco does not regularly use public safety or EMS helicopters within its geographic boundaries. There is presently no hospital-based helipad in San Francisco. San Francisco is actively working on plans to install an EMS helipad on the roof of San Francisco General Hospital.</p>	<p>1. To support San Francisco General Hospital in establishing a hospital-based helipad.</p>
4.09	<p>The local EMS agency shall designate a dispatch center to coordinate the use of air ambulances or rescue aircraft.</p>	X			<p>The SF EMS Agency has designated the Division of Emergency Communications of the Department of Emergency Management to function as the EMS Aircraft dispatch center.</p>	<p>None.</p>
4.10	<p>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 areomedical services operating within the EMS area.</p>	X		X	<p>From 2003-2005, San Francisco had one medical helipad. Written agreements with the three regional air ambulance providers were executed. They are still in effect even though the medical helipad is no longer used. EMS Policy 4020-Emergency Medical Services Aircraft Utilization establishes uses of air ambulances in San Francisco and lists the 26 pre-authorized landing sites.</p>	<p>1. Revised written agreements will be developed when the SFGH helipad is opened.</p>

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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	X			The EMS system has cliff and water rescue and transportation resources maintained by providers such as the SF Fire Department and US Coast Guard.	None
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.	X		X	The EMS agency assists with planning for private and public providers and participates in City-wide planning efforts. The roles and responsibilities of EMS are enumerated in the Department of Emergency Management's EOP, the DPH EOP, and in EMS Policy 8000-EMS MCI Policy and Field Operations Guide, EMS Policy 8040-Health and Medical Mutual Aid, and EMS Policy 8050-Hazardous Materials Incident Field Policy.	1. Revise EMS agency MCI policy to reflect system changes and review on standard 2 year policy and protocol revision cycle.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.13	The local EMS agency shall develop agreements permitting intercounty response of EMS vehicles and personnel	X	X		The EMS agency maintains EMS Policy 4030-Intercounty and Bridge Response, to govern our most common inter-county response event (EMS incidents on our bridges). The current Trauma Response plan covers intercounty trauma response. The Medical Health Operations Area Coordinator functions in time of disaster are provided by the EMS agency Medical Director and Administrator. We are currently pursuing an automatic medical mutual aid MOU with San Mateo county for improved EMS response timeliness to the southwestern portion of our OA	1. Continue to pursue MOU with San Mateo County and revise EMS Policy 4030-Intercounty and Bridge Response as needed.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.14	The local EMS agency shall develop multi-casualty response plans and procedures which include provisions for on-scene medical management, using the Incident Command System.		<input type="checkbox"/>		The EMS Agency released its Level I, II and III MCI Plan in 2003. That plan was revised in 2005, and was codified as EMS Policy 8000. The EMS Agency is completing a comprehensive rewrite of its MCI Plan, to integrate SEMS and NIMS, post-9/11 disaster-response concepts, and integrate with EMSA disaster plans. Effective August 1, 2008, the EMS Agency will require through policy, that all EMS responders have minimum training in ICS and MCI management. The San Francisco Department of Emergency Management revised their Emergency Operations Plan in 2005. The Department of Public Health released an Emergency Operations Plan in 2003.	<ol style="list-style-type: none"> 1. Comprehensively revise the San Francisco MCI Plan. 2. Ensure that all system providers are trained to defined MCI and ICS standards. 3. Assure training, discussion and functional exercises prepare the EMS system to respond to a major MCI. 4. Assure that all EMS System stakeholders have MCI plans that are consistent with the EMS System MCI Plan and Department of Public Health Emergency Operations Plan
4.15	Multi-casualty response plans and procedures shall utilize state standards and guidelines.		<input type="checkbox"/>		Following development of the new MCI Plan, which will comply with ICS, SEMS, and NIMS standards (see objective 4.14), SF EMS Agency will require EMS providers to revise their MCI Plans for consistency and to participate in system-wide MCI exercises.	<ol style="list-style-type: none"> 1. To evaluate all EMS provider agencies to ensure integration and compliance with ICS, SEMS, and NIMS standards.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.16	All ALS ambulances shall be staffed with at least one person certified at the advanced life support level and on person staffed at the EMT-1 level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>EMS Agency Policy 2000-Prehospital Personnel Standards and Scope of Practice and EMS Agency Policy 4000--Prehospital Provider Standards, identifies that all ambulances used in the 911 system shall be staffed at an ALS level, with a minimum of one paramedic and one EMT-1. These policies also prescribe that two paramedics are dispatched to all Code 3 calls. The second paramedic on the response can arrive on the ambulance, on an engine or be a paramedic supervisor.</p> <p>Additionally, the aforementioned policies also require that each first response unit be minimally staffed with an EMT-1 and an automatic defibrillator. Approximately 30 of 42 engine first response units are staffed and equipped at an ALS level. Criteria Based Dispatch was replaced by Advanced Medical Priority Dispatch (AMPDS) as the approved prearrival instructions for use in the San Francisco EMS System. Policy 3000-Medical Dispatch Standards requires that</p>	1. Continue to assess and evaluate ALS care provided in San Francisco.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
4.17	All emergency ALS ambulance shall be appropriately equipped for the scope of practice for its level of staffing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EMSA Policy 4001-vehicle Equipment and Supply List prescribes the equipment that must be carried by all first responders, ALS first responders, BLS ambulances, and ALS ambulances. The EMS Agency annually inspects each ambulance in the EMS System as part of its permit process.	None.
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The EMS Agency and the San Francisco Fire Department executed a paramedic service provider agreement in 2004. This agreement expired in 2006, and is being revised. We expect execution of the new agreement by March 2008. The geographic area of the City and County of San Francisco continues to be an exclusive operating area for Advanced Life Support and emergency ambulance services.	<ol style="list-style-type: none"> 1. Revise memorandum of understanding with SFFD. 2. Establish memoranda of understanding with American Medical Response and King-American Ambulance.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.01	The local EMS agency shall assess and periodically reassess the EMS-related capabilities of acute care facilities in its service area	X		X	the Receiving Hospitals. San Francisco has 13 designated emergency receiving hospitals. Two of the emergency receiving hospitals are in northern San Mateo County. California Pacific Medical Center is proposing to close the St Luke's Campus acute care services including their Emergency Department for a conversion to a skilled nursing facility. CPMC is proposing to move their Pediatric Critical Care Unit (PCCU) from the Pacific Campus to the California Campus and also add a pediatric emergency department.	<ol style="list-style-type: none"> 1. Perform site assessments of the proposed PCCU and pediatric emergency department at CPMC California Campus to determine whether to approve it as a pediatric emergency receiving hospital for our EMS system. 2. Perform Emergency Department Impact analysis of CPMC St Luke's Campus if the decision go forward to made to close the ED. 3. Perform periodic assessments of acute care hospitals/EMS-related capabilities.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.02	The local EMS agency shall establish prehospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.	X		X	Section 5000 of the San Francisco EMS Policy Manual includes: <ul style="list-style-type: none"> • EMS Policy 5000-Ambulance Destination Policy that addresses triage protocols. • EMS Policy 5001-Critical Trauma Patient and Triage Decision Scheme that addresses triage protocols specific to trauma patients. • EMS Policy 5030-Interfacility Transfer Standards defines the roles and responsibilities of hospital and prehospital personnel in the transfer of patients. 	<ol style="list-style-type: none"> 1. Validate compliance with triage field protocols. 2. Evaluate efficacy of field triage protocols. 3. Complete development and implementation of local STEMI emergency receiving facilities standards for San Francisco. 3. Develop STEMI Quality Assurance program for EMS.
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.	X	X		EMS Policy 5030-Interfacility Transfers establishes the standards and the roles and responsibilities of hospital and prehospital personnel in the transfer of patients. The EMS Agency is currently developing paramedic CCT training program and personnel standards and patient treatment protocols. The standards and protocols are consistent with what is in use in other Bay area EMS Agencies.	<ol style="list-style-type: none"> 1. The EMS Agency will implement new CCT-P standards and protocols by August 1, 2008. 2. The EMS Agency will approve paramedic CCT training programs that meet the standards defined in our new policies for CCT training programs and personnel.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.04	The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients	X		X	<p>EMS Policy Manual designates receiving hospitals for all categories of ambulance patients. These policies include:</p> <ul style="list-style-type: none"> • EMS Policy 5000-Ambulance Destination Policy that addresses triage protocols. • EMS Policy 5001-Critical Trauma Patient and Triage Decision Scheme that addresses triage protocols specific to trauma patients. • EMS Policy 5030-Interfacility Transfer Standards defines the roles and responsibilities of hospital and prehospital personnel in the transfer of patients. <p>--Policy 5010-Receiving Hospital Standards specifies the standards for receiving hospitals</p>	<ol style="list-style-type: none"> 1. Develop new standards that reflect changes in Emergency Medicine treatments, such as STEMI receiving and referral centers. 2. Review trauma plan, communication systems, and receiving hospital designation policies regularly. 3. Perform site assessments of the proposed PCCC and pediatric emergency department at CPMC California Campus to determine whether to approve it as a pediatric emergency receiving hospital for our EMS system. 4. If approved for closure, perform Emergency Department impact analysis of CPMC St Luke's Campus' ED.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.05	The EMS agency shall encourage hospitals to prepare for mass casualty management	X		X	The EMS agency assists with planning for private and public providers and participates in City-wide planning efforts. The roles and responsibilities of EMS are enumerated in the Department of Emergency Management's EOP, the DPH EOP, and in EMS Policy 8000-EMS MCI Policy. The EMS agency facilitates post-MCI after action meetings and reports, and provides feedback on them to the EMS Advisory Committee.	1. Continue to facilitate adoption of the hospital emergency incident command system, participate in exercises and trainings with hospital providers, and revise communications systems as needed.
5.06	The local EMS agency shall have a plan for hospital evacuation, including its impact on other EMS system providers			X	The EMS agency has participated in planning and tabletop exercises with the Hospital Council emergency Task Force on hospital evacuation, and the DPH EOP includes measures for EMS transportation for hospital evacuation. The agency continues to develop a patient tracking system to assist with patient distribution and movement, and to assist the EMS Authority on the development of a Medical Mutual Aid plan	1. Integrate hospital evacuation into revised MCI plan. 2. Continue work on the patient tracking system. 3. Continue to involve hospitals in MCI planning, drills, and exercises.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.07	The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of prehospital personnel	X		X	San Francisco has only one Base Hospital that is located at San Francisco General Hospital in the Emergency Department. No other hospital has expressed interest in becoming a base hospital.	<ol style="list-style-type: none"> 1. maintain the formal relationship between the EMS Agency and the Base Hospital through as-needed updates to the memorandum of understanding and revisions in policies and procedures. 2. Conduct regular compliance reviews.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.08	Local EMS agencies that develop trauma care shall determine the optimal system (based on community need and available resources) including, but limited to: a) the number and level of trauma counties), b). the design of catchment area (including areas in other counties, as appropriate), 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.	X		X	The EMS Agency has several mechanisms in place to ensure the criteria is met. The 2001 Trauma Plan identifies the SFGH as the sole Level 1 Trauma Center meeting criteria outlined in EMS Policy 5013-Trauma Center Designation Policy, and EMS Policy 5014-Level 1 Trauma Care Standards. Identification of patients and procedures that should be transported to the designated trauma center are listed in the following policies: EMS Policy 5000-Destination Policy, EMS Policy 5001-Critical Trauma patient Criteria and Triage Decision Scheme, EMS Policy 5030-Interfacility Transfer Policy, and EMS Policy 5012-Pediatric Critical Care. The role of non-trauma hospitals is delineated in EMS Policy 5010-Receiving Hospital Standards. EMS will continue to support SFGH after successfully receiving accreditation from the American College of Surgeons in 2007, including continuing to review performance improvements on trauma cases at the monthly PI	1. Continue to work with the SFGH to receive monthly trauma registry data for analysis to identify areas for improvement of patient care and education to the community.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.09	In planning its trauma care system, the local EMS agency shall ensure input from both prehospital and hospital providers and consumers.	X			The EMS agency ensures extensive public involvement in all programs and policy development projects.	
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 specialty 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 specialty care hospitals including those which are outside of the primary triage areas, and g) a plan for monitoring and evaluation of the system.	X		X	The EMS Agency, through policy, has designated pediatric receiving facilities and hospitals. These standards are contained in the following policies: EMS Policy 5010-Receiving Hospital Standards and EMS Policy 5012-Pediatric Critical Care Standards, EMS Policy 5000-Destination, and EMS Policy 5001-Trauma Destination. SFGH, as an element of its designation as a trauma center, maintains a transfer agreement with Children's Hospital Oakland for interfacility transport of critical pediatrics.	1. To secure funding to staff a position to monitor and evaluate pediatric critical care within the San Francisco EMS System

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.12	In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from prehospital and hospital providers and consumers.	X			The EMS agency ensures extensive public involvement in all of its program and policy development projects in compliance with EMS Policy 1010 Advisory Committees and EMS Policy 1000- Policy Development Process.	None
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: 1. the number and role of system participants, 2. the design of catchment areas with consideration of workload and patient mix, 3. identification of patients who should be triaged or transferred to a designated center, 4. the role of non-designated hospitals including those which are outside of the primary triage area, and 5. a plan for the monitoring and evaluation of the system.	X			EMS Policy 5000--Destination addresses specialty care plans for EMS-targeted clinical conditions, defining destinations for specific conditions including: burns, amputation and revascularization, adult medical care, pediatric medical care, obstetrics, stroke and trauma. These factors were considered in the development of the destination policies and procedures. San Francisco's designated receiving centers include two hospitals that are out of county, due to their proximity to certain areas of San Francisco. San Mateo County has designated SFGH as the primary trauma center for northern San Mateo County.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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 hospitals, and receiving hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and shall utilize state standards and guidelines. The program shall use provider based QA/QI programs and shall coordinate them with other providers.	X		X	The EMS Quality Improvement Policy has been recodified as Policy 6000. Other quality improvement policies are codified in EMS Policy Manual Section 6000--Data Collection and Evaluation. Quality Improvement review is conducted during closed session of the EMS Advisory Committee. The LEMSIS Steering group, tasked with measuring compliance with EMS policy and procedure, has reconvened for four months.	1. The EMS Agency needs to complete transition to electronic patient care records during 2008 in order to identify outcome data useful for EMS System evaluation and incorporate indicators into the QI plans of each system participant.
6.02	Prehospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.	X		X	The electronic PCR was introduced by the SFFD in October 2007. The rollout to all dynamically-deployed emergency ambulances should be complete by June 2008.	1. Verify that PCR are being provided to the Emergency Departments and incorporated into the patient medical record. 2. Continue audits of prehospital care reports.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.03	Audits of prehospital care, including both system response and clinical aspects, shall be conducted.	X		X	Information System (LEMSIS) has been implemented and provides the capability for the EMSA to conduct real-time monitoring of 911 Computer-Aided Dispatch data. Detailed reports of dispatch, unit response and transport intervals are reported to all EMS system participants on a monthly basis. Availability of electronic PCR data will significantly increase the amount of information about EMS System performance.	1. Develop effective approaches to convert information derived during prehospital care audits to improvements in patient care.
6.04	The local EMS agency shall have a mechanism to review medical dispatching to ensure that the appropriate level of medical response is sent to each emergency and to monitor the appropriateness of prearrival/post dispatch directions.	X		X	The Advanced Medical Priority Dispatch System (AMPDS) is designated as the exclusive Emergency Medical Dispatch Priority Reference System authorized for use within the San Francisco. EMS Policy 3000--Medical Dispatch Standards, defines requirements for medical dispatch centers.	1. The EMS Agency needs to ensure that dispatch CQI plans are updated annually. 2. Evaluate correlation of AMPDS call type code assignments to clinical impressions and need for time dependent ALS interventions.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	X		X	implemented a Local EMS Information System (LEMSIS). Through this system, the EMS Agency reports monthly to stakeholders and the public, a number of operations-based EMS System quality indicators. As EMS providers implement electronic patient care records, these monthly reports will also include patient-based quality improvement information. This information will be used to identify system improvements.	<ol style="list-style-type: none"> 1. Secure increased and stable funding for the Local EMS Information System. 2. Ensure timely access to electronic patient care records.
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.	X			The EMS Agency's Quality Improvement Policy was recodified as Policy 6000--Quality Improvement Program. Additional quality improvement, and performance reporting requirements are contained in Section six of the EMS Agency Policy Manual. The San Francisco LEMSIS standards are based on CEMSIS standards.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.07	The local EMS agency shall have the resources and authority to require provider participation in the system-wide evaluation program	x			The EMS agency derives authority to require provider participation in system wide evaluation through memoranda of understanding, the Quality Improvement Council portion of the EMS Advisory Committee and state regulations.	1. Enhance EMS system evaluation, dependent upon funding.
6.08	The local EMS agency shall at least annually report on the results of its evaluation of the EMS system design and operations to the Board of Supervisors, provider agencies and the Emergency Medical Care Committee		X		The EMS agency posts a monthly operations report on its website, accessible to all EMS constituents and the general public. The EMS agency reports quarterly to the Joint Conference Committee, a subcommittee of the Health Commission. The EMS agency reports as requested to the Fire Commission and the Board of Supervisors on EMS issues. San Francisco does not have an Emergency Medical Care Committee; this function is fulfilled by the combination of the EMS Advisory Committee (see policy 1010, Advisory Committees) and the JCC of the Health Commission.	1. Consistent with this standard, the EMS Agency will report annually to the Board of Supervisors.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.09	The process used to audit treatment provided by ALS providers shall evaluate both base hospital and prehospital activities			X	EMS Policy 4000-Prehospital Provider Standards and EMS Policy 5011-Base Hospital Standards require compliance with EMS Agency quality improvement plans' monitoring and evaluations requirements, which include reports, site visits and other auditing means. The EMS agency is in process of implementing the Local EMS Information System (LEMSIS) which will provide more information on EMS and hospital provider activities. The EMS Agency has not formally evaluated the Base Hospital since 1997.	1. Conduct an audit of the base hospital's compliance with EMS Policy.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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.	X			the SFGH to obtain data on trauma patients for analysis and review on a monthly basis. In addition, during the past year, we have begun to assess system-wide trauma patient transport decisions by evaluation data from the Electronic Death Registry, LEMSIS and the Medical Examiners Office. This information allows the EMS Agency to identify patients who may have received traumatic injuries, but did not receive care at the appropriate facility. Unusual Occurrence Reporting is in place with all Emergency Departments to identify improvements for individual and or systemic care.	
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.	X		X	The EMS Agency has developed a process by which SFGH will provide appropriate summary and individual data to the EMS Agency periodically.	1. Evaluate data provided by SFGH trauma center, and incorporate this data with other EMS System data to better understand optimum of care from entry into EMS system to discharge from hospital.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
7.01	The local EMS agency shall promote the development and dissemination of information materials for the public which address: 1. understanding of EMS system design and operations, 2. proper access to the system, 3. self help, 4. patient and consumer rights as they relate to the EMS system, 5. health and safety habits as they relate to the prevention and reduction of health risks in target areas, and 6. appropriate utilization of emergency departments			X	The EMS Agency has reprioritized public information and education, based upon staffing reductions. The EMS Agency provides public information about PAD program registration, but has discontinued the programs identified in the 1999 EMS plan.	1. Develop public education programs, based upon funding.
7.02	The local EMS agency in conjunction with other local health education programs shall work to promote injury control and preventive medicine			X	The EMS Agency's staff support and provide instruction for the SF Paramedic Association and the City College of San Francisco EMS educational programs, which include injury prevention and control. The Department of Public Health has a specialized injury prevention program in its health promotions section, which conducts all injury prevention programs.	1. Develop public education programs, based upon funding.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
7.03	The local EMS agency, in conjunction with the local OES shall promote citizen disaster preparedness activities			X	The EMS agency works with planning groups set up by the Department of Emergency Management on citizen disaster preparedness and disaster plan development. The agency currently maintains the Disaster Registry Program (DRP) for seniors and disabled persons; however, which is targeted to be closed on April 15, 2008 due to budgetary concerns.	1. Attempt to maintain Disaster Registry Program, based upon available funding.
7.04	The local EMS agency shall promote the availability of first aid and CPR training for the general public.			X	The EMS Agency does not have staff to fulfill this standard. Numerous other agencies in SF provide excellent CPR and first aid training for the public.	None
8.01	In coordination with the local OES, the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.	X			The EMS agency participates in the Department of Emergency Management planning processes updating the City's EOP and the Metropolitan Medical Response System, which targets preparation for Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.02	Medical response plans and procedures for catastrophic disasters shall be applicable to incidents caused by a variety of hazards, including toxic substances	X		X	The EMS agency has developed EMS Protocol 100-Austere Care, EMS Protocol 101-Crush Syndrome, and EMS Protocol 102-MMRS Medical Protocols, for catastrophic disasters including toxic substances. The EMS Agency is also revising the Hazardous Materials Response Policy.	1. Continue participation in MMRS and MCI development. 2. Revise Hazardous Materials response policy.
8.03	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.		X		All ALS & BLS ambulances in San Francisco, both public and private, carry Level "C" suits with PAPRS. They also have Mark I kits for nerve agent exposure. Private ambulance companies have received train-the-trainer training.	1. EMS Policy 8055-Hazardous Materials Incident Field Policy (formerly 8050) is being updated to mandate the requisite training for haz mat incidents.
8.04	Medical response plans and procedures for catastrophic disasters shall use the Incident Command System (ICS) as the basis for field management.	X			Incident Command System is the basis for field management in disaster (MCI) situations for the San Francisco EMS System. EMS Policy 8000-EMS MCI Policy mandates the use of the ICS system and outlines the process of responding to and working at the scene of an MCI. EMS Policy revisions, effective August 1, 2008 will require specific level of ICS training for all EMS personnel, which exceed State OES and FEMA standards.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.05	The local EMS agency, using state guidelines, shall establish written procedures for distributing disaster casualties in its service area.	X			Written procedures for distributing patients during disasters are contained in EMS Policy 8000-EMS MCI Policy, and EMS Policy 8040-Health and Medical Mutual Aid.	None
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.	X		X	EMS Agency Policy 8040 identifies processes for notification of the MHOAC and use of medical mutual aid. The agency is participating in the development of the CD-MOM which includes mechanisms for communication of disaster needs to the region and the state.	1. Continue CD-MOM development and participate in exercises 2. Revise MCI Plan to include regional and state communication structures and processes identified in CD-MOM.
8.07	A specific frequency (e.g., CALCORD) or frequencies shall be identified for interagency communication and coordination during a disaster	X			Effective April, 2000, San Francisco opened the Combined Emergency Communications Center (9-1-1 Dispatch) which consolidated all public safety and local government communications under the 800 MHz system. Disaster talk groups have been designated, including in failsoft mode. The EMS System also uses the HEARNet system.	None.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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 this service area.	X			The EMS agency participates with the Super Urban Area Security Initiative medical surge committee and has developed an assessment tool for categorizing these medical resources and communicating with them in time of disaster. EMS Policy 4001-Vehicle Equipment and Supply List requires each vehicle in the EMS system carry a disaster kit designed to support initial triage and treatment of 50 victims. The EMS agency participates in the Hospital Council's Emergency Task Force that evaluates and coordinates hospital's Hazard Vulnerability Analysis.	None
8.09	The local EMS agency shall establish and maintain relationships with DMAT teams in its area.	X			Two staff members are active members of DMAT, CA-6. A close working relationship exists.	None.
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.			X	The EMS agency is working with other Bay Area EMS agencies to develop a multi-county medical mutual aid agreement, and is leading the development of the CD-MOM and supporting structures.	1. Continue work on these activities and initiatives

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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			X	Casualty collection points, identified in emergency plans from the 1990s, require reverification.	1. Identify and incorporate CCP into MCI Plan revision.
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			X	See 8.11	See 8.11
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.			X	The EMS has not reviewed the disaster medical training of EMS providers in its service area.	1. Establish process to review disaster medical training of EMS responders, based on standards of EMS agency policy and procedure. 2. Review providers based on identified process.
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).	X			San Francisco hospitals exceed the minimum standard through their participation in at least two city-wide exercises that involve prehospital medical providers. The EMS Agency also participates in a hospital disaster preparedness group that meets monthly.	None

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.15	The local EMS agency shall ensure that there is an emergency system for interhospital communications, including operational procedures	X			San Francisco actively maintains the HEARNet radios at all hospitals, the blood bank, 9-1-1 Dispatch and the EMS agency). Each hospital also maintains a 800 MHz base station and a web-based diversion management system. These communication devices are tested daily.	None
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.			X	The EMS Agency has promulgated guidelines for medical disaster response in EMS Policy 8000-EMS MCI Policy. However, the EMS Agency has not verified through surveys, discussion and functional exercises, whether all EMS provider and hospital staffs have been trained in this policy.	1. Verify hospital and EMS providers' staffs have received training in the EMS Agency's MCI Policy
8.17	The local EMS agency shall ensure that policies and procedures allow advanced life support personnel and mutual aid responder from other EMS systems to respond and function during significant medical events.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EMS Agency Policy 8040-Health and Medical Mutual Aid summarizes the processes for sending and receiving EMS and medical mutual aid. This policy will be revised to integrate automatic aid among bay area counties and for consistency with the California Disaster-Medical Operations Manual during the next fiscal year.	1. Revise EMS Policy 8040-Health and Medical Mutual Aid

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
8.18	Local EMS agencies developing trauma or other specialty care systems shall determine the role of identified specialty centers during a significant medical incidents and the impact of such incidents on day-to-day triage procedures.	X			EMS Policy 5000--Destination and EMS Policy 8000--EMS MCI Policy create standards for patient triage and distribution during routine EMS operations and MCIs.	None
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 event.	X		X	The EMS Agency Paramedic Service Provider agreement with the SFFD, creates an exemption of exclusivity for mutual aid during "medical mutual aid events." This agreement was executed in 2004 and expired in 2006.	1. Continue to include an exemption to exclusivity during critical incidents in renegotiated paramedic service providers.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: San Francisco

Reporting Year: 2008

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

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

County: San Francisco

- | | |
|---|-------------|
| A. Basic Life Support (BLS) | _____ % |
| B. Limited Advanced Life Support (LALS) | _____ % |
| C. Advanced Life Support (ALS) | _____ 100 % |

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

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

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

Table 2 - System Organization & Management (cont.)

Continuing education	<u>✓</u>
Personnel training	<u>—</u>
Operation of oversight of EMS dispatch center	<u>✓</u>
Non-medical disaster planning	<u>—</u>
Administration of critical incident stress debriefing team (CISD)	<u>—</u>
Administration of disaster medical assistance team (DMAT)	<u>—</u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u>✓</u>
Other: <u>24/7 On-Call Duty Officer</u>	<u>✓</u>
Other: _____	
Other: _____	

5. EMS agency budget for FY 2007 - 2008
EXPENSES

Salaries and benefits	<u>\$1,086,296</u>
(All but contract personnel)	
Contract Services	<u>8,562</u>
(e.g. medical director)	
Operations (e.g. copying, postage, facilities)	<u>153,550</u>
Travel	<u>5,000</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>23,300</u>
Ambulance subsidy	<u>0</u>
EMS Fund payments to physicians/hospital	<u>537,250</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
TOTAL EXPENSES	<u>\$1,813,858</u>

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ <u> 0</u>
Office of Traffic Safety (OTS)	<u> 0</u>
State general fund	<u> 0</u>
County general fund	<u>1,012,473</u>
Other local tax funds (e.g., EMS district)	<u> 0</u>
County contracts (e.g. multi-county agencies)	<u> 0</u>
Certification fees	<u>31,000</u>
Training program approval fees	<u> 0</u>
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	<u> 0</u>
Base hospital application fees	<u> 0</u>
Trauma center application fees	<u> 0</u>
Trauma center designation fees	<u> 0</u>
Pediatric facility approval fees	<u> 0</u>
Pediatric facility designation fees	<u> 0</u>
Other critical care center application fees	
Type: _____	<u> 0</u>
Other critical care center designation fees	
Type: _____	<u> 0</u>
Ambulance service/vehicle fees	<u>10,000</u>
Contributions	<u> 0</u>
EMS Fund (SB 12/612)	<u>648,257</u>
Other grants: <u> HSGP</u>	<u>112,128</u>
Other fees: _____	<u> 0</u>
Other (specify): _____	<u> 0</u>
TOTAL REVENUE	\$<u>1,813,858</u>

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

Table 2 - System Organization & Management (cont.)

6. Fee structure for FY 2007

We do not charge any fees

Our fee structure is:

First responder certification	\$	<u>0</u>
EMS dispatcher certification		<u>0</u>
EMT-I certification		<u>34</u>
EMT-I recertification		<u>34</u>
EMT-defibrillation certification		<u>0</u>
EMT-defibrillation recertification		<u>0</u>
EMT-II certification		<u>0</u>
EMT-II recertification		<u>0</u>
EMT-P accreditation		<u>31</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification		<u>0</u>
MICN/ARN recertification		<u>0</u>
EMT-I training program approval		<u>0</u>
EMT-II training program approval		<u>0</u>
EMT-P training program approval		<u>0</u>
MICN/ARN training program approval		<u>0</u>
Base hospital application		<u>0</u>
Base hospital designation		<u>0</u>
Trauma center application		<u>0</u>
Trauma center designation		<u>0</u>
Pediatric facility approval		<u>0</u>
Pediatric facility designation		
Other critical care center application		
Type: _____		
Other critical care center designation		
Type: _____		
Ambulance service license	\$	<u>0</u>
Ambulance vehicle permits		<u>159</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>
Other: _____		<u>0</u>

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2006-2007.

Table 2 - System Organization & Management (cont.)

EMS System: San Francisco

Reporting year 2008

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Medical Director	1	82.9722	23%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Administrator				
ALS Coord./Field Coord./ Training Coordinator	EMS System Coordinator		45.3250	23%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator					
Medical Director		1	86.9375	23%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Specialist	1	45.3250	23%	

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Quality Coordinator	1.5	45.3250	23%	
Public Info. & Education Coordinator					
Executive Secretary	Office Manager	1	27.3500	23%	
Other Clerical	Sr. Clerk/Typist		24.8125	23%	
Data Entry Clerk	IS Operator	1	26.2375	23%	
Other	- IS Administrator	1	37.4625	23%	
	- Communications	1	50.4500		

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: San Francisco

Reporting Year: 2008

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT – Iis	EMT – Ps	MICN
Total Certified	2,793		249	
Number newly certified this year	74		53	
Number recertified this year	473		98	
Total number of accredited personnel on July 1 of the reporting year	2,748		222	
Number of certification reviews resulting in:				
a) formal investigations	9			
b) probation	2			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	7			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 6
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified not tracked
 - b) Number of public safety (defib) certified (non-EMT-I) not tracked
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

1. Number of primary Public Service Answering Points (PSAP) 2
2. Number of secondary PSAPs 2
3. Number of dispatch centers directly dispatching ambulances 4
4. Number of designated dispatch centers for EMS Aircraft 2
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 800 MHz
 - b. Other methods N/A
 - 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?
San Francisco Division of Emergency Communications
7. Who is your primary dispatch agency for a disaster? Same

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Francisco

Reporting Year: 2008

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 5

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4.5	N/A	N/A	N/A
Early defibrillation responder	4.5	N/A	N/A	N/A
Advanced life support responder	7.0	N/A	N/A	N/A
Transport Ambulance	10	N/A	N/A	N/A

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: San Francisco

Reporting Year: 2008

NOTE: Table 6 is to be reported by agency.

Trauma

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 12
- a) Number of referral emergency services 0
- b) Number of standby emergency services 2
- c) Number of basic emergency services 8
- d) Number of comprehensive emergency services 2

Receiving Hospitals

- 1. Number of receiving hospitals with written agreements 2
- 2. Number of base hospitals with written agreements 1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Francisco

County: San Francisco

Reporting Year: 2008

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Public buildings/facilities
 - b. How are they staffed? In planning – combination of City employees and convergent volunteers
 - c. Do you have a supply system for supporting them for 72 hours? yes no

2. CISD
Do you have a CISD provider with 24 hour capability? yes no

3. Medical Response Team
 - a. Do you have any team medical response capability? yes no
 - b. For each team, are they incorporated into your local response plan? yes no
 - c. Are they available for statewide response? yes no
 - d. Are they part of a formal out-of-state response system? yes no

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? yes no
 - b. At what HazMat level are they trained? Specialist
 - c. Do you have the ability to do decontamination in an emergency room? yes no
 - d. Do you have the ability to do decontamination in the field? yes no

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? yes no

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name SF Paramedic Association

Contact Person telephone no. Art Hsieh 415-543-1161

Address 657 Mission Street, #302, San Francisco, CA 94105

Student Eligibility: * General Public with Prerequisites	Cost of Program Basic <u>\$1,525.00</u> Refresher _____	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>120</u> Refresher: <u>N/A</u> Cont. Education: <u>varies</u> Expiration Date: <u>03/07/2011</u> Number of courses: _____ Initial training: <u>4</u> Refresher: <u>N/A</u> Cont. Education: <u>varies</u>
--	--	---

Training Institution Name SF Paramedic Association

Contact Person telephone no. Theresa Farina 415-543-1161

Address 657 Mission Street, San Francisco, CA 94105

Student Eligibility: * EMS Professionals	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>CE</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>60</u> Expiration Date: <u>03/07/2011</u> Number of courses: <u>8</u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>6-8</u>
--	--	--

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name City College of San Francisco

Contact Person telephone no. Maureen Shanahan 415-561-1962

Address 1860 Hayes Street, San Francisco, CA 94117

Student Eligibility: * EMS Professionals	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>CE</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education _____ Expiration Date: <u>07/31/2009</u> Number of courses: <u>N/A</u> Initial training: <u>N/A</u> Refresher: _____ Cont. Education: _____
--	--	--

Training Institution Name

Contact Person telephone no.

Address

Student Eligibility: *	Cost of Program Basic _____ Refresher _____	**Program Level: _____ Number of students completing training per year: Initial training: _____ Refresher: _____ Cont. Education: _____ Expiration Date: _____ Number of courses: Initial training: _____ Refresher: _____ Cont. Education: _____
-------------------------------	--	---

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name City College of San Francisco

Contact Person telephone no. Megan Corry 415-608-4133

Address 1860 Hayes Street, San Francisco, CA 94117

Student Eligibility: * General Public with Prerequisites	Cost of Program Basic <u>\$20.00/unit x 54 units</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-P</u> Number of students completing training per year: Initial training: <u>60</u> Refresher: <u>N/A</u> Cont. Education <u>N/A</u> Expiration Date: <u>12/20/2011</u> Number of courses: <u> </u> Initial training: <u>3</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u>
--	--	--

Training Institution Name City College of San Francisco

Contact Person telephone no. Maureen Shanahan 415-561-1162

Address 1680 Hayes Street, San Francisco, CA 94117

Student Eligibility: * General Public with Prerequisites	Cost of Program Basic <u>\$20.00/unit x 54 units</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>20-30</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u> Expiration Date: <u>07/31/2009</u> Number of courses: <u> </u> Initial training: <u>2</u> Refresher: <u>N/A</u> Cont. Education: <u>N/A</u>
--	--	--

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name San Francisco Fire Department

Contact Person telephone no. Phil Harvey 415-318-4557

Address SFFD Training Division, Treasure Island, 600 Avenue M, San Francisco, CA 94120

Student Eligibility: * SFFD EMT-1 and Paramedic Personnel	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>EMT-1</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education <u>10 - 20</u> Expiration Date: <u>05/31/2011</u> Number of courses: <u>N/A</u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>1 - 3</u>
---	--	--

Training Institution Name San Francisco Fire Department

Contact Person telephone no. Phil Harvey 415-318-4557

Address SFFD Training Division, Treasure Island, 600 Avenue M, San Francisco, CA 94120

Student Eligibility: * SFFD EMT-1 and Paramedic Personnel	Cost of Program Basic <u>N/A</u> Refresher <u>N/A</u>	**Program Level: <u>CE</u> Number of students completing training per year: Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>100</u> Expiration Date: <u>05/31/2011</u> Number of courses: <u> </u> Initial training: <u>N/A</u> Refresher: <u>N/A</u> Cont. Education: <u>6</u>
---	--	---

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name American Medical Response

Contact Person telephone no. Ronald Lamb 415-922-9400

Address 1300 Illinois Street, San Francisco, CA 94107

Student Eligibility: * AMR Employees	Cost of Program	**Program Level: <u>CE</u>
	Basic <u>N/A</u>	Number of students completing training per year:
	Refresher <u>N/A</u>	Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education <u>40 - 50</u>
		Expiration Date: <u>08/31/2010</u>
		Number of courses: <u>N/A</u>
		Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>3 - 5 or as needed</u>

Training Institution Name San Francisco EMS Agency

Contact Person telephone no. Michael Petrie 415-355-2600

Address 68 12th Street, #220, San Francisco, CA 94103

Student Eligibility: * EMS Professionals	Cost of Program	**Program Level: <u>CE</u>
	Basic <u>N/A</u>	Number of students completing training per year:
	Refresher <u>N/A</u>	Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>N/A</u>
		Expiration Date: <u>01/31/2010</u>
		Number of courses: <u>N/A</u>
		Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>N/A</u>

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name San Francisco General Hospital

Contact Person telephone no. Sharon Kennedy 415-206-5050

Address 1001 Potrero Avenue, San Francisco, CA 94110

Student Eligibility: * EMS Professional	Cost of Program	**Program Level: <u>CE</u>
	Basic <u>N/A</u>	Number of students completing training per year:
	Refresher <u>N/A</u>	Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education <u>N/A</u>
		Expiration Date: <u>04/26/2009</u>
		Number of courses: <u>N/A</u>
		Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>N/A</u>

Training Institution Name King American Ambulance Company

Contact Person telephone no. Josh Nultemeier 415-931-1400

Address 2570 Bush Street, San Francisco, CA 94115

Student Eligibility: * King American Ambulance Company Employees	Cost of Program	**Program Level: <u>CE</u>
	Basic <u>N/A</u>	Number of students completing training per year:
	Refresher <u>N/A</u>	Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education <u>20 - 30</u>
		Expiration Date: <u>06/30/2008</u>
		Number of courses: <u>N/A</u>
		Initial training: <u>N/A</u>
		Refresher: <u>N/A</u>
		Cont. Education: <u>3 - 5 or as needed</u>

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: California Pacific Medical Center – California West 3700 California Street San Francisco, CA 94118 415-600-6000		Primary Contact: Jack C. Bailey, Administrator Consolidated Facility: Skilled Nursing		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input 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: California Pacific Medical Center – California West 3700 California Street San Francisco, CA 94118 415-600-6000		Primary Contact: Jack C. Bailey, Administrator Consolidated Facility: Perinatal Care; Intensive Care Newborn Nursery		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: California Pacific Medical Center – Pacific Campus 2333 Buchanan Street San Francisco, CA 94115 415-600-6000					Primary Contact: Jack C. Bailey, Administrator				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>			Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*		
EDAP:** <input 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:**** _____	

Name, address & telephone: California Pacific Medical Center – Davies Campus Castro & Duboce Streets San Francisco, CA 94114 415-600-6000					Primary Contact: Jack C. Bailey, Administrator General Acute Care Hospital				
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>			Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		Pediatric Critical Care Center:*		
EDAP:** <input 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:**** _____	

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: San Francisco General Hospital 1001 Potrero Avenue San Francisco, CA 94110 415-206-8000		Primary Contact: Gene Marie O'Connell, Administrator General Acute Care Hospital		
Written Contract <input checked="" type="checkbox"/> yes – Trauma MOU <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input checked="" type="checkbox"/>	Base Hospital: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input 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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	If Trauma Center what Level:**** <u>Level I</u>

Name, address & telephone: St. Francis Memorial Hospital 800 Hyde Street San Francisco, CA 94109 415-353-6000		Primary Contact: Tom Hennessey, Administrator General Acute Care Hospital		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:*	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: St. Luke's Hospital 3555 Cesar Chavez Street San Francisco, CA 94110 415-647-8600			Primary Contact: Judi Li, Administrator General Acute Care Hospital	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input 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: Kaiser Permanente Medical Center 2425 Geary Boulevard San Francisco, CA 94115 415-833-3258			Primary Contact: Christine Robisch, Administrator General Acute Care Hospital	
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: Chinese Hospital 845 Jackson Street San Francisco, CA 94133 415-677-2494			Primary Contact: Brenda Yee, Administrator General Acute Care Hospital	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input checked="" type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input 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: St. Mary's Medical Center 450 Stanyan Street San Francisco, CA 94117 415-668-1000			Primary Contact: Ken Steele, Administrator General Acute Care Hospital	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: University of California San Francisco Medical Center 505 Parnassus Avenue San Francisco, CA 94122 415-353-2733		Primary Contact: Mark R. Laret, Administrator General Acute Care Hospital		
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input checked="" type="checkbox"/> yes <input 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: Kaiser Permanente Medical Center-South San Francisco 1200 El Camino Real South San Francisco, CA 94080 650-742-2000		Primary Contact: Linda Jensen, Administrator General Acute Care Hospital		
Written Contract <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

* Meets EMSA *Pediatric Critical Care Center (PCCC) Standards.*

** Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards.

*** Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards.

**** Levels I, II, III and Pediatric.

TABLE 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: Seton Medical Center 1900 Sullivan Avenue Daly City, CA 94015 650-992-4000			Primary Contact: Bernadette Smith, Administrator General Acute Care Hospital	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input checked="" type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

Name, address & telephone: San Francisco Veterans' Affairs Medical Center 450 Stanyan Street San Francisco, CA 94117 415-668-1000			Primary Contact: Ken Steele, Administrator General Acute Care Hospital	
Written Contract <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Referral emergency service <input type="checkbox"/> Standby emergency service <input type="checkbox"/> Basic emergency service <input type="checkbox"/> Comprehensive emergency service <input type="checkbox"/>	Base Hospital: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

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

TABLE 10: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: San Francisco EMS Agency

County: San Francisco

Reporting Year: 2008

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

Name, address & telephone: Division of Emergency Communications 1011 Turk Street San Francisco, CA 94102 415-558-3722		Primary Contact: Khai Ali	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

Name, address & telephone: American Medical Response 1606 Rollins Road Burlingame, CA 94010 650-652-5507		Primary Contact: Jeremy Perry	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: <u>45</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ <u>N/A</u>	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal <u>N/A</u>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:

San Francisco

Area or subarea (Zone) Name or Title:

City and County of San Francisco

Name of Current Provider(s):

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

City and County of San Francisco: Provided service to San Francisco since 1895

American Medical Response: Provided service to San Francisco since 1993

King American Ambulance Service: Provided service to San Francisco since 1906

Area or subarea (Zone) Geographic Description:

The exclusive operating is the City and County of San Francisco, which is a single medical transport service area. The area borders San Mateo County on the southern border, and is connected by bridges to Alameda and Marin Counties.

The 1985 -1986 San Francisco EMS Plan identified eight EMS zones, consisting of the geopolitical boundaries of the City and County of San Francisco. These zones were exclusive of the areas identified as the Presidio and Treasure Island/Yerba Buena Island, as those areas were federal property, under the control of the Army and Navy, respectively.

The 1999 EMS Plan identified that the City and County of San Francisco is an exclusive operating area, which is a single medical transport service area. This plan also identifies that medical transport service area now includes Yerba Buena/Treasure Island, which was turned over to the City and County of San Francisco in 1997.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):

Include intent of local EMS agency and Board action.

San Francisco has established an exclusive operating area for providers of ALS and for emergency ambulance services. The exclusive operating area is the City and County of San Francisco, which is a single medical transport service area. Authorized provider may operate routine medical transport vehicles (BLS Ambulances) in San Francisco (San Francisco Health Code Section 901 et. Seq). Routine medical transport vehicles may not provide emergency ambulance service.

San Francisco Health Code, Section 905.1

Notwithstanding Section 902 and 905, the Director shall not issue a Certificate of Operation authorizing the operation of ALS services or any ambulance permit to any person not authorized by the San Francisco EMS Plan to provide ALS or emergency ambulance services in the City and County of San Francisco, which San Francisco's EMS Plan has established as an exclusive operating area.

On March 5, 1991, the San Francisco Board of Supervisors modified the San Francisco Health Code (ambulance ordinance) by creating an exclusive operating area for providers of ALS and for emergency ambulance service. The Board further designates the City and County of San Francisco as a single operating area, and identifies the following four authorized providers of ALS as: (1) Paramedic Division of San Francisco General Hospital; (2) King and American Ambulance; (3) San Francisco Ambulance; and (4) Federal Ambulance.

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 emergency ambulance service, etc.).

San Francisco EMS Area is exclusive for ALS and emergency calls.

Method to achieve Exclusivity, if applicable (HS 1797.224):

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

The San Francisco EMS System was grandfathered by Board of Supervisor action on March 5, 1991.

There have been changes in ownership for two of the providers. In 1990, Federal ambulance was acquired by Mercy Lifecare. In 1993, Mercy Lifecare was acquired by Baystar. 1993, Baystar (also known as Med Trans) was acquired by Laidlaw (DBA as American Medical Response). In 1995 AMR purchased San Francisco Ambulance. In February 1997, AMR became a wholly-owned subsidiary of Laidlaw (DBA as AMR) Thus; AMR is the legal successor to both SF ambulance and Baystar.

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



April 25, 2008

Michael Petrie
San Francisco EMS Agency
68 12th Street, Suite 220
San Francisco, CA 94103-1297

Dear Mr. Petrie:

We have completed our review of *San Francisco's 2007 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. However, the transportation component, including the proposed exclusive operating areas, has not been approved.

Below are comments for your next EMS plan update:

- **Standard 5.06: Hospital Evacuation** - Please continue working on a definitive plan for hospital evacuation and a patient tracking system.
- **Standard 8.10: Mutual Aid Agreements** - In your 1999 plan your goal was to develop inter-county medical mutual aid agreements; in your next update please show the progress towards meeting this goal.
- **Standards 8.11 & 8.12: CCP Designation & Establishment of CCPs** - In your next update please show the progress of identifying and incorporating the CCPs into your revised MCI plan.
- **Standard 8.13: Disaster Medical Training** - In your next update please show the progress made towards establishing a process to review disaster medical training of EMS responders.
- **Standard 8.16: Prehospital Agency Plans** - In your next update please verify that hospital and EMS providers have received training in the San Francisco EMS agency's MCI policy.

The following addresses areas that need additional or clarifying information regarding the transportation component of the EMS plan. Please note that the plan cannot be approved until the additional information is provided.

- **Ambulance Zone Areas**: After reviewing the current EMS plan and the 1999 EMS plan there is a question regarding the area of the zones. Documentation in the current plan indicates that the "City and County of San Francisco Zone" includes the

geopolitical boundaries of the City and County of San Francisco, excluding the Presidio and Treasure Island/Yerba Buena Island which are under the Army and Navy. The 1999 plan indicates that the Golden Gate National Recreational Area, which includes the Presidio, is under the National Park Service; the CCSF assumed responsibility for Treasure Island and doesn't mention Yerba Buena Island; and mentions the San Francisco Airport whereas the current plan does not. Further the current plan indicates that in 1985-86 there were eight EMS Zones.

It should be noted that any changes to the manner and scope of the zone, pursuant to Health and Safety Code Section (H&S) Section 1797.224, may affect the ability to grandfather a provider. Because there appear to be discrepancies in the plan regarding the composition of the zones and even the number of the zones (8 in 1985/86 and 4 now), initially it would appear that there has been a change in manner and scope that would prohibit grandfathering. Therefore, it is essential to clearly determine the status of the zones as of January 1, 1981, including how many zones and what areas they included and what the zones are now.

INFORMATION NEEDED: Please provide a clear description of the ambulance zone areas as they existed January 1, 1981, contrasted with how the ambulance zone areas exist today. A description should be included defining the "geopolitical boundaries." A detailed map for the ambulance zone area as it existed on January 1, 1981, that could be contrasted with a map of how it exists currently would be extremely helpful. If there have been changes to the size of the areas please indicate when the change was made and describe the change in detail. In addition, state specifically what exclusivity is requested for the zone (Emergency ambulance transport only, interfacility transport, etc.).

- **Providers:** It is unclear from the information in the plan who was providing service prior to January 1, 1981, and who is currently providing service. For example, the ambulance zone summary form indicates that the current providers are: City and County of San Francisco, American Medical Response, and King American Ambulance Service. However, under the statement of exclusivity, it indicates that there are four providers of service: (1) Paramedic Division of San Francisco General Hospital, (2) King and American Ambulance, (3) San Francisco Ambulance, and (4) Federal Ambulance. It further indicates that American Medical Response began providing services in 1993, which is after the required January 1, 1981 date for grandfathering purposes. The form also states that there have been changes in owners for two providers; however, those providers are not identified, nor are the details of those changes included. Also did MediVac Ambulance provide services after January 1, 1981? Again, changes to a provider within an ambulance zone may affect the ability to grandfather the zone.

Information needed: Please give a complete history of the providers in the zones from January 1, 1981 to the present. Because it appears that there were multiple providers in the area, please ensure that it is clear when each provider came into the area, the specific service they provided, if and when they ceased services, the details of their departure, details regarding changes in ownership, and any supporting documentation (e.g., a copy of the sales agreement, the contract, etc.).

Michael Petrie
April 25, 2008
Page 3

We appreciate your help in ensuring that the details of the zones are complete and accurate so that a correct determination regarding grandfathering eligibility can be made while providing state action immunity protection. If you have any questions regarding the transportation portion of the plan please contact me or Donna Nicolaus, EMS Systems Manager at (916) 322-4336.

Thank you for submitting your 2007 EMS Plan Annual update. Please note that the next annual update is due one year from your approval date. If you have any questions regarding the EMS plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley". The signature is written in a cursive style with a large, stylized "D" and "S".

Daniel Smiley
Interim Director

DS:ss

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



July 31, 2008

John F. Brown, M.D.
Medical Director
San Francisco EMS Agency
68 12th Street, Suite 220
San Francisco, California 94103-1297

Dear Dr. Brown:

We have completed our review of the San Francisco 2007 Emergency Medical Services Plan Update supplemental information you provided to us. Based on an extensive review of the documentation you provided, we have the following conclusions:

- The information provided indicates that the City and County of San Francisco is one ambulance zone served by three providers as allowed by Health and Safety Code Section 1797.85. The current configuration is a primary provider with two back-up providers responding to calls as needed. However, the current providers for the ambulance zone can only be validated as being present since 1985. There is no documentation to support that these same providers provided service prior to January 1, 1981 as required by Health and Safety Code Section 1797.224 in order for the zone to qualify for grandfathering.
- A review of the ambulance providers in the San Francisco area shows that there have been at least two situations where providers ceased operations from 1981 to the present date. Aids Ambulance and Medevac Ambulance both ceased operation without being purchased by another provider. It was also noted that Bayshore Ambulance was acquired by Laidlaw through an asset only sale as well after January 1, 1981. The available information shows that both of these services responded to emergency calls while operating in the San Francisco Ambulance Zone. This free entry and exit of providers constitutes change to manner and scope as indicated in Health and Safety Code Section 1797.224.
- The documentation we have reviewed with respect to ambulance call distribution shows a considerable change. In the late 1990's through present time, the number of emergency responses handled by private ambulance providers has decreased significantly. In approximately 1997 moving through 2005; the number of responses for private providers has decreased from 20% to less than 2.4% at the present time. This is evidence of a change in manner and scope due to the progressive elimination of providers by which constitutes a change from the zone as it existed in 1981.

- The documentation you provided to us shows that the area of the Presidio is not a part of the City and County of San Francisco Ambulance Zone. It was under control of the Department of the Army who provided ambulance service to the area prior to 1981 continuing until 1994. The National Park Service took over the responsibility for ambulance services in 1994. However, the information provided indicates that the Presidio Fire Department may have responded to calls outside of their area into the exclusive operating area. Routine occurrences of responses from the Presidio Fire Department into the zone would constitute a material change in the manner and scope as indicated in Health and Safety Code Section 1797.224.
- In 1997, the City and County of San Francisco assumed responsibility for emergency medical services for the areas of Treasure Island and Yerba Buena Island upon the departure of the United States Navy who had previously provided service to these areas as active military reservations. With the inclusion of this new area into the existing ambulance zone, it calls into question whether this may also constitute a material change in the manner and scope as indicated in Health and Safety Code Section 1797.224 due to the need to allocate resources for responses to the new area.

After reviewing the documentation and considering the information carefully, it appears that there have been multiple changes to manner and scope in the San Francisco ambulance zone since January 1, 1981. Therefore, it is our determination that the zone is not eligible for grandfathering. If you wish the area to be exclusive and protected under state action immunity pursuant to Health and Safety Code Section 1797.6, a competitive process would need to be conducted pursuant to Health and Safety Code Section 1797.224.

We appreciate your assistance in providing the available historical information for the San Francisco area. If you have additional information that may further assist us in reviewing the ambulance zone and provider history in the San Francisco area please provide it or if you have any questions, please contact Tom McGinnis, Transportation Coordinator at (916) 322-4336, extension 424.

Sincerely,



R. Steve Tharratt, MD, MPVM
Director

cc: Mike Petrie, Administrator

ST:tm