

SAN LUIS OBISPO COUNTY EMS PLAN UPDATE FY 2009-2010
July 2010

SUMMARY OF CHANGES

AGENCY/PERSONNEL CHANGES

- In 2006-2007, officials of the San Luis Obispo County Public Health Department (PHD) and the San Luis Obispo County Emergency Medical Services Agency Inc. (EMS Agency Inc.) reviewed the EMS Agency Inc.'s relationship to the PHD, its scope of work, and the personnel required to effectively and efficiently handle its duties as assigned by the County. The EMS Agency Inc. was re-organized, with funding for additional personnel made available by the County and its scope of work clarified.
- In 2007, Charlotte Alexander became the Executive Director of the EMS Agency, Inc.; two full-time EMS Analyst positions and one full-time EMS Coordinator position were created; Dr. Tomas Ronay continues as the EMS Agency's Medical Director.
- In 2008, Dr. Penny Borenstein became the Director of the San Luis Obispo County Public Health Department, replacing Dr. Greg Thomas.
- In early 2010, because of the EMT2010 requirements, the County determined it would no longer contract with the EMS Agency Inc. and made plans to incorporate the functions of the LEMSA into the Public Health Department in the fall of 2010.

PROVIDERS

- Ambulance provider agencies have remained stable in the County.
- The number of incorporated city fire departments providing ALS first response coverage has increased from three to four.
- Cal Fire has begun providing ALS first response at certain of its stations (Los Osos and Nipomo).

SPECIALTY CARE CENTERS

- In 2007 several local hospitals renewed their interest in becoming a Trauma Center, and work was begun on revising the County's Trauma System Plan, which continued into 2010.
- In 2008, one local hospital expressed interest in being designated as a STEMI Receiving Center, and the County began assembling the policies and procedures for implementing a STEMI System Plan, which is expected to go "live" on August 1, 2010.

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.07	Trauma Planning	☑		☑	Trauma System evaluation report completed; policies and procedures developed; revised plan submitted to the EMS Authority.	Obtain State approval of revised Trauma System plan; issue RFP for a designated Trauma Center.
1.08	ALS Planning	☑		☑	Four incorporated city fire departments and Cal Fire provide ALS first responder coverage for much of the county; ALS transport is provided throughout the county.	Ensure adequate ALS coverage throughout the county.
1.12	Review and Monitoring	☑		☑	CQI program in place monitoring all aspects of pre-hospital care.	Continue to provide CQI oversight through QI committee.
1.14	Policy and Procedure Manual	☑		☑	With increased staffing, policies and procedures are reviewed and updated as needed; plan is in place to review and monitor at specific intervals.	Periodically review all policies and procedures for compliance with current best practices.
1.16	Funding Mechanism	☑		☑	EMS Agency, Inc. is funded primarily through a contract with the county	Provide a stable funding source to ensure adequate staffing to carry out the mission of the agency.
1.18	QI/QA	☑		☑	CQI program is in place - see Standard 1.12.	Continue to provide CQI oversight through QI Committee.
1.20	DNR Policy	☑		☑	Policy reviewed and updated.	Continue to monitor use of policy for any needed changes.
1.21	Determination of Death	☑		☑	Policy reviewed and updated.	Continue to monitor use of policy for any needed changes.
1.26	Trauma System Plan	☑		☑	See Standard 1.07	See Standard 1.07
2.04	Dispatcher Training	☑		☑	Developed new EMD training program; updated policies and procedures.	Establish CQI program specific to EMD.
5.08	Trauma System Design	☑		☑	See Standard 1.07	See Standard 1.07
6.05	Data Management System	☑		☑	Converted to electronic tablet-based platform.	Work towards electronic transmittal of data to EMS Authority.
6.07	Provider Participation	☑		☑	Continuing to work on data base accepting information from different platforms	Work towards collecting data from all providers and transmitting to EMS Authority.
6.10	Trauma System Evaluation	☑		☑	See Standard 1.07	See Standard 1.07
6.11	Trauma Center Designation			☑	See Standard 1.07	See Standard 1.07
7.04	First Aid and CPR Training	☑		☑	Continuing to promote CPR training; EMT and Paramedic training programs have been moved to Cuesta College.	Continue to promote CPR training and monitor EMT and Paramedic training at Cuesta College.
8.07	Disaster Communications	☑		☑	All EMS responders have interagency communications capability (CALCORD).	Continue to monitor need for additional communications resources.
8.15	Interhospital Communications	☑		☑	All hospitals, clinics, SNFs, EMS Agency and PHD have dedicated frequencies to coordinate disaster issues.	Continue to monitor need for additional communications resources.
8.17	ALS Policies	☑		☑	Updated all ALS policies and procedures.	Continue to monitor and updated as need ALS policies and procedures.

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: San Luis Obispo County
 Reporting Year: 2009-2010

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 Luis Obispo

- | | |
|---|-------|
| A. Basic Life Support (BLS) | 0 % |
| B. Limited Advanced Life Support (LALS) | 0 % |
| C. Advanced Life Support (ALS) | 100 % |

2. Type of agency
- a - Public Health Department
 - b - County Health Services Agency
 - c - Other (non-health) County Department
 - d - Joint Powers Agency
 - e - Private Non-Profit Entity
 - f - Other: County Health Department, contracting with non-profit for certain services

3. The person responsible for day-to-day activities of the EMS agency reports to c.
- 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)	<u> X </u>
Designation of trauma centers/trauma care system planning	<u> X </u>
Designation/approval of pediatric facilities	<u> X </u>
Designation of other critical care centers	<u> X </u>
Development of transfer agreements	<u> X </u>
Enforcement of local ambulance ordinance	<u> X </u>
Enforcement of ambulance service contracts	<u> X </u>
Operation of ambulance service	<u> </u>

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 2009-2010
EXPENSES

Salaries and benefits (All but contract personnel)	\$ 334,100
Contract Services (e.g. medical director)	62,400
Operations (e.g. copying, postage, facilities)	75,024
Travel	500
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	12,525
Other: Field Data Collection Software	5,791
Other: Field Guide Manual Printing	5,412
Other: _____	_____
TOTAL EXPENSES	\$ 495,752

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	430,500
Certification fees	20,000
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	9,525
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	_____
Contributions	_____
EMS Fund (SB 12/612)	_____
Other grants: _____	15,036
Other fees: Nuclear Power Plant Reimbursement	18,191
Other (specify): Interest on investments	2,500
TOTAL REVENUE	\$ 495,752

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

Table 2 - System Organization & Management (cont.)

Fee structure for FY 2009-2010

_____ We do not charge any fees

XX Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	50
EMT-I recertification	50
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	200
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	1,000
EMT-II training program approval	_____
EMT-P training program approval	2,500
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 2008-2009

Table 2 - System Organization & Management (cont.)

EMS System: San Luis Obispo County

Reporting year 2009-2010

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	45.00	15%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Coordinator	1.0	22.00	15%	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist	1.0	32.00	15%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist	1.0	32.00	15%	
Trauma Coordinator	Specialty Care Systems Coordinator	0.5	34.00	N/A	
Medical Director	Medical Director	.37	82.00	N/A	
Other MD/Medical Consult/ Training Medical Director	N/A				
Disaster Medical Planner	N/A				

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	N/A				
Medical Planner	N/A				
Data Evaluator/Analyst	N/A				
QA/QI Coordinator	N/A				
Public Info. & Education Coordinator	N/A				
Executive Secretary	N/A				
Other Clerical	N/A				
Data Entry Clerk	N/A				
Other	N/A				

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 Luis Obispo County

Reporting Year: 2009-2010

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	360			
Number newly certified this year	98		3	4
Number recertified this year	262		51	10
Total number of accredited personnel on July 1 of the reporting year			54	
Number of certification reviews resulting in:				
a) formal investigations				
b) probation	8			
c) suspensions				
d) revocations				
e) denials	2			
f) denials of renewal				
g) no action taken				

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 9
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified _____
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program [] yes [X] no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

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

1. Number of primary Public Service Answering Points (PSAP) 9
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 3
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 468.000
 - b. Other methods ReddiNet
 - 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 Luis Obispo County Sheriff's Department
7. Who is your primary dispatch agency for a disaster?
San Luis Obispo County Office of Emergency Services

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: San Luis Obispo County

Reporting Year: 2009-2010

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 15

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				
Early defibrillation responder				
Advanced life support responder				
Transport Ambulance	10	20	60	

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

EMS System: San Luis Obispo County

Reporting Year: 2009-2010

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>Not tracked at this time</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>0</u>
c) Number of major trauma patients transferred to a trauma center	<u>Not tracked at this time</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>Not tracked at this time</u>

Emergency Departments

Total number of emergency departments	4
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	4
d) Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	4
2. Number of base hospitals with written agreements	3

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? N/A
 - b. How are they staffed? N/A
 - c. Do you have a supply system for supporting them for 72 hours? yes ____ no X

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

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 7

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Training Institution Name Cuesta College

Contact Person telephone no. Tracey Eby 805-546-3119

Address Highway 1 San Luis Obispo, CA 93401

Student Eligibility: * Open to general public	Cost of Program Basic \$500 Refresher \$120	**Program Level: EMT-I Number of students completing training per year: Initial training: 141 Refresher: 74 Cont. Education n/a Expiration Date: n/a Number of courses: 10 Initial training: 4 Refresher: 6 Cont. Education: 0
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Training Institution Name Cuesta College

Contact Person telephone no. Tracey Eby 805-546-3119

Address Highway 1 San Luis Obispo, CA 93401

Student Eligibility: * Open to general public	Cost of Program Basic \$2,600 Refresher N/A	**Program Level: EMT-P Number of students completing training per year: Initial training: 19 Refresher: 0 Cont. Education 0 Expiration Date: n/a Number of courses: 1 Initial training: 1 Refresher: n/a Cont. Education: n/a
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- 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 Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: Arroyo Grande Community Hospital 345 S. Halcyon Road Arroyo Grande, CA 93420 (805)489-4261			Primary Contact: Amy Eskew-Baker, R.N.	
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** _____

* 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 Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: California Men's Colony P.O. Box 8101 San Luis Obispo, CA 93409 (805)547-7900		Primary Contact: Grace Escamillia-Carter, R.N.		
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 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 9: RESOURCES DIRECTORY -- Facilities

EMS System: San Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: French Hospital Medical Center 1911 Johnson Ave. San Luis Obispo, CA 93401 (805)543-5353			Primary Contact: Julia Fogelson, R.N.	
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- * 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 Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: Sierra Vista Regional Medical Center 1010 Murray Street San Luis Obispo, CA 93406 (805)546-7600		Primary Contact: Georgette Sabota, R.N.		
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center:* <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP:** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU:*** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level:**** _____

- * 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 Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: Twin Cities Community Hospital 1100 Las Tablas Road Templeton, CA 93465 (805)434-3500		Primary Contact: Delisa Smith, R.N.		
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 checked="" type="checkbox"/> yes <input type="checkbox"/> no	Pediatric Critical Care Center: * <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
EDAP: ** <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	PICU: *** <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Burn Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Trauma Center: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Trauma Center what Level: **** <hr/>

* 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 Luis Obispo County

County: San Luis Obispo

Reporting Year: 2009-2010

Name, address & telephone: San Luis Obispo County Sheriff's Department P.O. Box 32 San Luis Obispo, CA 93406 (805)781-4550			Primary Contact: Rhonda Durian
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___2___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input checked="" type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name: San Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: North Coast Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cambria Community Healthcare District – 61 years
Area or subarea (Zone) Geographic Description: See Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – Public Provider
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.). Emergency Ambulance, ALS All calls requiring emergency ambulance service
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. Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone.

**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 Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: North Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance Service, Inc. - 64 years
Area or subarea (Zone) Geographic Description: See Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – Private Provider
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.). Emergency Ambulance, ALS All calls requiring emergency ambulance
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. Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone.

**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 Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: Central Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance Service, Inc. - 64 years
Area or subarea (Zone) Geographic Description: See Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – Private Provider
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.). Emergency Ambulance, ALS All calls requiring emergency ambulance service
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. Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone.

**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 Luis Obispo County EMSA, Inc.
Area or subarea (Zone) Name or Title: South Zone
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. San Luis Ambulance Service, Inc. - 64 years
Area or subarea (Zone) Geographic Description: See Exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive – Private Provider
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.). Emergency Ambulance, ALS All calls requiring emergency ambulance service
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. Competitive Process – Private Provider contract awarded 2002.

EXHIBIT A

EMERGENCY RESPONSE AREAS OF SAN LUIS OBISPO COUNTY

NORTH COAST ZONE-(Cambria, San Simeon, Hearst Castle, Harmony, Ragged Point, Rocky Butte Areas)

Generally described as the Northwest Coastal portion of San Luis Obispo County that includes all of the Cambria Healthcare District plus additional areas that are best serviced from the coastside area and has the following general boundaries:

West: Pacific Ocean from Monterey County line south to Villa Creek.

North: Monterey County line from the Pacific Ocean to Rocky Butte Truck Trail.

East: Coastal Ridge from Monterey County line near Rocky Butte Truck Trail, then southeasterly along the main coastal ridge through Rocky Butte repeater site to the intersection of Highway 46 West and Old Creek/Santa Rosa Creek Roads (all Santa Rosa Creek Road addresses are included in the North Coast Zone).

South: From Highway 46 and Old Creek/Santa Rosa Creek Roads intersection, southwesterly to the Pacific Ocean staying just north of Villa Creek Road (all Old Creek Road and Villa Creek Road addresses are included in the Central Zone).

NORTH ZONE-(Paso Robles, San Miguel, Templeton, Atascadero, Shandon, Creston, Santa Margarita, Lake Nacimiento, and Carrisa Plains areas)

Generally described as the "North County" portion of San Luis Obispo County. Including the northeastern and eastern portions of the county and communities of Oak Shores, Heritage Ranch, Lake Nacimiento, Adelaide, San Miguel, Paso Robles, Templeton, Atascadero, Garden Farms, Santa Margarita, Pozo, Creston, Parkhill, Whitley Gardens, Shandon, Carrisa Plains National Monument, and California Valley. The North Zone has the following general boundaries:

West: Main coastal ridge boundary (eastern boundary of the North Coast Zone) from the Monterey County line southeasterly through Rock Butte repeater site, to Highway 46 West and Santa Rosa Creek/Old Creek Road intersection, to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (excludes all of West Cuesta Ridge Road and Tassajera Creek Road).

North: Monterey County Line east of Rocky Butte Road to Kern County line.

East: Kern County Line north of Highway 166 to Kings County line.

South: An extension of the western boundary southeasterly from Highway 101 just north of Cuesta Summit, then to Hi Mountain Peak, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166.

CENTRAL ZONE-(Cayucos, Morro Bay, Cuesta College, Los Osos, San Luis Obispo, Cal Poly, Avila Beach, northern portion of Edna Valley areas)

Generally described as the “Central” or “Mid-County” portion of San Luis Obispo County. Including the areas and communities of Cayucos, Morro Bay, Los Osos, Montana de Oro State Park, Cuesta College, Cal Poly State University, San Luis Obispo, Avila Beach, Port San Luis Obispo, Diablo Canyon, and the portion of the Edna Valley area north of Price Canyon and Tiffany Ranch Road. The Central Zone has the following general boundaries:

West: Pacific Ocean from Villa Creek south to Pirate’s Cove (just north of Shell Beach).

North: Shared boundary with the North Coast Zone from the Pacific Ocean just north of Villa Creek Road then northeasterly to the intersection of Highway 46 West and Santa Rosa/Old Creek Roads.

East: Shared boundary with the North Zone from intersection of Highway 46 West and Santa Rosa/Old Creek Roads, then southeast to Highway 41 West near Cerro Alto Road, to Highway 101 just north of Cuesta Summit (includes all of West Cuesta Ridge Road and Tassajera Creek Road).

South: Shared boundary with the South Zone from the Pacific Ocean north of Shell Beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

SOUTH ZONE-(Shell Beach, Pismo Beach, Grover Beach, Arroyo Grande, Oceano, Nipomo, Lopez Lake, and Cuyama areas)

Generally described as the “South County” of San Luis Obispo County. Including the areas and communities of Shell Beach, Pismo Beach, Grover Beach, Oceano, Arroyo Grande, Nipomo, Corbett Canyon, southern portion of Edna Valley, Huasna, Lopez Lake and canyon, Oceano Dunes OHV area, and that portion of Cuyama in San Luis Obispo County. The South Zone has the following general boundaries:

West: Pacific Ocean from Shell Beach south to the Santa Barbara County line.

North: Shared boundary with the Central Zone from the Pacific Ocean north of Shell beach, then easterly through Gragg Canyon (between Shell Beach and Squire Canyon), to the intersection of Highway 227 and Price Canyon Road, then east just north of Orcutt Road and Tiffany Ranch Road, then northeast to Hi Mountain Peak area and the southern boundary of the North Zone.

East: Shared boundary with the North Zone from Hi Mountain Peak area, then generally southeast through Caliente Peak and to the Kern County line just north of Highway 166 (including all of Highway 166 and that portion of the Cuyama area in San Luis Obispo County).

South: The Santa Barbara County line from the Pacific Ocean to Kern County line.

EMERGENCY MEDICAL SERVICES AUTHORITY

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



September 8, 2010

Charlotte Alexander
EMS Director
San Luis Obispo County EMS Agency
712 Fiero Lane #29
San Luis Obispo CA 93401

Dear Ms. Alexander:

We have completed our review of *San Luis Obispo County's 2009 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*. Following are comments on your EMS plan update:

Standard 1.10 - Special Populations - In San Luis Obispo County's original EMS plan your objective was to identify population groups which require specialized services. In your next annual EMS plan update please show progress in meeting this standard.

Standard 3.01 - Communications Plan - In San Luis Obispo County's original EMS plan your objective was to modify your communications plan. In your next annual EMS plan update please specify the medical communication capabilities of emergency transport vehicles, non-transporting ALS responders, acute care facilities and how your agency coordinates the use of frequencies with other users.

Standard 4.11 - Specialty Vehicles - In San Luis Obispo County's original EMS plan this standard's current status was not addressed and your objective was to determine the availability of specialty vehicles. In your next annual EMS plan update please identify the availability of specialty vehicles.

Standard 6.05 - Data Management System - In San Luis Obispo County's original EMS plan a data management system was not in place. In your next annual EMS plan update please show progress that shows compliance with the California EMS Information System Data Standards.

Standard 6.06 - System Design Evaluation - In San Luis Obispo County's original EMS plan your objective was to implement a data collection system. The requirements for this program are referenced in Title 22, Division 9, Chapter 12, EMS Systems Evaluations and Quality Improvement regulations. Please provide an update in your next annual EMS plan update.

Charlotte Alexander
September 8, 2010
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Your annual update will be due on September 8, 2011. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Steven Tharratt', with a long horizontal flourish extending to the right.

R. Steven Tharratt, MD, MPVM
Director

RST:ss