



San Luis Obispo County

EMS Plan Update

2010-2011

San Luis Obispo County EMS Plan Update FY 2010-2011

December 1, 2011

Summary of Changes

Agency/Personnel

- In order to fulfill the requirements with the implementation of EMT 2010, the functions of EMS Agency Inc. were moved to San Luis Obispo County Health Agency in September 2010. EMS Agency Inc. staff was hired by the San Luis Obispo County Health Agency and assets/equipment relocated to the San Luis Obispo County Health Campus at 2156 Sierra Way, San Luis Obispo.
- The EMS Agency was placed under Health Care Services reporting to a division manager that subsequently reported to the Health Officer. The organizational structure has since been reevaluated and in 2011-2012 a separate EMS Division has been created merging EMS and Emergency Preparedness. The new EMS Division will report directly to the Health Officer. The FTE hours for the EMS Agency remain the same.
- The EMS Specialist position(s) experienced instability in staffing during much of 2010-11. Current staff hired in August of 2011.
- The position of the Executive Director became vacant in March 2011. Kathy Collins R.N., Specialty Care Systems Coordinator, assumed the interim position. As of June 30, 2011 the position continues to be filled by Ms. Collins pending the reorganization of the division.

Providers

- Ambulance provider agencies remain stable in the County.
- Cambria Fire Department expanded to ALS services
- Cal Fire began discussion to expand ALS coverage in two of the County's cluster population areas (Avila Beach and Heritage Ranch)

Specialty Care Centers

- August 2010 French Hospital Medical Center was designated as a STEMI Receiving Center.
- With approval of the Trauma Plan in March 2010 the application and RFP process was developed to designate a Level III Trauma Center. Sierra Vista Regional Medical Center applied for a Level III Trauma Center Designation in October 2010. The designation process is progressing with designation anticipated in 2012.
- An updated Trauma Plan was submitted to the EMS Authority in August of 2011. The Updated plan and September 2011 response from the EMS Authority are included with this update.

Training Programs

- The EMS Agency completed a review and approval of the Cuesta College EMT-I and EMT-Paramedic programs in August 2011

AED Program

- In 2011 all Public Safety AED Providers completed EMS Agency approval process

LEMSA: San Luis Obispo County					FY 2010-2011	
Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01	LEMSA Structure	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	The duties of the LEMSA were transferred from the EMSA Inc. to San Luis Obispo County Health Agency	Restructure of the LEMSA reporting process to be developed in 2011-2012
1.06	Annual Update of EMS plan	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	2009-2010 Plan update completed in March 2011	Provide regular plan updates in the fall of each year
1.07	Trauma Planning	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Trauma Plan submitted and approved by the EMS Authority; Developed RFP and process to implement Level III TC designation	Plan to have a Level III TC designated in the 2011-2012 year
1.08	ALS Planning	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	CQI program in place monitoring all aspects of pre-hospital care.	Continue to provide CQI oversight through the QI committee and process
1.14	Policy and Procedure Manual	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Policies and Procedures are reviewed and updated as needed. A process is in place to track reviews and dates of review	Periodically review all policies and procedures for compliance with current best practices.
1.15	Compliance with Policies	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	QI process developed to conduct random samples for compliance	Conduct regular random review for compliance of policies and procedures
1.16	Funding Mechanism	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Participate in the County budget process	Provide a stable funding source to ensure adequate staffing to carry out requirements of the agency
1.18	QI/QA	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	CQI program is in place - see Standard 1.12.	Continue to provide CQI oversight through the QI committee and process
1.19	Policies ,Procedures and Protocols	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	See Standard 1.14 review and update as needed. Implement new policies and procedures with Specialty Care System implementation	Periodic review of all policies and procedures for compliance and best practices
1.20	DNR Policy	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Policy reviewed and updated as needed including POLST forms	Continue to monitor policy for use and update as needed
1.21	Determination of Death	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Policy reviewed and updated.	Continue to monitor policy for use and update as needed
1.23	Interfacility Transfers	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Developed an expedited transfer process for the STEMI program, Continue to develop expedited transfer process for other specialty care needs	Monitor use of STEMI transfer patients; develop additional transfer processes for specialty care needs

1.24	ALS System	☑		☑	Review current ALS coverage	Asses and review strategic to ensure best practices for ALS coverage throughout the county
1.25	On-line Medical Direction	☑		☑	Continue programs to enhance on-line medical direction through training, APR programs, MICN programs and base Station meetings	Ensure training and best practices for on-line medical direction
1.26	Trauma System Plan	☑		☑	See Standard 1.07	See Standard 1.07
2.01	Assessment of Needs	☑		☑	See Standard 1.24	See Standard 1.24
2.02	Approval of Training	☑		☑	Completed a review of EMT and Paramedic training programs	Monitor National and State regulations and implement changes as needed
2.03	Personnel	☑		☑	Continue EMT certification, paramedic accreditation and MICN authorization. Complete personnel investigations as needed	Continue programs and monitoring systems
2.04	Dispatcher Training	☑		☑	Approve EMD programs, develop and implement CQI process	Establish CQI process for EMD programs
2.11	Accreditation process	☑		☑	See Standard 2.03	See Standard 2.03
3.09	Dispatch Triage	☑		☑	Consider triaged dispatch response to ECF for non-urgent transfers	Develop trail program with EMD dispatch center, ECF, fire response and transport agency
4.1	Aircraft Availability	☑		☑	Review policies and procedures with implementations of new TC Helispot	Review triage and destination P&P with new helispot on 2012
5.13	Specialty System Design	☑		☑	Designate a STEMI Receiving center - August 2010	Designate, monitor and participate in CQI process
6.05	Data Management System	☑		☑	Upload CEMSIS data; develop trauma data collection process	Continue to work toward data collection form all EMS providers; purchase trauma data program; develop data collection from non-TC facilities
6.11	Trauma Center Designation	☑	☑	☑	See Standard 1.07	See Standard 1.07
7.03	Disaster Preparedness	☑		☑	Enhance working relationship with Emergency Preparedness	Merge EMS and Emergency Preparedness under a single division within the County
7.04	First Aid and CPR Training	☑		☑	Continue to promote citizen First Aid and CPR programs	Created a working ad-hoc committee of EMCC to promote First Aid and CPR in Jr. High and High Schools
8.01	Disaster Medical Planning	☑		☑	Updated MHOAC SOP and ChemPack SOP	Participate in Nov. State Drill with new SPO
8.07	Disaster Communications	☑		☑	All EMS responders have interagency communications capability (CALCORD)	Continue to monitor need for additional communications resources

8.15	Inter-hospital Communications	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	All hospitals, clinics, SNFs, EMS Agency and PHD have dedicated frequencies to coordinate disaster issues. Provided Reddinet training	Continue to monitor need for additional communications resources. Evaluate reddinet and enhance lfieds for better utilization
8.17	ALS Policies	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	Reviewed and updated 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: **2010-2011**

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 County

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

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: Division Manager

4. Indicate the non-required functions which are performed by the agency:

- | | |
|---|---------------|
| Implementation of exclusive operating areas (ambulance franchising) | _____ X _____ |
| Designation of trauma centers/trauma care system planning | _____ X _____ |
| Designation/approval of pediatric facilities | _____ X _____ |
| Designation of other critical care centers | _____ X _____ |
| Development of transfer agreements | _____ X _____ |
| Enforcement of local ambulance ordinance | _____ X _____ |
| Enforcement of ambulance service contracts | _____ X _____ |
| Operation of ambulance service | _____ _____ |

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$	<u>258,594</u>
Contract Services (e.g. medical director)		<u>132,500</u>
Operations (e.g. copying, postage, facilities)		<u>26,515</u>
Travel		<u>4,296</u>
Fixed assets		<u>7,800</u>
Indirect expenses (overhead)		<u>8,200</u>
Ambulance subsidy		<u> </u>
EMS Fund payments to physicians/hospital		<u> </u>
Dispatch center operations (non-staff)		<u>7,639</u>
Training program operations		<u> </u>
Other: _____		<u> </u>
Other: _____		<u> </u>
Other: _____		<u> </u>
TOTAL EXPENSES	\$	<u>445,544</u>

Table 2 - System Organization & Management (cont.)

6. 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		<u>264,701</u>
Other local tax funds (e.g., EMS district)		<u>29,000</u>
County contracts (e.g. multi-county agencies)		_____
Certification fees		<u>40,450</u>
Training program approval fees		_____
Training program tuition/Average daily attendance funds (ADA)		_____
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)		<u>106,573</u>
Other grants: _____		_____
Other fees: <u> NPP </u>		<u>4,820</u>
Other (specify): _____		_____
TOTAL REVENUE	\$	<u>445,544</u>

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

Table 2 - System Organization & Management (cont.)

7. Fee structure

We do not charge any fees

Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	_____ 55
EMT-I recertification	_____ 55
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	_____ 250
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____ 55
MICN/ARN recertification	_____ 55
EMT-I training program approval	_____ 5,300
EMT-II training program approval	_____
EMT-P training program approval	_____ 9,700
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____ 75,000
Trauma center designation	_____ TBD
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application Type: <input type="checkbox"/> STEMI _____	_____ 30,000
Other critical care center designation Type: <input type="checkbox"/> STEMI _____	_____ 16,000
Ambulance service license	\$ _____
Ambulance vehicle permits	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)

EMS System: San Luis Obispo County

Reporting year: 2010-2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Executive Director	1.0	\$38.20	53.74%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant III	1.0	\$18.72	53.74%	
ALS Coord./Field Coord./ Training Coordinator	EMS Specialist – Compliance (ASO I)	1.0	\$23.77	54.74%	
Program Coordinator/ Field Liaison (Non-clinical)	EMS Specialist – EMT-P (ASO II)	0.5	\$27.16	54.74%	
Trauma Coordinator	Specialty Care Systems Coordinator (PHRN)	0.5	\$36.78	54.74%	
Medical Director	EMS Medical Director		\$5,850/month		Contract position
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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	EMS Specialist - RN	0.5	\$33.36	54.03%	
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

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

EMS System: **San Luis Obispo County**

Reporting Year: **2010-2011**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified as of June 30, 2011	710		146	86
Number newly certified this year (2010-11)	70		11	9
Number recertified this year (2010-11)	254		75	41
Total number of accredited personnel on July 1 (2010) of the reporting year	621		152	74
Number of certification reviews (2010-2011) resulting in:				
a) formal investigations	29		1	
b) probation	6			
c) suspensions	1			
d) revocations	5			
e) denials	2			
f) denials of renewal	0			
g) no action taken	13		1	

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 6
2. Early defibrillation:
 - a) Number of EMT-I (defib) certified 227
 - b) Number of public safety (defib) certified (non-EMT-I) 532
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **San Luis Obispo County**

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

County: **San Luis Obispo County**

Reporting Year: **2010-2011**

- | | |
|---|-----------------------------------|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>9</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of designated dispatch centers for EMS Aircraft | <u>3</u> |
| 5. Who is your primary dispatch agency for day-to-day emergencies?
<u>San Luis Obispo County Sherriff's office - Med Com</u> | |
| 6. Who is your primary dispatch agency for a disaster?
<u>San Luis Obispo County Sherriff's office - Med Com</u> | |
| 7. Do you have an operational area disaster communication system? | X Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>468.000</u> | |
| b. Other methods <u>Reddinet</u> | |
| c. Can all medical response units communicate on the same disaster communications system? | X Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | X Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **San Luis Obispo County**

Reporting Year: **2010-2011**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 25

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 min	20 min	60 min	

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

EMS System: **San Luis Obispo County**

Reporting Year: **2010-2011**

NOTE: Table 6 is to be reported by agency.

Trauma Will be tracking in 2012

Trauma patients:

- 1. Number of patients meeting trauma triage criteria _____
- 2. Number of major trauma victims transported directly to a trauma center by ambulance _____
- 3. Number of major trauma patients transferred to a trauma center _____
- 4. Number of patients meeting triage criteria who weren't treated at a trauma center _____

Emergency Departments

- Total number of emergency departments _____ 4 _____
- 1. Number of referral emergency services _____ 0 _____
- 2. Number of standby emergency services _____ 0 _____
- 3. Number of basic emergency services _____ 4 _____
- 4. 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

Reporting Year: 2010-2011

County: San Luis Obispo County

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP) N/A
 - 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 X No

2. CISD
Do you have a CISD provider with 24 hour capability? X Yes No

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

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

OPERATIONS

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

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

- 3. Have you tested your MCI Plan this year in a:
 - a. real event? Yes No
 - b. exercise? Yes No

- 4. List all counties with which you have a written medical mutual aid agreement.

- 5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes X No

- 6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? Yes X No

- 7. Are you part of a multi-county EMS system for disaster response? Yes X No

- 8. Are you a separate department or agency? X Yes No

- 9. If not, to whom do you report? _____

- 8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? N/A Yes No

TABLE 8: RESOURCES DIRECTORY -- Approved Training Program

EMS System: San Luis Obispo County **County:** San Luis Obispo

Reporting Year: 2010-2011

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

Training Institution: <u>Cuesta Community College</u>		Telephone Number: <u>Lisa Wearda 805-546-3100 # 2798</u>
Address: <u>Highway 1 San Luis Obispo, CA 93401</u>		
Student Eligibility*: <u>Open to the public</u>	**Program Level <u>EMT I</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$1,000</u>	Initial training:	<u>135</u>
Refresher: <u>\$250</u>	Refresher:	<u>36</u>
	Continuing Education:	<u>n/a</u>
	Expiration Date:	<u>n/a</u>
	Number of courses:	
	Initial training:	<u>4</u>
	Refresher:	<u>2</u>
	Continuing Education:	<u>0</u>

Training Institution: <u>Cuesta Community College</u>		Telephone Number: <u>Lisa Wearda 805-546-3100 # 2798</u>
Address: <u>Highway 1 San Luis Obispo, CA 93401</u>		
Student Eligibility*: <u>Open to public</u>	**Program Level <u>EMT-P</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>\$4,485</u>	Initial training:	<u>17</u>
Refresher: _____	Refresher:	<u>0</u>
	Continuing Education:	<u>0</u>
	Expiration Date:	<u>n/a</u>
	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<u>1</u>
	Continuing 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.

San Luis Obispo County EMS Agency

Vicci Stone

Training Institution:

Telephone Number:

805-788-2511

Address:

2156 Sierra Way, San Luis Obispo, CA 93401

Student R.N.

**Program Level MICN

Eligibility*:

Cost of Program:

Basic: \$250

Refresher: \$ 100

Number of students completing training per year:

Initial training:

11

Refresher:

33

Continuing Education:

0

Expiration Date:

n/a

Number of courses:

Initial training:

2

Refresher:

1

Continuing Education:

n/a

*Open to general public or restricted to certain personnel only.

** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: PROVIDERS DIRECTORY -- Dispatch Agency

EMS System: San Luis Obispo **County:** San Luis Obispo

Reporting Year: 2010-2011

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

Name:	San Luis Obispo County Sheriff's Department		Primary Contact:	Rhonda Durian	
Address:	P.O. Box 32				
	San Luis Obispo, CA 93406				
Telephone Number:	(805)781-4550				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> 2 </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	<input type="checkbox"/> City	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State
		<input checked="" type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal	
		<input type="checkbox"/> Other			
		Explain: _____			

Name:	_____		Primary Contact:	_____	
Address:	_____				

Telephone Number:	_____				
Written Contract:	Medical Director:	<input type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disaster	<u> </u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
			<u> </u> BLS	<u> </u> LALS	<u> </u> Other
Ownership:		If Public:	If Public:		
<input type="checkbox"/> Public <input type="checkbox"/> Private		<input type="checkbox"/> Fire	<input type="checkbox"/> City	<input type="checkbox"/> County	<input type="checkbox"/> State
		<input type="checkbox"/> Law	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal	
		<input type="checkbox"/> Other			
		Explain: _____			

**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
Area or subarea (Zone) Name or Title: North Coast Zone
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> Cambria Health Care District
Area or subarea (Zone) Geographic Description: See exhibit A
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive – public provider
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>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.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> 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
Area or subarea (Zone) Name or Title: North Zone
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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): <small>Include intent of local EMS agency and Board action.</small> Exclusive – private provider
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> 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

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.).

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 service.

Local EMS Agency or County Name: San Luis Obispo County
Area or subarea (Zone) Name or Title: South Zone
Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small> 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): <small>Include intent of local EMS agency and Board action.</small> Exclusive – private provider
Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): <small>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.).</small> Emergency Ambulance, ALS All calls requiring emergency ambulance service
Method to achieve Exclusivity, if applicable (HS 1797.224): <small>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.</small> <small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small> Grandfathered (uninterrupted service) with no changes to scope and manner of service to zone

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 Rocky 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, 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

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



April 10, 2012

Stephen Lieberman, EMS Director
San Luis Obispo EMS Agency
2156 Sierra Way
San Luis Obispo, CA 93401,

Dear Mr. Lieberman:

We have completed our review of *San Luis Obispo County's 2010/11 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 the EMS plan update:

Standard 1.10 - Special Populations - In San Luis Obispo County's 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 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 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.

Transportation Plan: South Zone: In reviewing the Transportation Plan Component of the 2010/11 EMS Plan Update, the *Ambulance Zone Summary (AZS)* form submitted stated the South Zone to be exclusive without a competitive process (grandfathered). In reviewing the history, the AZS forms submitted with the County of San Luis Obispo's 2004 and 2009 EMS Plan Update stated that the South Zone was exclusive through a competitive process after an open Request for Proposal (RFP) and a contract was awarded to San

Luis Ambulance in 2000 and in 2002. Based upon this, the San Luis Obispo EMS Agency was notified that once exclusivity has been determined through a competitive process, in order to keep exclusivity, a new competitive process would be required for the South Zone.

It is the understanding of the Authority that a competitive process was released and at least two (2) providers, AMR and Hall Ambulance, did submit proposals to the County of San Luis Obispo. Because the County now wanted to designate the South Zone as exclusive without a competitive process, they returned all submitted proposals and never concluded the competitive process. Once a competitive process has been issued for a given ambulance zone, the manner and scope of the zone has changed and the zone is no longer eligible for exclusivity without a competitive process. The change in manner and scope is recognized whether bid proposals are received or not, the fact that the competitive process was issued the change in manner and scope is realized.

Absent the information related to an RFP in the South Zone, the EMS Authority also has information that there was a sale of Five Cities Ambulance to San Luis Ambulance. However, the specific terms of that sale are not known to the EMS Authority. To qualify for exclusivity without a competitive process, the successor must purchase the predecessor's company as a whole. The Authority is typically provided verifying documentation to justify that the purchase of a given provider was an entire acquisition of the seller's operation. The documentation submitted to the EMS Authority is usually a copy of the sales contract showing the terms of the sale.

The sale of a provider does not necessarily mean a change in manner and scope has taken place, however, in the case of the South Zone it appears a competitive process for exclusivity was issued for service in that zone prior to the sale of the then current provider which makes the zone ineligible for exclusivity without a competitive process.

It is the determination of the Authority that the South Zone does not qualify for exclusivity. Based upon the information available, the EMS Authority will recognize the South Zone as being non-exclusive. For the South Zone to be an exclusive zone, a competitive process would be required.

If the County of San Luis Obispo has additional documentation which could be pertinent in the determination of exclusivity for the South Zone, please submit that information to the EMS Authority within 30 days for review.

Stephen Lieberman
April 10, 2012
Page 3

Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of San Luis Obispo County's ambulance zones.

Your annual update will be due on April 10, 2013. Please submit San Luis Obispo County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in black ink that reads "Howard Backer". The signature is fluid and cursive, with the first name "Howard" and last name "Backer" clearly distinguishable.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

✓ Attachment