



City and County of San Francisco
Edwin Lee, Mayor

Emergency Medical Services Agency
Department of Emergency Management
Division of Emergency Services

To:
Howard Backer, M.D.
EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA. 95670

San Francisco EMS PLAN
As required by CCR Title 22, Division 2.5, Section 1797.105
November 27, 2012

EXECUTIVE SUMMARY

Please find attached the SF EMS Agency and State Trauma Plan for 2012. Five significant changes have occurred in the past year.

1. Exclusive Operating Area (EOA) - In January, 2012, the State EMS Authority notified the San Francisco EMS Agency that the prior EOA, terminated in 2008 was being reinstated with some modifications. The authorized 9-1-1 responders remain the San Francisco Fire Department, King American Ambulance Company and American Medical Response. This plan reflects this change.
2. Three new staff- In January, 2012, three new professional staff was hired into positions that had been vacant for a year. Aram Bronston, EMT-P became the Pre-hospital Coordinator. Ben Tanner, RN, became the Hospital Liaison and Crystal Wright, EMT-P; MBA filled the Quality Manager role. These employees joined the existing five employees, Mary Magocsy, RN, MBA, EMS Disaster Coordinator; Tracy Leet, RN MS, Trauma Coordinator (0.5); Camilla Arcia, Certification Specialist; Steve LaPlante, MA, EMS Administrator and Dr. John Brown, Medical Director (0.5).
3. Service Provider Agreements- Throughout 2012, negotiations have taken place in order to formally sign service provider agreements with the 9-1-1 providers. San Francisco Fire Department, King American and American Medical Response final drafts are completed and will take effect on 1/1/2013.

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4. STEMI Centers- During the past year, the process for implementing a new program began and is in the process of being finalized. San Francisco has enhanced the STEMI concept by requiring that each participating hospital also have a "return of spontaneous circulation" component, meaning instead of using the term STEMI, the more accurate description of this program is STAR and ROSC. The STAR hospitals authorized to receive these cardiac patients are: San Francisco General Hospital and Trauma Center, University of California San Francisco, California Pacific Medical Center-Pacific Campus, Kaiser Permanente Medical Center and St. Mary's Hospital.

5. Five-Year Strategic Master Plan- Over the past nine months, work has been developed on this plan. The draft is now completed and the final review process is underway. This document is scheduled to be effective in January, 2013. Since this plan encompasses the major areas of system improvement, please find attached the twenty-one recommendations. Preparation for this plan has proven to be more time consuming than originally projected. Please except our apology for the delay.

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Recommendations

COMMUNICATION AND INFORMATION SHARING

1. Re-design and maintain the EMSA web site as a prime location for disseminating information, providing a platform for questions and provider feedback and as a location for seamlessly reporting QI issues. Incorporate appropriate social media to augment the web site (2013).
2. Develop mechanisms for clinical feedback for medics and EMTs to include role of the Base Hospital, paramedic shadow-alongs in E.D.s, E.D. nurse and physician ride-alongs with medics, feedback loop on patient outcomes, etc. (2013-2014).
3. Establish a "Field Supervisors Work Group" to improve patient care by discussing common issues, debriefing incidents, etc. (2013-2014).
4. Institute a program of dispatcher ride-alongs with field providers AND medic/EMT sit-alongs at Dispatch. This would greatly improve understanding of each other's role in the system. It is important that Dispatch be considered co-equal with field providers (2014-2015).

DATA ISSUES AND SYSTEM-WIDE POLICIES

5. Establish a work group(s) to review all current policies for relevance, usefulness and necessity. This would include standardized equipment among field providers, and a standardized "electronic Patient Care Report" to be compatible with the appropriate equipment at receiving facilities (2013-2014).
6. Produce a Field Operations Guide of operational policies and protocols for field providers, which are also distributed to hospital E.D.s to increase their awareness of field practices (2014).

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7. Design an improved mechanism for QA/QI reporting from throughout the system and an improved “quality loop” to ensure that lessons learned are included in annual training programs (2013-2014).
8. Sponsor more research projects in conjunction with UCSF and other institutions (2014-2017).

TRAINING AND SKILLS MAINTENANCE

9. Develop a single EMT/Paramedic Training Academy for use by all field providers under the auspices of the SF Community College District (basic & CE training, infrequently used skills); this would result in all field providers receiving the same high level of training (2014-2016).
10. Design training curriculum, policies and accreditation for Critical Care Paramedics (2013-2014).

SYSTEM COORDINATION AND STANDARDIZATION

11. Initiate a “System Re-design Committee” of all stakeholders and others to develop plans for: 1) urgent care centers as alternate approved destination sites (e.g., Tom Waddell); 2) chronic public inebriates; 3) consolidated Nurse Manager/Field Supervisor Subcommittee to discuss common issues (such as patient flow, coordination of protocols between hospitals and field providers), etc. (2013-2014).
12. Update and implement MOUs with the thirteen receiving facilities, including data requirements, STAR/STEMI procedures, etc. (2013).
13. Begin a work group to study the issue of “community paramedicine” in San Francisco following the report from the State EMS Authority (i.e., the UC-Davis Study); determining the feasibility of initiating such programs in SF, such as a program to manage chronic users of the system (commonly referred to as “frequent flyers”) (2013-2015).
14. Study and implement improvements in “ambulance turnaround times” at emergency departments (2013-2015).

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15. Establish a work group to design a pilot project for the eventual elimination of diversion, including fleet destination management (2013-2014).
16. Create a standing "Public Safety Committee" with SFPD, SFSD, DPH, etc. to resolve common issues such as 5150s, violent patients, ETOH patients (2013).
17. Re-establish the "Hospital/Field Provider Disaster Committee" to work on emergency and MCI plans and exercises, increase coordination between hospitals and the field, medical surge, patient tracking (e.g., JPATS), etc. (2013-2014).
18. Study the need for an "EMS for Children" program to include consistent confidence with pediatric infrequently used skills, education for children in schools, disaster education for children, etc. (2014-2015).
19. Institute a Dispatch Communications Work Group to make suggestions for improving dispatch procedures, i.e., pre-empting Code 2 calls for Code 3 calls, assignment of talk groups, etc. (2014-2015).
20. Develop improved procedures to address inter-facility transport issues. Consider a plan for an EOA for CCT transport calls originating in San Francisco, including nurses and medics (2015-2017).
21. Update the EMSA Policy 7010 on "Emergency Medical Services at Mass Gatherings & Special Events" to reflect current practices. Design a certification program for "emergency medical responders" which in San Francisco would primarily be used at special events (2013-2014).

La Plante, #4, 11/26/12

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A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries		✓			
4.02	Monitoring		✓			
4.03	Classifying Medical Requests		✓			
4.04	Prescheduled Responses		✓			
4.05	Response Time		✓			
4.06	Staffing		✓			
4.07	First Responder Agencies		✓			
4.08	Medical & Rescue Aircraft		✓			
4.09	AirDispatchCenter		✓			
4.10	Aircraft Availability		✓			
4.11	Specialty Vehicles		✓			
4.12	Disaster Response		✓			
4.13	Intercounty Response*		✓			
4.14	Incident Command System		✓			
4.15	MCI Plans		✓			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		✓			
4.17	ALS Equipment		✓			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		✓			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		✓			
4.20	"Grandfathering"		✓			
4.21	Compliance		✓			
4.22	Evaluation		✓			

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

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

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

LEMSA:

FY:

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.01		☑	☐	☐	The SF EMS agency has an organizational structure that fills this requirement. See attached organizational chart	None
1.05		▬	☐	▬	Presently the agency has access to various electronic data bases which enables the agency to review all calls in the 911 system, pre-hospital electronic patient care reports and two internet web based systems which identifies pre-hospital care transports to all facilities in the system and the SF Local EMS Information System (LEMSIS).	With the recent hiring into three vacant positions, the agency is now reviewing all data bases, developing new committees and working towards developing a more robust system for data collection.
1.08		▬	☐	▬	The SF EMS Agency has an operational 9-1-1 system which includes SFFD first responders, SFFD ALS ambulances and two private ALS providers, King American and American Medical Response. In addition one private provider, ProTransport has been granted ALS inter-facility transfers when their clients access their 7 digit phone number.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.16			☐		The Agency has developed cost based fees for EMT and EMT-P certification; ambulance and company operating permits; hospital based EMS related services for STEMI,stroke receiving and trauma centers. The Agency is maximizing the use of applicable EMS Funding based revenue and SB 1773- based review.	Continue to seek resources for additional funding for EMS agency programs.
1.18		☑	☐	☐	While the SF EMS Agency currently meets the minimum standards, the new QI manager is in the process of transitioning a new data management tool from LEMSIS to First Watch.	Continue to monitor information through LEMSIS and First Watch with plans that all information will be streamlined to First Watch in February, 2013.
1.24					The exclusive operating area was approved by the State in January, 2012 for all ALS 9-1-1 calls. All 9-1-1 service is provided by San Francisco Fire Department, King American and American Medical Response. As mentioned, one private provider, ProTransport has an ALS permit to serve their clients but not through 9-1-1 calls.	Continue to maintain the present EOA in place.

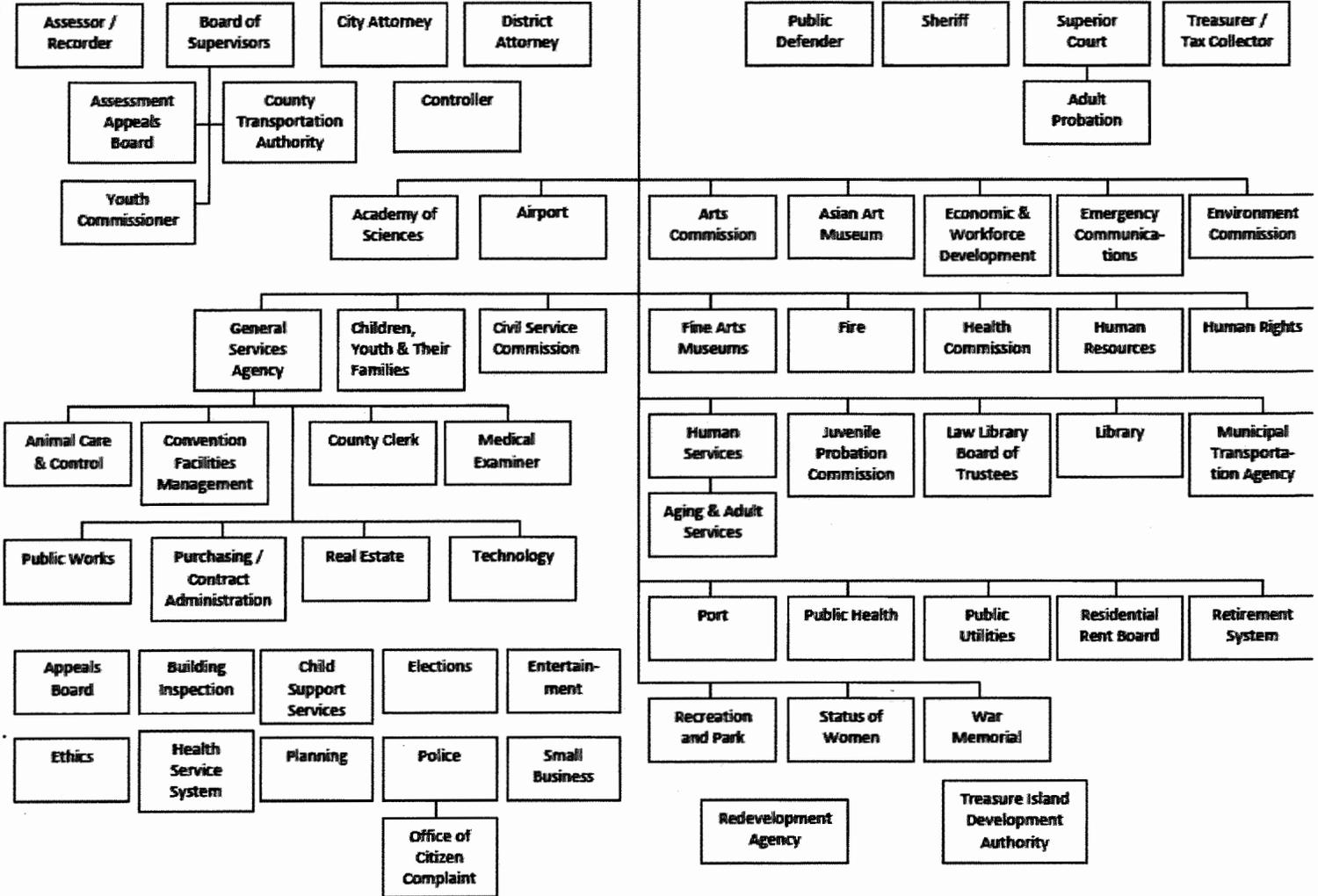
Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
1.28					In January 2012, the State notified the SF EMS Agency the prior EOA will remain effective for all 911 calls. This means that SFFD will receive approximately 80% of the calls with the remaining two private services, King American and American Medical Response receiving approximately 20%. An Addendum to the EOA will now allow ALS/BLS providers to provide service for non 911 calls.	Continue to monitor the present providers in the EOA and allow additional ALS/BLS providers for non 911 service as outlined by the State.
3.05					Through use of the 800 MHz and HEARNet radio systems, all hospitals can communicate with one another to include the blood bank, Department of Public Health, the EMS Agency and 9-1-1 dispatch center.	
4.2					This process was completed in 2011. The EMS Authority accepted the SF EMS Agencies findings/evidence and notified SF on 1/03/12 that SF's prior EOA from 2008 was re-instated with new conditions.	Complete "service provider agreements" for 9-1-1 services by 12/12.
4.21					The new service provider agreements, when completed will include provisions for CQI and compliance procedures.	Pending completion of the above stated "service provider agreements".

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
6.01					<p>In March, 2012 a new QI Manager was hired. Committees have been established tasked with reviewing the the systems involved in gathering data to identify areas for improvement.</p>	<p>Continue to work on developing a more robust data system to meet State requirments.</p>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**City and County of San Francisco Organization Chart
(As of June 30, 2009)**

MAYOR

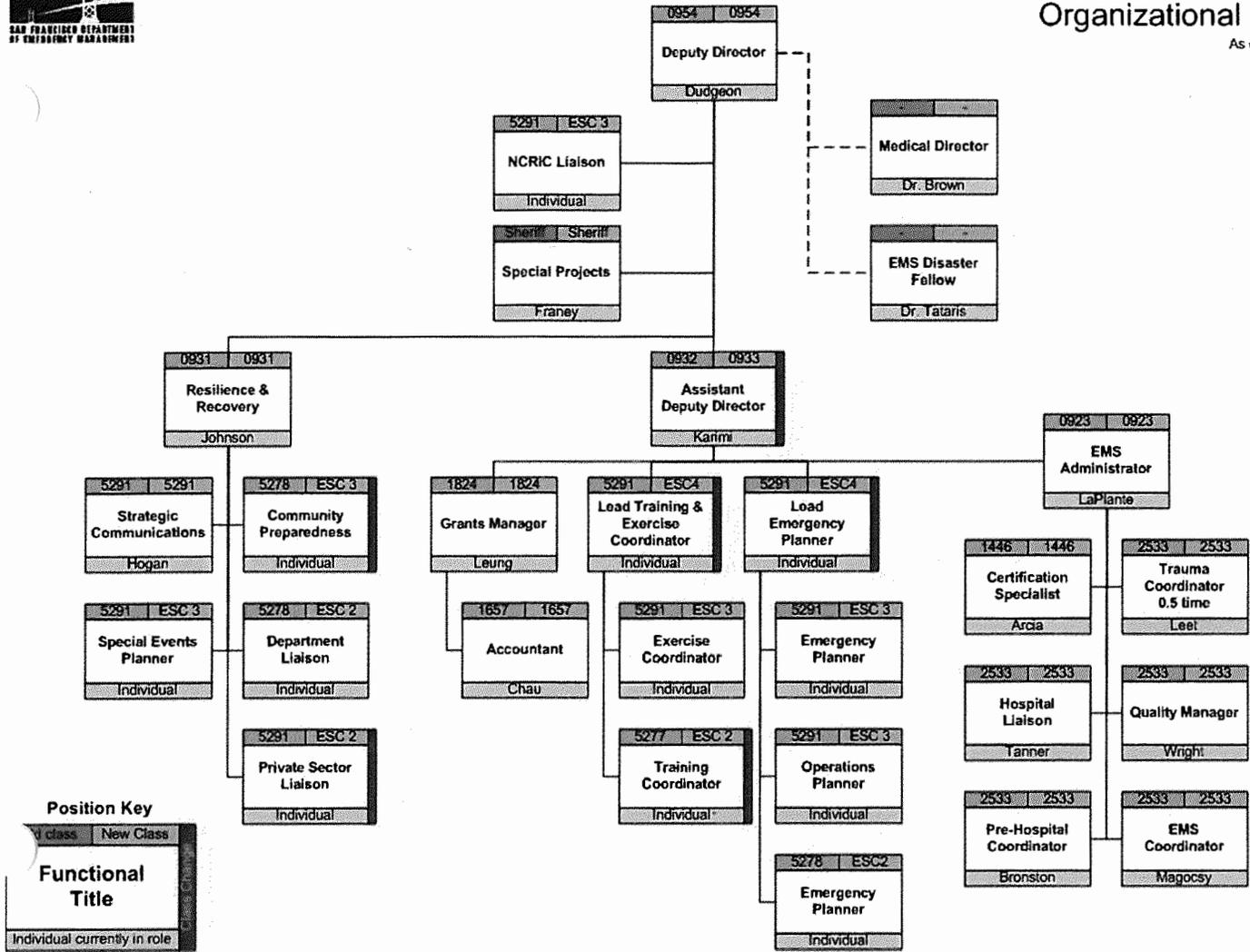
City Administrator





Division of Emergency Services Organizational Chart

As of 20120904



Position Key

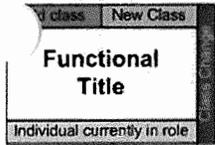


TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2011-2012

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, **Department of Emergency Management**
 - 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: Director of the Department of Emergency Management**

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 | ___N/A___ |
| Enforcement of local ambulance ordinance | ___✓___ |
| Enforcement of ambulance service contracts | Pending, effective 1/01/13 |
| Operation of ambulance service | ___✓___ |

Table 2 - System Organization & Management (cont.)

Continuing education	<input checked="" type="checkbox"/>
Personnel training	<input checked="" type="checkbox"/>
Operation of oversight of EMS dispatch center	<input checked="" type="checkbox"/>
Non-medical disaster planning	<input checked="" type="checkbox"/>
Administration of critical incident stress debriefing team (CISD)	No
Administration of disaster medical assistance team (DMAT)	No
Administration of EMS Fund [Senate Bill (SB) 12/612]	No
Other: 24/7 on call duty officer	
Other: _____	
Other: _____	

Table 2 - System Organization & Management (cont.)

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$898,782.00
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	\$104,899.00
Travel	\$ 10,000.00
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital \$331,572.00/ \$142,919.00	\$474,491.00
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$1,488,172.00

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		\$1,013,681.00
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		_____
Certification fees EMT's \$145.00- initial; \$107.00-recertification; \$31.00-paramedic accreditation		\$ 76,888.00
Training program approval fees (5 total)	\$360.00 X 5=	\$1800.00
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: Stemi (5)	\$ 13,310.00 X 5=	\$66,550.00
Other critical care center designation fees: Type: Receiving Center (10)	\$10,719.00 X 10 =	\$ 107,190.00
Ambulance service/vehicle fees (6 total/121 total)	\$5000.00 annual/ \$1600.00 per ambulance =	\$30,000.00
		\$193,600.00
Contributions		_____
EMS Fund (SB 12/612)		\$219,529.00
Other grants: _____		_____
Other fees: _____		_____
Other (specify): _____		_____
TOTAL REVENUE		\$1,709,238.00

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

** The City and County of San Francisco's revenue is placed in the General Fund**

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	\$145.00
EMT-I recertification	\$107.00
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
EMT-II certification	_____
EMT-II recertification	_____
EMT-P accreditation	\$31.00
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	_____
MICN/ARN recertification	_____
EMT-I training program approval	\$360.00
EMT-II training program approval	_____
EMT-P training program approval	\$360.00
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	_____
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	
Type: Stemi	\$13,310.00
Other critical care center designation	
Type: Receiving Center	\$10,719.00
Ambulance service licence	\$ 5000.00
Ambulance vehicle permits	\$1600.00
Other: _____	_____
Other: _____	_____
Other: _____	_____

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	60.45	23%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Certification Specialist	1.0	28.99	23%	
ALS Coord./Field Coord./ Training Coordinator	Pre-hospital Coordinator Hospital Liaison Quality Manager	3.0	48.05	23%	
Program Coordinator/ Field Liaison (Non-clinical)					
Trauma Coordinator		0.5	48.05	23%	
Medical Director		0.5	91.29	23%	
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	EMS Disaster Coordinator	1.0	48.05	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					
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

Reporting Year: 2011-2012

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1800		410	
Number newly certified this year	104		54	
Number recertified this year	562		60	
Total number of accredited personnel on July 1 of the reporting year	1800		410	
Number of certification reviews resulting in:				
a) formal investigations	53			
b) probation	11		3	
c) suspensions	2		0	
d) revocations	4			
e) denials	1			
f) denials of renewal	0			
g) no action taken	35		0	

1. Early defibrillation:

a) Number of EMT-I (defib) certified

b) Number of public safety (defib) certified (non-EMT-I)

Not tracked

Not tracked

2. Do you have a first responder training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: City and County of San Francisco
 Reporting Year: 2011-2012

1. Number of primary Public Service Answering Points (PSAP)	<u>4 (See Below^{**})</u>
2. Number of secondary PSAPs	<u>1 (3-1-1)</u>
3. Number of dispatch centers directly dispatching ambulances	<u>6</u>
4. Number of EMS dispatch agencies utilizing EMD guidelines	<u>6</u>
5. Number of designated dispatch centers for EMS Aircraft	<u>N/A</u>
6. Who is your primary dispatch agency for day-to-day emergencies?	Department of Emergency Communications
7. Who is your primary dispatch agency for a disaster?	Department of Emergency Communications
8. Do you have an operational area disaster communication system?	✓ Yes
a. Radio primary frequency 800 MHz	
b. Other methods EMResource, HEARNet	
c. Can all medical response units communicate on the same disaster communications system?	✓ Yes
d. Do you participate in the Operational Area Satellite Information System (OASIS)?	✓ Yes
e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?	✓ Yes
1) Within the operational area?	✓ Yes
2) Between operation area and the region and/or state?	✓ Yes

^{**} City and County of SF
 National Parks Service
 San Francisco State University
 University of California San Francisco

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2011-2012

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers N/A

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	4.92 minutes			
Early defibrillation responder	4.99 minutes			
Advanced life support responder	7.39minutes			
Transport Ambulance	9.90 minutes			

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

Reporting Year: 2011-2012

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	
2. Number of major trauma victims transported directly to a trauma center by ambulance	3325
3. Number of major trauma patients transferred to a trauma center	252
4. Number of patients meeting triage criteria who weren't treated at a trauma center	

Emergency Departments

Total number of emergency departments	13
1. Number of referral emergency services	0
2. Number of standby emergency services	2
3. Number of basic emergency services	9
4. Number of comprehensive emergency services	1

Receiving Hospitals

1. Number of receiving hospitals with written agreements	5
2. Number of base hospitals with written agreements	1

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2011-2012
County: City and County of SF

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? Combination of City employees (disaster service workers) and convergent employees
 - c. Do you have a supply system for supporting them for 72 hours? Yes

2. CISD
Do you have a CISD provider with 24 hour capability? Yes

3. Medical Response Team
 - a. Do you have any team medical response capability? No

 - b. For each team, are they incorporated into your local response plan? No

 - c. Are they available for statewide response? No

 - d. Are they part of a formal out-of-state response system? No

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? Yes

 - b. At what HazMat level are they trained? Specialist
 - c. Do you have the ability to do decontamination in an emergency room? Yes

 - d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1
3. Have you tested your MCI Plan this year in a:
 - a. real event? No
 - b. exercise? No
4. List all counties with which you have a written medical mutual aid agreement.
None
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes
6. Do you have a formal agreements with community clinics in your Operational areas to participate in disaster planning and response? No
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report? **Anne Kronenburg, Director of Emergency Management**
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? Yes

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: City and County of San Francisco

Provider: San Francisco Fire Department Telephone Number: 415-558-3800
Address: 698 2nd Street
San Francisco, CA 94107 **Number of Ambulances:** 41

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input checked="" type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

San Francisco Fire Department
72683 Total number of responses _____
65048 Number of emergency responses _____
7635 Number of non-emergency responses _____

Provider: King American

Telephone Number: 415-318-7132

Address: 2570 Bush Street

San Francisco, CA 94115

Number of Ambulances: 13

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

King American

<u>5819</u>	Total number of responses	_____
<u>4850</u>	Number of emergency responses	_____
<u>969</u>	Number of non-emergency responses	_____

Provider: American Medical Response
 Address: 1300 Illinois Street
 San Francisco, CA 94107

Telephone Number: 1-800-913-9106
 Number of Ambulances: 30

Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
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:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

American Medical Response
 3895 Total number of responses _____
 3167 Number of emergency responses _____
 728 Number of non-emergency responses _____

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: City and County of San Francisco

Provider: Bay Shore Ambulance

Telephone Number: 1-650-525-9700

Address: PO Box 4622

Foster City, CA. 94404

Number of Ambulances: 6 BLS

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> Inter-facility BLS Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

<u>4 BLS</u>	Total number of responses	_____
<u>Zero</u>	Number of emergency responses	_____
<u>481</u>	Number of non-emergency responses	_____

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: City and County of San Francisco

Provider: Pro-Transport

Telephone Number: 1-800-650-4003

Address: PO Box 7260

Cotati, CA. 94931

Number of Ambulances: 19 BLS
3 ALS

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> ALS and BLS Inter-facility Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

Zero Total number of BLS responses _____
525 Number of BLS emergency responses _____
21,589 Number of BLS non-emergency responses _____

Zero Total number of ALS responses
270 Number of ALS emergency responses
560 Number of ALS non-emergency responses

Table 8: Resource Directory

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: City and County of San Francisco

Provider: St. Joseph's Ambulance

Telephone Number: 1-415-460-6022

Address: 1418 Lincoln Avenue

San Rafael, CA. 94901

Number of Ambulances: 9 BLS

<p><u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u> <input checked="" type="checkbox"/> Inter-facility BLS Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water</p>	
<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>

Transporting Agencies

<u>Zero</u>	Total number of responses	_____
<u>Zero</u>	Number of emergency responses	_____
<u>3441</u>	Number of non-emergency responses	_____

Table 9: Resources Directory

Facilities

County: City and County of San Francisco

Note: Complete information for each facility by county. Make copies as needed.

Facility: California Pacific Medical Center-
California Campus—Emergency
Department Pediatric Specialty

Telephone Number: 415-600-6000

Address: 3700 California Street
San Francisco, CA 94118

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes MOU</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input checked="" type="checkbox"/> No</p>
---	--	---	---

<p>Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> No PICU³ <input checked="" type="checkbox"/> Yes</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
---	---	---

Facility: California Pacific Medical Center- Pacific
Campus

Telephone Number: 415-600-6000

Address: 2333 Buchanan Street
San Francisco, CA 94115

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Written Contract: <input checked="" type="checkbox"/> Yes MOU	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center⁴ EDAP ⁵ PICU ⁶	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	--	--

Facility: California Pacific Medical Center- Davis Campus
Address: Castro & Duboce Street
San Francisco, CA 94115

Telephone Number: 415-600-6000

Written Contract: <input checked="" type="checkbox"/> Yes MOU	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center¹ EDAP ² PICU ³	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	--	--	--

¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Facility: St. Mary's Hospital
 Address: 450 Stanyan Street
San Francisco, CA 94117

Telephone Number: 415-668-1000

<u>Written Contract:</u> ✓ No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>BaseHospital:</u> ✓ No	<u>Burn Center:</u> ✓ No
---	--	-------------------------------------	------------------------------------

Pediatric Critical Care Center ¹ ✓ No EDAP ² ✓ No PICU ³ ✓ No	<u>TraumaCenter:</u> ✓ No	<u>If TraumaCenter what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: St. Francis Hospital
 Address: 900 Hyde Street
San Francisco, CA. 94109

Telephone Number: 415-353-6630

<u>Written Contract:</u> ✓ No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>BaseHospital:</u> ✓ No	<u>Burn Center:</u> ✓ Yes
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Pediatric Critical Care Center ¹ ✓ No EDAP ² ✓ No PICU ³ ✓ No	<u>TraumaCenter:</u> ✓ No	<u>If TraumaCenter what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: University of California San Francisco
Medical Center
 Address: 505 Parnassus Avenue
San Francisco, CA. 94122

Telephone Number: 415-353-2733

Written Contract: ✓ No	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: ✓ No	Burn Center: ✓ No
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Pediatric Critical Care Center ¹ ✓ No EDAP ² ✓ No PICU ³ ✓ Yes	TraumaCenter: ✓ No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: San Francisco General Hospital and
Trauma Center
 Address: 1001 Potrero Avenue
San Francisco, CA. 94110

Telephone Number: 415-206-8000

Written Contract: ✓ Yes MOU	Service: <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	BaseHospital: ✓ Yes	Burn Center: ✓ No
--	---	-------------------------------	-----------------------------

Pediatric Critical Care Center ¹ ✓ No EDAP ² ✓ No PICU ³ ✓ No	TraumaCenter: ✓ Yes	If TraumaCenter what level: <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Telephone Number: 415-677-2494

Facility: Chinese Hospital
Address: 845 Jackson Street
San Francisco, CA. 94113

Written Contract: <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> No PICU³ <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: San Francisco Veteran's Affairs Medical Center
Address: 450 Stanyan Street
San Francisco, CA. 94117

Telephone Number: 415-668-1000

Written Contract: <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> No PICU³ <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: San Medical Center
Address: 1900 Sullivan Avenue
Daly City, CA. 94105

Telephone Number: 650-992-4000

Written Contract: <input checked="" type="checkbox"/> No	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center ¹ <input checked="" type="checkbox"/> No EDAP ² <input checked="" type="checkbox"/> No PICU ³ <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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Facility: Kaiser Permanente Medical Center- South
San Francisco
Address: 1200 El Camino Real
South San Francisco, CA. 94080

Telephone Number: 650-742-2000

Written Contract: <input checked="" type="checkbox"/> Yes MOU	Service: <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	BaseHospital: <input checked="" type="checkbox"/> No	Burn Center: <input checked="" type="checkbox"/> No
--	---	--	---

Pediatric Critical Care Center ¹ <input checked="" type="checkbox"/> No EDAP ² <input checked="" type="checkbox"/> No PICU ³ <input checked="" type="checkbox"/> No	TraumaCenter: <input checked="" type="checkbox"/> No	If TraumaCenter what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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TABLE 10: SOURCES DIRECTORY -- Approved Training Programs

County:City and County of San Francisco **Reporting Year:**2011-2012

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

Training Institution:		<u>San Francisco Paramedic Association- Contact Jane Smith</u>		Telephone Number:	<u>415-543-1161</u>
Address:		<u>657 Mission Street, # 302</u>			
		<u>San Francisco, CA. 94105</u>			
Student Eligibility*:	<u>General public</u> <u>With pre-requisites</u>	Cost of Program:	**Program Level	<u>EMT-1</u>	
		Basic:	<u>1950</u>	Number of students completing training per year:	
		Refresher:		Initial training:	<u>160</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>Varies</u>
				Expiration Date:	<u>8/15</u>
				Number of courses:	
				Initial training:	<u>5</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>Varies</u>

Training Institution:		<u>San Francisco Paramedic Association- Contact Jane Smith</u>		Telephone Number:	<u>415-543-1161</u>
Address:		<u>657 Mission Street, # 302</u>			
		<u>San Francisco, CA. 94105</u>			
Student Eligibility*:	<u>EMS professionals</u>	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>
				Continuing Education:	<u>60</u>
				Expiration Date:	<u>8/15</u>
				Number of courses:	
				Initial training:	<u>N/A</u>
				Refresher:	<u>N/A</u>
				Continuing Education:	<u>11</u>

Training Institution: City College of San Francisco- Contact Megan Corry Telephone Number: 415-561-1938
 Address: 1860 Hayes Street
San Francisco, CA 94117

Student Eligibility*: General Public with Pre-requisites **Program Level EMT-P Offered once a year. Program runs 18-24 months in length. Program offers 720 hours of CE's.
 Cost of Program: \$46.00 unit
 Basic: X Number of students completing training per year:
 Refresher: _____ Initial training: 53
 Refresher: _____
 Continuing Education: _____
 Expiration Date: 8/13
 Number of courses: _____
 Initial training: _____
 Refresher: _____
 Continuing Education: _____

Training Institution: City College of San Francisco- Contact Mary Allen Telephone Number: 415-561-1964
 Address: 1860 Hayes Street
San Francisco, CA 94117

Student Eligibility*: General Public with Pre-requisites **Program Level EMT-1 Offered every semester. (3 sections)
 Cost of Program: \$46.00
 Basic: X Number of students completing training per year:
 Refresher: _____ Initial training: _____
 Refresher: 12
 Continuing Education: 8/13
 Expiration Date: _____
 Number of courses: _____
 Initial training: _____
 Refresher: _____
 Continuing Education: _____

Training Institution: City College of San Francisco- Contact Megan Corry Telephone Number: 415-561-1938
 Address: 1860 Hayes Street
San Francisco, CA 94117

Student Eligibility*: EMS Professionals **Program Level CE CPR, ACLS, PEPP re-certifications, preceptor workshops Preceptor workshops once or twice a year.
 Cost of Program: _____

CPR
classes are
for LVN
and EMT
students

and instructor CE's.

Basic: _____ Number of students completing training per year:
Refresher: _____ Initial training: _____
Refresher: _____
Continuing Education: _____
Expiration Date: _____
Number of courses: _____
Initial training: _____
Refresher: _____
Continuing Education: _____

Training Institution: San Francisco General Hospital and Trauma Center- Contact Sharon Kennedy
Address: 1001 Potrero Avenue
San Francisco, CA 94110

Telephone Number: 415-206-5050

Student Eligibility*: EMS Professional

Cost of Program:

**Program Level CE

Basic: N/A Number of students completing training per year:
Refresher: N/A Initial training: N/A
Refresher: N/A
Continuing Education: N/A
Expiration Date: 8/13
Number of courses: _____
Initial training: _____
Refresher: N/A
Continuing Education: _____

Training Institution: King American Contact Josh Nultemier Telephone Number: 415-318-7132
Address: 2570 Bush Street
San Francisco, CA 94115

Student Eligibility*: EMS Professionals Cost of Program: **Program Level CE
Basic: N/A Number of students completing training per year:
Refresher: N/A Initial training:
Refresher:
Continuing Education: 20
Expiration Date: 6/13
Number of courses:
Initial training:
Refresher: 3-5 or as needed
Continuing Education:

Training Institution: American Medical Response Contact Renaldo Madamba Telephone Number: 415-243-7512
Address: 1300 Illinois Street
San Francisco, CA 94107

Student Eligibility*: AMR Employees Cost of Program: **Program Level CE
Basic: N/A Number of students completing training per year:
Refresher: N/A Initial training:
Refresher:
Continuing Education: 250
Expiration Date: 8/15
Number of courses:
Initial training:
Refresher: 6
Continuing Education:

San Francisco Fire Department Training Division		Telephone Number: <u>415-318-4517</u>	
Training Institution:	<u>Contact- Melany Brandon</u>		
Address:	<u>600 Avenue M, Treasure Island</u>		
	<u>San Francisco, CA 94120</u>		
Student Eligibility*:	<u>SFFD EMT-1 Personnel</u>	**Program Level	<u>EMT-1</u>
	Cost of Program:		
	Basic: <u>X</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	_____
		Refresher:	_____
		Continuing Education:	_____
		Expiration Date:	<u>8/15</u>
		Number of courses:	
		Initial training:	_____
		Refresher:	_____
		Continuing Education:	
		EMT(H3L1)= 125 CE's(runs 8weeks)	
		H2 Firefighter = 60 CE's (runs 2 weeks)	
		Paramedic Academy= 120 CE's (runs 3 weeks) (transition H3L1 EMT's who have a paramedic license into SF accredited paramedics	

San Francisco Fire Department Training Division		Telephone Number: <u>415-318-4517</u>	
Training Institution:	<u>Contact- Melany Brandon</u>		
Address:	<u>600 Avenue M, Treasure Island</u>		
	<u>San Francisco, CA 94120</u>		
Student Eligibility*:	_____	**Program Level	<u>CE</u> ACLS, PALS (8 CE's) BLS (3 CE's)
For SFFD EMT's and Paramedics	Cost of Program:		PHTLS and AMLS (16 CE's)
	Basic:	Number of students completing training per year:	
	Refresher: <u>X</u>	Initial training:	_____
		Refresher:	_____

Continuing Education _____

Expiration Date: _____

8/15

Number of courses: _____

Initial training: _____

Refresher: _____

Continuing 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 11: SOURCES DIRECTORY -- Dispatch Agency

County: City and County of San Francisco

Reporting Year: 2011-2012

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

Name:	Division of Emergency Communications	Primary Contact:	Lisa Hoffman, Deputy Director
Address:	1011 Turk Street San Francisco, CA 94102		
Telephone Number:	415-558-3722		
Written Contract: <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: 192 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 24 Supervisors, 9 Watch coordinators
Ownership: <input checked="" type="checkbox"/> Public		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:	American Medical Response	Primary Contact:	Brad White
Address:	1606 Rollins Road Burlingame, CA 94010		
Telephone Number:	1-650-235-1242		
Written Contract: <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services: 31 26 EMD Training _____ EMT-D _____ ALS 26 BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Private		If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	King American Ambulance Company		Primary Contact:	Josh Nultemier	
Address:	<u>2570 Bush Street</u> <u>San Francisco, CA 94115</u>				
Telephone Number:	415-318-7132				
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	Number of Personnel Providing Services:10		
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		10 EMD Training	_____ EMT-D	_____ ALS
			10 BLS	_____ LALS	2 EMD-Q
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____			

Name:	ProTransport Po Box 7260		Primary Contact:	Brandon Biagi	
Address:	<u>Cotati, CA. 94931</u> <u>1-800-650-4003</u>				
Telephone Number:					
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day, inter-facility transport including emergencies generated from a non 9-1-1 source	Number of Personnel Providing Services:10		
<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes		10 EMD Training	_____ EMT-D	_____ ALS
			10 BLS	_____ LALS	1 EMD-Q
Ownership:		If Public:	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
<input checked="" type="checkbox"/> Private		<input type="checkbox"/> Fire <input type="checkbox"/> Law <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 CountyName:

City and County of San Francisco

Area or subarea (Zone) Name or Title:

The City and County of San Francisco

Name of Current Provider(s):

San Francisco Fire Department (9-1-1)
King American (9-1-1, Interfacility Transport)
American Medical Response(9-1-1, Interfacility Transport)
Pro-Transport (ALS, Interfacility Transfer)
Bay Shore Ambulance (BLS-Interfacility Transfer)
St. Joseph's Ambulance (BLS, Interfacility Transfer)

Area or subarea (Zone) Geographic Description:

San Francisco, California is located at 37° 46' North latitude and 122 ° 27' West longitudes. The city forms the tip of a peninsula bounded by the Pacific Ocean to the West, the Golden Gate to the North, the San Francisco Bay to the East and San Mateo County to the South. The boundaries of the City and County of San Francisco are one and the same, comprising 47 square miles roughly fitting within a 7 by 7 mile square.

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

In January 2012, the State EMS Authority notified the SF EMS Agency that the prior EOA from 2008 would remain effective with the providers being SFFD, King American and American Medical Response for all 9-1-1 responses.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):

As mentioned the State EMS Authority notified SF EMS Agency that the prior EOA would remain effect with an Addendum to the EOA that will allow ALS/BLS providers to provide service for non 911 calls.

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

N/A

EMERGENCY MEDICAL SERVICES AUTHORITY

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



December 27, 2012

Steve LaPlante, EMS Administrator
San Francisco EMS Agency
30 Van Ness Ave., Suite 3300
San Francisco, CA 94102

Dear Mr. LaPlante:

We have completed our review of *San Francisco's 2012 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 8.10 - Mutual Aid Agreements – In your 2009 EMS Plan Update your objective was to work with other Bay area EMS agencies to develop multi-county medical mutual aid agreements. In your 2013 EMS Plan Update please provide an update on the progress on developing medical mutual aid agreements with other counties.

Transportation Plan:

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

Your annual update will be due on December 27, 2013. Please submit San Francisco – – County's EMS Agency's Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please contact Sandy Salaber at (916) 431-3688 or by email ssalaber@emsa.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Daniel R. Smiley Jr." with a stylized flourish at the end.

Howard Backer, MD, MPH, FACEP
Director

Attachment

