

EMERGENCY MEDICAL SERVICES AUTHORITY

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June 22, 2016

Mr. Vince Pierucci, EMS Administrator
San Luis Obispo County EMS Agency
2180 Johnson Avenue, 2nd Floor
San Luis Obispo, CA 93401

Dear Mr. Pierucci:

This letter is in response to your EMS plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of San Luis Obispo County's 2014 EMS Plan and is approving the plan as submitted.

II. History and Background:

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with Health and Safety Code (H&SC) § 1797.105(b).

San Luis Obispo County received its last full Plan approval for its 1994 plan submission, and its last annual Plan Update approval for its 2012 plan submission.

Historically, we have received EMS Plan documentation from San Luis Obispo County for its 1994, 2004, 2009, 2010, and 2012 plan submissions, and most current, its 2014 plan submission.

The California H&SC § 1797.254 states:

*“Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority”.*

III. Analysis of EMS System Components:

Following are comments related to San Luis Obispo County's 2014 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and H&SC § 1797.254 and the EMS system components identified in H&SC § 1797.103 are indicated below:

A. Approved Not Approved System Organization and Management

1. Table 1

- The rating of several standards identified on Table 1 does not match the rating identified on the System Assessment Forms. Please ensure this information is updated and consistent with the plan information before the next plan submission.

2. Standard

- Standard 1.24 does not meet the minimum standard. All ALS services do not have written agreements with the county. In the next plan submission, please provide an update on the plan to obtain ALS agreements with all ALS providers.

B. Approved Not Approved Staffing/Training

1. Table 2

- The staffing matrix is incomplete. In the next plan submission, please include the salary and benefits for each individual.

2. Standard

- Standard 2.04 does not meet the minimum standard. All PSAPs do not provide EMD. In the next plan submission, please provide an update on the plan to secure additional funding to allow for the expansion of EMD throughout all PSAPs.

C. Communications

1. Standard

- Standard 3.09 does not meet the minimum standard. All PSAPs do not provide EMD. In the next plan submission, please provide an update on the plan to improve the dispatch triage process.

D. Response/Transportation

1. Ambulance Zones

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

2. Standard

- Standard 4.05. Response time data from Fire Departments is not continuously accessible. Please make every effort to obtain this data to validate ALS responder timeframes are met.

E. Facilities/Critical Care

1. Executive Summary

- It is mentioned that all four designated base hospitals have expressed interest in Stroke designation. In the next plan submission, please provide more information on the hospital's interest, plans, progress, etc.

2. Standards

- Standard 5.13. With regard to the specialty care system design, in the next plan submission, please expand on the higher level of care facilities in other counties that patients are transferred to.
- Standard 5.14. In the next plan submission, please include the frequency of the meetings involving the planning of specialty care systems and identify the representatives involved.

F. Data Collection/System Evaluation

1. Standard

- Standard 6.08. In the next plan submission, please provide an update on the county's ability to develop and present the annual report to the involved parties.

G. Public Information and Education

H. Disaster Medical Response

1. Standards

- Standards 8.11 and 8.12 do not meet the minimum standard. In the next plan submission, please provide a plan for establishing Casualty Collection Points.

IV. Conclusion:

Based on the information identified, San Luis Obispo County may implement areas of the 2014 EMS Plan that have been approved. Pursuant to H&SC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

San Luis Obispo County's annual EMS Plan Update will be due on or before June 30, 2017.

If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Howard Backer, MD, MPH, FACEP
Director

Attachment



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department *Emergency Medical Services Division*



PublicHealth
Prevent. Promote. Protect.

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer

Executive Summary - Five Year EMS Plan **July 1, 2012 – June 30, 2017**

California Health and Safety Code Section 1797.254 requires the Local Emergency Medical Services Agency (EMS Agency) to submit succeeding five-year Emergency Medical Services (EMS) Plans to the State EMS Authority (EMS Authority) with updates annually for items that have changed. The EMS Plan is a framework for the planning, implementation and evaluation of EMS in San Luis Obispo County, and addresses the local status of eight minimum standards, subsets and recommended goals of the EMS Authority, as well as identifying anticipated future needs.

The County of San Luis Obispo Public Health Department's EMS Division includes both the EMS Agency and the Public Health Emergency Preparedness program.

The County of San Luis Obispo EMS Agency submits this EMS Plan to the State EMS Authority. The plan is truly a framework for all local participating agencies and advisory committees to use as a tool for short term and long term system planning and improvement. This plan will be reviewed annually with a summary identifying progress or status on long range plans.

While this planning document is a framework, it is important that all system partners, advisory committee members and the public realize that an EMS system is inherently dynamic in nature and that the influence of the health care industry, funding, community expectation, standards of care and clinically based prehospital medicine will impact and shape the way EMS services are provided. It is also significant to consider the aging population in San Luis Obispo County, and the potential future impact on the EMS system.

Listed below are items of interest related to specific components of this plan, covering the reporting period of Fiscal Years 2012/13 – 2014/15, the period since the last annual update:

Standard 1: System Organization and Management

The EMS system in San Luis Obispo County is dynamic in nature and both system stakeholders and community representatives support the EMS Agency staff through engagement on the Emergency Medical Care Committee and subcommittees including: Operations, Quality Improvement, Clinical Advisory, Trauma Advisory, and an Emergency Medical Dispatch workgroup. Through this level of engagement, EMS Agency staff has been able to continue to review and revise policies and procedures, perform QI and data review, process certification, authorization and accreditation of EMS personnel, and participate in disaster planning and drills.

The EMS Agency has been challenged with position vacancies and related recruiting challenges over the past reporting period. Existing staff has assumed additional duties and has worked diligently to provide a high level of customer service.

Standard 2: Staffing and Training

Fourteen fire departments (one industrial, two state institutional) provide a mix of Advanced Life Support (ALS) and Basic Life Support (BLS) services, and with two ALS ground transport providers, and two ALS aircraft providers throughout the 3,299 square miles of San Luis Obispo County, serving a population of approximately 276,400. One community college offers paramedic and EMT training programs (along with nursing). The EMS Agency policies for certification, authorization, and accreditation describe standards and scope requirements for EMTs, Paramedics, Mobile Intensive Care Nurses and Base Hospital Physicians. The EMS Agency is engaged in continuing education for these personnel and coordinates MICN refresher and Advanced Protocol Review for paramedic reaccreditation, and the Base Hospitals provide CE opportunities and QA/QI reviews for field personnel and MICN staff.

In 2013, the EMS Agency launched a smartphone application that replaced an ALS field manual last printed in 2007. The application has been widely adopted by field personnel and base station hospitals. The technology allows for instant push notification to all personnel of training opportunities, policy updates, or disaster communications. Discussions are ongoing to integrate ambulance dispatch information into the application, providing redundant communications to the field and receiving hospitals.

In Jan 2014 the EMT expanded scope of practice for aspirin administration and use of pulse oximetry was incorporated into the local BLS police and procedures

Standard 3: Communication

San Luis Obispo County continues to coordinate ambulance dispatch through a single Public Safety Answering Point (PSAP), though eight PSAPs dispatch resources

throughout the service area. The EMS communications system is also supported by satellite, cellular communications and data systems (including Reddinet). As mentioned in the previous section, EMS Agency staff is exploring an enhancement to the widely used “SLOEMS” application that will include a redundant ambulance dispatch feed available to smartphone users.

Standard 4: Response and Transportation

County of San Luis Obispo code section 6.60 and associated policies define ambulance operations in the service area. All cities, districts and unincorporated areas of the county receive 9-1-1 emergency medical services provided by fire departments, ALS ground transport providers, or rotary aircraft as needed. Four zones exist as grandfathered Exclusive Operating Areas (EOAs); however, the California EMS Authority has advised the SLO EMSA that they do not perceive one of zones (South) to meet EOA criteria. County Counsel is reviewing this assertion and the County may proceed with a request for proposals for one or more zones during the period of this plan.

Standard 5: Facilities and Critical Care

Four hospitals are located in San Luis Obispo County. All four are designated base hospitals. The EMS Agency supplied each of the base stations with an iPad providing up-to-date access to the policies and procedures via the “SLOEMS” application described under Standard 3: Communications. Two of the hospitals have specialty center designation, consisting of a Level III Trauma Center and a STEMI Receiving Center. All four hospitals have expressed interest in Stroke designation and EMS Agency staff remains involved in this developing opportunity.

Standard 6: Data Collection and System Evaluation

In San Luis Obispo County, there does not exist a consistent electronic patient care reporting platform (ePCR). The EMS Agency does have electronic access to the ePCR and dispatch solution utilized by the ground transport providers, but relies on first responders to manually share needed data. The EMS Agency also has access to the trauma registry utilized by the Level III Trauma Center. EMS Agency staff is able to meet minimum standards of data assessment, but a more comprehensive portal to electronic data is desirable. Disparate reporting platforms, and continued reluctance by the four hospitals to allow electronic access to patient records continue to challenge EMS Agency staff in reporting key data sets such as those used for the State EMS Authority “Core Measures” reporting. EMS Agency staff will be asking system stakeholders to participate in discussions focused on the procurement of a commercial data aggregation solution (and related funding).

Standard 7: Public Information and Education

For the past several years, EMS Agency staff has taken the initiative to train a significant number of San Luis Obispo County residents, business owners and visitors in “Hands Only CPR.” The EMS Agency assisted a local non-profit group with the procurement of a \$30,000 Hearst Foundation Grant to provide AED placement and CPR training in the community schools. Besides providing the training with system partners during EMS Week, Fire Prevention Month and other scheduled events, a core group of EMS partners have approached businesses and set up trainings at high volume locations (e.g. Trader Joe’s, Farmer’s Market). The EMS Agency is also involved with specialty care centers and the Public Health Promotion Division in assisting with bike helmet awareness and fall prevention programs, and providing “EMS System Overview” presentations to community organizations.

In 2014 an EMS video was produced providing an overview of the EMS system in San Luis Obispo County to local businesses, EMS partners and other community members

Standard 8: Disaster Medical Response

In 2011, the Public Health Department EMS Division was created, consolidating the EMS Agency and Public Health Emergency Preparedness programs. Staffs from both programs have been cross trained, a Medical Health Operating Area Coordinator (MHOAC) standard operating procedure was developed, and the MHOAC SOP training was provided to healthcare partners, and County of San Luis Obispo Office of Emergency Services personnel. The EMS Division enjoys a productive working relationship with the Region I Regional Disaster Medical Health Specialist.

EMS system providers all train in disaster planning and response. In April of 2013, 75 people from San Luis Obispo County travelled to the Emergency Management Institute in Emmitsburg Maryland to participate in an “Integrated Emergency Management” course. This opportunity allowed for 75 representatives of disciplines within emergency response as well as education, local government, utilities and the business community to discuss, plan and react to a simulated tsunami event impacting virtually all of San Luis Obispo County.

Submitted by:

Kathy Collins
Interim Director, EMS Division
County of San Luis Obispo Public Health Department

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. 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		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X	X		X
1.25	On-Line Medical Direction		X	X		
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

1.01 LEMSA STRUCTURE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

In 2011, the County of San Luis Obispo Public Health Department created the EMS Division. The EMS Division includes both the EMS Agency and the Public Health Emergency Preparedness program, both of which report to the EMS Division Director.

Organization Chart included in submittal.

1.02 LEMSA MISSION

MINIMUM STANDARDS:

Each local EMS agency shall plan, implement, and evaluate the EMS system. The agency shall use its quality assurance/quality improvement (QA/QI) and evaluation processes to identify system changes.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

2016 update to QI Plan was submitted to EMSA for review/approval to meet this standard.

1.03 PUBLIC INPUT

MINIMUM STANDARDS:

Each local EMS agency shall have a mechanism (including EMCCs and other sources) to seek and obtain appropriate consumer and health care provider input regarding the development of plans, policies and procedures, as described in the State EMS Authority's EMS Systems Standards and Guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Emergency Medical Care Committee and following EMCC advisory groups:

- Operations
- QI / Clinical Advisory
- Trauma Advisory
- STEMI Advisory
- Paramedic FTO

1.04 MEDICAL DIRECTOR

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Medical Director under contract with County. Please reference advisory committees identified in 1.03.

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

1.05 SYSTEM PLAN

MINIMUM STANDARDS:

Each local EMS agency shall develop an EMS System Plan, based on community need and utilization of appropriate resources, and shall submit it to the EMS Authority.

The plan shall:

- assess how the current system meets these guidelines,
- identify system needs for patients within each of the targeted clinical categories (as identified in Section II), and
- provide a methodology and time-line for meeting these needs.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The System Assessment Form, the EMS Plan and supporting documentation outlines how the local system meets the minimum standards.

1.06 ANNUAL PLAN UPDATE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

An annual plan update has been submitted each year, to date, for the length of the 5 year plan, 2012-2017

1.07 TRAUMA PLANNING

MINIMUM STANDARDS:

The local EMS agency shall plan for trauma care and shall determine the optimal system design for trauma care in its jurisdiction.

RECOMMENDED GUIDELINES:

The local EMS agency should designate appropriate facilities or execute agreements with trauma facilities in other jurisdictions.

CURRENT STATUS: MEETS MINIMUM STANDARD

One (1) Level III Trauma Center designated in County.

1.08 ALS PLANNING

MINIMUM STANDARDS:

Each local EMS agency shall plan for eventual provision of advanced life support services throughout its jurisdiction.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport providers are ALS, and Fire Agencies are a mix of BLS and ALS capability.

1.09 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo is a relatively semi-rural county which makes it fairly simple to assess resources retained by first responder agencies and the Public Health Department (ACS cache).

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

1.10 SPECIAL POPULATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The system does manage to accommodate the majority of the functional needs population, but in conjunction with the Public Health Department and the San Luis Obispo County Office of Emergency Services, the EMS Agency plans to increase preparedness and educational opportunities for field responders.

OBJECTIVE:

Work with County OES to better plan for the "Functional Needs" population

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.11 SYSTEM PARTICIPANTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Agreements have been developed and executed with system participants including:

- Base Hospitals (4)
- Level III Trauma Center Designation (1)
- STEMI Receiving Center Designation (1)
- Ground Ambulance Providers (2)
- Air Ambulance Provider (1)
- ALS Fire Departments (1)

EMS Agency staff executed a Base Hospital agreement with the fourth hospital in the county in FY 2014-15. Additionally, the EMS Agency reviews and approves EMT and Paramedic Training Programs based at Cuesta Community College. All system participants are required to follow EMS Agency policy and procedures.

The goal is to execute ALS agreements with all ALS fire departments in next reporting period.

1.12 REVIEW AND MONITORING

MINIMUM STANDARDS:

Each local EMS agency shall provide for review and monitoring of EMS system operations.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system operational components are evaluated by staff members of the EMS Agency including:

SYSTEM ASSESSMENT FORMS

DISASTER MEDICAL RESPONSE

- Airway Management
- Cardiac Arrest
- STEMI
- Trauma
- Ambulance response compliance

EMS providers conduct internal QI reviews by committee and engage the EMS Agency as needed.

1.13 COORDINATION

MINIMUM STANDARDS:

Each local EMS agency shall coordinate EMS system operations.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency bases compliance with this standard on collaborative relationship with EMS system partners through the Emergency Medical Care Committee and/or EMCC advisory committees, EMS Agency membership in the County Fire Chief's Association, Fire Training Officer's Association, Regional Trauma Coordinating Committee, and solid working relationships with neighboring counties.

1.14 POLICY & PROCEDURES MANUAL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

A comprehensive policy and procedures manual is maintained, updated, and posted on the EMS Agency website (SLOEMSA.org). Additionally, a smartphone application was launched in 2013 that includes policies and procedures manual along with additional features. This application is capable of immediate push notification messages alerting field and base hospital partners of updates, and emergency information.

1.15 COMPLIANCE WITH POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All policies are maintained on a scheduled review cycle. The EMS Agency encourages system partners to engage one another with specific QI opportunities, and the system is represented on the QI Committee. Specialty center designations require regular QI review and other feedback loops. If a situation presents wherein system partners are unable to resolve a call-related issue, the EMS Agency is engaged and facilitates the process.

1.16 FUNDING MECHANISM

MINIMUM STANDARDS:

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

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RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency is funded primarily through the County of San Luis Obispo General Fund, supplemented by fees, and monitoring fees for the Trauma and STEMI specialty centers. The EMS Agency also receives a portion of the County's Emergency Medical Services Fund (Maddie and Richie).

1.17 MEDICAL DIRECTION

MINIMUM STANDARDS:

Each local EMS agency shall plan for medical direction within the EMS system. The plan shall identify the optimal number and role of base hospitals and alternative base stations and the roles, responsibilities, and relationships of pre-hospital and hospital providers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Medical direction is provided by the EMS Agency Medical Director and through a well delineated system of on-line medical direction through the 4 base hospitals (2 of which are specialty care centers) via liaison physicians and MICN's. QI activities are activated by both ALS providers and base hospitals. Base hospital physicians, MICN's and first responders are all represented on the EMS Agency QI and Clinical Advisory committees. The EMS Agency Medical Director is a contributing member of EMDAAC.

1.18 QA/QI

MINIMUM STANDARDS:

Each local EMS agency shall establish a quality assurance/quality improvement (QA/QI) program. This may include use of provider-based programs which are approved by the local EMS agency and which are coordinated with other system participants.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has existing policies to assist providers to develop and implement QI programs. The EMS Agency works with providers to review system performance, and resolve issues identified through the QI process by training and discussion.

1.19 POLICIES, PROCEDURES, PROTOCOLS

MINIMUM STANDARDS:

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

- triage,
- treatment,
- medical dispatch protocols,
- transport,
- on-scene treatment times,
- transfer of emergency patients,
- standing orders,
- base hospital contact,
- on-scene physicians and other medical personnel, and
- local scope of practice for pre-hospital personnel.

RECOMMENDED GUIDELINES:

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

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CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures for EMS operations. Through continuous communication with providers and advisory committees, the EMS Agency is responsive to the revision and development of policies and procedures for prehospital care. All information is posted to the EMS Agency as well as the "SLO EMS" smartphone application.

The EMS Agency is working toward county-wide Emergency Medical Dispatch services in collaboration with an Emergency Medical Dispatch Committee, Criminal Justice Administrators Association, and County Fire Chief's Association to identify a nationally recognized EMD product, and obtain funding for roll-out and training.

NEED(S):

County-Wide Emergency Medical Dispatch services

OBJECTIVE:

Work with Emergency Medical Dispatch Committee, Criminal Justice Administrators Association, and County Fire Chief's Association to identify nationally recognized EMD product, and obtain funding for roll-out and training.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.20 DNR POLICY

MINIMUM STANDARDS:

Each local EMS agency shall have a policy regarding "Do Not Resuscitate (DNR)" situations in the pre-hospital setting, in accordance with the EMS Authority's DNR guidelines.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency Policy # 127 (Do Not Resuscitate / End of Life Level of Care) is in conformance with State guidelines.

1.21 DETERMINATION OF DEATH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency Policy # 126 (Prehospital Determination of Death) is in conformance with State guidelines, and includes contact with the Coroner. Education has also been provided to providers related to POLST forms, and indications for making a field determination of death, as opposed to initiating resuscitative measures, and paramedics are at all times able to contact a base station physician for additional guidance.

1.22 REPORTING OF ABUSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All providers are required to comply with existing state law and are trained as such.

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1.23 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

The local EMS medical director shall establish policies and protocols for scope of practice of pre-hospital medical personnel during interfacility transfers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency policy #150 (Physician Request For Transfer of Patient By Ambulance) focuses on the facilitation of patient care and transport to a hospital without a full EMS response (ambulance, fire department and law enforcement). EMS Agency policy #123 (Nurse-Staffed Critical Care Transport) includes requirements for nurse-staffed interfacility transport units (CCT).

1.24 ALS SYSTEMS

MINIMUM STANDARDS:

Advanced life support services shall be provided only as an approved part of a local EMS system and all ALS providers shall have written agreements with the local EMS agency.

RECOMMENDED GUIDELINES:

Each local EMS agency, based on state approval, should, when appropriate, develop exclusive operating areas for ALS providers.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

Within San Luis Obispo County, six fire departments and two transport providers provide ALS services. While both transport providers and one fire department have agreements with the EMS Agency, five of the fire departments currently do not have agreements. EMS Agency staff is working with these agencies and is aiming to have executed ALS agreements by the next reporting period. Several of the fire departments are questioning the need for such document and have cited Health and Safety Code, Division 2.5, section 1797.201 as a basis for refusal.

NEED(S):

All providers comply with the EMS Agency policies and procedures, yet there is a need to complete the agreement process.

OBJECTIVE:

Meet with remaining fire departments and engage County Counsel to work with local jurisdictions' Counsel as needed.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

1.25 ON-LINE MEDICAL DIRECTION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

- the base hospital configuration for the system,
- the process for selecting base hospitals, including a process for designation which allows all eligible facilities to apply, and
- the process for determining the need for in-house medical direction for provider agencies.

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency policies exist for determination of either base hospital or specialty care center destination. With the exception of specialty care centers, providers will generally transport to the closest base hospital.

The EMS Agency provides policies and procedures to field providers which include standing orders. The field providers also have the ability to

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contact the base hospital physician for additional direction. MICN designation is required and provided by San Luis Obispo County, and MICN's serve as the field provider liaison with the base hospital and the physicians.

1.26 TRAUMA SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains an active Trauma Advisory Committee inclusive of Trauma Center hospital and non-Trauma Center hospitals. Policies are in place for a hospital to pursue a designation.

1.27 PEDIATRIC SYSTEM PLAN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

As a result of population, volume and physician availability, other than a NICU facility at one hospital, pediatric specialty cases are often transported to a higher level of care outside of the county.

1.28 EOA PLAN

MINIMUM STANDARDS:

The local EMS agency shall develop and submit for State approval, a plan, based on community needs and utilization of appropriate resources, for granting of exclusive operating areas, that determines: a) the optimal system design for ambulance service and advanced life support services in the EMS area, and b) the process for assigning roles to system participants, including a competitive process for implementation of exclusive operating areas.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has agreements with transport providers for three EOA's. The status of these EOA's were historically considered "grandfathered," thereby not requiring a competitive process. In 2013, the EMS Authority deemed that the "South" zone was non-exclusive. Issuance of a Request for Proposals for the South zone transport provider is under consideration by the County.

2.01 ASSESSMENT OF NEEDS

MINIMUM STANDARDS:

The local EMS agency shall routinely assess personnel and training needs.

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RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Personnel and training needs are assessed by the EMS Agency through various committees (QI, Clinical Advisory, Paramedic Field Training Officers, Operations, Trauma and STEMI) and through feedback from base hospital physicians, MICNs and provider agencies.

The EMS Agency conducts and coordinates provider training for new or revised policies and procedures, as well as Advanced Protocol Review (APR) for all paramedics; a requirement for accreditation/reaccreditation. A function of APR are both "Pre" and "Post" course tests which clearly identify trends and opportunities for more focused education.

2.02 APPROVAL OF TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency complies with State regulations regarding the approval and monitoring of EMS education programs. These approved programs include EMT and Paramedic curriculum provided by a local community college. The EMS Agency provides an in-house authorization of MICN's.

2.03 PERSONNEL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency maintains policies and procedures to satisfy this requirement.

2.04 DISPATCH TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: DOES NOT MEET CURRENT STANDARD

In San Luis Obispo County, there exist eight Public Safety Answering Points (PSAP's). Currently, three PSAP's provide Emergency Medical Dispatch (EMD). The historical challenge to the remaining centers having the ability to perform EMD is staffing levels, which is usually a single employee handling requests for law enforcement, fire/rescue and EMS. An existing EMD protocol is established and revised as needed.

NEED(S): Expand EMD to all PSAPs in San Luis Obispo County, or consider routing EMS calls to a single EMD center.

OBJECTIVE:

Meet with EMD Workgroup, and appropriate criminal justice administrators to identify a commercially available and well accepted EMD product, identify funding source and implement solution either to all eight PSAP's or identify a "receiving" EMD PSAP for all traffic.

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TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

2.05 FIRST RESPONDER TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies are in place to assure that this standard is met.

2.06 RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has made "Hands Only" CPR a priority, and has focused on providing this level of training to the public, and local businesses. The EMS Agency also maintains a positive relationship with two non-profit organizations who provide CPR training and AED placement throughout the County.

2.07 MEDICAL CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies are in place to assure that this standard is met.

2.08 EMT-I TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport providers are required to have defibrillation capabilities, and minimum staffing for both transport providers is at least one paramedic and one EMT. Within San Luis Obispo County, California State Parks and CAL FIRE also have EMR trained personnel. These

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personnel are not deployed on transport vehicles.

2.09 CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 320 and 341 require all EMTs and Paramedics maintain current CPR cards as part of the local accreditation process.

2.10 ADVANCED LIFE SUPPORT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Current agreements with all four of the receiving emergency rooms/hospitals require "a physician licensed in the State of California, who is experienced in emergency medical care, assigned to the emergency department and available at all times..."

2.11 ACCREDITATION PROCESS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Policy 341 meets this standard

2.12 EARLY DEFIBRILLATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All first responder personnel are equipped and trained to provide early defibrillation; Policy 501 and 610 address this

2.13 BASE HOSPITAL PERSONNEL

MINIMUM STANDARDS:

All base hospital/alternative base station personnel who provide medical direction to pre-hospital personnel shall be knowledgeable about local EMS agency policies and procedures and have training in radio communications techniques.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency requires MICN Authorization and "Refresher" training curriculum which encompasses both knowledge of policies and procedures, radio communications, and disaster response.

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3.01 COMMUNICATIONS PLAN

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Policies and procedures identify minimum requirements for communications. Additionally, the Public Health Emergency Preparedness group has worked with responders and providers to enhance minimum requirements with the issuance of satellite phones, and the use of Reddinet at all hospitals.

3.02 RADIOS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

All radios currently in use by first responders are capable of interoperable communications with each other and the hospitals.

3.03 INTERFACILITY TRANSFER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All interfacility transports are conducted by CHP approved ambulances.

3.04 DISPATCH CENTER

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has a single ambulance dispatch.

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3.05 HOSPITALS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

All hospitals maintain a radio system which includes all med channels. Physical distance and topography does preclude the four hospitals from communicating directly with each other, but through a system of "radio relay" or through the assistance of Med Com (County Sheriff's Office), traffic can be shared between all facilities.

3.06 MCI/DISASTERS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE**CURRENT STATUS: MEETS MINIMUM STANDARD**

The current MCI policy relies on a central point of communications for patient destination coordination and resource requests. Through daily radio and Reddinet testing, the continuity of the system is maintained.

3.07 9-1-1 PLANNING/COORDINATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The current 9-1-1 system is operational and coordinated by public safety agencies.

3.08 9-1-1 PUBLIC EDUCATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE**CURRENT STATUS: MEETS MINIMUM STANDARD**

The EMS agency works closely with sheriff's dispatch and the County's 211 provider to provide public education.

3.09 DISPATCH TRIAGE

MINIMUM STANDARDS:

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The local EMS agency shall establish guidelines for proper dispatch triage that identifies appropriate medical response.

RECOMMENDED GUIDELINES:

The local EMS agency should establish a emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

As stated in 2.04, EMD is not provided by every PSAP in San Luis Obispo County. Without an EMD screening, all fire and ambulance response is Code 3.

NEED(S):

Expand EMD to all PSAP's in San Luis Obispo County, or consider routing EMS calls to a single EMD center.

OBJECTIVE:

Meet with EMD Workgroup, and appropriate criminal justice administrators to identify a commercially available and well accepted EMD product, identify funding source and implement solution either to all eight PSAP's or identify a "receiving" EMD PSAP for all traffic.

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

3.10 INTEGRATED DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

All PSAP's deploy a technology that allows data sharing. When a local PSAP processes an EMS call for service and dispatches fire department resources, the centralized ambulance dispatch point at the Sheriff's Office nearly simultaneously dispatches an ALS ambulance to the same call for service.

4.01 SERVICE AREA BOUNDARIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Local ordinance and executed ambulance provider contracts identify boundaries of transport service areas.

4.02 MONITORING

MINIMUM STANDARDS:

The local EMS agency shall monitor emergency medical transportation services to ensure compliance with appropriate statutes, regulations,

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policies, and procedures.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The County maintains a Code section related to ambulance transport providers. The EMS Agency monitors ambulance performance data, and compliance with EMS Agency policies and procedures.

4.03 CLASSIFYING MEDICAL REQUESTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

As previously mentioned, EMD is not consistently deployed by all PSAP's. In the absence of an approved EMD program, requests are to be dispatched at an urgent level. Policies also exist for physician initiated patient transfers by ambulance, and transport for non-emergent calls from skilled nursing facilities that are staffed by licensed medical staff.

4.04 PRESCHEDULED RESPONSES

MINIMUM STANDARDS:

Service by emergency medical transport vehicles that can be prescheduled without negative medical impact shall be provided only at levels that permit compliance with local EMS agency policy.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The contracts with the providers address this standard.

4.05 RESPONSE TIME STANDARDS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

Emergency medical service areas (response zones) shall be designated so that, for ninety percent of emergency responses, response times shall not exceed:

	Metropolitan/Urban Area	Suburban/Rural Area	Wilderness Area
BLS and CPR Capable First Responder	5 minutes	15 minutes	As quickly as possible
Early Defibrillation – Capable Responder	5 minutes	As quickly as possible	As quickly as possible
ALS Capable Responder (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible
EMS Transportation Unit (not functioning as first responder)	8 minutes	20 minutes	As quickly as possible

CURRENT STATUS: MEETS MINIMUM STANDARD

ALS transport providers have a current 90% compliance goal of:

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Urban: 10 Minutes
Rural: 30 Minutes
Remote: 60 Minutes

The EMS Agency does not have ongoing access to Fire Department response time data, but is working toward obtaining such data in order to determine if ALS responder timeframes are met. Also, the next contract renewal with transport providers will have a Suburban response zone.

4.06 STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All transport vehicles are required to have minimum staffing of one paramedic and one EMT.

4.07 FIRST RESPONDER AGENCIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All public sector EMS responder agencies are integrated into the system. Industrial responders operate under independent medical direction and integrate into the EMS system via a 9-1-1 interface.

4.08 MEDICAL & RESCUE AIRCRAFT

MINIMUM STANDARDS:

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

- authorization of aircraft to be utilized in pre-hospital patient care,
- requesting of EMS aircraft,
- dispatching of EMS aircraft,
- determination of EMS aircraft patient destination,
- orientation of pilots and medical flight crews to the local EMS system, and
- addressing and resolving formal complaints regarding EMS aircraft.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has policy #155 in place, and works with system partners to discuss dispatch, and any complaints.

4.09 AIR DISPATCH CENTER

MINIMUM STANDARDS:

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

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RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 155 designates a single ordering point for all air ambulance service for scene calls.

4.10 AIRCRAFT AVAILABILITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County is served by CALSTAR and California Highway Patrol. An agreement with CALSTAR is on file with the EMS Agency.

4.11 SPECIALTY VEHICLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS system field providers deploy the needed resources to respond to EMS calls for service including all-terrain vehicles, watercraft, and aircraft.

4.12 DISASTER RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency is integrated into the MHOAC function, and coordinates EMS resources as needed with the County Office of Emergency Services.

4.13 INTERCOUNTY RESPONSE

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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CURRENT STATUS: MEETS MINIMUM STANDARD

Both formal and informal agreements exist (RDMHC, MHOAC, Fire Mutual Aid, Ambulance provider agreements with neighboring counties).

4.14 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

The local EMS agency shall develop multi-casualty response plans and procedures that include provision for on-scene medical management using the Incident Command System.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

SLO County Policy 214 addresses this standard as well as ambulance provider contracts codify this standard.

4.15 MCI PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 214 addresses this standard.

4.16 ALS STAFFING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: MEETS MINIMUM STANDARD

Provider contracts require all emergency transport vehicles be staffed with a minimum of 1 ALS provider (Paramedic) and 1 BLS provider (EMT).

4.17 ALS EQUIPMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 206 & 206A address this standard.

4.18 TRANSPORT COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism (e.g., an ordinance and/or written provider agreements) to ensure that EMS transportation

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agencies comply with applicable policies and procedures regarding system operations and clinical care.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County ordinance 6.60 and ambulance provider contracts meet this standard.

4.19 TRANSPORTATION PLAN

MINIMUM STANDARDS:

Any local EMS agency that desires to implement exclusive operating areas, pursuant to Section 1797.224, H&S Code, shall develop an EMS transportation plan which addresses: a) minimum standards for transportation services; b) optimal transportation system efficiency and effectiveness; and c) use of a competitive bid process to ensure system optimization.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance provider contracts meet items A & B of the standard. The EMSA has deemed the "south" zone does not comply with 1797.224 "manner and scope," thus item C is not meet as defined by this standard.

4.20 "GRANDFATHERING"

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Authority deemed "South" Zone non-exclusive in 2013.

4.21 EOA COMPLIANCE

MINIMUM STANDARDS:

The local EMS agency shall have a mechanism to ensure that EMS transportation and/or advanced life support agencies to whom exclusive operating permits have been granted, pursuant to Section 1797.224, H&SC, comply with applicable policies and procedures regarding system operations and patient care.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Ambulance provider (contractor) agreements/contracts meet this standard.

4.22 EOA EVALUATION

MINIMUM STANDARDS:

The local EMS agency shall periodically evaluate the design of exclusive operating areas.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

A review/assessment of current exclusive operating areas as well as time standards was completed in 2014.

5.01 ASSESSMENT OF CAPABILITIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

The local EMS agency should have written agreements with acute care facilities in its service area.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has agreements with all four hospitals, and both specialty care centers.

5.02 TRIAGE & TRANSFER PROTOCOLS

MINIMUM STANDARDS:

The local EMS agency shall establish pre-hospital triage protocols and shall assist hospitals with the establishment of transfer protocols and agreements.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Destination and patient triage policies and procedures for both base hospital and specialty care facilities are utilized by field providers.

5.03 TRANSFER GUIDELINES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has 4 receiving ERs, with one being a Level III TC and one STEMI Center. All four hospitals are Stroke Certified by Joint Commission. The specialty centers conduct regular outreach to non-specialty centers to educate early transfer for the complex specialized cases. None of the 4 receiving ERs have transfer agreements in place.

5.04 SPECIALTY CARE FACILITIES

MINIMUM STANDARDS:

The local EMS agency shall designate and monitor receiving hospitals and, when appropriate, specialty care facilities for specified groups of emergency patients.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has one Level III Trauma Center, and one STEMI Center. EMS Agency staff regularly works with hospital staff, field providers and physicians to monitor volume and patient outcome data.

5.05 MASS CASUALTY MANAGEMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

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Both the EMS Agency and Public Health Emergency Preparedness program work with local hospitals to plan for patient surge and mass casualty response events due to a disaster. San Luis Obispo County is home to PG&E's Diablo Canyon Nuclear Plant and hospitals also have equipment and training requirements to receive potentially contaminated patients. The Public Health Department took delivery of a previously state-owned ACS cache and has developed an SOP for deploying that resource.

5.06 HOSPITAL EVACUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency is not directly responsible for this standard, but is involved in planning with the Public Health Emergency Preparedness Program and each hospital (through their individual COOP process).

5.07 BASE HOSPITAL DESIGNATION

MINIMUM STANDARDS:

The local EMS agency shall, using a process which allows all eligible facilities to apply, designate base hospitals or alternative base stations as it determines necessary to provide medical direction of pre-hospital personnel.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has four designated receiving emergency departments; each designated receiving emergency department has an executed base station agreement with the County.

5.08 TRAUMA SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies that develop trauma care systems shall determine the optimal system (based on community need and available resources) including, but not limited to:

- the number and level of trauma centers (including the use of trauma centers in other counties),
- the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center, including consideration of patients who should be triaged to other specialty care centers,
- the role of non-trauma center hospitals, including those that are outside of the primary triage area of the trauma center, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County designated one Level III Trauma Center in 2011. Policies and procedures exist for patient triage, destination, and interaction with base hospitals. A Trauma Advisory Committee was established in conjunction with the trauma center designation and meets quarterly.

5.09 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its trauma care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

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RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has numerous committees in place, among them Emergency Medical Care Committee (EMCC) and Trauma Advisory Committee (TAC) which meet regularly and both committees have consumer representatives appointed to them.

5.10 PEDIATRIC SYSTEM DESIGN

MINIMUM STANDARDS:

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

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County has no designated pediatric specialty centers. Patients who require a higher level of care are transported out of county.

5.11 EMERGENCY DEPARTMENTS

MINIMUM STANDARDS:

Local EMS agencies shall identify minimum standards for pediatric capability of emergency departments including:

- staffing,
- training,
- equipment,
- identification of patients for whom consultation with a pediatric critical care center is appropriate,
- quality assurance/quality improvement, and
- data reporting to the local EMS agency.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County does not have a designated pediatric receiving center (PRC). Complex pediatric cases are transferred to a higher level of care out of county. However, all receiving emergency departments are capable of treating and stabilizing sick and injured children.

5.12 PUBLIC INPUT

MINIMUM STANDARDS:

In planning its pediatric emergency medical and critical care system, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The Emergency Medical Care Committee includes "consumer" representatives, as well as pre-hospital and hospital providers, and the

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meetings include the opportunity for public input.

5.13 SPECIALTY SYSTEM DESIGN

MINIMUM STANDARDS:

Local EMS agencies developing specialty care plans for EMS-targeted clinical conditions shall determine the optimal system for the specific condition involved, including:

- the number and role of system participants,
- the design of catchment areas (including inter-county transport, as appropriate) with consideration of workload and patient mix,
- identification of patients who should be triaged or transferred to a designated center,
- the role of non-designated hospitals including those which are outside of the primary triage area, and
- a plan for monitoring and evaluation of the system.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County is semi-rural with a population of 275,000 people. The EMS system includes one Level III Trauma Center and one STEMI Center. Given current patient volume, and specialty trained medical staff availability, patients requiring a higher level of care are transported to the most appropriate facilities outside of the County.

5.14 PUBLIC INPUT

MINIMUM STANDARDS:

In planning other specialty care systems, the local EMS agency shall ensure input from both pre-hospital and hospital providers and consumers.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

Both the Emergency Medical Care Committee and Trauma Advisory Committee includes "consumer" representatives, and the meetings include the opportunity for public input.

6.01 QA/QI PROGRAM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has an established QI committee with representation from pre-hospital providers, base hospitals and specialty care centers.

6.02 PREHOSPITAL RECORDS

MINIMUM STANDARDS:

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Pre-hospital records for all patient responses shall be completed and forwarded to appropriate agencies as defined by the local EMS agency.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

All patient care reports are available to the EMS Agency through the NOMIS system.

6.03 PREHOSPITAL CARE AUDITS

MINIMUM STANDARDS:

Audits of pre-hospital care, including both system response and clinical aspects, shall be conducted.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

While the EMS Agency does have a "mechanism" in place to review cases, the process is often times challenging due to disparate electronic systems, some agencies still using paper PCRs, hospital reluctance to share patient information, and multiple PSAPs in San Luis Obispo County.

6.04 MEDICAL DISPATCH

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency does have a system in place to collect audit data from the EMD providers.

6.05 DATA MANAGEMENT SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

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

CURRENT STATUS: MEETS MINIMUM STANDARD

While the EMS Agency has been able to collect datasets needed to support State Core Measure requirements, the process is complicated by disparate data systems throughout the County. The EMS Agency currently has access to electronic data for the two ground transport providers and data from the specialty care centers. EMS Agency staff must work with other providers to obtain data; it is not transparent and readily available. As mentioned elsewhere in this document, the EMS Agency will convene a workgroup consisting of all EMS partners (Dispatch, first responders, hospitals) to identify a process and product to allow for electronic data aggregation. A funding source will have to be identified once the appropriate solution is found.

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6.06 SYSTEM DESIGN EVALUATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The current structure of advisory committees, data collection and meetings with field providers, hospital administrators, and the public provide solid feedback to system performance and opportunities. The EMS Agency recently completed a detailed analysis of response data for the larger ground ambulance provider, comparing response times to US Census data, Urban & Village Reserve lines, and changes in development. The findings of the report will be incorporated into discussions for future contract changes to include use of a "Suburban" response standard.

6.07 PROVIDER PARTICIPATION

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency QI, Clinical Advisory, Operations, and Trauma Advisory committees all require provider representation and participation.

6.08 REPORTING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

The EMS Agency has been challenged with significant staff turnover and related vacancies, resulting in the inability to prepare this type of report.

NEEDS: Stabilization of staffing

OBJECTIVE:

Prepare an annual report for presentation to the Board of Supervisors

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

6.09 ALS AUDIT

MINIMUM STANDARDS:

The process used to audit treatment provided by advanced life support providers shall evaluate both base hospital (or alternative base station) and pre-hospital activities.

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RECOMMENDED GUIDELINES:

The local EMS agency's integrated data management system should include pre-hospital, base hospital, and receiving hospital data.

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency engages staff and providers to audit system performance with committees including QI.

6.10 TRAUMA SYSTEM EVALUATION

MINIMUM STANDARDS:

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including: a trauma registry, a mechanism to identify patients whose care fell outside of established criteria, and a process for identifying potential improvements to the system design and operation.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

A half-time nurse serves as the Specialty Care Systems Coordinator for the EMS Agency and ensures that all of these standards are in compliance.

6.11 TRAUMA CENTER DATA

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

See response to 6.10

7.01 PUBLIC INFORMATION MATERIALS

MINIMUM STANDARDS:

The local EMS agency shall promote the development and dissemination of information materials for the public that addresses:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency staff is heavily engaged with public education focused on hands-only CPR.

7.02 INJURY CONTROL

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency works with provider agencies and the Public Health Department to assist with public education trainings. When the County's Level III Trauma Center was designated, EMS Agency staff noticed a trend of ground-level falls among the older population. EMS Agency staff presented this data to the Trauma Center and the Public Health Department's Health Promotion Division, resulting in a "Senior Fall Prevention Program" that is being currently provided to members of the community.

7.03 DISASTER PREPAREDNESS

MINIMUM STANDARDS:

The local EMS agency, in conjunction with the local office of emergency services, shall promote citizen disaster preparedness activities.

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency in conjunction with Public Health Emergency Preparedness, the Office of Emergency Services, and the Sheriff's Advisory Group ("Most Prepared County" initiative) supports this requirement.

7.04 FIRST AID & CPR TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

EMS Agency staff is heavily engaged with public education focused on hands-only CPR.

8.01 DISASTER MEDICAL PLANNING

MINIMUM STANDARDS:

In coordination with the local office of emergency services (OES), the local EMS agency shall participate in the development of medical response plans for catastrophic disasters, including those involving toxic substances.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Emergency Preparedness Division.

8.02 RESPONSE PLANS

MINIMUM STANDARDS:

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

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DISASTER MEDICAL RESPONSE

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The LEMSA Administrator is the MHOAC as well as the Director of the Public Health Emergency Preparedness Division and participates regularly in the development of plans, including a recent revision to the CHEMPACK plan, as well as participating in exercises to test the plans.

8.03 HAZMAT TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The ambulance provider contract requires all field level employees to be trained to the first responder orientation (FRO) level for hazardous materials incidents.

8.04 INCIDENT COMMAND SYSTEM

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The ambulance provider contract requires all field level employees to be trained in incident command system (ICS). San Luis Obispo County EMS Policy 214 addresses operational use of ICS.

8.05 DISTRIBUTION OF CASUALTIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policies 121 and 214 meet this standard.

8.06 NEEDS ASSESSMENT

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 121 meet this standard.

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8.07 DISASTER COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 214 meets this standard.

8.08 INVENTORY OF RESOURCES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The Public Health Emergency Preparedness Program (PHEP) is in the same division of the Public Health Department with the EMS Agency. The PHEP program maintains a robust set of Plans and Standard Operating Procedures which are authenticated by EMS providers and health care facilities.

8.09 DMAT TEAMS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County does not have a DMAT Team.

8.10 MUTUAL AID AGREEMENTS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Agency uses the CDPH-EOM and the Region I RDMHC/S Program to facilitate mutual aid requests.

8.11 CCP DESIGNATION

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES and county health officer(s), and using state guidelines, shall designate Field Treatment Sites (FTS).

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

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The Public Health Emergency Preparedness (PHEP) Program developed an SOP for the deployment of an Alternate Care Site.

8.12 ESTABLISHMENT OF CCP

MINIMUM STANDARDS:

The local EMS agency, in coordination with the local OES, shall develop plans for establishing Casualty Collection Points (CCP) and a means for communicating with them.

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: DOES NOT MEET MINIMUM STANDARD

NEED(S):

Identify specific CCPs as part of updated MCI Plan.

OBJECTIVE:

Meet with MCI Workgroup and PHEP staff to determine if Alternate Care Site locations or other community locations are available as designated CCPs

TIME FRAME FOR MEETING OBJECTIVE:

- Short-Range Plan (one year or less)
- Long-Range Plan (more than one year)

8.13 DISASTER MEDICAL TRAINING

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

These standards are drilled annually.

8.14 HOSPITAL PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

The San Luis Obispo County EMS Agency Director is the MHOAC as well as the Director of Public Health Emergency Preparedness. Annually, the four hospitals share their disaster plans including medical surge plans, with PHEP for review and comment. Additionally, the TC participates in the regular update of the pre-hospital MCI plan 214 to ensure integration of hospital and field MCI plans.

8.15 INTERHOSPITAL COMMUNICATIONS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The San Luis Obispo County EMS Agency Director is the MHOAC as well the Director of Public Health Emergency Preparedness (PHEP). Annually, the four hospitals share their disaster plans, including medical surge plans, with PHEP for review and comment.

8.16 PREHOSPITAL AGENCY PLANS

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES:

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

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Policy 214 address this standard.

8.17 ALS POLICIES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The EMS Agency has a policy for such mutual aid.

8.18 SPECIALTY CENTER ROLES

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

The Level III TC designated by the San Luis Obispo County EMS Agency participates in the on-going review of the County's EMS MCI Policy 214.

8.19 WAIVING EXCLUSIVITY

MINIMUM STANDARDS:

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

RECOMMENDED GUIDELINES: NONE

CURRENT STATUS: MEETS MINIMUM STANDARD

San Luis Obispo County EMS Agency MHOAC SOP addresses this standard.

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: July 1, 2014 – June 30, 2015

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: _____

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

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

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

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

- | | | |
|---|-------|---|
| Implementation of exclusive operating areas (ambulance franchising) | _____ | X |
| Designation of trauma centers/trauma care system planning | _____ | X |
| Designation/approval of pediatric facilities | _____ | |
| 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 | _____ | |
| Continuing education | _____ | X |
| Personnel training | _____ | X |
| Operation of oversight of EMS dispatch center | _____ | |
| Non-medical disaster planning | _____ | |
| Administration of critical incident stress debriefing team (CISD) | _____ | |

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ 490,552
Contract Services (e.g. medical director)	70,200
Operations (e.g. copying, postage, facilities)	22,218
Travel	8,900
Fixed assets	_____
Indirect expenses (overhead)	42,032
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	_____
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ 633,902

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	\$ 385,034
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	\$ 19,932
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees		<u> </u>
Trauma center designation fees	\$	<u>70,000</u>
Pediatric facility approval fees		<u> </u>
Pediatric facility designation fees		<u> </u>
Other critical care center application fees		<u> </u>
Type: <u> </u>		
Other critical care center designation fees	\$	<u>25,000</u>
Type: <u>STEMI</u>		
Ambulance service/vehicle fees		<u> </u>
Contributions		<u> </u>
EMS Fund (SB 12/612)		<u> </u>
Other grants: Nuclear Power Preparedness	\$	<u>1,500</u>
Other fees: Course fees	\$	<u>12,862</u>
Other (specify): Court penalties board designated	\$	<u>119,574</u>
TOTAL REVENUE	\$	<u>633,502</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees
 Our fee structure is:

First responder certification	\$	
EMS dispatcher certification		
EMT-I certification		22
EMT-I recertification		15
EMT-defibrillation certification		
EMT-defibrillation recertification		
AEMT certification		
AEMT recertification		
EMT-P accreditation		134
Mobile Intensive Care Nurse/Authorized Registered Nurse certification		297
MICN/ARN recertification		108
EMT-I training program approval		5,000
AEMT training program approval		
EMT-P training program approval		5,000
MICN/ARN training program approval		
Base hospital application		
Base hospital designation		
Trauma center application		
Trauma center designation		
Pediatric facility approval		
Pediatric facility designation		
Other critical care center application		
Type: _____		
Other critical care center designation		
Type: _____		
Ambulance service license		
Ambulance vehicle permits		
Other: _____		
Other: _____		
Other: _____		

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Director, EMS Division	1.0			
Asst. Admin./Admin./Asst./Admin. Mgr.	Admin Assistant III	1.0			
ALS Coord./Field Coord./Trng Coordinator	EMS Specialist Compliance (ASO I)	1.0			
Program Coordinator/Field Liaison (Non-clinical)	EMS Specialist (ASO II)	1.0			
Trauma Coordinator	Specialty Care Coordinator (PH Nurse)	.5			
Medical Director	Contractor				
Other MD/Medical Consult/Training Medical Director					
Disaster Medical Planner					
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical					
Data Entry Clerk					
Other					

Emergency Medical Services Division – Current

County of San Luis Obispo Public Health Department

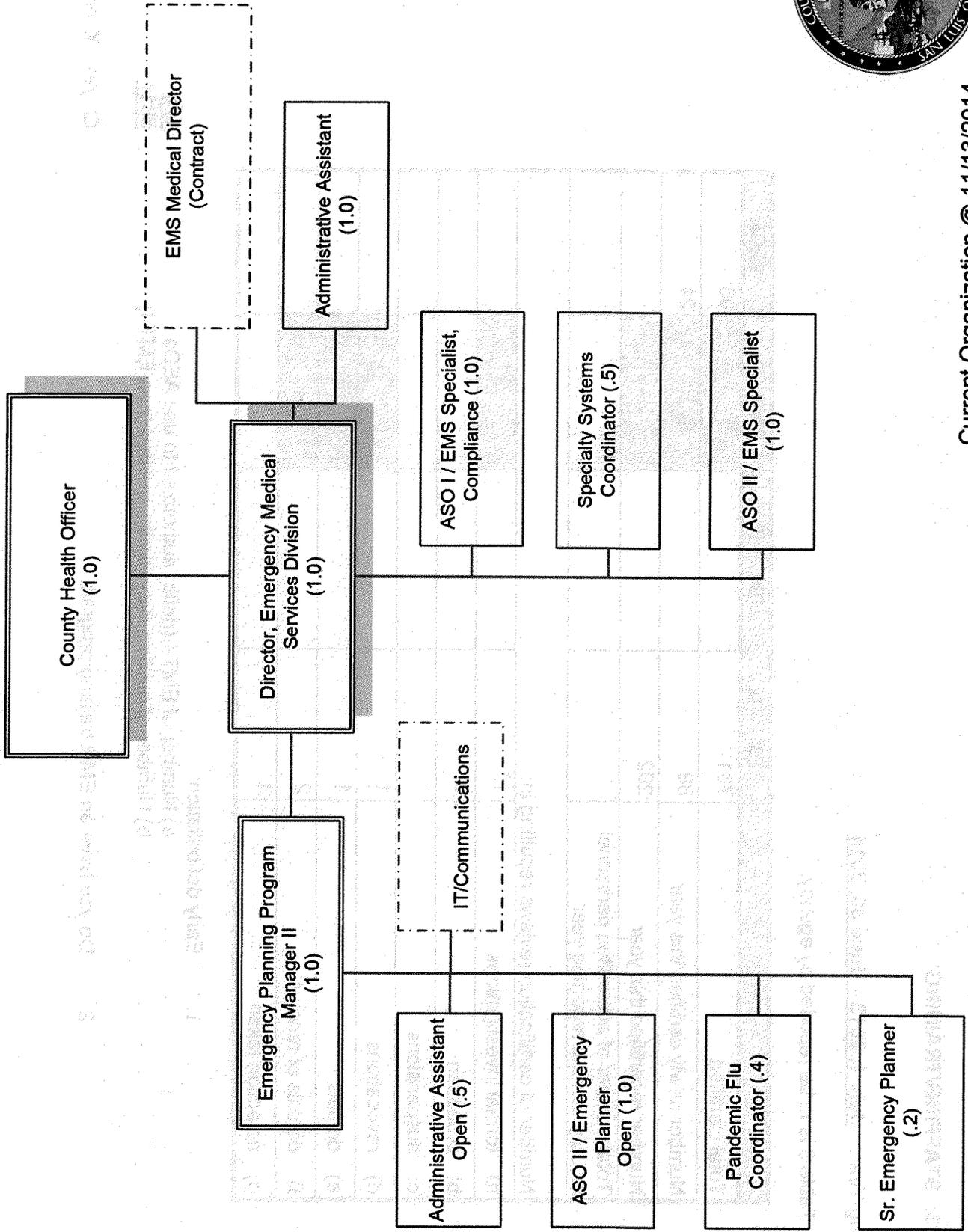


TABLE 3: STAFFING/TRAINING

Reporting Year: July 1, 2013 – June 30, 2014

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	761			96
Number newly certified this year	88			24
Number recertified this year	292			
Total number of accredited personnel on July 1 of the reporting year			167	
Number of certification reviews resulting in:				
a) formal investigations	17			
b) probation	6			
c) suspensions	0			
d) revocations	1			
e) denials	1			
f) denials of renewal	2			
g) no action taken	4			

1. Early defibrillation:

- a) Number of EMT-I (defib) authorized to use AEDs
- b) Number of public safety (defib) certified (non-EMT-I)

478
581+

2. Do you have an EMR training program

yes no

TABLE 4: COMMUNICATIONS

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

County: **San Luis Obispo County**

Reporting Year: **July 1, 2014 – June 30, 2015**

- | | |
|---|--|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>8</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>3</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>San Luis Obispo County Sheriff's Office – Med Com</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>San Luis Obispo County Sheriff's Office – Med Com</u> | |
| 8. 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, CAHAN, Cellular, Satellite</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 | X Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services | X Yes <input type="checkbox"/> No |
| 1) Within the operational area? | |
| 2) Between operation area and the region and/or state? | X Yes <input type="checkbox"/> No |
| | <u>X Yes <input type="checkbox"/> No</u> |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: July 1, 2014 – June 30, 2015

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	30	60	

TABLE 6: FACILITIES/CRITICAL CARE

Reporting Year: July 1, 2013 – June 30, 2014

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	(STEPS 1-4)	493
2. Number of major trauma victims transported directly to a trauma center by ambulance	(STEPS 1&2)	115
3. Number of major trauma patients transferred to a trauma center	*	11
4. Number of patients meeting triage criteria who weren't treated at a trauma center	**	2/189

Emergency Departments

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

Receiving Hospitals

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

*Assuming #3 is "Transfer from a NON Trauma Center to a Trauma Center – Data is based on three quarters.

** 2 – Number of patients meeting major trauma triage (Step 1&2) not transported to trauma center
 189 – Number of patients meeting any trauma triage criteria (Steps 1-4) not transported to a trauma center

TABLE 7: DISASTER MEDICAL

Reporting Year: July 1, 2014 – June 30, 2015

County: San Luis Obispo

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

SYSTEM RESOURCES

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

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

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 8 including County

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

TABLE 7: DISASTER MEDICAL (cont.)

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 No

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

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

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

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: San Luis Ambulance Services, Inc. Response Zone: North, Central, South

Address: PO Box 954 Number of Ambulance Vehicles in Fleet: 21

San Luis Obispo CA 93406

Phone Number: 805.543.2626 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 11

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

<u>14,079</u>	Total number of responses	<u>13,880</u>	Total number of transports
<u>11,599</u>	Number of emergency responses	<u>1,207</u>	Number of emergency transports
<u>2,480</u>	Number of non-emergency responses	<u>12,673</u>	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Cambria Community Healthcare Response Zone: North Coast District

Address: 2535 Main Street Number of Ambulance Vehicles in Fleet: 4
Cambria 93428

Phone Number: 805.927.8304 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 2

Written Contract: X Yes <input type="checkbox"/> No	Medical Director: X Yes <input type="checkbox"/> No	System Available 24 Hours: X Yes <input type="checkbox"/> No	Level of Service: X Transport X ALS X 9-1-1 X Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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Ownership: X Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: <u>Healthcare Dist.</u>	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Fire District	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
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Transporting Agencies

509	Total number of responses	494	Total number of transports
468	Number of emergency responses	50	Number of emergency transports
41	Number of non-emergency responses	444	Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: California Highway Patrol Response Zone: _____

Address: 4115 Broad Street, #B-10 Number of Ambulance Vehicles in Fleet: 1

San Luis Obispo

Phone Number: 805.549.3261 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

Number: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Level of Service:</p> <p>X Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Air Ambulance Services

22 _____ Total number of responses
 22 _____ Total number of emergency responses
 _____ Number of non-emergency responses

13 _____ Total number of transports
 13 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: CALSTAR Response Zone: _____

Address: 4917 Bailey Loop Number of Ambulance Vehicles in Fleet: 1
McClellan, CA 95652
 Phone Number: 916.921.4000 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 1

<p>Written Contract: X Yes <input type="checkbox"/> No</p>	<p>Medical Director: X Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: X Yes <input type="checkbox"/> No</p>	<p>Level of Service: X Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input type="checkbox"/> Public X Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: X Rotary X Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue X Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Air Ambulance Services

20/110 18 Total number of EMS responses/requests
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Paso Robles Dept. Emergency Svcs Response Zone: North

Address: 900 Park Street Number of Ambulance Vehicles in Fleet: _____

Paso Robles, 93446

Phone Number: 805.227.7560 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Atascadero Fire Department Response Zone: North

Address: 6005 Lewis Avenue Number of Ambulance Vehicles in Fleet: _____
Atascadero 93422

Phone Number: 805.461.5070 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Santa Margarita Fire Department Response Zone: North

Address: POB 67 Number of Ambulance Vehicles in Fleet: _____

Santa Margarita 93453

Phone Number: 805.438.3185 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>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"/> CSD</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: San Miguel Fire Department Response Zone: North

Address: POB 180 Number of Ambulance Vehicles in Fleet: _____
San Miguel 93451

Phone Number: 805.467.3300 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><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"/> CSD</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: County Fire / CAL FIRE Response Zone: ALL

Address: 635 North Santa Rosa Street Number of Ambulance Vehicles in Fleet: _____
San Luis Obispo, 93405
 Phone Number: 805.543.4244

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <table> <tr> <td><input type="checkbox"/> Transport</td> <td><input checked="" type="checkbox"/> ALS</td> <td><input checked="" type="checkbox"/> 9-1-1</td> <td><input checked="" type="checkbox"/> Ground</td> </tr> <tr> <td><input checked="" type="checkbox"/> Non-Transport</td> <td><input checked="" type="checkbox"/> BLS</td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> Air</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 7-Digit</td> <td><input type="checkbox"/> CCT</td> <td><input type="checkbox"/> Water</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> IFT</td> <td></td> </tr> </table>	<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground	<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air		<input type="checkbox"/> 7-Digit	<input type="checkbox"/> CCT	<input type="checkbox"/> Water			<input type="checkbox"/> IFT	
<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground																
<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air																
	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> CCT	<input type="checkbox"/> Water																
		<input type="checkbox"/> IFT																	

<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: County of San Luis Obispo Provider: San Luis Obispo City Fire Dept. Response Zone: Central

Address: 2160 Santa Barbara Avenue Number of Ambulance Vehicles in Fleet: _____
93401-5240
 Phone Number: 805.781.7390
 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Explain: _____</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Five Cities Fire Authority Response Zone: South

Address: 140 Traffic Way Number of Ambulance Vehicles in Fleet: _____
Arroyo Grande, 93420
 Phone Number: 805.473.5490 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p>X Yes No</p>	<p>System Available 24 Hours:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Explain: _____</p>	<p>If Public:</p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> County <input type="checkbox"/> Law <input type="checkbox"/> Fire District <input type="checkbox"/> Other <input type="checkbox"/> Federal <input checked="" type="checkbox"/> JPA</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transperts _____
 Number of emergency responses _____ Number of emergency transperts _____
 Number of non-emergency responses _____ Number of non-emergency transperts _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Morro Bay Fire Department Response Zone: Central

Address: 75 Harbor Street Number of Ambulance Vehicles in Fleet: _____
93442-1907

Phone Number: 805.772.6242 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Cayucos Fire Department Response Zone: Central

Address: 201 Cayucos Drive Number of Ambulance Vehicles in Fleet: _____
93430

Phone Number: 805.995.3372 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p>X Yes No</p>	<p>System Available 24 Hours:</p> <p>X Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS X 9-1-1 X Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership:</p> <p>X Public <input type="checkbox"/> Private</p>	<p>If Public:</p> <p>X Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public:</p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State X Fire District <input type="checkbox"/> Federal</p>	<p>If Air:</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification:</p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Templeton Fire Department Response Zone: North

Address: POB 780 Number of Ambulance Vehicles in Fleet: _____

93465

Phone Number: 805.434.4911

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire District <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal <input checked="" type="checkbox"/> CSD</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____
 Total number of transports _____
 Number of emergency responses _____
 Number of emergency transports _____
 Number of non-emergency responses _____
 Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Cambria Fire Department Response Zone: North Coast

Address: 2850 Burton Drive Number of Ambulance Vehicles in Fleet: _____
93428

Phone Number: 805.927.6240 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>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"/> CSD</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Diablo Canyon Power Plant Fire Response Zone: Central

Address: POB 56 MS 104/4/28A Number of Ambulance Vehicles in Fleet: _____

Avila Beach, CA 93424

Phone Number: 805.545.2900 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p>If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____
 Number of emergency responses _____
 Number of non-emergency responses _____

Total number of transports _____
 Number of emergency transports _____
 Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: Atascadero State Hospital Fire Response Zone: North

Address: POB 7006 Number of Ambulance Vehicles in Fleet: _____
Atascadero 93423

Phone Number: 805.468.2649 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 8: Resource Directory

Reporting Year: July 1, 2013 – June 30, 2014

Response/Transportation/Providers

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

County: San Luis Obispo Provider: California Men's Colony Fire Response Zone: Central

Address: POB 801 Number of Ambulance Vehicles in Fleet: _____
San Luis Obispo 93409

Phone Number: 805.547.7849 Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: _____

<p>Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> 7-Digit <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p>Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p>If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p>If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal</p>	<p>If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p> <p>Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

Total number of responses _____ Total number of transports _____
 Number of emergency responses _____ Number of emergency transports _____
 Number of non-emergency responses _____ Number of non-emergency transports _____

EMS AGENCY HAS NO ACCESS TO AGENCY DATA

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Arroyo Grande Community Hospital Telephone Number: 805.489.4261

Address: 345 S. Halcyon Road
Arroyo Grande, CA 93420

<u>Written Contract:</u> X Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> X Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes X No
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Pediatric Critical Care Center¹ EDAP² PICU³	<u>Trauma Center:</u> <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes X No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
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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

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Sierra Vista Regional Medical Center Telephone Number: 805.546.7600

Address: 1010 Murray Street

San Luis Obispo 93405

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

<p>Pediatric Critical Care Center⁴</p> <p>EDAP⁵</p> <p>PICU⁶</p>	<p><u>Trauma Center:</u></p> <p>X Yes No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II</p> <p>X Level III <input type="checkbox"/> Level IV</p>
--	---	--

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
---	--

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: French Hospital Medical Center Telephone Number: 805.543.5353

Address: 1911 Johnson Avenue
San Luis Obispo 93401

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

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No <input type="checkbox"/> Yes X No	Trauma Center: <input type="checkbox"/> Yes X No	If Trauma Center what level: <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--	---

<u>STEMI Center:</u> X Yes No	<u>Stroke Center:</u> <input type="checkbox"/> Yes X No
---	---

⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

Table 9: Resources Directory

Facilities

County: San Luis Obispo

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

Facility: Twin Cities Hospital Telephone Number: 805.434.3500
Address: 1100 Las Tablas Road
Templeton, 93465

<p><u>Written Contract:</u></p> <p>X Yes No</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>X Yes No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
--	---	---	--

<p>Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²</p>	<p><u>Trauma Center:</u></p> <p>Yes X 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>
---	---	---

<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes X No</p>	<p><u>Stroke Center:</u></p> <p><input type="checkbox"/> Yes X No</p>
---	--

¹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs
County: County of San Luis Obispo **Reporting Year:** July 1, 2013 – June 30, 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>Cuesta Community College</u>		Telephone Number: <u>805.546.3100</u>
Address: <u>Highway 1, San Luis Obispo 93401</u>		<u>x2798 L. Wearda</u>
Student Eligibility*:	Open to the public <u> </u>	**Program Level <u>EMT1</u>
Cost of Program:	Basic: <u>\$1538</u>	Number of students completing training per year:
Refresher:	<u>\$110</u>	Initial training: <u>100</u>
		Refresher: <u>34</u>
		Continuing Education: <u> </u>
		Expiration Date: <u> </u>
		Number of courses: <u> </u>
		Initial training: <u>4</u>
		Refresher: <u>2</u>
		Continuing Education: <u> </u>

Training Institution: <u>Cuesta Community College</u>		Telephone Number: <u>805.546.3100</u>
Address: <u>Highway 1, San Luis Obispo 93401</u>		<u>0 x2798 Wearda</u>
Student Eligibility*:	Open to the public <u> </u>	**Program Level <u>EMT-P</u>
Cost of Program:	Basic: <u>\$6500</u>	Number of students completing training per year:
Refresher:	<u> </u>	Initial training: <u>11</u>
		Refresher: <u> </u>
		Continuing Education: <u> </u>
		Expiration Date: <u> </u>
		Number of courses: <u> </u>
		Initial training: <u>1</u>
		Refresher: <u> </u>
		Continuing Education: <u> </u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: County of San Luis Obispo

Reporting Year: July 1, 2013 – June 30, 2014

NOTE: Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution: <u>San Luis Obispo County EMSA</u>		Telephone Number: <u>805.781.2513</u>
Address: <u>2180 Johnson Avenue, 2nd Floor, San Luis Obispo, CA 93401</u>		<u>V. Stone</u>
Student Eligibility*: <u>Open to the public</u>	**Program Level: <u>MICN</u>	
Cost of Program:	Number of students completing training per year:	
Basic: <u>297</u>	Initial training: <u>24</u>	
Refresher: <u>108</u>	Refresher: <u>44</u>	
	Continuing Education:	
	Expiration Date:	
	Number of courses:	
	Initial training: <u>2</u>	
	Refresher: <u>3</u>	
	Continuing Education:	

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

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

[Faint, illegible text from the reverse side of the page, including a table with columns for program details and checkboxes.]

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: San Luis Obispo Reporting Year: July 1, 2014 – June 30, 2015

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

Name: _____		San Luis Obispo County Sheriff's Office		Watch Commander	
Address: _____		POB 32		Primary Contact: _____	
Telephone Number: _____		San Luis Obispo 93406		805.781.4550	
Written Contract:		Medical Director:		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"/> Day-to-Day	<input checked="" type="checkbox"/> X
<input type="checkbox"/> EMD Training	<input type="checkbox"/> BLS	<input type="checkbox"/> EMT-D	<input type="checkbox"/> LALS	<input type="checkbox"/> ALS	<input type="checkbox"/> Other
Ownership:		If Public:		If Public:	
<input checked="" type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Fire	<input type="checkbox"/> Law	<input type="checkbox"/> City	<input checked="" type="checkbox"/> X County
Explain: _____		<input type="checkbox"/> State	<input type="checkbox"/> Fire District	<input type="checkbox"/> Federal	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2014 – June 30, 2015**

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.

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North Coast</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Cambria Community Healthcare District</p>
<p>Area or subarea (Zone) Geographic Description: Reference Exhibit A</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Exclusive (revised 8/12/13)</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Emergency Ambulance, ALS 9-1-1 Emergency Response (revised 08/02/2013)</p>
<p>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.</p>

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2014 – June 30, 2015

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.

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: North</p>
<p>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 – 65 years</p>
<p>Area or subarea (Zone) Geographic Description: Reference Exhibit A</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive (8/12/2013)</p>
<p>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 9-1-1 Emergency Response (revised 08/02/2013)</p>
<p>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.</p>

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2014 – June 30, 2015**

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.

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: Central</p>
<p>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. – 65 Years</p>
<p>Area or subarea (Zone) Geographic Description: Reference Exhibit A.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Exclusive (8/12/2013)</p>
<p>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 9-1-1 Emergency Response (revised 08/02/2013)</p>
<p>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</p>

EMS PLAN
AMBULANCE ZONE SUMMARY FORM
Reporting Period: July 1, 2014 – June 30, 2015

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.

<p>Local EMS Agency or County Name: San Luis Obispo County</p>
<p>Area or subarea (Zone) Name or Title: South</p>
<p>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. – 65 Years</p>
<p>Area or subarea (Zone) Geographic Description: Reference Exhibit A</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small> Non Exclusive as determined by EMS Authority (4/10/13).</p>
<p>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></p>
<p>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></p> <p><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></p> <p>N/A</p>



Public Health Department

Jeff Hamm
Health Agency Director

Penny Borenstein, M.D., M.P.H.
Health Officer



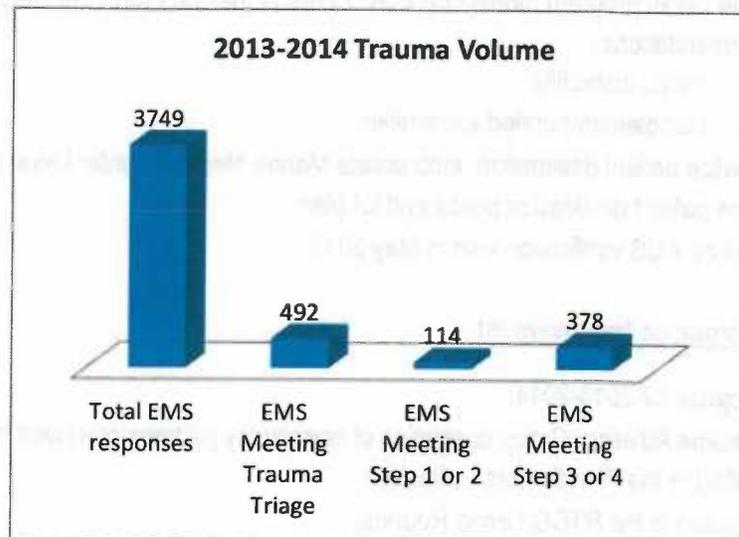
Public Health
Prevent. Promote. Protect.

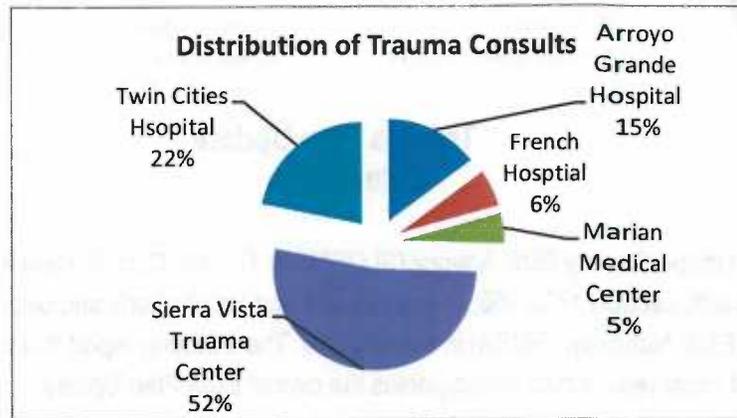
Trauma Plan Update 2013-2014

The San Luis Obispo County EMS Agency (SLOEMSA) Trauma Care System Plan was developed in compliance with Section 1798.160, et seq., Health and Safety Code and originally approved by the California EMS Authority, (EMSA) in March 2010. The following report is a system update for the 2013-2014 fiscal year, which accompanies the overall EMS Plan Update.

System Overview

SLOEMSA trauma program continues to function with a single Level III trauma center, Sierra Vista Regional Medical Center, and working cooperatively with the neighboring counties of Santa Barbara, Ventura, and Monterey. SLOEMSA utilizes Trauma One and NOMIS/SIMON data programs to identify and monitor trauma patients. During the 2013-2014 reporting period the system had a total of 3749 EMS responses for trauma patients with 492 meeting trauma triage criteria. The trauma center received 98% of trauma patients meeting Step 1 or 2. The SLOEMSA trauma system requires a trauma center consultation for the destination of patients meeting Step 3 and 4. The trauma center received 52% of the consults. Emergency department outcomes for patients meeting Step 3 or 4 are reviewed for potential under/over triage through the Performance Improvement (PI) program in the Trauma Advisory Group (TAG).





Changes in the Trauma System

The following trauma system changes occurred during the 2013-2014 reporting period:

- The trauma center initiated and submitted trauma data to the National Trauma Data Bank (NTDB) and California trauma data system (CEMSIS).
- The SLOEMSA updated the trauma triage policy, moving (2) long bone fractures from Step 4 to Step 2 in compliance with the current CDC triage guidelines.

Trauma System Goals and Objectives for 2014-2015

(see attached SMART format)

- Review the PI program indicators with Trauma Advisory Group (TAG).
- Continue participation in the RTCC and Tri-County peer review programs.
- Continue the PI program monitoring Step 2 criteria that vary from the CDC recommendations:
 - Pelvic instability
 - Mangled/amputated extremities
- Regionalize patient destination; incorporate Marian Medical Center Level III trauma center into the patient destination policy and QI plan.
- Conduct an ACS verification visit in May 2015.

System Performance Improvement

System PI Projects for 2013-2014:

- The Trauma Advisory Group consisting of community partners reviewed trauma data identified in the PI indicators - attached
- Participation in the RTCC Grand Rounds.
- Participation in the Tri-County PI and peer review program.
- Developed a feedback report providing patient outcomes from both the trauma center and non-trauma centers with the EMS provider PI Coordinators.
- The SLOEMSA participated in EMSA Authority Core Measures project..

- Completion of an American College of Surgeons (ACS) consultative review of the trauma center in November 2013.

Progress on Addressing EMS Authority Trauma System Plan Comments

The EMS Authority made two recommendations in the Trauma System Status Report dated August 28, 2013:

Recommendation 1 – Revise the policy to reflect the CEMISIS-Trauma Inclusion Criteria (...“which will be compliant with the 2013 National Trauma Standards”)

The trauma center worked directly with the State EMS Authority on identifying the CEMISIS-Trauma inclusion criteria and submitted data to the CEMISIS -Trauma Program for 2014 (Q1 and Q2) in October 2014. In addition the trauma Center began submitting data to the National Trauma Data Bank (NTDB) in March of 2013.

Recommendation 2 – Provide a progress report on the re-triage protocol

The Trauma Center worked extensively with the tertiary trauma centers developing relationships and policies to expedite the transfer process. The "Trauma: Transfer of the Adult and Pediatric to a Tertiary Level Trauma Center" draft policies are attached. All transfers from the trauma center are reviewed for process improvement opportunities. Interfacility transfers are a regional issue, the SLOEMSA and the trauma center actively participates in the RTCC and the Tri-county Trauma Advisor Committee in facilitating this effort.

Other system issues

No other issues at this time.

Submitted by:

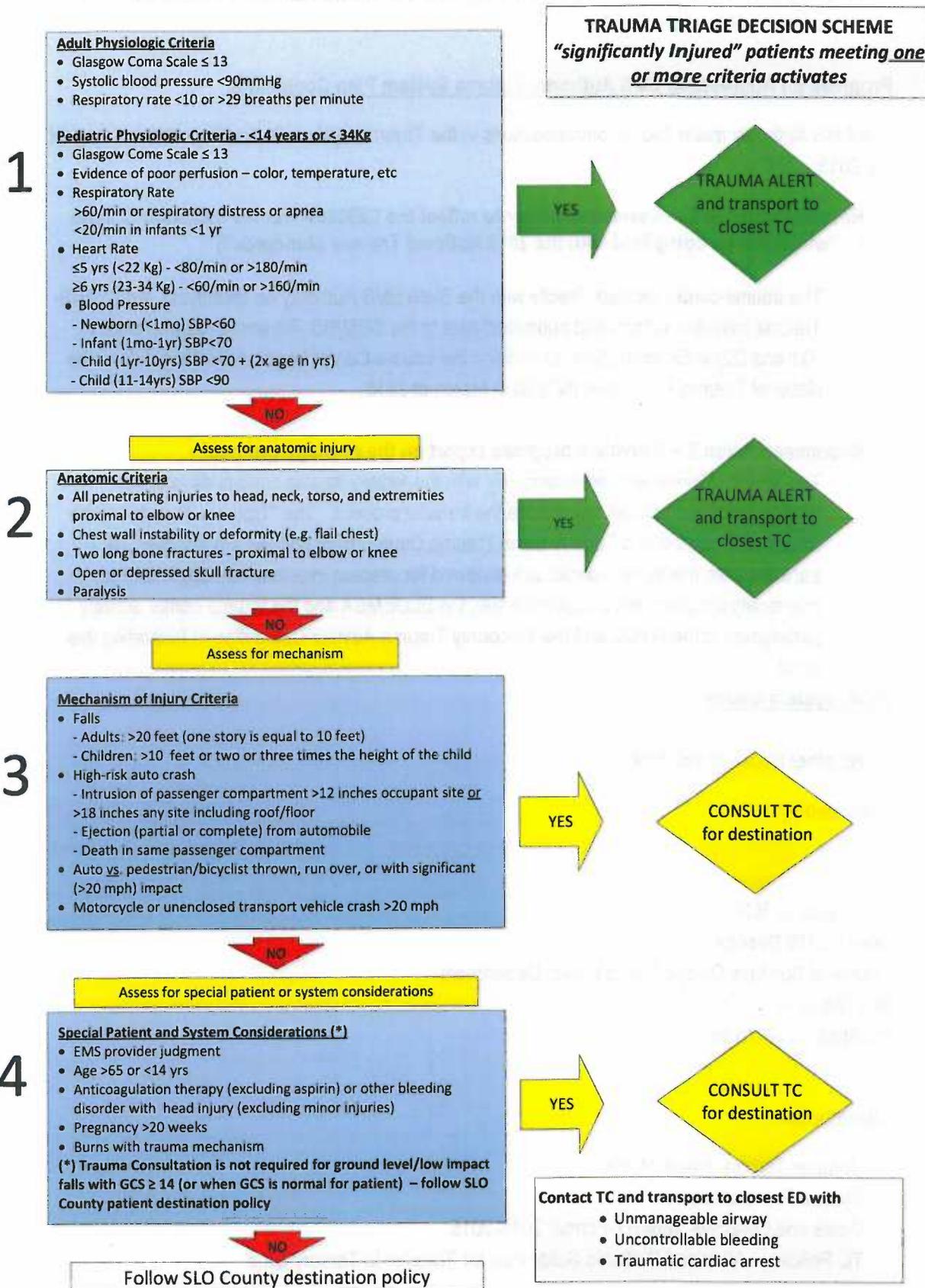
Kathy Collins, R.N.
Interim EMS Director
County of San Luis Obispo Public Health Department
805.788.2514
kcollins@co.slo.ca.us

Attachments:

Updated Trauma Triage Matrix
System PI Indicators
Goals and Objective- SMART Format 2014-2015
TC Policies – Adult and Pediatric Guidelines for Transfer to Tertiary Care

Trauma Triage Guidelines (*)

(*) Medical Control shall be with the San Luis Obispo County Trauma Center



2013-14 Trauma Program Indicators

EMS System Volume Report – EMS Agency

1. Prehospital Trauma Patients: Alerts and Trauma Consultation
2. Destination of Trauma Consultations

Prehospital Performance Review – EMS Agency

1. PCR records missing 24 hours after patient delivery to the TC
Goal – 0% missing
2. Transports with > 30 min scene to hospital by ground
 - a. Measure: review for possible indication of air transportation by time and need criteria set forth in Policy 119
3. Trauma Alerts (step 1 or 2) with > 10 on scene time requiring extrication
 - a. Measured from EMS transporting agency patient contact to start of transport
 - b. Goal - < 90%
4. Alerts (step 1 or 2) with > 20 minute from dispatch to scene of EMS personnel
 - a. Includes arrival of EMS first responder
 - b. Goal - 0%

EMS Hospital System Review – EMS Agency

1. Over Triage Rate
 - a. Number/percent of Trauma Alert (Step 1 or 2) with an ISS <15
 - b. Goal – 30-50%
2. Under Triage Rate
 - a. Number/percent of Trauma Alert (Step 1 or 2) with an ISS >15
 - b. Goal - < 5%
3. Non-Trauma Center Patient Outcome Information
 - a. Admit to Med Surg
 - b. Admit to OR
 - c. Admit to ICU
 - d. Admit to DOU
 - e. Died
 - f. Discharged
 - g. Transferred

Focused Trauma Audit Filters for Quarterly TAG Report from TC

1. Presence of the trauma surgeon in the ED within 30 minutes of notification
 - a. % that no times documented
 - b. Meet 30 minutes or less 90% of the time
 - c. Documentation occurs 100% of the time

2. Lack of definitive airway management for patients leaving the ED with GCS 8 or less
 - a. % there was no documentation of airway
 - b. Goal - 0 %
3. Delay to OR, Laparotomy
 - a. Patients with abdominal injuries and hypotension (< 90 mmHg) after initial fluid resuscitation who do not undergo laparotomy within 1 hour of ED or TC arrival
4. Delay to OR, Craniotomy
 - a. Patients with epidural or subdural brain hematoma receiving craniotomy > 4 hours after ED or TC arrival – excludes those performed for ICP monitoring
5. Delay in OR, Open or Long Bone Fracture
 - b. Interval of greater than 8 hours between ED or TC arrival and the initiation of debridement of an open fracture – excluded low velocity GSW
6. Initial Surgical Intervention > 24 hours
 - a. Initial abdominal, thoracic, vascular or cranial surgery performed > 24 hours after arrival to ED or TC (excludes patients identified in 3,4 or 5)
7. Unexpected return to OR
 - a. Unexpected return to OR after initial surgery
8. Unexpected readmission
 - a. Readmission to hospital for complications related to prior trauma admission
9. Referring Facility Complication
 - a. Complications to be identified by TC Medical Director

Additional Quarterly TAG Report from the TC

1. Volume
 - a. Age
 - b. ISS
 - c. MOI
2. Trauma Alert Patient Outcomes
 - a. Disposition
 - i. Died
 - ii. Admitted without surgery
 - iii. Admitted with surgery
 - iv. Transferred
 - v. Discharged home
 - vi. Discharged to Rehabilitation or SNF
 - b. Median Length of Stay in ED
 - i. Age
 - ii. ISS
 - iii. Response Level – Tier 1 and Tier 2



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY

Public Health Department

Jeff Hamm

Penny Borenstein, M.D., M.P.H.



Public Health
Prevent. Promote. Protect.

2014-2015 Trauma System Goals

1. Trauma Performance Improvement Indicators
 - S - Ensure trauma indicators meet EMSA Core Measure
 - M - Participate in the Core Measures project
 - A - Review and adjust prehospital patient care reports to include required data elements
 - R - Submit reports and feedback to the EMSA
 - T - Meet the EMSA timelines for 2014-15
2. Trauma System Review and Update
 - S - Identify opportunities for improvement from PI program through TAG PI Program
 - M - Provide educational opportunities and feedback programs covering identified opportunities for improvement
 - A - Utilize PI outcomes and work with the TC to develop education programs and system changes
 - R - Utilize actual case review to bring relevance to identified issues
 - T - In the next 12 months participate in the RTCC grand rounds, the Tri-county TAG peer reviews and prehospital base station meetings and trainings
3. ACS Verification Review
 - S - Per the TC designation agreement, ensure the TC completes ACS verification
 - M - Work with TC to schedule the ACS site visit
 - A - Coordinate with the TC and ACS to site visit for spring 2015
 - R - Outcome information will assist with future planning and performance measures of the trauma program
 - T - Schedule for spring 2015

SIERRA VISTA REGIONAL MEDICAL CENTER	PATIENT CARE POLICIES AND PROCEDURES	PAGE 1 OF 3
	Title: PEDIATRICS: TRANSFER TO A TERTIARY CENTER	Key Responsible Committee/Dept./Position: NICU Director
		Date Established: 8/1/98
		Current Date Reviewed: 9/10, 8/19/11, 11/20/2012
		GB Approval Date(s): 2/7/2013

I. PURPOSE:

To outline the criteria and process for the safe transfer of the pediatric patient to a tertiary center for care.

II. POLICY:

A. The decision to transfer a patient and to a tertiary level hospital or specialty center shall be at the discretion of the primary care physician, the patient/family, or ED physician after consultation with a CCS paneled physician. The physician also has the option of seeking consultation and guidance regarding referral and possible transfer of pediatric patients at any time from specialists at Pediatric Tertiary hospitals.

B. All pediatric patients under 14 years of age including CCS eligible patients under 21 years of age requiring pediatric sub-specialist care not provided at SVRMC or requiring a higher level of care will be transferred to a CCS approved tertiary center. Criteria for transfer includes but is not limited to pediatric patients with the following medical conditions or needs:

1. Peritoneal Dialysis
2. Immediate Dialysis due to renal failure
3. Mechanical Ventilation
4. Continuous administration of vasoactive, inotropic, chronotropic, or antiarrhythmic agents
5. Invasive monitoring
6. Burn care
7. Cardiac surgery
8. ECMO
9. Transplant surgery
10. Nitrous Oxide
11. Acute Hepatic Failure
12. Rehabilitative care
13. Complex congenital heart disease
14. Inherited metabolic disorders
15. Chronic renal disease
16. Chronic lung disease
17. Malignant neoplasms
18. Hemophilia
19. Hemoglobinopathies
20. Craniofacial anomalies
21. Myelomeningocele
22. Endocrine disorders
23. Immunologic and infectious disorders including HIV

SIERRA VISTA REGIONAL MEDICAL CENTER	PATIENT CARE POLICIES AND PROCEDURES	PAGE 2 OF 3
	Title: PEDIATRICS: TRANSFER TO A TERTIARY CENTER	Key Responsible Committee/Dept./Position: NICU Director
		Date Established: 8/1/98
		Current Date Reviewed: 9/10, 8/19/11, 11/20/2012
		GB Approval Date(s): 2/7/2013

- 24. Acute hematological conditions
- 25. Chronic inflammatory GI conditions
- 26. Intestinal failure
- 27. Trauma patients under 14 years of age with the following identified injuries will be considered for transfer to a CCS approved pediatric trauma center:

- a. Head or Spinal Injury
- b. Splenic Injuries
- c. Liver Injuries
- d. Bowel Injuries
- e. Major Vascular Injuries
- f. Multiple or Complex Fractures
- g. Actual or Potential Airway or Ventilatory Compromise
- h. Burn Injuries meeting burn center criteria
- i. Children < 1 year where surgery is anticipated

- C. The ED physician will order a mandatory consult by CCS approved physician and the patient will be transferred to a CCS-approved tertiary hospital, if the presenting condition is related to the CCS eligible condition, if treatment of the presenting condition is affected by the CCS eligible condition or the CCS eligible condition is affected by the presenting condition.
- D. A CCS-paneled physician shall remain in house with an unstable or potentially unstable patient, until the patient requiring a higher level of care management is transferred to the receiving transport team.
- E. The Case Manager and House Supervisor will be notified when a patient transfer is ordered and being arranged.
- F. The bedside nurse or Case Manager is responsible to see that a Health Facility Minor Release Report (AD22) is obtained, complete with signature of a parent of a minor and representative of the receiving hospital.

III. PROCEDURE:

- A. Upon making the decision, the physician shall contact the appropriate Tertiary Center, obtain approval for transfer from the receiving physician, and write an order for transport. Confirmation of facility acceptance and receiving hospital bed capacity may be made after speaking with the receiving physician; this task may be delegated to the nursing supervisor, case manager, or bedside nurse, but **must** be done prior to transfer.
- B. Gather Supplies:

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		Date Established: 8/1/98
		Current Date Reviewed: 9/10, 8/19/11, 11/20/2012
	GB Approval Date(s): 2/7/2013	

1. Copies of the patient's chart, with 5 face sheets.
2. Copies of X-rays and any recent lab values.
3. Physician's Discharge Summary
4. ED Transfer Summary Form for Emergency Department Patients

C. The nurse shall continue to care for the patient and prepare for transport as follows:

1. Obtain consent and release from patient or legal guardian.
2. Secure copies of the chart(s), x-rays.
3. Assure that the patient has appropriate ID bands on.
4. Collect patient belongings and either give to family members or send with transport team, if feasible
5. Obtain any ordered labs as close to the transport team's arrival as possible.
6. Give report to transport team and assist team as necessary.
7. Obtain signature and identification of person receiving transfer of patient, on the release form.
8. Give report to receiving facility.
9. Document the patient's discharge per unit policy.

IV. DOCUMENTATION:

- A. The physician consult and physician documentation will be maintained in the Medical Record
- B. Complete nurse's notes.
- C. Obtain release and consent for Authorization to Release Medical Information.
- D. Record transfer on census sheet.

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		Date Established: 9/2011
		Current Date Reviewed: 1/25/2015
		GB Approval Date(s): 11/03/2011

I. PURPOSE:

To provide guidance to physicians and trauma center staff in the management and transfer of critically injured adult patients. For management of pediatric trauma patients refer to Sierra Vista Regional Medical Center Patient Care Policy titled Pediatrics: Transfer to a Tertiary Center.

II. PATIENT POPULATION: Neonate Infant Pediatric Adolescent Adult

III. POLICY:

- A. Injured patients meeting Trauma Patient Criteria will be triaged to the closest trauma center according to San Luis Obispo County Emergency Medical Services Agency and Sierra Vista Regional Medical Center Policy.
- B. The early identification of injured patients who may benefit from transfer to a Level I or II Trauma center from Sierra Vista Regional Medical Center's Level III Trauma Center is essential to providing optimal trauma care and improved outcomes.
- C. The decision to transfer an injured patient to a Level I or II Trauma center is based solely on the needs of the patient in relationship to the resources available at Sierra Vista Regional Medical Center, and shall be at the discretion of the attending Trauma Surgeon or Surgeons involved in the patient's care and the patient/family.
- D. Written transfer agreements have been established with several Level I and Level II trauma centers in order to facilitate the acute transfer of injured patients as soon as the need is identified. The list of these established agreements is maintained by Administration and the Trauma Service and can be accessed through the House Supervisor, or the Emergency Department.
- E. **Adult trauma patients who may benefit from transfer to a Level I or Level II Trauma Center, Burn Center or Replantation Center include but are not limited to patients with the following injuries:**
 1. Major vascular injury
 2. Severe cardiac injury
 3. Bilateral pulmonary contusion with PaO₂ to FIO₂ ratio less than 200
 4. High grade liver injuries
 5. Severe Orthopedic Injuries Including:
 - a. Unstable pelvic ring disruption or pelvic fracture. Note: The patient may require stabilization prior to transfer, refer to SVRMC practice management guideline on pelvic fractures.
 - b. Amputations with the potential for replantation. Note: The patient with a single amputation without other injury may be considered for transfer to a non-trauma center with replantation capabilities. Patients with amputation combined with any other trauma will be sent to a trauma

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center with replantation capability. See Attachment A.

- c. Two or more long bone fractures requiring complex, multiple, or staged repairs.
- d. Severe extremity injuries:
 - i. Complex open fractures
 - ii. Fractures with associated joint injury
 - iii. Crushed or mangled extremity injuries with extensive tissue damage or loss requiring extensive plastic surgery, multiple surgeries, concurrent complex neuro or vascular injury
- e. Complex foot injuries, involving the calcaneus, talus bone or others requiring a foot specialist.
- f. Complex hand injuries after consultation with the hand surgeon, when available.
6. Complex facial or eye injuries.
7. Severe multisystem injury and in the pregnant patient greater than 20 weeks gestation
8. Severe multisystem injury in patients with significant co morbidities at risk for secondary deterioration
9. Major burns or burns with associated injuries meeting American Burn Association Criteria for transfer will be considered for transfer if they meet the following:
 - a. Partial thickness burns greater than 10% total body surface area (TBSA)
 - b. Burns that involve the face, hands, feet, genitalia, perineum, or major joints
 - c. Third degree burns of any age group
 - d. Electrical burns including lightening injuries
 - e. Chemical burns
 - f. Inhalation injury
 - g. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
 - h. Any patient with burns and concomitant trauma (such as fractures) in which the burn poses the greatest risk of morbidity or mortality. In such cases if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit.
 - i. Burn injuries in patients who will require special social, emotional, or rehabilitative intervention.

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10. Bariatric trauma patients weighing greater than 450 lbs. should be considered for transfer to a bariatric capable trauma center. The following centers have bariatric specialty programs:
- o Stanford- CT limit of 500 lbs. + Bariatric Center
 - o Cottage- CT Limit of 500 lbs + Bariatric Center
 - o Community Regional Medical Center-Fresno- CT Limit 666 lbs.
- Weight limits on essential equipment at SVRMC and local transporting agencies are as follows:
- o ED and Trauma Stretchers- 700 lbs.
 - o CT- 450 lbs.
 - o OR- 1000 lbs.
 - o MRI- 550 lbs.
 - o Bariatric bed- 500lbs
 - o Bariatric lift- 550 lbs.
 - o San Luis Ambulance transport gurney- 700 lbs.
 - o CAL Star helicopter- 250-275 lbs.
- F. The trauma patient may require an emergent/urgent evaluation by a specialty surgeon to aid in the decision to transfer to a tertiary center. This evaluation is optimally performed in the Emergency Department. The final decision to transfer the trauma patient to a tertiary center will be made by the Trauma Surgeon attending the patient.
- G. If the decision to transfer the patient is based on the recommendation of a specialty surgeon, direct communication between the SVRMC on-call specialty surgeon and the tertiary center's specialty surgeon will be requested.
- H. Patients being considered for transfer **from** an outlying facility to Sierra Vista Regional Medical Center trauma service with any of the severe injuries listed above are generally more appropriate for referral out of the area to a Level I or II Trauma Center, Burn Center or Replantation Center.

IV. PROCEDURE:

- A. Upon making the decision to transfer, the Trauma Surgeon attending the trauma patient shall contact the appropriate tertiary trauma center, obtain approval for transfer from the receiving Trauma Surgeon, and write an order for transfer.
- B. Confirmation of facility acceptance and receiving bed capacity may be made after speaking with the receiving Trauma Surgeon, generally through the tertiary level transfer center; this task may be delegated to the Nursing Supervisor, Case Manager, Charge Nurse or bedside Nurse, but **must** be done prior to transfer.
- C. Sierra Vista Regional Medical Center's trauma center physicians have the option of seeking consultation and guidance regarding referral and possible transfer of trauma patients at any time from specialists at designated tertiary trauma centers.

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- D. Once the need for transfer is identified, resuscitation measures will continue within the Sierra Vista Regional Medical Center's capability pending transfer. Diagnostic procedures should be limited to those critical to the immediate plan of care, and should not delay transport.
- E. The ED Physician and/or Trauma Surgeon will determine the appropriate mode of transportation based on the patient's condition in consultation with the receiving tertiary center Trauma Surgeon. This desired method of transportation will be discussed with the charge RN or staff member making transportation arrangements. If the desired mode of transportation is not available, alternative options will be discussed with the ED Physician or Trauma Surgeon.
- F. **The Nursing Supervisor will be notified when a patient transfer is ordered and being arranged in order to be informed of the transfer and to be of assistance if needed.**
- G. Gather supplies:
 - 1. Copies of the patient's chart, with 5 face sheets
 - 2. Copies of X-Rays and any recent lab values
 - 3. Physician's Discharge Summary
 - 4. ED Transfer Form Summary Form for Emergency Department Patients
- H. The ED/Trauma Nurse shall continue to care for the patient and prepare for transport as follows:
 - 1. Obtain release from patient or legal guardian.
 - 2. Secure copies of the chart (s), X-Rays. Labs
 - 3. Assure the patient has appropriate ID bands on.
 - 4. Collect patient belongings and either give to the family members or send with transport team, if feasible.
 - 5. Obtain any ordered labs as close to the transport team's arrival as possible.
 - 6. Give report to the transport team and assist team as necessary.
 - 7. Obtain signature and identification of person receiving transfer of the patient, on the transfer release form.
 - 8. Give report to the receiving facility.
 - 9. Document the patient's discharge per unit policy.

V. REFERENCES:

- A. San Luis Obispo County Emergency Medical Services Agency Prehospital Policy: Trauma Patient Triage and Transport (online, accessed January 25, 2015)
<http://sloemsa.org/files/153TraumaTriageTransportPolicyfinal9-1-2014.pdf>
- B. Sierra Vista Regional Medical Center, Patient Care Policy and Procedure: Trauma Team Activation and Response

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- C. American College of Surgeons, Committee on Trauma (2006) *Resources for the Injured Patient*. Chicago, IL
- D. American College of Surgeons, Committee on Trauma (2002) *Interfacility Transfer of Injured Patients: Guidelines for Rural Communities*. (Online, accessed 2011 September). Available from URL: <http://acs.org/trauma/publications/ruralguidelines.pdf>
- E. American Burn Association. *Burn Center Referral Criteria*. (Online, accessed September 19, 2011) Available from URL: <http://www.ameriburn.org/BurnCenterReferralCriteria.pdf>
- F. Sierra Vista Regional Medical Center, Patient Care Policy and Procedure: Transfer To A Tertiary Center: Pediatrics
- G. Sierra Vista Regional Medical Center, Patient Care Policy and Procedure: Transfer-Interfacility Transfer of Patients.