

FEB 24 2012

EMERGENCY MEDICAL SERVICES AUTHORITY

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



February 23, 2012

Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Rd., Suite 130
Oxnard, CA 93036-0619

Dear Mr. Carroll:

We have completed our review of *Ventura County's 2010/11 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on the EMS plan update:

Transportation Plan: Based on the documentation you provided please see the attachment on EMS Authority's determination of the exclusivity of Ventura County's ambulance zones.

Your annual update will be due on February 23, 2013. Please submit Ventura County EMS Agency's 2012 Trauma System Status Report, as a separate document, with your EMS Plan Update. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 431-3688.

Sincerely,

A handwritten signature in cursive script that reads 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

HB:ss

Attachment

Ambulance Service Scope of Operations Definitions

9-1-1 Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request via the 9-1-1 telephone system.

Telephone "7-digit" Emergency Ambulance Transport Response

A ground ambulance service response to the scene of an emergency generated from a request to a "7-digit" telephone number.

ALS Ambulance Service

A ground ambulance staffed by at least one licensed and accredited paramedic working for an approved Paramedic Service provider, and has equipment and supplies necessary to perform advanced life support.

ALS Ambulance with Critical Care Transport Service

A ground ambulance staffed by at least one licensed RN or MD working, or a licensed and accredited paramedic with CCTP authorization, and has equipment and supplies necessary to perform advanced life support at the critical care transport level.

Emergency

Anytime the destination or potential is an acute care hospital or patient is going in an unscheduled(able) manner.

Inter-facility Transport Response

A ground ambulance service response to transport a patient from one facility to another facility or return to home. May be either emergency or non-emergency responses and may be staffed at the ALS, LALS, or BLS level.

Non-Emergency Ambulance

A ground ambulance that provides non-emergency / non-urgent transportation or stand-by ambulance services at special events.

Air Ambulance Service

An air ambulance staffed by at least two ALS personnel that responds to emergency or non-emergency responses or inter-facility transports. This does not include aircraft classified as Air Rescue

**Levels of Exclusivity for Scope of Operations
of “Emergency Ambulance Services”**

Ground

I. All Emergency Ambulance Services

Allows for the limitation to the number of emergency ambulance providers for 9-1-1, 7-digit, IFT, CCT, Non-Emergency, Standby Transportation only within a specified area or subarea.

II. Limited Emergency Ambulance Services

A. Emergency Response

• **9-1-1 Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 Emergency Ambulance Responses only within a specified area or subarea.

• **“7-Digit” Emergency Response**

Allows for the limitation to the number of emergency ambulance providers for telephone “7-digit” Ambulance Responses only within a specified area or subarea.

B. Transport Services

• **ALS Ambulance**

Allows for the limitation to the number of emergency ambulance providers for ALS transportation within a specified area or subarea.

• **All ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulance providers for 9-1-1 and “7-digit” emergency ambulance responses and Inter-Facility Transfers only within a specified area or subarea.

• **All CCT/ALS Ambulance Services**

Allows for the limitation to the number of emergency ambulances services providing Critical Care Transport and all ALS Ambulance Services only within a specified area or subarea.

• **BLS Critical Care Transport**

Allows for the limitation to the number of emergency ambulance providers for BLS Critical Care Transportation (CCT) within a specified area or sub-area. Both the starting and ending destinations must be licensed facilities (e.g. hospital to skilled nursing facility, hospital to hospital, etc).

• **BLS Non-Emergency Service**

Allows for the limitation to the number of emergency ambulance providers for non-emergency ambulance services, to include routine transportation within a specified area or sub-area (e.g. hospital to home, home to physician, etc).

• **Standby Service with Transportation Authorization**

Allows for the limitation to the number of emergency ambulance providers for standby ambulance services authorized to provide transportation, if needed, within a specified area or sub-area.

Air

Emergency Air Ambulance

Allows for the limitation to the number of air ambulances services for 9-1-1 Emergency Responses only within a specified area or subarea.

All Air Ambulance

Allows for the limitation to the number of air ambulance services within a specified area or sub-area. This level is inclusive of both emergency and non-emergency responses and inter-facility transports.



A Division of the Ventura County Health Care Agency

BARRY R. FISHER, MPPA
Director

EMERGENCY MEDICAL SERVICES

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STEVEN L. CARROLL, EMT-P
EMS Administrator
ANGELO SALVUCCI, M.D., F.A.C.E.P
Medical Director

December 8, 2011

Sandy Salaber
EMS Systems Analyst
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Sandy,

The 2011 EMS Plan Update for Ventura County EMS Agency is submitted for your review.

Standard changes are shown in the Excel document and Tables 2 through 9, Ambulance Zone Summary Forms and the Trauma System Status Report are included as requested.

Significant changes in the 2011 reporting period include the merger of our Public Health Emergency Preparedness Office into the Ventura County EMS Agency structure. We are also currently in the process of implementing a new electronic patient care reporting system through ImageTrend, Inc. When completed, this project will also include a STEMI and Trauma registry and will be connected to CEMISIS.

Please feel free to contact me at (805) 981-5305 should you require any additional information or have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Carroll", is written over a light blue horizontal line.

Steve Carroll
EMS Administrator

Table 2 - System Organization & Management (cont.)

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

5. EMS agency budget for FY 10-11
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>751,056</u>
Contract Services (e.g. medical director)	<u>325,319</u>
Operations (e.g. copying, postage, facilities)	<u>261,986</u>
Travel	<u>16,874</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>0</u>
Ambulance subsidy	<u>54,575</u>
EMS Fund payments to physicians/hospital	<u>2,209,670</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>17,582</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>

TOTAL EXPENSES \$3,637,062

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE

Special project grant(s) [from EMSA]	
Preventive Health and Health Services (PHHS) Block Grant	\$ _____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>633,421</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>276,499</u>
Certification fees	<u>68,061</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____
Trauma center application fees	_____
Trauma center designation fees	<u>150,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>260,410</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>2,525,170</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>3,637,062</u>

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

Table 2 - System Organization & Management (cont.)

EMS System: Ventura County Reporting year 2010-2011

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.75 / hr	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Admin. Assistant III	1.0	32.26 / hr	36%	
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator III	1.0	38.49 / hr	36%	
Trauma Coordinator	Senior Program Admin.	1.0	43.37 / hr	36%	
Medical Director	EMS Medical Director	0.5	94.41 / hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

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

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	PD Registered Nurse II	0.6	40.25 / hr	0	
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant II	1.0	29.33 / hr	36%	
Other Clerical	Office Assistant III	1.0	19.32 / hr	36%	
Data Entry Clerk					
Other	Courier I	1.0	15.93 / hr	0	

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

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Ventura

Reporting Year: 2010-2011

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	845			62
Number newly certified this year	154			19
Number recertified this year	692			43
Total number of accredited personnel on July 1 of the reporting year	1432		233	112
Number of certification reviews resulting in:				
a) formal investigations	12			
b) probation	2			
c) suspensions	0			
d) revocations	3			
e) denials	1			
f) denials of renewal	0			
g) no action taken	1			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 0
 - b) Number of public safety (defib) certified (non-EMT-I) 0
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 154.055
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies?
Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?
Ventura County Sheriff's Department and Ventura County Fire Protection District

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Ventura

Reporting Year: 2010-2011

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

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	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	Not Defined	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec or ASAP	Not Defined

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: Ventura

Reporting Year: 2010-2011

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

a) Number of patients meeting trauma triage criteria	<u>1813</u>
b) Number of major trauma victims transported directly to a trauma center by ambulance	<u>1343</u>
c) Number of major trauma patients transferred to a trauma center	<u>92</u>
d) Number of patients meeting triage criteria who weren't treated at a trauma center	<u>488</u>

Emergency Departments

Total number of emergency departments	<u>8</u>
a) Number of referral emergency services	<u>0</u>
b) Number of standby emergency services	<u>1</u>
c) Number of basic emergency services	<u>7</u>
d) Number of comprehensive emergency services	<u>0</u>

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>4</u>
2. Number of base hospitals with written agreements	<u>4</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: Ventura
County Ventura
Reporting Year: 2010-2011

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

SYSTEM RESOURCES

- 1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located? Hospital Parking Lots
 - b. How are they staffed? Hospital personnel and PH nurses
 - c. Do you have a supply system for supporting them for 72 hours? yes X no ___

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

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

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

OPERATIONS

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

- 2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name	<u>Conejo Valley Adult School</u>	Contact Person telephone no.	<u>John Everlove</u>
Address	<u>1025 Old Farm Road</u> <u>Thousand Oaks, CA 91360</u>		<u>805-497-2781</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
Open	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>27</u>
		Refresher: <u>2</u>
		Cont. Education: <u>0</u>
		Expiration Date: <u>02-28-15</u>
		Number of courses: <u>2</u>
		Initial training: <u>2</u>
		Refresher: <u>0</u>
		Cont. Education: <u>0</u>

Training Institution Name	<u>EMS Training Institute, Inc.</u>	Contact Person telephone no.	<u>Mark Komins</u>
Address	<u>P.O. Box 940514</u> <u>Simi Valley, CA 93094</u>		<u>877-368-8724</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
Open	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>0</u>
		Refresher: <u>761</u>
		Cont. Education: <u>0</u>
		Expiration Date: <u>02-28-14</u>
		Number of courses: <u>12</u>
		Initial training: <u>0</u>
		Refresher: <u>12</u>
		Cont. Education: _____

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name	Moorpark College	Contact Person telephone no.	Carol Higashida
Address	<u>7075 Campus Road</u> <u>Moorpark, CA 93021</u>		<u>805-378-1433</u>

Student Eligibility: * Open	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>69</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>01-31-15</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

Training Institution Name	Oxnard College	Contact Person telephone no.	Dana Sullivan
Address	<u>4000 S. Rose Avenue</u> <u>Oxnard, CA 93033</u>		<u>805-488-0911</u>

Student Eligibility: * Open	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>169</u> Refresher: <u>43</u> Cont. Education <u>0</u> Expiration Date: <u>01-31-12</u> Number of courses: <u>9</u> Initial training: <u>6</u> Refresher: <u>3</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name	Simi Valley Adult School	Contact Person telephone no.	Sterling Johnson
Address	3150 School Road Simi Valley, CA 93062		805-579-6200

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
Open	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>107</u> Refresher: <u>4</u> Cont. Education _____ Expiration Date: <u>11-30-15</u> Number of courses: <u>7</u> Initial training: <u>6</u> Refresher: <u>1</u> Cont. Education: <u>0</u>

Training Institution Name	Ventura City Fire Department	Contact Person telephone no.	Nancy Merman
Address	1425 Dowell Drive Ventura, CA 93003		805-339-4461

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
Restricted	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>06-30-14</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name	<u>Ventura College</u>	Contact Person telephone no.	<u>Meredith Mundell</u>
Address	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		<u>805-654-6342</u>

Student Eligibility: * Open	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>77</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-15</u> Number of courses: <u>3</u> Initial training: <u>3</u> Refresher: <u>0</u> Cont. Education: <u> </u>
	Basic _____ Refresher _____	

Training Institution Name	<u>Ventura County Fire Department</u>	Contact Person telephone no.	<u>Mark Komins</u>
Address	<u>165 Durley Avenue</u> <u>Camarillo, CA 93010</u>		<u>805-389-9776</u>

Student Eligibility: * Restricted	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>351</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-15</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Training Institution Name	Oxnard Fire Department	Contact Person telephone no.	Stephanie Huhn
Address	360 West Second St. Oxnard, CA 93030		805-385-8361

Student Eligibility: * Restricted	Cost of Program Basic _____ Refresher _____	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>33</u> Cont. Education: <u>0</u> Expiration Date: <u>1-31-12</u> Number of courses: Initial training: <u>0</u> Refresher: <u>1</u> Cont. Education: <u>0</u>
--	--	---

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

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

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Ventura

County: Ventura

Reporting Year: 2010-2011

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

Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710			Primary Contact: Steve McClellen		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___27___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: Oxnard Police/Fire Communications 251 S. C St., Oxnard, CA 93030 (805) 385-7722			Primary Contact: Danah Palmer		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___22___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 1
Name of Current Provider(s):	LifeLine Medical Transport Serving the Ojai Valley since 1935
<p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p>Include intent of local EMS agency and Board action.</p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p>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.).</p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.</p>	
<p>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.</p>	
<p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 2
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
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.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 3
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
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.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 4
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
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.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 5
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p style="color: red;">Previous Owners: Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
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.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 6
Name of Current Provider(s):	Gold Coast Ambulance Serving since 1949
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</p>	
<p>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.</p>	
<p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
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.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
<p>Grandfathered</p> <p>American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p>	
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.	

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Column1

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

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EMERGENCY MEDICAL SERVICES AUTHORITY

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



June 15, 2012

Steve Carroll
 Administrator
 Ventura County EMS Agency
 2220 E. Gonzalez Rd., #130
 Oxnard, CA 93036

Dear Mr. Carroll:

The EMS Authority (EMSA) has approved Ventura County EMS Agency's Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Ventura County EMS Agency's trauma system information provided in the report is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, "The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update." In order to provide you with an appropriate schedule, Ventura County EMS Agency's next Trauma System Status Report shall be included with its EMS Plan Update. According to our files, Ventura County EMS Agency's next EMS Plan Update is due February 2013. To keep on a schedule, your Trauma System Status Report should be submitted with your 2013 EMS Plan Update.

Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

Trauma System Summary

Accepted as Written Required Action Recommendation Comment

Changes in Trauma System

Accepted as Written Required Action Recommendation Comment

The following policies were reviewed as they were stated in the report as being either updated or new:

Policy #1402 Trauma Committees: I was pleased to see there is representation of the RTCC on the Trauma Operational Review Committee. This is an opportunity to bring out-of-county/regional issues to the committee.

Policy #1404 Guidelines for Interfacility Transfer of Patients to a Trauma Center: It is noted that a criteria for transfer includes GCS <14. While it is understood this is a current CDC triage criteria, there is an expected high incidence of over-triage when used as an isolated criterion. I would suggest these patients be categorized in some fashion as "acceptable" or

“unacceptable” over-triage during the QI process. Data can then be used to validate any need for policy revision.

There is reference to diversion in D 2. C. As this should be done as soon as the need for diversion is determined, it may be clearer to list it under IV B. In its current location it may be misinterpreted as declaring the need for diversion at the time of the transfer request.

Policy #1405 Trauma Triage and Destination Criteria: You are to be commended for utilizing the CDC published triage criteria. These criteria have been adopted by many of the local EMS agencies allowing for utilization of more standardized and nationally recognized criteria.

Policy #1406 Trauma Center Standards: Title 22 §100255 (m) refers to the need for local EMS agency review of Trauma Center activation policies to ensure regulatory and contractual compliance. It is unclear in this policy as to whether this review is done.

Policy #1407 Emergency Trauma Transfers: It is unclear why this policy is necessary. While in some sections there is additional language providing clarification (e.g. CCT), in other sections there is a conflict with terms in policy #1404 (e.g. Emergent vs. Code Trauma). I suggest combining the policies.

Number and Designation Level of Trauma Centers

Accepted as Written Required Action Recommendation Comment

Trauma System Goals and Objectives

Accepted as Written Required Action Recommendation Comment

Objective 4 Evaluation: It is noted that participation in CEMSIS continues to be a goal. Please let us know if there is anything the EMS Authority can do to expedite the process.

Changes to Implementation Schedule

Accepted as Written Required Action Recommendation Comment

System Performance Improvement

Accepted as Written Required Action Recommendation Comment

Title 22 §100258 requires a periodic performance evaluation of the trauma system to be conducted at least every two years. The intent of this language is to include the evaluation of the designated Trauma Centers. Ventura County EMS Agency should plan for another evaluation process in early 2013.

Progress on Addressing EMS Authority Trauma System Plan/Status Report Action Items

Accepted as Written Required Action Recommendation Comment

Intercounty Agreements: As a new system I am encouraged that you are working with your RTCC to accomplish intercounty agreements (Title 22 §100255 c.) I recommend you add this as an objective so progress can be tracked (see attachment.)

Data Collection: It is noted that you are working on participation in CEMSIS-Trauma. Please ensure that the state inclusion criteria (attached) are utilized when transmitting data into the state system.

Steve Carroll
July 15, 2012
Page 3 of 3

Thank you again for submitting a report on Ventura County EMS Agency's Trauma System. Your next Trauma System Status Report will be due February 2013 as part of your Annual EMS Plan Update (see attached format). Please provide us with an electronic copy as well as two paper copies. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or tom.mcginis@emsa.ca.gov.

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Smiley for". The signature is written in a cursive style.

Howard Backer, MD, MPH, FACEP
Director

Attachments

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
16) 322-4336 FAX: (916) 324-2875



Date: March 27, 2003

TO: Local EMS Agency Administrators

FROM: Richard E. Watson
Interim Director

SUBJECT: **Implementation of Required Minimum Inclusion Criteria for
Local Trauma Registries**

On August 9, 2001, Governor Davis signed Assembly Bill 430 (Chapter 171) into law and sections 1797.198 and 1797.199 were added to the Health and Safety Code creating the Trauma Care Fund in the State Treasury. As a result, trauma funding was distributed to designated trauma centers for FY 2001/02 and FY 2002/03. Funding was based on trauma registry data received from each local EMS agency.

Section 1797.199 of the above statute requires a "standardized reporting of trauma patients to local trauma registries" by July 1, 2003. To that end, all local EMS Agencies shall utilize the following minimum trauma patient criteria for reporting trauma patients to local trauma registries:

ICD-9 800-959.9

AND

Physically evaluated by trauma or burn surgeon in the ED or resuscitation area

OR

Death in Emergency Department

OR

Transfer for trauma services (note: may include inter-facility and intra-facility)

Exclusion:

Isolated burn without penetrating or blunt mechanism of injury

The development of these criteria began on March 30, 2001, when the EMS Authority convened a Trauma Data Group. This group functioned as a subgroup of the State Trauma Advisory Committee. The following timeline represents the process used for this project:

March 30, 2001	Trauma Data Group established as a sub-group of the State Trauma Advisory Committee to draft the trauma registry inclusion criteria.
February 1, 2002	The draft trauma registry inclusion criteria were presented to the State Trauma Advisory Committee for approval. Minor revisions were made.
February 27, 2002	The draft trauma registry inclusion criteria were provided to the EMS Commission as part of the quarterly report. The report was placed on the consent calendar and approved with no discussion.
September 20, 2002	The draft trauma registry inclusion criteria were sent to each EMS agency with an approved trauma plan for a 30 day review and comment period.
November 1, 2002	Comments were received on the trauma registry inclusion criteria. EMSA staff provided a response for each comment and minor revisions were made.
November 2002	Revised trauma registry inclusion criteria and all comments were sent to the Trauma Data Ad Hoc Group for review. Revisions made.
February 6, 2003	Final draft of trauma registry inclusion criteria approved by State Trauma Advisory Committee.
March 19, 2003	Final draft of trauma registry inclusion criteria approved by the EMS Commission.

It is understood that there may be an implementation phase-in process for trauma registries not currently collecting data on trauma patients meeting the minimum criteria. Any delay in implementation beyond the July 1, 2003 date should be reported to the EMS Authority along with an expected implementation date. It should be noted that failure to collect trauma data as per this criteria may affect future funding as referenced in section 1797.199 of the Health and Safety Code.

The implementation of the minimum trauma registry inclusion criteria brings California another step closer to a state trauma registry. If you have any questions, please contact Bonnie Sinz at (916) 322-4336 extension 460.

cc: State Trauma Advisory Committee
Each EMS Medical Director
Each designated Trauma Center

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9TH STREET
SACRAMENTO, CA 95814-7043
(916) 322-4336 FAX: (916) 324-2875



DATE: February 6, 2004
TO: All Local Emergency Medical Services Agencies
FROM: Richard E. Watson, Interim Director
SUBJECT: TRAUMA PLANS – INTERCOUNTY AGREEMENTS

It has come to the Emergency Medical Services Authority's (EMSA) attention that there may be confusion regarding Section 100255 and 100256 of the trauma regulations. This is to clarify the intent of the regulations.

The language in the regulations indicates that there shall be "agreements" with neighboring jurisdictions regarding trauma. This was added to the trauma regulations to ensure coordination between LEMSAs. For instances where trauma patients are transported directly from the field to another jurisdiction's trauma center, the regulations require that there is an agreement between the jurisdictions.

Although the regulations use the term "agreement", it was never envisioned as a formal agreement or MOU, although that would be acceptable. The intent is to provide for coordination and show that both agencies accept the use of the specified trauma centers. This could be accomplished through cosigned policies or letters between the counties which indicate that patients are transported directly from the field. These letters should include: communication and cooperation regarding diversion, quality improvement participation when appropriate, and data sharing.

I hope this helps to clarify the intent of the regulations and provide you with some helpful examples. Cooperation among all jurisdictions is essential for good trauma care within the state and takes us one step closer to a statewide trauma system. I strongly encourage everyone to fully participate. If you have any questions, please contact Donna Nicolaus at (916) 322-4336, extension 412.

Emergency Medical Services Authority



Trauma System Plan Revision & Annual Trauma System Status Report Guidelines

September 2011

This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.

TRAUMA SYSTEM PLAN

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: www.emsa.ca.gov/emsddivision/trauma_plan_cover.asp.

TRAUMA SYSTEM PLAN - SIGNIFICANT CHANGES

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ✚ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon any changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

ANNUAL TRAUMA SYSTEM STATUS REPORT

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- ✦ **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.

EMS Plan: TRAUMA SYSTEM STATUS REPORT

Trauma System Summary – Brief summary of trauma care system.

Changes in Trauma System – Describe any changes in the trauma care system and/or progress toward implementation.

Number and Designation Level of Trauma Centers – List the designated trauma centers and indicate any potential problems or possible changes in designation.

Trauma System Goals and Objectives – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

Changes to Implementation Schedule – Indicate completion of activities and modify schedule as appropriate.

System Performance Improvement – Provide a description of trauma system review processes accomplished during the reporting year.

Progress on Addressing EMS Authority Trauma System Plan Comments – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

Other Issues – Local EMS Agencies may include any other relevant issues as deemed appropriate.

Ventura County EMS Plan: TRAUMA SYSTEM STATUS REPORT December 2011

Katy Hadduck, Trauma System Manager
Angelo Salvucci, MD, EMS Medical Director
Steve Carroll, EMS Administrator

Trauma System Summary

Ventura County EMSA implemented a county-wide trauma system in 2010.

On July 1, 2010, Los Robles Hospital and Medical Center was designated as a Level II trauma center. On July 12, 2010, Ventura County Medical Center was also designated as a Level II trauma center.

Trauma patients are identified by prehospital care providers according to an established algorithm. For patients who meet criteria, the nearest trauma center is considered to be the base hospital for that incident, and with few exceptions, are transported there.

Trauma system components include policies that address prehospital triage and hospital destination of trauma patients, trauma center standards, reporting requirements, trauma system committees for improvement of trauma care, and both standard and emergency interfacility transfer of trauma patients.

Changes in Trauma System

Updates to VC EMS trauma policies include the following:

- Policy 1402 Trauma Committees
- Policy 1404 Guidelines for IFT to a Trauma Center
- Policy 1405 Trauma Triage and Destination Criteria
- Policy 1406 Trauma Center Standards

New VC EMS trauma policies includes the following:

- Policy 1407 Emergency Trauma Transfers

In September 2011, Ventura County Medical Center received their accreditation by the ACS (American College of Surgeons) as a Level II Trauma Center. Also in the fall of 2011, VCMC presented the County's first Advanced Trauma Life Support education and joined the ACS TQIP (Trauma Quality Improvement Program).

Number and Designation Level of Trauma Centers

There are presently two designated Level II trauma centers in Ventura County.

East County:

Los Robles Hospital and Medical Center
215 West Janss Road
Thousand Oaks, CA 91360

West County:

Ventura County Medical Center
3291 Loma Vista Road
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Trauma System Goals and Objectives (8)

1. Identification and Access:

Goal: To improve injury identification and access to the EMS system.

Objective: VC EMS will study the epidemiology of trauma and identify access problems. Absent a functional trauma registry, this has been problematic to date.

Prior to the designation of either trauma center, VC EMS researched current literature on trauma identification, triage, and hospital destination. Based on current research and best practice recommendations from the 2009 MMWR "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage". VC EMS developed the Ventura County Field Triage Decision Scheme as a guide for prehospital triage and hospital destination determination.

Update: Goal has been achieved.

2. Prehospital Care/Transportation:

Goal: Assure high quality prehospital treatment and transportation systems for the movement of injured patients.

Objectives:

- a. *VC EMS will plan for trauma-specific education of prehospital care providers.*
- b. *VC EMS will coordinate a resource inventory and needs analysis of prehospital care providers to include:*
 - (1) *Capacity for trauma patients*
 - (2) *Equipment*
 - (3) *Education/training needs*

Along with the establishment of policies to guide prehospital triage of trauma patients, VC EMS met with prehospital care providers to discuss these objectives. A comprehensive training packet was provided and a follow-up knowledge assessment was established six months after trauma system initiation.

Update: Goal has been achieved.

3. Hospital Care:

Goal: Development of a network of acute care treatment and rehabilitation facilities.

Objectives:

- a. *VC EMS will complete the RFP materials for the trauma center designation process.*
- b. *VC EMS will assist with the RFP process for the trauma center application/designation.*
- c. *VC EMS will contract with appropriate Level II trauma centers.*
- d. *VC EMS will monitor all participating facilities.*
- e. *VC EMS will identify necessary specialty center linkages such as:*
 - (1) *burn centers*
 - (2) *rehabilitation*
 - (3) *reimplantation*
 - (4) *tissue recovery*
 - (5) *pregnancy*
 - (6) *pediatrics*
 - (7) *brain/spinal cord injury*

VC EMS completed Objectives a, b, and c of this goal prior to the initiation of the trauma system in July 2011.

Objective d is met by the following:

- July 2011: Establishment of trauma triage database to track prehospital triage and hospital destination of trauma patients. With this data, VC EMS can better assess performance of both trauma and non-trauma base hospitals in their direction of hospital destinations.
- February 2011: County staff site visit and system-specific audit of both trauma centers, conducted by VC EMS medical director and trauma system manager.

- February 2011: Establishment of a peer-review trauma committee, Trauma Audit Committee (TAC), a closed committee consisting of trauma surgeons, program managers and prehospital coordinators from three level II trauma centers, located in both Ventura County and Santa Barbara County. The committee provides a collaborative forum in which trauma cases that meet specific audit filter criteria may be discussed and reviewed.
- February 2011: Establishment of an inclusive trauma committee, Trauma Operational Review Committee (TORC), a closed committee consisting of stakeholders in the County trauma system. The membership includes representatives for first responders, transport providers, non-trauma hospitals and trauma centers. The committee serves in an advisory capacity to the VC EMS medical director, and discusses and acts upon issues affecting the delivery of trauma care in the County.

Objective e is met by the following:

- VC EMS trauma centers are required by contract with the County to establish contractual relationships with specialty centers providing care that is unavailable at that trauma center. All required specialty center linkages have been accomplished. Additionally, collaborative work with neighboring counties is currently taking place to establish inter-county agreements/policies for optimal trauma care.

Update: For Objectives a, b, c, and e, the goal has been accomplished. For Objective d, VC EMS will continue to monitor all participating facilities.

4. Evaluation:

Goal: To establish a monitoring program designed to assure appropriate access, flow and treatment of the trauma patient and to assist with trauma system refinements.

Objectives:

- a. VC EMS will finalize and fully implement a countywide trauma registry and integrated management information system.*
- b. VC EMS will seek participation of trauma centers in neighboring counties.*
- c. Ventura County trauma providers will conduct countywide monitoring of trauma system via:*

(1) Trauma Registry data review

- (2) *Trauma Advisory Committee*
- (3) *Internal trauma center audits*
- (4) *Focused studies as necessary*
- (5) *Annual County staff site visits and surveys*
- (6) *Redesignation/site survey processes as needed*

VC EMS has experienced some challenges implementing a countywide trauma registry. Although the same software (Lancet TraumaOne) has been adopted by both trauma centers and VC EMS, we have experienced difficulties with importing clean data from the trauma centers to VC EMS. Although this remains an ongoing project, VC EMS has recently established a web-based ePCR program (ImageTrend) whose features include a web-based trauma registry. Work is currently taking place to map the trauma centers' data to the web-based registry.

It remains the goal of VC EMS to upload clean and validated trauma registry data to EMSA CEMSIS Trauma.

Update: Goal is currently in process.

Revised goal: To fully implement a web-based trauma registry inclusive of all system participant hospitals. The purpose of this inclusive registry is three-fold:

- Assessment of trauma care throughout county
- Evaluation of prehospital trauma triage and destination policies
- Direction of prevention efforts based on trauma data

5. *Injury Prevention:*

Goal: Integrate injury control program standards into the trauma system that are sensitive to the special needs/epidemiology of Ventura County and that are consistent with the County's existing injury programs. Ensure that subsequent prevention activities do not duplicate existing programs.

Objectives:

- a. *VC EMS and trauma system participants will study the etiology of injury based on the countywide Trauma Registry and other data sources.*
- b. *VC EMS and trauma system participants will identify priorities and establish public education and injury prevention goals.*
- c. *VC EMS will assist in the implementation of injury prevention/education strategies.*

Injury prevention activities are among the contractual obligations of the individual County trauma centers, and both have established their own prevention programs, as well as participated in County-driven safety and prevention activities. Data-driven prevention efforts will be implemented when a County-wide trauma registry is in place and functional.

Update: Goal is currently in process.

Revised Goal: With the help of an inclusive trauma registry, to conduct data-driven County-side injury prevention efforts.

6. Administration:

Goal: Establish a program of leadership and oversight to facilitate the implementation of the Trauma Plan.

Objectives:

- a. VC EMS will finalize the trauma system plan.*
- b. VC EMS will conduct an annual review of the trauma system plan's components, criteria and system configuration.*
- c. The Trauma Advisory Committee will provide ongoing system input and direction.*

The trauma system plan was finalized in March 2009. The first annual review and revision of the trauma system plan's components is currently underway. The trauma committees (TORC and TAC) provide regular inclusive system input and direction.

Update: With the exception of the trauma plan review and revision, the goal has been achieved.

Revised Goal: To finalize the first annual review and revision of the trauma system plan's components, criteria and system configuration.

7. Disaster Preparedness:

Goal: Integrate disaster/emergency preparedness with the trauma system.

Objectives: VC EMS will evaluate the specific impact of disaster emergency incidents on the trauma system.

The Multiple Casualty Incident (MCI) Committee has re-convened to address a variety of policy update needs. Among them is the impact of an MCI or disaster on the trauma system. It is anticipated that the MCI policy will be revised to include trauma system-specific issues.

Update: Goal is currently in process.

Revised Goal: To fully integrate the aspects of the County trauma system into the MCI plan.

8. Finance:

Goal: Monitor, evaluate and modify trauma system components as appropriate, based on the financial assessment the trauma system.

Objectives: VC EMS will continue to collaborate with trauma systems Statewide to review financial impacts, to include:

- a. system costs*
- b. provider costs*
- c. system funding alternatives*
- d. provider funding alternatives*

The trauma centers are currently stable with their current volume and have not brought forth any financial concerns as relating to the trauma system. The Regional Trauma Coordinating Committee (RTCC), of which VC EMS is a participating member, addresses issues of finance and funding sources.

Update: Goal is achieved, as well as ongoing.

Changes to Implementation Schedule

Note: All tasks listed under PLAN IMPLEMENTATION were complete as of July 2010, when the VC EMS trauma system was formally established.

<u>PLAN IMPLEMENTATION</u>	Date
Task 1: RFP development	July 2010
Draft RFP	
Finalize RFP based on comments from Stakeholder Advisory Group	
Issue RFP to facilities	
Task 2: RFP process	July 2010
Applicants' conference	
Answer questions from applicants during process (written response to all applicants)	
Develop proposal review committee	
Develop list of potential proposal review committee (PRC) members*	
Talk to potential team members	
Proposals due from hospitals	

Task 3: Proposal Review	July 2010
First reading of individual proposals	
Committee request for follow up or additional information from applicant	
Review final submissions	

Task 4: Conduct site visits	July 2010
Draft letter to team and identify contents of packet for visit	
Pick up team members at airport and provide miscellaneous logistical support during visit	
Attend site visits. Provide staff services.	
Either take team members' individual reports and compile team report or work with team on development of their report	
Distribute draft to team members. Receive and reconcile comments/changes and revise report.	
Finalize team reports	
Designate trauma hospitals based on team reports/recommendations	

Task 5: Contract and workplan development	July 2010
Meet with successful applicant(s) to discuss workplan	
Meet with unsuccessful applicant(s), as requested	
Review workplan(s) and make recommendations	
Draft any necessary correspondence with hospitals regarding workplan.	
Complete contracts for final action & signature	
Board Meeting to ratify contracts with designated hospitals	

Injury Prevention

Task 1: Injury Prevention Program	
Meet with Injury Prevention Program directors of each hospital and County	TBD
Prepare Countywide Injury Prevention Plan	TBD

Trauma Registry

Task 1: Current Registry	
Map current trauma center registries to VC EMS registry	3/2012
Establish web-based trauma registry	3/2012
Assure clean, validated data is imported to County registry	6/2012
Establish data entry for trauma patients in non-trauma hospitals.	12/2012

System Performance Improvement

Trauma system performance review has currently included the following:

- Trauma Operational Review Committee (TORC): This committee meets semi-monthly, to discuss and act upon issues affecting the delivery of

trauma care in the County. As an inclusive committee, TORC is a forum for quality improvement activities involving every prehospital care provider and hospital in the County.

- Trauma Audit Committee (TAC): This committee meets semi-monthly to serve as a collaborative forum in which trauma issues and trauma cases that meet specific audit filter criteria may be discussed and reviewed. The committee consists of VC EMS personnel, trauma surgeons, program managers and prehospital coordinators from three level II trauma centers, located in both Ventura County and Santa Barbara County.
- Establishment of trauma triage database to track prehospital triage and hospital destination of trauma patients. With this data, VC EMS can better assess performance of both trauma and non-trauma base hospitals in their direction of hospital destinations.
- County staff site visit and system-specific audit of both trauma centers, conducted February 2011 by VC EMS medical director and trauma system manager.

Progress on Addressing EMS Authority Trauma System Plan Comments

The following are comments received per the March 20, 2009 letter from EMSA:

Intercounty Agreements

VC EMS is a participating member of the Regional Trauma Coordinating Committee (RTCC), which is currently involved in the development of intercounty agreements between neighboring counties. Additionally, VC EMS has independently taken steps toward collaborative trauma care efforts with bordering counties.

Data Collection

A functional, dynamic trauma registry is recognized as one of the top goals of the VC EMS trauma system. Work toward this goal has included development of inclusion criteria and standardized dataset for trauma patients in both trauma centers and non-trauma hospitals, mapping of current data into the existing VC EMS registry, and procurement, development, testing, and implementation of a web-based trauma registry.

Receiving Hospital Standards

Along with other goals for the VC EMS trauma system, the addition of EMS traffic diversion and Emergency Department for Pediatrics (EDAP)

requirements to receiving hospital criteria are creditable considerations. These issues will be channeled to TORC and the VC EMS medical director for advisement.

Trauma System Evaluation

Policy 1402, "Trauma Committees" (attached) establishes the Trauma Audit Committee, whose responsibility it is to review major complications as defined by the committee.

Reference to coordination with healthcare organizations to facilitate the transfer of an organization member will be included in the VC EMS Trauma Plan revision.

Other Issues

There are presently no other issues to address.