STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY EDMUND G. BROWN JR., *Governor*

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

October 10, 2016

Mr. Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 East Gonzales Road, Suite 200
Oxnard, CA 93036

Dear Mr. Carroll:

This letter is in response to Ventura County's 2015 EMS Plan Update submission to the EMS Authority on September 22, 2016.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2015 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Ventura County received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2014 plan submission.

Historically, we have received EMS Plan submissions from Ventura County for the following years:

- 1999
- 2004
- 2005
- 2007-2009
- 2011-2014

Health and Safety Code (HSC) § 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".*

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 HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Ventura County's 2015 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

	Approved	Not Approved	
A.	☒	☐	System Organization and Management
B.	☒	☐	Staffing/Training
C.	☒	☐	Communications
D.	☒	☐	Response/Transportation

1. Ambulance Zones

   - Based on the documentation provided by Ventura County, please find enclosed the EMS Authority's determination of the exclusivity of Ventura County's EMS Agency's ambulance zones.

E. ☒ ☐ Facilities/Critical Care

1. System Assessment Form

   - Standard 5.10. The minimum standard is indicated as not met, and is assigned as a long-range (more than one year) plan. In the next plan submission, please provide an update on the progress toward meeting the minimum standard.

F.	☒	☐	Data Collection/System Evaluation
G.	☒	☐	Public Information and Education
H.	☒	☐	Disaster Medical Response

IV. Conclusion:

Based on the information identified, Ventura County's 2015 EMS Plan is approved.

Pursuant to HSC § 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:

Ventura County's next annual EMS Plan Update will be due on or before October 31, 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

Enclosure

Approved Ventura County Ambulance Zones

ZONE	EXCLUSIVITY			TYPE			LEVEL								
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Ambulance Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All CCT Ambulance Services	BLS Non-Emergency	Standby Service with Transport Authorization	All Air Ambulance	Emergency Air Ambulance
ASA 1 - City of Ojai		X	Non-Competitive	X				X							
ASA 2 - Cities of Fillmore & Santa Paula		X	Non-Competitive	X				X							
ASA 3 - City of Simi Valley		X	Non-Competitive	X				X							
ASA 4 - Cities of Moorpark & Thousand Oaks		X	Non-Competitive	X				X							
ASA 5 - City of Camarillo		X	Non-Competitive	X				X							
ASA 6 - Cities of Oxnard & Port Hueneme		X	Non-Competitive	X				X							
ASA 7 - City of Ventura		X	Non-Competitive	X				X							

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, EMT-P
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

September 21, 2016

Lisa Galindo
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Lisa,

I am pleased to submit the 2015 Ventura County EMS Plan Update for your review including updated Tables 1 through 11 and updated system assessment forms for Standards 5.10, 5.11, and 6.08. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there have been no changes to these documents since the last submission.

As identified in our last EMS Plan approval dated October 7, 2015, we have added a 7 minute, 30 second Metro/Urban standard for Fire-based ALS responders in Table 5. We do not have established standards for BLS or early defibrillation responders and we do not currently define standards for the other areas, with the exception of the transport ambulances.

We have also made the following updates or corrections:

5.10 and 5.11 remain long-range plans, however there have been some changes locally and we plan to begin participating in statewide EMS for Children activities in 2016.

6.08 is now listed in Table 1 as meeting the minimum requirements as we have completed and distributed our Ventura County Emergency Medical Services 2015 Annual System Report.

In reference to the request for plans to meet the recommended guidelines in Standard 8.09, there has been no change in this status. Ventura County EMS remains supportive of the Los Angeles based DMAT team.

Significant changes in the 2015 reporting period include the re-establishment of our countywide Critical Incident Stress Management Program and continued participation in two pilot Community Paramedicine programs, one involving coordinated care for hospice patients and the other involving TB patients that require daily medication administration. We also completed a revision of the Multi-Casualty Incident training for emergency room nurses and field providers. Other notable accomplishments in 2015 include the coordination of the system wide response to the February 2015 Metrolink derailment and multi-casualty incident and the continuing success of the county wide Sidewalk CPR program, with involvement of our providers and hospitals.

We remain interested in exploring options to increase pediatric care, however, geographic concerns, facility limitations and minimal patient volumes continue to limit our options at establishing a pediatric specialty care system at this time.

Lastly, we have recently appointed Dr. Daniel Shepherd as our new EMS Medical Director, replacing Dr. Angelo Salvucci, who has reduced his hours, but will be remaining with us as our Assistant Medical Director.

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

Sincerely,

Steve Carroll

SECTION II - ASSESSMENT OF SYSTEM 2015
E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard	Recommended Guidelines
5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including: a) the number and role of system participants, particularly of emergency departments, b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix, c) 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 specially care centers, d) identification of providers who are qualified to transport such patients to a designated facility, e) identification of tertiary care centers for pediatric critical care and pediatric trauma, f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and g) a plan for monitoring and evaluation of the system.	

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and one Pediatric Intensive Care Unit (PICU) located at Los Robles Hospital and Medical Center in Thousand Oaks. LRHMC's PICU is a newly added unit, however, the PICU at Ventura County Medical Center in Ventura has suspended service due to staffing and facility issues, leaving Ventura County with one PICU. We anticipate VCMC will re-establish PICU service in early 2017 when a new facility is completed. As necessary, local hospitals work with pediatric specialty

SECTION II - ASSESSMENT OF SYSTEM 2015
E. Facilities and Critical Care

5.10 (Cont'd.)

centers in neighboring counties to coordinate transfers when a higher level of care is needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County.

In 2016, Ventura County EMS staff will be assigned to participate in EMS for Children activities to begin coordination with statewide resources.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Continue to work with local hospitals and prehospital providers to evaluate pediatric care capabilities in Ventura County and begin participation in statewide EMS for Children activities.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY16-17.

SECTION II - ASSESSMENT OF SYSTEM 2015
E. Facilities and Critical Care

Minimum Standard	Recommended Guidelines
5.11 Local EMS agencies shall identify minimum standards or pediatric capability of emergency departments including: a) staffing, b) training, c) equipment, d) identification of patients for whom consultation with a pediatric critical care center is appropriate, e) quality assurance/quality improvement, and f) data reporting to the local EMS Agency.	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.

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	X

CURRENT STATUS:

Ventura County EMS meets the minimum standard for this section. The Ventura County EMS Agency requires all area hospitals to provide basic emergency care for pediatrics. In addition, we have one hospital in the county that has a Pediatric Intensive Care Unit (PICU) and one facility that is a certified Emergency Department Approved for Pediatrics (EDAP). As necessary, hospitals work with pediatric specialty centers in neighboring counties when a higher level of care is needed. We are interested in reviewing options to increase pediatric care capabilities in Ventura County to meet the recommended guidelines, however, this remains a long range plan due to other EMS System priorities.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Continue to work with local hospitals and prehospital providers to evaluate pediatric care capabilities in Ventura County.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY16-17. In 2016, Ventura County EMS staff will be assigned to participate in EMS for Children activities to begin coordination with statewide resources.

SECTION II - ASSESSMENT OF SYSTEM 2015
F. Data Collection and System Evaluation

Minimum Standard	Recommended Guidelines
6.08 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).	

Does not currently meet standard		Meets minimum standard	X	Meets recommended guidelines		Short-range plan		Long-range plan	

CURRENT STATUS:

Ventura County EMS now meets the minimum standard for this section. Ventura County Emergency Medical Services 2015 Annual System Report was completed and distributed in September 2016.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

N/A

OBJECTIVE:

N/A

LEMSA: Ventura **FY: 2015-16**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS	
5.11	Pediatric Emergency Departments	☑	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS	
6.08	Reporting	☑	☐	☐	VCEMS now meets the minimum standards for this section	
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
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		☐	☐	☐		

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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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		
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			
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			
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				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		
6.06 System Design Evaluation		X			
6.07 Provider Participation		X			
6.08 Reporting		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			
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			

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 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: Ventura

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: Public Health Director

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

Implementation of exclusive operating areas (ambulance franchising)	x
Designation of trauma centers/trauma care system planning	x
Designation/approval of pediatric facilities	x
Designation of other critical care centers	x
Development of transfer agreements	
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	x
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	x

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 1,311,107
Contract Services (e.g. medical director)	224,731
Operations (e.g. copying, postage, facilities)	327,496
Travel	32,756
Fixed assets	_____
Indirect expenses (overhead)	_____
Ambulance subsidy	51,075
EMS Fund payments to physicians/hospital	1,656,200
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$ 4,297,887

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	501,461
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	416,446
Certification fees	103,134
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	_____
Trauma center designation fees	150,000
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	196,946
Contributions	_____
EMS Fund (SB 12/612)	2,919,386
Other grants: _____	_____
Other fees: Health Fees	10,514
Other (specify): _____	_____
TOTAL REVENUE	$ 4,297,887

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

__X__ Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	128.00
EMT-I recertification	88.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	71.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	454.00
AEMT training program approval	N/A
EMT-P training program approval	652.00
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	15,000.00
Trauma center designation	75,000.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	N/A
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	EMS Administrator	1.0	63.55 / hr.	40%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Admin.	1.0	51.11 / hr.	44%	Deputy EMS Administrator
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	Supervising PHN	1.0	48.87 / hr.	42%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	51.00 / hr.	45%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	94.41 / hr.	0	Independent Contractor
Disaster Medical Planner	Community Services Coordinator	1.0	24.18 / hr.	45%	EPO Planning Coordinator
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Senior Registered Nurse	1.0	44.57 / hr.	45%	Specialty Systems Coordinator
Public Info. & Education Coordinator					
Executive Secretary	Admin. Assistant II	1.0	31.29 / hr.	42%	EPO Admin. Asst.
Other Clerical	Administrative Assistant I	1.0	28.18 / hr.	44%	

Other Clerical	Management Assistant I	1.0	18.95 / hr.	45%	
Other	Program Administrator III	1.0	46.05 / hr.	45%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	23.10 / hr.	45%	EPO Logistics Coordinator
Other	Program Administrator I	1.0	33.42 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	33.27 / hr.	40%	EMS Specialist and Safety Officer
Other	Community Services Coordinator	1.0	29.07 / hr.	45%	Healthcare Coalition Coordinator
Other Clerical	Administrative Assistant I – Extra Help	0.25	25.00 / hr.	0	Temporary Extra Help

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.

Ventura County Emergency Medical Services Agency
Organizational Chart
September 1, 2016

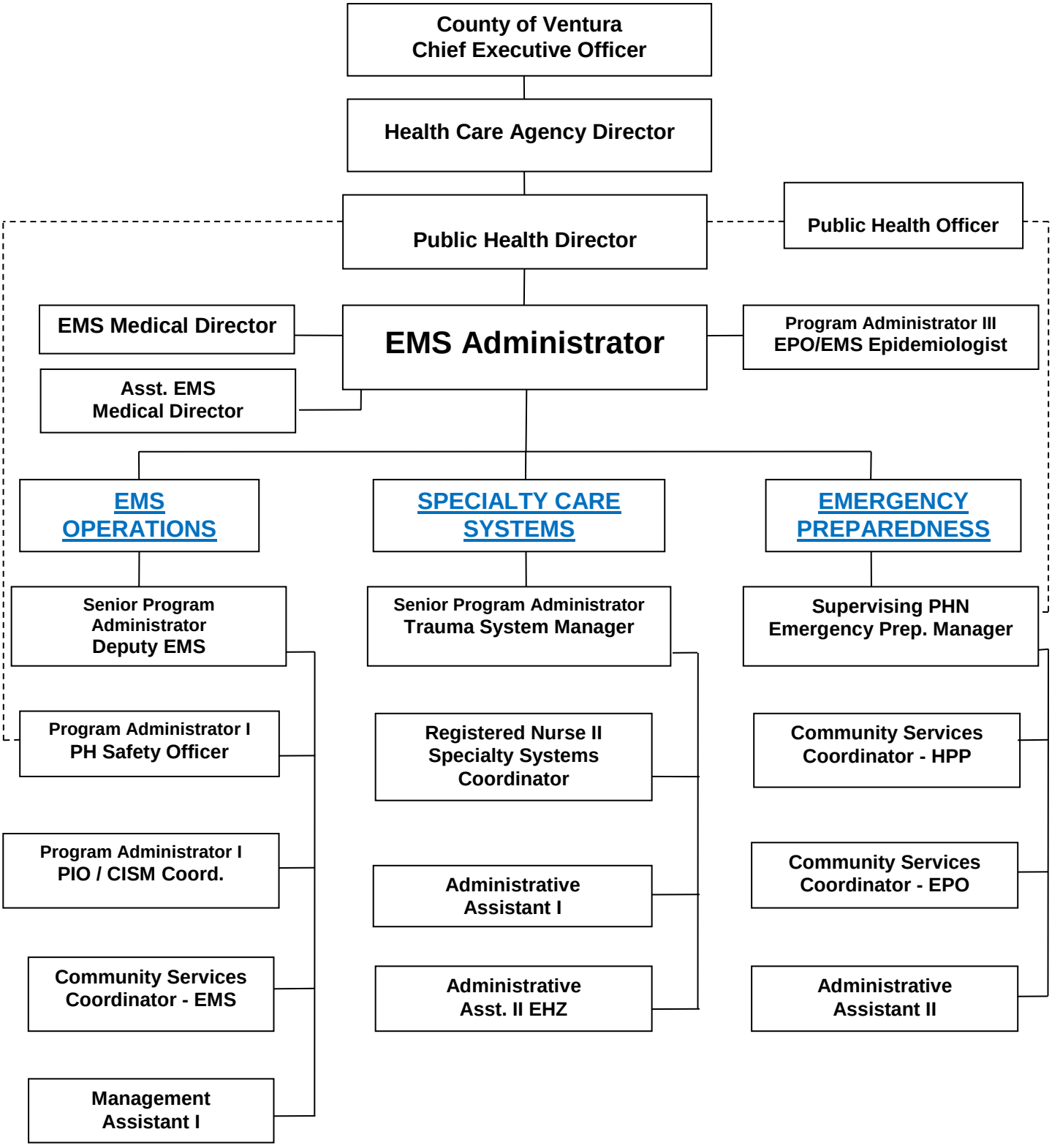

TABLE 3: STAFFING/TRAINING

Reporting Year: __2015_____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1123	0		82
Number newly certified this year	379	0		11
Number recertified this year	744	0		71
Total number of accredited personnel on July 1 of the reporting year	1816	0	245	153
Number of certification reviews resulting in:				
a) formal investigations	11	0		0
b) probation	8	0	0	0
c) suspensions	0	0	0	0
d) revocations	3	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

1. Early defibrillation:
   a) Number of EMT-I (defib) authorized to use AEDs __UNKNOWN__
   b) Number of public safety (defib) certified (non-EMT-I) __UNKNOWN__

2. Do you have an EMR training program ☐ yes **X** no

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2015

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 EMS dispatch agencies utilizing EMD guidelines 2
5. Number of designated dispatch centers for EMS Aircraft 1
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 Dept. and Ventura County Fire Protection District
8. Do you have an operational area disaster communication system? **X** Yes ☐ No
   a. Radio primary frequency 154.055
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system? **X** Yes ☐ No
   d. Do you participate in the Operational Area Satellite Information System (OASIS)? **X** Yes ☐ No
   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? **X** Yes ☐ No
      1) Within the operational area? **X** Yes ☐ No
      2) Between operation area and the region and/or state? **X** Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2015

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	7 min, 30 sec	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: FACILITIES/CRITICAL CARE

Reporting Year: 2015

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	3609
2. Number of major trauma victims transported directly to a trauma center by ambulance	573
3. Number of major trauma patients transferred to a trauma center	30
4. Number of patients meeting triage criteria who were not treated at a trauma center	2123

Emergency Departments

Total number of emergency departments	8
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	7
4. Number of comprehensive emergency services	0

Receiving Hospitals

1. Number of receiving hospitals with written agreements	0
2. Number of base hospitals with written agreements	2

TABLE 7: DISASTER MEDICAL

Reporting Year: 2015

County: Ventura

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, PH nurses, and Medical Reserve Corps
   c. Do you have a supply system for supporting them for 72 hours? **X** Yes ☐ No

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

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

4. List all counties with which you have a written medical mutual aid agreement.
   __Medical Mutual Aid with all Region 1 and Region 6 counties_____

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

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

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

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

9. If not, to whom do you report? Health Care Agency, Public Health Department

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

Response/Transportation/Providers

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

County: Ventura **Provider:** American Medical Response **Response Zone:** 2,3,4,5,7

Address: 616 Fitch Ave
Moorpark, CA 93021

Number of Ambulance Vehicles in Fleet: 30

Phone Number: 805-517-2000

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 18

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	**X** Yes ❒ No	**X** Yes ❒ No	**X** Transport ❑ Non-Transport **X** ALS ❑ BLS **X** 9-1-1 **X** 7-Digit **X** CCT **X** IFT **X** Ground ❑ Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X** Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

42294	Total number of responses	32586	Total number of transports
38843	Number of emergency responses	29573	Number of emergency transports
3451	Number of non-emergency responses	3013	Number of non-emergency transports

Air Ambulance Services

	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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Gold Coast Ambulance **Response Zone:** 6

Address: 200 Bernoulli Circle
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 19

Phone Number: 805-485-3040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 15

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	**X** Yes ❒ No	**X** Yes ❒ No	**X** Transport ❒ Non-Transport **X** ALS ❒ BLS **X** 9-1-1 **X** 7-Digit **X** CCT **X** IFT **X** Ground ❒ Air ❒ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X** Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

23279	Total number of responses	18458	Total number of transports
16936	Number of emergency responses	12386	Number of emergency transports
6343	Number of non-emergency responses	6072	Number of non-emergency transports

Air Ambulance Services

	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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** LifeLine Medical Transport **Response Zone:** 1

Address: 632 E. Thompson Ave.
Ventura, CA 93001

Number of Ambulance Vehicles in Fleet: 8

Phone Number: 805-653-9111

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 6

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	**X** Yes ❒ No	**X** Yes ❒ No	**X** Transport ❑ Non-Transport **X** ALS ❑ BLS **X** 9-1-1 **X** 7-Digit **X** CCT **X** IFT **X** Ground ❑ Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
❒ Public **X** Private	❒ Fire ❒ Law ❒ Other Explain:	❒ City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

10355	Total number of responses	9583	Total number of transports
2208	Number of emergency responses	1436	Number of emergency transports
8147	Number of non-emergency responses	8147	Number of non-emergency transports

Air Ambulance Services

	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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura City Fire Dept. **Response Zone:** _____

Address: 1425 Dowell Dr.
Ventura, CA 93003

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-339-4300

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X ALS X 9-1-1 X Ground X Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

_____ 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

Air Ambulance Services

_____ 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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Oxnard Fire Dept. **Response Zone:** _____

Address: 360 W. Second St.
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-385-7722

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
❒ Yes **X** No	❒ Yes **X** No	**X** Yes ❒ No	❑ Transport **X** Non-Transport ❑ ALS **X** BLS **X** 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT **X** Ground ❑ Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X** Fire ❒ Law ❒ Other Explain: _____	**X** City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

_____ 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

Air Ambulance Services

_____ 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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Santa Paula Fire Dept. **Response Zone:** _____

Address: 214 S. 10th St.
Santa Paula, CA 93060

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-525-4478

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
❒ Yes **X** No	❒ Yes **X** No	**X** Yes ❒ No	❑ Transport **X** Non-Transport	❑ ALS **X** BLS
			X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT	**X** Ground ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	**X** Fire ❒ Law ❒ Other Explain: _____	**X** City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Fillmore Fire Dept. **Response Zone:** _____

Address: PO Box 487
Fillmore, CA 93015

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-524-0586

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X ALS X 9-1-1 X Ground X Non-Transport ❑ BLS ❑ 7-Digit ❑ Air ❑ CCT ❑ Water ❑ IFT	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	X City ❒ County ❒ State ❒ Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

THIS IS NOT A TRANSPORT PROVIDER

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

Transporting Agencies

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

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

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura County Fire Dept. **Response Zone:** _____

Address: 165 Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-389-9710

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 0

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	❑ Transport X Non-Transport	X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑ IFT X Ground ❑ Air ❑ Water

Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	X Fire ❒ Law ❒ Other Explain: _____	❒ City ❒ County ❒ State X Fire District ❒ Federal	❒ Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance ❒ ALS Rescue ❒ BLS Rescue

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

_____ 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

Air Ambulance Services

_____ 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

Table 8: Resource Directory

Response/Transportation/Providers

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

County: Ventura **Provider:** Ventura County Sheriff's Dept. **Response Zone:** _____

Address: 375A Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 805-388-4212

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

Written Contract:	**Medical Director:**	**System Available 24 Hours:**	**Level of Service:**	
X Yes ❒ No	X Yes ❒ No	X Yes ❒ No	X Transport ❑ Non-Transport X ALS X BLS X 9-1-1 ❑ 7-Digit ❑ CCT ❑IFT ❑ Ground X Air ❑ Water	
Ownership:	**If Public:**	**If Public:**	**If Air:**	**Air Classification:**
X Public ❒ Private	❒ Fire X Law ❒ Other Explain: _____	❒ City X County ❒ State ❒ Fire District ❒ Federal	X Rotary ❒ Fixed Wing	❒ Auxiliary Rescue ❒ Air Ambulance X ALS Rescue X BLS Rescue

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

Air Ambulance Services

102 Total number of responses
102 Number of emergency responses
0 Number of non-emergency responses

70 Total number of transports
70 Number of emergency transports
0 Number of non-emergency transports

Response numbers are for rescue aircraft only

TABLE 9: FACILITIES

County: Ventura

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

Facility: Community Memorial Hospital Telephone Number: 805-652-5011
Address: Loma Vista and Brent
Ventura, CA 93003

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[1]	❒ Yes **X** No		
EDAP[2]	❒ Yes **X** No		
PICU[3]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** Yes ❒ No

[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: FACILITIES

County: Ventura

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

Facility: Los Robles Regional Medical Center Telephone Number: 805-497-2727
Address: 215 W. Janss Road
Thousand Oaks, CA 91360

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

Pediatric Critical Care Center[4]	❒ Yes **X** No	**Trauma Center:**	**If Trauma Center what level:**
EDAP[5]	**X** Yes ❒ No		
PICU[6]	❒ Yes **X** No	**X** Yes ❒ No	❒ Level I **X** Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** Yes ❒ No

[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: FACILITIES

County: Ventura

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

Facility: Ojai Valley Community Hospital Telephone Number: 805-646-1401
Address: 1406 Maricopa Highway
Ojai, CA 93023

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency **X** Standby Emergency ❒ Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

Pediatric Critical Care Center[7]	❒ Yes **X** No	**Trauma Center:**	**If Trauma Center what level:**
EDAP[8]	❒ Yes **X** No		
PICU[9]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	❒ 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: FACILITIES

County: Ventura

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

Facility: St. John's Pleasant Valley Hospital Telephone Number: 805-389-5800
Address: 2309 Antonio Ave.
Camarillo, CA 93010

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[10]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[11]	❒ Yes **X** No		
PICU[12]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[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 9: FACILITIES

County: Ventura

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

Facility: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave
Oxnard, CA 93033

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[13]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[14]	❒ Yes **X** No		
PICU[15]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
X Yes ❒ No	**X** Yes ❒ No

[13] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[14] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[15] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Simi Valley Hospital Telephone Number: 805-955-6000
Address: 2975 N. Sycamore Dr.
Simi Valley, CA 93065

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[16]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[17]	❒ Yes **X** No		
PICU[18]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[16] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[17] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[18] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: Ventura County Medical Center Telephone Number: 805-652-6000
Address: 3291 Loma Vista Road
Ventura, CA 93003

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
X Yes ❒ No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	**X** Yes ❒ No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[19]	❒ Yes **X** No	**X** Yes ❒ No	❒ Level I **X** Level II ❒ Level III ❒ Level IV
EDAP[20]	❒ Yes **X** No		
PICU[21]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[19] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[20] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[21] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

Facility: VCMC Santa Paula Hospital Telephone Number: 805-933-8600

Address: 525 N. 10th Street
Santa Paula, CA 93060

Written Contract:	**Service:**	**Base Hospital:**	**Burn Center:**
❒ Yes **X** No	❒ Referral Emergency ❒ Standby Emergency **X** Basic Emergency ❒ Comprehensive Emergency	❒ Yes **X** No	❒ Yes **X** No

		Trauma Center:	**If Trauma Center what level:**
Pediatric Critical Care Center[22]	❒ Yes **X** No	❒ Yes **X** No	❒ Level I ❒ Level II ❒ Level III ❒ Level IV
EDAP[23]	❒ Yes **X** No		
PICU[24]	❒ Yes **X** No		

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	**X** Yes ❒ No

[22] Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
[23] Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
[24] Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: Conejo Valley Adult School Telephone Number: 805-497-2761
Address: 1025 Old Farm Road
Thousand Oaks, CA 91360

Student Eligibility*: General Public **Program Level EMT

Cost of Program:
Basic: 950.00
Refresher: 299.00

Number of students completing training per year:
Initial training: 34
Refresher: 0
Continuing Education: 0
Expiration Date: 02/28/19

Number of courses:
Initial training: 2
Refresher: 0
Continuing Education: 0

Training Institution: EMS Training Institute Telephone Number: 805-581-2124
Address: P.O. Box 940514
Simi Valley, CA 93064

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 995.00
Refresher: 200.00

Number of students completing training per year:
Initial training: 321
Refresher: 351
Continuing Education: 0
Expiration Date: 1/30/18

Number of courses:
Initial training: 10
Refresher: 7
Continuing Education: 0

*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: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: St. John's Regional Medical Center Telephone Number: 805-988-2500
Address: 1600 N. Rose Ave.
Oxnard, CA 93033

Student Eligibility*: Private

**Program Level MICN

Cost of Program:
Basic: 300.00
Refresher:

Number of students completing training per year:
Initial training: 11
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 1
Refresher: 0
Continuing Education: 0

Training Institution: Oxnard College Telephone Number: 805-377-2250
Address: 4000 South Rose Avenue
Oxnard, CA 93033

Student Eligibility*: General

**Program Level EMT

Cost of Program:
Basic: 295.00
Refresher: 88.00

Number of students completing training per year:
Initial training: 77
Refresher: 15
Continuing Education: 0
Expiration Date: 1/31/20

Number of courses:
Initial training: 2
Refresher: 1
Continuing Education: 0

*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: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: Oxnard Fire Department Telephone Number: 805-385-8361
Address: 360 West Second Street
Oxnard, CA 93033

Student Eligibility*: Fire Personnel **Program Level EMT

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 1/31/20

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

Training Institution: Simi Valley Adult School Telephone Number: 805-579-6200
Address: 3150 School Road
Simi Valley, CA 93062

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 850.00
Refresher: 325.00

Number of students completing training per year:
Initial training: 65
Refresher: 7
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 5
Refresher: 1
Continuing Education: 0

*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: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: Ventura City Fire Department Telephone Number: 805-339-4461
Address: 1425 Dowell Dr.
Ventura, CA 93003

Student Eligibility*: Fire Personnel **Program Level EMT

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 6/30/18

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

Training Institution: Ventura College Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 295.00
Refresher:

Number of students completing training per year:
Initial training: 66
Refresher: 0
Continuing Education: 0
Expiration Date: 11/30/19

Number of courses:
Initial training: 4
Refresher: 0
Continuing Education: 0

*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: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: Ventura College – Paramedic Program Telephone Number: 805-654-6400 ext 1354
Address: 4667 Telegraph Road
Ventura, CA 93003

Student Eligibility*: General **Program Level Paramedic

Cost of Program:
Basic: 962.00
Refresher:

Number of students completing training per year:
Initial training: 15
Refresher: 0
Continuing Education: 0
Expiration Date: 4/30/20

Number of courses:
Initial training: 1
Refresher:
Continuing Education:

Training Institution: Ventura County Fire Protection District Telephone Number: 805-389-9776
Address: 165 Durley Dr.
Camarillo, CA 93010

Student Eligibility*: Fire Personnel **Program Level EMT

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date: 2/28/19

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

*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: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2015

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

Training Institution: Charter College Telephone Number: 805-913-1240
Address: 2000 Outlet Center Dr. #150
Oxnard, CA 93036

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 1750.00
Refresher:

Number of students completing training per year:
Initial training: 33
Refresher: 0
Continuing Education: 0
Expiration Date: 4/30/18

Number of courses:
Initial training: 4
Refresher:
Continuing Education:

Training Institution: Telephone Number:
Address:

Student Eligibility*: **Program Level

Cost of Program:
Basic: 0
Refresher: 0

Number of students completing training per year:
Initial training: 0
Refresher: 0
Continuing Education: 0
Expiration Date:

Number of courses:
Initial training: 0
Refresher: 0
Continuing Education: 0

*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 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2015

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

Name: Ventura County Fire Protection District Primary Contact: Steve McClellen
Address: 165 Durley Ave. Camarillo, CA 93010
Telephone Number: 805-389-9710

Written Contract: ☐ Yes X No
Medical Director: ☐ Yes X No
X Day-to-Day ☐ Disaster
Number of Personnel Providing Services: 27 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other

Ownership: X Public ☐ Private
If Public: X Fire ☐ Law ☐ Other Explain: _____
If Public: ☐ City ☐ County ☐ State X Fire District ☐ Federal

Name: Oxnard Police/Fire Communications Primary Contact: Cmdr. Andrew Salinas
Address: 251 S. C St., Oxnard, CA 93030
Telephone Number: 805-385-7722

Written Contract: ☐ Yes X No
Medical Director: ☐ Yes X No
X Day-to-Day ☐ Disaster
Number of Personnel Providing Services: 25 EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other

Ownership: X Public ☐ Private
If Public: X Fire ☐ Law ☐ Other Explain: _____
If Public: X City ☐ County ☐ State ☐ Fire District ☐ 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**
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 Ojai.**
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**
	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.
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 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

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.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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): Include intent of local EMS agency and Board action.	**Exclusive**
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 for 911 calls only**
Method to achieve Exclusivity, if applicable (HS 1797.224):	**Grandfathered** **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.** **Previous Owners:** **Brady Ambulance 1962-1975** **Pruner Health Services 1975-1993** **Careline 1993-1996** **Medtrans 1996-1999** **American Medical Response 1999-present**
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

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.

Previous Owners:
Conejo Ambulance 1962-1975
Pruner Health Services 1975-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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.

Previous Owners:
Camarillo Ambulance 1962-1978
Pruner Health Services 1978-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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

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.

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 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):

Grandfathered

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.

Previous Owners:
Courtesy Ambulance 1962-1991
Pruner Health Services 1991-1993
Careline 1993-1996
Medtrans 1996-1999
American Medical Response 1999-present

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.

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.

EMERGENCY MEDICAL SERVICES AUTHORITY
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441

February 7, 2017

Steve Carroll
Administrator
Ventura County Agency
2220 E. Gonzales Road, Suite 200
Oxnard, CA 93036-0619

Dear Mr. Carroll:

The EMS Authority (EMSA) has approved Ventura County's 2016 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Ventura County's trauma system information provided in the report and subsequent correspondence 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 to the EMS Authority an annual trauma system status report. 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**

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**

Changes to Implementation Schedule
☒ **Accepted as Written** ☐ **Required Action** ☐ **Recommendation** ☐ **Comment**

System Performance Improvement
☒ **Accepted as Written** ☐ **Required Action** ☐ **Recommendation** ☐ **Comment**

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

☒ **Accepted as Written** ☐ **Required Action** ☐ **Recommendation** ☐ **Comment**

Thank you again for submitting a report on Ventura County's Trauma System. Your next Trauma System Status Report will be due February 7, 2018 (see attached format). Please provide us with an electronic copy. If you have any questions, please contact Tom McGinnis at (916) 322-4336 or tom.mcginnis@emsa.ca.gov.

Sincerely,

Howard Backer, MD, MPH, FACEP
Director

Attachment

TRAUMA SYSTEM STATUS REPORT

Reporting for Calendar Year 2015

Steve Carroll, EMS Administrator
Katy Hadduck, Trauma System Manager

Trauma System Summary

The Ventura County trauma system was created by a resolution of the Ventura County Board of Supervisors in 2010. Ventura County Medical Center (VCMC) and Los Robles Hospital and Medical Center (LRHMC) are County-designated Level II trauma centers, and are geographically situated to provide similar access to trauma care for all areas of the County.

Both trauma centers are required by contract to maintain American College of Surgeons (ACS) verification. VCMC was awarded their latest ACS verification in 2014, and anticipate their next ACS visit in 2017. LRHMC renewed their verification with their latest ACS visit in February 2016.

VCMC's trauma catchment includes the West County, North County, South Coast, Santa Clara Valley and Los Padres National Forest areas. The trauma program is co-directed by Drs. Thomas Duncan and Javier Romero. Marie Pelkola, RN, their trauma program manager (TPM), has many years' experience in trauma nursing and in leadership at VCMC.

LRHMC provides trauma care for the East County, including most of Camarillo, the Conejo Valley, Simi Valley and areas near the western Los Angeles County border. Their trauma director is Dr. Makruhi Kademian, and the TPM is Cynthia Marin, RN who was recently recruited from a trauma management position in Los Angeles.

Prehospital trauma triage procedures and practices have not changed since the last Ventura County Trauma System Status Update.

2015 Trauma Statistics	Data Definition	N
Pts meeting trauma triage criteria	Step 1-4	3609
Major trauma transported directly to trauma center by ambulance	Step 1-2	573
Major trauma pts transferred to a trauma center	Per trauma registry, pts IFT to trauma center from non-trauma center hospital with ISS >15	30
Pts meeting triage criteria who were not treated at a trauma center	Step 1-4 transported to non-trauma center hospital	2123

Changes in Trauma System

VCEMS added a trauma policy:

Policy 1403, "Trauma Registry and Data"

This policy was enacted in July 2015, and addresses standardized trauma data. It was reviewed and approved by the Ventura County Trauma Operational Review Committee (TORC).

Additional changes to the trauma system include the following:

In October 2015, LRHMC added Dr. John Delgado to their medical staff. Dr. Delgado is an orthopedic surgeon skilled in operative management of complex acetabular fractures.

A committee of the trauma center TPMs and the LEMSA trauma system manager was initiated in 2015. The Trauma Manager Huddle meets monthly to discuss topics of interest and quality improvement, and allows opportunity for networking among County trauma leadership.

Due to the departure of the medical director, as well as staffing difficulties, VCMC's PICU services were temporarily suspended on March 3, 2015. It is predicted that VCMC PICU services will be re-established at a later date.

Number and Designation Level of Trauma Centers

There are presently two designated and accredited Level II trauma centers in Ventura County. Both trauma centers are TQIP participants.

East County:
Los Robles Hospital and Medical Center (LRHMC)
215 West Janss Road
Thousand Oaks, CA 91360

West County:
Ventura County Medical Center (VCMC)
3291 Loma Vista Road
Ventura, CA 93003

Trauma System Goals and Objectives

In keeping with the context of the EMS System in general, goals and objectives have been established or revised with realistic tasks, stakeholders, and target dates.

1. Identification and Access:

Goal: To monitor and possibly improve injury identification and transport to the most appropriate hospital.

Objective: Ventura County EMS undertriage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries.

Update: VCEMS bases prehospital trauma triage policy on current research and best practice recommendations from the 2011 MMWR "Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage," as well as a limited set of system-specific criteria (see Policy 1405, "Trauma Triage and Destination Criteria").

According to Resources for Optimal Care of the Injured Patient, ACS 2014 (Orange Book), undertriage for prehospital trauma patients may be defined by a variety of ways, including analysis of "major trauma patients who were transported incorrectly to a non-trauma center." For Ventura County's trauma system, we currently track and review each "emergent" trauma transfer for appropriateness of care and transfer criteria. For those who were transported to a non-trauma hospital by EMS and subsequently emergently transferred to a trauma center, the prehospital care and decision making is reviewed as well.

January – December 2015:

277 Total number of patients transported from the field by EMS to a trauma center, who had ISS ≥ 16

- 121 LRHMC
- 156 VCMC

31 Emergent trauma transfers to trauma centers, arrived non-trauma center hospital by POV

14 Emergent trauma transfers to trauma centers, arrived non-trauma center hospital by EMS

- 3 Documentation review indicates patient met trauma triage criteria Step 1-3
- 4 ISS > 15 at trauma center

Objective: undertriage analysis of the system will also include a review of patients "who were taken to a non-trauma center hospital and then died of potentially preventable causes" (Orange Book).

Update: In 2015, VCEMS began working with Ventura County Office of Vital Statistics to discover and review cases in which a patient died of a trauma-related cause, in a Ventura County non-trauma center hospital. Each case is brought to TORC for committee discussion as to appropriateness of care.

Timeline: Goal has been achieved: Follow-up is triannual, ongoing.

2. Prehospital Care/Transportation:

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

Objective: VCEMS will plan for trauma-specific education of prehospital care providers.

Update: Trauma-specific education of prehospital care providers has been delivered by first responder fire departments, ambulance providers, base hospital prehospital care coordinators, and regular presentations of trauma-specific topics by the two trauma centers. A master calendar is maintained at VCEMS and posted on the website.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year.

Revisions in policies that affect the delivery of prehospital care to trauma patients are brought to a twice-yearly EMS update for EMTs and paramedics.

EMS will continue to monitor and review prehospital trauma care throughout system using current methods of tracking and loop closure when appropriate.

Timeline: Goal has been achieved: Follow-up is biannual, ongoing.

3. Hospital Care:

Goal: Development of a network of trauma care that meets the needs of an appropriately regionalized system.

Objective: Patients who are injured in multiple casualty incidents (MCIs) and patients injured at locations significantly closer to out-of-county trauma centers, may be appropriately transported to a Los Angeles or Santa Barbara trauma center.

Update: In 2015, letters of agreement regarding accepting and providing care for patients with traumatic injuries were exchanged with the EMS Agencies for Los Angeles and Santa Barbara. The base hospital for a number of incidents located near the northern border of Ventura County directed patients to Santa Barbara Cottage Hospital, and patients injured near the northeastern edge of the County were directed to Henry Mayo Hospital in Los Angeles County.

Timeline: Goal has been achieved: Follow-up is yearly, ongoing.

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:

1. *VCEMS will ensure the registries in both County trauma centers have identical NTDB datasets and match the current data dictionary.*

2. *For Step 1-4 trauma patients transported to non-trauma center hospitals in the County, as well as trauma centers out-of-county, VCEMS will establish a system for obtaining a limited dataset (including outcome) that will be used to provide a clearer evaluation of the trauma system.*

3. *LRHMC and VCMC will have identical inclusion criteria, as defined in EMS policy.*

Update: Trauma registries are continuous "works in progress." Each trauma center has the latitude to establish their own inclusion criteria and dataset. Designated trauma centers typically collect and report, at a minimum, the data elements of The National Trauma Data Standard (NTDS).

Currently LRHMC and VCMC, as well as the other trauma centers in TAC membership, are using the Data Dictionary: 2015 Admissions for their minimum registry dataset.

As of December 2015, VCEMS obtains outcome data only for trauma patients who are transported emergently to a trauma center.

Timeline: Objective 1 has been achieved. Follow-up is yearly, ongoing. Objectives 2 and 3 are in process, with follow-up ongoing.

5. Injury Prevention:

Goal: Integrate injury control program standards into the trauma system that are sensitive to the special needs/epidemiology of Ventura County.

Objectives:

1. *VCEMS will have fully implemented the EMS portion of the Elderly Fall Prevention Coalition project*

2. *VCEMS will identify and collaborate with all County trauma centers' fall prevention efforts.*

Update: The Elderly Fall Prevention Coalition (EFPC) fall prevention project was fully implemented in the pilot area, which included the catchment area for VCMC, in July 2014. This is primarily a "secondary fall" prevention effort and is directed toward assisting elderly individuals who have already experienced a fall in the home with resources to prevent another fall.

LRHMC is a member of EFPC and actively participates in fall prevention planning and programs.

A feature of the Elderly Fall Prevention Program was added in 2015 that directs efforts toward elderly individuals who have been referred from Ventura County Public Health after a fall risk assessment, as well as self-referral of seniors. "Stepping On" is a workshop that provides exercises and strategies to prevent falling. "A Matter of Balance" is a program designed to manage risks of falls and increase activity levels. "Tai Chi" is a simplified class intended for beginners, is appropriate for seniors, and concentrates on moving through better balance. Classes are free of charge, evidence-based, and funded by a grant from the State.

In early 2015, LRHMC joined the EFPC and is collaborating toward extending the pilot area to their own catchment area.

County trauma centers' injury prevention efforts are identified and discussed at specific multidisciplinary trauma center meetings, which the EMS trauma manager attends, as well as EMS-lead meetings of the trauma program managers.

Timeline: Objective 1 is in process. Due to staffing and financial considerations, the fall prevention program has not been fully implemented outside the pilot area of VCMC's catchment area. Objective 2 has been achieved. Follow-up for both objectives is at least quarterly, ongoing.

6. Inclusive Trauma System:

Goal: Promote collaboration and partnership in improving trauma care throughout the County. Facilitate the establishment of networks in which trauma care providers may learn, share, and operate as an inclusive system.

Objective: Provide a forum for trauma care providers working in Ventura County's six non-trauma center hospitals to participate in trauma education, problem-solving, and policy development/review.

Update: VCEMS encourages the non-trauma center hospitals to be active in the trauma system through the triannual meetings of the Trauma Operational Review Committee. All emergent transports of trauma patients from a non-trauma center hospital to a trauma center are tracked and discussed with sending facility personnel.

Timeline: Follow-up is at least triannual, with individual incidents addressed as they occur. Ongoing.

7. Assure Currency of Trauma Policies:

Goal: Assure EMS trauma policies conform to national standards of the ACS and CDC.

Objective: VCEMS Trauma Policies will be reviewed for consistency with current ACS and CDC recommendations.

Update: All trauma policies reflect current national standards. Policies are reviewed, revised, and updated on a two-year cycle, and are brought to TORC, and TAC, as appropriate.

Timeline: Follow-up is triannual, ongoing.

Changes to Implementation Schedule

There are no changes to implementation schedule to report at this time.

System Performance Improvement

Trauma system performance review currently includes the following:

Trauma Operational Review Committee (TORC): This committee meets tri-annually, 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. Case reviews are provided by each trauma center that address system issues.

Trauma Audit Committee (TAC): This committee meets tri-annually 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 and two Level III trauma center, located in the tri-county region of Ventura, Santa Barbara, and San Luis Obispo Counties.

Pre-TAC: This committee meets tri-annually to provide a working platform for TAC meetings. It involves the trauma managers from three counties and five trauma centers, as well as the medical director who chairs TAC.

RTCC Grand Rounds, presented October 2015, hosted again by VCEMS. For this year's Grand Rounds, BRN and CME credit was provided, sponsored by Children's Hospital of Los Angeles.

Progress on Addressing EMS Authority Trauma System Plan Comments

The October 19, 2015 letter from Dr. Backer approved the VCEMS Trauma System. All categories of the trauma system status report were accepted as written, with no required action, recommendations, or comments.

Other Issues

There are presently no other issues.

Attachments

VCEMSA Policy 1403 "Trauma Registry and Data"

END OF REPORT

COUNTY OF VENTURA HEALTH CARE AGENCY	EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Trauma Registry and Data	Policy Number 1403
APPROVED: Administration: Steven L. Carroll, EMT-P	Date: June 1, 2016
APPROVED: Medical Director: Angelo Salvucci, M.D.	Date: June 1, 2016
Origination Date: July 14, 2015 Date Revised: Date Last Reviewed: Review Date: July, 2018	Effective Date: June 1, 2016

I. PURPOSE: To standardize data elements collected from trauma care facilities to monitor, review, evaluate, and improve the delivery of prehospital advanced life support and hospital trauma care services.

II. AUTHORITY: Health and Safety Code, §1797.160, §1797.161, and §1798, and California Code of Regulations, Title 22, §100255.

III. POLICY: The following information shall be collected by Ventura County designated Trauma Centers and Community Hospitals and reported to the Ventura County EMS Agency.

IV. INCLUSION CRITERIA

A. Diagnostic code for any injury included in the following range

ICD-9-CM: 800-959.9

OR

ICD-10-CM: S00-S99, T07, T14, T20-T28, T30-T32 and T79.A1-T79.A9

AND

At least one injury with a diagnostic code outside the range of the following codes:

905-909.9, 910-924.9, or 930-939.9

S00, S10, S20, S30, S40, S50, S60, S70, S80, S90

B. Meets at least ONE of the following criteria

a. Death

b. Hospital admission as either observation or inpatient status

c. Interfacility transfer to provide a higher level of trauma care (in or out)

d. Meets prehospital trauma triage criteria for Step 1-4

e. Trauma centers ONLY: full or limited trauma team activation

C. Data element description

1. Trauma Centers

a. Current data components for NTDS® (National Trauma Data Standard)

b. Ventura County specific data

1. Hospital account number for ED visit

2. If transported to trauma center by ambulance

A. ImageTrend ePCR number

B. Trauma Step assigned by EMS

2. Community hospitals

a. Date of birth

b. Date of ED arrival

c. Date of admission

d. Hospital account number

e. ICD-9 or ICD-10 codes

f. Hospital outcome

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d. Hospital account number

e. ICD-9 or ICD-10 codes

f. Hospital outcome

Ventura County EMS Plan
2015 QUALITY IMPROVEMENT PROGRAM
ANNUAL UPDATE

August 2016

Steve Carroll, EMS Administrator
Karen Beatty, Specialty Systems Coordinator

QI Program Summary

Ventura County EMSA continues the process of redefining our current QI Plan. We are re-organizing our structure as it relates to how our core measure data is collected and how best to disseminate the information to our key stakeholders. We are ensuring that all core measures are patient focused and implementation for improvement will be timely and sustainable.

Changes in the QI program

Thus far, in 2016, we have analyzed our 2015 data to identify improvement projects. Through our monthly TAG meetings along with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest meetings, we continue to monitor our Air-Q study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival. We developed a Cardiac Arrest Review (CAR) team, which analyzed intervals from the 911 call to ED arrival or pronouncement on scene.

We are collecting data from our pre-hospital agencies and hospitals in order to follow a patient from a 911 call to activities done in the hospital. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time. In 2015 we had a median time of 26 minutes. We decreased our time by having medics transport patients directly to the CT scanner if they meet “stroke” criteria.

2. Dispatch notified to t-PA given in ED. In 2015, we had a median time of 86 minutes. We have a median scene time of 11.5 minutes, and the hospitals utilized the AHA/ASA “Guidelines for Early Management of Patients with Acute Ischemic Stroke.

We identified the need for standardization among our hospitals and the EMS system of “time last known well” for our Stroke patients. In 2015, the “time last known well” for our Stroke patients was changed to 6 hours for EMS patients along with the 7 Primary Stroke Centers (PSC), with the exception of one PSC which remains at 8 hours. We are currently working on a policy to improve our transfer times for a Stroke patient that needs endovascular intervention at another facility. We gathered data from July to December on stroke patients needing intervention that were transferred from a PSC to a

Neuroendovascular Center (NEC). In 2016, we are currently analyzing this data to finalize a policy to ensure a rapid transfer of these patients.

We are participating in Ventura County's Fall Prevention program by gathering data on patients that have fallen or have a potential to fall and are *not* transported by EMS to the hospital. We answer a set of questions that are sent to the fall prevention coordinator along with leaving educational material about fall prevention at the home. We meet quarterly to discuss the data and areas of improvement. The Fall Prevention Committee had two community outreach symposiums in 2015 with great response. We have seen a decrease in secondary falls during 2015.

We increased our Sidewalk CPR training in 2015 and had an increase in bystander CPR during full arrests from 40.5% in 2014 to 48.6% in 2015.

Indicators used during the reporting year

We increased our reporting of State Core Measures from 67% compliance in 2014, to 85% in 2015.

For the State and Local Core Measures, please see the attached for specific Ventura County EMS key indicators. (Attachment A)

Data Collection

We receive our data from receiving hospitals using Outcome Sciences Registry for our Stroke Program, CARES Registry for our Sudden Cardiac Arrest, Trauma Registry for our Trauma data, and a secure protected monthly spreadsheet for our STEMI data. We use Image Trend for our EMS e-PCR data.

Audit Critical skills

Ventura County EMS continues to require all paramedics to attend 4 airway lab stations over a two year period along with one paramedic skills day annually. Included in these paramedic skills lab are education stations covering certain low frequency, high risk procedures. In addition, various critical procedures are monitored regularly through Ventura County electronic Patient Care Reporting System. Skills monitored through this method are advanced Airway, transcutaneous pacing, and intraosseous infusion.

Performance Improvement

Issues remain with transfers from our Primary Stroke Centers (PSC) to a Neuroendovascular Center (NEC) for endovascular intervention. A new NEC has opened in Ventura County and policy is being developed for transfers.

We collected data on minutes from the primary PSAP to the first shock on Utstein cases though our CAR committee, and found a decrease with the new version of ProQA 13. In 2015 this program was rolled out at both EMD PSAPs in the county. We will continue to track and improve.

We increased our percentage of compliance in Get with the Guidelines (GWTG) STK Core Measures, by implementing a monthly progress to all hospitals. This allowed them to analyze their data and increase compliance in a timely manner. In 2015 we increased our compliance percentage on 7 out of 8 STK Core Measures.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2015 Mission Lifeline Gold Level Award for outstanding performance in STEMI data measures.

We identified a slight decrease in our survival rate for CPC 1 or CPC 2 patients from cardiac arrest. We developed a training program, which includes a video, on our Cardiac Arrest Management (CAM). This training was rolled out to all first responder agencies towards the end of 2015 to reinforce the importance of following CAM during a full arrest. In the first quarter of 2016, we have seen an increase from 9.3% to 11.5%.

Policies

Some minor changes were made to a few policies to include adding the heart rate when giving report to the MICN for "ACUTE STEMI" prehospital ECG. If the HR is above 140, then the Cath lab will not be activated.

Glucose documentation on the e-PCR will be documented in only one place to allow better data collection for State Core Measure STR-2.

2016 Goals

We will look at adding the Epi-pen and Narcan nasal spray to our EMT's Scope of Practice as suggested by the State EMSA.

Our EMS website was updated in 2015, however, we would like to expand and update further in 2016.

We will complete an annual EMS Systems Performance Report.

We will complete and implement a new policy for the rapid transport of Stroke patients to a NEC.

We will designate a fourth STEMI receiving hospital in our county.

We will start a pilot study on identifying LVO patients in the field for transport to the closet NEC.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Specialty Systems Coordinator

Attachment A

State Core Measures				
	2012	2013	2014	2015
TRA 1-Scene Time on Trauma Pts	21:03	17:57	21:46	23:02
TRA 2-Direct Transport to Trauma Center	100%	100%	93%	96%
ACS 1-ASA given to cardiac origin CP	N/A	N/A	90%	67%
ACS 2-12L EKG Perfomance Pre-Hospital	N/A	78%	68%	80%
ACS 3-Scene time for Pts with STEMI	23:10	21:18	23:12	24:03
ACS 5-Direct transport to Stemi Center	100%	100%	93%	100%
CAR 2-Cardiac Arrest with ROSC	33%	32%	32%	24%
CAR 3-Cardiac Arrest survived ED d/c	24%	29%	24%	21%
CAR 4-Cardiac Arrest survived Hospital d/c	14%	15%	15%	11%
STR 2-Glucose test on suspected Stroke Pts	N/A	N/A	81%	59%
STR 3-Scene time for Stroke Pts	N/A	22:02	20:26	19:13
STR 5-Direct Transport to Stroke Center	N/A	98%	99%	99%
RES 2-Beta2 agonist for adults	N/A	N/A	40%	41%
PED 1-Pediactric asthma gets bronchodilator	N/A	100%	N/A	81%
PAI 1-Received pain intervention if 7/10 pain	36%	N/A	N/A	N/A
SKL 1-Intubation success rate	N/A	67%	76%	69%
SKL 2-End tidal CO2 performed on intubated Pts	N/A	N/A	N/A	57%
RST 1-Response time in emergency zone	N/A	N/A	N/A	N/A
RST 2-Response time in non-emergency zone	N/A	N/A	N/A	N/A
RST 3-% of Pts transported to hospital	N/A	N/A	N/A	Avg 77% See below by Amb Zone
Ambulance Service Zone 1	N/A	N/A	N/A	82%
Ambulance Service Zone 2	N/A	N/A	N/A	75%
Ambulance Service Zone 3	N/A	N/A	N/A	77%
Ambulance Service Zone 4	N/A	N/A	N/A	86%
Ambulance Service Zone 5	N/A	N/A	N/A	73%
Ambulance Service Zone 6	N/A	N/A	N/A	73%
Ambulance Service Zone 7	N/A	N/A	N/A	74%

VCEMS STEMI Core Measures	2014	2015
1. EMS to SRC Door to balloon median time and % 90 min or less	51 min - 100% (n=84)	50 min - 98% (n=98)
2. Pre-hospital POS EKG to balloon median time and % 90 min or less	75 min - 85% (n=72)	70 min - 92% (n=78)
3. Dispatch to balloon median time and % 90 min or less	84 min - 66% (n=84)	82 min - 62% (n=87)
4. % of on scene time to EKG within 10 min. (+ EKG)	74/85 87%	74/80 93%
5. % of positive EKG time to transport within 10 min.	78/84 93%	80/82 98%
6. % of pre-hospital True Positive EKG's	79/88 90%	106/131 81%
7. Number of pre-hospital False Negative EKG's	3	3
8. % of pre-hospital False Positive EKG's	9/88 10%	25/131 19%
10. % of Ambulance Time in ED 15 min or less	54/62 87%	45/48 94%
11. **SRC**-walk-in Door to balloon median time and % 90 min or less	65 min - 94% (n=81)	67 min - 91% (n=95)
12. **SRC**-% of walk-in arrival to EKG within 10 min.	68/82 83%	75/96 78%
13. **SRH**-First Door to balloon median time and % 90 min or less.	78 min - 71% (n=61)	84 min - 64% (n=44)
14. **SRH**-Door in/out median time and % within 30 min.	29 min - 66% (n=62)	29 min - 60% (n=45)
15. **SRH**-% of walk-in arrival to EKG within 10 min.	39/62 63%	30/46 65%
16. **SRH**-% called ambulance within 10 min	50/62 81%	38/45 84%
*SRC-Stemi Receiving Center		
*SRH-Stemi Referral Hospital		

VCEMS STROKE Core Measures	2014	2015
1. Total Strokes	1339	1577
2. Total Ischemic Strokes	762-57%	867-55%
3. Total Hemorrhagic Strokes	154-12%	200-13%
4. Total TIA	291-22%	353-22%
5. Total "No Strokes"	122-9%	157-10%
6. Total Ischemic (Walk-Ins)	385-51%	371-43%
7. Total Ischemic by (EMS)	361-47%	431-50%
8. Total Ischemic by IFT	16-2%	65-7%
9. Total Hemorrhagic (walk-ins)	50-33%	45-23%
10. Total Hemorrhagic by (EMS)	98-64%	130-65%
11. Total Hemorrhagic by IFT	6-3%	25-12%
12. Total Pts received t-PA	74	105
13. Total Pts received t-PA (walk-ins)	19-26%	22-21%
14. Total Pts received t-PA (EMS)	55-74%	83-79%
15. Median Interval of Arrival at hospital to initiate t-PA	74 min	63 min
16. % of Pts who received t-PA in 60 min or less from arrival	59%	63%
17. STR-Identify suspected Stroke by EMS using Stroke Screening	90%	92%
18. Median interval of Arrival of "Code Stroke" patients at ED to Brain image "reported"	37 min (walk-in) 29 min (EMS)	42 min (walk-in) 26 min (EMS)
19. % of Dx Strokes dispatched as Strokes	34/88=39%	N/A
20. % of positive CSS NOT Dx as a Stroke	3/102=3%	N/A
21. % of DX Strokes having a CSS documented	70/88=80%	642/653-98%
22. Median Interval time of Unit dispatched and Brain Image "reported"	N/A	62:25 min (n=378)
23. Median interval time of Unit dispatched to t-PA administration	120 min (n=34)	86 min (n=70)
24. Median interval Scene time for Stroke patients	12 min	11:30min
25. % completed Optional Field #2 (documenting the PCR number)	74.50%	98.80%
26. % completed Optional Field #3 (Hospital Code Stroke initiated)	87.50%	98.90%