

EMERGENCY MEDICAL SERVICES AUTHORITY

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



October 31, 2018

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 2017 EMS Plan Update submission to the EMS Authority on October 9, 2018.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2017 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 2016 plan submission.

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

- 1999
- 2004
- 2005
- 2007-2009
- 2011-2016

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 2017 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 Approved

A. System Organization and Management

B. Staffing/Training

C. Communications

D. Response/Transportation

1. Ambulance Zones

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

E. Facilities/Critical Care

F. Data Collection/System Evaluation

G. Public Information and Education

H. Disaster Medical Response

IV. Conclusion:

Based on the information identified, Ventura County's 2017 EMS Plan Update is approved.

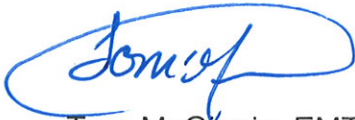
Pursuant to HSC § 1797.105(b):

“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, 2019. If you have any questions regarding the plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

2017 Ventura County EMS Transportation Plan
Approved

ZONE	EXCLUSIVITY			TYPE		LEVEL									
	Non-Exclusive	Exclusive	Method to Achieve Exclusivity	Emergency Ambulance	ALS	LALS	All Emergency Services	9-1-1 Emergency Response	7-digit Emergency Response	ALS Ambulance	All ALS Ambulance Services (includes emergency and IFT)	All CCT/ALS Ambulance Services	BLS IFT	BLS Non-Emergency	Standby Service with Transport Authorization
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							

October 8, 2018

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 2017 Ventura County EMS Plan Update for your review including updated Tables 1 through 11 and an updated 5.10 System Assessment form. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there have been no changes to these documents since the last submission.

Ventura County EMS continues to be committed to seeking opportunities to enhance our pediatric capabilities as addressed in Standard 5.10 and 5.11, however, continued issues with very low pediatric volume and funding difficulties remain a significant challenge. We will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

As requested in your email, there is one hospital in our county that is licensed as a standby emergency department and therefore is designated as an Alternate Receiving Facility. Ojai Valley Community Hospital in Ojai serves a rural area that is geographically separated from our larger population areas. The closest basic emergency department is located about 20 miles to the south. This hospital operates with full-time staff including an emergency physician on-site at all times, however, their facility does not meet the physical requirements to be licensed as a basic emergency department. VCEMS Policy 420, addresses the designation of a standby emergency department as an ambulance receiving center and a copy of our policy is provided with this EMS Plan update.

Significant changes in the 2017 reporting period include the development of a Stop the Bleed program which trains county employees in basic trauma care and implementation of a law enforcement use of naloxone program which trained and equipped our local police and sheriff personnel. Additionally, Ventura County EMS designated two hospitals as Thrombectomy Capable Acute Stroke Centers (TCASC), where patients with high risk large vessel occlusions are transported to specially equipped stroke centers. Lastly, 2017 culminated with the devastating "Thomas Fire" that consumed over 280,000 acres, destroyed more than 1,000 structures and caused 2 deaths. The emergency response phase of the fire stretched for several weeks and included the destruction of an 80 bed psychiatric hospital and several residential care facilities, as well as forcing the evacuation of over 90,000 residents, which also included one acute care hospital. The Thomas Fire tested every aspect of our emergency response, disaster and recovery systems, however our multi-disciplinary, pre-event planning, training and coordination efforts proved to be instrumental in our ability to navigate this extraordinary event.

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
EMS Administrator

SECTION II - ASSESSMENT OF SYSTEM 2016

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. The PICU at Ventura County Medical Center (VCMC) in Ventura suspended service in 2015 due to staffing and facility issues, leaving Ventura County with one PICU. VCMC plans to re-establish PICU service in late 2018, however, no specific timeline is available at this point. As necessary, local hospitals work with pediatric specialty centers in neighboring counties

SECTION II - ASSESSMENT OF SYSTEM 2015

E. Facilities and Critical Care

5.10 (Cont'd.)

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.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Ventura County EMS will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY18-19.

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.

- 1.01
- 1.02
- 1.03
- 1.04
- 1.05
- 1.06
- 1.07
- 1.08
- 1.09
- 1.10
- 1.11
- 1.12
- 1.13
- 1.14
- 1.15
- 1.16
- 1.17
- 1.18
- 1.19
- 1.20
- 1.21
- 1.22
- 1.23
- 1.24
- 1.25
- 1.26
- 1.27
- 1.28
- 2.01
- 2.02
- 2.03
- 2.04
- 2.05
- 2.06
- 2.07
- 2.08
- 2.09
- 2.10
- 2.11
- 2.12
- 2.13
- 3.01
- 3.02
- 3.03

3.04
3.05
3.06
3.07
3.08
3.09
3.10
4.01
4.02
4.03
4.04
4.05
4.06
4.07
4.08
4.09
4.10
4.11
4.12
4.13
4.14
4.15
4.16
4.17
4.18
4.19
4.20
4.21
4.22
5.01
5.02
5.03
5.04
5.05
5.06
5.07
5.08
5.09
5.10
5.11
5.12
5.13
5.14
6.01
6.02
6.03
6.04
6.05
6.06
6.07
6.08
6.09

6.10
6.11
7.01
7.02
7.03
7.04
8.01
8.02
8.03
8.04
8.05
8.06
8.07
8.08
8.09
8.10
8.11
8.12
8.13
8.14
8.15
8.16
8.17
8.18
8.19

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 (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)	\$ <u>1,457,882</u>
Contract Services (e.g. medical director)	<u>264,936</u>
Operations (e.g. copying, postage, facilities)	<u>183,747</u>
Travel	<u>37,002</u>
Fixed assets	<u>25,446</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	<u>44,069</u>
EMS Fund payments to physicians/hospital	<u>1,575,713</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>3,588,795</u>

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>1,012,903</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>459,803</u>
Certification fees	<u>76,413</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	<u>150,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>203,359</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,678,317</u>
Other grants: _____	_____
Other fees: <u>Health Fees</u>	<u>8,000</u>
Other (specify): _____	_____
 TOTAL REVENUE	 \$ <u>3,588,795</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees
 Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>131.00</u>
EMT-I recertification	<u>91.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>75.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>470.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>673.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	<u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
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	64.26 / hr.	35%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Admin.	1.0	51.74 / hr.	37%	Deputy EMS Administrator
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	Supervising PHN	1.0	53.44 / hr.	38%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	51.74 / hr.	39%	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	33.51 / hr.	43%	EPO Planning Coordinator
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Registered Nurse II	1.0	45.89 / hr.	36%	Specialty Systems Coordinator
Public Info. & Education Coordinator					
Executive Secretary	Admin. Assistant II	1.0	32.70 / hr.	47%	EPO Admin. Asst.
Other Clerical	Administrative Assistant I	1.0	29.67 / hr.	46%	

Other Clerical	Community Health Worker	1.0	24.52 / hr.	46%	EMS Certification Specialist
Other	Program Administrator III	1.0	46.04 / hr.	40%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	33.51 / hr.	43%	EPO Logistics Coordinator
Other	Program Administrator I	1.0	39.26 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	39.26 / hr.	40%	EMS Specialist and Safety Officer
Other	Community Services Coordinator	1.0	33.51 / hr.	43%	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
August 1, 2017**

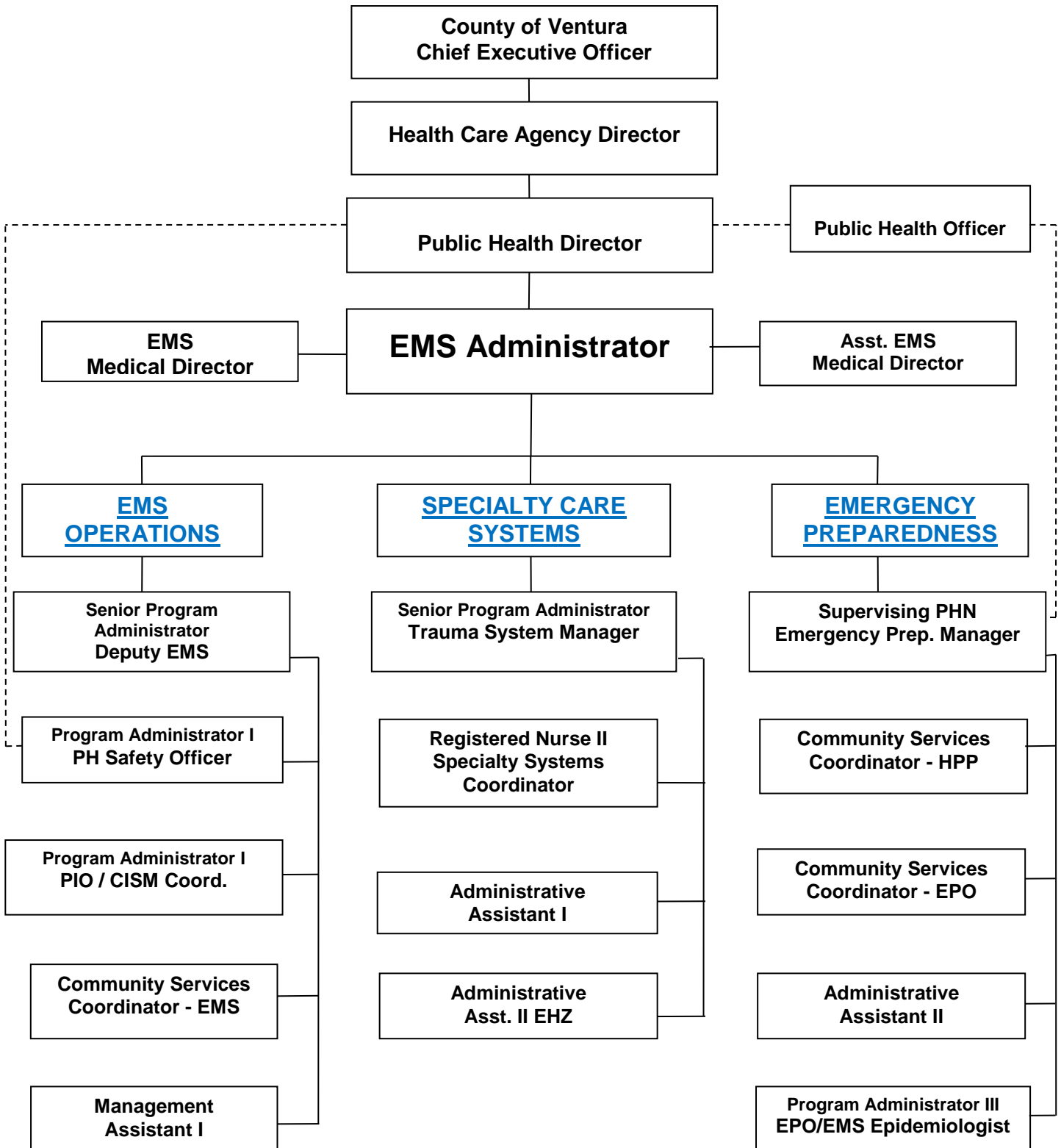


TABLE 3: STAFFING/TRAINING

Reporting Year: 2017

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	1267	0		84
Number newly certified this year	439	0		19
Number recertified this year	828	0		65
Total number of accredited personnel on July 1 of the reporting year	2136	0	236	145
Number of certification reviews resulting in:				
a) formal investigations	13	0		0
b) probation	6	0	0	0
c) suspensions	1	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	1	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

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

UNKNOWN

UNKNOWN

2. Do you have an EMR training program

yes no

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2017

- | | |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>6</u> |
| 2. Number of secondary PSAPs | <u>1</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>1</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<u>Ventura County Fire Protection District</u> | |
| 7. Who is your primary dispatch agency for a disaster?
<u>Ventura County Sheriff's Dept. and Ventura County Fire Protection District</u> | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.055</u> | |
| b. Other methods _____ | |
| c. Can all medical response units communicate on the same disaster communications system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2017

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: 2017

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>3440</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>457</u>
3. Number of major trauma patients transferred to a trauma center	<u>25</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1786</u>

Emergency Departments

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

Receiving Hospitals

1. Number of receiving hospitals with written agreements	<u>0</u>
2. Number of base hospitals with written agreements	<u>2</u>

TABLE 7: DISASTER MEDICAL

Reporting Year: 2017

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? Yes No

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

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

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

 - c. Are they available for statewide response? Yes No

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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? Yes No

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

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

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

9. If not, to whom do you report? 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 **Number of Ambulance Vehicles in Fleet:** 30
Moorpark, CA 93021

Phone Number: 805-517-2000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

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

Transporting Agencies

42636 Total number of responses
40148 Number of emergency responses
2488 Number of non-emergency responses

33026 Total number of transports
30592 Number of emergency transports
2434 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:** Gold Coast Ambulance **Response Zone:** 6

Address: 200 Bernoulli Circle **Number of Ambulance Vehicles in Fleet:** 19
Oxnard, CA 93030

Phone Number: 805-485-3040 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

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

Transporting Agencies

22559 Total number of responses
15568 Number of emergency responses
6991 Number of non-emergency responses

18781 Total number of transports
12012 Number of emergency transports
6769 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:** LifeLine Medical Transport **Response Zone:** 1

Address: 632 E. Thompson Ave. **Number of Ambulance Vehicles in Fleet:** 8
Ventura, CA 93001

Phone Number: 805-653-9111 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

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

Transporting Agencies

12379 Total number of responses
3146 Number of emergency responses
9233 Number of non-emergency responses

11368 Total number of transports
2135 Number of emergency transports
9233 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 City Fire Dept. **Response Zone:** _____

Address: 1425 Dowell Dr. **Number of Ambulance Vehicles in Fleet:** 0
Ventura, CA 93003

Phone Number: 805-339-4300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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. **Number of Ambulance Vehicles in Fleet:** 0
Oxnard, CA 93030

Phone Number: 805-385-7722 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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. **Number of Ambulance Vehicles in Fleet:** 0
Santa Paula, CA 93060

Phone Number: 805-525-4478 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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:** Fillmore Fire Dept. **Response Zone:** _____

Address: PO Box 487 **Number of Ambulance Vehicles in Fleet:** 0
Fillmore, CA 93015

Phone Number: 805-524-0586 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

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 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

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

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. **Number of Ambulance Vehicles in Fleet:** 4
Camarillo, CA 93010

Phone Number: 805-388-4212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

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

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

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

41 Total number of transports
41 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

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

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

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

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

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

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

⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

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

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

TABLE 9: 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

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

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

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

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

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

Pediatric Critical Care Center¹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: 2017

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

Training Institution:	<u>Conejo Valley Adult School</u>		Telephone Number:	<u>805-497-2761</u>
Address:	<u>1025 Old Farm Road</u>			
	<u>Thousand Oaks, CA 91360</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>975.00</u>	Initial training:		<u>40</u>
	Refresher: <u>299.00</u>	Refresher:		<u>7</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>02/28/19</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Moorpark College</u>		Telephone Number:	<u>805-378-1433</u>
Address:	<u>7075 Campus Rd.</u>			
	<u>Moorpark, CA 93021</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>1156.00</u>	Initial training:		<u>80</u>
	Refresher: _____	Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>5/31/20</u>
		Number of courses:		
		Initial training:		_____
		Refresher:		_____
		Continuing Education:		<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2017

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

Training Institution:	<u>St. John's Regional Medical Center</u>		Telephone Number:	<u>805-988-2500</u>
Address:	<u>1600 N. Rose Ave.</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Private</u>	**Program Level	<u>MICN</u>	
	Cost of Program:			
	Basic:	<u>300.00</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>19</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/19</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Oxnard College</u>		Telephone Number:	<u>805-377-2250</u>
Address:	<u>4000 South Rose Avenue</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1250.00</u>	Number of students completing training per year:	
	Refresher:	<u>250.00</u>	Initial training:	<u>87</u>
			Refresher:	<u>32</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/20</u>
		Number of courses:		
		Initial training:		<u>3</u>
		Refresher:		<u>2</u>
		Continuing Education:		<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2017

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

Training Institution:	<u>Oxnard Fire Department</u>		Telephone Number:	<u>805-385-8361</u>
Address:	<u>360 West Second Street</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>0</u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/20</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>Simi Institute for Careers and Education</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>1880 Blackstock Avenue</u>			
	<u>Simi Valley, CA 93065</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1175.00</u>	Number of students completing training per year:	
	Refresher:	<u>325.00</u>	Initial training:	<u>67</u>
			Refresher:	<u>11</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/19</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>1</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2017

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

Training Institution:	<u>Ventura College – Paramedic Program</u>	Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>Paramedic</u>
	Cost of Program:		
	Basic: <u>3741.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>16</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/20</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

Training Institution:	<u>Ventura College</u>	Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>986.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>62</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>11/30/19</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2017

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

Training Institution:	<u>Ventura County Fire Protection District</u>		Telephone Number:	<u>805-389-9776</u>
Address:	<u>165 Durley Dr.</u>			
	<u>Camarillo, CA 93010</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>0</u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2/28/19</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2017

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:	<u>165 Durley Ave. Camarillo, CA 93010</u>	
Telephone Number:	<u>805-389-9710</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	Number of Personnel Providing Services: <u>27</u> EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 1
Name of Current Provider(s):	LifeLine Medical Transport Serving the Ojai Valley since 1935
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="text-align: center;">LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.</p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**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
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
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
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p>	
<p style="color: red;">Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**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
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Simi Valley.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 3. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p>	
<p>Previous Owners: Brady Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**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
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
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
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
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
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p style="color: red;">Previous Owners: Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

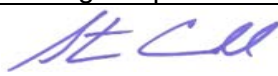

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
<p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p>Include intent of local EMS agency and Board action.</p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	<p>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.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p> <p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

COUNTY OF VENTURA EMERGENCY MEDICAL SERVICES		HEALTH CARE AGENCY POLICIES AND PROCEDURES
Policy Title: Receiving Hospital Standards		Policy Number 420
APPROVED Administration:	 Steven L. Carroll, Paramedic	Date: September 1, 2018
APPROVED Medical Director:	 Daniel Shepherd, MD	Date: September 1, 2018
Origination Date:	April 1, 1984	Effective Date: September 1, 2018
Date Revised:	August 9, 2018	
Date Last Reviewed:	August 9, 2018	
Review Date:	August 31, 2021	

- I. PURPOSE: To define the criteria, which shall be met by an acute care hospital in Ventura County for Receiving Hospital (RH) designation.
- II. AUTHORITY: Health and Safety Code, Division 2.5, Sections 1798, 1798.101, 1798.105, 1798.2 and California Code of Regulations, Title 22, Section 100175.
- III. POLICY:
 - A. A RH , approved and designated by the Ventura County, shall:
 1. Be licensed by the State of California as an acute care hospital.
 2. Meet the requirements of the Health and Safety Code Sections 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.
 3. Be accredited by a CMS accrediting agency.
 4. Operate an emergency department (ED) that is designated by the State Department of Health Services as a “Comprehensive Emergency Department,” “Basic Emergency Department” or a “Standby Emergency Department.”
 5. Operate an Intensive Care Unit.
 6. Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department Physician. and consultant Physician.) within 30 minutes:

Cardiology	Anesthesiology	Neurosurgery
Orthopedic Surgery	General Surgery	General Medicine
Thoracic Surgery	Pediatrics	Obstetrics
 7. Have operating room services available within 30 minutes.

8. Have the following services available within 15 minutes.
X-ray Laboratory Respiratory Therapy
9. Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.
10. Have the capability at all times to communicate with the ambulances and the Base Hospital (BH).
11. Designate a ED Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:
 - a. Be regularly assigned to the ED.
 - b. Have knowledge of VCEMS policies and procedures.
 - c. Coordinate RH activities with BH, Prehospital Services Committee (PSC), and VCEMS policies and procedures.
 - d. Attend, or have designee attend, PSC meetings.
 - e. Provide ED staff education.
 - f. Schedule medical staffing for the ED on a 24-hour basis.
12. Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse (RN) that meets the following criteria:
 - a. All Emergency Department physicians shall:
 - 1) Be immediately available to the Emergency Department at all times.
 - 2) Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:
 - a) Have and maintain current Advanced Cardiac Life Support (ACLS) certification.
 - b. Have and maintain current Advanced Trauma Life Support (ATLS) certification.
 - c) Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.
 - b. RH EDs shall be staffed by:
 - 1) Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or

- 2) Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.
 - a) Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month.
 - b) Physicians working in more than one hospital may total their hours.
 - c) Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician.
 - d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.
 - c. All RH RNs shall:
 - 1) Be regular hospital staff assigned solely to the ED for that shift.
 - 2) Maintain current ACLS certification.
 - d. All other nursing and clerical personnel for the Emergency Department shall maintain current Basic Cardiac Life Support certification.
 - e. Sufficient licensed personnel shall be staffed to support the services offered.
13. Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.
 14. Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the Ventura County Electronic Patient Care Report (VCePCR), Paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.
 15. Participate with the BH in evaluation of paramedics for reaccreditation.
 16. Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.
- B. There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for ALS program participation as specified by EMS policies and procedures.
- C. EMS shall review its agreement with each RH at least every two years.

- D. EMS may deny, suspend, or revoke the approval of a RH for failure to comply with any applicable policies, procedures, or regulations. Requests for review or appeal of such decisions shall be brought to the Board of Supervisors for appropriate action.
- E. The EMS Medical Director may grant an exception to a portion of this policy upon substantiation of need by the PSC that, as defined in the regulations, compliance with the regulation would not be in the best interests of the persons served within the affected local area.
- F. A hospital that applies to become a RH in Ventura County must meet Ventura County RH Criteria and agree to comply with Ventura County regulation.
 - 1. Application:
Eligible hospital shall submit a written request for RH approval to the VCEMS, documenting the compliance of the hospital with the Ventura County RH.
 - 2. Approval:
Program approval or denial shall be made in writing by EMS to the requesting RH within a reasonable period of time after receipt of the request for approval and all required documentation. This period shall not exceed three (3) months.
- G. ALS RHs shall be reviewed every two years.
 - 1. All RH shall receive notification of evaluation from the EMS.
 - 2. All RH shall respond in writing regarding program compliance.
 - 3. On-site visits for evaluative purposes may occur.
 - 4. Any RH shall notify the EMS by telephone, followed by a letter within 48 hours, of changes in program compliance or performance.
- H. Paramedics providing care for emergency patients with potentially serious medical conditions, and are within the catchment area of a hospital with a standby emergency department, shall make immediate base contact for destination determination. Examples of these patients would include, but are not limited to, patients with:
 - 1. Patients with seizure of new onset, multiple seizures within a 24-hour period, or sustained alteration in level of consciousness
 - 2. Chest pain or discomfort of known or suspected cardiac origin
 - 3. Sustained respiratory distress not responsive to field treatment
 - 4. Suspected pulmonary edema not responsive to field treatment
 - 5. Potentially significant cardiac arrhythmias
 - 6. Orthopedic emergencies having open fractures, or alterations of distal neurovascular status

7. Suspected spinal cord injury of new onset
 8. Burns greater than 10% body surface area
 9. Drowning or suspected barotrauma with any history of loss of consciousness, unstable vital signs, or respiratory problems
 10. Criteria that meet stroke, STEMI, or trauma criteria for transport to a specialty care hospital
- I. A RH with a standby emergency department only, offering “standby emergency medical service,” is considered to be an alternative receiving facility. Patients may be transported to a standby emergency department when the use of the facility is in the best interest of patient care.
1. Patients that require emergent stabilization at an emergency department may be transported to a standby emergency department if a basic emergency facility is not within a reasonable distance. These would include patients:
 - a. In cardiac arrest with NO return of spontaneous circulation (ROSC) in the field
 - b. With bleeding that cannot be controlled
 - c. Without an effective airway
 2. 3. During hours of peak traffic, the Base Hospital MICN should make destination determinations based on predicted travel time and patient condition. Patients who meet criteria for trauma, stroke, or STEMI in the absence of a condition that meets I.1. above, will be directed to the appropriate destination.
 4. A RH with a standby emergency department shall report to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: _____

Date: _____

		YES	NO
A.	Receiving Hospital (RH), approved and designated by the Ventura County, shall:		
1.	Be licensed by the State of California as an acute care hospital.		
2.	Meet the requirements of the Health and Safety Code Section 1250-1262 and Title 22, Sections 70411, 70413, 70415, 70417, 70419, 70649, 70651, 70653, 70655 and 70657 as applicable.		
3.	Be accredited by a CMS accrediting agency		
4.	Operate an Intensive Care Unit.		
5.	Have the following specialty services available at the hospital or appropriate referral hospital (at the discretion of the Emergency Department (ED) Physician. and consultant Physician.) within 30 minutes:		
	• Cardiology		
	• Anesthesiology		
	• Neurosurgery		
	• Orthopedic Surgery		
	• General Surgery		
	• General Medicine		
	• Thoracic Surgery		
	• Pediatrics		
	• Obstetrics		
6.	Have operating room services available within 30 minutes.		
7.	Have the following services available within 15 minutes.		
	• X-Ray		
	• Laboratory		
	• Respiratory Therapy		
8.	Evaluate all ambulance transported patients promptly, either by RH Physician, Private Physician or other qualified medical personnel designated by hospital policy.		
9.	Have the capability at all times to communicate with the ambulances and the BH.		
10.	Designate an Emergency Department Medical Director who shall be a physician on the hospital staff, licensed in the State of California and have experience in emergency medical care. The Medical Director shall:		
a.	Be regularly assigned to the Emergency Department.		
b.	Have knowledge of VC EMS policies and procedures.		

		YES	NO
c.	Coordinate RH activities with Base Hospital, Prehospital Services Committee (PSC), and VCEMS policies and procedures.		
d.	Attend or have designee attend PSC meetings.		
e.	Provide Emergency Department staff education.		
f.	Schedule medical staffing for the ED on a 24-hour basis.		
11.	Agree to provide, at a minimum, on a 24-hour basis, a physician and a registered nurse that meets the following criteria:		
a.	All Emergency Department physicians shall:		
1).	Be immediately available to ED at all times.		
2).	Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a).	Have and maintain current Advanced Cardiac Life Support (ACLS) certification.		
b).	Have and maintain current Advanced Trauma Life Support (ATLS) certification.		
c).	Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
b.	RH EDs shall be staffed by:		
1).	Full-time staff: those physicians who practice emergency medicine 120 hours per month or more, and/or		
2).	Regular part-time staff: those physicians who see 90 patients or more per month in the practice of emergency medicine.		
a)	Formula: Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month		
b)	Physicians working in more than one hospital may total their hours		
c)	Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician		

		YES	NO
	d) During period of double coverage, the whole shall be met if one of the physicians meets the above standards.)		
	c. All RH RNs shall:		
	1) Be regular hospital staff assigned solely to the ED for that shift.		
	2) Maintain current ACLS certification.		
	d. All other nursing and clerical personnel for the ED shall maintain current Basic Cardiac Life Support certification.		
	e. Sufficient licensed personnel shall be utilized to support the services offered.		
12.	Cooperate with and assist the PSC and EMS Medical Director in the collection of statistics for program evaluation.		
13.	Agree to maintain all prehospital data in a manner consistent with hospital data requirements and provide that the data be integrated with the patient's chart. Prehospital data shall include the VCePCR, paramedic Base Hospital communication form (from the BH), and documentation of a BH telephone communication with the RH.		
14.	Participate with the BH in evaluation of paramedics for reaccreditation.		
15.	Permit the use of the hospital helipad as an emergency rendezvous point if a State-approved helipad is maintained on hospital premises.		
B.	There shall be a written agreement between the RH and EMS indicating the commitment of hospital administration, medical staff, and emergency department staff to meet requirements for employment as specified by EMS policies and procedures.		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN
CRITERIA COMPLIANCE CHECKLIST

Physician Name: _____

Date: _____

All Emergency Department physicians shall:	YES	NO
1. Be immediately available to the RH ED at all times.		
2. Be certified by the American Board of Emergency Medicine OR the American Osteopathic Board of Emergency Medicine OR be Board eligible OR have all of the following:		
a. Have and maintain current ACLS certification.		
b. Complete at least 25 Category I CME hours per year with content applicable to Emergency Medicine.		
c. Have and maintain current Advanced Trauma Life Support (ATLS) certification.		

The above named physician is:

1) Full-time staff: A physician who practices emergency medicine 120 hours per month or more, and/or		
2) Regular part-time staff: A physician who see 90 patients or more per month in the practice of emergency medicine (Average monthly census of acute patients divided by 720 hours equals average number of patients per hour. This figure multiplied by average hours worked by physician in emergency medicine equals patients per physician per month, Physicians working in more than one hospital may total their hours, Acute patients exclude scheduled and return visits, physicals, and patients not seen by the ED Physician)		

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
STANDBY EMERGENCY DEPARTMENT
ADDITIONAL CRITERIA COMPLIANCE
CHECKLIST

Receiving Hospital w/Standby ED: _____

Date: _____

	EMS REVIEW	
	YES	NO
The RH with standby ED has:		
A. Medical staff, and the availability of the staff at various times to care for patients requiring emergency medical services.		
B. Ability of staff to care for the degree and severity of patient injuries or condition.		
C. Equipment and services available at the facility necessary to care for patients requiring emergency medical services and the severity of their injuries or condition.		
D. During the current 2-year evaluation period, has reported to Ventura County EMS Agency any change in status regarding its ability to provide care for emergency patients.		
E. Authorization by the Ventura County EMS Agency medical director to receive patients requiring emergency medical services, in order to provide for the best interests of patient care.		
COMMENTS		

EMERGENCY MEDICAL SERVICES AUTHORITY

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



January 8, 2019

Steve Carroll
EMS Administrator
Ventura County EMS Agency
2220 E. Gonzalez Road, #200
Oxnard, CA 93036-0619

Dear Mr. Carroll:

The EMS Authority (EMSA) has approved Ventura County EMS Agency's 2017 Trauma System Status Report. Ventura County EMS Agency'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

Steve Carroll
January 8, 2019
Page 2

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

Accepted as Written Required Action Recommendation Comment

Thank you again for submitting the 2017 update on Ventura County EMS Agency's Trauma System. Your next trauma system status update is due by October 31, 2019 (see attached format). Please provide us with an electronic copy. If you have any questions, please contact Elizabeth Winward at (916) 431-3649 or elizabeth.winward@emsa.ca.gov

Sincerely,



Tom McGinnis, EMT-P
Chief, EMS Systems Division

Attachment



TRAUMA SYSTEM STATUS REPORT

Reporting for Calendar Year 2017

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 Regional Medical Center (LRRMC) 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 County EMS contract to maintain American College of Surgeons (ACS) verification. LRRMC was awarded their latest ACS verification in February 2016, and anticipate their next ACS visit in January 2019. VCMC renewed their verification with their latest ACS visit in June 2017.

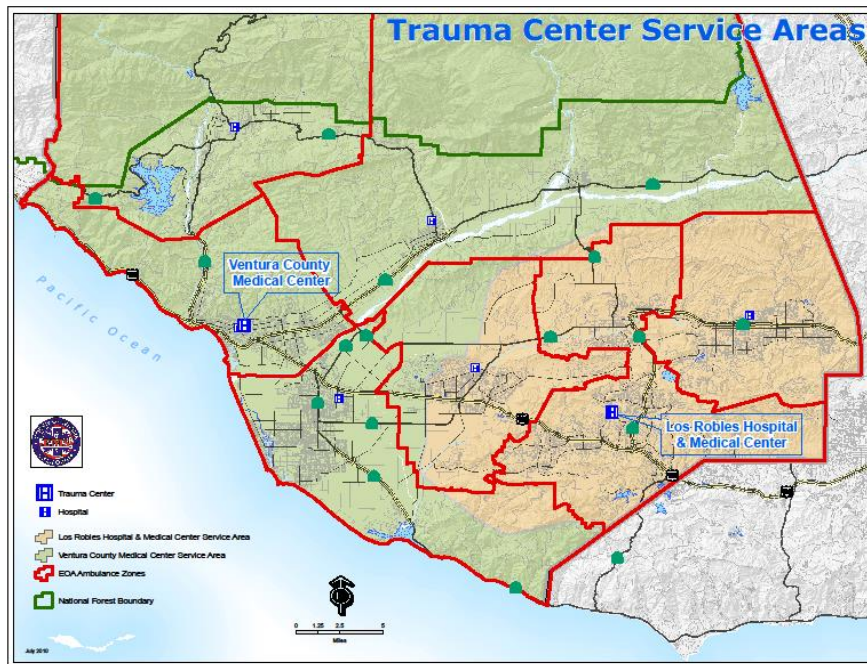
VCMC provides trauma care for the West County, including the south coast and Los Padres National Forest areas. Their trauma director is Dr. Thomas Duncan and Gina Ferrer, RN, is their trauma program manager (TPM).

LRRMC provides trauma care for the East County, including areas bordering Kern County to the north and Los Angeles County to the south. Their trauma director is Dr. Makruhi Kademian, and the TPM is Cynthia Marin, RN.

Prehospital trauma triage procedures were updated and revised in March 2017 to reflect the needs and practices of the system. Two additional criteria were added to the field triage decision scheme and will be described under "Changes in Trauma System." Effects of the revision and impact on prehospital destination is tracked on a monthly basis.

Trauma Center catchment areas are assigned according to drive time from an incident to the trauma center. With the population centers and division of trauma destinations, most trauma patients from a 911 incident arrive at a trauma center within fifteen minutes after an ambulance departs the scene.

Ventura County Trauma Center Catchment Map



2017 Ventura County Trauma Destinations

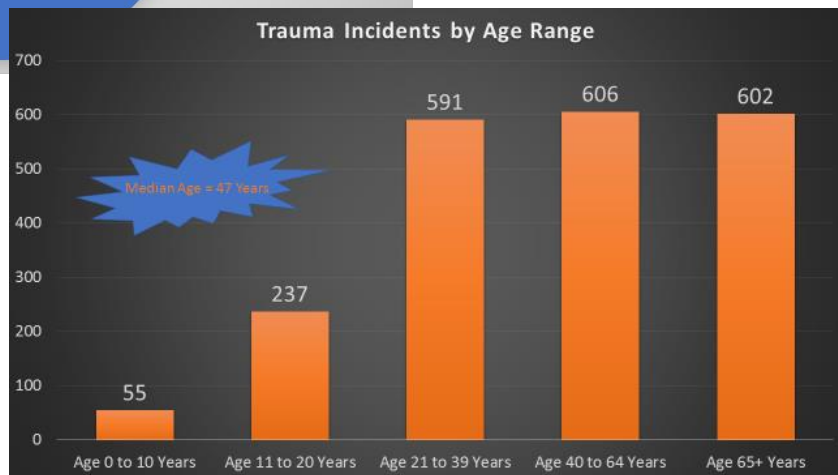
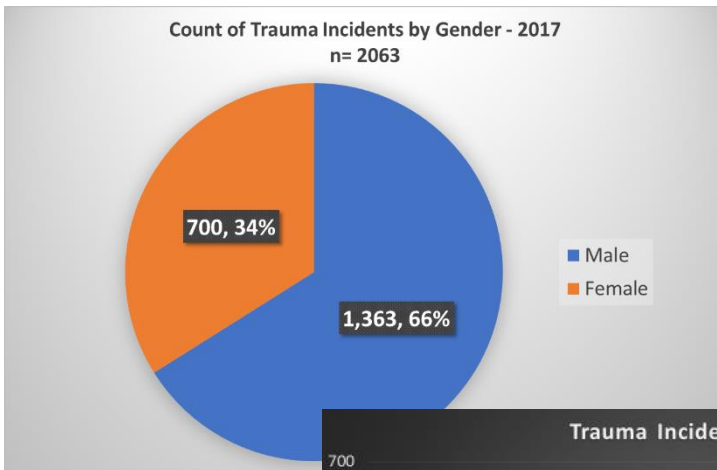
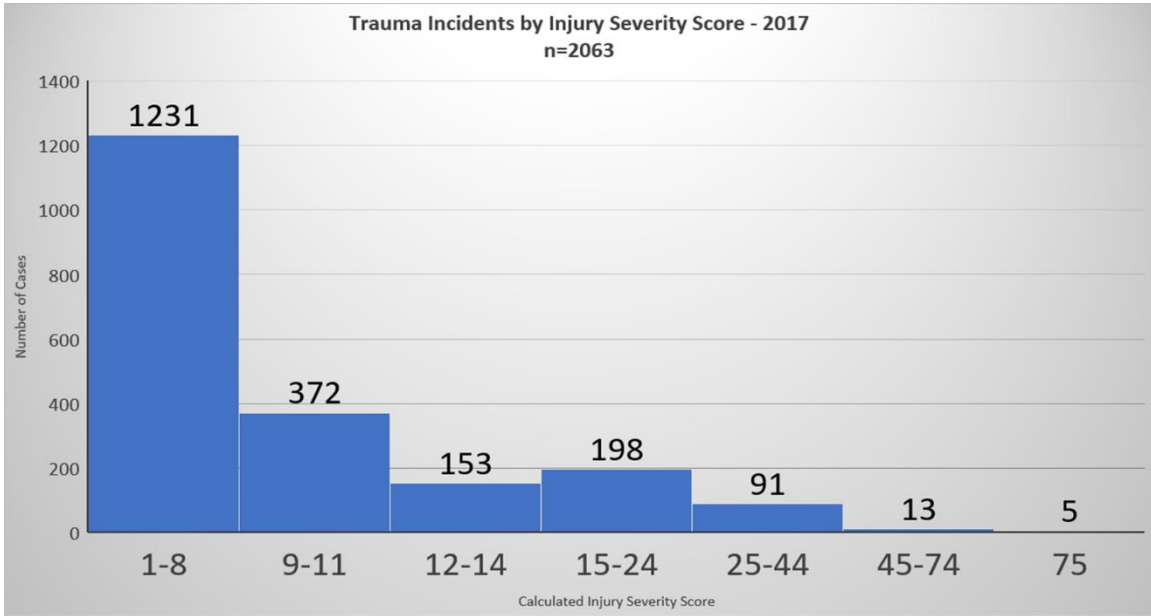
Base Hospital Destination	Step 1 TOTAL 261	Step 2 TOTAL 196	Step 3 TOTAL 422
VCMC Trauma Base Hospital	165	156	271
VCMC	153	153	199
CMH	5	0	5
SPH	0	0	5
SJRCM	3	3	32
SJPV	1	0	4
OVH	1	0	7
HMNMH	2	0	17
Kern County Medical Center	0	0	1
Santa Barbara Cottage Hospital	0	0	1
LRRMC Trauma Base Hospital	96	40	151
LRRMC	94	38	147
SVH	1	0	2
Kaiser WH	0	0	0
Holy Cross	1	2	2

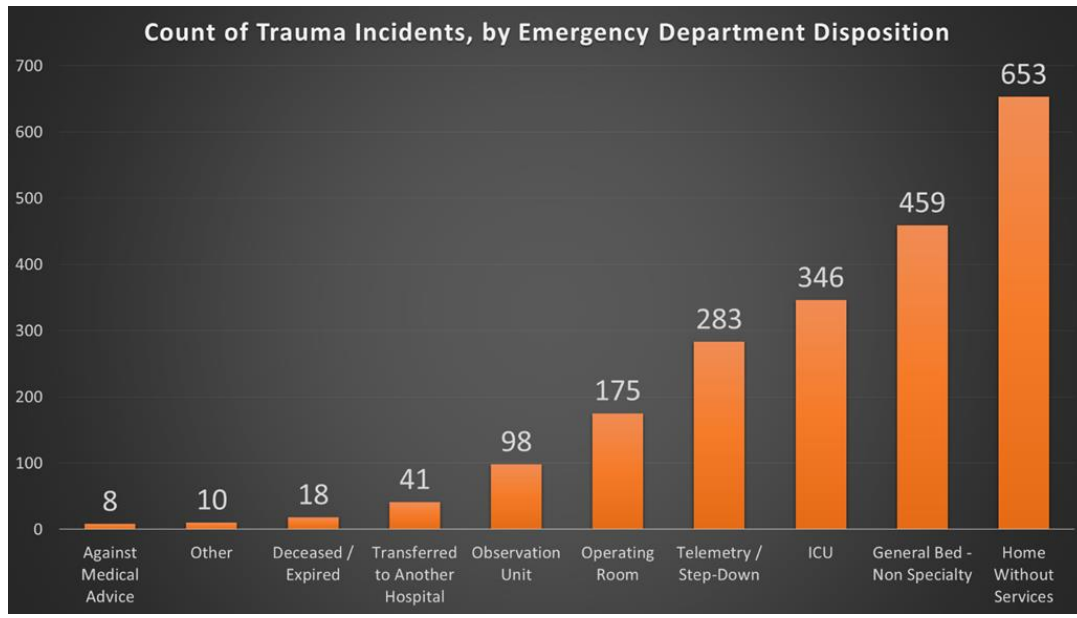
2017 Step 1-3 by Hospital	N
Ventura County Medical Center	505
Los Robles Regional Medical Center	279
St. John's Regional Medical Center	38
Henry Mayo Newhall Memorial Hospital	19
Community Memorial Hospital	10
Ojai Valley Hospital	8
St. John's Pleasant Valley Hospital	5
Santa Paula Hospital	5
Providence Holy Cross	5
Simi Valley Hospital	3
Kern County Medical Center	1
Cottage Hospital	1
TOTAL	879

2017 Step 4 by Hospital	N
St. John's Regional Medical Center	608
Los Robles Regional Medical Center	557
Community Memorial Hospital	431
St. John's Pleasant Valley Hospital	299
Ventura County Medical Center	283
Simi Valley Hospital	203
Ojai Valley Hospital	103
Santa Paula Hospital	71
Henry Mayo Newhall Memorial Hospital	4
West Hills Hospital	1
Kaiser Woodland Hills Hospital	1
TOTAL	2561

Ventura County Trauma System Statistics 2017	N
Pts meeting trauma triage criteria Step 1-3	879
Major trauma (ISS ≥ 16) transported directly to trauma center by EMS	307
Major trauma pts (ISS ≥ 16) transferred to a trauma center	27
Major trauma pts (ISS ≥ 16) <i>arrived non-trauma hospital by EMS, transferred to trauma center</i>	10
Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	69

Ventura County Trauma System Statistics





Changes in Trauma System

Changes to the trauma system include the following:

Policy 1405, “Trauma Triage and Destination Criteria” was revised in March 2016, to reflect the needs and practices of the system. Two additional criteria were added to the Step 4, “Special Patient or System Considerations” list:

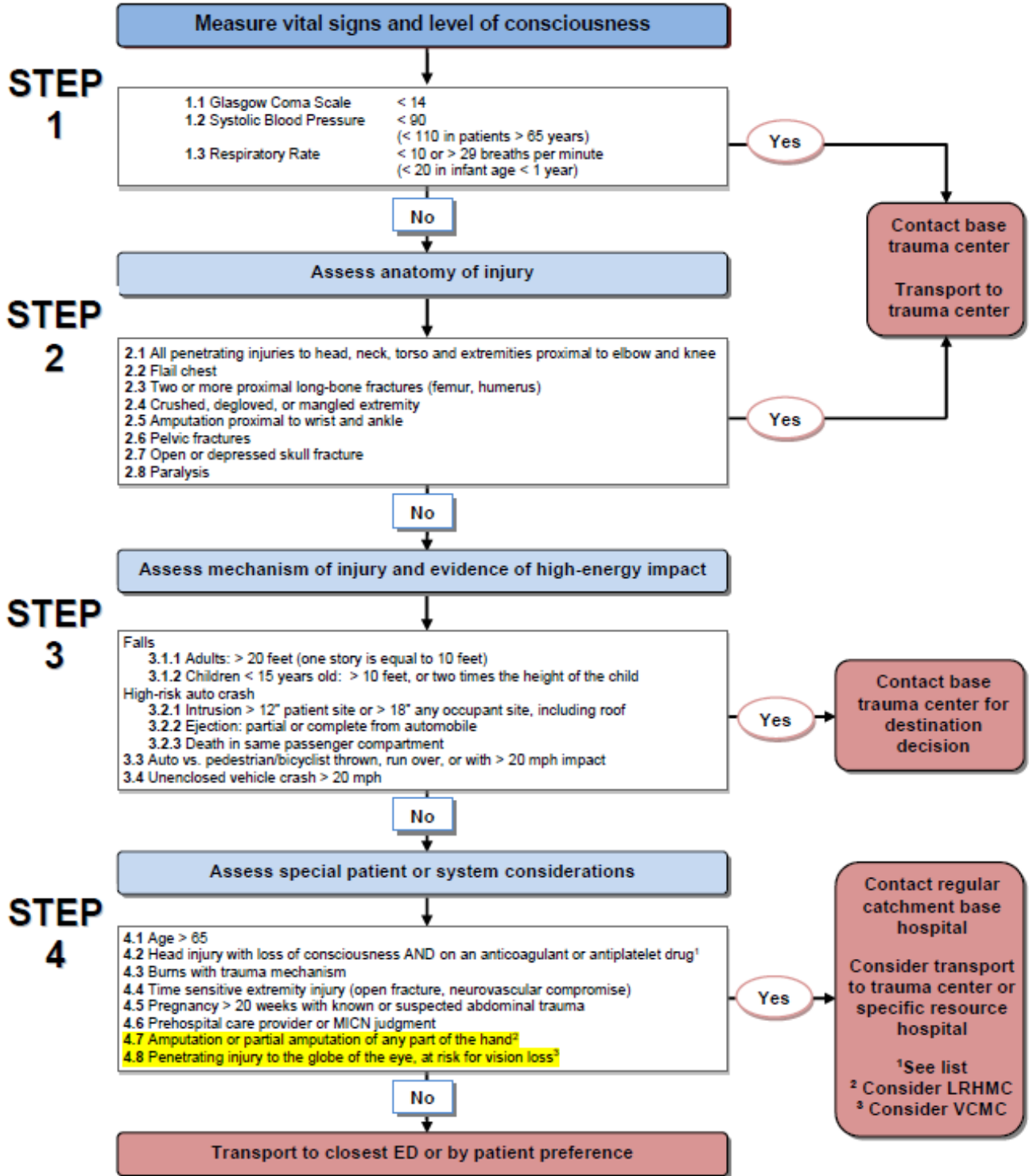
- Amputation or partial amputation of any part of the hand, and
- Penetrating injury to the globe of the eye, at risk for vision loss.

These changes reflect the needs and practices of the system. Amputation injuries of the hand are preferentially transported to LRRMC, where microsurgery services are available for assessment and possible reimplantation. Penetrating eye injuries are directed to VCMC, where specialized ophthalmologic surgeons, operating rooms, and equipment are available. These criteria and their impact on the trauma system are monitored on a monthly basis.



Ventura County Field Triage Decision Scheme

For patients with visible or suspected traumatic injuries



Revised 3-2017

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 Regional Medical Center (LRRMC)
215 West Janss Road
Thousand Oaks, CA 91360

West County:

Ventura County Medical Center (VCMC)
300 Hillmont Avenue
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 2017:

277	Total number of patients transported from the field by EMS to a trauma center, who had ISS \geq 16		
		112	LRRMC
		165	VCMC
48	Emergent trauma transfers to trauma centers, <i>arrived non-trauma center hospital by POV</i>		
19	Emergent trauma transfers to trauma centers, <i>arrived non-trauma center hospital by EMS</i>		
		1	Documentation review indicates the patient should have been triaged into Step 1-3 (any ISS)
		4	ISS \geq 16 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).

VCEMS works 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 the Trauma Operational Review Committee (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.

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

Objective: VCEMS will oversee and monitor EMS transports of patients triaged into Step 1 – 4 of the Trauma Triage Decision Scheme to assure appropriateness of destinations.

Update: EMS tracks all trauma destinations on a monthly basis and conducts follow-up for incidents in which trauma patients who meet Step 1 – 3 criteria are transported to a non-trauma hospital.

Timeline: Goal has been achieved: Follow-up is monthly, occasional case-by-case, and ongoing.

Goal: Collaborate with county agencies and trauma centers to provide “STOP THE BLEED” education and equipment.



Objective: Establish and maintain the “Ventura County Stop the Bleed Program.”

Update: EMS, in partnership with the County CEO’s office and Ventura County Fire Protection District, launched the Ventura County Stop the

Bleed Program. The program consists of educating the public in lifesaving skills required in the first few minutes of major trauma and strategically locating “Bleeding Control Kits” in government buildings throughout Ventura County.



In 2017, VCEMS and our partners trained nearly 100 Ventura County staff and County Supervisors. The program was well received and garnered full support from the Board. With the support of government administrators and partner agencies

Timeline: VCEMS will launch the educational portion of the campaign in 2018 with the goal of teaching 400 County employees and expanding our partnerships to local agencies and hospitals to reach additional sectors of the community.

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.

The base hospital for incidents located near the northern border of Ventura County may direct patients to Santa Barbara Cottage Hospital, and patients injured near the northeastern edge of the County may be directed to Henry Mayo Hospital, Northridge Hospital, and Holy Cross Hospital in Los Angeles County. Letters of agreement regarding accepting and providing care for patients with traumatic injuries are in place between Ventura, Los Angeles, and Santa Barbara Counties.

For 2017, EMS out-of-county transports for trauma care include the following:

Step 1

- 2 Henry Mayo Newhall Memorial Hospital
- 1 Providence Holy Cross Hospital

Step 2

- 2 Providence Holy Cross Hospital

Step 3

- 17 Henry Mayo Newhall Memorial Hospital
- 2 Providence Holy Cross Hospital
- 1 Kern County Medical Center
- 1 Santa Barbara Cottage Hospital

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.

Objective: 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.

Update: VC EMS Policy 1403 “Trauma Data” was brought to the Trauma Operational Review Committee for revision in 2017, with no consensus reached for formal submission of trauma data from the non-trauma center hospitals. Currently, details from significant trauma incidents, in which patients are transported to a non-trauma center hospital, are reviewed on a case-by-case basis.

Timeline: This objective remains 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. LRRMC is a member of EFPC and actively participates in fall prevention planning and programs.

EMS providers who respond to 911 requests for assistance for elderly patients who have had a ground-level fall do quick home assessments for fall risk and if appropriate, ask the patient and family members for permission for a fall-prevention coordinator with Ventura County Area Agency on Aging to contact them by phone. The coordinator then matches up patients with services to help prevent recidivist falls.

A feature of the Elderly Fall Prevention Program 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.

Two fall prevention events are held annually. A bilingual fall prevention program (English and Spanish) was presented in Fillmore on April 29, 2017. Another fall prevention program was held on September 22, 2017, in Camarillo. Both events included prevention presentations by local physicians, nurses, physical therapists, social workers, and other experts in elderly trauma prevention. Additionally, the seasonal flu vaccine, along with other vaccines (shingles, pneumonia) are offered free of charge.

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-led meetings of the trauma program managers. Dr. Duncan, the trauma medical director for VCMC, has presented the EFPC program at national conferences, and our innovative, inclusive model has been acclaimed in many other systems.

Ventura County Trauma of Elderly Statistics 2017

Ventura County EMS Elderly Population	N
Patients age ≥ 65 years With ICD-10 indicating "fall"	599
ISS 0 – 8	341
ISS 9-15	165
ISS 16-24	60
ISS ≥ 25	33
Expired in hospital	34
Discharged to hospice	11

Timeline: Due to financial and staffing considerations, objective 1 remains in process. 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 three-year cycle, and are brought to TORC and TAC, as appropriate.

Policy Number	Name	Reviewed/ Revised	Next Review
1400	Trauma Care System General Provisions	3/2017	3/2020
1401	Trauma Center Designation	7/2011	RETIRED
1402	Trauma Committees	3/2017	3/2020
1403	Trauma Data	8/2015	7/2018
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	3/2017	3/2020
1405	Trauma Triage and Destination Criteria	3/2017	3/2020
1406	Trauma Center Standards	3/2017	3/2020

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.

Southwest RTCC Grand Rounds, presented October 2017, hosted by LRRMC in Ventura County. For this year's Grand Rounds, BRN and CME credit was provided, also sponsored by LRRMC.

Trauma Huddle: This committee meets monthly or semi-monthly, depending on the needs and activities of the trauma centers, to discuss and share specific county trauma center issues. It involves the trauma center and LEMSA program managers, with PI, prevention, and registrar personnel attending as needed. This committee provides an ongoing forum for collaboration and networking.

Progress on Addressing EMS Authority Trauma System Plan Comments

We reviewed Dr. Backer's 11/30/2017 letter approving the VCEMS Trauma System for 2016. All categories of the trauma system status report were accepted as written, with no required actions or recommendations.

We appreciate Dr. Backer's complimentary comments regarding the DMS Compact Triage Ribbon Kit and the Fall Prevention Program.

Other Issues

There are presently no other issues.

END OF REPORT



Ventura County EMS Plan 2017 QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

August 2018

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 2018, we have analyzed our 2017 data to identify improvement projects. Through our monthly meetings with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our Air-Q study, PRESTO study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival. In October of 2017, we started a new process to identify ELVO stroke patients prehospital and transport them directly to a thrombectomy capable acute stroke center (TCASC).

We are collecting data from our pre-hospital agencies and hospitals 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 2017 we had a median time of 52 minutes, which is a slight increase from 46 minutes in 2016. We expected an increase in this time due to the fact we started to assess for ELVO patients countywide and transport directly to one of our two TCASCs starting October 1, 2017.
2. Dispatch notified to t-PA given in ED: In 2017, we had a median time of 77 minutes which is a slight increase from 75 minutes in 2016. We have a median scene time of 13 minutes which is a slight increase from 12 minutes in 2016. We expected an increase due to the fact we added on scene the Ventura ELVO score (VES) assessment on stroke alert patients.

The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke.

In, 2016 we developed a pilot study in the east end of our county to screen for ELVO type stroke patients. Once identified, using a prehospital screening tool called the Ventura ELVO Score (VES), the patient was transported to our CSC. There were 26 ELVO prehospital activations in 2016. Based on this study, in October of 2017, we introduced county wide a **prehospital diversion** policy of suspected ELVO type stroke patients. This addition to our stroke triage system is designed to preferentially divert patients to a facility capable of performing mechanical thrombectomy. Paramedics perform a two-part screen: First, they screen for stroke using the (CPSS). Second, patients who are CPSS positive are screened for an ELVO using the VES. Patients who screen positive for both CPSS and VES are transported directly as an “ELVO Alert” to one of our designated TCASCs. We had 79 “ELVO Alerts” from Oct-Dec and 34% were actual ELVOs. We are monitoring this system enhancement to determine the improved outcomes for patients with an acute stroke due to an emergent large vessel occlusion

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 2017, including one in Spanish. We have seen a decrease in secondary falls during 2017.

We increased our Sidewalk CPR training in 2017 and had an increase in bystander CPR during full arrests from 50% in 2016 to 53% in 2017.

Indicators used during the reporting year

Our compliance rate with the State Core Measures was 100% in 2017, compared to 80% in 2016.

For the State Core Measures, please see the attached (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 labs 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

We developed and distributed to our stakeholders a complete annual EMS Systems Performance Report along with posting it on our EMS website for the public to review.

In October of 2017 we designated two of our 8 hospitals as Thrombectomy Capable Acute Stroke Centers (TCASC)

In July of 2017, we developed a training program and changed our policy to reflect an additional I/O site which is the humeral site. This is an easier site to access and gives the paramedics a choice as needed.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2017 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.

We continued to monitor our survival rate for CPC 1 or CPC 2 patients from cardiac arrest. We continue with a yearly training program for our Cardiac Arrest Management (CAM) to reinforce the importance of following CAM during a full arrest. In 2017, we saw a slight decrease from 12.4% survival rate in 2016 to 10.8% in 2017. We will review our CAM training to ensure all agencies are completing their yearly training.

We transferred over to Image Trend Elite on January 1, 2017 for our e-PCR to comply with NEMSIS 3 data submission.

The Ventura County Emergency Medical Services Agency (VCEMS), in partnership with the County CEO's office and Ventura County Fire Protection District, launched the Ventura County Stop the Bleed Program. The program consists of educating the public in lifesaving skills required in the first few minutes of major trauma and strategically locating "Bleeding Control Kits" in government buildings throughout Ventura County. In 2017, VCEMS and our partners trained nearly 100 Ventura County staff and County Supervisors.

Policies

We added policies and changed existed polices, along with developing a training program for EMTs to administer Epinephrine by auto-injector, administer Naloxone intranasal, and perform finger stick blood glucose test.

This will be added to our EMT's Scope of Practice in preparation for a start date of July 1, 2018 as suggested by the State EMSA.

We completed and implemented new policies and procedures to designate a TCASC in our county.

We completed and implemented new policies and procedures for identifying ELVO patients in the field for transport to the closest TCASC.

We developed and implemented policies for Public Safety-First Aid as required by the CA code of regulations Title 22.

2018 Goals

With the support of government administrators and partner agencies VCEMS will launch the educational portion of the Stop the Bleed campaign with the goal of teaching 400 County employees and expanding our partnerships to local agencies and hospitals to reach additional sectors of the community.

We will collect data and monitor our new ELVO program and make changes as needed.

We will start the training process of our EMTs for the new Scope of Practice guidelines starting July 1, 2018.

We will implement a new STEMI registry through American Heart Association by fall of 2018 to replace our current secure spreadsheet. This will give us more opportunity to benchmark and collect reports to evaluate our STEMI system.

We will develop an EMS app for our agencies to have easy access on their phone to review our policies and procedures.

Respectfully submitted by,



Steve Carroll
EMS Administrator



Karen Beatty, RN
Specialty Systems Coordinator

Attachment A

State Core Measures	2017
TRA 1-Scene ime for trauma patients transported to a trauma center	22:29
TRA 2-Measurement of trauma patients transported to trauma center	84%
TRA 3-Pain assessment for trauma patients	51%
TRA 4-Multiple pain assessments for injured patients	82%
TRA 5-Measurement of patients with a decrease in their pain scale compared to initial pain scale	13%
ACS 1-ASA administration for chest pain/discomfort	25%
ACS 3-Scene time for STEMI patients	22:52
ACS 4-Advanced notification for STEMI patients	85%
ACS 6-Time to EKG	17:38
Hyp 1-Treatment administered for hypoglycemia	19%
STR 1-Prehospital screening for suspected stroke patients	94%
STR 2-Glucose testing for suspected stroke patients	97%
STR 4-Advance hospital notification for stroke patients	94%
PED 3-Respiratory assessment for pediatric patients	98%
RST 4-911 requests for services that include a lights and/or siren response	85%
RST 5-911 requests for services that include a lights and/or siren transport	10%