VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

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September 11, 2020

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

Dear Tom,

I am pleased to submit the 2020 Ventura County EMS Plan Update for your review including updated Tables 1 through 11. 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 does not have an enhanced level pediatric emergency medical and critical care system as addressed in Standard 5.10. Ventura County does have two hospitals with Pediatric Intensive Care Units (PICU), however, continued issues with very low pediatric volume and funding difficulties remain a significant challenge for any further pediatric expansion. We continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

Ventura County has one hospital 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. Additionally, I have included a copy of our last review and approval for this facility.

Ventura County EMS has an active Medical Health Operational Area Coordination (MHOAC) program where we actively participate in the development of the County's operational area disaster plan. Steve Carroll is the primary MHOAC and Chris Rosa is the alternate MHOAC designee.

In 2019, we formalized our Stroke and STEMI specialty care plans in compliance with the State regulations. Annual updates to these plans, along with the updates for the Quality Improvement and Trauma Plans are included with our EMS Plan update for your review.

There were no significant changes in the 2019 reporting period, however, we would like to highlight a few accomplishments, including the completion of a comprehensive EMS System Assessment conducted by Page, Wolfberg and Wirth, the expansion of our Stop the Bleed training program, the ongoing collaboration with our behavioral health partners in the Ventura County Opioid Abuse Suppression Taskforce (COAST) program, and the completion of our Emergency Services Unit, a refurbished bus that will serve as a multipurpose mass-casualty response vehicle.

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 2019
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 as we have not developed a pediatric emergency medical and critical care system. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and two Pediatric Intensive Care Units (PICU), one located at Los Robles Hospital and Medical Center in Thousand Oaks and the other reopened in 2018 at Ventura County Medical Center (VCMC) in Ventura. As necessary, local hospitals work with pediatric specialty centers in neighboring counties to coordinate transfers when a higher level of care is needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County.

SECTION II - ASSESSMENT OF SYSTEM 2019
E. Facilities and Critical Care

5.10 (Cont'd.)

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 FY20-21.

LEMSA: Ventura **FY: 2019-20**

Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
5.1	Pediatric System Design	☐	☐	☑	VCEMS does not currently meet the minimum standards. VCEMS	
		☐	☐	☐		
		☐	☐	☐		
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Standard	EMSA Requirement	Meets Minimum Req.	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		
		☐	☐	☐		

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: 2019

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Ventura

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

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	x
Designation of trauma centers/trauma care system planning	x
Designation/approval of pediatric facilities	x
Designation of other critical care centers	x
Development of transfer agreements	
Enforcement of local ambulance ordinance	x
Enforcement of ambulance service contracts	x
Operation of ambulance service	
Continuing education	x
Personnel training	x
Operation of oversight of EMS dispatch center	x
Non-medical disaster planning	
Administration of critical incident stress debriefing team (CISD)	x

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	$ 1,744,606
Contract Services (e.g. medical director)	322,751
Operations (e.g. copying, postage, facilities)	257,640
Travel	63,423
Fixed assets	14,563
Indirect expenses (overhead)	167,950
Ambulance subsidy	52,075
EMS Fund payments to physicians/hospital	1,536,189
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: Vehicle Replacement	118,902
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	$ 4,278,099

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA]	$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	1,098,954
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	466,722
Certification fees	67,138
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	150,000
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	198,863
Contributions	_____
EMS Fund (SB 12/612)	2,279,495
Other grants: Woolsey Fire Reimbursement	8,026
Other fees: Health Fees	7,151
Other (specify): Insurance Recovery	1,750
TOTAL REVENUE	$ 4,278,099

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

_____ We do not charge any fees

__X__ Our fee structure is:

First responder certification	$ N/A
EMS dispatcher certification	N/A
EMT-I certification	133.00
EMT-I recertification	94.00
EMT-defibrillation certification	N/A
EMT-defibrillation recertification	N/A
AEMT certification	N/A
AEMT recertification	N/A
EMT-P accreditation	78.00
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	N/A
MICN/ARN recertification	N/A
EMT-I training program approval	491.00
AEMT training program approval	N/A
EMT-P training program approval	697.00
MICN/ARN training program approval	N/A
Base hospital application	N/A
Base hospital designation	N/A
Trauma center application	15,000.00
Trauma center designation	75,000.00
Pediatric facility approval	N/A
Pediatric facility designation	N/A
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	N/A
Ambulance vehicle permits	N/A
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	67.52 / hr.	34%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	57.44 / hr.	37%	Deputy EMS Administrator
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	52.57 / hr.	40%	Senior Hospital Systems Coordinator
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	Program Assistant	1.0	41.60 / hr.	45%	Emergency Preparedness Specialist
Disaster Medical Planner	Program Assistant	1.0	41.60 / hr.	48%	EMS Operations Specialist
QA/QI Coordinator	Senior Program Administrator	1.0	53.83 / hr.	42%	Specialty Care Systems Manager
Executive Secretary	Administrative Assistant II	1.0	34.03/ hr.	55%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	34.03 / hr.	55%	EMS Admin. Asst.
Other Clerical	Community Health Worker	1.0	25.77 / hr.	56%	EMS Certification Specialist
Other Clerical	HCA Training / Education Asst.	1.0	29.23 / hr.	56%	EMS Certification Specialist
Other	Program Administrator III	1.0	47.90 / hr.	43%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	34.02 / hr.	57%	EPO Logistics Coordinator

Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist and Safety Officer
Other	Program Administrator I	1.0	40.85 / hr.	40%	EMS Specialist
Other	Warehouse Coordinator	1.0	25.82 / hr	55%	EMS Logistics Specialist

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

2019-2020

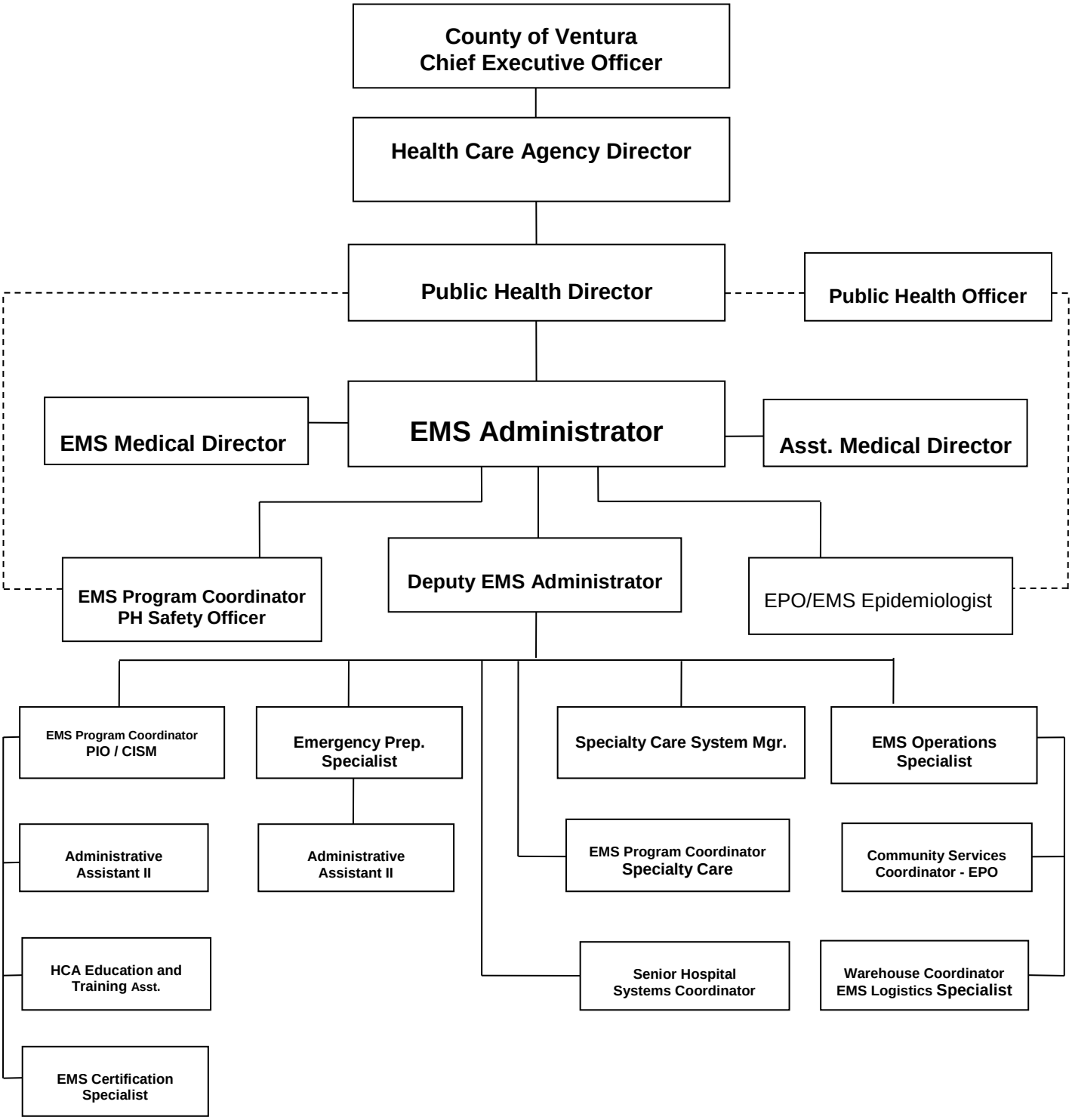


TABLE 3: STAFFING/TRAINING

Reporting Year: __2019_____

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	918	0		70
Number newly certified this year	398	0		17
Number recertified this year	520	0		53
Total number of accredited personnel on July 1 of the reporting year	2191	0	244	146
Number of certification reviews resulting in:				
a) formal investigations	10	0		0
b) probation	7	0	0	0
c) suspensions	2	0	0	0
d) revocations	1	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

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

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

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2019

1.	Number of primary Public Service Answering Points (PSAP)	9
2.	Number of secondary PSAPs	1
3.	Number of dispatch centers directly dispatching ambulances	1
4.	Number of EMS dispatch agencies utilizing EMD guidelines	1
5.	Number of designated dispatch centers for EMS Aircraft	1

6. Who is your primary dispatch agency for day-to-day emergencies?
   Ventura County Fire Protection District

7. Who is your primary dispatch agency for a disaster?
   Ventura County Sheriff's Dept. and Ventura County Fire Protection District

8. Do you have an operational area disaster communication system? **X** Yes ☐ No
   a. Radio primary frequency 154.055

   b. Other methods _____

   c. Can all medical response units communicate on the same disaster communications system? **X** Yes ☐ No

   d. Do you participate in the Operational Area Satellite Information System (OASIS)? **X** Yes ☐ No

   e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? **X** Yes ☐ No

      1) Within the operational area? **X** Yes ☐ No
      2) Between operation area and the region and/or state? **X** Yes ☐ No

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: _____2019_____

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: 2019

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	3719
2. Number of major trauma victims transported directly to a trauma center by ambulance	563
3. Number of major trauma patients transferred to a trauma center	60
4. Number of patients meeting triage criteria who were not treated at a trauma center	1729

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2019

County: Ventura

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

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? Hospital Parking Lots
   b. How are they staffed? Hospital personnel, PH nurses, and Medical Reserve Corps
   c. Do you have a supply system for supporting them for 72 hours? **X** Yes ☐ No

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

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

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

   c. Are they available for statewide response? ☐ Yes **X** No

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

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

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

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

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

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

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? ☐ Yes ☐ No

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 616 Fitch Ave
Moorpark, CA 93021

Phone Number: 805-517-2000

Number of Ambulance Vehicles in Fleet: 30

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 21

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

Transporting Agencies

43814	Total number of responses	33373	Total number of transports
41467	Number of emergency responses	31070	Number of emergency transports
2347	Number of non-emergency responses	2303	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 200 Bernoulli Circle
Oxnard, CA 93030

Number of Ambulance Vehicles in Fleet: 19

Phone Number: 805-485-3040

Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 13

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

Transporting Agencies

25655	Total number of responses	20500	Total number of transports
18414	Number of emergency responses	13385	Number of emergency transports
7241	Number of non-emergency responses	7115	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 9

Phone Number: 805-653-9111

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

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

Transporting Agencies

12981	Total number of responses	12099	Total number of transports
2429	Number of emergency responses	1547	Number of emergency transports
10552	Number of non-emergency responses	10552	Number of non-emergency transports

Air Ambulance Services

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 1425 Dowell Dr.
Ventura, CA 93003

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-339-4300

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

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

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-385-7722

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

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

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: PO Box 487
Fillmore, CA 93015

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-524-0586

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

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

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 165 Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-389-9710

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

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

Transporting Agencies

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 375A Durley Ave.
Camarillo, CA 93010

Number of Ambulance Vehicles in Fleet: 4

Phone Number: 805-388-4212

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

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

Transporting Agencies

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

Air Ambulance Services

215	Total number of responses	38	Total number of transports
215	Number of emergency responses	38	Number of emergency transports
0	Number of non-emergency responses	0	Number of non-emergency transports

Response numbers are for rescue aircraft only

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

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

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

STEMI Center:	**Stroke Center:**
❒ Yes **X** No	❒ Yes **X** 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:** 2019

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

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

Student Eligibility*: General Public **Program Level EMT

Cost of Program:
Basic: 975.00
Refresher: 299.00

Number of students completing training per year:
Initial training: 41
Refresher: 0
Continuing Education: 0
Expiration Date: 02/28/23

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

Training Institution: Moorpark College Telephone Number: 805-378-1433
Address: 7075 Campus Rd.
Moorpark, CA 93021

Student Eligibility*: General Public **Program Level EMT

Cost of Program:
Basic: 1156.00
Refresher:

Number of students completing training per year:
Initial training: 38
Refresher: 0
Continuing Education: 0
Expiration Date: 5/31/24

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

*Open to general public or restricted to certain personnel only.
****** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2019

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

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

Student Eligibility*: Private **Program Level MICN

Cost of Program:
Basic: 300.00
Refresher:

Number of students completing training per year:
Initial training: 18
Refresher: 0
Continuing Education: 0
Expiration Date: 10/31/23

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

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

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 1250.00
Refresher: 250.00

Number of students completing training per year:
Initial training: 173
Refresher: 46
Continuing Education: 0
Expiration Date: 1/31/24

Number of courses:
Initial training: 8
Refresher: 2
Continuing Education: 0

*Open to general public or restricted to certain personnel only.
****** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2019

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

Training Institution: Simi Institute for Careers and Education Telephone Number: 805-579-6200
Address: 1880 Blackstock Avenue
Simi Valley, CA 93065

Student Eligibility*: General **Program Level EMT

Cost of Program:
Basic: 1175.00
Refresher: 325.00

Number of students completing training per year:

Initial training:	79
Refresher:	12
Continuing Education:	0
Expiration Date:	11/30/23

Number of courses:

Initial training:	5
Refresher:	2
Continuing Education:	0

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

Student Eligibility*: General **Program Level Paramedic

Cost of Program:
Basic: 3741.00
Refresher:

Number of students completing training per year:

Initial training:	20
Refresher:	0
Continuing Education:	0
Expiration Date:	4/30/24

Number of courses:

Initial training:	1
Refresher:	0
Continuing Education:	0

*Open to general public or restricted to certain personnel only.
****** Indicate whether EMT-I, AEMT, EMT-P, MICN, or EMR; if there is a training program that offers more than one level complete all information for each level.

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura **Reporting Year:** 2019

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

Training Institution: Ventura College Telephone Number: 805-654-6400 ext 1354

Address: 4667 Telegraph Road

Ventura, CA 93003

Student Eligibility*: General

**Program Level EMT

Cost of Program:

Basic: 986.00

Refresher:

Number of students completing training per year:

Initial training:	102
Refresher:	0
Continuing Education:	0
Expiration Date:	11/30/23

Number of courses:

Initial training:	4
Refresher:	0
Continuing Education:	0

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

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

TABLE 11: DISPATCH AGENCY

County: Ventura **Reporting Year:** 2019

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

Name: Ventura County Fire Protection District Primary Contact: Charles Sullenbarger

Address: 165 Durley Ave. Camarillo, CA 93010

Telephone Number: 805-389-9710

Written Contract:
☐ Yes X No

Medical Director:
☐ Yes X No

X Day-to-Day
☐ Disaster

Number of Personnel Providing Services:
__35__ EMD Training _____ EMT-D _____ ALS
_____ BLS _____ LALS _____ Other

Ownership:
X Public ☐ Private

If Public:
X Fire
☐ Law
☐ Other
Explain: _____

If Public: ☐ City ☐ County ☐ State X Fire District ☐ Federal

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: **Ventura County EMS**

Area or subarea (Zone) Name or Title: **ASA 2**

Name of Current Provider(s): **American Medical Response**
Serving since 1962

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name: **Ventura County EMS**

Area or subarea (Zone) Name or Title: **ASA 4**

Name of Current Provider(s): **American Medical Response**
Serving since 1962

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Area or subarea (Zone) Geographic Description:
Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Exclusive
Include intent of local EMS agency and Board action.

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 5**
Name of Current Provider(s):	**American Medical Response** **Serving since 1962**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Area or subarea (Zone) Geographic Description:

Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.

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

Exclusive

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Grandfathered

American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

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

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 6**
Name of Current Provider(s):	**Gold Coast Ambulance** **Serving since 1949**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Area or subarea (Zone) Geographic Description:

Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.

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

Exclusive

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Grandfathered

Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	**Ventura County EMS**
Area or subarea (Zone) Name or Title:	**ASA 7**
Name of Current Provider(s):	**American Medical Response** **Serving since 1962**

Include company name(s) and length of operation (uninterrupted) in specified area or subarea.

Area or subarea (Zone) Geographic Description:

Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.

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

Exclusive

Include intent of local EMS agency and Board action.

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

Emergency Ambulance for 911 calls only

Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

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

Grandfathered

American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.

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

Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.

If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.

VENTURA COUNTY
PUBLIC HEALTH

A Department of Ventura County Health Care Agency

Rigoberto Vargas, MPH
Director

Steven L. Carroll, Paramedic
EMS Administrator

Daniel Shepherd, MD
EMS Medical Director

Angelo Salvucci, MD, FACEP
Assistant EMS Medical Director

December 1, 2018

Haady Lashkari, CAO
Ojai Valley Community Hospital
1306 Maricopa Highway
Ojai, CA 93023

Dear Mr. Lashkari:

Ojai Valley Community Hospital has successfully passed the biennial review outlined in VCEMS Policy 420 – Receiving Hospital Standards and will continue to operate as a receiving hospital in the County of Ventura. Utilizing the criteria outlined in Policy 420, VCEMS has reviewed the materials related to OVCH's standby emergency department capabilities and staffing and have determined them to be appropriate. We feel that it remains in the best interest of the Ojai Valley community to continue allowing ambulance transport to OVCH for patients meeting general (non-specialty care) criteria. This designation will remain in effect until your next review scheduled for November 30, 2020, provided OVCH continues to meet all standards outlined in VCEMS Policy 420.

Please do not hesitate to contact either one of use with any questions or concerns related to this matter.

Sincerely,

Steve Carroll, Paramedic
VCEMS Administrator

Daniel Shepherd, MD
VCEMS Medical Director

Community Memorial Health System

Where Excellence Begins with Caring

October 12, 2018

Steve Carroll, EMS Administrator
Ventura County Emergency Medical Services Agency
2220 E. Gonzales Rd, Suite 200
Oxnard, CA 93036

Re: Request for Approval, Continuing Designation as a Ventura County Receiving Hospital.

Dear Mr. Carroll:

We would like to formally request that Ojai Valley Community Hospital be approved to continue as a Ventura County Receiving Hospital, operating a Standby Emergency Department. Enclosed is the completed Ventura County EMS Policy 420 "Receiving Hospital Criteria Compliance Checklist."

In addition enclosed is a completed "Receiving Hospital Physician Criteria Compliance Checklist" for each physician who staffs the emergency department.

We wish to reaffirm our commitment to providing receiving hospital services and our compliance with Policy 420. Please contact us if you have any questions.

Sincerely,

OVCH Emergency Department Medical Director
Neil Canby, MD

CMHS Emergency Department Director
Elaina Hall, MSN, RN, MBA

COUNTY OF VENTURA
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Ojai Valley Community Hospital Date: 10/11/18

		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	✓	

OK EA

			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: Neil Corby, MD

Date: 10/12/18

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: OVCH

Date: 10/11/18

		EMS REVIEW	
The RH with standby ED has:		YES	NO
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			

Ojai Valley Hospital
Policy 420, Receiving Hospital Physician Criterial Compliance Checklist
Received 10/17/2018 from Elaina Hall via email:

Name	ACLS Expires	ATLS Expires*	ED Board Expires	Comments
Canby, Neil E., M.D.	06/30/2020	Not required	12/31/2025	
Chauhan, Alena J., M.D.	08/30/2020	Not required	12/31/2025	
Clawson, Gordon M., M.D.	10/30/2018	03/30/2019	Not ED Certified	Board Certified in Family Medicine
Ferguson, Catherine D., MD	05/30/2020	08/04/2019	12/31/2025	
Gonzales, Andrea T., M.D.	05/30/2020	Not required	12/31/2025	
Hall, Charles J., D.O.	05/30/2020	Not required	In process	Residency Completed 6/30/2017
Koger, Matthew B., M.D.	10/30/2020	09/30/2017	12/31/2027	
Levin, Ross E., M.D.	03/30/2020	Not required	12/31/2026	
Long, Yasha S., MD	06/30/2020	Not required	12/31/2024	
Maryniuk, Jerome S., M.D.	07/30/2019	Not required	12/31/2017	
Meindl, Judi A., M.D.	03/30/2020	Not required	12/31/2021	
Patterson, Elizabeth, M.D.	05/30/2020	09/27/2019	12/31/2023	
Raffetto, Brian J., M.D.	05/30/2019	Not required	In process	Residency Completed 6/30/2017
Williamson, Timothy L., M.D.	04/30/2019	09/30/2019	Not ED Certified	Board Certified in Pediatrics
Thiel, Garret, MD	11/30/2019	Not required	In process	Residency Completed 6/30/2018

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 Date Revised: August 9, 2018 Date Last Reviewed: August 9, 2018 Review Date: August 31, 2021		Effective Date: September 1, 2018

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	
The RH with standby ED has:	YES	NO
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		

TRAUMA SYSTEM STATUS REPORT

Reporting for Calendar Year 2019

Steve Carroll, EMS Administrator
Karen Beatty Senior EMS Specialty Systems Coordinator

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 January 2019. Due to COVID-19, their next renewal will be in February 2023. VCMC renewed their verification in June 2017 and their next renewal has been extended to June 2021.

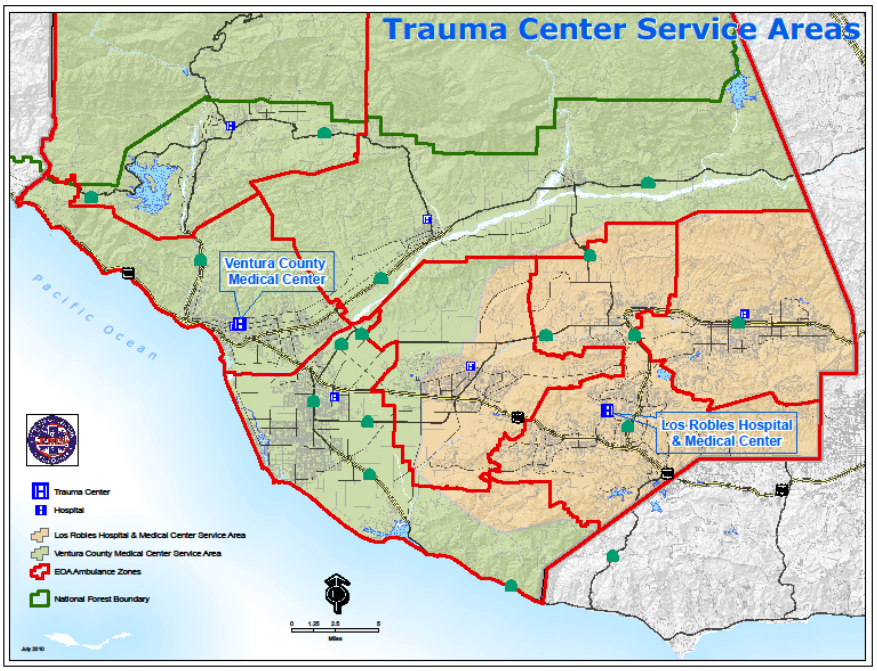
VCMC provides trauma care for the West County, including the south coast and Los Padres National Forest areas. Their trauma director is Dr. Thomas Duncan and Gina Ferrer, RN, is their trauma program manager (TPM).

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. Kyle Brooks, and the TPM is Bill Ashland.

Prehospital “Trauma Triage and Destination Criteria” were reviewed in June 2019 to assess the needs and practices of the system. No changes were made.

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



2019 Ventura County Trauma Destinations

Base Hospital Destination	Step 1 TOTAL 279	Step 2 TOTAL 292	Step 3 TOTAL 460
VCMC Trauma Base Hospital Calls	182	215	271
VCMC	178	206	222
CMH	0	0	1
SPH	0	0	2
SJRMC	2	5	9
SJPV	0	0	4
OVH	0	0	4
HMNMH	2	4	28
Kern County Medical Center	0	0	0
Santa Barbara Cottage Hospital	0	0	1
LRHMC Trauma Base Hospital Calls	97	77	189
LRHMC	96	75	180
SVH	1	1	1
Northridge Medical Center	1	1	5
Holy Cross	0	0	3

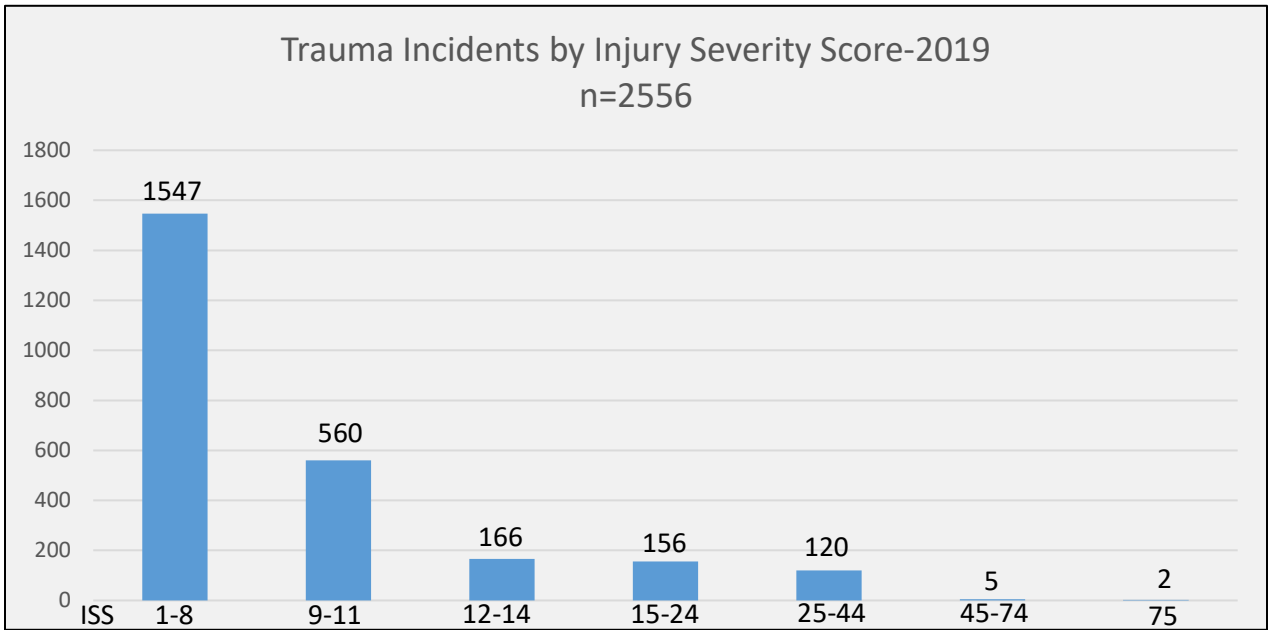
2019 Step 1-3 by Hospital	**N**
Ventura County Medical Center	606
Los Robles Hospital and Medical Center	351
St. John's Regional Medical Center	16
Henry Mayo Newhall Memorial Hospital	34
Community Memorial Hospital	1

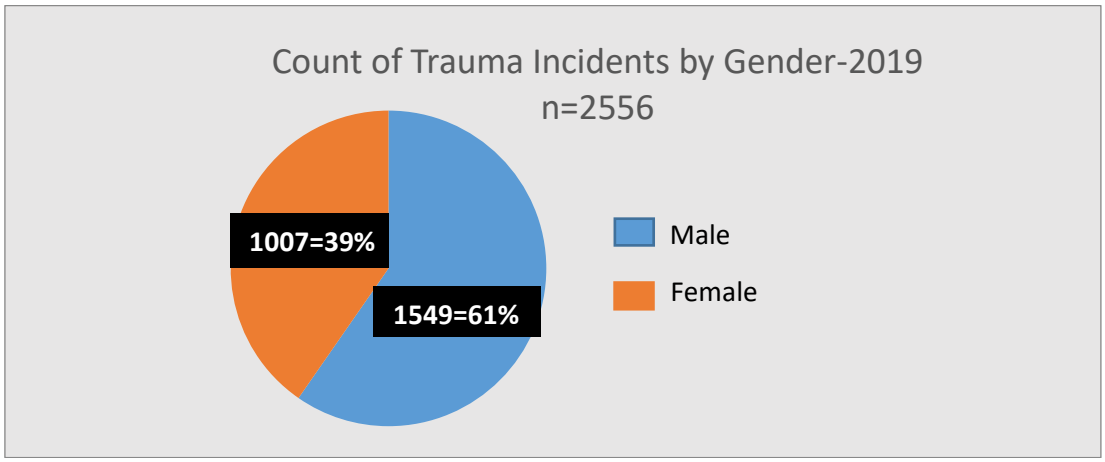
Ojai Valley Hospital	4
St. John's Pleasant Valley Hospital	4
Santa Paula Hospital	2
Providence Holy Cross	3
Simi Valley Hospital	2
Kern County Medical Center	7
Cottage Hospital	1
TOTAL	**1031**

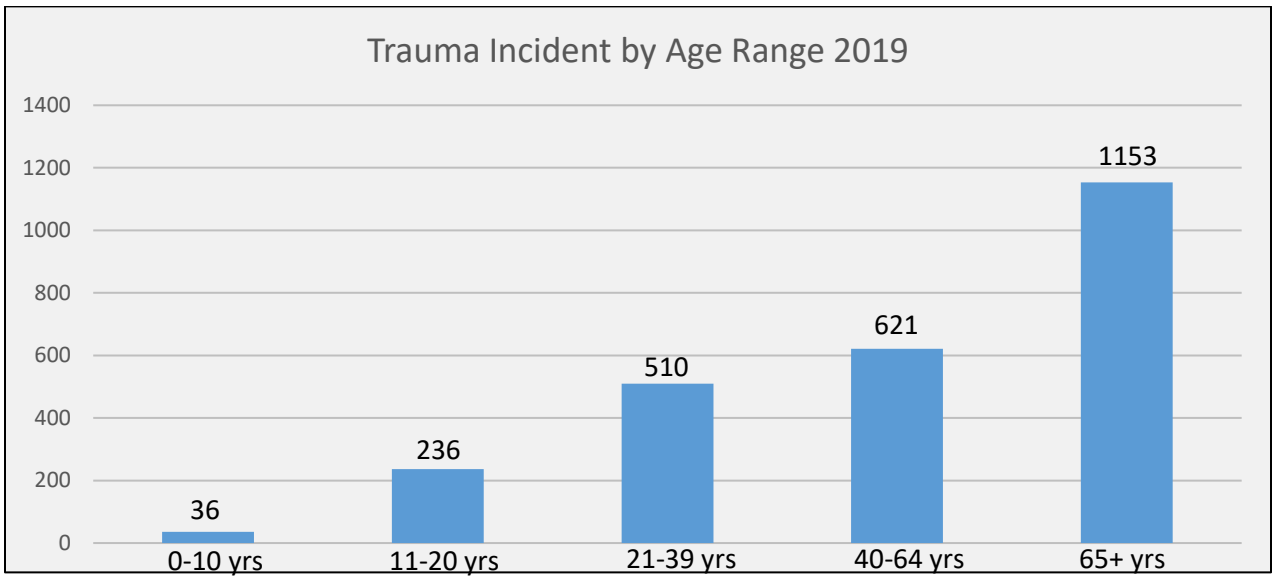
2018 Step 4 by Hospital	**N**
St. John's Regional Medical Center	626
Los Robles Hospital and Medical Center	653
Community Memorial Hospital	430
St. John's Pleasant Valley Hospital	276
Ventura County Medical Center	327
Simi Valley Hospital	234
Ojai Valley Hospital	76
Santa Paula Hospital	52
Henry Mayo Newhall Memorial Hospital	10
Santa Barbara Cottage Hospital	0
Kaiser Woodland Hills Hospital	5
TOTAL	**2689**

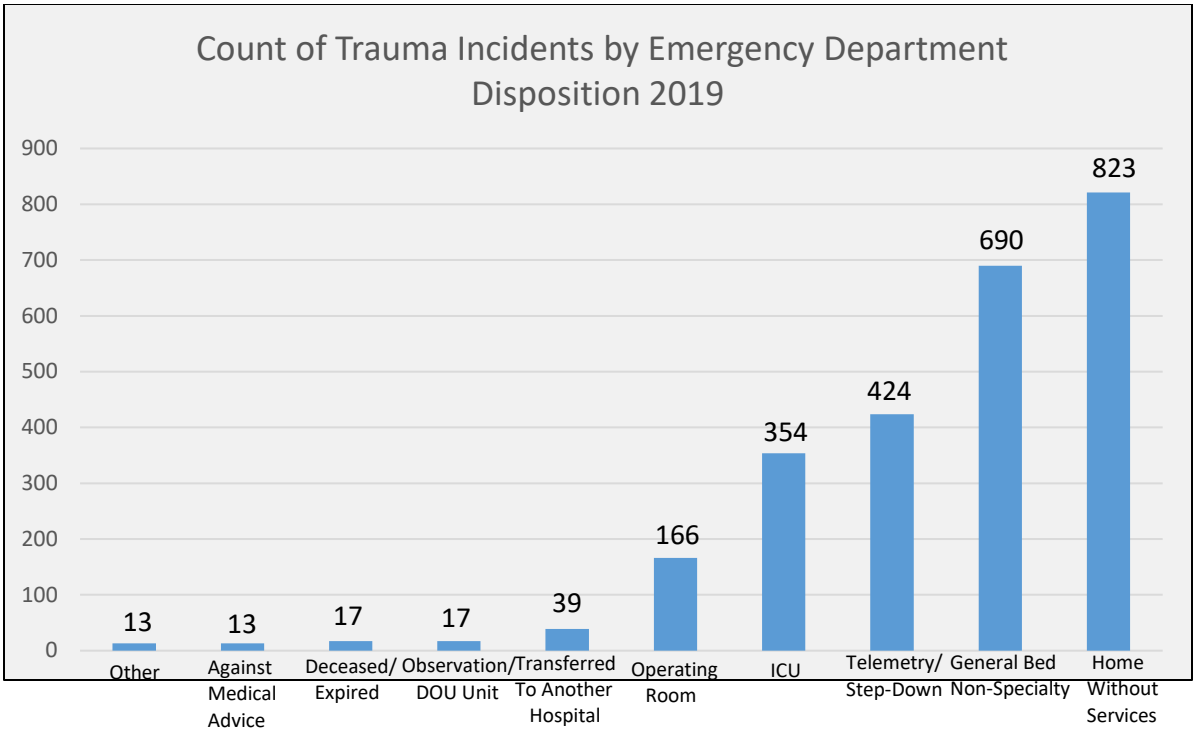
Ventura County Trauma System Statistics 2019	**N**
Pts meeting trauma triage criteria Step 1-3	1031
Major trauma (ISS ≥ 16) (Step 1) transported directly to trauma center by EMS	277
Major trauma pts (ISS ≥ 16) (POV & EMS) transferred (Urgent or Emergent) to a trauma center	28
Major trauma pts (ISS ≥ 16) *arrived non-trauma hospital by EMS*, transferred (Urgent or Emergent) to a trauma center	11
Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	29
Under triage rate = 11/1031	1.1%

Ventura County Trauma System Statistics









Changes in Trauma System

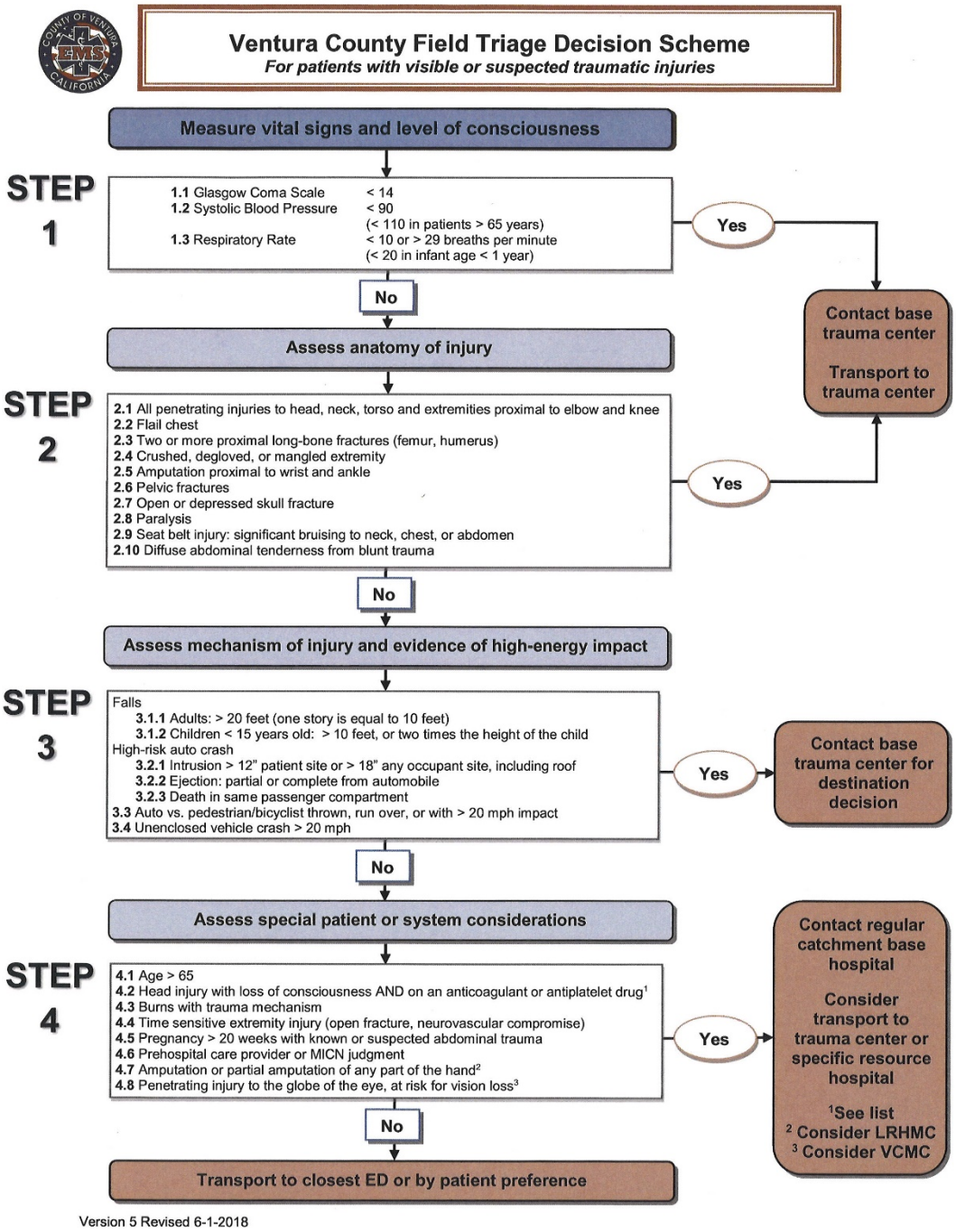
Changes to the trauma system include the following:

June 1, 2019, Policy 734 “Tranexamic Acid (TXA) Administration” was developed to allow paramedics to administer TXA for patients presenting with hypovolemic shock secondary to trauma. In 2019, we administered TXA to 12 patients. 10/12 patients survived and 4/12 received a second dose of TXA at the Trauma Center. We will continue to monitor in 2020.

In 2019 we identified an increase in “No Steps” arriving at a non-trauma hospital and then being transferred to a Trauma Center. We provided education to our paramedics to use Step 4.6 “Prehospital care provider or MICN judgement” more frequently. We found a decrease in “No Steps” being transferred to a Trauma Center, and an increase in “Step 4” patients being transported by EMS to a Trauma Center from 33% in 2018 to 37% in 2019. This data is monitored at our quarterly Trauma Operations Review Committee (TORC).

We hired an EMS Program Coordinator in April of 2019 to help identify opportunities to improve our data report collection and to provide education to our prehospital providers.

A joint position paper between the American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) in 2018 outlined the uniform recommendations for spinal motion restriction in the care of trauma patients. Based on these recommendations, we modified our Spinal Motion Restriction Policy to decrease the number of incidents a patient is placed on a backboard.



Version 5 Revised 6-1-2018

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 under triage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries. 2019=1.1%

Update: VCEMS bases prehospital trauma triage policy on current research and best practice recommendations from the 2011 Morbidity & Mortality Weekly Report (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), under triage 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 2019:

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

96	Los Robles	2	Henry Mayo
178	Ventura County Medical Center	1	Northridge Hospital

14 ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital **by POV** regardless of ISS.*

5 ***Emergent*** trauma transfers to trauma centers, *arrived non-trauma center hospital **by EMS** regardless of ISS.*

Objective: under triage 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, MICNs, 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 2019, VCEMS and our partners trained 250 additional Ventura County employees to add to the 400 that were trained in 2018. We also expanded our training to other agencies such as the Harbor County Patrol, Ventura City Fire, Ventura County Fire, both Trauma Centers and one non-trauma hospital. The program was well received, and we plan to continue to train other agencies for a train the trainer model.

Timeline: Goal was achieved, and training will be on-going.

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 2019, EMS out-of-county transports for trauma care include the following:

Step 1
2 Henry Mayo Newhall Memorial Hospital
1 Northridge Hospital

Step 2
4 Henry Mayo Newhall Memorial Hospital
1 Northridge Hospital

Step 3
28 Henry Mayo Newhall Memorial Hospital
5 Northridge Hospital
3 Providence Holy Cross Hospital
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 2019, to add reporting requirements for trauma data from the non-trauma center hospitals. Details from significant trauma incidents, in which patients are transported to a non-trauma center hospital, are reviewed on a case-by-case basis and non-trauma hospitals are in compliance with data collection.

Timeline: Goal has been achieved: Follow-up is triannual, ongoing and on a case-by-case as needed.

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 Oxnard on April 13, 2019. Another fall prevention program was held on September 20, 2019, in Ventura. 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 2019

Ventura County EMS Elderly Population	**N**
Patients age ≥ 65 years With ICD-10 indicating "fall"	956
ISS 0 – 8	613
ISS 9-15	277
ISS 16-24	40
ISS ≥ 25	26
Expired in hospital	19
Discharged to hospice	16

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	3/2019	3/2022
1402	Trauma Committees	3/2017	3/2020
1403	Trauma Data	3/2019	3/2022
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	3/2017	3/2020
1405	Trauma Triage and Destination Criteria	4/2018	4/2021
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.

Pre-TAC: This committee has a conference call 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.

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.

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 Mr. McGinnis 2/19/20 letter approving the VCEMS Trauma System for 2018. All categories of the trauma system status report were accepted as written, with no required actions or recommendations.

Other Issues

There are presently no other issues.

END OF REPORT

Ventura County EMS Plan
2019 QUALITY IMPROVEMENT PROGRAM
ANNUAL UPDATE
August 2020

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 2020, we have analyzed our 2019 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 have monitored and collected data for all of 2018 and have made changes in 2019 to improve our FP "ELVO" alert rate.

In October of 2019, we had our first Advanced Thrombectomy Capable Stroke Center (TSC) in the county designated by the Joint Commission.

We collect 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 2019 we had a median time of 56 minutes, which is holding steady as 56 minutes was the median time in 2018.

2. Dispatch notified to t-PA given in ED: In 2019, we had a median time of 68 minutes which is a decrease from 71 minutes in 2018. We have a median scene time of 12 minutes which is a decrease from 13 minutes in 2018.

3. Dispatch to balloon time for our STEMI patients has a median time of 83 minutes for 2019, which is a decrease from 87 minutes in 2018.

The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke" and the American College of Cardiology guidelines for the Management of STEMI".

In, 2018 we monitored our new policy 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 one of our TCASCs. 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. After monitoring our 2018 data, in June of 2019 we changed our "ELVO Alert" criteria. The patient must now be positive for ***all 3 elements*** of the CPSS and be positive for 1 or more on the VES. We call this the 3 + 1 model. Patients who screen 3 + 1 are transported directly as an "ELVO Alert" to one of our designated TCASCs. By changing these criteria, we decreased our "ELVO Alerts" by 31%. In 2020, we will assess changing the ELVO Alert criteria for Time Last Known Well (TLKW) to be 24 hours instead of the current 6 hours.

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 2019, including one in Spanish. We have seen a decrease in secondary falls during 2019.

We continued our Sidewalk CPR training in 2019 and had an increase in bystander CPR during presumed cardiac etiology resuscitation attempted from 52% in 2018 to 55% in 2019. We have increased our bystander CPR for witnessed, shockable rhythm resuscitation attempts from 68% in 2018 to 75% in 2019.

Indicators used during the reporting year

Our compliance rate with the State Core Measures was 100%.
For the State Core Measures, please see Appendix A

Data Collection

We receive our data from receiving hospitals using IQVIA Get With The Guidelines (GWTG) Registry for our Stroke Program, CARES Registry for our Sudden Cardiac Arrest, Trauma Registry for our Trauma data, and Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) 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

Starting June 1, 2019, we implemented the EMT new scope of practice to include the administration of epinephrine by auto-injector or IM injection, administration of naloxone intranasal, and to perform a finger stick blood glucose test.

We hired an EMS Program Coordinator in April of 2019 to help identify opportunities to improve our data report collection and to provide education to our prehospital providers.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2019 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.

June 1, 2019, following the American Heart Association recommendations, we changed the TLKW from 6 hours to 24 hours for all “Stroke Alert” patients. The TLKW for “ELVO Alert” patients remain at 6 hours. This will be reviewed in 2020.

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 2019, we saw a slight decrease to 10.5% survival rate from 13.6% in 2018. In June of 2019, we changed our policy for ROSC patients to stay on scene for at least 10 minutes. In 2020, we will be changing from Air-Q to I-gel supraglottic airway.

June 1, 2019, Policy 734 “Tranexamic Acid (TXA) Administration” was developed to allow paramedics to administer TXA for patients presenting with hypovolemic shock secondary to trauma. In 2019, we administered TXA to 12 patients. 10/12 patients survived and 4/12 received a second dose of TXA at the Trauma Center. We will continue to monitor in 2020.

A joint position paper between the American College of Surgeons Committee on Trauma (ACS-COT), American College of Emergency Physicians (ACEP), and the National Association of EMS Physicians (NAEMSP) in 2018 outlined the uniform recommendations for spinal motion restriction in the care of trauma patients. Based on these recommendations, we modified our Spinal Motion Restriction Policy to decrease the number of incidents a patient is placed on a backboard.

The Ventura County Emergency Medical Services Agency (VCEMS), in partnership with the County CEO’s office and Ventura County Fire Protection District, continues 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 2019, VCEMS and our partners trained 250 Ventura County employees. We also expanded our training to other agencies such as the Harbor County Patrol, Ventura City Fire, Ventura County Fire, both Trauma Centers and one non-trauma hospital.

Policies

In 2019 we changed our wording for the paramedics from “Prior to base hospital contact” to “ALS Standing Orders” for all patient treatment policies. We identified a discrepancy on how “Prior to base hospital contact” was being interpreted, so it was decided to change the language.

Pre-Alert notifications for all Specialty Care patients were added to all STEMI, Stroke, ROSC and Trauma policies. This is a base hospital contact with an early notification of a specialty care patient. Re-contact is made for a full report when patient is en-route to the specialty care center.

We developed and implemented policies that reflect the new CA State STEMI and Stroke regulations in Title 22.

We developed and submitted a STEMI Critical Care System Plan and a Stroke Critical Care System Plan to the CA State EMSA.

We approved TASER barb removal for EMS personnel (ALS & BLS).

2020 Goals

In 2019 we began to research a better way to administer medication to our pediatric and adult patients. In 2020, we will implement a comprehensive pediatric resuscitation system called Handtevy, which can also be used for adult medication.

Replace Air-Q with approved I-gel supraglottic airway.

Develop a process to review the prehospital ECG in real time to help decrease false STEMI Alert activations.

Review and propose Intra-nasal pain medication as an option to IV/IM/IO.

Review our process for education and make changes in how we teach paramedic skills lab and airway station to utilize more interactive scenarios.

Develop process for education and distribution of Narcan use for the public.

Analyze 2019 ELVO data to propose changing ELVO alert criteria from 6 hours TLKW to 24 hours TLKW to help decrease ELVO transfers from Stroke Centers to Thrombectomy Capable Centers.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Specialty Systems Coordinator

Appendix A

State Core Measures	2019
TRA 2-Measurement of trauma patients transported to trauma center	91%
ACS 1-ASA administration for chest pain/discomfort	59%
ACS 4-Advanced notification for STEMI patients	89%
Hyp 1-Treatment administered for hypoglycemia	64%
STR 1-Prehospital screening for suspected stroke patients	79%
STR 2-Glucose testing for suspected stroke patients	89%
STR 4-Advance hospital notification for stroke patients	97%
PED 3-Respiratory assessment for pediatric patients	100%
RST 4-911 requests for services that include a lights and/or siren response	84%
RST 5-911 requests for services that include a lights and/or siren transport	8%

Ventura County EMS Plan
2019 Stroke Critical Care System Plan
ANNUAL UPDATE

August 2020

Steve Carroll, EMS Administrator
Karen Beatty, Specialty Systems Coordinator

Stroke Critical Care System Plan Summary

The Stroke Critical Care System Plan for Ventura County is, first and foremost, a patient advocacy document. Its purpose is to provide a framework for the establishment of a comprehensive Stroke program for the County that addresses the needs of the patient suffering from an acute Stroke. This plan recognizes that a partnership of organizations, institutions and individuals form the nucleus of a quality Stroke system. Through this partnership and adherence to quality Stroke care standards, the goals and core measures are reviewed and updated at our quarterly meetings.

Changes in the Stroke Critical Care System Plan

Thus far, in 2020, we have analyzed our 2019 data to identify improvement projects. Through our quarterly meetings with our Stroke committee, we continue to monitor our Stroke Core Measures which include Emergent Large Vessel Occlusion (ELVO) data as well.

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 monitored and collected data for all of 2018 and made changes in 2019 to improve our FP “ELVO” alert rate.

In October of 2019, we had our first Advanced Thrombectomy-Capable Stroke Center (TSC) in the county designated by the Joint Commission. We submitted our original Stroke Critical Care System Plan in October of 2019, and there were no changes made in November or December.

Measures

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital and to follow a patient who is transferred from a Primary Stroke Center (PSC) to a Thrombectomy Capable Acute Stroke Center (TCASC) for higher level of care. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: In 2019 we had a median time of 56 minutes, which is holding steady as 56 minutes was the median time in 2018.

2. Dispatch notified to t-PA given in ED: In 2019, we had a median time of 68 minutes which is a decrease from 71 minutes in 2018. We have a median scene time of 12 minutes which is a decrease from 13 minutes in 2018.

3. TCASC Door to First Pass: Our median time for 2019 is 105 minutes and 44% of the time patients receive their first pass within 90 minutes of arrival. AHA benchmark for this measure is 50%.

4. TCASC Door to First pass for transferred patients: 51% of the time, patients that are transferred from a hospital to a TCASC for a thrombectomy received their first pass within 60 minutes of arrival at the TCASC. AHA benchmark is 50%.

5. Door-in Door-out time for patients transferred to a TCASC for a higher level of care: Quarter one of 2019 we were at 121 minutes, by the end of 2019 we were at 67 minutes. We were able to cut our time by almost an hour, by putting in place a rapid transfer policy to a TCASC and education to non-TCASC facilities to develop a quick response to identifying and transferring ELVO patients.

Data Collection

We receive our data from receiving hospitals using IQVIA Get With The Guidelines (GWTG) Registry for our Stroke Program and Image Trend for our EMS e-PCR data. The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke".

Performance Improvement

June 1, 2019, following the American Heart Association recommendations, we changed the TLKW from 6 hours to 24 hours for all "Stroke Alert" patients. The TLKW for "ELVO Alert" patients remain at 6 hours. This will be reviewed in 2020.

We hired an EMS Program Coordinator in April of 2019 to help identify opportunities to improve our data report collection and to provide education to our prehospital providers.

In, 2018 we monitored our new policy 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 one of our TCASCs. 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. After monitoring our 2018 data, in June of 2019 we changed our "ELVO Alert" criteria. The patient must now be positive for ***all 3 elements*** of the CPSS and be positive for 1 or more on the VES. We call this the 3 + 1 model. Patients who screen 3 + 1 are transported directly as an "ELVO Alert" to one of our designated TCASCs. By changing these criteria, we decreased our "ELVO Alerts" by 31%.

Policies

All Stroke policies reflect current national standards. Policies are reviewed, revised, and updated on a 2-year or 3-year cycle, and are brought to the Stroke Committee for approval.

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	10/10/2019	10/31/2022
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	8/9/2018	8/31/2021
450	Acute Stroke Center (ASC) Standards	6/24/2020	6/30/2022
451	Stroke System Triage and Destination	6/24/2020	6/30/2022
452	Thrombectomy Capable Acute Stroke Center (TCASC) Standards	12/11/2019	12/31/2022
460	Guidelines for Interfacility Transfer of Emergency Department Acute Stroke Patients	6/24/2020	6/30/2022
705.26	705.26: Suspected Stroke	10/10/2019	10/31/2021

2020 Goals

Analyze 2019 ELVO data to propose changing ELVO alert criteria from 6 hours TLKW to 24 hours TLKW to help decrease ELVO transfers from Stroke Centers to Thrombectomy Capable Centers.

TCASC Door to First Pass: Decrease our median time to 90 minutes and increase the percentage of the time patients receive their first pass within 90 minutes of arrival to meet or exceed the AHA benchmark of 50% for this measure.

Continue to monitor and decrease our Door-in Door-out time to 45 minutes for patients transferred to a TCASC for a higher level of care.

Add a diversion request category to Reddi-Net for TCASC diversion when the TCASC is unable to accept an “ELVO Alert” patient from EMS.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Specialty Systems Coordinator

Ventura County EMS Plan
2019 STEMI Critical Care System Plan
ANNUAL UPDATE

August 2020

Steve Carroll, EMS Administrator
Karen Beatty, Specialty Systems Coordinator

STEMI Critical Care System Plan Summary

The STEMI Critical Care System Plan for Ventura County is, first and foremost, a patient advocacy document. Its purpose is to provide a framework for the establishment of a comprehensive STEMI program for the County that addresses the needs of the patient suffering from an acute STEMI. This plan recognizes that a partnership of organizations, institutions and individuals form the nucleus of a quality STEMI system. Through this partnership and adherence to quality STEMI care standards, the goals and core measures are reviewed and updated at our tri-annual meetings.

Changes in the STEMI Critical Care System Plan

Thus far, in 2020, we have analyzed our 2019 data to identify improvement projects. Through our tri-annual meetings with our STEMI committee, we continue to monitor our STEMI Core Measures, Cardiac Arrest data, and review cases that fall out of our measures. We submitted our original STEMI Critical Care System Plan in October of 2019, and there were no changes made in November or December.

Measures

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital and to follow a patient who is transferred from a STEMI Referral Hospital (SRH) to a STEMI Receiving Center (SRC) for PCI. The following are a few of those core measures:

1. Dispatch to PCI time for our STEMI patients has a median time of 83 minutes for 2019, which is a decrease from 87 minutes in 2018.

2. Arrival at STEMI Referral Hospital to PCI at the SRC has a median time of 90 minutes in 2019, which is a decrease from 97 minutes in 2018.

3. Our median scene time for a STEMI patient is 13 minutes in 2019, which is a decrease form 14 minutes in 2018.

4. Our Door-in-to-Door-out median time for STEMI patients being transferred from A SRH to a SRC for PCI is 30 minutes in 2019, which is a decrease from 35 minutes in 2018.

We continued our Sidewalk CPR training in 2019 and had an increase in bystander CPR during presumed cardiac etiology resuscitation attempted from 52% in 2018 to 55% in 2019. We have increased our bystander CPR for witnessed, shockable rhythm resuscitation attempts from 68% in 2018 to 75% in 2019.

ALL CARDIAC	**2017**	**2018**	**2019**
Presumed Cardiac Etiology	**388**	**362**	**419**
Bystander CPR Provided	**52.6%**	**51.5%**	**55.1%**
Survival to Hospital Discharge	**12.1%**	**15.2%**	**12.6%**
CARES National Benchmark for survival to Hospital Discharge	**9.8%**	**9.5%**	**9.8%**
UTSTEIN			
Bystander Witnessed, Shockable Rhythm	**70**	**66**	**63**
Bystander CPR Provided	**81.4%%**	**68.2%**	**74.6%**
Survival to Hospital Discharge	**44.3%**	**50%**	**49%**
CARES National Benchmark for survival to Hospital Discharge	**32.9%**	**32.4%**	**33.4%**

Data Collection

We receive our data from receiving hospitals using CARES Registry for our Sudden Cardiac Arrest and Get With The Guidelines-Coronary Artery Disease (GWTG-CAD) for our STEMI data. We use Image Trend for our EMS e-PCR data. The hospitals utilize the "American College of Cardiology guidelines for the Management of STEMI".

Performance Improvement

During 2020, we are monitoring measures that we put in place during the last quarter of 2019. Below are those improvements:

Education was given during our Fall EMS update to call into the STEMI Receiving Center as soon as a STEMI has been identified on the pre-hospital ECG. This is known as a prehospital notification alert.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2019 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.

We put into policy that SRCs will take all ROSC patients regardless if they are on SRC diversion. 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 2019, we saw a slight increase to 9.8% survival rate from 9.5% in 2018.

Policies

All STEMI policies reflect current national standards. Policies are reviewed, revised, and updated on a 2-year or 3-year cycle, and are brought to the STEMI Committee for approval.

Policy Number	Name	Reviewed/ Revised	Next Review
107	Ventura County Stroke and STEMI Committees	12/1/2019	10/31/2022
402	Patient Diversion/Emergency Department Closures	7/2/2020	7/31/2022
420	Receiving Hospital Standards	9/1/2018	8/31/2021
430	STEMI Receiving Centers and STEMI Referral Hospital Standards	7/1/2020	2/28/2023
440	Code STEMI Transfer of Patients with STEMI for PCI	7/1/2020	2/28/22
705.09	Chest Pain-Acute Coronary Syndrome	7/1/2020	1/31/2022
726	12 Lead ECG	12/1/2019	7/31/2021

2020 Goals

Develop a process to review the prehospital ECG in real time to help decrease false STEMI Alert activations.

Increase our hospital survival rate for cardiac arrests patients to 10%.

Apply and receive the 2020 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures such as the following:

- At least 75% of patients having non-traumatic chest pain with cardiac symptoms receive an ECG within 10 minutes of first medical contact.
- Hospital notification of a STEMI alert is complete at least 75% of the time within 10 minutes of a positive STEMI ECG.
- First medical contact to PCI time is within 90 minutes at least 75% of the time.

Respectfully submitted by,

Steve Carroll
EMS Administrator

Karen Beatty, RN
Specialty Systems Coordinator