

September 30, 2021

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 Ventura County EMS Plan Update for calendar year 2020 for your review, including updated Tables 1 through 11, and the specialty care system and QIP updates. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there are no changes for calendar year 2020. In December 2020, a local fire department expressed intent to start their own ambulance service outside of our exclusive operating area agreements. Implementation of the fire department's intended plan is currently suspended under a court approved settlement agreement pending Superior Court review and determination. County authorized and contracted ambulance providers have continued to provide uninterrupted ambulance coverage under our existing countywide ambulance system.


As identified in previous EMS Plan updates, 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, funding difficulties and response to the COVID emergency 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. 2020 was extremely challenging for the MHOAC program as the COVID-19 pandemic spread worldwide. Those in healthcare, including our EMS System stakeholders, responded admirably, under extraordinary conditions, to continue providing exceptional patient care, while actively protecting themselves and others. Through most of 2020, the EMS Agency and our EMS System stakeholders were heavily engaged with various aspects of the COVID response, including, but not limited to, emergency coordination, data tracking, testing, vaccinations, and personal protective equipment distribution.

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 2020**

**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
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**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 2020**

**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:**

Ventura County EMS plans to revisit the pediatric capabilities available locally, however, due to the ongoing COVID emergency, we are unable to determine a proposed timeframe at this time.



**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
<b>Agency Administration:</b>						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X	X		
<b>Planning Activities:</b>						
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		
<b>Regulatory Activities:</b>						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
<b>System Finances:</b>						
1.16	Funding Mechanism		X			
<b>Medical Direction:</b>						
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			
<b>Enhanced Level: Advanced Life Support</b>					
1.24 ALS Systems		X	X		
1.25 On-Line Medical Direction		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
1.26 Trauma System Plan		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>					
1.27 Pediatric System Plan		X			
<b>Enhanced Level: Exclusive Operating Areas:</b>					
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
<b>Local EMS Agency:</b>						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
<b>Dispatchers:</b>						
2.04	Dispatch Training		X	X		
<b>First Responders (non-transporting):</b>						
2.05	First Responder Training		X	X		
2.06	Response		X			
2.07	Medical Control		X			
<b>Transporting Personnel:</b>						
2.08	EMT-I Training		X	X		
<b>Hospital:</b>						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
<b>Enhanced Level: Advanced Life Support:</b>						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**C. COMMUNICATIONS**

		<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Communications Equipment:</b>						
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			
<b>Public Access:</b>						
3.07	9-1-1 Planning/Coordination		X	X		
3.08	9-1-1 Public Education		X			
<b>Resource Management:</b>						
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
<b>Universal Level:</b>					
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			
<b>Enhanced Level: Advanced Life Support:</b>					
4.16	ALS Staffing	X	X		
4.17	ALS Equipment	X			
<b>Enhanced Level: Ambulance Regulation:</b>					
4.18	Compliance	X			
<b>Enhanced Level: Exclusive Operating Permits:</b>					
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
<b>Universal Level:</b>						
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			
<b>Enhanced Level: Advanced Life Support:</b>						
5.07	Base Hospital Designation*		X			
<b>Enhanced Level: Trauma Care System:</b>						
5.08	Trauma System Design		X			
5.09	Public Input		X			
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System:</b>						
5.10	Pediatric System Design	X				X
5.11	Emergency Departments		X			X
5.12	Public Input		X			
<b>Enhanced Level: Other Specialty Care Systems:</b>						
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
<b>Universal Level:</b>					
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			
<b>Enhanced Level: Advanced Life Support:</b>					
6.09 ALS Audit		X	X		
<b>Enhanced Level: Trauma Care System:</b>					
6.10 Trauma System Evaluation		X			
6.11 Trauma Center Data		X	X		

**TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**

**G. PUBLIC INFORMATION AND EDUCATION**

	<b>Does not currently meet standard</b>	<b>Meets minimum standard</b>	<b>Meets recommended guidelines</b>	<b>Short-range plan</b>	<b>Long-range plan</b>
<b>Universal Level:</b>					
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
<b>Universal Level:</b>						
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		
<b>Enhanced Level: Advanced Life Support:</b>						
8.17	ALS Policies		X			
<b>Enhanced Level: Specialty Care Systems:</b>						
8.18	Specialty Center Roles		X			
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:</b>						
8.19	Waiving Exclusivity		X			



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

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

**5. EXPENSES**

Salaries and benefits (All but contract personnel)	\$ <u>2,345,288</u>
Contract Services (e.g. medical director, legal)	<u>662,331</u>
Operations (e.g. copying, postage, facilities)	<u>344,776</u>
Travel	<u>16,248</u>
Fixed assets	<u>15,788</u>
Indirect expenses (overhead)	<u>134,337</u>
Ambulance subsidy	<u>51,075</u>
EMS Fund payments to physicians/hospital	<u>1,109,996</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>Vehicle Replacement</u>	<u>106,217</u>
Other: _____	_____
Other: _____	_____
<b>TOTAL EXPENSES</b>	<b>\$ <u>4,786,056</u></b>

**6. SOURCES OF REVENUE**

Special project grant(s) [from EMSA]	\$ _____
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>1,326,184</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>475,269</u>
Certification fees	<u>93,270</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

Trauma center application fees	_____
Trauma center designation fees	<u>150,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>232,242</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,456,813</u>
Other grants: <u>Health Fees / COVID-19</u>	<u>1,052,140</u>
Other fees: <u>Misc.</u>	<u>138</u>
Other (specify): _____	_____
 <b>TOTAL REVENUE</b>	 <b>\$ <u>4,786,056</u></b>

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



**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

**7. Fee structure**

We do not charge any fees  
 Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>135.00</u>
EMT-I recertification	<u>95.00</u>
EMT-defibrillation certification	<u>N/A</u>
EMT-defibrillation recertification	<u>N/A</u>
AEMT certification	<u>N/A</u>
AEMT recertification	<u>N/A</u>
EMT-P accreditation	<u>78.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>512.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>728.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	<u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

**TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)**

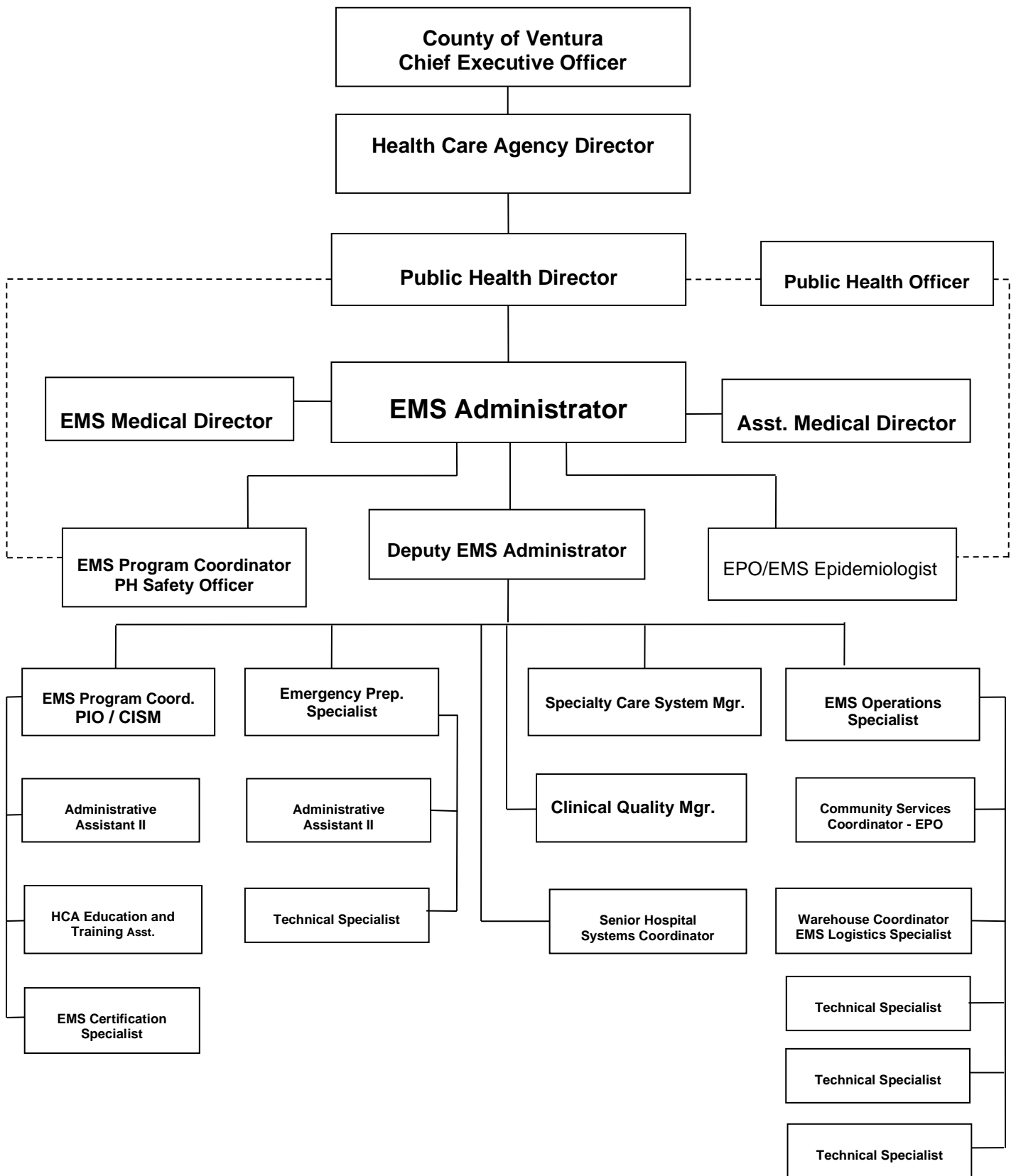
<b>CATEGORY</b>	<b>ACTUAL TITLE</b>	<b>FTE POSITIONS (EMS ONLY)</b>	<b>TOP SALARY BY HOURLY EQUIVALENT</b>	<b>BENEFITS (%of Salary)</b>	<b>COMMENTS</b>
EMS Admin./Coord./Director	EMS Administrator	1.0	69.21 / hr.	28%	EMS Administrator
Asst. Admin./Admin.Asst./Admin. Mgr.	Supervisor Public Health Services	1.0	58.88 / hr.	36%	Deputy EMS Administrator
Trauma Coordinator	Senior Registered Nurse Hospital	1.0	54.29 / hr.	37%	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	42.64 / hr.	37%	Emergency Preparedness Specialist
Disaster Medical Planner	Program Assistant	1.0	42.64 / hr.	37%	EMS Operations Specialist
QA/QI Coordinator	Senior Program Administrator	1.0	55.18 / hr.	36%	Specialty Care Systems Manager
QA/QI Coordinator	Program Administrator II	1.0	46.90 / hr.	33%	Clinical Quality Manager
Executive Secretary	Administrative Assistant II	1.0	34.88/ hr.	55%	EPO Admin. Asst.
Other Clerical	Administrative Assistant II	1.0	34.88 / hr.	50%	EMS Admin. Asst.
Other Clerical	HCA Training / Education Asst.	1.0	29.96 / hr.	59%	EMS Certification Specialist
Other Clerical	Community Health Worker	1.0	26.42 / hr.	56%	EMS Certification Specialist
Other	Program Administrator III	1.0	49.10 / hr.	41%	EPO Epidemiologist

Other	Community Services Coordinator	1.0	36.82 / hr.	51%	EPO Logistics Coordinator
Other	Program Administrator II	1.0	46.90 / hr.	37%	EMS Specialist and Safety Officer
Other	Program Administrator II	1.0	46.90 / hr.	40%	EMS Specialist and CISM Coordinator
Other	Program Administrator I	1.0	46.90 / hr.	44%	EMS Specialist
Other	Warehouse Coordinator	1.0	26.46 / hr	59%	EMS Logistics Specialist
Other	Technical Specialist	1.0	23.68 / hr	18%	Extra Help - COVID
Other	Technical Specialist	1.0	23.68 / hr	18%	Extra Help - COVID
Other	Technical Specialist	1.0	23.68 / hr	18%	Extra Help - COVID
Other	Technical Specialist	1.0	23.68 / hr	18%	Extra Help - COVID

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

2020



**TABLE 3: STAFFING/TRAINING**

Reporting Year: 2020

**NOTE:** Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	927	0		66
Number newly certified this year	358	0		13
Number recertified this year	569	0		53
Total number of accredited personnel on July 1 of the reporting year	2316	0	282	135
Number of certification reviews resulting in:				
a) formal investigations	10	0		0
b) probation	5	0	0	0
c) suspensions	0	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

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

UNKNOWN  
UNKNOWN

2. Do you have an EMR training program

yes  no

## TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2020

- |   |   |
|---|---|
| 1. Number of primary Public Service Answering Points (PSAP)   | <u>9</u>  |
| 2. Number of secondary PSAPs  | <u>1</u>  |
| 3. Number of dispatch centers directly dispatching ambulances   | <u>1</u>  |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines   | <u>1</u>  |
| 5. Number of designated dispatch centers for EMS Aircraft   | <u>1</u>  |
| 6. Who is your primary dispatch agency for day-to-day emergencies?<br><u>Ventura County Fire Protection District</u>                        |   |
| 7. Who is your primary dispatch agency for a disaster?<br><u>Ventura County Sheriff's Dept. and Ventura County Fire Protection District</u> |   |
| 8. Do you have an operational area disaster communication system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency <u>154.055</u>   |   |
| b. Other methods _____  |   |
| c. Can all medical response units communicate on the same disaster communications system?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Do you participate in the Operational Area Satellite Information System (OASIS)?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 1) Within the operational area?   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) Between operation area and the region and/or state?  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

**TABLE 5: RESPONSE/TRANSPORTATION**

Reporting Year: 2020

**Note:** Table 5 is to be reported by agency.

**Early Defibrillation Providers**

1. Number of EMT-Defibrillation providers 8

**SYSTEM STANDARD RESPONSE TIMES (90<sup>TH</sup> PERCENTILE)**

Enter the response times in the appropriate boxes:

	<b>METRO/URBAN</b>	<b>SUBURBAN/ RURAL</b>	<b>WILDERNESS</b>	<b>SYSTEMWIDE</b>
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: 2020**NOTE:** Table 6 is to be reported by agency.**Trauma**

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>3547</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>548</u>
3. Number of major trauma patients transferred to a trauma center	<u>35</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1589</u>

**Emergency Departments**

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

**Receiving Hospitals**

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



## TABLE 7: DISASTER MEDICAL

Reporting Year: 2020

County: Ventura

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

### SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
  - a. Where are your CCPs located? Hospital Parking Lots
  - b. How are they staffed? Hospital personnel, PH nurses, and Medical Reserve Corps
  - c. Do you have a supply system for supporting them for 72 hours?  Yes  No
  
2. CISD  
Do you have a CISD provider with 24 hour capability?  Yes  No
  
3. Medical Response Team
  - a. Do you have any team medical response capability?  Yes  No
  
  - b. For each team, are they incorporated into your local response plan?  Yes  No
  
  - c. Are they available for statewide response?  Yes  No
  
  - d. Are they part of a formal out-of-state response system?  Yes  No
  
4. Hazardous Materials
  - a. Do you have any HazMat trained medical response teams?  Yes  No
  - b. At what HazMat level are they trained? \_\_\_\_\_
  - c. Do you have the ability to do decontamination in an emergency room?  Yes  No
  - d. Do you have the ability to do decontamination in the field?  Yes  No

### OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?  Yes  No
  
2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 12
  
3. Have you tested your MCI Plan this year in a:
  - a. real event?  Yes  No
  - b. exercise?  Yes  No

**TABLE 7: DISASTER MEDICAL (cont.)**

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

Medical Mutual Aid with all Region 1 and Region 6 counties

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?  Yes  No
6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response?  Yes  No
7. Are you part of a multi-county EMS system for disaster response?  Yes  No
8. Are you a separate department or agency?  Yes  No
9. If not, to whom do you report? Health Care Agency, Public Health Department
8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?  Yes  No

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 616 Fitch Ave      **Number of Ambulance Vehicles in Fleet:** 30  
Moorpark, CA 93021

**Phone Number:** 805-517-2000      **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 21

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

**Transporting Agencies**

42719 Total number of responses  
40288 Number of emergency responses  
2431 Number of non-emergency responses

31076 Total number of transports  
28682 Number of emergency transports  
2394 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

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

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

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

**Transporting Agencies**

23477 Total number of responses  
17258 Number of emergency responses  
6219 Number of non-emergency responses

18353 Total number of transports  
12277 Number of emergency transports  
6076 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 632 E. Thompson Ave. **Number of Ambulance Vehicles in Fleet:** 9  
Ventura, CA 93001

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

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

**Transporting Agencies**

11364 Total number of responses  
2238 Number of emergency responses  
9126 Number of non-emergency responses

10484 Total number of transports  
1378 Number of emergency transports  
9106 Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura **Provider:** Ventura City Fire Dept. **Response Zone:** \_\_\_\_\_

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

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

<b><u>Written Contract:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Medical Director:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>System Available 24 Hours:</u></b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Level of Service:</u></b>  <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<b><u>Ownership:</u></b>  <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b><u>If Public:</u></b>  <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	<b><u>If Air:</u></b>  <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<b><u>Air Classification:</u></b>  <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> 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. **Number of Ambulance Vehicles in Fleet:** 0  
Oxnard, CA 93030

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

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

**Transporting Agencies**

**THIS IS NOT A TRANSPORT PROVIDER**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura **Provider:** Fillmore Fire Dept. **Response Zone:** \_\_\_\_\_

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

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

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

**Transporting Agencies**

**THIS IS NOT A TRANSPORT PROVIDER**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports



**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

**County:** Ventura **Provider:** Ventura County Fire Dept. **Response Zone:** \_\_\_\_\_

**Address:** 165 Durley Ave. **Number of Ambulance Vehicles in Fleet:** 0  
Camarillo, CA 93010

**Phone Number:** 805-389-9710 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

**Transporting Agencies**

**THIS IS NOT A TRANSPORT PROVIDER**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Table 8: Resource Directory**

**Response/Transportation/Providers**

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

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

**Address:** 375A Durley Ave. **Number of Ambulance Vehicles in Fleet:** 4  
Camarillo, CA 93010

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

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

**Transporting Agencies**

\_\_\_\_\_ Total number of responses  
 \_\_\_\_\_ Number of emergency responses  
 \_\_\_\_\_ Number of non-emergency responses

\_\_\_\_\_ Total number of transports  
 \_\_\_\_\_ Number of emergency transports  
 \_\_\_\_\_ Number of non-emergency transports

**Air Ambulance Services**

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

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

**Response numbers are for rescue aircraft only**



**TABLE 9: FACILITIES**

**County:**           Ventura          

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

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

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

<b>Pediatric Critical Care Center<sup>4</sup></b> <b>EDAP<sup>5</sup></b> <b>PICU<sup>6</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

<sup>4</sup> Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

<sup>5</sup> Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

<sup>6</sup> 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 Hospital Camarillo Telephone Number: 805-389-5800  
**Address:** 2309 Antonio Ave.  
Camarillo, CA 93010

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

<b>Pediatric Critical Care Center<sup>10</sup></b> <b>EDAP<sup>11</sup></b> <b>PICU<sup>12</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

<sup>10</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>11</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>12</sup> 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

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

<b>Pediatric Critical Care Center<sup>13</sup></b> <b>EDAP<sup>14</sup></b> <b>PICU<sup>15</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

<sup>13</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>14</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>15</sup> 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:** Adventist Health Simi Valley Telephone Number: 805-955-6000  
**Address:** 2975 N. Sycamore Dr.  
Simi Valley, CA 93065

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

<b>Pediatric Critical Care Center<sup>16</sup></b> <b>EDAP<sup>17</sup></b> <b>PICU<sup>18</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

<sup>16</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards  
<sup>17</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards  
<sup>18</sup> 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

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

<b>Pediatric Critical Care Center<sup>19</sup></b> <b>EDAP<sup>20</sup></b> <b>PICU<sup>21</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

<sup>19</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>20</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>21</sup> 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. 10<sup>th</sup> Street            
          Santa Paula, CA 93060          

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

<b>Pediatric Critical Care Center<sup>22</sup></b> <b>EDAP<sup>23</sup></b> <b>PICU<sup>24</sup></b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b><u>Trauma Center:</u></b>	<b><u>If Trauma Center what level:</u></b>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

<sup>22</sup> Meets EMSA Pediatric Critical Care Center (PCCC) Standards

<sup>23</sup> Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

<sup>24</sup> Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2020

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

Training Institution:	<u>Conejo Valley Adult School</u>		Telephone Number:	<u>805-497-2761</u>
Address:	<u>1025 Old Farm Road</u>			
	<u>Thousand Oaks, CA 91360</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1200.00</u>	Number of students completing training per year:	
	Refresher:	<u>299.00</u>	Initial training:	<u>18</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2/28/23</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Moorpark College</u>		Telephone Number:	<u>805-378-1433</u>
Address:	<u>7075 Campus Rd.</u>			
	<u>Moorpark, CA 93021</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1156.00</u>	Number of students completing training per year:	
	Refresher:	<u></u>	Initial training:	<u>52</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>21</u>
			Expiration Date:	<u>5/31/24</u>
		Number of courses:		
		Initial training:		<u>2</u>
		Refresher:		<u></u>
		Continuing Education:		<u>14</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2020

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

Training Institution:	<u>St. John's Regional Medical Center</u>		Telephone Number:	<u>805-988-2500</u>
Address:	<u>1600 N. Rose Ave.</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Private</u>	**Program Level	<u>MICN</u>	
	Cost of Program:			
	Basic:	<u>300.00</u>	Number of students completing training per year:	
	Refresher:	<u>          </u>	Initial training:	<u>13</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>183</u>
			Expiration Date:	<u>10/31/23</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>15</u>

Training Institution:	<u>Oxnard College</u>		Telephone Number:	<u>805-377-2250</u>
Address:	<u>4000 South Rose Avenue</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1250.00</u>	Number of students completing training per year:	
	Refresher:	<u>250.00</u>	Initial training:	<u>128</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>24</u>
			Expiration Date:	<u>1/31/24</u>
		Number of courses:		
		Initial training:		<u>8</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>4</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2020

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

Training Institution:	<u>Simi Institute for Careers and Education</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>1880 Blackstock Avenue</u>			
	<u>Simi Valley, CA 93065</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>1185.00</u>	Initial training:		<u>54</u>
	Refresher: <u>325.00</u>	Refresher:		<u>6</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>11/30/23</u>
		Number of courses:		
		Initial training:		<u>4</u>
		Refresher:		<u>1</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Ventura College – Paramedic Program</u>		Telephone Number:	<u>805-654-6400</u> <u>ext 1354</u>
Address:	<u>4667 Telegraph Road</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>Paramedic</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>3817.00</u>	Initial training:		<u>25</u>
	Refresher: _____	Refresher:		<u>0</u>
		Continuing Education:		<u>228</u>
		Expiration Date:		<u>4/30/24</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>10</u>

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

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

**TABLE 10: APPROVED TRAINING PROGRAMS**

County: Ventura

Reporting Year: 2019

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

Training Institution:	<u>Ventura College</u>	Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>1125.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>35</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>11/30/23</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

**TABLE 11: DISPATCH AGENCY**

**County:** Ventura      **Reporting Year:** 2020

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

<b>Name:</b>	Ventura County Fire Protection District	<b>Primary Contact:</b> Michael Weisenberg												
<b>Address:</b>	<u>165 Durley Ave. Camarillo, CA 93010</u>													
<b>Telephone Number:</b>	<u>805-389-9710</u>													
<b>Written Contract:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Medical Director:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster												
<b>Ownership:</b> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<b>If Public:</b> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<b>Number of Personnel Providing Services:</b> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>35</u></td> <td>EMD Training</td> <td style="text-align: center;">_____</td> <td>EMT-D</td> <td style="text-align: center;">_____</td> <td>ALS</td> </tr> <tr> <td style="text-align: center;">_____</td> <td>BLS</td> <td style="text-align: center;">_____</td> <td>LALS</td> <td style="text-align: center;">_____</td> <td>Other</td> </tr> </table>	<u>35</u>	EMD Training	_____	EMT-D	_____	ALS	_____	BLS	_____	LALS	_____	Other
<u>35</u>	EMD Training	_____	EMT-D	_____	ALS									
_____	BLS	_____	LALS	_____	Other									
		<b>If Public:</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal												

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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



**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 2</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p><small>Include intent of local EMS agency and Board action.</small></p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red;"><b>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.</b></p>	
<p style="color: red;"><b>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</b></p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 4</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p><small>Include intent of local EMS agency and Board action.</small></p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p><b>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.</b></p> <p><b>Previous Owners:</b>  <b>Conejo Ambulance 1962-1975</b>  <b>Pruner Health Services 1975-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
<p><small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p>	
<p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 5</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<small>Include intent of local EMS agency and Board action.</small>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red;"><b>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.</b></p> <p style="color: red;"><b>Previous Owners:</b>  <b>Camarillo Ambulance 1962-1978</b>  <b>Pruner Health Services 1978-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 6</b>
<b>Name of Current Provider(s):</b>	<b>Gold Coast Ambulance</b> <b>Serving since 1949</b>
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<small>Include intent of local EMS agency and Board action.</small>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<b>Grandfathered</b>
<p style="color: red;"><b>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.</b></p>	
<small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small>	
<small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small>	

**EMS PLAN  
AMBULANCE ZONE SUMMARY FORM**

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

<b>Local EMS Agency or County Name:</b>	<b>Ventura County EMS</b>
<b>Area or subarea (Zone) Name or Title:</b>	<b>ASA 7</b>
<b>Name of Current Provider(s):</b>	<b>American Medical Response Serving since 1962</b>
<p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
<b>Area or subarea (Zone) Geographic Description:</b>	<b>Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.</b>
<b>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):</b>	<b>Exclusive</b>
<p>Include intent of local EMS agency and Board action.</p>	
<b>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):</b>	<b>Emergency Ambulance for 911 calls only</b>
<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>	
<b>Method to achieve Exclusivity, if applicable (HS 1797.224):</b>	<p><b>Grandfathered</b>  <b>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.</b></p> <p><b>Previous Owners:</b>  <b>Courtesy Ambulance 1962-1991</b>  <b>Pruner Health Services 1991-1993</b>  <b>Careline 1993-1996</b>  <b>Medtrans 1996-1999</b>  <b>American Medical Response 1999-present</b></p> <p><b>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.</b></p> <p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>

November 24, 2020

Haady Lashkari  
Chief Administrative Officer  
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 Standby Emergency Department 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 from December 1, 2020 until your next review scheduled for November 30, 2022, provided OVCH continues to meet all standards outlined in VCEMS Policy 420.

Please do not hesitate to contact either one of us 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*

November 5, 2020

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

Re: Renewal of Receiving Hospital Status Designation – OVCH Standby ED

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 as a Standby Emergency Department per EMS definitions.

Please find enclosed the completed Ventura County EMS Policy 420 "Receiving Hospital Criteria Compliance Checklist" and additional "Compliance Checklist for Standby Emergency Departments" documents.

We reaffirm our commitment to provide care for emergency patients as a VC EMS receiving hospital and our compliance with EMS Policy 420. Please contact us if you have any questions.

Sincerely,



OVCH Emergency Department  
Neil Canby, MD



Emergency Department Director  
Elaina Hall, MBA, RN



COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: Ojai Valley Community Hospital Date: 11/06/20

	YES	NO
A. Receiving Hospital (RH), approved and designated by the Ventura County, shall:	<u>                    </u>	<u>                    </u>
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.	<u>                    </u>	
• 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:	<hr/>	
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. <i>VC Sheriff landing pad off site</i>	*	
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 Canby MD

Date: 11/06/20

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

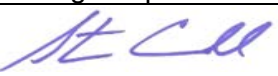

RECEIVING HOSPITAL  
STANDBY EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: OVCH

Date: 11/06/20

The RH with standby ED has:	EMS REVIEW	
	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

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

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

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

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

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



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

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
CRITERIA COMPLIANCE CHECKLIST

Receiving Hospital: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL PHYSICIAN  
CRITERIA COMPLIANCE CHECKLIST

Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

The above named physician is:

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

COUNTY OF VENTURA  
EMERGENCY MEDICAL SERVICES

RECEIVING HOSPITAL  
STANDBY EMERGENCY DEPARTMENT  
ADDITIONAL CRITERIA COMPLIANCE  
CHECKLIST

Receiving Hospital w/Standby ED: \_\_\_\_\_

Date: \_\_\_\_\_

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



## **TRAUMA SYSTEM STATUS REPORT**

### **Reporting for Calendar Year 2020**

Steve Carroll, EMS Administrator  
Karen Beatty Senior Hospital Systems Coordinator  
Adriane Gil-Stefansen, Specialty Care System Manager

#### **Trauma System Summary**

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

Both trauma centers are required by County EMS contract to maintain American College of Surgeons (ACS) verification. LRRMC was awarded their latest ACS verification in 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.

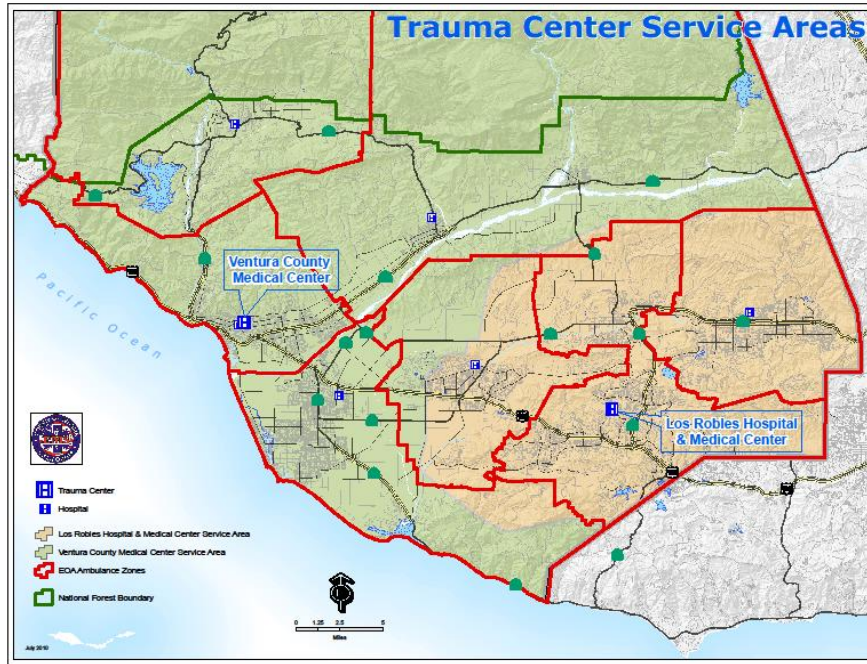
VCMC provides trauma care for the West County, including the south coast and Los Padres National Forest areas. Their trauma director is Dr. Thomas Duncan and Gina Ferrer, RN, is their trauma program manager (TPM).

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.

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



2020 Ventura County Trauma Destinations

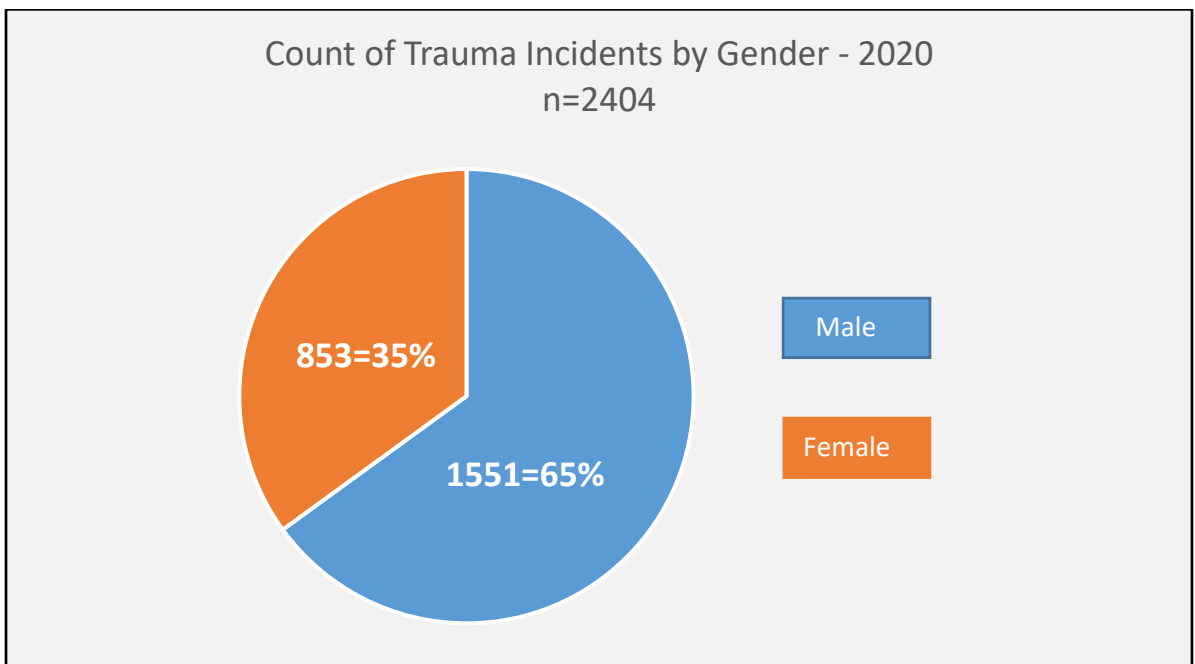
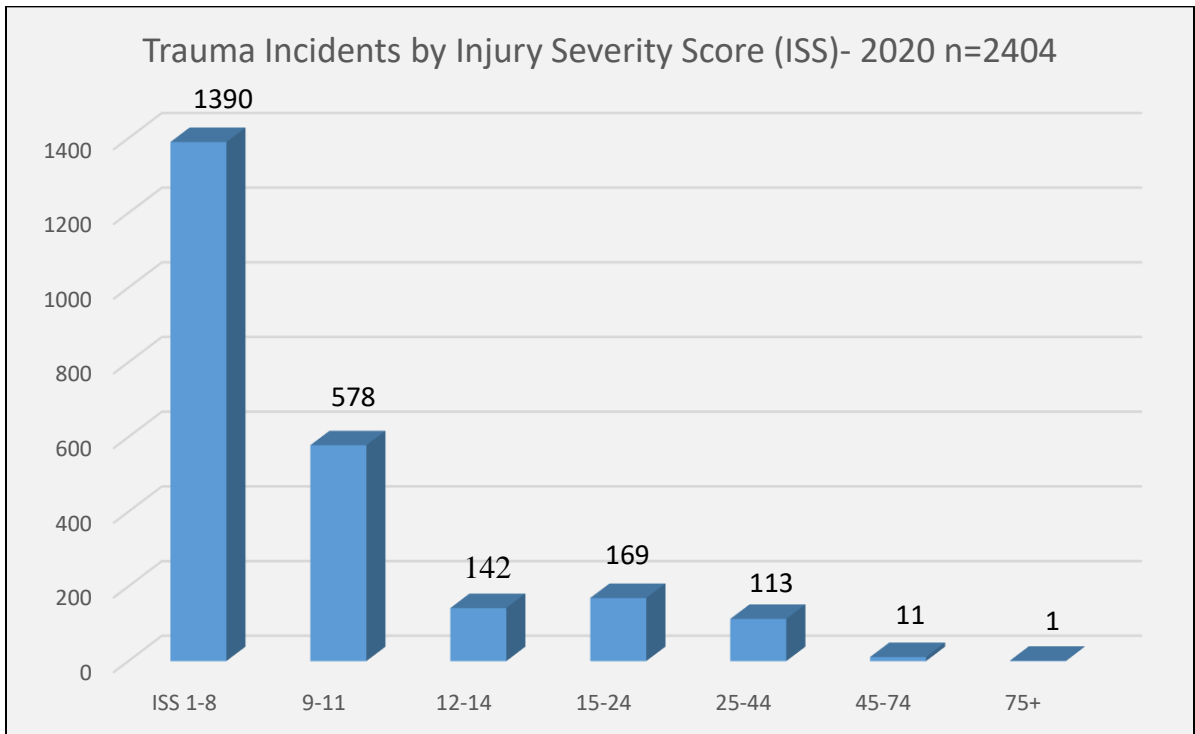
<b>Base Hospital</b> *Trauma Center Non-Trauma Center	Step 1	Step 2	Step 3	Total
<b>VCMC Trauma Base Hospital Calls</b>	<b>178</b>	<b>212</b>	<b>303</b>	<b>693</b>
Community Memorial Hospital	1	0	2	3
*Henry Mayo Newhall Memorial Hospital	*3	*3	*16	*22
Ojai Valley Hospital	0	0	1	1
Santa Paula Hospital	0	0	0	0
St. John's Pleasant Valley Hospital	1	0	3	4
St. John's Regional Medical Center	0	0	18	18
*Ventura County Medical Center (VCMC)	*173	*209	*263	*645
<b>LRHMC Trauma Base Hospital Calls</b>	<b>96</b>	<b>65</b>	<b>140</b>	<b>301</b>
Adventist Health Simi Valley	1	0	3	4
*Los Robles Hospital and Medical Center (LRHMC)	*94	*58	*134	*286
*Northridge Medical Center	*0	*2	*2	*4
*Providence Holy Cross	*1	*5	*1	*7
<b>Total</b>	<b>274</b>	<b>277</b>	<b>443</b>	<b>994</b>

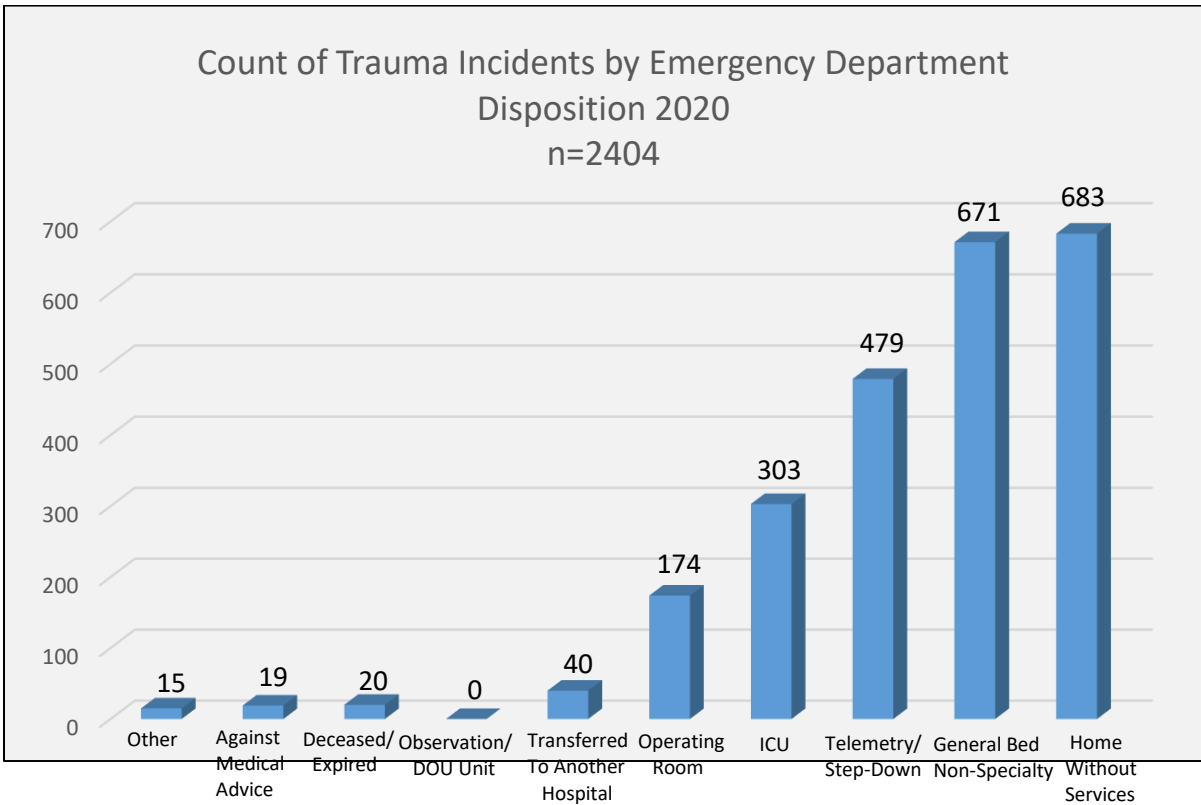
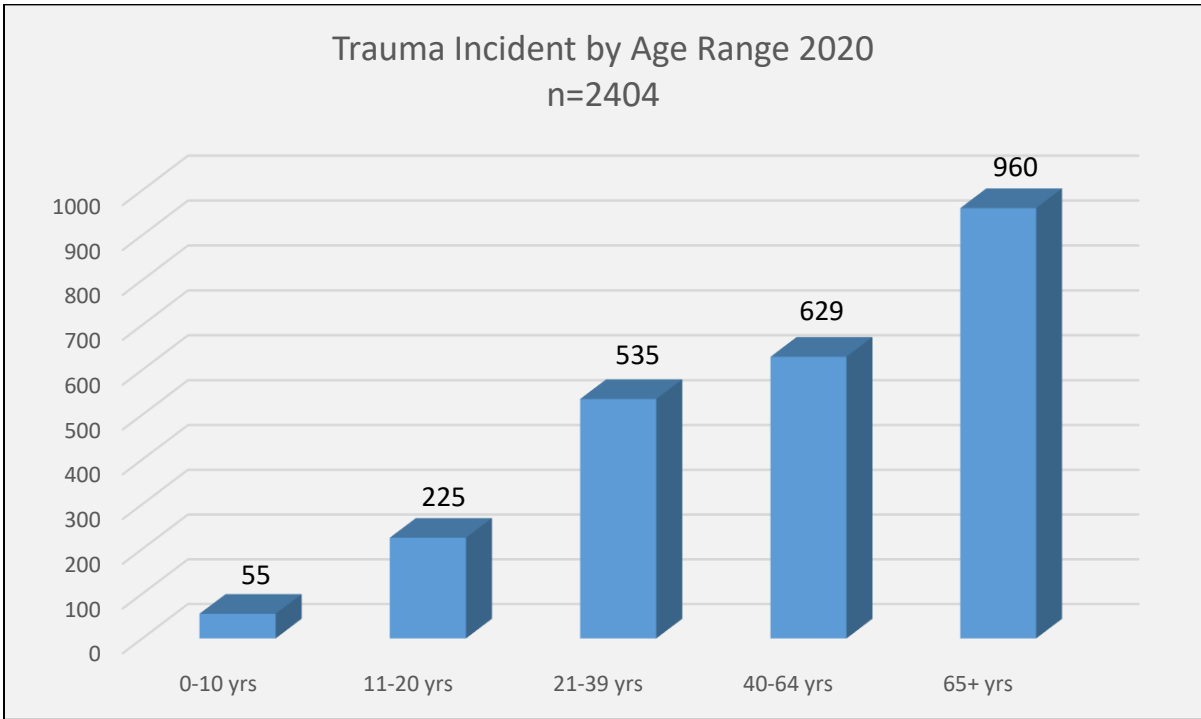
<b>2020 Step 1-3 by Hospital</b>	<b>N</b>
Adventist Health Simi Valley	4
Community Memorial Hospital	3
<b>*Henry Mayo Newhall Memorial Hospital</b>	<b>*22</b>
<b>*Los Robles Hospital and Medical Center (LRH)</b>	<b>*286</b>
<b>*Northridge Medical Center</b>	<b>*4</b>
Ojai Valley Hospital	1
<b>*Providence Holy Cross</b>	<b>*7</b>
Santa Paula Hospital	0
St. John's Pleasant Valley Hospital	4
St. John's Regional Medical Center	18
<b>*Ventura County Medical Center (VCMC)</b>	<b>*645</b>
<b>TOTAL</b>	<b>994</b>

<b>2020 Step 4 by Hospital</b>	<b>N</b>
Adventist Health Simi Valley	259
Community Memorial Hospital	408
<b>*Henry Mayo Newhall Memorial Hospital</b>	<b>*8</b>
<b>*Los Robles Hospital and Medical Center (LRH)</b>	<b>*609</b>
Ojai Valley Hospital	59
Santa Paula Hospital	47
St. John's Pleasant Valley Hospital	272
St. John's Regional Medical Center	541
<b>*Ventura County Medical Center (VCMC)</b>	<b>*347</b>
Woodland Hills Medical Center	2
West Hills Hospital & Medical Center	1
<b>TOTAL</b>	<b>2553</b>

<b>Ventura County Trauma System Statistics 2020</b>	<b>N</b>
Pts meeting trauma triage criteria Step 1-3	994
Major trauma (ISS ≥ 16) (Step 1) transported directly to trauma center by EMS	271
Major trauma pts (ISS ≥ 16) (POV & EMS) transferred (Urgent or Emergent) to a trauma center	11
Major trauma pts (ISS ≥ 16) <i>arrived non-trauma hospital by EMS, transferred (Urgent or Emergent)</i> to a trauma center	5
Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	30
Under triage rate = 5/994	0.5%

# Ventura County Trauma System Statistics





## **TXA Administration**

In 2020, we administered Tranexamic Acid (TXA) to 7 patients, which is a decrease from 12 patients in 2019. 7/7 patients survived and 2/7 received a second dose of TXA at the Trauma Center. We will continue to monitor in 2021.

## **Changes in Trauma System**

Changes to the trauma system include the following:

We hired an EMS Specialty Systems Coordinator in May of 2020 to help expand our data report collection in our Stroke, STEMI, and Trauma systems.

June 1, 2020, we developed a policy for Intra-nasal pain medication (Fentanyl) as an option to IV/IM/IO.

Added to Policy 1404 for transfers to “call the receiving facility to give ETA and patient condition” & added an on-line trauma transfer form to replace current written/fax form.

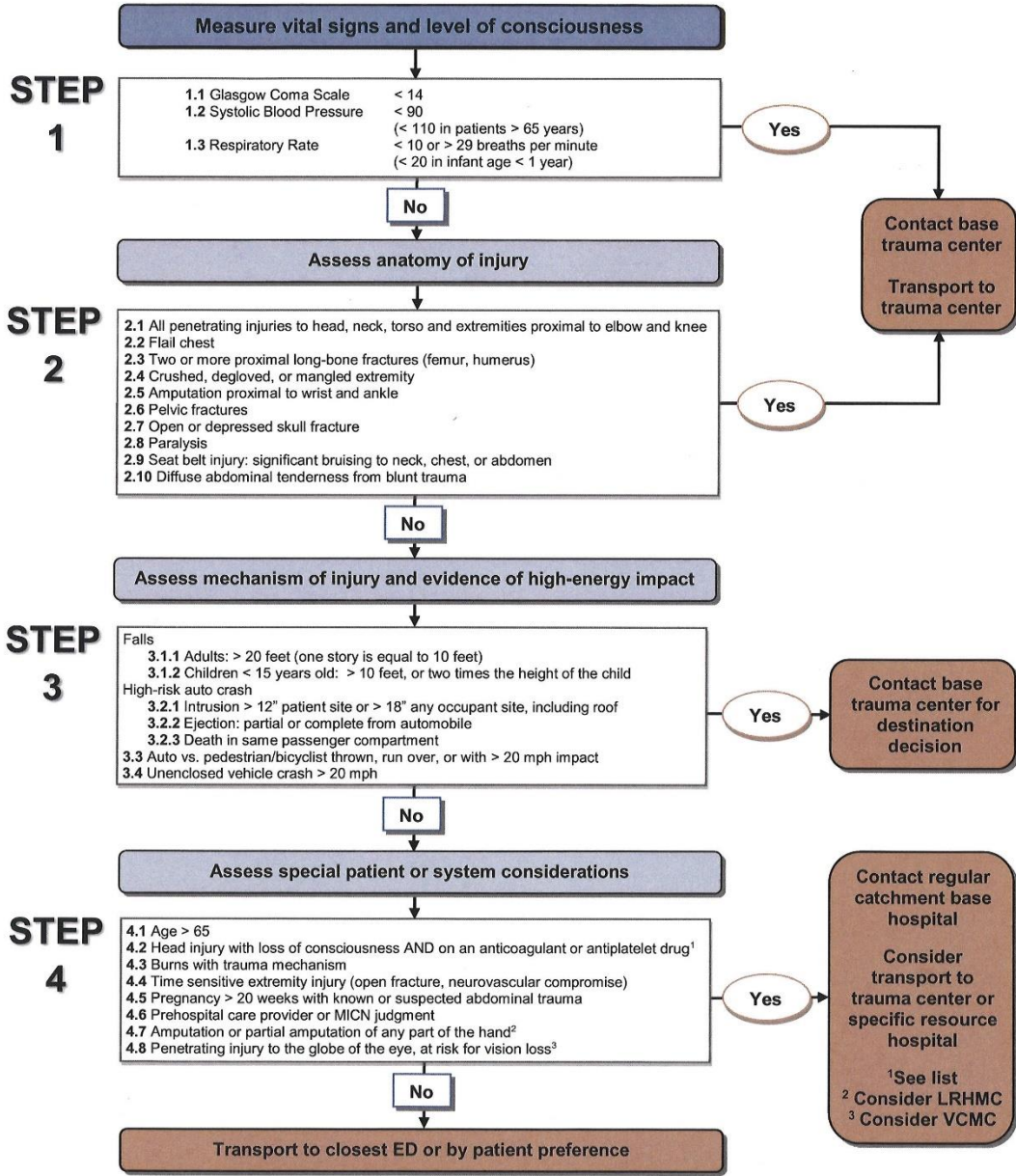
Starting June 1, 2020 bilateral Needle T's were implemented to be performed on traumatic full arrest cases.

In 2020 we continued to monitor “Step 4” being transported directly by EMS to a Trauma Center. We found a slight increase in from 37% in 2019 to 38% in 2020. This data is monitored at our quarterly Trauma Operations Review Committee (TORC).



# Ventura County Field Triage Decision Scheme

*For patients with visible or suspected traumatic injuries*



## **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. 2020= 0.5%*

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 2020:

271=Total number of patients transported from the field by EMS to a trauma center, who had ISS  $\geq$  16

94	Los Robles	3	Henry Mayo	0	Northridge Hospital
173	Ventura County Medical Center	1	Holy Cross		

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

13 ***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. Due to COVID-19, the TORC committee was completed virtually.

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. Due to COVID-19, this education was completed virtually.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year. Due to COVID-19, this education was completed virtually.



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. Due to COVID-19, this education was completed virtually.

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: The Ventura County Emergency Medical Services Agency (VCEMS), in partnership with the County CEO’s office and Ventura County Fire Protection District, had to temporarily suspend the Ventura County Stop the Bleed Program due to COVID-19. 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 2021, classes have started up again with an on-line portion of lecture, then a skills portion check-off by appointment only.



For 2020, EMS out-of-county transports for trauma care include the following:

Step 1

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

Step 2

- 3 Henry Mayo Newhall Memorial Hospital
- 2 Northridge Hospital
- 5 Providence Holy Cross Hospital

Step 3

- 16 Henry Mayo Newhall Memorial Hospital
- 2 Northridge Hospital
- 1 Providence Holy Cross 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. (English and Spanish) The bilingual fall prevention event was cancelled for May 1, 2020 due to COVID-19. Another fall prevention program was held on September 20, 2020, virtually, due to COVID-19. The event included prevention presentations by local physicians, nurses, physical therapists, social workers, and other experts in elderly trauma prevention. We found by doing this symposium virtually, we were able to reach many more people and will most likely continue this presentation in 2021. Unfortunately, we were unable to administer seasonal flu vaccine, or other vaccines (shingles, pneumonia) due to not meeting in-person. We did remind people to check with their local pharmacies and doctors to receive these vaccines if eligible.

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 2020

<b>Ventura County EMS Elderly Population</b>	<b>N</b>
Patients age ≥ 65 years With ICD-10 indicating "fall"	848
ISS 0 – 8	501
ISS 9-15	282
ISS 16-24	38
ISS ≥ 25	27
Expired in hospital	24
Discharged to hospice	22

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	7/2020	7/2022
1401	Trauma Center Designation	3/2019	3/2022
1402	Trauma Committees	7/2020	7/2023
1403	Trauma Data	12/2020	12/2023
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	3/2021	3/2024
1405	Trauma Triage and Destination Criteria	4/2018	4/2021
1406	Trauma Center Standards	7/2020	7/2022

Timeline: Follow-up is triannual, ongoing.

### **Changes to Implementation Schedule**

There are no changes to implementation schedule to report currently.

### **System Performance Improvement**

Trauma system performance review currently includes the following:  
(All committees continued to meet as scheduled virtually instead of in-person due to COVID-19)

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 10/6/20 letter approving the VCEMS Trauma System for 2019. 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\*\*\*

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Karen Beatty, RN  
Senior Hospital Systems Coordinator



Adriane Gil-Stefansen  
Specialty Care System Manager



**Ventura County EMS Plan 2020  
QUALITY IMPROVEMENT PROGRAM  
ANNUAL UPDATE  
August 2021**

Steve Carroll, EMS Administrator  
Karen Beatty, Senior Hospital Systems Coordinator  
Adriane Gil-Stefansen, Specialty Care System Manager

**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 2021, we have analyzed our 2020 data to identify improvement projects. Through our quarterly meetings (done virtually due to COVID-19) with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our PRESTO study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival. We continue to identify ELVO stroke patients prehospital and transport them directly to a thrombectomy capable acute stroke center (TCASC) or Comprehensive Stroke Center (CSC). We have one Advanced Thrombectomy Capable Stroke Center (TSC) designated by The Joint Commission, and one (CSC) designated by Det Norske Veritas (DNV).

We collect data from our pre-hospital agencies and hospitals to follow a patient from a 911 call to activities done in the hospital. We saw an increase in our times due to COVID-19 prehospital precautions put in place for screening and placing increased PPE. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: In 2020 we had a median time of 57 minutes, which is a slight increase from a median time of 56 minutes in 2019.
2. Dispatch notified to t-PA given in ED: In 2020, we had a median time of 69 minutes which is a slight increase from a median time of 68 minutes in 2019. We have a median scene time of 14 minutes which is an increase from 12 minutes in 2019.
3. Dispatch to balloon time for our STEMI patients has a median time of 90 minutes for 2020, which is an increase from 83 minutes in 2019.

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 2020, VCEMS worked with two local STEMI and Stroke Receiving centers to develop a process to get patient outcome data back to crews utilizing the NEMSIS Outcome fields. Through the California Hospital Hub, prehospital care coordinators from the two centers manually input outcome data for patients that meet criteria. The outcome information then populates back into the ePCR and a message is automatically generated for the crew.

We continue to screen for ELVO type stroke patients. Once identified, using a prehospital screening tool called the Ventura ELVO Score (VES), the patient is transported to a TCASC or CSC. 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 are screened for an ELVO using the VES. If the patient is positive for all 3 elements of the CPSS and is positive for 1 or more on the VES. We call this the 3 + 1 model. Patients are transported directly as an “ELVO Alert” to one of our designated TCASCs. In 2020, we changed the ELVO Alert criteria for Time Last Known Well (TLKW) to 24 hours from 6 hours we had in the pilot program. This has shown a decrease in transfers from stroke centers to TCASCs, as more patients are now arriving directly to the TCASC using the ELVO screening criteria.

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 2020, including one presented in Spanish. Due to COVID-19, we had to switch the in-person symposium to a virtual symposium. This included videotaped presenters and a live panel discussion. We were able to reach many more residents this way and will most likely continue this forum.

In reviewing our Sudden Cardiac Arrest data, we saw a decrease in our survival rate percentages from 49% to 22%, along with a decrease in our bystander CPR from 75% to 65%. This decline was seen across the nation due to COVID-19 impacts of preventing in-person “hands only” CPR classes, and more people having cardiac arrests at home versus the public where they could receive quicker attention. During the first quarter of 2021, we are seeing an increase in Survival to Hospital Discharge from 22.2% to 34.8%, and we expect this trend to continue.

In 2020, we administered Tranexamic Acid (TXA) to 7 patients, which is a decrease from 12 patients in 2019. 7/7 patients survived and 2/7 received a second dose of TXA at the Trauma Center. We will continue to monitor in 2021.

## **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, Image Trend 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. We submit data to CEMIS and CEMIS-Trauma quarterly.

Ventura County's two Trauma Centers actively participate in data collection, which helps to identify severity index scores on EMS patients. We can analyze this data and use it for injury prevention education in the community. Data measures are patient focused and implementation for improvement is timely and sustainable through the collaboration of our key stakeholders.

## **Audit Critical skills**

Due to COVID-19, Ventura County EMS moved from in-person paramedic skills lab training to an on-line educational platform. In addition, various critical procedures are monitored regularly through the First-Watch data surveillance software. Skills monitored through this method are advanced Airway, transcutaneous pacing, and intraosseous infusion, along with needle thoracostomies and tourniquet use.

## **Performance Improvement**

During 2020, we implemented a comprehensive pediatric resuscitation system called Handtevy, which can also be used for adult medication. This education was given to all paramedics in the county along with the MICNs.

We hired an EMS Specialty Systems Coordinator in May of 2020 to help expand our data report collection in our Stroke, STEMI, and Trauma systems.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2020 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.

June 1, 2020, we changed our ELVO alert criteria from 6 hours TLKW to 24 hours TLKW to help decrease ELVO transfers from Stroke Centers to Thrombectomy Capable Centers.

During 2020, we replaced the Air-Q with an approved I-gel supraglottic airway.

We developed an on-line trauma transfer form for consistency and better compliance to collect data.

The Ventura County Emergency Medical Services Agency (VCEMS), in partnership with the County CEO's office and Ventura County Fire Protection District, had to temporarily suspend the Ventura County Stop the Bleed Program due to COVID-19. In 2021, classes have started up again with an on-line portion of lecture, then a skills portion check-off by appointment only.

## **Policies**

June 1, 2020, we developed a policy for Intra-nasal pain medication (Fentanyl) as an option to IV/IM/IO.

July 1, 2020, we developed a policy titled "Leave at Home Naloxone". This allows ALS prehospital personnel to distribute naloxone kits to patients with suspected opiate misuse, or the friends/family of these patients. The appropriate training is offered to the recipient at the time of distribution.

July 1, 2020, we added TCASC diversion as an option for our designated TCASC centers to use if they were unable to accept an ELVO patient.

August 1, 2020, we changed our prehospital ELVO criteria from 6 hours TLKW to 24 hours TLKW.

## **2021 Goals**

Develop a process to review the prehospital ECG in real time to help decrease false STEMI Alert activations. (Pulsara) (this 2020 goal was put on hold due to COVID-19).

Review our process for education and make changes in how we teach paramedic skills lab and airway station to utilize more interactive scenarios. (This 2020 goal was put on hold due to COVID-19).

Expand the capability and connect ImageTrend ePCR and Patient EHR data through use of an integration between ImageTrend and KNO2.

Review and improve reporting of medication errors and unusual occurrences through an on-line reporting system

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Karen Beatty, RN  
Senior Hospital Systems Coordinator



Adriane Gil-Stefansen  
Specialty Care System Manager



**Ventura County EMS Plan  
2020 Stroke Critical Care System Plan  
ANNUAL UPDATE**

**August 2021**

Steve Carroll, EMS Administrator  
Karen Beatty, Senior Hospital Systems Coordinator  
Adriane Gil-Stefansen, Specialty Care System Manager

**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 2021, we have analyzed our 2020 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. We submitted our original Stroke Critical Care System Plan in October of 2019.

**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: median time of 57 minutes for 2020, which is holding steady from 56 minutes in 2019.
2. Dispatch notified to t-PA given in ED: median time of 69 minutes for 2020, which is holding steady from 68 minutes in 2019.
3. EMS On-Scene Time for Stroke Alerts: median time of 14 minutes for 2020, which is a slight increase from 12 minutes in 2019.
4. Door to First Pass (patients arriving directly to the TCASC): median time of 103 minutes for 2020, 37% of patients received their first pass within 90 minutes of arrival. AHA benchmark for this measure is 50%.

5. Door to First Pass (patients transferred to the TCASC): median time of 59 minutes for 2020, 57% of patients received their first pass within 60 minutes of arrival. AHA benchmark for this measure is 50%.
6. Door-in to Door-out time (patients transferred to a TCASC for a higher level of care): median time of 130 minutes for 2020, which was a decrease from 194 minutes in 2019. We have a rapid transfer policy from a referring hospital to a TCASC when an ELVO patient is identified and requires a higher level of care.

### **Data Collection**

We receive our data from receiving hospitals using IQVIA Get With The Guidelines (GWTG) Registry for our Stroke Program and ImageTrend for our EMS ePCR data. The hospitals utilize the AHA/ASA “Guidelines for Early Management of Patients with Acute Ischemic Stroke.”

### **Performance Improvement**

1. We hired a Specialty Care Systems Manager in May of 2020 to help identify opportunities to improve our data report collection and to provide education to our prehospital providers.
2. 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.
  - August 2020 the TLKW for an “ELVO Alert” was changed from 6 to 24 hours. With these changes we saw a decrease in transfers for Evaluation for Endovascular Therapy from non-TCASC hospitals, from 37 transfers in 2019 decreased to 23 in 2020. The true positive rate for ELVO Alerts was 63.1% in 2020 compared to 51.8% in 2019.
3. 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.
  - Goal not met, 103 minutes and 37% for 2020. We will continue to focus on this for 2021
4. 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.
  - Goal not met, 130 minutes for 2020. We will continue to focus on this for 2021.
5. Add a diversion request category to Reddi-Net for TCASC diversion when the TCASC is unable to accept an “ELVO Alert” patient from EMS.
  - This was added to Reddi-Net. The 2 TCASCs in Ventura County were on Diversion 0 hours for this category in 2020.

## 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	9/1/2018	10/31/2021
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

## 2021 Goals

Analyze 2017-2020 Stroke data to identify patients diagnosed with ELVO who were missed by the current ELVO Alert screening model of 3+1.

Update prehospital ELVO Alert training to align with all policy changes.

TCASC Door to First Pass: Decrease median time to 90 minutes and increase % of the time patients receive their first pass within 90 minutes above 50%.

Decrease our Door-in Door-out time to 45 minutes for patients transferred to a TCASC for higher level of care.

Work with the Acute Stroke Centers to identify best practices for IVtPA administration.

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Karen Beatty, RN  
Specialty Systems Coordinator



Adriane Gil-Stefansen  
Specialty Care System Manager



# Ventura County EMS Plan 2020 STEMI Critical Care System Plan ANNUAL UPDATE

August 2021

Steve Carroll, EMS Administrator  
Karen Beatty, Senior Hospital Systems Coordinator  
Adriane Gil-Stefansen, Specialty Care System Manager

## **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 2021, we have analyzed our 2020 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, there have been no changes made to the plan.

## **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 STEMI for STEMI patients: median time of 90 minutes for 2020, which is an increase from 83 minutes in 2019.
2. Arrival at STEMI Referral Hospital to PCI at the SRC for STEMI patients: median time of 97 minutes for 2020, which is an increase from 90 minutes in 2019.
3. EMS On-Scene Time for STEMI patients: median time of 13 minutes for 2020, which is holding steady from 13 minutes in 2019.
4. Door-in-to-Door-out for STEMI patients transferred from SRH to SRC for PCI: median time of 32 minutes for 2020, a slight increase from 30 minutes in 2019.

<b>ALL CARDIAC</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>Presumed Cardiac Etiology</b>	<b>362</b>	<b>419</b>	<b>469</b>
<b>Bystander CPR Provided</b>	<b>51.5%</b>	<b>55.1%</b>	<b>53.5%</b>
<b>Survival to Hospital Discharge</b>	<b>15.2%</b>	<b>12.6%</b>	<b>8.5%</b>
<b>CARES National Benchmark for survival to Hospital Discharge</b>	<b>9.5%</b>	<b>9.8%</b>	<b>8.0%</b>
<b>UTSTEIN</b>			
<b>Bystander Witnessed, Shockable Rhythm</b>	<b>66</b>	<b>63</b>	<b>54</b>
<b>Bystander CPR Provided</b>	<b>68.2%</b>	<b>74.6%</b>	<b>64.8%</b>
<b>Survival to Hospital Discharge</b>	<b>50%</b>	<b>49%</b>	<b>22.2%</b>
<b>CARES National Benchmark for survival to Hospital Discharge</b>	<b>32.4%</b>	<b>33.4%</b>	<b>28.8%</b>

\*Due to COVID restrictions all community Sidewalk CPR Training for 2020 was put on hold. Overall bystander CPR rates slightly decreased to 53.5% for 2020, from 55.1% in 2019. For patients in the Utstein category bystander CPR rates had a significant decrease to 64.8% for 2020, from 74.6% in 2019.

### **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 ImageTrend for our EMS ePCR data. The hospitals utilize the “American College of Cardiology Guidelines for the Management of STEMI”.

### **Performance Improvement**

1. We hired a Specialty Care Systems Manager in May of 2020 to help identify opportunities to improve our data report collection and to provide education to our prehospital providers.
2. Develop a process to review the prehospital ECG in real time to help decrease false STEMI Alert activations.
  - With the overall challenges presented during the 2020 COVID response, implementing this type of system change was moved to a 2021 goal where we will be trialing the Pulsara app.
3. Increase our hospital survival rate for cardiac arrest patients to 10%.
  - Goal not met, 8.5% for 2020. Will continue to focus on this for 2021.
4. The Ventura County EMS Agency, along with the Ventura first responder agencies, received the 2020 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.
  - 87.8% of the time patients having non-traumatic chest pain with cardiac symptoms received an ECG within 10 minutes of first medical contact.



- 88.3% of the time hospital notification of a STEMI alert was completed within 10 minutes of a positive STEMI ECG.
- 79.6% of the time first medical contact to PCI time was obtained within 90 minutes.

## 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	10/10/2019	10/31/2022
402	Patient Diversion/Emergency Department Closures	12/10/2019	6/30/2022
420	Receiving Hospital Standards	9/1/2018	10/6/2021
430	STEMI Receiving Centers and STEMI Referral Hospital Standards	2/5/2020	2/28/2023
440	Code STEMI Transfer of Patients with STEMI for PCI	2/5/2020	2/28/22
705.09	Chest Pain-Acute Coronary Syndrome	1/16/2020	1/31/2022
726	12 Lead ECG	7/11/2019	10/6/2021

## 2021 Goals

Trial Pulsara to help decrease false STEMI Alert activations with real-time ECG review.

To the extent possible re-engage with community Sidewalk CPR Training to increase the bystander CPR rate in Utstein patients above 70%.

Work with AHA to better define TP for prehospital ECG.

Increase overall survival rate to 10%.

Apply and receive the 2021 Mission Lifeline Gold Plus Level Award for outstanding performance in STEMI data measures.

Respectfully submitted by,



Steve Carroll  
EMS Administrator



Karen Beatty, RN  
Specialty Systems Coordinator



Adriane Gil-Stefansen  
Specialty Care System Manager