**EMS System Review**  
**County of Ventura**  
**Initial Document and Data Request**  
**January 30, 2019**

*Note – all requests should be for three (3) year period unless otherwise specified*

<table>
<thead>
<tr>
<th>Category</th>
<th>Requested Documents</th>
<th>N/A</th>
<th>Fulfilled</th>
<th>Comments</th>
</tr>
</thead>
</table>
| A. Plans/Annual Reports               | 1 2018 Annual Report (or draft)  
2 2018 EMS Plan (or draft)            |     |           |          |
| B. EMS Agency Organization and Staffing | 1 VCEMS organization chart   
2 VCEMS staff list with areas of responsibility |     |           |          |
| C. EMS Agency QA/QI Program          | 1 Individual provider QA/QI plans   
2 VCEMS system-wide QA/QI plan        |     |           |          |
| D. Prehospital Education and Training | 1 List and descriptions of current VCEMS-sponsored EMS education programs  
2 List of VCEMS-approved agency-level training programs  
3 VCEMS policies and procedures regarding EMS education and training |     |           |          |
| E. County Budget & Revenue           | 1 Annual VCEMS budget   
2 Ventura County EMS and/or dispatch-related budget expenditures  
3 VCEMS schedule of approved charges  
4 VCEMS revenues derived from providers, by the following categories:  
- Franchise fees/annual contract fees  
- Fines/penalties  
- QA/QI or other similar program fees  
- Other fees |     |           |          |
| F. Ground EMS Documents | 1 VCEMS contract with each ground EOA provider (including any amendments)  
2 VCEMS contracts with each first response agency (ALS and/or BLS)  
3 All contracts between ground EOA providers and first response agencies  
4 Any current mutual aid agreements to which any ground EOA providers are a party |
|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G. Ground EOA Contractor Performance Documents (all data should be monthly) | 1 Ground ambulance response data by category:  
- Emergency/911 calls (by dispatch level)  
- Interfacility transports  
- Non-emergency transports  
- Specialty/critical care transports (SCT/CCT)  
2 Transport data by above categories  
3 Call declination data (all calls for which contractor was unable to respond and utilized mutual aid, by above categories)  
4 Contractor self-dispatch data (all emergency response requests received directly by EOA contractors)  
5 Service mix (level-of-service transport data by HCPCS code for each EOA provider)  
6 Emergency response time compliance data (including response time performance by month, deviations from required standards and financial penalties assessed by month)  
7 Response time data for:  
- Interfacility transports  
- CCTs/SCTs  
- Non-emergency transports  
8 Average transport distance (contractor data of average loaded mileage per transport for HCPCS code A0425. If possible, include overall average loaded mileage-per-transport, and average |
| H. Dispatch Documents and Data | loaded mileage-per-transport for each level of service – A0428, A0429, A0427, etc.) 9 Average total call time (contractor and/or dispatch center data measuring average interval of time responded through time available, both overall and for each level of service, if available 10 Ambulance Patient Offload Times (APOT) data 11 Transports originating at healthcare facilities (total number and percentage of total transport volume) 12 VCEMS policies and procedures regarding fines and penalties 13 Identification of fines and penalties imposed 14 Any current listing of paratransit providers serving the County and services provided 15 Policies and procedures regarding transport of 5150 patients (VCEMS and provider-level policies) 16 Any county ordinances, laws or resolutions regarding EMS permits, operations, or other regulatory issues |
| Knowing the data from each level of service is critical for understanding the overall performance of the system. The data includes average call times, offload times, and transports originating at healthcare facilities. The policies and procedures regarding fines and penalties are also important to ensure compliance with regulations. The listing of paratransit providers and services provided is essential for understanding the availability of services. The transport of patients, both overall and at each level of service, is vital for understanding the efficiency of the system. Any county ordinances, laws or resolutions regarding EMS permits, operations, or other regulatory issues are also important to understand the legal framework governing the system. |
| | |
| | 1 List of all primary PSAPs answering 911 calls for areas within Ventura County (even if PSAP is outside of County) 2 List of all secondary EMS PSAPs (ambulance and/or first response dispatch, including function(s) performed and agencies dispatched by each) 3 Description of EMD protocols utilized by each PSAP (including copies if non-commercial, or any local modifications to commercial EMD protocols) 4 Identification and description of individual EOA contractor dispatch centers |
| 5 Any contracts regarding dispatch between municipal entities and/or County/Fire for dispatch or PSAP operations within Ventura County  
6 Emergency dispatch data – contractor (all 911 dispatches of EOA provider by response determinant)  
7 VCEMS and provider policies on red lights and siren responses |
|---|---|---|
| **I. Clinical Documents** | 1 Current ground EMS clinical protocols  
2 Applicable transport destination protocols (trauma, STEMI, stroke, peds, etc.) |
| **J. EMS Resource Inventory Documentation and Data** | 1 By contractor, total number of contractor transport-capable ambulances dedicated to in-county utilization  
2 By contractor, total number of contractor transport-capable ambulances dedicated exclusively to 911 response  
3 Identification of all contractor station and substation locations (including # of ambulances garaged at each location and staffing at each)  
4 Total number of contractor transport-capable ambulances stationed out-of-county that are utilized for in-county 911 response  
5 Each EOA contractor’s staffing plan and/or staffing schedules  
6 VCEMS ambulance staffing policies |
| **K. Hospital Resource Inventory Documentation and Data** | 1 Total number of hospital-based EDs in county (including number of facilities and estimated ED bed capacity)  
2 Total number of out-of-county based hospital EDs that regularly serve in-county patients |

No. of ambulances in fleet and avg number of ambulances on duty at noon  
We do not have the rest
<p>| L. Contractor Revenue Cycle Data (Provide for each EOA provider), for previous five (5) years | 1 Total billable transports by level of service (i.e., by HCPCS code) 2 Chargemaster or contractor list of retail charges, by level of service 3 Identification of payor contracts to which contractor is a party (including payor and rates, by level of service) 4 Contractor financial hardship policy and forms 5 Contractor write-offs (including hardship, bad debt, etc.) 6 A/R aging report by payor 7 Payor mix (contractor revenues by payor, by the following categories: -Medicare (including fee-for-service and Medicare Advantage) -MediCal (FFS and managed care) -Commercial (including all non-government FFS and managed care payors) -Self-Pay 8 Net collection percentage (total and by payer, after refunds and contractual allowances) 9 Average revenue per transport (total and by level of service) |</p>
<table>
<thead>
<tr>
<th>M. Contractor Financial Data</th>
<th>1 Provider financial reports (audited, reviewed, or compiled, as applicable) for previous 5 years</th>
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| N. Special Programs (health care and HIE programs) | 1 Identification and available documentation of special health care programs (i.e. community paramedicine, Nalaxone administration, stop the bleed, PulsePoint, community CPR and public access defibrillation, etc.)
2 Any health information exchange (HIE) programs operating in Ventura County
3 Special Procedures implemented to enhance efficiency i.e., Emergent Large Vessel Occlusion (ELVO) alerts, critical incident stress management, etc.)
4 Identification of existing community paramedicine programs (pilot or ongoing)
5 Curriculum/training models for community paramedics |
| O. First Responders | 1 List of fire departments providing first response by level(s) of service provided
2 Available first response-specific cost data
3 Identification of funding sources for first response services (i.e., city budget, first response fees from transport providers, patient charges)
4 Total number of responses by first response agency, by level of service
5 First response time data
6 First response staffing policies |
| P. System Status/Move-up Plan | 1 Most current system status/move-up plan
2 Individual provider deployment plans |
| Q. Communications | 1 Identification of all communication systems in use (radio, redundant communications, etc.)
2 Inventory of communication assets |
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<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>3. Critical Care Transports</td>
<td>1 List of providers approved to provide CCTs 2 Applicable CCT regulations, policies and procedures</td>
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<td>T. Stakeholders</td>
<td>1 List of stakeholders recommended for interviews/focused stakeholder meetings (include names, titles, agency affiliation and contact information)</td>
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<td>3 Non-emergency and IFT communications structure</td>
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