

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



August 26, 2009

Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Road, Suite 130
Oxnard, CA 93036-0619

Dear Mr. Carroll:

We have completed our review of *Ventura County's 2008 Emergency Medical Services Plan Update*, and have found it to be in compliance with the *EMS System Standards and Guidelines* and the *EMS System Planning Guidelines*. Following are comments on your EMS plan update:

Standard 1.27 & 5.10 - Pediatric Emergency Medical and Critical Care System -

In your 2004 EMS plan update your update states that "components have been identified, but not finalized" and that Ventura County needed a data collection and analysis system for pediatric care. While this is an enhanced level standard I encourage you to continue your efforts in meeting this long-range goal.

Your annual update will be due on August 26, 2010. If you have any questions regarding the plan review, please call Sandy Salaber at (916) 322-4336, extension 423.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Steven Tharratt".

R. Steven Tharratt, MD, MPVM
Director

RST:ss

Instructions for Completing the Annual Update:

The annual update will consist of the following:

Changes made on a Standard - any changes made on a standard that are different from the previous plan submission, need to be completed on the new format.

New Excel format:

Column A is a drop-down menu - choose what standard you are reporting on.

Column B type the Standard

Columns C, D, & E are check boxes

Columns F & G report your Progress and Objectives

Summary of Changes - a narrative describing any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 2-9.

Ambulance Zone Summary Form

In order to evaluate the nature of each area or subarea, an Ambulance Zone Form needs to be completed for each zone, whether exclusive or non-exclusive. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Table 2 - System Organization & Management (cont.)

Continuing education	<u> X </u>
Personnel training	<u> X </u>
Operation of oversight of EMS dispatch center	<u> X </u>
Non-medical disaster planning	<u> </u>
Administration of critical incident stress debriefing team (CISD)	<u> X </u>
Administration of disaster medical assistance team (DMAT)	<u> </u>
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 08-09
EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>394,900</u>
Contract Services (e.g. medical director)	<u>276,800</u>
Operations (e.g. copying, postage, facilities)	<u>168,000</u>
Travel	<u>9,500</u>
Fixed assets	<u>0</u>
Indirect expenses (overhead)	<u>77,200</u>
Ambulance subsidy	<u>49,500</u>
EMS Fund payments to physicians/hospital	<u>1,500,000</u>
Dispatch center operations (non-staff)	<u>0</u>
Training program operations	<u>4,200</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>
Other: _____	<u>0</u>

TOTAL EXPENSES \$2,480,100

Table 2 - System Organization & Management (cont.)

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	_____
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>600,000</u>
Certification fees	<u>12,000</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	_____
Trauma center application fees	_____
Trauma center designation fees	_____
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>323,900</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>1,544,200</u>
Other grants: _____	_____
Other fees: _____	_____
Other (specify): _____	_____
TOTAL REVENUE	\$ <u>2,480,100</u>

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

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 07/08.

Table 2 - System Organization & Management (cont.)

EMS System: Ventura County Reporting year 2008

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.74 /hr	33.3%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Administrative Assistant II	1.0	28.89 /hr	33.3%	
ALS Coord./Field Coord./ Training Coordinator	N/A				
Program Coordinator/ Field Liaison (Non-clinical)	Program Administrator III	1.0	38.48 /hr	33.3%	
Trauma Coordinator	N/A				
Medical Director	EMS Medical Director	0.5	94.41 /hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	N/A				

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.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	CQI Coordinator	0.5	40.25 /hr	0	Independent Contractor
Public Info. & Education Coordinator					
Executive Secretary					
Other Clerical	Administrative Assistant II	1.0	28.89 /hr	33.3%	
Data Entry Clerk					
Other	Office Assistant III	1.0	19.00 /hr	33.3%	

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.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training

Revision #4 (4/20/07)

EMS System: Ventura

Reporting Year: 2008

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	885			54
Number newly certified this year	135			9
Number recertified this year	271			39
Total number of accredited personnel on July 1 of the reporting year	1291		230	102
Number of certification reviews resulting in:				
a) formal investigations	13			
b) probation	9			
c) suspensions	0			
d) revocations	0			
e) denials	0			
f) denials of renewal	0			
g) no action taken	4			

1. Number of EMS dispatch agencies utilizing EMD Guidelines: 2
2. Early defibrillation:
 - a) Number of EMT=I (defib) certified 19 new, 82 total
 - b) Number of public safety (defib) certified (non-EMT-I) _____
3. Do you have a first responder training program yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: Ventura

County: Ventura

Reporting Year: 2008

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

1. Number of primary Public Service Answering Points (PSAP) 6
2. Number of secondary PSAPs 1
3. Number of dispatch centers directly dispatching ambulances 1
4. Number of designated dispatch centers for EMS Aircraft 1
5. Do you have an operational area disaster communication system? Yes No
 - a. Radio primary frequency 154.010
 - b. Other methods _____
 - c. Can all medical response units communicate on the same disaster communications system?
Yes No
 - d. Do you participate in OASIS? Yes No
 - e. Do you have a plan to utilize RACES as a back-up communication system?
Yes No
 - 1) Within the operational area? Yes No
 - 2) Between the operational area and the region and/or state? Yes No
6. Who is your primary dispatch agency for day-to-day emergencies?
Ventura County Fire Protection District
7. Who is your primary dispatch agency for a disaster?
Ventura County Sheriff's Department and Ventura County Fire Protection District

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: Ventura

Reporting Year: 2008

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	Not Defined	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 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	<u>Conejo Valley Adult School</u>	Contact Person telephone no.	<u>Kevin Fildes</u>
Address	<u>1025 Old Farm Road</u> <u>Thousand Oaks, CA 91360</u>		<u>805-497-2781</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>38</u>
		Refresher: <u>0</u>
		Cont. Education: <u>0</u>
		Expiration Date: <u>02-28-11</u>
		Number of courses: <u>2</u>
		Initial training: <u>2</u>
		Refresher: <u>0</u>
		Cont. Education: <u>0</u>

Training Institution Name	<u>EMS Training Institute, Inc.</u>	Contact Person telephone no.	<u>Mark Komins</u>
Address	<u>P.O. Box 940514</u> <u>Simi Valley, CA 93094</u>		<u>877-368-8724</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____	Number of students completing training per year:
	Refresher _____	Initial training: <u>0</u>
		Refresher: <u>218</u>
		Cont. Education: <u>0</u>
		Expiration Date: <u>02-28-10</u>
		Number of courses: <u>12</u>
		Initial training: <u>0</u>
		Refresher: <u>12</u>
		Cont. Education: _____

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Moorpark College	Contact Person telephone no.	Carol Higashida
Address	7075 Campus Road Moorpark, CA 93021		805-378-1433

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>83</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>01-31-11</u> Number of courses: <u>2</u> Initial training: <u>2</u> Refresher: <u>0</u> Cont. Education: <u>0</u>

Training Institution Name	Oxnard College	Contact Person telephone no.	Gary Morgan
Address	4000 S. Rose Avenue Oxnard, CA 93033		805-488-0911

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>92</u> Refresher: <u>34</u> Cont. Education: <u>0</u> Expiration Date: <u>01-31-12</u> Number of courses: <u>11</u> Initial training: <u>7</u> Refresher: <u>4</u> Cont. Education: <u>0</u>

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Simi Valley Adult School	Contact Person telephone no.	Sterling Johnson
Address	3150 School Road Simi Valley, CA 93062		805-653-9111

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>82</u> Refresher: <u>13</u> Cont. Education _____ Expiration Date: <u>11-30-11</u> Number of courses: <u>8</u> Initial training: <u>6</u> Refresher: <u>2</u> Cont. Education: <u>0</u>

Training Institution Name	Ventura City Fire Department	Contact Person telephone no.	Nancy Merman
Address	1425 Dowell Drive Ventura, CA 93003		805-339-4461

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education <u>0</u> Expiration Date: <u>06-30-10</u> Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	<u>Ventura College</u>	Contact Person telephone no.	<u>Meredith Mundell</u>
Address	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		<u>805-654-6342</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>92</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-11</u>
		Number of courses: <u>4</u> Initial training: <u>4</u> Refresher: <u>0</u> Cont. Education: _____

Training Institution Name	<u>Ventura County Fire Department</u>	Contact Person telephone no.	<u>Mark Komins</u>
Address	<u>165 Durley Avenue</u> <u>Camarillo, CA 93010</u>		<u>805-389-9776</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u>
	Basic _____ Refresher _____	Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>02-28-11</u>
		Number of courses: <u>0</u> Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>

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

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

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: Ventura

County: Ventura

Reporting Year: 2008

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Ventura County Sheriff SAR Air Unit	Contact Person telephone no.	Dana Sullivan
Address	<u>375-A Durley Avenue Camarillo, CA 93010</u>		<u>805-388-4218</u>

Student Eligibility: *	Cost of Program	**Program Level: <u>EMT</u> Number of students completing training per year: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u> Expiration Date: <u>11-30-11</u> Number of courses: Initial training: <u>0</u> Refresher: <u>0</u> Cont. Education: <u>0</u>
	Basic _____ Refresher _____	

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

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

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency

EMS System: Ventura

County: Ventura

Reporting Year: 2008

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

Name, address & telephone: Ventura County Fire Dept. 165 Durley Ave., Camarillo, CA 93010 (805) 389-9710			Primary Contact: Steve McClellen		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___27___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input checked="" type="checkbox"/> fire district; <input type="checkbox"/> Federal		

Name, address & telephone: Oxnard Police/Fire Communications 251 S. C St., Oxnard, CA 93030 (805) 385-7722			Primary Contact: Annette Allen		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input type="checkbox"/> Disaster	Number of Personnel providing services: ___22___ EMD Training ___ EMT-D ___ ALS ___ BLS ___ LALS ___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If public: <input checked="" type="checkbox"/> city; <input type="checkbox"/> county; <input type="checkbox"/> state; <input type="checkbox"/> fire district; <input type="checkbox"/> Federal		

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 2
Name of Current Provider(s):	American Medical Response Serving since 1962
<p>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p>Include intent of local EMS agency and Board action.</p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 2. Paramedic service was added to the service area in 1992. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
<p>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p>	
<p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p>	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 4
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Moorpark and Thousand Oaks.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 4. Paramedic service was added to the service area in 1983. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Conejo Ambulance 1962-1975 Pruner Health Services 1975-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 5
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Camarillo.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>American Medical Response currently provides service to ASA 5. Paramedic service was added to the service area in 1985. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Camarillo Ambulance 1962-1978 Pruner Health Services 1978-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</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.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

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

EMS PLAN AMBULANCE ZONE SUMMARY FORM

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p style="color: red;">American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p>	
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.	
If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.	

