

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DRIVE, SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



November 14, 2014

Mr. Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 East Gonzales Road, Suite 130
Oxnard, CA 93036

Dear Mr. Steve Carroll:

This letter is in response to your 2013 Ventura County EMS Plan submission to the EMS Authority.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2013 EMS Plan and is approving the plan as submitted.

II. History and Background:

Historically, we have received EMS Plan documentation from Ventura County for its 1999, 2004, 2005, 2007-2009, 2011, and 2012 plan submissions, and most current, its 2013 plan submission.

Ventura County received its last Five-Year Plan approval for its 2004 plan submission, and its last annual Plan Update approval for its 2012 plan submission. The California Health and Safety (H&S) Code § 1797.254 states:

*"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority."*

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with statute and the standards and guidelines established by the EMS Authority consistent with H&S Code § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Ventura County's 2013 EMS Plan. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations and

H&S Code § 1797.254 and the EMS system components identified in H&S Code § 1797.103 are indicated below:

A. Approved Not Approved System Organization and Management

1. Table 1 (Minimum Standards/Recommended Guidelines)

- Standard 1.07 is not listed on Table 1 as meeting the recommended guideline, although it is identified on the System Assessment Form. In the next plan submission, please update Table 1 to coincide with the information indicated on the System Assessment Form.
- Standard 6.08 is not listed on Table 1 with a short-range plan, although it is identified on the System Assessment Form. In the next plan submission, please update Table 1 to coincide with the information indicated on the System Assessment Form.
- Standard 6.09 is not listed on Table 1 as meeting the recommended guideline, although it is identified on the System Assessment Form. In the next plan submission, please update Table 1 to coincide with the information indicated on the System Assessment Form.
- Standard 6.11 is not identified on Table 1 as meeting the recommended guideline, although it is identified on the System Assessment Form. Additionally, a short-range plan is identified on Table 1; however, there is no short-range plan identified on the System Assessment Form. In the next plan submission, please update Table 1 to coincide with the information indicated on the System Assessment Form.
- Standard 8.09 does not meet the established minimum standard. In the next plan submission, please select a short- or long-range plan.

B. Staffing/Training

1. Table 3 (Staffing/Training)

- In the next plan submission, please provide a response for every question.

C. Communications

D. Response/Transportation

1. Ambulance Zones

- Please see the attachment on the EMS Authority's determination of the exclusivity of Ventura County's EMS Agency's ambulance zones.

E. Facilities/Critical Care

1. System Assessment Form

- Standard 5.10 does not meet the established minimum standard. The objective and needs are to continue working with local hospitals and prehospital providers to evaluate pediatric care capabilities. Since this is identified as a short-range plan, in the next plan submission, please show that the standard has been met, or explain the progress that has been made in meeting the standard as well as identifying new needs.

2. Table 6 (Facilities/Critical Care)

- The statistics provided for receiving hospitals and base hospitals is inconsistent with the information presented for the facilities in Table 9. In the next plan submission, please ensure the information contained in both tables correspond with one another.

F. Data Collection/System Evaluation

1. System Assessment Form

- Standard 6.08 does not meet the established minimum standard. The objective and needs are to schedule the EMS Advisory Committee to annually evaluate the EMS system and produce an annual report. Since this is identified as a short-range plan, in the next plan submission, please show that the standard has been met, or explain the progress that has been made in meeting the standard as well as identifying new needs.

G. Public Information and Education

H. Disaster Medical Response

1. System Assessment Form

- Standard 8.09 does not meet the established minimum standard and there were no needs and objectives identified. The current status indicates Ventura County does not have resources available to maintain a local DMAT team. In the next plan submission, please show that progress has been made in meeting the standard by identifying the needed resources. Please also establish an objective and assign a timeframe for meeting the objective.

IV. Conclusion:

Based on the information identified, Ventura County may implement areas of the 2013 EMS Plan that have been approved. Pursuant to H&S Code § 1797.105(b):

“After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority.”

Mr. Steve Carroll, EMS Administrator
November 14, 2014
Page 5 of 5

V. Next Steps:

Ventura County's annual EMS Plan Update will be due on November 14, 2015.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Daniel R. Backer" with a stylized flourish at the end.

Howard Backer, MD, MPH, FACEP
Director

Attachment

**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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ojai.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p align="center">LifeLine Medical Transport is a subsidiary of Ojai Ambulance Inc. and has served ASA 1 since 1935. Paramedic service was added to the service area in 1986. Current owner, Steve Frank, purchased the company in 1994 from previous owner, Jerry Clauson. Ojai Ambulance changed it's name to LifeLine Medical Transport in 2001, however no change in scope or manner of service has occurred.</p>	
<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>	

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AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 2
Name of Current Provider(s):	American Medical Response Serving since 1962
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Fillmore and Santa Paula..
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
Include intent of local EMS agency and Board action.	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<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>	
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.	
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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>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.	

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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.	

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AMBULANCE ZONE SUMMARY FORM**

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

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

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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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the Cities of Oxnard and Port Hueneme.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	Grandfathered
<p>Effective May 2010, Gold Coast Ambulance became a wholly owned subsidiary of Emergency Medical Services Corporation. They continue to operate as Gold Coast Ambulance and have served ASA 6 since 1949. Paramedic service was added to the service area in 1984. Prior to May 2010, Ken Cook, owned the company after purchasing it in 1980 from previous owner, Bob Brown. Oxnard Ambulance Service changed it's name to Gold Coast Ambulance in 1991, however no change in scope or manner of service has occurred.</p>	
<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>	

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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
<small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<small>Include intent of local EMS agency and Board action.</small>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	
Grandfathered	
American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.	
Previous Owners:	
Courtesy Ambulance 1962-1991	
Pruner Health Services 1991-1993	
Careline 1993-1996	
Medtrans 1996-1999	
American Medical Response 1999-present	
Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.	
<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>	



Ventura County Public Health

A Division of the Ventura County Health Care Agency

RIGOBERTO VARGAS, MPH
Director

EMERGENCY MEDICAL SERVICES

2220 E. Gonzales Road, Suite 130, Oxnard, CA 93036-0619
Phone: 805-981-5301
Fax: 805-981-5300
www.vchca.org/ph/ems

STEVEN L. CARROLL, EMT-P
EMS Administrator
ANGELO SALVUCCI, M.D., F.A.C.E.P.
Medical Director

March 20, 2014

Lisa Galindo
EMS Plans Coordinator
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670-6073

Dear Lisa,

The 2013 EMS Plan Update for Ventura County EMS Agency is submitted for your review.

Standard changes are shown in the Excel document and Tables 1 through 11, Ambulance Zone Summary Forms and the 2013 Trauma System Status Report are included as requested.

Significant changes in the 2013 reporting period include enhancements to the countywide ImageTrend electronic patient care reporting system to include connections between all EMS providers and base and receiving hospitals, and the implementation of a satellite backup system for the ReddiNet hospital communication system. We also completed the implementation of a stroke registry for our newly established Ventura County Stroke System. In conjunction with one of our trauma centers and several EMS providers, we have implemented the Ventura County Elderly Fall Prevention Program, to reduce repeat falls in this vulnerable population. Ventura County EMS also routinely participates in disaster exercises across our jurisdiction where medical/health capacity and resource needs are assessed. A number of our staff attended the California Public Health and Medical Emergency Operations Manual training and our multi-casualty incident plan has been updated to include the trauma and specialty care facilities. Through collaboration with the Hospital Preparedness Program, we also continue to work with all hospitals, clinics and long term care facilities to coordinate disaster preparedness efforts. Lastly, in 2013, Ventura County EMS coordinated the replacement of all defibrillators in our county program and we implemented a community based "Sidewalk CPR" program with the participation of all hospitals and providers.

In response to EMSA's question regarding Pediatric System Design, Ventura County EMS is interested in exploring options to increase pediatric care and Ventura County Medical Center has established the first Pediatric Intensive Care Unit in Ventura County. However, geographic concerns and limited patient volumes limit our options at establishing a pediatric specialty care system.

Please feel free to contact me at (805) 981-5305 should you require any additional information or have any questions.

Sincerely,

Steve Carroll

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

Executive Summary - a narrative describing a brief overview of the plan. It should identify the major needs which have been found and proposed program solutions. Also, any changes which have occurred in your system, such as changing providers, designating new centers, changing key personnel, etc.

Tables 1-11.

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.

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

B. STAFFING/TRAINING

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

C. COMMUNICATIONS

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

D. RESPONSE/TRANSPORTATION

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

E. FACILITIES/CRITICAL CARE

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

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			
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			X	
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X		X	
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X		X	

G. PUBLIC INFORMATION AND EDUCATION

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

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

Reporting Year: 2013

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

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

County: Ventura

A. Basic Life Support (BLS)	_____ %
B. Limited Advanced Life Support (LALS)	_____ %
C. Advanced Life Support (ALS)	<u>100</u> %

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	_____
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	_____

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. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>1,007,780</u>
Contract Services (e.g. medical director)	<u>392,287</u>
Operations (e.g. copying, postage, facilities)	<u>520,352</u>
Travel	<u>31,743</u>
Fixed assets	<u> </u>
Indirect expenses (overhead)	<u> </u>
Ambulance subsidy	<u>55,575</u>
EMS Fund payments to physicians/hospital	<u>1,841,263</u>
Dispatch center operations (non-staff)	<u> </u>
Training program operations	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
Other: _____	<u> </u>
TOTAL EXPENSES	\$ <u>3,849,000</u>

Table 2 - System Organization & Management (cont.)

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>731,077</u>
Other local tax funds (e.g., EMS district)		_____
County contracts (e.g. multi-county agencies)		<u>408,787</u>
Certification fees		<u>78,702</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		<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>164,628</u>
Contributions		_____
EMS Fund (SB 12/612)		<u>2,315,806</u>
Other grants: _____		_____
Other fees: _____		_____
Other (specify): _____		_____
TOTAL REVENUE	\$	<u>3,849,000</u>

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

Table 2 - System Organization & 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>127.00</u>
EMT-I recertification	<u>87.00</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>71.00</u>
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>445.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>644.00</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 & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	55.75 / hr	36%	
Asst. Admin./Admin. Asst./Admin. Mgr.	Senior Program Admin.	1.0	43.37 / hr	36%	Deputy EMS Administrator
ALS Coord./Field Coord./ Training Coordinator					
Program Coordinator/ Field Liaison (Non-clinical)	Supervising PHN	1.0	42.88 / hr	36%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	43.37 / hr	36%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr	0	Independent Contractor
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner	Program Assistant	1.0	33.22 / hr	36%	EPO Planning Coordinator

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	Senior Registered Nurse	1.0	34.69 / hr	36%	Specialty Systems Coordinator
Public Info. & Education Coordinator	Program Administrator III	1.0	38.49 / hr	36%	PIO
Executive Secretary	Admin. Assistant III	1.0	32.26 / hr	36%	
Other Clerical	Administrative Assistant II	1.0	29.33 / hr	36%	EPO Admin. Asst.
Other Clerical	Office Assistant III	1.0	19.32 / hr	36%	
Other	Program Administrator III	1.0	38.49 / hr	36%	EPO Epidemiologist
Other	Warehouse Coordinator	1.0	22.23 / hr	36%	EPO Logistics Coordinator

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

Reporting Year: 2013

NOTE: Table 3 is to be reported by agency.

	EMT - Is	AEMTs	EMT - Ps	MICN
Total Certified	1208			71
Number newly certified this year	448			18
Number recertified this year	760			53
Total number of accredited personnel on July 1 of the reporting year	1583		235	132
Number of certification reviews resulting in:				
a) formal investigations	10			0
b) probation	5		0	0
c) suspensions	1		0	0
d) revocations	0			0
e) denials	0			0
f) denials of renewal	0			0
g) no action taken	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)

2. Do you have an EMR training program

yes no

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

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

County: Ventura

Reporting Year: 2013

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

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

Reporting Year: 2013

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 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care**

Reporting Year: 2013

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>2926</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>907</u>
3. Number of major trauma patients transferred to a trauma center	<u>74</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1023</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>4</u>
2. Number of base hospitals with written agreements	<u>4</u>

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

Reporting Year: 2013

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
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:** 28
Moorpark, CA 93021

Phone Number: 805-517-2000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 19

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

Transporting Agencies

39705 Total number of responses
35977 Number of emergency responses
3728 Number of non-emergency responses

29994 Total number of transports
26854 Number of emergency transports
3140 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

22817 Total number of responses
15765 Number of emergency responses
7052 Number of non-emergency responses

17131 Total number of transports
10700 Number of emergency transports
6431 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

9504 Total number of responses
1988 Number of emergency responses
7516 Number of non-emergency responses

8852 Total number of transports
1336 Number of emergency transports
7516 Number of non-emergency transports

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 360 W. Second St. **Number of Ambulance Vehicles in Fleet:** 0
Oxnard, CA 93030

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 214 S. 10th St. **Number of Ambulance Vehicles in Fleet:** 0
Santa Paula, CA 93060

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

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

Transporting Agencies

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

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

Transporting Agencies

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

Transporting Agencies

_____ 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:** 0
Camarillo, CA 93010

Phone Number: 805-388-4212 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

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

_____ 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 9: Resources Directory

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

<p><u>Written Contract:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency</p> <p><input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2013

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>950.00</u>	Number of students completing training per year:	
	Refresher:	<u>299.00</u>	Initial training:	<u>37</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>02/28/15</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>EMS Training Institute</u>		Telephone Number:	<u>805-581-2124</u>
Address:	<u>P.O. Box 940514</u>			
	<u>Simi Valley, CA 93064</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>995.00</u>	Number of students completing training per year:	
	Refresher:	<u>200.00</u>	Initial training:	<u>57</u>
			Refresher:	<u>604</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/30/18</u>
			Number of courses:	
			Initial training:	<u>2</u>
			Refresher:	<u>10</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2013

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>18</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/15</u>
		Number of courses:		
		Initial training:		<u>1</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Oxnard College</u>		Telephone Number:	<u>805-377-2250</u>
Address:	<u>4000 South Rose Avenue</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>295.00</u>	Number of students completing training per year:	
	Refresher:	<u>88.00</u>	Initial training:	<u>108</u>
			Refresher:	<u>42</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/16</u>
		Number of courses:		
		Initial training:		<u>6</u>
		Refresher:		<u>3</u>
		Continuing Education:		<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2013

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

Training Institution:	<u>Oxnard Fire Department</u>		Telephone Number:	<u>805-385-8361</u>
Address:	<u>360 West Second Street</u>			
	<u>Oxnard, CA 93033</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>0</u>	Number of students completing training per year:	
	Refresher:	<u>0</u>	Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/16</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>Simi Valley Adult School</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>3150 School Road</u>			
	<u>Simi Valley, CA 93062</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>850.00</u>	Number of students completing training per year:	
	Refresher:	<u>325.00</u>	Initial training:	<u>75</u>
			Refresher:	<u>14</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/15</u>
			Number of courses:	
			Initial training:	<u>5</u>
			Refresher:	<u>2</u>
			Continuing Education:	<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2013

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

Training Institution:	<u>Ventura City Fire Department</u>		Telephone Number:	<u>805-339-4461</u>
Address:	<u>1425 Dowell Dr.</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>0</u>	Initial training:		<u>0</u>
	Refresher: <u>0</u>	Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>6/30/14</u>
		Number of courses:		
		Initial training:		<u>0</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

Training Institution:	<u>Ventura College</u>		Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u>			
	<u>Ventura, CA 93003</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:	Number of students completing training per year:		
	Basic: <u>295.00</u>	Initial training:		<u>79</u>
	Refresher: _____	Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>11/30/15</u>
		Number of courses:		
		Initial training:		<u>4</u>
		Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>

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

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

TABLE 10: RESOURCES DIRECTORY -- Approved Training Programs

County: Ventura

Reporting Year: 2013

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

Training Institution:	<u>Ventura College – Paramedic Program</u>	Telephone Number:	<u>805-654-6400 ext 1354</u>
Address:	<u>4667 Telegraph Road</u> <u>Ventura, CA 93003</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>Paramedic</u>
	Cost of Program:		
	Basic: <u>962.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>12</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/16</u>
		Number of courses:	
		Initial training:	<u>1</u>
		Refresher:	_____
		Continuing Education:	_____

Training Institution:	<u>Ventura County Fire Protection District</u>	Telephone Number:	<u>805-389-9776</u>
Address:	<u>165 Durley Dr.</u> <u>Camarillo, CA 93010</u>		
Student Eligibility*:	<u>Fire Personnel</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>0</u>	Number of students completing training per year:	
	Refresher: <u>0</u>	Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>2/28/15</u>
		Number of courses:	
		Initial training:	<u>0</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>

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

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

TABLE 11: RESOURCES DIRECTORY -- Dispatch Agency

County: Ventura

Reporting Year: 2013

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

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

Name:		Oxnard Police/Fire Communications		Primary Contact: Danah Palmer	
Address:		<u>251 S. C St., Oxnard, CA 93030</u>			
Telephone Number:		<u>805-385-7722</u>			
Written Contract:	Medical Director:	<input checked="" type="checkbox"/> Day-to-Day	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Disaster	<u>22</u> EMD Training	<u> </u> EMT-D	<u> </u> ALS
Ownership:		If Public:	<u> </u> BLS	<u> </u> LALS	<u> </u> Other
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		<input checked="" type="checkbox"/> Fire	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		
		<input type="checkbox"/> Law			
		<input type="checkbox"/> Other			
		Explain: _____			

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

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

**EMS PLAN
AMBULANCE ZONE SUMMARY FORM**

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

Local EMS Agency or County Name:	Ventura County EMS
Area or subarea (Zone) Name or Title:	ASA 7
Name of Current Provider(s):	American Medical Response Serving since 1962
<p><small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p><small>Include intent of local EMS agency and Board action.</small></p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p><small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	<p>Grandfathered American Medical Response currently provides service to ASA 7. Paramedic service was added to the service area in 1986. There have been numerous ownership changes in the past 15 years due to ambulance industry consolidations; however no change in scope or manner of service has occurred.</p> <p>Previous Owners: Courtesy Ambulance 1962-1991 Pruner Health Services 1991-1993 Careline 1993-1996 Medtrans 1996-1999 American Medical Response 1999-present</p> <p>Beginning July 1, 1996, while waiting for the Supreme Court ruling in the County of San Bernardino v. City of San Bernardino (1997) decision, the Ventura City Fire Dept. began providing transport services within the incorporated city limits of Area 7. The scope of service provided by Medtrans did not change during this time, as it continued to provide emergency paramedic ambulance service to all portions of Area 7. Ventura City immediately ceased transport operations upon the Supreme Court ruling against the City of San Bernardino on June 30, 1997.</p> <p><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>

Column1

Each local EMS agency shall have a formal organizational structure which includes both agency staff and non-agency resources and which includes appropriate technical and clinical expertise.

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Ventura County EMS Plan: 2013 TRAUMA SYSTEM STATUS REPORT

March 2014

Steve Carroll, EMS Administrator
Katy Hadduck, Trauma System Manager

Trauma System Summary

Ventura County EMSA implemented a county-wide trauma system in 2010, designating two Level II trauma centers which are geographically situated to provide similar access to trauma care for all areas of the County.

Trauma patients are identified by prehospital care providers according to an established algorithm based on current CDC recommendations. For patients who meet criteria, the nearest trauma center is considered to be the base hospital for that incident, and with few exceptions, are transported there.

Trauma system components include policies that address prehospital triage and hospital destination of trauma patients (including patients involved in multiple-casualty incidents with a trauma mechanism), trauma center standards, reporting requirements, trauma system committees for improvement of trauma care, and both urgent and emergent interfacility transfer of trauma patients.

Changes in Trauma System

In the letter dated May 6, 2013, approving the VCEMS Trauma System Status Report, we received the following recommendation:

“As Ventura County Medical Center (VCMC) has opened a PICU, consider working with them towards Level II Pediatric Trauma Center designation.”

Meetings with VCMC administration have recently been scheduled to open the discussion of VCMC’s status as a Pediatric Critical Care Center (PCCC).

Ventura County’s trauma system does not currently demonstrate the population volume needed to support the designation of a Level II Pediatric Trauma Center. The total number of pediatric patients with trauma who were transported by EMS to VCMC in 2013 was only 54. A total of 84 pediatric trauma patients were admitted to VCMC for care. The County transfers pediatric patients needing specialized trauma care to one of the Pediatric Trauma Centers in Los Angeles or Santa Barbara.

Updates to VC EMS trauma policies include the following policy revisions:

Policy 1402, "Trauma Committees"

Language was revised to reflect the dynamic nature of Ventura County's trauma committees. The Trauma Audit Committee (TAC) currently includes five trauma centers in three counties, encompassing Ventura (Los Robles Hospital and Medical Center, and Ventura County Medical Center, both Level II), Santa Barbara (Cottage Hospital, Level II, and Marian Medical Center, Level III), and San Luis Obispo (Sierra Vista Medical Center, Level III). It was necessary to clarify the membership inclusion and reinforce confidentiality standards.

Policy 1404, "Guidelines for IFT of Patients to a Trauma Center"

For the QI informational sheet required to be submitted to VCEMS for any Emergent or Urgent IFT to a trauma center, the "time patient arrived at referring ED" was added. This has helped determine the length of time trauma patients are kept at a non-trauma hospital before transfer to the trauma center.

Language was added to the policy directing paramedics transferring patients to a trauma center to call the trauma center to advise patient condition and ETA, to best help the trauma center prepare for the patient's arrival.

A training bulletin was provided all non-trauma hospitals regarding patients whose condition required an emergent transfer to a trauma center. Non-trauma centers were strongly advised to defer the administration of blood products prior to the emergent transfer, which might significantly delay the transfer.

Language added to clarify when it would be appropriate for a trauma center to direct a patient to an alternate trauma center.

Policy 1405, "Trauma Triage and Destination Criteria"

Step 1, Physiologic Criteria, the following was added:

"Systolic blood pressure < 110 in patients older than 65 years of age"

Step 3, Mechanism of Injury Criteria, the following was revised:

"Motorcycle crash > 20 mph"

revised to

"Unenclosed vehicle (e.g. motorcycle, bicycle, skateboard) crash > 20 mph"

Additional changes to the trauma system include the following:

Multiple casualty incidents (MCIs) as a result of a trauma mechanism have been addressed in policy and training. Patients who meet trauma criteria are to be transported to a trauma center, to the best ability of the trauma system. For MCIs involving more trauma patients than the trauma center in whose catchment area the MCI occurred can reasonably manage, patients will be transported to other trauma destinations that occasionally may be outside Ventura County.

An additional committee to improve trauma care has been established. "Pre-TAC," involving the county trauma system managers and medical directors for all three counties, will meet a month prior to the TAC meeting, to establish the data and reports needed for the best use of the larger committee's time. The first meeting of Pre-TAC will be in June 2014.

A subset of TAC, the trauma center registrars and the trauma center and county trauma managers will meet in Santa Barbara in March 2014 to discuss the feasibility of a TAC subcommittee that focuses on trauma data. The initial meeting will address the 2014 NTDB change log, data validation process, education needs (now and in the future with the potential orange book requirements), data dashboards, and collaboration ideas (such as injury prevention, education, outreach).

Los Robles Hospital and Medical Center received their ACS accreditation as a Level II Trauma Center in February 2014. Currently both Ventura County trauma centers are ACS verified.

Number and Designation Level of Trauma Centers

There are presently two designated and accredited Level II trauma centers in Ventura County.

East County:

Los Robles Hospital and Medical Center
215 West Janss Road
Thousand Oaks, CA 91360

West County:

Ventura County Medical Center
3291 Loma Vista Road
Ventura, CA 93003

Trauma System Goals and Objectives

In the letter May 6, 2013 letter, we received the following recommendation for Trauma System Goals and Objectives:

“Many of the goals and objectives have been met; the remaining objectives need to be more measurable (such as in the SMART format [specific, measurable, assignable, realistic, and time-related]).”

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: By the end of 2014, under-triage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries.

Assigned: VCEMS, Non-trauma hospitals, Trauma Centers

Comments: VC EMS bases prehospital trauma triage policy on current research and best practice recommendations from the 2011 MMWR “Guidelines for Field Triage of Injured Patients: Recommendations of the National Expert Panel on Field Triage.”

Update: With the establishment of the VCEMS ImageTrend Trauma Registry, as well as with the cooperation of the County’s non-trauma hospitals, it will be possible to track and analyze patients who were transported by EMS to non-trauma hospitals and determine if their destination should, in fact, have been the trauma center. An under-triaged patient is considered to be a patient with an ISS greater than 25 or who died of a traumatic mechanism after admission to a non-trauma hospital, or was emergently transferred to a trauma center. This statistic may be compared to patients who were transported to a trauma center for care, and a determination of “under-triage” percentage may be made.

The County’s non-trauma hospitals are collaborative with trauma projects and quality improvement efforts. It is hoped this analysis will demonstrate the effectiveness of the current trauma triage and transport process, which is difficult to analyze without accurate data from both non-trauma hospitals and trauma centers.

2. Prehospital Care/Transportation:

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

Objectives: VC EMS will plan for trauma-specific education of prehospital care providers.

For the Prehospital Care/Transportation goal, the following recommendation was received:

“When providing an update on Goal 2, provide a report on the resource analysis and needs assessment for prehospital care providers. The sharing of this type of project can be valuable to other LEMSAs.”

Update: The initial goal of education for prehospital providers to prepare for the initiation of the trauma system in 2010 has been achieved and this aspect of prehospital education may be considered closed.

A stated goal in last year's Trauma System Update included the coordination of a resource inventory and needs analysis of prehospital care providers, to determine the status of trauma patient capacity, equipment, and education and training needs. With more urgent goals that have arisen within the VCEMS trauma system, a resource inventory and needs analysis has been temporarily tabled.

As specific needs arise, however, training is planned and coordinated in conjunction with first responder fire departments, ambulance providers, and emergency department personnel.

3. Hospital Care:

Goal: Development of a network of trauma care that meets the needs of an appropriately regionalized system. .

Objectives: By the end of 2014:

A policy will be established describing and authorizing the appropriate transport of trauma patients to a trauma center that is NOT the regular catchment trauma center for the incident. In some cases, the trauma center may be out-of-county. The policy will be presented to the Trauma Operational Review Committee (TORC) and TAC, for input and approval.

Face-to-face meetings will take place between the Ventura County VCEMS medical director/trauma manager and the medical director/trauma manager of Los Angeles LEMSAs and trauma centers outside the County but geographically close to its periphery, to seek collaboration with the policy and discuss conditions in which Ventura County trauma patients may be appropriately transported out-of-county.

Assigned: VCEMS, Santa Barbara and Los Angeles LEMSAs, TORC membership, Santa Barbara Cottage Hospital, Henry Mayo Newhall Memorial Hospital, Providence Holy Cross Hospital, Northridge Hospital, UCLA Medical Center.

Comments: Although most trauma patients may be provided care in County trauma centers, certain conditions may occur for which injured patients should be transported to a trauma center that is not the regular catchment facility.

Update: This is a new goal. The policy is written and under administrative review. Contacts have been made with out-of-hospital trauma leadership, TORC has been advised, and it is anticipated the policy will be approved, in place, and practiced before its target date.

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.

Objectives: By the end of 2014:

VCEMS will ensure the registries in both County trauma centers have identical 2014 NTDB datasets and match the current data dictionary.

VCEMS will work with TAC membership to ensure the registries at all five trauma centers have identical 2014 NTDB datasets and match the current data dictionary.

For Step 1-4 trauma patients transported to non-trauma 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.

Assigned: VCEMS, County Trauma Centers, County Non-Trauma Hospitals, TAC Membership, Out-of-County Trauma Centers to which County trauma patients are transported from the field.

Update: Work has been ongoing with Lancet to assure County trauma centers have current and matching NTDB fields. Additionally, we have asked the County trauma centers to add data fields to the NTDB dataset specifically to help evaluate prehospital triage (“If transported by EMS, into which Trauma Step was the patient triaged?”).

For the March 2014 meeting of the TAC trauma managers and registrars, work will begin to compare registries and mapping for the NTDB dataset.

TORC has discussed obtaining a limited dataset for trauma patients transported to non-trauma hospitals. Work will need to take place for developing the dataset and data dictionary, and a standardized method for collection and reporting.

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: By the end of 2014:

VCEMS will have fully implemented the EMS portion of the Elderly Fall Prevention Coalition project, which is scheduled to “go live” late summer or fall 2014.

VCEMS will identify and collaborate with all County trauma centers’ fall prevention efforts.

Assigned: VCEMS, Prehospital Care Providers, County Trauma Centers

Comments: “Fall” is the most frequently encountered request for 911 services, and elderly falls result in a disproportional morbidity and mortality for this population. The costs involved in the management of elderly individuals who fall are enormous. For Ventura County, effective and data-driven fall prevention activities focused on the elderly are critically needed, since our residents continue to age and experience potentially preventable injuries.

Driven by VCMC’s trauma director is a pilot project in elderly fall prevention, in which many agencies and services within the County are

collaborating. VCEMS leads the Data and Training Subcommittee, which will establish a data dictionary, a method of tracking data to assess the effectiveness of fall prevention activities, and training for prehospital care providers.

Update: The pilot project, initially involving only VCMC's catchment area, is expected to be launched sometime in the late summer or early fall of 2014. Policies, training, and data tracking are being established.

With the limitations of VCEMS staff time and extraordinarily busy trauma personnel at County trauma centers, other organized injury prevention efforts have, to date, been conducted as silo projects. VCEMS will work with County trauma centers to identify and facilitate their injury prevention efforts.

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: Before the end of 2014:

With participation of County trauma centers, VCEMS will approach the six non-trauma hospitals in the County to discuss the presentation of a Rural Trauma Team Development Course (RTTDC).

For non-trauma hospitals who express interest in participating, an RTTDC will be presented.

Update: This is a new goal.

7. *Disaster Preparedness:*

For the Disaster Preparedness goal, the following recommendation was received:

“Consider adding an objective addressing trauma surge plans at Trauma Centers in the event of an MCI and/or regional disaster.”

Goal: Integrate disaster/emergency preparedness with the trauma system.

Objectives: By the end of 2014:

VCEMS will evaluate the specific impact of disaster emergency incident on the trauma system.

VCEMS will complete training of Mobile Intensive Care Nurses (MICNs) for management of MCIs.

VCEMS will assure adequate trauma surge plans exist for County trauma centers, as well as trauma surge plans for the trauma system.

Update: Since the inception of the County's trauma system, we have experienced a number of MCI incidents with trauma mechanisms. Each MCI has revealed details of the MCI/trauma management that may be improved. Lessons learned have been written into MCI policy and practiced in both regular MCI drills and during actual incidents.

The Multiple Casualty Incident (MCI) Committee has reviewed and revised the MCI plan, and has included trauma-specific details that address the triage, report, and destination of patients involved in an MCI with a trauma mechanism.

VCEMS has scheduled a series of mandatory MCI training for ED MICNs. The classes are offered two to three times monthly. Every County MICN is required to attend MCI training before the end of 2014.

In the process of review/revision of the MCI plan, trauma center capacity and ReddiNet procedures relevant to MCI were discussed and written into the MCI plan. VCEMS will continue to fine-tune MCI management through the efforts of the MCI Committee, along with review of actual MCI events and presentation and discussion of MCI trauma issues at TORC.

Changes to Implementation Schedule

No changes to implementation schedule to report at this time.

System Performance Improvement

Trauma system performance review has currently included the following:

Trauma Operational Review Committee (TORC): This committee meets tri-annually, to discuss and act upon issues affecting the delivery of trauma care in the County. As an inclusive committee, TORC is a forum for quality improvement activities involving every prehospital care provider and hospital in the County.

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.

Regarding System Performance Improvement, the following comment was received from EMSA:

“In reviewing the Trauma Audit Committee information, provide more information on the audit filters currently in use.”

The audit filters currently in use for TAC case selection include the following:

TAC AUDIT FILTERS
Outstanding saves
Traumatic brain injury with GCS less than 8, no ICP monitor placed within 8 hours of injury
Hemorrhage not controlled within 2 hours of injury
Emergent Trauma Transfer and Trauma Call Continuation cases that are taken to the operating room within one hour after arrival at the trauma center
Deaths <ul style="list-style-type: none"> • Unanticipated mortality with opportunity for improvement • Anticipated mortality with opportunity for improvement
IFTs from non-trauma hospital to trauma center to access a higher level of care (cases to be filtered by trauma managers for value of review)
IFTs from trauma center to access a higher level of care
GENERAL CASE SELECTION GUIDELINES
Cases selected for TAC review should focus on system improvement goals and include at least one of the following factors: <ul style="list-style-type: none"> • Exceptional educational value • Exceptional scientific value • Appropriateness of care issues • System issues

RTCC Grand Rounds, presented October 2013, hosted again by VCEMS. For this year’s Grand Rounds, BRN and CME credit was provided, sponsored by Los Robles Hospital and Medical Center.

Progress on Addressing EMS Authority Trauma System Plan Comments

Comments included in EMSA letter dated May 6, 2013, have been addressed in their respective sections above.

Other Issues

There are presently no other issues.