

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



October 5, 2017

Mr. Steve Carroll, EMS Administrator
Ventura County EMS Agency
2220 E. Gonzales Road, Suite 200
Oxnard, CA 930326-0619

Dear Mr. Carroll:

This letter is in response to Ventura County's 2016 EMS Plan Update submission to the EMS Authority on September 7, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Ventura County's 2016 EMS Plan Update and is approving the plan as submitted.

II. History and Background:

Ventura County received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2015 plan submission.

Historically, we have received EMS Plan submissions from Ventura County for the following years:

- 1999
- 2004
- 2005
- 2007-2009
- 2011-2014
- 2015

Health and Safety Code (HSC) §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 HSC §1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Ventura County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC §1797.254, and the EMS system components identified in HSC §1797.103, are indicated below:

- | | Approved | Not Approved | |
|----|-------------------------------------|--------------------------|---|
| A. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>System Organization and Management</u> |
| B. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Staffing/Training</u> |
| C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Communications</u> |
| D. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Response/Transportation</u> |

1. Ambulance Zones

- Based on the documentation provided by Ventura County, please find enclosed the EMS Authority's determination of the exclusivity of Ventura's County's ambulance zones.

- | | | | |
|----|-------------------------------------|--------------------------|--|
| E. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Facilities/Critical Care</u> |
| F. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Data Collection/System Evaluation</u> |
| G. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Public Information and Education</u> |
| H. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Disaster Medical Response</u> |

IV. Conclusion:

Based on the information identified, Ventura County's 2016 EMS Plan Update is approved.

Pursuant to HSC §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

Mr. Steve Carroll, EMS Administrator
October 5, 2017
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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.”

V. Next Steps:

Ventura County's next annual EMS Plan Update will be due on or before October 31, 2018. If you have any questions regarding the plan review, please contact Ms. Nancy Steiner, Acting EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads "Daniel R. Amley for". The signature is written in a cursive style.

Howard Backer, MD, MPH, FACEP
Director

Enclosure

September 7, 2017

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

Dear Nancy,

I am pleased to submit the 2016 Ventura County EMS Plan Update for your review including updated Tables 1 through 11 and an updated 5.10 System Assessment form. Additionally, the Ambulance Zone Summary Forms are being resubmitted, however, there have been no changes to these documents since the last submission.

In our last EMS Plan approval dated October 10, 2016, EMSA requested an update on progress meeting the minimum standard of Standard 5.10. Ventura County EMS continues to be committed to seeking opportunities to enhance our pediatric capabilities as addressed in Standard 5.10 and 5.11, however, very low pediatric volume and funding difficulties remain a significant challenge. We will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

Significant changes in the 2016 reporting period include the final revision of our multi-casualty incident training program, system wide deployment of improved triage equipment, and continued participation in two pilot Community Paramedicine programs, one involving coordinated care for hospice patients and the other involving TB patients that require daily medication administration. Other notable accomplishments in 2016 include the coordination of the system wide response to the January 2016 storms and floods, designation of a new STEMI Receiving Center at Simi Valley Hospital, transition to the ImageTrend NEMSIS Version 3 ePCR reporting system, and the complete regionalization of all Fire and EMS dispatching into a single regional communication center run by the Ventura County Fire Department.

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

Sincerely,



Steve Carroll
EMS Administrator

SECTION II - ASSESSMENT OF SYSTEM 2016

E. Facilities and Critical Care

Enhanced Level: Pediatric Emergency Medical and Critical Care System

Minimum Standard

Recommended Guidelines

5.10 Local EMS agencies that develop pediatric emergency medical and critical care systems shall determine the optimal system, including:

- a) the number and role of system participants, particularly of emergency departments,
- b) the design of catchment areas (including areas in other counties, as appropriate), with consideration of workload and patient mix,
- c) identification of patients who should be primarily triaged or secondarily transferred to a designated center, including consideration of patients who should be triaged to other specially care centers,
- d) identification of providers who are qualified to transport such patients to a designated facility,
- e) identification of tertiary care centers for pediatric critical care and pediatric trauma,
- f) the role of non-pediatric specially care hospitals including those which are outside of the primary triage area, and
- g) a plan for monitoring and evaluation of the system.

Does not currently meet standard	X	Meets minimum standard		Meets recommended guidelines		Short-range plan		Long-range plan	X
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CURRENT STATUS:

Ventura County EMS does not currently meet the minimum standard for this section. The County of Ventura currently has one certified Emergency Room Approved for Pediatrics (EDAP) and one Pediatric Intensive Care Unit (PICU) located at Los Robles Hospital and Medical Center in Thousand Oaks. The PICU at Ventura County Medical Center in Ventura suspended service in 2015 due to staffing and facility issues, leaving Ventura County with one PICU. We anticipate VCMC will re-establish PICU service in late 2017 following the completion of their new facility. As necessary, local hospitals work with pediatric specialty centers in neighboring counties to

SECTION II - ASSESSMENT OF SYSTEM 2015

E. Facilities and Critical Care

5.10 (Cont'd.)

coordinate transfers when a higher level of care is needed. We continue to be interested in options to increase pediatric care capabilities in Ventura County.

COORDINATION WITH OTHER EMS AGENCIES:

N/A

NEEDS:

Ventura County EMS will continue to work with our local hospitals and prehospital providers to identify opportunities for improved access to pediatric specialty resources.

OBJECTIVE:

Plan to revisit the pediatric capabilities in FY17-18.

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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TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

B. STAFFING/TRAINING

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

C. COMMUNICATIONS

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

D. RESPONSE/TRANSPORTATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

E. FACILITIES/CRITICAL CARE

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

F. DATA COLLECTION/SYSTEM EVALUATION

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES**G. PUBLIC INFORMATION AND EDUCATION**

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

TABLE 1: MINIMUM STANDARDS/RECOMMENDED GUIDELINES

H. DISASTER MEDICAL RESPONSE

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

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

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>1,259,054</u>
Contract Services (e.g. medical director)	<u>346,348</u>
Operations (e.g. copying, postage, facilities)	<u>197,073</u>
Travel	<u>38,203</u>
Fixed assets	<u>58,028</u>
Indirect expenses (overhead)	_____
Ambulance subsidy	<u>50,575</u>
EMS Fund payments to physicians/hospital	<u>1,585,461</u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL EXPENSES	\$ <u>3,534,742</u>

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>480,652</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	<u>385,582</u>
Certification fees	<u>63,413</u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	_____
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	<u>150,000</u>
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	_____
Type: _____	
Other critical care center designation fees	_____
Type: _____	
Ambulance service/vehicle fees	<u>218,835</u>
Contributions	_____
EMS Fund (SB 12/612)	<u>2,230,116</u>
Other grants: _____	_____
Other fees: <u>Health Fees</u>	<u>5,215</u>
Other (specify): <u>Refunds, Sale of Disposed Fixed Assets</u>	<u>929</u>
 TOTAL REVENUE	 \$ <u>3,534,742</u>

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

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

We do not charge any fees
 Our fee structure is:

First responder certification	\$ <u>N/A</u>
EMS dispatcher certification	<u>N/A</u>
EMT-I certification	<u>129.00</u>
EMT-I recertification	<u>89.00</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>72.00</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>N/A</u>
MICN/ARN recertification	<u>N/A</u>
EMT-I training program approval	<u>464.00</u>
AEMT training program approval	<u>N/A</u>
EMT-P training program approval	<u>664.00</u>
MICN/ARN training program approval	<u>N/A</u>
Base hospital application	<u>N/A</u>
Base hospital designation	<u>N/A</u>
Trauma center application	<u>15,000.00</u>
Trauma center designation	<u>75,000.00</u>
Pediatric facility approval	<u>N/A</u>
Pediatric facility designation	<u>N/A</u>
Other critical care center application Type: _____	
Other critical care center designation Type: _____	
Ambulance service license	<u>N/A</u>
Ambulance vehicle permits	<u>N/A</u>
Other: _____	_____
Other: _____	_____
Other: _____	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Administrator	1.0	63.31 / hr.	35%	
Asst. Admin./Admin.Asst./Admin. Mgr.	Senior Program Admin.	1.0	50.98 / hr.	37%	Deputy EMS Administrator
ALS Coord./Field Coord./Trng Coordinator					
Program Coordinator/Field Liaison (Non-clinical)	Supervising PHN	1.0	50.38 / hr.	38%	EPO Manager
Trauma Coordinator	Senior Program Admin.	1.0	50.98 / hr.	39%	Trauma System Manager
Medical Director	EMS Medical Director	0.5	94.41 / hr.	0	Independent Contractor
Other MD/Medical Consult/Training Medical Director	Asst. EMS Medical Director	0.1	94.41 / hr.	0	Independent Contractor
Disaster Medical Planner	Community Services Coordinator	1.0	33.02 / hr.	51%	EPO Planning Coordinator
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator	Registered Nurse II	1.0	45.22 / hr.	36%	Specialty Systems Coordinator
Public Info. & Education Coordinator					
Executive Secretary	Admin. Assistant II	1.0	32.22 / hr.	47%	EPO Admin. Asst.
Other Clerical	Administrative Assistant I	1.0	29.24 / hr.	46%	

Other Clerical	Management Assistant I	1.0	22.29 / hr.	49%	
Other	Program Administrator III	1.0	45.36 / hr.	40%	EPO Epidemiologist
Other	Community Services Coordinator	1.0	33.02 / hr.	51%	EPO Logistics Coordinator
Other	Program Administrator I	1.0	38.68 / hr.	40%	EMS Specialist
Other	Program Administrator I	1.0	38.68 / hr.	40%	EMS Specialist and Safety Officer
Other	Community Services Coordinator	1.0	33.02 / hr.	43%	Healthcare Coalition Coordinator
Other Clerical	Administrative Assistant I – Extra Help	0.25	25.00 / hr.	0	Temporary Extra Help

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

**Ventura County Emergency Medical Services Agency
Organizational Chart
August 1, 2017**

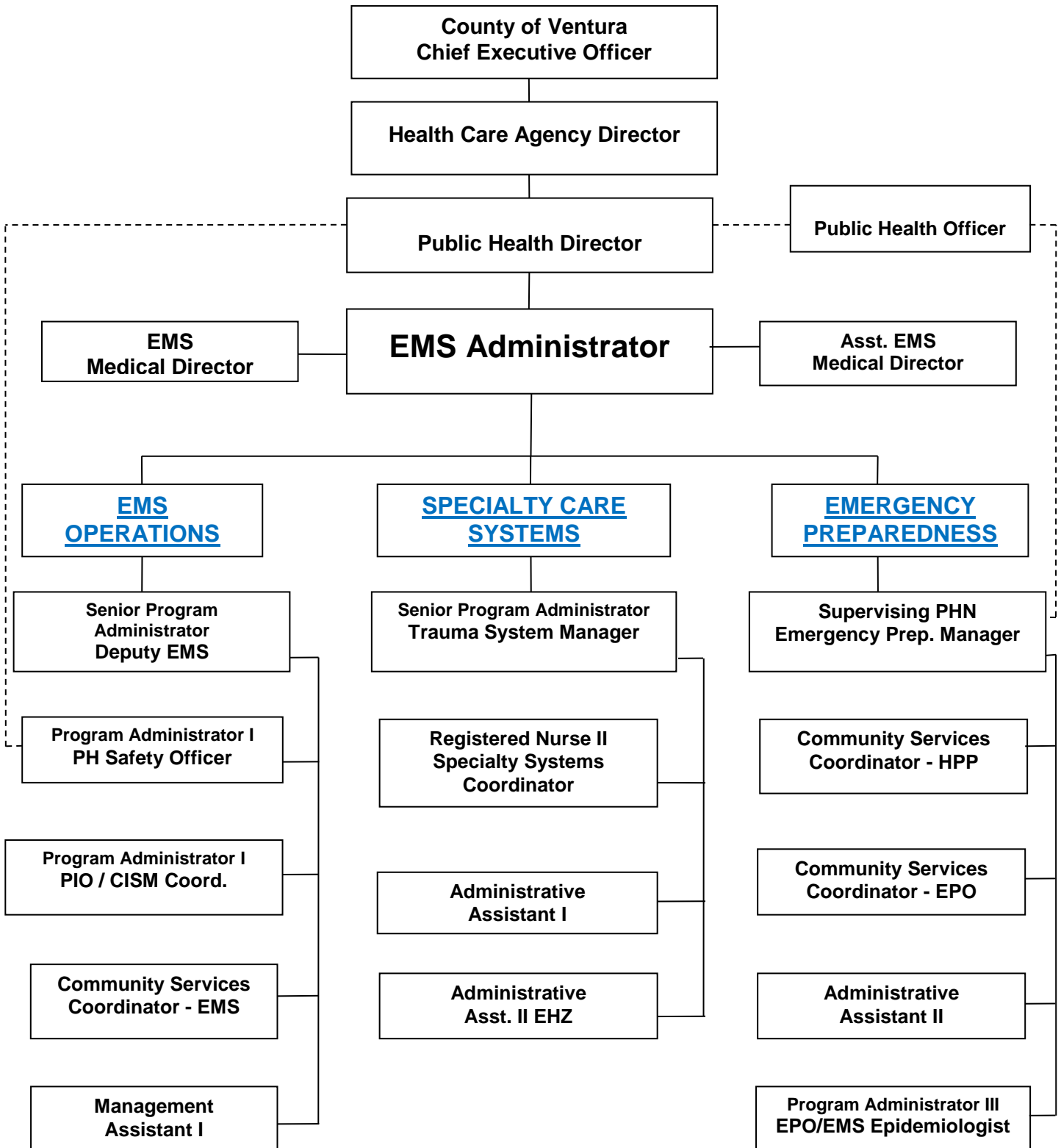


TABLE 3: STAFFING/TRAINING

Reporting Year: 2016

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	854	0		94
Number newly certified this year	459	0		22
Number recertified this year	395	0		72
Total number of accredited personnel on July 1 of the reporting year	1906	0	242	150
Number of certification reviews resulting in:				
a) formal investigations	11	0		0
b) probation	8	0	0	0
c) suspensions	0	0	0	0
d) revocations	2	0		0
e) denials	0	0		0
f) denials of renewal	0	0		0
g) no action taken	2	0	0	0

1. Early defibrillation:

a) Number of EMT-I (defib) authorized to use AEDs

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

UNKNOWN
UNKNOWN

2. Do you have an EMR training program

yes no

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: 2016

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers 8

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	Not Defined	Not Defined	Not Defined	Not Defined
Early defibrillation responder	Not Defined	Not Defined	Not Defined	Not Defined
Advanced life support responder	7 min, 30 sec	Not Defined	Not Defined	Not Defined
Transport Ambulance	8 min, 0 sec	20 min, 0 sec	30 min, 0 sec or ASAP	Not Defined

TABLE 4: COMMUNICATIONS

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

County: Ventura

Reporting Year: 2016

- | | |
|---|---|
| 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>1</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>1</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
<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 6: FACILITIES/CRITICAL CARE

Reporting Year: 2016

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:

1. Number of patients meeting trauma triage criteria	<u>3452</u>
2. Number of major trauma victims transported directly to a trauma center by ambulance	<u>502</u>
3. Number of major trauma patients transferred to a trauma center	<u>36</u>
4. Number of patients meeting triage criteria who were not treated at a trauma center	<u>1610</u>

Emergency Departments

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

Receiving Hospitals

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

TABLE 7: DISASTER MEDICAL

Reporting Year: 2016

County: Ventura

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

SYSTEM RESOURCES

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

- 2. CISD
 - Do you have a CISD provider with 24 hour capability? Yes No

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

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

 - c. Are they available for statewide response? Yes No

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

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

OPERATIONS

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

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

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

TABLE 7: DISASTER MEDICAL (cont.)

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

Medical Mutual Aid with all Region 1 and Region 6 counties

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

Phone Number: 805-517-2000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

<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>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 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

41586 Total number of responses
39459 Number of emergency responses
2127 Number of non-emergency responses

31670 Total number of transports
29885 Number of emergency transports
1785 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

<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>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 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

22042 Total number of responses
15597 Number of emergency responses
6445 Number of non-emergency responses

17995 Total number of transports
12095 Number of emergency transports
5900 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

<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>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>	
<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input 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 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

11579 Total number of responses
2160 Number of emergency responses
9419 Number of non-emergency responses

10854 Total number of transports
1435 Number of emergency transports
9419 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>Level of Service:</u></p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT </p>	
<p><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

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

<p><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>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>	
<p><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

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

Address: 214 S. 10th St.
Santa Paula, CA 93060

Number of Ambulance Vehicles in Fleet: 0

Phone Number: 805-525-4478

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>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>	
<p><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

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

<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>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT	
<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

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

<p><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>Level of Service:</u></p> <p><input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>	
<p><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

THIS IS NOT A TRANSPORT PROVIDER

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

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

Air Ambulance Services

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

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

Table 8: Resource Directory

Response/Transportation/Providers

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

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

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

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

<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>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</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 type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input checked="" 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 checked="" 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 checked="" type="checkbox"/> ALS Rescue <input checked="" 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

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

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

Response numbers are for rescue aircraft only

TABLE 9: FACILITIES

County: Ventura

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

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

<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 Center⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁶ <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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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⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

County: Ventura

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

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

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

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

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

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

TABLE 9: FACILITIES

County: Ventura

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

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

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

Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

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

TABLE 9: FACILITIES

County: Ventura

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

Facility: VCMC Santa Paula Hospital Telephone Number: 805-933-8600
Address: 525 N. 10th Street
 Santa Paula, CA 93060

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

Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

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

²² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
²³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
²⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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:	Number of students completing training per year:		
	Basic: <u>975.00</u>	Initial training:		<u>32</u>
	Refresher: <u>299.00</u>	Refresher:		<u>0</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>02/28/19</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:	Number of students completing training per year:		
	Basic: <u>995.00</u>	Initial training:		<u>103</u>
	Refresher: <u>200.00</u>	Refresher:		<u>750</u>
		Continuing Education:		<u>0</u>
		Expiration Date:		<u>1/30/18</u>
		Number of courses:		
		Initial training:		<u>7</u>
		Refresher:		<u>12</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: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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>22</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/19</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>1078.00</u>	Number of students completing training per year:	
	Refresher:	<u>250.00</u>	Initial training:	<u>95</u>
			Refresher:	<u>15</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>1/31/20</u>
			Number of courses:	
			Initial training:	<u>3</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: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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>1/31/20</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>

Training Institution:	<u>Simi Institute for Careers and Education</u>		Telephone Number:	<u>805-579-6200</u>
Address:	<u>1880 Blackstock Avenue</u>			
	<u>Simi Valley, CA 93065</u>			
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>1175.00</u>	Number of students completing training per year:	
	Refresher:	<u>325.00</u>	Initial training:	<u>58</u>
			Refresher:	<u>14</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/19</u>
			Number of courses:	
			Initial training:	<u>4</u>
			Refresher:	<u>1</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: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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:			
	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>6/30/18</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:			
	Basic:	<u>986.00</u>	Number of students completing training per year:	
	Refresher:	<u> </u>	Initial training:	<u>46</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/19</u>
			Number of courses:	
			Initial training:	<u>2</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: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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>3741.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>18</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/20</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>2/28/19</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 10: APPROVED TRAINING PROGRAMS

County: Ventura

Reporting Year: 2016

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

Training Institution:	<u>Charter College</u>	Telephone Number:	<u>805-913-1240</u>
Address:	<u>2000 Outlet Center Dr. #150</u>		
	<u>Oxnard, CA 93036</u>		
Student Eligibility*:	<u>General</u>	**Program Level	<u>EMT</u>
	Cost of Program:		
	Basic: <u>1920.00</u>	Number of students completing training per year:	
	Refresher: _____	Initial training:	<u>10</u>
		Refresher:	<u>0</u>
		Continuing Education:	<u>0</u>
		Expiration Date:	<u>4/30/18</u>
		Number of courses:	
		Initial training:	<u>2</u>
		Refresher:	_____
		Continuing Education:	_____

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

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

TABLE 11: DISPATCH AGENCY

County: Ventura Reporting Year: 2016

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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>27</u> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name:	Oxnard Police/Fire Communications	Primary Contact: Cmdr. Andrew Salinas
Address:	<u>251 S. C St., Oxnard, CA 93030</u>	
Telephone Number:	<u>805-385-7722</u>	
Written Contract: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster Number of Personnel Providing Services: <u>25</u> EMD Training <input type="checkbox"/> EMT-D <input type="checkbox"/> ALS <input type="checkbox"/> BLS <input type="checkbox"/> LALS <input type="checkbox"/> Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

NOTE: This dispatch center contracted out Fire/EMS dispatch services to Ventura County Fire effective September 2016. They remain a PSAP and police dispatch, however no longer provide EMD services.

**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
<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):	Grandfathered
<p style="text-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>	
<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="text-align: center;">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="text-align: center;">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
<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 Cities of Moorpark and Thousand Oaks.
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):	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>	
<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 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
<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 style="color: red;">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>	

**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>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p>	
Area or subarea (Zone) Geographic Description:	Combination of Metropolitan/Urban, Suburban/Rural and Wilderness areas including the City of Ventura.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):	Exclusive
<p>Include intent of local EMS agency and Board action.</p>	
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):	Emergency Ambulance for 911 calls only
<p>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>	
Method to achieve Exclusivity, if applicable (HS 1797.224):	<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>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>



TRAUMA SYSTEM STATUS REPORT

Reporting for Calendar Year 2016

Steve Carroll, EMS Administrator
Katy Hadduck, Trauma System Manager

Trauma System Summary

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

Both trauma centers are required by County EMS contract to maintain American College of Surgeons (ACS) verification. LRHMC was awarded their latest ACS verification in February 2016, and anticipate their next ACS visit in 2019. VCMC renewed their verification with their latest ACS visit in June .

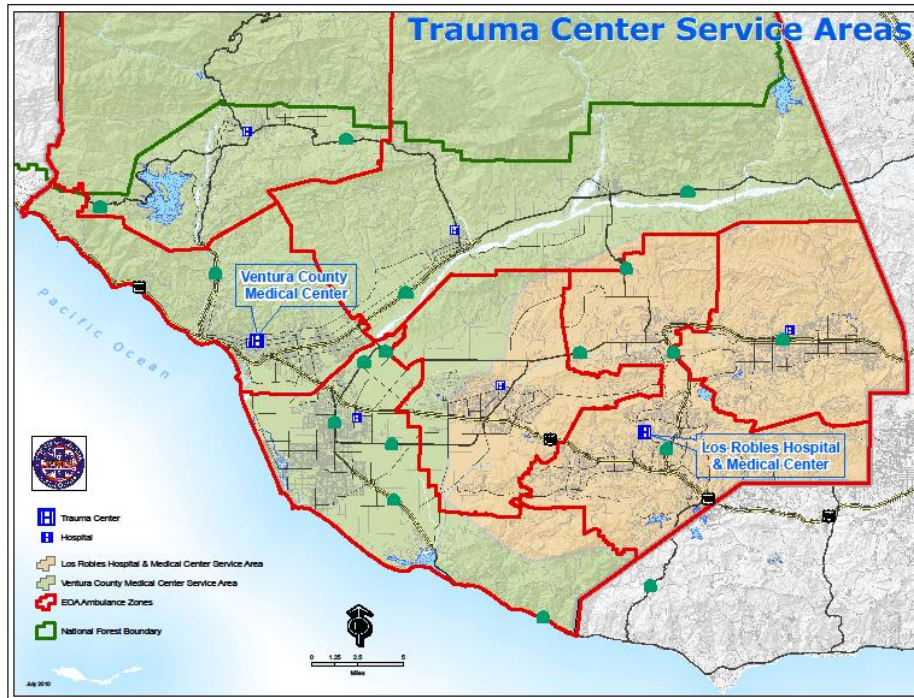
VCMC's trauma catchment includes the West County, south coast, and Los Padres National Forest areas. With this year's ACS visit, VCMC received a directive that their practice of two trauma surgeons co-directing the trauma program should be changed to establish an individual director, and Dr. Thomas Duncan took on the role. Marie Pelkola, RN, their trauma program manager (TPM), has many years' experience in trauma nursing and in leadership at VCMC.

LRHMC provides trauma care for the East County, including areas bordering Kern County to the north and Los Angeles County to the south. Their trauma director is Dr. Makruhi Kademian, and the TPM is Cynthia Marin, RN.

Prehospital trauma triage procedures and practices have not changed since the last Ventura County Trauma System Status Update.

Trauma Center catchment areas are assigned according to drive time from an incident to the trauma center. With the population centers and division of trauma destinations, most trauma patients from a 911 incident arrive at a trauma center within fifteen minutes after an ambulance departs the scene.

Ventura County Trauma Center Catchment Map

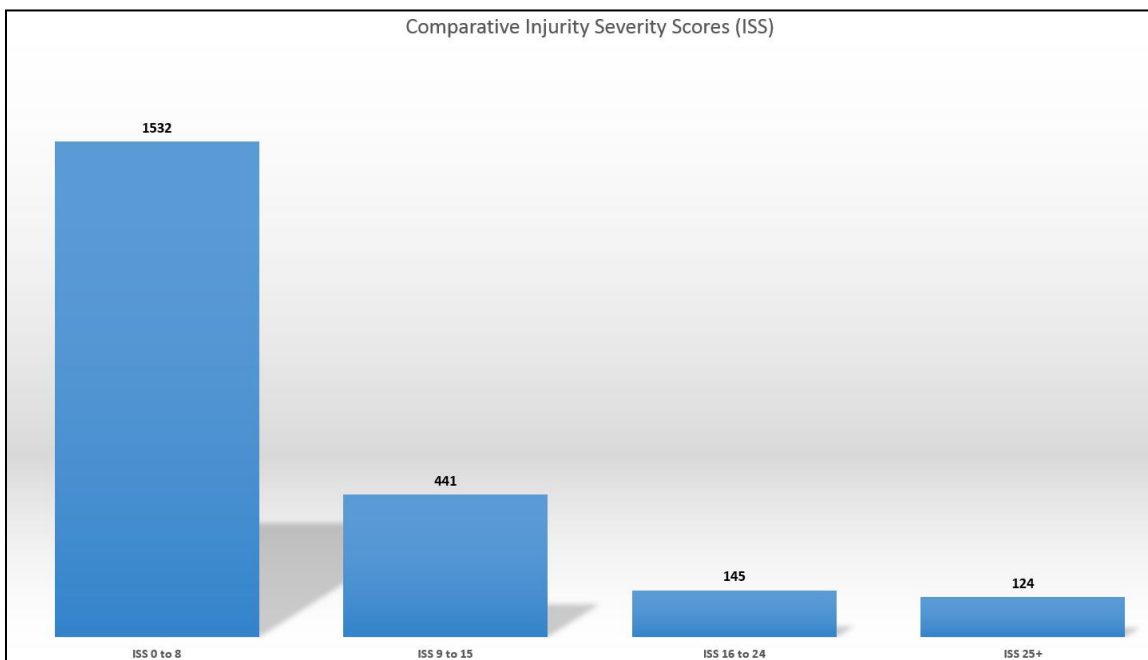
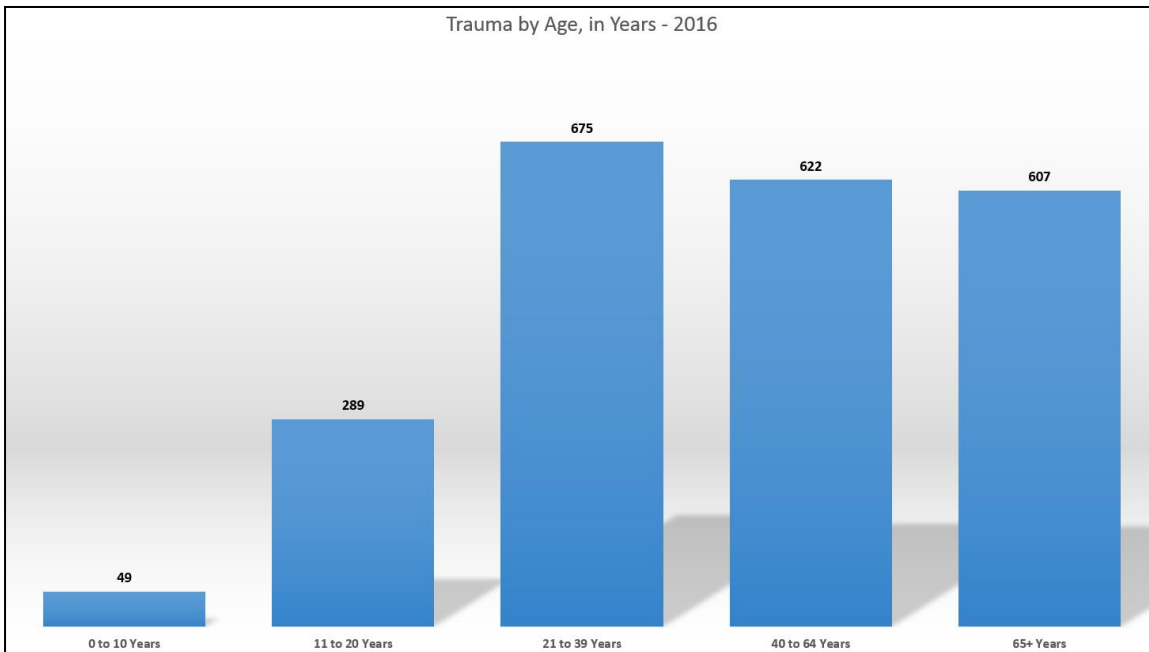


2016 Ventura County Trauma Destinations

Base Hospital Destination	Step 1 TOTAL 301	Step 2 TOTAL 203	Step 3 TOTAL 468
VCMC Trauma Base Hospital	188	169	335
Ventura County Medical Center	162	149	220
Community Memorial Hospital	4	1	6
Santa Paula Hospital	5	2	3
St. John's Regional Hospital	2	8	42
St. John's Pleasant Valley Hospital	1	1	1
Ojai Valley Hospital	2	1	14
Los Robles Hospital	10	7	24
Henry Mayo Medical Center (Los Angeles County)	2	0	15
LRHMC Trauma Base Hospital	113	34	143
Los Robles Hospital	109	32	140
Ventura County Medical Center	1	1	1
Simi Valley Hospital	2	1	1
Kaiser Woodland Hills (Los Angeles County)	1	0	0
Holy Cross Hospital (Los Angeles County)	0	0	1

Ventura County Trauma System Statistics 2016

Pts meeting trauma triage criteria Step 1-3	972
Major trauma (ISS \geq 16) transported directly to trauma center by EMS	269
Major trauma pts (ISS \geq 16) transferred to a trauma center	6
Major trauma pts (ISS \geq 16) arrived non-trauma hospital by EMS, transferred to trauma center	1
Pts meeting triage criteria Step 1-3 who were not transported to a trauma center	71



Changes in Trauma System

Changes to the trauma system include the following:

Los Robles Hospital established a PICU in May 2016. Although the trauma center is not a designated pediatric trauma center, the emergency department is rated by Los Angeles as a Los Angeles Emergency Department for Pediatrics (EDAP). Pediatric patients with traumatic injuries may be admitted to the PICU, although Los Robles maintains transfer agreements with Children's Los Angeles Hospital for children who have specific, severe injuries, such as those needing high-level neurosurgical care.

A new MCI management system, "DMS Compact Triage Ribbon Kit" was implemented. The kits, wearable as waist-packs by EMS responders, replaced traditional triage tags with specially designed ribbons that correspond to triage colors for immediate, delayed, minor, and expectant. The new practice simplifies triage for MCIs and helps move injured patients to treatment tarps faster, where a more extensive and detailed triage and treatment can take place, and transport to an appropriate hospital may be arranged. New equipment was distributed to EMS response vehicles and training was provided for all paramedics, EMTs, and MICNs.

A special feature incorporated into kits manufactured specifically for Ventura County is a triage ribbon that is blue/white checkered. This ribbon is intended to identify "uninjured, involved" individuals who don't require treatment and transport, but were involved the incident. By providing these individuals with a blue checkered triage ribbon, EMS providers can immediately identify them as having been triaged, and law enforcement is made aware of potential witnesses to the event.





“MCI, the Movie” was produced in 2016 and distributed to all prehospital care providers. It was an entertaining, engaging way to help EMS personnel understand the new equipment and prepare for the change from the traditional triage tag system to the faster, more efficient triage ribbons.



Number and Designation Level of Trauma Centers

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

East County:

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

West County:

Ventura County Medical Center (VCMC)
 3291 Loma Vista Road
 Ventura, CA 93003

Trauma System Goals and Objectives

In keeping with the context of the EMS System in general, goals and objectives have been established or revised with realistic tasks, stakeholders, and target dates.

1. Identification and Access:

Goal: To monitor and possibly improve injury identification and transport to the most appropriate hospital.

Objective: Ventura County EMS undertriage of trauma patients will be less than 5% of all patients transported to hospitals for care of traumatic injuries.

Update: VCEMS 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,” as well as a limited set of system-specific criteria (see Policy 1405, “Trauma Triage and Destination Criteria”).

According to Resources for Optimal Care of the Injured Patient, ACS 2014 (Orange Book), undertriage for prehospital trauma patients may be defined by a variety of ways, including analysis of “major trauma patients who were transported incorrectly to a non-trauma center.” For Ventura County’s trauma system, we currently track and review each “emergent” trauma transfer for appropriateness of care and transfer criteria. For those who were transported to a non-trauma hospital by EMS and subsequently emergently transferred to a trauma center, the prehospital care and decision making is reviewed as well.

January – December 2016:

269	Total number of patients transported from the field by EMS to a trauma center, who had ISS \geq 16
120	LRHMC
149	VCMC
32	Emergent trauma transfers to trauma centers, <i>arrived non-trauma center hospital by POV</i>
9	Emergent trauma transfers to trauma centers, <i>arrived non-trauma center hospital by EMS</i>

- 0 Documentation review indicates the patient should have been triaged into Step 1-3
- 1 ISS > 15 at trauma center

Objective: undertriage analysis of the system will also include a review of patients “who were taken to a non-trauma center hospital and then died of potentially preventable causes” (Orange Book).

VCEMS works with Ventura County Office of Vital Statistics to discover and review cases in which a patient died of a trauma-related cause, in a Ventura County non-trauma center hospital. Each case is brought to the Trauma Operational Review Committee (TORC) for committee discussion as to appropriateness of care.

Timeline: Goal has been achieved: Follow-up is triannual, ongoing.

2. Prehospital Care/Transportation:

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

Objective: VCEMS will plan for trauma-specific education of prehospital care providers.

Update: Trauma-specific education of prehospital care providers has been delivered by first responder fire departments, ambulance providers, base hospital prehospital care coordinators, and regular presentations of trauma-specific topics by the two trauma centers. A master calendar is maintained at VCEMS and posted on the website.

Trauma-specific education is also provided for the paramedic education program in the County, and the MICN development course held each year.

Revisions in policies that affect the delivery of prehospital care to trauma patients are brought to a twice-yearly EMS update for EMTs and paramedics.

EMS will continue to monitor and review prehospital trauma care throughout system using current methods of tracking and loop closure when appropriate.

Timeline: Goal has been achieved: Follow-up is biannual, ongoing.

3. Hospital Care:

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

Objective: Patients who are injured in multiple casualty incidents (MCIs) and patients injured at locations significantly closer to out-of-county trauma centers, may be appropriately transported to a Los Angeles or Santa Barbara trauma center.

The base hospital for incidents located near the northern border of Ventura County may direct patients to Santa Barbara Cottage Hospital, and patients injured near the northeastern edge of the County may be directed to Henry Mayo Hospital, Northridge Hospital, and Holy Cross Hospital in Los Angeles County. Letters of agreement regarding accepting and providing care for patients with traumatic injuries are in place between Ventura, Los Angeles, and Santa Barbara Counties.

Timeline: Goal has been achieved: Follow-up is yearly, ongoing.

4. Evaluation:

Goal: To establish a monitoring program designed to assure appropriate access, flow and treatment of the trauma patient and to assist with trauma system refinements.

Objectives:

- 1. VCEMS will ensure the registries in both County trauma centers have identical NTDB datasets and match the current data dictionary.*
- 2. For Step 1-4 trauma patients transported to non-trauma center hospitals in the County, as well as trauma centers out-of-county, VCEMS will establish a system for obtaining a limited dataset (including outcome) that will be used to provide a clearer evaluation of the trauma system.*
- 3. LRHMC and VCMC will have identical inclusion criteria, as defined in EMS policy.*

Update: Trauma registries are continuous “works in progress.” Each trauma center has the latitude to establish their own inclusion criteria and dataset. Designated trauma centers typically collect and report, at a minimum, the data elements of The National Trauma Data Standard (NTDS).

Currently LRHMC and VCMC, as well as the other trauma centers in TAC membership, are using the Data Dictionary: 2016 Admissions for their minimum registry dataset.

As of December 2016, VCEMS obtains outcome data only for trauma patients who are transported to a trauma center.

Timeline: Objective 1 has been achieved. Follow-up is yearly, ongoing. Objectives 2 and 3 are in process, with follow-up ongoing.

5. Injury Prevention:

Goal: Integrate injury control program standards into the trauma system that are sensitive to the special needs/epidemiology of Ventura County.

Objectives:

- 1. VCEMS will have fully implemented the EMS portion of the Elderly Fall Prevention Coalition project*
- 2. VCEMS will identify and collaborate with all County trauma centers' fall prevention efforts.*

Update: The Elderly Fall Prevention Coalition (EFPC) fall prevention project was fully implemented in the pilot area, which included the catchment area for VCMC, in July 2014. This is primarily a “secondary fall” prevention effort and is directed toward assisting elderly individuals who have already experienced a fall in the home with resources to prevent another fall. LRHMC is a member of EFPC and actively participates in fall prevention planning and programs.

EMS providers who respond to 911 requests for assistance for elderly patients who have had a ground-level fall do quick home assessments for fall risk and if appropriate, ask the patient and family members for permission for a fall-prevention coordinator with Ventura County Area Agency on Aging to contact them by phone. The coordinator then matches up patients with services to help prevent recidivist falls.

A feature of the Elderly Fall Prevention Program directs efforts toward elderly individuals who have been referred from Ventura County Public Health after a fall risk assessment, as well as self-referral of seniors. “Stepping On” is a workshop that provides exercises and strategies to prevent falling. “A Matter of Balance” is a program designed to manage risks of falls and increase activity levels. “Tai Chi” is a simplified class intended for beginners, is appropriate for seniors, and concentrates on

moving through better balance. Classes are free of charge, evidence-based, and funded by a grant from the State.

Two fall prevention events are held annually. A bilingual fall prevention program (English and Spanish) was presented in Fillmore on April 30, 2016. Another fall prevention program was held on September 23, 2016, in Thousand Oaks. Both events included prevention presentations by local physicians, nurses, physical therapists, social workers, and other experts in elderly trauma prevention.

County trauma centers' injury prevention efforts are identified and discussed at specific multidisciplinary trauma center meetings, which the EMS trauma manager attends, as well as EMS-led meetings of the trauma program managers. Dr. Duncan, the trauma medical director for VCMC, has presented the EFPC program at national conferences, and our innovative, inclusive model has been acclaimed in many other systems.

Ventura County Trauma of Elderly Statistics 2016

Ventura County EMS Elderly Population	N
Patients age ≥ 65 years	607
With ICD-10 indicating "fall"	393
ISS 0 – 8	275
ISS 9-15	76
ISS 16-24	27
ISS ≥ 25	15
Survived to ED discharge	15
Survived to hospital discharge	7
Discharged to hospice	1

Timeline: Objective 1 is in process. Due to staffing and financial considerations, the fall prevention program has not been fully implemented outside the pilot area of VCMC's catchment area. Objective 2 has been achieved. Follow-up for both objectives is at least quarterly, ongoing.

6. Inclusive Trauma System:

Goal: Promote collaboration and partnership in improving trauma care throughout the County. Facilitate the establishment of networks in which trauma care providers may learn, share, and operate as an inclusive system.

Objective: Provide a forum for trauma care providers working in Ventura County's six non-trauma center hospitals to participate in trauma education, problem-solving, and policy development/review.

Update: VCEMS encourages the non-trauma center hospitals to be active in the trauma system through the triannual meetings of the Trauma Operational Review Committee. All emergent transports of trauma patients from a non-trauma center hospital to a trauma center are tracked and discussed with sending facility personnel.

Timeline: Follow-up is at least triannual, with individual incidents addressed as they occur. Ongoing.

7. Assure Currency of Trauma Policies:

Goal: Assure EMS trauma policies conform to national standards of the ACS and CDC.

Objective: VCEMS Trauma Policies will be reviewed for consistency with current ACS and CDC recommendations.

Update: All trauma policies reflect current national standards. Policies are reviewed, revised, and updated on a three-year cycle, and are brought to TORC and TAC, as appropriate.

Policy Number	Name	Reviewed/ Revised	Next Review
1400	Trauma Care System General Provisions	3/2017	3/2020
1401	Trauma Center Designation	7/2011	RETIRED
1402	Trauma Committees	3/2017	3/2020
1404	Guidelines for Interfacility Transfer of Patients to a Trauma Center	3/2017	3/2020
1405	Trauma Triage and Destination Criteria	3/2015	3/2018
1406	Trauma Center Standards	3/2017	3/2020

Timeline: Follow-up is triannual, ongoing.

Changes to Implementation Schedule

There are no changes to implementation schedule to report at this time.

System Performance Improvement

Trauma system performance review currently includes the following:

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

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.

Pre-TAC: This committee meets tri-annually to provide a working platform for TAC meetings. It involves the trauma managers from three counties and five trauma centers, as well as the medical director who chairs TAC.

Southwest RTCC Grand Rounds, presented October 2016, hosted again by UC Irvine in Orange County. For this year's Grand Rounds, BRN and CME credit was provided, sponsored by UC Irvine.

State Trauma System Consultation: Representatives from Ventura County EMS Trauma participated in the 2016 ACS Trauma System Consultation. We were honored to be involved in this unique opportunity to assess and improve our State-wide trauma system.

Progress on Addressing EMS Authority Trauma System Plan Comments

The February 7, 2017 letter from Dr. Backer approved the VCEMS Trauma System for 2016. All categories of the trauma system status report were accepted as written, with no required action, recommendations, or comments.

Other Issues

There are presently no other issues.

END OF REPORT



**Ventura County EMS Plan
2016 QUALITY IMPROVEMENT PROGRAM
ANNUAL UPDATE**

August 2017

Steve Carroll, EMS Administrator
Karen Beatty, Specialty Systems Coordinator

QI Program Summary

Ventura County EMSA continues the process of redefining our current QI Plan. We are re-organizing our structure as it relates to how our core measure data is collected and how best to disseminate the information to our key stakeholders. We are ensuring that all core measures are patient focused and implementation for improvement will be timely and sustainable. In the summer of 2016, we hired a new EMS Medical Director, Dr. Daniel Shepherd.

Changes in the QI program

Thus far, in 2017, we have analyzed our 2016 data to identify improvement projects. Through our monthly meetings with our STEMI, Stroke, Trauma, and Sudden Cardiac Arrest committees, we continue to monitor our Air-Q study, Stroke Core Measures, Trauma triage and destination, and cardiac arrest survival.

We are collecting data from our pre-hospital agencies and hospitals in order to follow a patient from a 911 call to activities done in the hospital. The following are a few of those core measures:

1. Dispatch notified to brain image interpretation time: In 2016 we had a median time of 46 minutes, which is down from 62 minutes in 2015. We decreased our time by ensuring all hospitals have medics transport patients directly to the CT scanner if they meet "stroke" criteria.
2. Dispatch notified to t-PA given in ED: In 2016, we had a median time of 75 minutes which is down from 86 minutes in 2015. We have a median scene time of 12 minutes which is slightly increased from 11.5 minutes in 2015. The hospitals utilize the AHA/ASA "Guidelines for Early Management of Patients with Acute Ischemic Stroke."

In 2016, we developed a pilot study in the east end of our county to screen for Emergent Large Vessel Occlusion (ELVO) stroke patients. Once identified, using a prehospital screening tool called the Ventura ELVO Score (VES), the patient was transported to our CSC. There were 26 ELVO prehospital activations in 2016. We hope to expand our ELVO study countywide in 2017 to directly transport ELVO patients from the field to a CSC or a Thrombectomy Capable Acute Stroke Center (TCASC).

We are participating in Ventura County's Fall Prevention program by gathering data on patients that have fallen or have a potential to fall and are *not* transported by EMS to the hospital. We answer a set of questions that are sent to the fall prevention coordinator along with leaving educational material about fall prevention at the home. We meet quarterly to discuss the data and areas of improvement. The Fall Prevention Committee had two community outreach symposiums in 2016, including one in Spanish. We have seen a decrease in secondary falls during 2016.

We increased our Sidewalk CPR training in 2016 and had an increase in bystander CPR during full arrests from 48.6% in 2015 to 50.0% in 2016.

Indicators used during the reporting year

Our compliance rate with the State Core Measures was 80% in 2016, a slight decrease from 85% in 2015 due to not reporting RST 3.

For the State Core Measures, please see the attached (Attachment A).

Data Collection

We receive our data from receiving hospitals using Outcome Sciences Registry for our Stroke Program, CARES Registry for our Sudden Cardiac Arrest, Trauma Registry for our Trauma data, and a secure protected monthly spreadsheet for our STEMI data. We use Image Trend for our EMS e-PCR data.

Audit Critical skills

Ventura County EMS continues to require all paramedics to attend 4 airway lab stations over a two year period along with one paramedic skills day annually. Included in these paramedic skills lab are education stations covering certain low frequency, high risk procedures. In addition, various critical procedures are monitored regularly through Ventura County electronic Patient Care Reporting System. Skills monitored through this method are advanced Airway, transcutaneous pacing, and intraosseous infusion.

Performance Improvement

In 2016 we updated our Ventura County EMS website to be more user friendly and more informative. We added a face book page as well.

We developed and distributed to our stakeholders a complete annual EMS Systems Performance Report along with posting it on our new EMS website for the public to review.

Simi Valley Hospital became designated as a STEMI Receiving Center (SRC) in 2016. This brings our total to 4 SRCs in the county.

Towards the end of 2016, we developed a new “Stroke Transfer” procedure through our Fire Communications Center (FCC). Hospital EDs needing to transfer a stroke patient to another facility emergently, will now call FCC and request a “Stroke Transfer”, which will dispatch an ALS unit to their facility within 8 minutes. We will continue to develop policies and procedures in 2017 as it relates to emergent transfers of Stroke patients and ELVO patients.

Ventura County EMS Agency, along with 10 other first responder agencies, received the 2016 Mission Lifeline Gold Level Award for outstanding performance in STEMI data measures.

We continued to monitor our survival rate for CPC 1 or CPC 2 patients from cardiac arrest. We developed a training program towards the end of 2015 for our Cardiac Arrest Management (CAM) to reinforce the importance of following CAM during a full arrest. In 2016, we saw an increase from 9.3% in 2015 to 12.4% survival rate.

Policies

In 2016 we developed and finalized our Cardiac Arrest Management (CAM) policy to establish a standardized procedure for the treatment of patients in cardiac arrest.

We added to our DNR policy, procedures to follow under the “End of Life Act” for our patients who have chosen this directive.

2017 Goals

We will look at adding administering Epinephrine by auto-injector, administering Naloxone intranasal, and performing finger stick blood glucose testing to our EMT’s Scope of Practice as suggested by the State EMSA.

We will transfer over to Image Trend Elite for our e-PCR to comply with NEMSIS 3 data submission.

We will train our medics in the placement of humeral I/O and change our policy to reflect new location site as an alternative.

We will complete and implement new policies and procedures to designate a TCASC in our county and designate two of our hospitals by fall of 2017.

We will complete and implement new policies and procedures for identifying ELVO patients in the field for transport to the closest TCASC.

Respectfully submitted by,



Steve Carroll
EMS Administrator



Karen Beatty, RN
Specialty Systems Coordinator

Attachment A

State Core Measures					
	2012	2013	2014	2015	2016
TRA 1-Scene Time on Trauma Pts	21:03	17:57	21:46	23:02	22:40
TRA 2-Direct Transport to Trauma Center	100%	100%	93%	96%	95.50%
ACS 1-ASA given to cardiac origin CP	N/A	N/A	90%	67%	58%
ACS 2-12L EKG Performance Pre-Hospital	N/A	78%	68%	80%	71%
ACS 3-Scene time for Pts with STEMI	23:10	21:18	23:12	24:03	22:31
ACS 5-Direct transport to Stemi Center	100%	100%	93%	100%	96%
CAR 2-Cardiac Arrest with ROSC	33%	32%	32%	24%	37%
CAR 3-Cardiac Arrest survived ED d/c	24%	29%	24%	21%	30.50%
CAR 4-Cardiac Arrest survived Hospital d/c	14%	15%	15%	11%	15.40%
STR 2-Glucose test on suspected Stroke Pts	N/A	N/A	81%	59%	82%
STR 3-Scene time for Stroke Pts	N/A	22:02	20:26	19:13	19:43
STR 5-Direct Transport to Stroke Center	N/A	98%	99%	99%	99%
RES 2-Beta2 agonist for adults	N/A	N/A	40%	41%	62%
PED 1-Pediatric asthma gets bronchodilator	N/A	100%	N/A	81%	62%
PAI 1-Received pain intervention if 7/10 pain	36%	N/A	N/A	N/A	N/A
SKL 1-Intubation success rate	N/A	67%	76%	69%	73%
SKL 2-End tidal CO2 performed on intubated Pts	N/A	N/A	N/A	57%	91%
RST 1-Response time in emergency zone	N/A	N/A	N/A	N/A	N/A
RST 2-Response time in non-emergency zone	N/A	N/A	N/A	N/A	N/A
RST 3-% of Pts transported to hospital	N/A	N/A	N/A	N/A	N/A