

**Monterey County  
Emergency Medical Services Agency**



**EMERGENCY MEDICAL  
SERVICES PLAN FOR 2011**

**(Revised July 2012)**

## **Board of Supervisors Resolution**

**Insert BOS Resolution**

### Update Log

Log Number	Changes
2007-12-001	Updated Title page; added log to document changes (page ii); updated Table of Content from August 2006 EMS Plan (page 1); removed Section 3 – System Resources and Operations from August 2006 EMS Plan (pages 143 – 164) and replaced with new Section 3 – System Resources and Operations (pages 143 – 165); Removed Section 4 – Ambulance Zone Summary from August 2006 EMS Plan (page 165) and replaced with new Section 4 – Ambulance Zone Summary (page 166); Removed Section 5 – Resource Directories from August 2006 EMS Plan (pages 166 – 174) and replaced with new Section 5 – Resource Directories (pages 167 – 168); updated Standard 1.04 – Medical Director (page 23); and updated Standard 1.08 – ALS Planning (page 27).
2009-04-001	Replacement of Manual (EMS Plan 2008)
2011-05-001	Replacement of Manual (EMS Plan 2009)
2011-05-002	Removed Updated Log to document changes (page ii) from EMS Plan (2009) and Replaced with new Update Log (2010); Removed Tables 2, 3, 5, and 8 from EMS Plan (2009) and Replaced with new Tables 2, 3, 5, and 8 (2010). Table changes and Section 4 – Ambulance Zone Summary (no changes) submitted to the EMSA.
2012-05-001	Replacement of Manual (EMS Plan 2011); added Trauma Care System Update

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## EMS Plan (2011) Executive Summary

This document is the 2011 revision and replacement of the Monterey County EMS Plan. Of the 122 requirements identified by the California EMS Authority, there are only three (3) areas where the Monterey County EMS Plan does not currently meet the state-specified, minimum standards. (See Table 1 – Standards Summary Matrix for additional information.)

1. **Trauma System Evaluation (6.10):** Currently, no hospital has been designated as a trauma care center in Monterey County; nor is there a ‘trauma registry.’ There is interest from two local hospitals to achieve trauma center designation at the Level-II status. The local trauma care system plan was revised in 2011 to allow the designation process if a hospital(s) seeks designation, and was approved by the EMS Authority. Anticipate a Request for Qualification (RFQ) to be released in 2012; earliest possible date for designating a local trauma care center is June 2014.
2. **Agreements for Medical Mutual Aid (8.10):** There is an effective and efficient over-arching Medical Mutual Aid program/process administered through the California EMS Authority and Emergency Management Agency. Efforts to develop local mutual aid agreement with Santa Cruz and San Benito counties have not been realized and have been suspended by shared agreement due to the collaborative activities of the state, region and bay area.
3. **Designation and Establishment of Casualty Collection Points (8.11 & 8.12):** Casualty Collection Points (CCP) and Field Treatment Sites (FTS) are part of a larger classification of patient care delivery system known as Alternate Care Sites (ACS). FTS have also been known as CCP, however FTS should not be confused with CCP...a CCP is simply a location where all injured patients report to, whereas the FTS provides care and dispositions patients. A FTS is a type of ACS that focuses on the prehospital care of the acutely ill or injured. The federal Hospital Preparedness Program grant administered through the California Department of Public Health is responsible for local ACS planning and implementation; CCP has been incorporated into ACS – and is no longer an independent requirement.

**Section A – System Organization and Management:** This section covers a wide-range of administrative and operational activities. Each of the 100 plus entities which make-up the Monterey County EMS system provides a vital and specific service. They are the health care team that moves an emergency patient from the crisis to resolution. California law mandates counties (Board of Supervisors) designate a local EMS Agency to plan the EMS system and coordinate the diverse activities of participants. The EMS Agency provides technical and clinical expertise in data analysis, disaster planning, system and resource management, quality assurance and performance monitoring, development and maintenance of EMS medical protocols and policies, trauma care, and the administration of the Primary EMS Provider contract (exclusive operating area). In addition, the Emergency Medical Care Committee advises the Board of Supervisors and the EMS Director on EMS system issues, funding and budget; ensures that all EMS constituents are actively engaged in decisions regarding the management of local EMS system resources; and provides inputs on the development and implementation of County EMS procedures, policies and protocols.

**Section B – Staffing and Training:** In 2011, Monterey County Service Agreement 74 (CSA 74) funds were re-allocated to local cities and special districts for providing EMS system training and equipment. All participants agreed to train/certify their employees/volunteers to at least the Public Safety Responder level in accordance with the Department of Transportation national standard first responder curriculum and California Code of Regulations Division 9 directives (Chapters 1.5, 2, and 4); afford and/or assist with all necessary training to satisfy the minimum training requirements for small, remote, and volunteer first responding agencies that might not have their own training resources; and provide technician skills verification for re-certification at no charge to non-affiliated personnel through their respective training programs and instructors. In exchange for receiving available CSA74 funds, the EMS Agency would no longer provide direct EMS training or equipment to local first responders, and close their AHA CPR Training Center. The EMS Agency continues to approve local EMT training programs and Continuous Education EMS providers; monitor first responder and hospital EMS training; orchestrate disaster medical response preparedness activities; certify Emergency Medical Technicians; accredit licensed paramedics; train EMS dispatch personnel; and develop/maintain applicable practices, policies, and protocols.

**Section C – Communications:** The Monterey County EMS Communications System Manual is an Appendix to EMS Plan and reflects voice, data, auxiliary, and radio communications. Compliance with the federal-mandates (New Generation – NGEN) for narrow band VHF and UHF will significantly improve EMS dispatch, command, tactical, and inter-agency/discipline connectivity. EMS first responders and providers are in the process of replacing non-NGEN equipment. In concert with Monterey County Telecommunication and Emergency Communications, there are several initiatives being finalized that will enhance traditional infrastructure with innovative and state-of-the-art technology; improve contingency and remote communications; eliminate the dated UHF MEDNET communication network; and replace the hospital 800 Mhz Medical Disaster Communications System. Anticipate that all EMS system communication and infrastructure will be 'updated', NGEN compliant, and fully operational by Spring 2013.

**Section D – Response and Transportation:** The Monterey County Board of Supervisors has defined, through ordinance, boundaries as exclusive EMS operating areas and ambulance licensing. In 2011, the Contract Compliance Working Group (CCWG) was established to review/monitor the contracted-performance of the Primary EMS Provider (AMR); to identify new empirical criteria to better evaluate the EMS system; and provide clinical and technical advice to the EMS Agency and ambulance provider. CCWG activities included the review/Endorsement of AMR's second one-year contract extension request; contract change recommendations (clarification of definitions and ambiguous language); formalizing/continuing the 'pilot' 16-minute response zone in North County; combining (due to low call volume) South A and South B Response Zones -- no change to response times or committed resources; allowing Behavioral Health commitments/transportations being separately contracted/arranged; designating Automatic Vehicle Locator (AVL) as another method of confirming ambulance arrival (on scene); combining Exception-requests into Response Time Exclusions (deleting exception language); defining zones by response-times, not geographic boundaries; and correcting response boundary GIS/CAD reference-maps. The CCWG is also charged with reviewing a comprehensive contract summary-matrix for status and compliance. Overall, the Primary EMS Provider (AMR) is compliant, or is in the final stages of being compliant due to circumstance beyond their control; there are no significant contract or statute discrepancies or deficiencies noted. Medical and rescue aircraft policies and procedures are being revised, and will be impacted by the pending designating of a local trauma care center. Finally, all local Paramedic Service Provider (ALS) Agreements have been revised and implemented.

**Section E – Facilities and Critical Care:** The EMS Agency has written agreements with all four acute-care hospitals in Monterey County. Community Hospital of the Monterey Peninsula, Natividad Medical Center, and Salinas Valley Memorial Health Care System are designated EMT-Paramedic base hospitals. Mee Memorial Hospital is a designated receiving hospital. Transfer agreements and policies are in place to transfer patients from STEMI referral hospitals to STEMI receiving centers (CHOMP and SVMHS); further in 2012, CHOMP and SVMHS will be designated as Stroke Centers. There are no pediatric emergency medical/critical care system plans being proposed or established. The federal Hospital Preparedness Program grant administered through the California Department of Public Health has been instrumental in improving hospital evacuation, medical disasters, and multi casualty events preparedness activities and coordination.

**Section F – Data Collection and System Evaluation:** Current EMS Policy establishes a system-wide quality-improvement (QI) program to evaluate the services provided within the Monterey County EMS system. The EMS Agency has executed written agreements with base hospitals, first-responder agencies, and EMT-Paramedic service providers to participate in this program. All non-emergency transport providers are also mandated to participate under the terms of their County licenses. The EMS Policy/Procedure Manual also includes "Quality Improvement Program Guidelines" for the various system participants. As part of the QI program, each participating agency has designated an EMS liaison to coordinate with other agencies as necessary. The primary objective of the QI Program is the implementation of a viable electronic patient care report (ePCR) for data analysis and management; evaluation and audit; policy and protocols review/revision; and development of effective and realistic performance indicators.

**Section G – Public Information and Education:** The primary EMS provider (AMR) has designated a Community Relations Manager/Field Supervisor that works with EMS stakeholders, local health-care professionals, and emergency management to design, develop and implement a comprehensive (county-wide) community service and education program and plan for the County. The primary EMS provider annually updates their program and plan and provides to Emergency Medical Care Committee for review and endorsement.

**Section H – Disaster Medical Response:** Monterey County EMS system, medical, public health, and emergency management representatives continue to identify, assess, mitigate, plan, and prepare for potential natural, technical, and human threats to the public and infrastructure. The federal Hospital Preparedness Program and All Hazards Preparedness grants administered through the California Department of Public Health have funded/supported improvements in protecting public safety; responding and managing disaster response; organizing and distributing private, local, state, federal resources; and enhancing operation area coordination, communication and information processing.

**TABLE 1 – STANDARDS SUMMARY (MATRIX)****A. SYSTEM ORGANIZATION AND MANAGEMENT**

<b>Agency Administration</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.01 Local EMS Agency Structure		X
1.02 Local EMS Agency Mission		X
1.03 Public Input		X
1.04 Medical Director		X
<b>Planning Activities</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.05 System Plan		X
1.06 Annual Plan Update		X
1.07 Trauma Planning		X
1.08 Advanced Life Support Planning		X
1.09 Inventory of Resources		X
1.10 Special Populations		X
1.11 System Participants		X
<b>Regulatory Activities</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.12 Review & Monitoring		X
1.13 Coordination		X
1.14 Policy & Procedures Manual		X
1.15 Compliance w/Policies		X
<b>System Finances</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.16 Funding Mechanism		X



<b>Medical Direction</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.17 Medical Direction		X
1.18 Quality Assurance/Quality Improvement		X
1.19 Policies, Procedures, Protocols		X
1.20 Do-Not-Resuscitate Policy		X
1.21 Determination of Death		X
1.22 Reporting of Abuse		X
1.23 Interfacility Transfer		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.24 Advanced Life Support Systems		X
1.25 On-Line Medical Direction		X
<b>Enhanced Level: Trauma Care System</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.26 Trauma System Plan		X
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.27 Pediatric System Plan		N/A
<b>Enhanced Level: Exclusive Operating Areas</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
1.28 Exclusive Operating Area Plan		X

## **B. STAFFING/TRAINING**

<b>Local EMS Agency</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.01 Assessment of Needs		X
2.02 Approval of Training		X
2.03 Personnel		X

<b>Dispatchers</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.04 Dispatch Training		X
<b>First Responders (non-transporting)</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.05 First Responder Training		X
2.06 Response		X
2.07 Medical Control		X
<b>Transporting Personnel</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.08 EMT-I Training		X
<b>Hospital</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.09 CPR Training		X
2.10 Advanced Life Support		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
2.11 Accreditation Process		X
2.12 Early Defibrillation		X
2.13 Base Hospital Personnel		X

### C. COMMUNICATIONS

<b>Communications Equipment</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
3.01 Communication Plan		X
3.02 Radios		X
3.03 Interfacility Transfer		X
3.04 Dispatch Center		X
3.05 Hospitals		X
3.06 Multi-Casualty Incidents		X
<b>Public Access</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
3.07 9-1-1 Planning/Coordination		X
3.08 9-1-1 Public Education		X
<b>Resource Management</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
3.09 Dispatch Triage		X
3.10 Integrated Dispatch		X

**D. RESPONSE/TRANSPORTATION**

<b>Universal Level</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
4.01 Service Area Boundaries		X
4.02 Monitoring		X
4.03 Classifying Medical Requests		X
4.04 Scheduled Responses		X
4.05 Response Time Standards		X
4.06 Staffing		X
4.07 First Responder Agencies		X
4.08 Medical & Rescue Aircraft		X
4.09 Air Dispatch Center		X
4.10 Aircraft Availability		X
4.11 Specialty Vehicles		X
4.12 Disaster Response		X
4.13 Inter-county Response		X
4.14 Incident Command System		X
4.15 Multi-Casualty Incident Plans		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
4.16 Advanced Life Support Staffing		X
4.17 Advanced Life Support Equipment		X
<b>Enhanced Level: Ambulance Regulation</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
4.18 Compliance		X
<b>Enhanced Level: Exclusive Operating Permits</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
4.19 Transportation Plan		X
4.20 Grandfathering		X
4.21 Compliance		X
4.22 Evaluation		X

**E. FACILITIES/CRITICAL CARE**

<b>Universal Level</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
5.01 Assessment of Capabilities		X
5.02 Triage & Transfer Protocols		X
5.03 Transfer Guidelines		N/A
5.04 Specialty Care Facilities		X
5.05 Mass Casualty Management		X
5.06 Hospital Evacuation		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
5.07 Base Hospital Designation		X
<b>Enhanced Level: Trauma Care System</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
5.08 Trauma System Design		X
5.09 Public Input		X
<b>Enhanced Level: Pediatric Emergency Medical and Critical Care System</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
5.10 Pediatric System Design		N/A
5.11 Emergency Departments		N/A
5.12 Public Input		N/A
<b>Enhanced Level: Other Specialty Care Systems</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
5.13 Specialty System Design		X
5.14 Public Input		X

**F. DATA COLLECTION/SYSTEM EVALUATION**

<b>Universal Level</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
6.01 Quality Assurance/ Quality Improvement Program		X
6.02 Pre-hospital Records		X
6.03 Pre-hospital Care Audits		X
6.04 Medical Dispatch		X
6.05 Data Management System		X
6.06 System Design Evaluation		X
6.07 Provider Participation		X
6.08 Reporting		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
6.09 Advanced Life Support Audit		X
<b>Enhanced Level: Trauma Care System</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
6.10 Trauma System Evaluation	X	
6.11 Trauma Center Data		N/A

**G. PUBLIC INFORMATION AND EDUCATION**

<b>Universal Level</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
7.01 Public Information Materials		X
7.02 Injury Control		X
7.03 Disaster Preparedness		X
7.04 First Aid & CPR Training		X

**H. DISASTER MEDICAL RESPONSE**

<b>Universal Level</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
8.01 Disaster Medical Planning		X
8.02 Response Plans		X
8.03 Hazardous Materials Training		X
8.04 Incident Command System		X
8.05 Distribution of Casualties		X
8.06 Needs Assessment		X
8.07 Disaster Communications		X
8.08 Inventory of Resources		X
8.09 DMAT		N/A
8.10 Mutual Aid Agreements	X	
8.11 Casualty Collection Point Designation	X	
8.12 Establish Casualty Collection Points	X	
8.13 Disaster Medical Training		X
8.14 Hospital Plans		X
8.15 Inter-hospital Communications		X
8.16 Pre-hospital Agency Plans		X
<b>Enhanced Level: Advanced Life Support</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
8.17 Advanced Life Support Policies		X
<b>Enhanced Level: Specialty Care Systems</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
8.18 Specialty Center Roles		X
<b>Enhanced Level: Exclusive Operating Areas/Ambulance Regulation</b>	<b>Does not meet Standard</b>	<b>Meets Minimum Standard</b>
8.19 Waiving Exclusivity		X

**TABLE 2: SYSTEM RESOURCES & OPERATIONS—Organization/Fiscal**

Note: The California EMS System Standards and Guidelines have placed TABLE 1 (SUMMARY OF SYSTEM STATUS) in Section 2 of this Plan, above.

EMS System: Monterey County

Reporting Year: Fiscal Year 2011-2012

1. Percentage of population served by each level of care: **100% Advanced Life Support**
2. Type of agency: **County Health Department**
3. The person responsible for day-to-day activities of EMS agency reports to:  
**Other – Director of Health (Ray Bullick)**
4. Indicate the non-required functions that are performed by the agency:
 

Implementation of exclusive operating areas (ambulance franchising)	<b>Yes</b>
Designation of trauma centers/trauma care system planning	<b>No</b>
Designation/approval of pediatric facilities	<b>N/A</b>
Designation of other critical care centers	<b>N/A</b>
Development of transfer agreements	<b>Yes</b>
Enforcement of local ambulance ordinance	<b>Yes</b>
Enforcement of ambulance service contracts	<b>Yes</b>
Operation of ambulance service (Contracted)	<b>Yes</b>
Continuing education	<b>Yes</b>
Personnel training	<b>Yes</b>
Operation of EMS dispatch center (Contracted)	<b>Yes</b>
Non-medical disaster planning	<b>Yes</b>
Administration of critical incident stress debriefing (CISD) team	<b>Yes</b>
Administration of disaster medical assistance team (DMAT)	<b>N/A</b>
Administration of EMS Fund (Senate Bill 12/612) – Maddy	<b>Yes</b>

Other: \_\_\_\_\_

## 5. EMS agency budget for Fiscal Year 2011-2012

## A. EXPENSES

Salaries and benefits (all but contract personnel)	<b>611,527</b>
Contract Services (e.g., medical director)	<b>150,000</b>
Operations (e.g., copying, postage, facilities)	<b>227,139</b>
Travel	<b>8,000</b>
Fixed assets	<b>-</b>
Indirect expenses (overhead)	<b>32,443</b>
Ambulance subsidy	<b>100,000</b>
EMS Fund payments to physicians/hospitals	<b>0</b>
First-Responder Equipment	<b>0</b>
Training program operations	<b>0</b>
Critical Incident Stress Debriefing	<b>-</b>
Special projects	<b>-</b>
Other:	<b>-</b>

<b>TOTAL EXPENSES</b>	<b>1,129,109</b>
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## B. SOURCES OF REVENUE

Special project grant(s) from EMSA	<b>0</b>
Preventive Health and Health Services Block Grant	<b>0</b>
Office of Traffic Safety	<b>0</b>
State general fund	<b>0</b>
County general fund	<b>0</b>
Other local tax funds (e.g., EMS district)	<b>934,659</b>



County contracts (e.g., multi-county agencies)	0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds/ Job Training Partnership Act funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0
Trauma center application fees	0
Trauma center designation fees	0
Pediatric facility approval fees	0
Pediatric facility designation fees	0
Other critical care center application fees	0
Type: _____	
Other critical care center designation fees	0
Type: _____	
Ambulance service/vehicle fees	0
Contributions	0
EMS Fund (SB 12/612)	191,250
Other grants	0
Other fees	0
Other: misc	3,200
Other: state reimbursements	0
<b>TOTAL REVENUE</b>	<b>1,129,109</b>

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

6.	Fee structure for Fiscal Year 2010-2011	
	First responder certification	0
	EMS dispatcher certification	0
	EMT-I certification	0
	EMT-I recertification	0
	EMT-defibrillation certification	0
	EMT-defibrillation recertification	0
	EMT-II certification	0
	EMT-II recertification	0
	EMT-P accreditation	0
	EMT-I training program approval	0
	EMT-II training program approval	0
	EMT-P training program approval	0
	Mobile Intensive Care Nurse/Authorized Registered Nurse training program approval	0
	Base hospital application	0
	Base hospital designation	0
	Trauma center application	0
	Trauma center designation	0
	Pediatric facility approval	0
	Pediatric facility designation	0
	Other critical care center application	0
	Other critical care center designation	0
	Ambulance service license	0
	Ambulance vehicle permits	<b>950/vehicle/year</b>

EMS System: Monterey County

Reporting Year: Fiscal Year 2011-2012

CATEGORY	ACTUAL TITLE	FTE POSITIONS	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (% OF SALARY)
EMS Admin./ Coord./Dir.	<b>EMS Director</b>	<b>1.0</b>	<b>60.68</b>	<b>31.13%</b>
Asst. Admin./ Admin. Asst./ Admin. Mgr.	<b>EMS Analyst</b> <b>Finance Manager</b> <b>Management Analyst – III</b>	<b>2.0</b> <b>0.75</b> <b>1.0</b>	<b>35.87</b> <b>44.79</b> <b>42.62</b>	<b>31.13%</b> <b>Contracted</b> <b>31.13%</b>
ALS Coord./ Field Coord./ Trng. Coord.				
Program Coord./ Field Liaison				
Trauma Coord.				
Med. Director	<b>Medical Director</b>	<b>0.2</b>	<b>155.00</b>	<b>Contracted</b>
Other MD/ Med. Consult./ Trng. Med. Dir.				
Disaster Med Planner				
Dispatch Supervisor				
Medical Planner				
Data Evaluator/ Analyst				
QA/QI Coordinator				
Public Info. & Ed. Coord.				
Ex. Secretary	<b>Secretary</b>	<b>1.0</b>	<b>21.33</b>	<b>31.13%</b>
Other Clerical				
Data Entry Clerk				
Other				

**TABLE 3: SYSTEM RESOURCES & OPERATIONS-Personnel/Training**

EMS System: Monterey County

Reporting Year: Calendar 2011 (Jan-Dec)

	EMT-I	AEMT	EMT-P	EMS Dispatchers
Total certified	657	N/A	N/A	11
Total accredited	N/A	N/A	169	N/A
Number of newly certified this year	62	N/A	N/A	0
Number of recertified this year	229	N/A	N/A	0
Number of certificate reviews resulting in:		N/A		N/A
(a) formal investigations	15			
(b) probation	5			
(c) suspensions	0		1	
(d) revocations	3			
(e) denials	1			
(f) denials of renewal	0			
(g) no action taken	6			

1. Number of EMS dispatchers trained to EMSA standards: **11**
2. Early defibrillation:
  - a. Number of EMT-I (defib) certified: **657**
  - b. Number of public safety (defib) certified (non-EMT-I): **Unknown**  
[Administered by respective public safety/parent agencies.]
3. Do you have a first-responder training program? **Yes**  
[Administered by respective public safety/parent agencies.]

**TABLE 4: SYSTEM RESOURCES & OPERATIONS-Response/Transportation**

EMS System: Monterey County

County: Monterey

Reporting Year: 2011

**Transporting Agencies**

1. Number of exclusive operating areas: **1**
2. Percentage of population covered by Exclusive Operating Areas (EOA): **100%**
3. Number of Responses and Transports

Category	AMR	CFA	FHL	MCR	Total
Number of Emergency Responses	24,200	908	153	1,009	26,270
Number of non-Emergency Responses	2,363	0	0	0	2,363
<b>Total Number of Responses</b>					<b>28,633</b>
Number of Emergency Transports	18,774	650	14	718	20,156
Number of non-Emergency Transports	1,621	0	0	0	1,621
<b>Total Number of Transports</b>					<b>21,777</b>

AMR = American Medical Response

FHL = Fort Hunter-Liggett Fire

CFA = City of Carmel-by-the-Sea Fire Ambulance

MCR = Monterey County Regional Fire District (Carmel Valley)

**Early Defibrillation Programs**

4. Number of public safety defibrillation programs **43**
  - a. Automated **43**
  - b. Manual **0**
5. Number of EMT-Defibrillation programs **N/A**
  - a. Automated **N/A**
  - b. Manual **N/A**

**Air Ambulance Services** (Calendar Year 2011)

7.	Total number of responses	<b>322</b>
a.	Number of emergency responses <sup>2</sup>	320
b.	Number of non-emergency responses	2
8.	Total number of transports	<b>203</b>
a.	Number of emergency (scene) responses	202
b.	Number of non-emergency responses	1

**SYSTEM STANDARD RESPONSE TIMES\* (90TH PERCENTILE)**

	METRO/ URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEM WIDE
1. BLS and CPR capable first responder.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
2. Early defibrillation capable responder.	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
3. Advanced life capable responder.	<b>8 minutes</b>	<b>12 minutes</b>	<b>N/A</b>	<b>N/A</b>
4. EMS transport unit.	<b>8 minutes</b>	<b>12 minutes</b>	<b>ASAP</b>	<b>N/A</b>

**TABLE 5: RESOURCES DIRECTORY-Approved Training Programs**

EMS System:	Monterey County
County:	Monterey
Reporting Year:	2011
Training Institution Name/Address:	<b>Monterey Peninsula College 980 Fremont Street Monterey, CA 93940</b>
Contact Person telephone no.:	<b>EMS (831) 646-4034</b>
Student Eligibility:	<b>Open</b>
Cost of Program (basic/refresher):	<b>Basic \$252 + no fee for book Refresher \$46</b>
Program Level:	<b>EMT-I</b>
Number of students completing training per year:	
initial training:	<b>145</b>
refresher:	<b>None</b>
cont. education:	<b>117</b>
expiration date:	<b>Continuous</b>
Number of courses:	
initial training:	<b>4</b>
refresher:	<b>0</b>
cont. education:	<b>18</b>

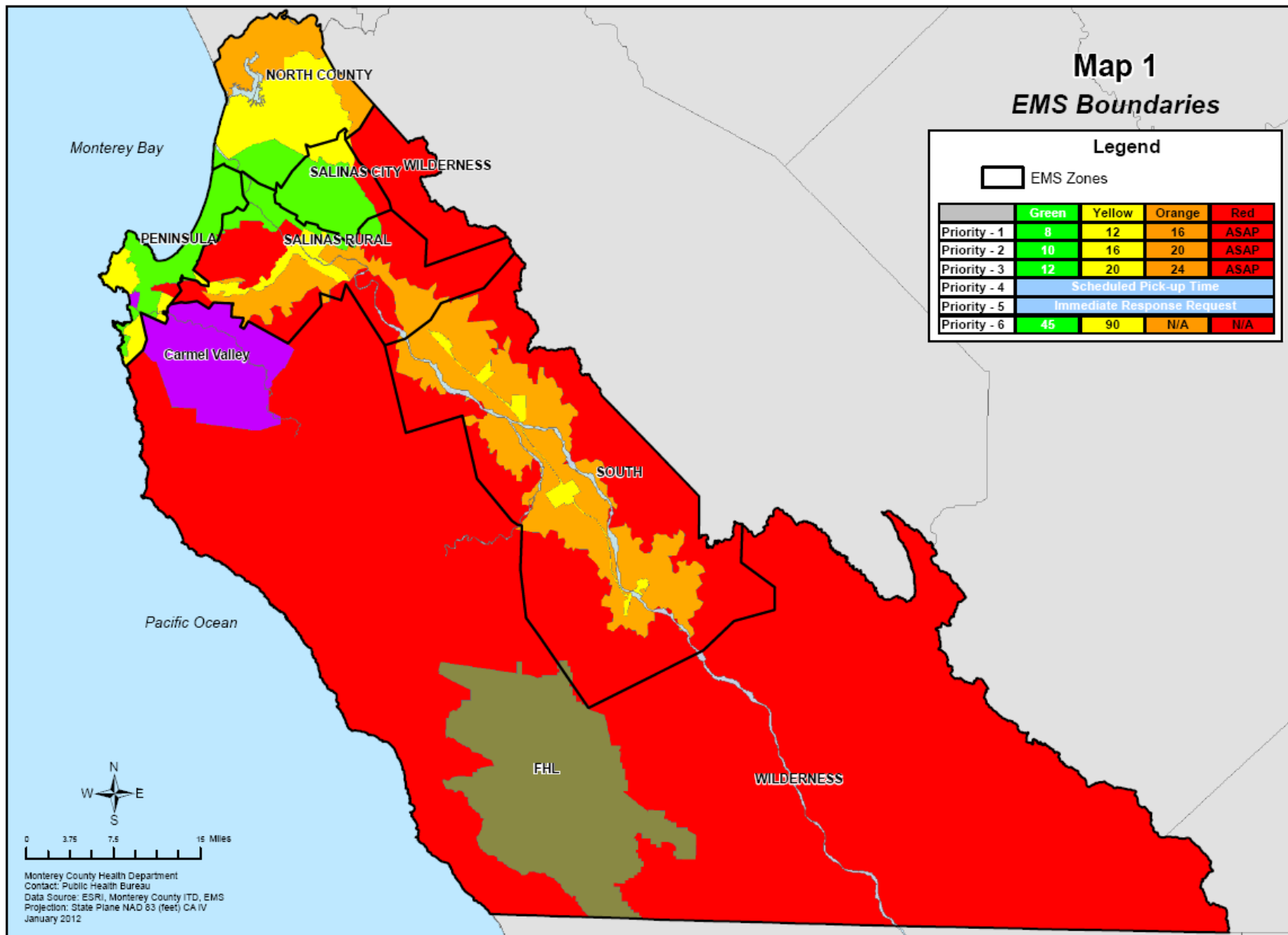
Training Institution Name/Address:	<b>Hartnell College 156 Homestead Avenue Salinas, CA 93901</b>
Contact Person telephone no.:	<b>Nursing Department (831) 770-6145</b>
Student Eligibility:	<b>Open</b>
Cost of Program (basic/refresher):	<b>Basic \$195 + books Refresher \$340 + book</b>
Program Level:	<b>EMT-I</b>
Number of students completing training per year:	
initial training:	<b>85</b>
refresher:	<b>0</b>
cont. education:	<b>None</b>
expiration date:	<b>Continuous</b>
Number of courses:	
initial training:	<b>5</b>
refresher:	<b>0</b>
cont. education:	<b>None</b>



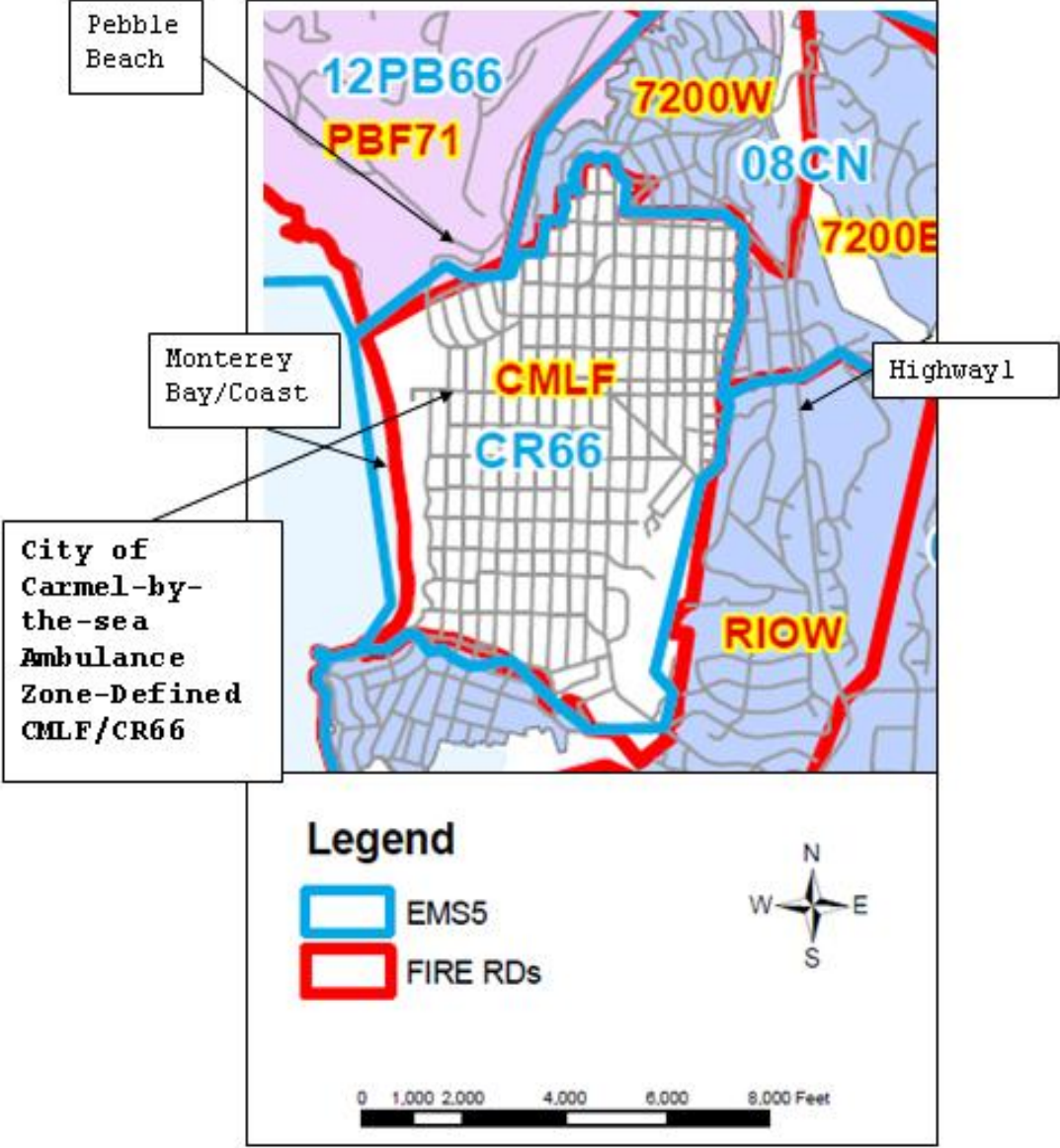
Training Institution Name/Address:	<b>Monterey Peninsula Unified School District - ROP 222 Casa Verde Monterey, CA 93940</b>
Contact Person telephone no.:	<b>(831) 373-4600</b>
Student Eligibility:	<b>Open</b>
Cost of Program (basic/refresher):	<b>Basic \$0 Refresher N/A</b>
Program Level:	<b>EMT-I</b>
Number of students completing training per year:	
initial training:	<b>27</b>
refresher:	<b>None</b>
cont. education:	<b>None</b>
expiration date:	<b>Continuous</b>
Number of courses:	
initial training:	<b>2</b>
refresher:	<b>None</b>
cont. education:	<b>None</b>

**TABLE 6: AMBULANCE ZONE SUMMARY**

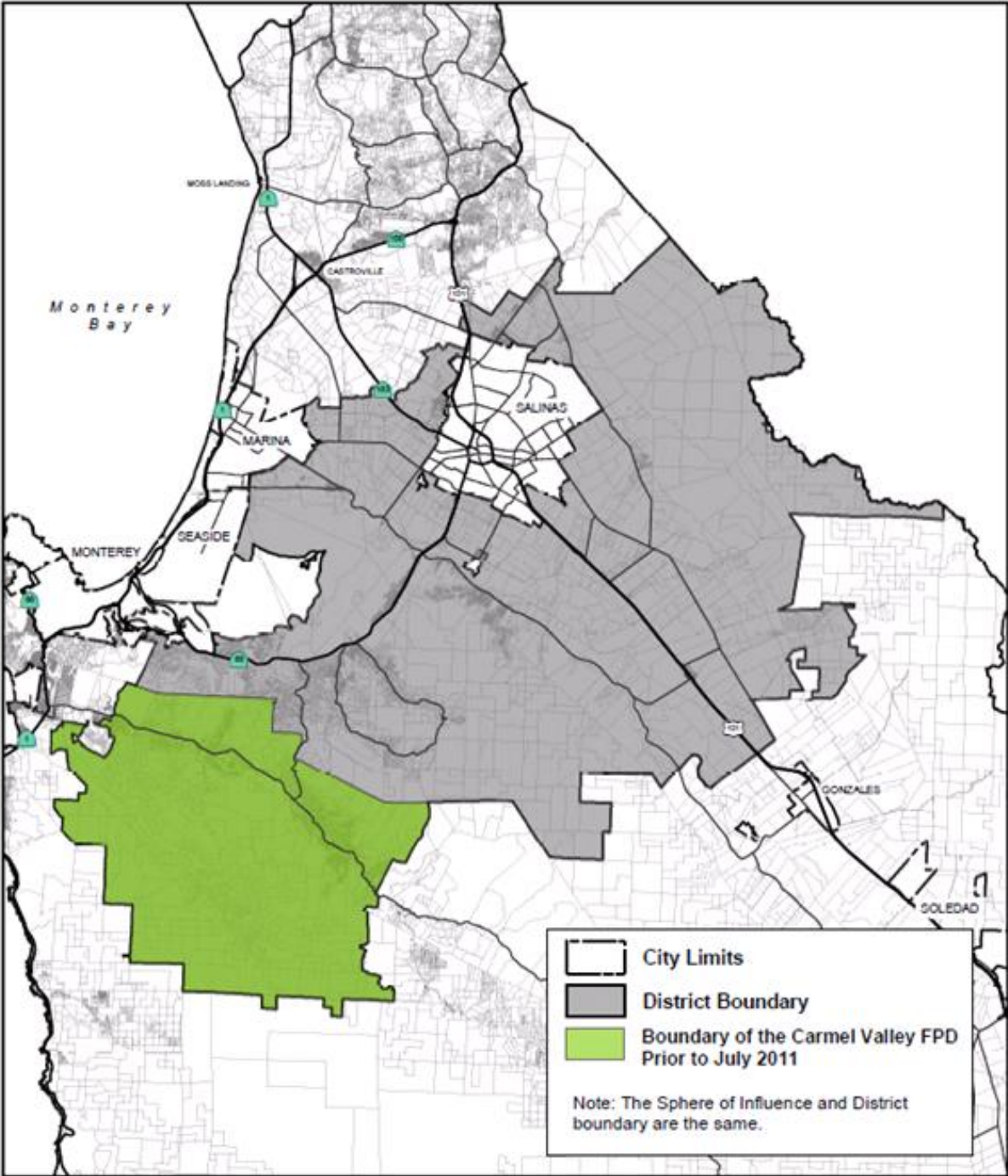
<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #1 Monterey County Exclusive Operating Area
<b>Name of Current Provider(s):</b> AMR-West
<b>Area or Subarea (Zone) Geographic Description:</b> The geographic and legal boundaries of Monterey County
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Exclusive via competitive process with Board approval
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> ALS Emergency Ambulance
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> Monterey County has established an Exclusive Operating Area (EOA) that encompasses the geographic area defined as Monterey County (border-to-border). Within the geographic limits of the County, certain federal property, the City of Carmel, and the Carmel Valley Fire Protection District (Carmel Regional Fire Ambulance) are exempted or carved from the EOA. The EOA provider is selected by competitive bid process. Last competitive bid was completed in 2009; implemented January 31, 2010.



<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #2 Carmel by the Sea
<b>Name of Current Provider(s):</b> Carmel Fire Ambulance (CFA) Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
<b>Area or Subarea (Zone) Geographic Description:</b> City of Carmel by the Sea
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS Emergency Ambulance
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



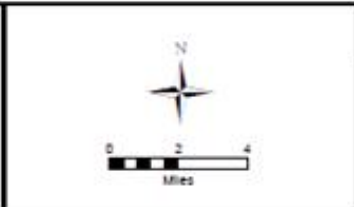
<b>Local EMS Agency or County Name:</b> Monterey County EMS Agency
<b>Area or Subarea (Zone) Name or Title:</b> #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
<b>Name of Current Provider(s):</b> Monterey County Regional Fire Protection District (MCRFD) Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
<b>Area or Subarea (Zone) Geographic Description:</b> East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
<b>Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]):</b> Include intent of local EMS agency and board action. Non-exclusive
<b>Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]):</b> Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (e.g., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). ALS Emergency Ambulance
<b>Method to achieve exclusivity, if applicable (HS 1797.224):</b> If <u>grandfathered</u> , 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 <u>competitively-determined</u> , method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.  N/A



**LAFCO of Monterey County**  
 LOCAL AGENCY FORMATION COMMISSION

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**FIRE PROTECTION DISTRICTS**

**MONTEREY COUNTY REGIONAL  
 FIRE PROTECTION DISTRICT**

Map Produced on 12/16/2011

## **TABLE 7: Trauma System Status Report (2011)**

### **Trauma System Summary:**

Currently, the County system of care for trauma patients is to air transport the majority of trauma patients to Santa Clara County Trauma Centers. Mechanic-Anatomic-Physiologic (MAP) triage criteria (algorithm) are used within Monterey County to determine injury severity and when the patient meets MAP criteria, a helicopter is dispatched and patients are transported to Santa Clara County.

Monterey County EMS seeks to improve the care provided to trauma patients in its service area through an inclusive trauma care system. The proposed system design is:

- The designation of a Level II Trauma Center.
- Patients meeting field triage criteria will be transported to a Level II Trauma Center in county when possible;
- Appropriate patients will be transported to a designated pediatric Trauma Center in another county;
- A quality improvement process will be established which includes appropriate stakeholders;
- Training will be provided for prehospital and hospital personnel regarding the changes to system policies including field trauma triage and hospital destination;
- Appropriate policies will be adopted for implementation and operation of the system; and,
- Trauma patients within 45 minutes (via ground or air) of the Monterey County Level II Trauma Center will be transported directly to that facility. All other patients will be transported to the destination determined by the Level II Trauma Center.

### **Changes in Trauma System:**

In 2011, the updated County Trauma plan was submitted and approved by the EMS Authority in September. The trauma plan calls for designation of a single Level II Trauma Center, the 4 hospitals in Monterey County were surveyed to determine interest in becoming the designated facility with 2 of the hospitals indicating a desire to pursue Level II Trauma Center designation. Due to multiple hospital interest, the Agency is in development of a Request for Qualifications (RFQ) to determine the most appropriate hospital for designation.

### **Number and designation Level of Trauma Centers:**

N/A



**Trauma System Goals and Objectives:**

Issue RFQ	May 16, 2012
Proposal Submittal Deadline	January 16, 2013
Independent Review Panel Facility Review	February 2013
Establishment of MOU	April 15, 2013
Designation	June 5, 2014
Trauma System Start Up	July 1, 2014

**Changes to Implementation Schedule:**

Implementation schedule had not been previously established.

**System Performance Improvement:**

N/A

**Progress on Addressing EMS Authority Trauma System Plan Comments:**

All recommendations were noted upon receipt of approval letter, dated September 29, 2011, and will be implemented during the 14 month start-up' from determination to designation.

**Other Issues:**

Currently, one of the two hospitals that have expressed interest in pursuing Level II Trauma Center designation is also considering seeking an affiliation with another hospital or hospital system. The other hospital has proposed an affiliation, meaning should these two hospitals enter into a partnership/affiliation only a single proposal would be received however the logistics of designation could be complicated in determining facility requirements.