

Emergency Medical Services Agency



EMERGENCY MEDICAL SERVICES PLAN (Revised January 2018)

Board of Supervisors Board Order

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	Revised Manual (EMS Plan 2011); added Trauma Care System Update (Table 13)
2013-06-001	Revised Manual (EMS Plan 2012) and Tables 2 through 13.
2014-10-001	Revised Manual (EMS Plan 2013) and Tables 2 through 13.
2016-12-27	Updated Executive Summary; Table 2 – System Resources and Operations, specifically FY 15/16 budget and staffing information; Table 3- Personnel/Training, current EMS personnel certified and accredited with the EMS Agency and number of reviews performed; Table 4- System Resources and Operations – Communications; Table 6- System Resources Directory – Facilities/Critical Care; Table 7- Resource Directory - Disaster Medical; Table 8- Resource Directory, showing 2016 responses and transports; Table 9- Resources Directory – Facilities; Table 10- Resources Directory - Approved Training Programs; Table 11- Resources Directory - EMS Dispatch Agency; and Table 13-Trauma System Report.
2017-12-21	Updated Executive Summary; Table 1 - System Organization and Management H. Disaster Medical Response 8.10; Routine updates to Table 2 through 13

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EMS Plan (2017) Executive Summary

This document is the 2017 revision of the Monterey County EMS Plan. Of the 122 standards identified by the California EMS Authority in the EMS System Planning Guidelines, there are only two (2) 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). These standards and their corresponding statuses are:

1. **Designation of Casualty Collection Points (8.11):** During 2018, the Monterey County EMS Agency will begin comprehensively revising its multi-casualty incident (MCI) and disaster medical management plans and program. This program will be modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites. Progress on this standard was delayed due to staffing shortages.

2. **Establishment of Casualty Collection Points (8.12):** During 2018, the Monterey County EMS Agency will begin comprehensively revising its multi-casualty incident (MCI) and disaster medical management plans and program. This program will be modeled after the successful MCI program used in OES Region IV. The Monterey County EMS multi-casualty incident (MCI) and disaster medical management program will include designating and establishing Casualty Collection Points (CCPs) and other government-sponsored designated treatment sites. Progress on this standard was delayed due to staffing shortages.

Since the Monterey County EMS Agency's last EMS Plan revision submission, the EMS Agency met one additional standard in the EMS System Planning Guidelines by joining the "California Mutual Aid Region II Intra-Region Cooperative Agreement for Medical and Health Disaster Assistance".

1. **Agreements for Medical Mutual Aid (8.10):** The Monterey County EMS Agency executed the California Mutual Aid Region II Intra-Region Cooperative Agreement for Medical and Health Disaster Assistance" on December 12, 2017.

The balance of this executive summary identifies a brief overview of the changes that have occurred within the Monterey County Agency, Monterey County EMS System, identified needs, and proposed program solutions.

Section A – System Organization and Management: During the past 12 months, the EMS Agency hired two additional EMS Analysts in late summer and early fall 2017.

In December, 2017, the EMS Agency revised our goals for the next 3 years to include: (1) To transition to a quality improvement and data-based EMS System; (2) To implement electronic patient care reporting among all EMS communications centers, first responders, ambulance providers, and hospitals; (3) To assess and redesign the Monterey County EMS System, consistent with the Triple Aim; (4) To prepare and conduct a competitive process that will ensure the provisions of 911 emergency ambulance services; (5) To develop robust multi-

casualty incident and medical disaster capabilities; (6) To systematically and regularly review and revise the EMS System policies, procedures, and protocols; (7) To communicate the EMS Agency's programs, activities, and services to EMS stakeholders; (8) To strengthen the EMS Agency's staffing and infrastructure to fulfill state statutory and regulatory responsibilities and local legislative and policy-based responsibilities.

Section B – Staffing and Training:

The EMS Agency has tentatively authorized the City of Monterey Fire Department to change their first response service level from EMT to paramedic; providing that department meets service level change requirements. The EMS Agency expects to determine whether the City of Monterey Fire Department meets those requirements and execute a paramedic service provider agreement in March 2018. The City of Monterey Fire Department plans to roll out paramedic service in 2018 at a single station and adding paramedic service to additional stations over time.

Staffing at the EMS Agency increased in 2017 with the addition of two EMS Analysts which has enabled the EMS Agency to meet its statutory and regulatory requirements for EMS system leadership, planning, regulation and coordination.

The EMS Agency suspended and subsequently revoked approval of one EMS CE provider for failure to comply with requirements found in California Code of Regulations, Title 22.

The EMS Agency continues to allocate County Service Area 74 (CSA 74) funds to local cities and special districts for the provision of EMS training and equipment.

Section C – Communications: The Monterey County EMS Communications System Plan continues to operate and meet the standards set in the California EMS Authority's EMS System Planning Guidelines. The Monterey County EMS Agency continues working with our County Communications Department and County Radio Department to integrate the EMS Communications Systems into the Monterey County Next Generation (NexGEN) network. This integration would transition the EMS Communications System from conventional VHF and UHF analog systems to a hybrid VHF and UHF analog and 700 MHz digital communication system. In addition to this, the Monterey County Emergency Medical Services Communications Systems Plan will be updated in 2018.

Section D – Response and Transportation: Paramedic ambulance service within the Monterey County EOA continues to be provided through a contract with American Medical Response (AMR). This contract was effective February 1, 2010 and ran through January 31, 2015. Through a series of one year extensions, the contract now expires on January 31, 2020.

The EMS Agency has begun a competitive process to select a contractor to provide paramedic ambulance services within this exclusive operating area. This competitive process has three phases; Phase 1-EMS System Assessment, Phase 2-EMS System Strategic Planning and finally Phase 3-development, issuance and awarding of the RFP. Phase 1 was completed in January 2018, with the completion and release of the EMS System Assessment Report. The EMS Agency anticipates completing Phase 2- EMS System Strategic Plan by March 2018. The EMS Agency expects to create an RFP have the RFP approved by the EMS Authority, release and award the RFP no later than February, 2019.

Section E – Facilities and Critical Care:

The EMS Agency designated Natividad Medical Center as the County's Level II Trauma Center in late 2014. The Natividad Trauma Center began operations on January 5, 2015. On July 25 and 26, 2016, the American College of Surgeon's Committee on Trauma (ACS COT) sent representatives to Natividad Medical Center to conduct a consultative site visit. The EMS

Agency looks forward to the ACS COT designation site visit of the Natividad Trauma Center, which is anticipated to occur in the autumn of 2018. Natividad Medical Center participates in the Trauma One Trauma Registry.

The EMS Agency is refining data collection processes to ensure that patients in the trauma registry meet CDC field trauma triage criteria. This has resulted in a lower number of trauma patents in our trauma registry than reported previously; but confidence in the appropriateness of the accuracy of the data is high. The EMS Agency continues to maintain written agreements with all four acute-care hospitals in Monterey County, including Community Hospital of the Monterey Peninsula (CHOMP), Natividad Medical Center (NMC), and Salinas Valley Memorial Health Care System (SVMH), which 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); in 2012, CHOMP and SVMHS were designated as Stroke Centers. There are no pediatric emergency medical/critical care system plans being proposed or established.

Section F – Data Collection and System Evaluation: All ALS first responders and transport providers currently use NEMSIS 3.x electronic data systems. Other first response agencies maintain paper records of varying quality and specificity. The EMS Agency submits electronic data annually to support the EMS Authority’s Core Measures project.

During the past year, the EMS Agency has continued to lead an EMS System-wide collaborative process to implement a single countywide EMS data system, including a common electronic patient care report. In early 2017, the Agency executed a contract with ESO Solutions to begin implementing this data system. Integrating sixteen EMS provider agencies, four hospitals, two dispatch centers, and the EMS Agency has been a challenging process but steady progress has been made over the past year. A data sharing agreement was created and is in the process of being reviewed and approved by the various stakeholders as this report is written. End-user training on the system is anticipated to take place early in 2018, with a revised “go live” date of July 1, 2018. This system will provide electronic information integration using CEMSIS/NEMSIS standards and SAFER capabilities among dispatch centers (CADs), all first responders (including getting BLS data for the first time), ambulance provider agencies, and hospitals. The data system may also be integrated with the local HIE.

Concurrently with the development of a system-wide ePCR/data system, the EMS Agency implemented a system-wide quality improvement (QI) program to ensure that all EMS stakeholders, including hospitals, have QI programs that are consistent with the EMS Agency’s QI program and that comply with the California Code of Regulations, Title 22, Chapter 12. The EMS Agency’s QI Plan was approved by the EMSA on August 10, 2016 and reapproved on September 29, 2017. The EMS Agency provided system-wide training, including “Just Culture” training, and plans were submitted by provider agencies and hospitals for review and approval.

Taken together, the EMS Agency’s initiatives in providing a single county-wide data system, and a more robust quality improvement program will enhance the EMS system’s ability to mature and evolve effectively.

Section G – Public Information and Education: The primary EMS provider (AMR) continued their public community outreach programs but at a reduced level due to staffing issues. AMR continues to provide EMT Skills Verification for EMT recertification for those EMT’s who are not affiliated with an EMS service provider.

Section H – Disaster Medical Response: Due to ongoing staffing challenges, the EMS Agency was not able to begin a significant effort to improve the EMS systems' capability to respond to MCIs (mass casualty incidents), and disasters. An EMS Analyst has now been assigned to MCI planning and disaster preparedness, which will begin in 2018. The effort will include revising MCI plans to include patient distribution within and without Monterey County, full integration of Medical/Health Operational Coordinator (MHOAC) responsibilities into those plans and others, developing physical and virtual infrastructures for command, control, and coordination capabilities to support medical disaster management, providing training to all relevant stakeholders, and the continuing or regular exercises to test and evaluate current capabilities and preparedness.

Daily testing of EMResource and the 800 MHz radio system started in 2017. These systems will be an important part of communications during large events and disasters. Policies were developed to memorialize this testing and other related disaster communications issues. EMS Agency staff participated in the planning and execution of several exercises, including ED "surge" and active shooter exercises. A Medical/Health Coordination Center (MHCC) is in the process of being developed at the EMS Agency; that center will provide several hi-tech tools for real-time situational awareness and communications. In addition, EMS staff will continue to coordinate planning and response efforts with Public Health Emergency Preparedness staff. The two agencies worked together effectively on several events over the past year, including sharing staffing at the County Emergency Operations Center, and on health-related events such as disease outbreaks. The EMS Agency sent two staff to the Napa and Sonoma County EOCs during the fall 2017 wildfires in those counties.

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

STANDARDS SUMMARY (MATRIX)

A. SYSTEM ORGANIZATION AND MANAGEMENT

Agency Administration	Does not meet Standard	Meets Minimum Standard
1.01 Local EMS Agency Structure		X
1.02 Local EMS Agency Mission		X
1.03 Public Input		X
1.04 Medical Director		X
Planning Activities	Does not meet Standard	Meets Minimum Standard
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
Regulatory Activities	Does not meet Standard	Meets Minimum Standard
1.12 Review & Monitoring		X
1.13 Coordination		X
1.14 Policy & Procedures Manual		X
1.15 Compliance w/Policies		X
System Finances	Does not meet Standard	Meets Minimum Standard
1.16 Funding Mechanism		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Medical Direction	Does not meet Standard	Meets Minimum Standard
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
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
1.24 Advanced Life Support Systems		X
1.25 On-Line Medical Direction		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
1.26 Trauma System Plan		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
1.27 Pediatric System Plan		N/A
Enhanced Level: Exclusive Operating Areas	Does not meet Standard	Meets Minimum Standard
1.28 Exclusive Operating Area Plan		X

B. STAFFING/TRAINING

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

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

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

C. COMMUNICATIONS

Communications Equipment	Does not meet Standard	Meets Minimum Standard
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
Public Access	Does not meet Standard	Meets Minimum Standard
3.07 9-1-1 Planning/Coordination		X
3.08 9-1-1 Public Education		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Resource Management	Does not meet Standard	Meets Minimum Standard
3.09 Dispatch Triage		X
3.10 Integrated Dispatch		X

D. RESPONSE/TRANSPORTATION

Universal Level	Does not meet Standard	Meets Minimum Standard
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
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
4.16 Advanced Life Support Staffing		X
4.17 Advanced Life Support Equipment		X
Enhanced Level: Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
4.18 Compliance		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT

Enhanced Level: Exclusive Operating Permits	Does not meet Standard	Meets Minimum Standard
4.19 Transportation Plan		X
4.20 Grandfathering		X
4.21 Compliance		X
4.22 Evaluation		X

E. FACILITIES/CRITICAL CARE

Universal Level	Does not meet Standard	Meets Minimum Standard
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
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
5.07 Base Hospital Designation		X
Enhanced Level: Trauma Care System	Does not meet Standard	Meets Minimum Standard
5.08 Trauma System Design		X
5.09 Public Input		X
Enhanced Level: Pediatric Emergency Medical and Critical Care System	Does not meet Standard	Meets Minimum Standard
5.10 Pediatric System Design		N/A
5.11 Emergency Departments		N/A
5.12 Public Input		N/A
Enhanced Level: Other Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
5.13 Specialty System Design		X
5.14 Public Input		X

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT
F. DATA COLLECTION/SYSTEM EVALUATION

Universal Level		Does not meet Standard	Meets Minimum Standard
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
Enhanced Level: Advanced Life Support		Does not meet Standard	Meets Minimum Standard
6.09	Advanced Life Support Audit		X
Enhanced Level: Trauma Care System		Does not meet Standard	Meets Minimum Standard
6.10	Trauma System Evaluation		X
6.11	Trauma Center Data		N/A

G. PUBLIC INFORMATION AND EDUCATION

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

TABLE 1- SYSTEM ORGANIZATION AND MANAGEMENT
H. DISASTER MEDICAL RESPONSE

Universal Level	Does not meet Standard	Meets Minimum Standard
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
Enhanced Level: Advanced Life Support	Does not meet Standard	Meets Minimum Standard
8.17 Advanced Life Support Policies		X
Enhanced Level: Specialty Care Systems	Does not meet Standard	Meets Minimum Standard
8.18 Specialty Center Roles		X
Enhanced Level: Exclusive Operating Areas/Ambulance Regulation	Does not meet Standard	Meets Minimum Standard
8.19 Waiving Exclusivity		X

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**TABLE 2: SYSTEM RESOURCES & OPERATIONS – Organization/Management**

Reporting Year: Fiscal Year 2016-2017

County: **Monterey**

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 (Elsa Jimenez)
4. Indicate the non-required functions that are performed by the agency:

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

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS**5. EXPENSES (FY 16/17)**

Salaries and benefits (All but contract personnel)	\$849,571
Contract Services (e.g., medical director)	\$138,666
Operations (e.g., copying, postage, facilities)	\$47,508
Travel	\$11,934
Fixed assets	N/A
Indirect expenses (overhead)	\$195,343
Ambulance subsidy	N/A
EMS Fund payments to physicians/hospitals	0
Dispatch center operations (non-staff)	0
Training program operations	0
Other:	N/A
TOTAL EXPENSES	\$1,613,021

6. SOURCES OF REVENUE

Special project grant(s) from EMSA	0
Preventive Health and Health Services Block Grant	0
Office of Traffic Safety	0
State general fund	0
County general fund	\$38,877
Other local tax funds (e.g., EMS district) – CSA74 Fund, Maddy, County contracts (e.g., multi-county agencies)	\$1,210,120 0
Certification fees	0
Training program approval fees	0
Training program tuition/average daily attendance funds (ADA)	0
Job Training Partnership Act (JTPA) funds/other payments	0
Base hospital application fees	0
Base hospital designation fees	0

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

Trauma center application fees	0
Trauma center designation fees	\$125,000
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/ <i>vehicle</i> fee	0
Contributions	0
EMS Fund (SB 12/612)	\$
Other grants	0
Other fees	0
Other: misc (penalty fees)	\$0
Other: state reimbursements	0
TOTAL REVENUE	\$1,613,021

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

7. **FEE STRUCTURE (FY-16/17)**

We do not charge any fees: **FALSE**

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

TABLE 2 - SYSTEM RESOURCES AND OPERATIONS

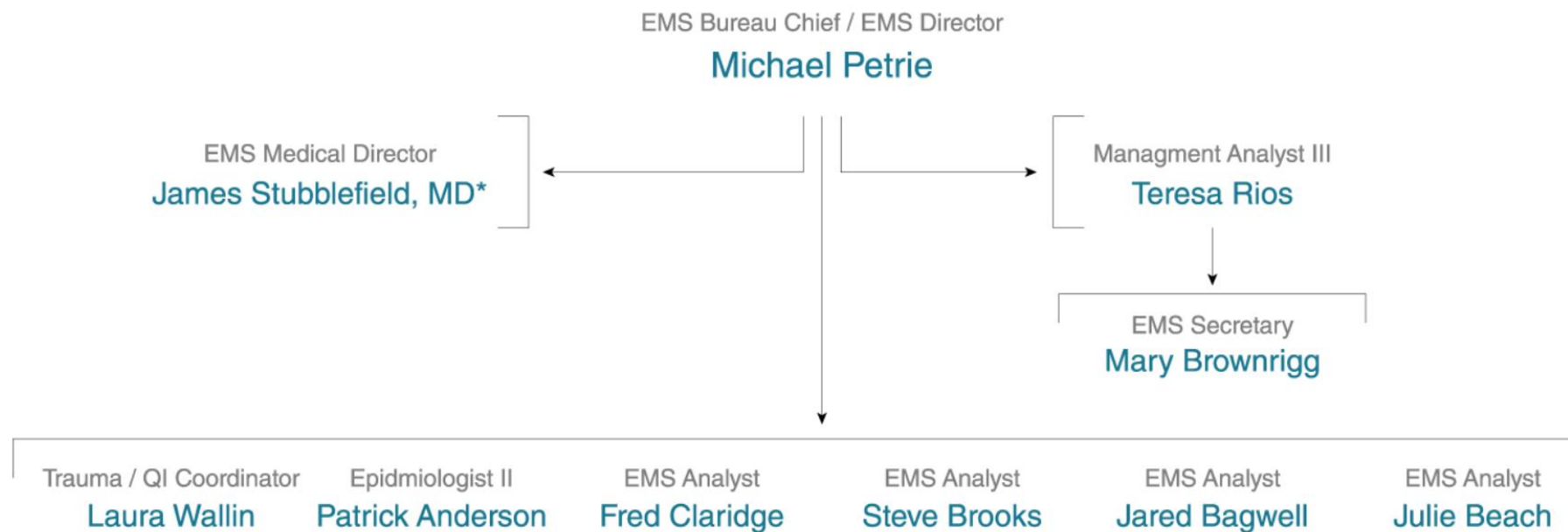
EMT-P accreditation	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	0
MICN/ARN recertification	0
EMT-I training program approval	0
EMT-II training program approval	0
EMT-P training program approval	0
Base hospital application	0
Base hospital designation	0
Trauma center application	0
Trauma center designation	\$125,000
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	0

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	EMS Bureau Chief	1.0	66.97	33.63%	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMS Analyst Management Analyst III	4.0 1.0	43.64 47.03	33.63% 33.63%	
Trauma Coordinator	Health Program Coordinator	1.0	49.62	33.63%	
Epidemiologist	Epidemiologist II	1.0	42.72	33.63%	
Medical Director	Medical Director	0.2	186.29	Contracted	
Executive Secretary	Secretary	1.0	23.54	33.63%	

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 (below).

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training



* EMS Medical Director is contracted

TABLE 3 - SYSTEM RESOURCES AND OPERATIONS – Personnel/Training**TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training**

Reporting Year: Calendar Year 2017

County: **Monterey**

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	713	N/A		N/A
Number newly certified this year	81	N/A		N/A
Number recertified this year	203	N/A		N/A
Total number of accredited personnel on January 1 of the reporting year	N/A	N/A	181	N/A
Number of certification reviews resulting in:				
a) formal investigations	12	N/A		N/A
b) probation	1	N/A		N/A
c) suspensions	0	N/A		N/A
d) revocations	0	N/A		N/A
e) denials	1	N/A		N/A
f) denials of renewal	0	N/A		N/A
g) no action taken	10	N/A	N/A	N/A

1. Early defibrillation:

a) Number of EMT-I (defib) certified: Unknown

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

2. Do you have a first-responder training program? **Yes** Administered by respective public safety/parent agencies.

TABLE 4 - SYSTEM RESOURCES AND OPERATIONS – Communications**TABLE 4: SYSTEM RESOURCES & OPERATIONS - Communications**

Reporting Year: Calendar Year 2017

County: **Monterey**

1. Number of Primary Public Service Answering Point (PSAP): 5
 - a. Monterey County Emergency Communications Center (9-1-1)
 - b. California Highway Patrol – Monterey
 - c. City of Carmel
 - d. Ft. Hunter Liggett
 - e. Presidio of Monterey (POM)
2. Number of secondary PSAPs: 1
 - a. CALFIRE Emergency Communications Center – Monterey
3. Number of dispatch centers directly dispatching ambulance: 1
4. Number of EMS dispatch centers utilizing EMS guidelines: 1
5. Number of designated dispatch centers for EMS aircraft: 2
6. Who is your primary dispatch agency for day-to-day emergencies? Monterey County Emergency Communications Center (9-1-1)
7. Who is your primary dispatch agency for a disaster? Monterey County Emergency Communications Center (9-1-1)
8. Do you have an operational area disaster communication system? Yes
 - a. Radio primary frequency: 458.4/453.4 467.950/462.950, 467.975/462.975
 - b. Other methods: EMResource, TENS, EAS, CAHAN, Faxes, Internet Text Messages, Cell, Commercial Satellite Phones, etc.
 - c. Can all medical response units communicate on the same disaster communications system? Yes
 - d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes
 - e. Do you have a plan to utilize Radio Amateur Civil Emergency System (RACES) as a back-up communications system? Yes
 - 1) Within the operational area? Yes
 - 2) Between operational area and the region and/or state? Yes

TABLE 5 - SYSTEM RESOURCES AND OPERATIONS – Response/Transportation**TABLE 5: SYSTEM RESOURCES & OPERATIONS - Response/Transportation**

Reporting Year: Calendar Year 2017

County: **Monterey****Early Defibrillation Providers**

1. Number of EMT-Defibrillation provider: 17

SYSTEM STANDARD RESPONSE TIMES* (90TH PERCENTILE)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	N/A	N/A	N/A	N/A
Early defibrillation responder	N/A	N/A	N/A	N/A
Advanced life support responder	N/A	N/A	N/A	N/A
Transport Ambulance	8 minutes	12 minutes	ASAP	N/A

TABLE 6 - SYSTEM RESOURCES AND OPERATIONS – Facilities/Critical Care**TABLE 6: SYSTEM RESOURCES DIRECTORY - Facilities/Critical Care**

Reporting Year:

County: **Monterey**

Trauma patients:

- Number of patients meeting trauma triage criteria: 2,105
- Number of major trauma victims transported directly to a trauma center by ambulance: 726
- Number of major trauma patients transferred to a trauma center: 35
- Number of patients meeting triage criteria who weren't treated at a trauma center: 997

Emergency Departments:

- Total number of emergency departments: 4
- Number of referral emergency services: 0
- Number of standby emergency services: 0
- Number of basic emergency services: 4
- Number of comprehensive emergency services: 0

Receiving Hospitals:

- Number of receiving hospitals with written agreements: 4
- Number of base hospitals with written agreements: 3

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical**TABLE 7: SYSTEM RESOURCES DIRECTORY - Disaster Medical**

Reporting Year: 2017

County: **Monterey****SYSTEM RESOURCES**

1. Casualty Collections Points (CCP) – Replaced by Field Treatment Sites (FTS) and Alternate Care Sites (ACS)...see 8.11 and 8.12

- a. Where are your CCPs located? N/A Major MCI planning to commence in 2017

- b. How are they staffed? N/A

- c. Do you have a supply system for supporting them for 72 hours? N/A

2. CISD

Do you have a CISD provider with 24-hour capability? Yes

3. Medical Response Team

- a. Do you have any team medical response capability? No

- b. For each team, are they incorporated into your local response plan: N/A

- c. Are they available for statewide response? N/A

- d. Are they part of a formal out-of-state response system? N/A

4. Hazardous Materials

- a. Do you have any HazMat trained medical response teams? Yes

- b. At what HazMat level are they trained? Level A (Highest)

- c. Do you have the ability to do decontamination in an emergency room? Yes

- d. Do you have the ability to do decontamination in the field? Yes

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? Yes
2. What is the maximum number of local jurisdiction EOCs you will need to interact with, in a disaster? 12 Cities plus approximately 20 special districts/agencies

TABLE 7 - SYSTEM RESOURCES AND OPERATIONS – Disaster Medical

3. Have you tested your MCI Plan this year in a:
 - a. Real event? No
 - b. Exercise? Yes
4. List all counties with which you have a written medical mutual aid agreement. The Monterey County EMS Agency executed the California Mutual Aid Region II Intra-Region Cooperative Agreement for Medical and Health Disaster Assistance” on December 12, 2017.
5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? Yes, all ALS Base Hospitals have signed agreements with the EMS Agency. In these agreements, it stipulates that they will follow all EMS Agency policy. These polies require participation in disaster planning exercises.
6. Do you have formal agreements with community clinics in your operational area to participate in disaster planning and response? No
7. Are you part of a multi-county EMS system for disaster response? No
8. Are you a separate department or agency? No
9. If not, to whom do you report? Monterey County Health Department
10. 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? N/A

TABLE 8: RESOURCES DIRECTORY - Response/Transportation Providers (2017)

#	EMS System Provider (Agency)	Address	Number of Ambulances	Total Ambulances (Number) in Fleet	Daily Average Ambulances (Number) at Noon	Total Responses (FY 2016-17)	Number Emergency Responses (FY 2016-17)	Number Non Emergency Responses (FY 2016-17)	Total Transports (FY 2016-17)	Number Emergency Transports (FY 2016-17)	Number Non Emergency Transports (FY 2016-17)
1	American Medical Response (AMR)*	2511 Garden Rd Ste A140, Monterey, 93940	19	31	19	34,162			23,346		
2	Big Sur Volunteer Fire Brigade	PO Box 520, Big Sur, 93920	0	0	0						
3	Cachagua Fire Protection District	PO Box 2090, Carmel Valley, 93924	0	0	0						
4	CALFIRE (Aromas)	2221 Garden Road, Monterey, 93940	0	0	0						
5	CALFIRE (Carmel Highlands)	2221 Garden Road, Monterey, 93940	0	0	0						
6	CALFIRE (Cypress)	2221 Garden Road, Monterey, 93940	0	0	0						
7	CALFIRE (Pebble Beach)	3101 Forrest Lake Road, Pebble Beach, 93953	0	0	0						
8	CALFIRE (Soledad)	2221 Garden Road, Monterey, 93940	0	0	0						
9	CALFIRE (South Monterey County)	2221 Garden Road, Monterey, 93940	0	0	0						
10	CALSTAR*	4933 Bailey Loop, McClellan, 95652	5	8	5	223			73		
11	Camp Roberts Fire	Headquarters Camp Roberts, HWY 101, Building 4050,	0	0	0						
12	CHP (Air)- Paso Robles*	5020 Wing Way, Paso Robles, 93446	1	1	1	6			5		
13	City of Carmel Ambulance*	Box CC, Carmel, 93921	1	2	1	1,066			755		
14	City of Marina Fire Department	211 Hillcrest Avenue, Marina, 93933	0	0	0						
15	City of Monterey Fire Department/Contracts	610 Pacific Street, Monterey, 93940	0	0	0						
16	City of Salinas Fire Department	65 W. Alisal Street, Suite 210, Salinas, 93901	0	0	0						
17	City of Seaside Fire Department	1635 Broadway, Seaside, 93955	0	0	0						
18	Department of Corrections (Soledad)	Soledad, 93960	0	0	0						
19	Fort Hunter-Liggett Fire*	T-120 Infantry Road, Jolon, 93928	2	2	2						
20	Gonzales Volunteer FD	PO Box 647, Gonzales, 93926	0	0	0						
21	Greenfield Volunteer FD	380 Oak Avenue, Greenfield, 93927	0	0	0						
22	King City Volunteer Fire Department	P.O. Box 2550, King City, 93930	0	0	0						
23	Mercy Air*	Building TR321 Aviation Ave, Fort Hunter Liggett, 93928	1	2	1	60			55		
24	Mid Coast Fire Brigade	38841 Palo Colorado Road, Carmel 93923	0	0	0						
25	Monterey County Parks Department	2610 San Antonio Road, Bradley, 93426	0	0	0						
26	Monterey County Regional Fire District*	19900 Portola Drive, Salinas, 93908	4	4	1	2,038			929		
27	North County Fire Protection District	11200 Speegle Street, Castroville, 95012	0	0	0						
28	Presidio of Monterey Fire Department	4400 Gen. Jim Moore Blvd. Seaside, 93955	0	0	0						
Totals			33	50	30	37,555	0	0	25,163	0	0

Note 1: City of Monterey Fire Department provides service to the cities of Carmel, Pacific Grove, Sand, and Monterey, the Monterey Airport, and Naval Postgraduate School.

Note 2: City of Seaside Fire Department provides service to the cities of Seaside and Del Rey Oaks.

County: MONTEREY-01

Provider: American Medical Response - West

Address: 2511 Garden Rd., Monterey, CA 93940

Phone #: (831) 718-9555

Response Zone: See Table 11

Number of Ambulances: 19

Number of Ambulance Vehicles in Fleet: 31

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 19

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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

34,162 Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

Transporting Agencies

23,346 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

County: <u>MONTEREY-02</u>	Response Zone: <u>Big Sur Coast (Hwy 1 Mile Marker 58.3-SLO county line)</u>
Provider: <u>Big Sur Volunteer Fire Brigade</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 520, Big Sur, 93920</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 667-2113</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-03

Provider: Cachagua Fire Protection District

Address: PO Box 2090, Carmel Valley, 93924

Phone #: (831) 659-7700

Response Zone: Cachagua FPD

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-04

Provider: Aromas Tri-County Fire Protection District

Address: 2221 Garden Road, Monterey, 93940

Phone #: (831) 333-2600

Response Zone: Tri-County FPD

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-05

Response Zone:

Carmel Highlands FPDCarmel Highlands Fire Protection District
Provider: (CALFIRE Contracted)

Number of Ambulances:

NoneAddress: 2221 Garden Road, Monterey, 93940

Number of Ambulance Vehicles in Fleet:

NonePhone #: (831) 333-2600Average Number of Ambulances
on Duty at 12:00 p.m. (noon) on
any Given Day:None

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-06 **Response Zone:** Cypress FPD
 Cypress Fire Protection District
Provider: (CALFIRE Contracted) **Number of Ambulances:** None
Address: 2221 Garden Road, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 333-2600 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-07
Provider: Pebble Beach Community Services
District (CALFIRE Contracted)
Address: 3101 Forrest Lake Road, Pebble Beach,
93953
Phone #: (831) 373-1274

Response Zone: Pebble Beach CSD
Number of Ambulances: None
Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-08

Provider: CALFIRE (City of Soledad)

Address: 2221 Garden Road, Monterey, 93940

Phone #: (831) 333-2600

Response Zone: City of Soledad

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-09

Provider: CALFIRE (South Monterey County)

Address: 2221 Garden Road, Monterey, 93940

Phone #: (831) 333-2600

Response Zone: SOMOCO District

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-10

Provider: CALSTAR

Address: 4922 Bailey Loop, McClellan, 95652

Phone #: (916) 921-4000

Response Zone: Monterey County

Number of Ambulances: 5 Responding to Monterey

Number of Ambulance Vehicles in Fleet: 8

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 8

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

223 Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

Transporting Agencies

73 Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

Air Ambulance Services

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-11

Provider: Camp Roberts Emergency Services

Address: Headquarters Camp Roberts, HWY 101,
Building 4050, Camp Roberts, 93451

Phone #: (805) 238-8220

Response Zone: Camp Roberts

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-12

Provider: California Highway Patrol (CHP-70)

Address: 5020 Wing Way, Paso Robles, 93446

Phone #: (805) 239-3553

Response Zone: Monterey County

Number of Ambulances: 1

Number of Ambulance Vehicles in Fleet: 1 Helicopter (CHP-70)

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ 6 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ 5 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

Unknown data for CHP – no response to inquiries]

County: MONTEREY-13

Provider: City of Carmel Ambulance

Address: Box CC, Carmel, 93921

Phone #: (831) 620-2000

Response Zone: Carmel-by-the-Sea

Number of Ambulances: 2

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: See Table 12	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<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

1,066 Total number of responses

 Number of emergency responses

 Number of non-emergency responses

Transporting Agencies

755 Total number of transports

 Number of emergency transports

 Number of non-emergency transports

 Total number of responses

 Number of emergency responses

 Number of non-emergency responses

Air Ambulance Services

 Total number of transports

 Number of emergency transports

 Number of non-emergency transports

County: MONTEREY-14

Provider: City of Marina Fire Department

Address: 211 Hillcrest Avenue, Marina, 93933

Phone #: (831) 884-1210

Response Zone: City of Marina

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-15 **Response Zone:** Cities of Monterey, Carmel, Sand, and Pacific Grove
 City of Monterey Fire Department
 (includes City of Carmel, Pacific Grove,
Provider: Sand City, Monterey Airport, and NPS) **Number of Ambulances:** None
Address: 610 Pacific Street, Monterey, 93940 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 646-3900 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-16
Provider: City of Salinas Fire Department
65 West Alisal Street; Suite 200, Salinas
Address: 93901

Phone #: (831) 758-7261

Response Zone: City of Salinas
Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: <u>MONTEREY-17</u>	Response Zone: <u>Cities of Seaside & Del Rey Oaks</u>
Provider: <u>City of Seaside Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>1635 Broadway Avenue, Seaside, 93955</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 899-6790</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-18

Provider: California Correctional Training Facility

Address: City of Soledad, 93960

Phone #: (831) 678-5922

Response Zone: State Prison

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Corrections	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-19

Provider: Fort Hunter-Liggett Fire Department

Address: T-120 Infantry Road, Jolon, 93928

Phone #: (831)386-2517

Response Zone: FHL US Army Garrison

Number of Ambulances: 2

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: <u>MONTEREY-20</u>	Response Zone: <u>Cities of Gonzales and Gonzales Rural Fire District</u>
Provider: <u>Gonzales Volunteer Fire Department</u>	Number of Ambulances: <u>None</u>
Address: <u>PO Box 647, Gonzales, 93926</u>	Number of Ambulance Vehicles in Fleet: <u>None</u>
Phone #: <u>(831) 675-5000</u>	Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: <u>None</u>

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-21Provider: Greenfield Volunteer Fire DepartmentAddress: 380 Oak Avenue, Greenfield, 93927Phone #: (831) 674-5484Response Zone: Cities of Greenfield and
Greenfield Rural Fire DistrictNumber of Ambulances: NoneNumber of Ambulance Vehicles in Fleet: NoneAverage Number of Ambulances
on Duty at 12:00 p.m. (noon) on
any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other Explain: Public Safety	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-22

Provider: King City Volunteer Fire Department

Address: P.O. Box 2550, King City, 93930

Phone #: (831) 385-3343

Response Zone: King City

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-23

Provider: Mercy Air Service

Address: 1670 Miro Way, Rialto, 92376

Phone #: (909) 829-7030

Response Zone: Monterey County

Number of Ambulances: 1

Number of Ambulance Vehicles in Fleet: 2

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 1

<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 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-24 **Response Zone:** Mid Coast
Provider: Mid Coast Fire Brigade **Number of Ambulances:** None
Address: 33841 Palo Colorado Canyon, 93923 **Number of Ambulance Vehicles in Fleet:** None
Phone #: (831) 624-8287 **Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day:** None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-25Provider: Monterey County ParksAddress: 2610 San Antonio Road, Bradley, 93426Phone #: (831) 472-2311Response Zone: Monterey County ParksNumber of Ambulances: NoneNumber of Ambulance Vehicles in Fleet: NoneAverage Number of Ambulances
on Duty at 12:00 p.m. (noon) on
any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

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

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

Air Ambulance Services

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

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

County: MONTEREY-26
Monterey County Regional Fire Protection
Provider: District/Carmel Valley Fire Ambulance
Address: 19900 Portola Drive, Salinas, 93908
Phone #: (831) 455-1828

Response Zone: See Table 12
Number of Ambulances: 4 (Type III Ambulances)
Number of Ambulance Vehicles in Fleet: 4
Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: 1 (1 dedicated 24/7; 3 cross-staffed with medic engine)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<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

2038 Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

929 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

County: MONTEREY-27

Provider: North County Fire Protection District

Address: 11200 Speegle Street, Castroville, 95012

Phone #: (831) 633-2578

Response Zone: North County Fire PD

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

County: MONTEREY-28

Provider: Presidio of Monterey Fire Department

Address: Bldg #4400 General Jim Moore Blvd,
Seaside, 93955

Phone #: (831) 242-7702

Response Zone: Presidio of Monterey

Number of Ambulances: None

Number of Ambulance Vehicles in Fleet: None

Average Number of Ambulances on Duty at 12:00 p.m. (noon) on any Given Day: None

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24/7</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> Air <input type="checkbox"/> Water	
<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fire District	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue

Transporting Agencies

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses

_____ Number of emergency responses

_____ Number of non-emergency responses

_____ Total number of transports

_____ Number of emergency transports

_____ Number of non-emergency transports

TABLE 9: FACILITIES**County:** Monterey**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Natividad Medical Center
 Address: 1441 Constitution Blvd
Salinas, CA 93906

Telephone Number: 831-755-4185

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency	<input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center ¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP ² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU ³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES**County:** Monterey**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Community Hospital of the Monterey Peninsula (CHOMP) Telephone Number: 831-624-5311

Address: 23625 Holman Highway

Monterey, CA 93940

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
x 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 Center ⁴ EDAP ⁵ PICU ⁶	<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>
x Yes <input type="checkbox"/> No	x Yes <input type="checkbox"/> No

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES**County:** Monterey**Note:** Complete information for each facility by county. Make copies as needed.

Facility: Salinas Valley Memorial Health Care System (SVMH) Telephone Number: 831-757-4333

Address: 450 E. Romie Lane

Salinas, CA 93901

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
x 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center ⁷ EDAP ⁸ PICU ⁹	<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>
x Yes <input type="checkbox"/> No	x Yes <input 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:** Monterey**Reporting Year:** 2017**Note:** Complete information for each facility by county. Make copies as needed.

Facility: George L. Mee Memorial Hospital
 Address: 300 Canal Street
King City, CA 93930

Telephone Number: 831-385-6000

<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 checked="" type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<u>Pediatric Critical Care Center¹⁰</u>	<u>EDAP¹¹</u>	<u>PICU¹²</u>	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
<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	<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

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*

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TABLE 10: APPROVED TRAINING PROGRAMSCounty: MontereyReporting Year: 2017**NOTE:** Table 10 is to be completed by county. Make copies to add pages as needed.

Training Institution:	Monterey Peninsula College		Telephone Number:	(831) 646- <u>1240</u>
Address:	<u>980 Fremont St.</u>			
	<u>Monterey, CA 93940</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:			
	Basic:	<u>\$391</u>	Number of students completing training per year:	
	Refresher:	<u>\$23</u>	Initial training:	<u>98</u>
		Refresher:		<u>15</u>
		Continuing Education:		<u>3</u>
		Expiration Date:		<u>8/31/2020</u>
		Number of courses:		
		Initial training:		<u>4</u>
		Refresher:		<u>1</u>
		Continuing Education:		<u>1</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: Monterey****Reporting Year: 2017**

Training Institution:	<u>Hartnell College</u>		Telephone Number:	<u>(831) 770-6146</u>
Address:	<u>411 Central Ave</u>			
	<u>Salinas, CA 93901</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:		Number of students completing training per year:	
	Basic:	<u>\$322</u>	Initial training:	<u>58</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>11/30/20</u>
				<u>20</u>
			Number of courses:	
			Initial training:	<u>3</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.

Training Institution:	<u>Monterey Peninsula Unified School District</u>		Telephone Number:	<u>(831) 392-3530</u>
Address:	<u>700 Pacific St.</u>			
	<u>Monterey, CA 93940</u>			
Student Eligibility*:	<u>General Public</u>	**Program Level	<u>EMT</u>	
	Cost of Program:		Number of students completing training per year:	
	Basic:	<u>N/A</u>	Initial training:	<u>15</u>
	Refresher:	<u>N/A</u>		
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>3/31/2020</u>

	Number of courses:	
	Initial training:	<u>1</u>
	Refresher:	<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: Monterey

Reporting Year: 2017

Training Institution:	<u>Monterey County Regional Fire District</u>		Telephone Number:	<u>(831) 455-1828</u>
Address:	<u>19900 Portola Dr.</u>			
	<u>Salinas, Ca 93908</u>			
Student Eligibility*:	<u>Restricted</u>	Cost of Program:	**Program Level	<u>EMR</u>
		Basic:	<u>N/A</u>	Number of students completing training per year:
		Refresher:	<u>N/A</u>	Initial training:
				<u>0</u>
			Refresher:	<u>0</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>5/31/2020</u>
			Number of courses:	
			Initial training:	<u>0</u>
			Refresher:	<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.

Training Institution:	<u>Medics For Life</u>		Telephone Number:	<u>(831) 601-2494</u>
Address:	<u>8022 San Miguel Canyon Rd</u>			
	<u>Prunedale, CA 93907</u>			
Student Eligibility*:	<u>General Public</u>	Cost of Program:	**Program Level	<u>EMR</u>
		Basic:	<u>\$300</u>	Number of students completing training per year:
		Refresher:	<u>\$85</u>	Initial training:
				<u>0</u>

Refresher:	<u>8</u>
Continuing Education:	<u>50</u>
Expiration Date:	<u>12/31/2020</u>
Number of courses:	
Initial training:	<u>0</u>
Refresher:	<u>1</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: Monterey

Reporting Year: 2017

Training Institution:		<u>Mid-Coast Fire Brigade</u>	Telephone Number:	<u>(831) 625-8175</u>
Address:	<u>38000 Palo Colorado Rd</u>			
	<u>Carmel, CA 93923</u>			
Student Eligibility*:	<u>Restricted</u>	Cost of Program:	**Program Level	<u>EMR</u>
		Basic: <u>N/A</u>	Number of students completing training per year:	
		Refresher: <u>N/A</u>	Initial training:	<u>0</u>
			Refresher:	<u>10</u>
			Continuing Education:	<u>0</u>
			Expiration Date:	<u>2/29/2020</u>
			Number of courses:	
			Initial training:	<u>0</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 11 – Resource Directory – EMS Dispatch Agency

Reporting Year: **Calendar Year 2017**

County: **Monterey**

Name: American Medical Response - Monterey

Address: 2511 Garden Road, Suite A140, Monterey, CA 93940 (Admin)
 34 Simas St, Salinas, CA 93901 (Operation/Deployment)

TABLE 11: RESOURCES DIRECTORY – EMS Dispatch Agency

Telephone Number: (831) 718-9562

Primary Contact: Florentino Arellano (AMR Operations Manager)

Written Contract: Yes

Ownership: Private

Medical Director: Yes

Day-to-Day Response: Yes Disaster Response: Yes

Number of Personnel Providing Services

EMD Training: 12

BLS: N/A

EMT-D: N/A

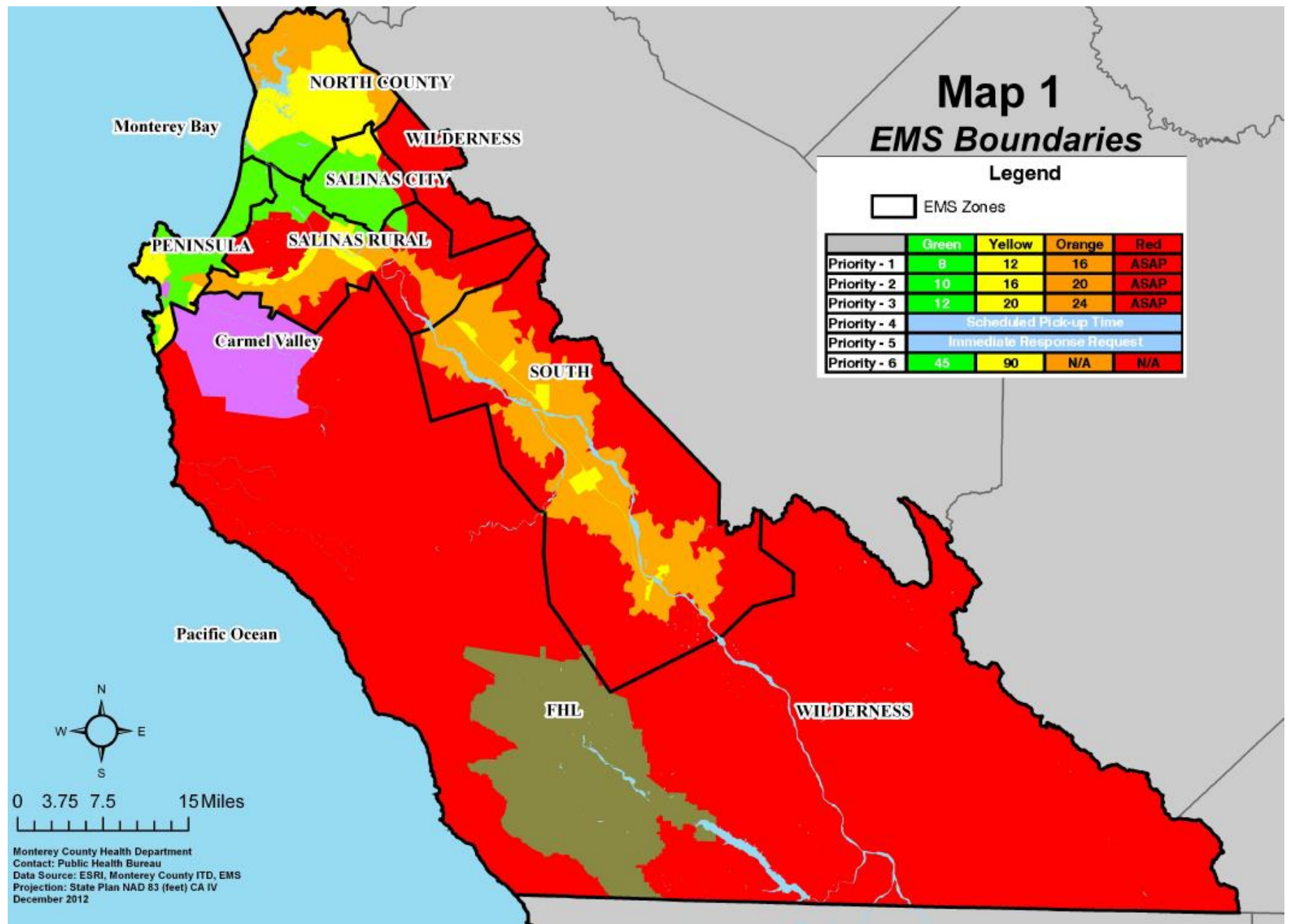
LALS: N/A

ALS: N/A

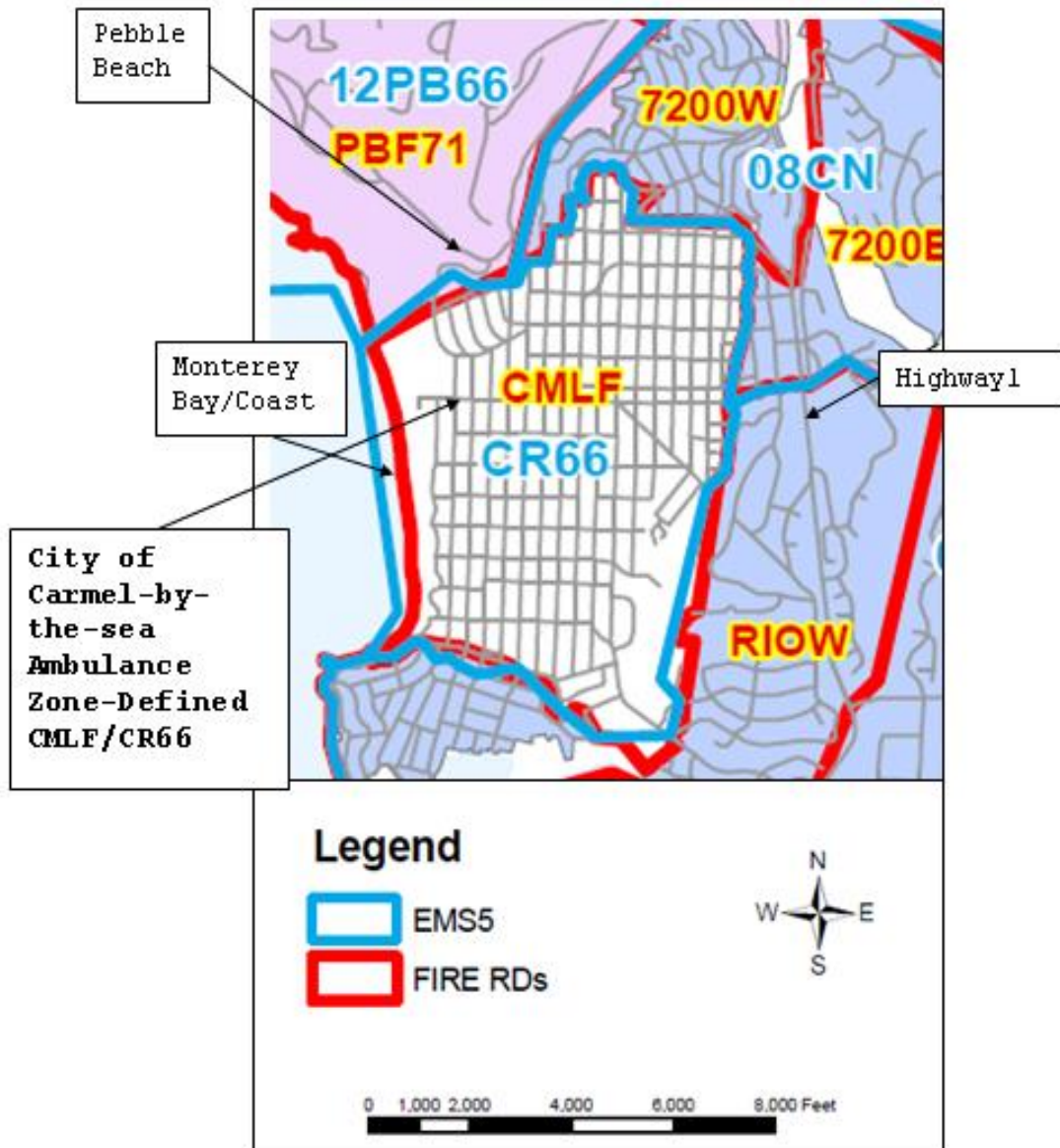
Other: N/A

TABLE 12: AMBULANCE ZONE SUMMARY

Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #1 Monterey County Exclusive Operating Area
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. AMR-West
Area or Subarea (Zone) Geographic Description: The geographic and legal boundaries of Monterey County
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Exclusive via competitive process with Board approval
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): 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.). Emergency Ambulance, all emergency ambulance services (9-1-1, 7-digit, IFT, CCT, non-emergency, standby transportation).
Method to achieve exclusivity, if applicable (HS 1797.224): 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. 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. This contract expires January 31, 2020.



Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #2 Carmel by the Sea
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Carmel Fire Ambulance (CFA)
Area or Subarea (Zone) Geographic Description: City of Carmel by the Sea
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): N/A
Method to achieve exclusivity, if applicable (HS 1797.224): 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



Local EMS Agency or County Name: Monterey County EMS Agency
Area or Subarea (Zone) Name or Title: #3 Carmel Valley Fire Protection District – Monterey County Fire Protection District
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Monterey County Regional Fire Protection District (MCRFD)
Area or Subarea (Zone) Geographic Description: East to San Clemente Dr., West to Rancho San Carlos Rd., to Santa Lucia Preserve, North to Valley Hills.
Statement of Exclusivity (Exclusive or Non-Exclusive [HS 1797.6]): Include intent of local EMS agency and board action. Non-exclusive
Type of Exclusivity (“Emergency Ambulance,” “ALS,” or “LALS” [HS 1797.85]): N/A
Method to achieve exclusivity, if applicable (HS 1797.224): 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

TABLE 13:County: **Monterey****Trauma System Summary (Summary revised January 2018):**

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

- Patients meeting CDC trauma triage criteria steps 1-3 will be transported to that Level II Trauma Center in the county when possible;
- Patients meeting CDC trauma triage criteria step 4 will be transported to the closest, most accessible Emergency Department capable of caring for that patient;
- Appropriate patients are transported to a designated pediatric Trauma Center in other counties - there are three such facilities utilized currently;
- Monterey County physicians, nurses, EMS Agency staff and prehospital personnel meet quarterly in our Trauma Evaluation and Quality Improvement Committee (TEQIC) to review countywide data, identify issues and trends, and perform quality improvement activities related to the Trauma System in Monterey County. One QI issue that has been identified through this committee is consistency in the triage and transport of pediatric trauma patients. Natividad Medical Center has collaborated with the Monterey County EMS Agency to revise their policies on acceptance of less severely injured (CDC Step 3 and 4) pediatric trauma patients as a result of the QI process.
- Monterey County EMS staff have consistently participated on the Bay Area Regional Trauma Care Committee (RTCC);
- Trauma patients meeting CDC Trauma Triage criteria steps 1-3 within 45 minutes (via ground or air) of the Monterey County Level II Trauma Center are now transported directly to that facility. All other patients are transported to a destination determined by the Level II Trauma Center. Primarily, this includes patients from Santa Cruz and San Benito counties.
- All trauma policies and protocols were reviewed and revised during the latter half of 2017. Those policies and protocols are currently out for public comments and will be effective on July 1, 2018.
- Monterey County has joined with Santa Clara County's Trauma Care System Quality Improvement Committee (TCSQIC). Trauma Surgeons from 5 Trauma Centers meet six times per year at the Trauma Executive Committee to review cases in detail and perform detailed peer review. The TCSQIC, which functions as the Trauma Audit Committee for both Counties, meets six times per year, one week following each Trauma Executive Committee. This collaborative process between the two counties offers peer review otherwise not available to the single Trauma Center in Monterey County, as well as encourages integrated policies and processes between the counties. This collaborative process supports the sharing of data on patients that are transported from Monterey County to Santa Clara County Trauma Centers.

Changes in Trauma System:

As noted above, the Trauma System policies and protocols were reviewed and sent out for public comment. Some of the changes in the policy revisions include:

- Condensing multiple smaller policies into one overarching “Trauma Care System” policy;
- Revision of the “ED Re-Triage and Rapid Transfer of Trauma Patients to Trauma Center” to more closely align with the recommendations of the RTCC;
- The Trauma Care Data Collection and Management policy was upgraded to reflect ICD-10, rather than ICD-9, data from hospitals, as well as adding in HFAP and DNV as hospital accrediting bodies approved by CMS. The flow of patients and data is more clearly defined in the revised policy.
- The Trauma QI policy was revised to reflect the attendance of Natividad Medical Center Trauma Center personnel and EMS Agency personnel at the Santa Clara County Trauma Committee meetings, as well as streamline audits of the Trauma Center by the EMS Agency;
- The “Burn Care” policy was revised to be in compliance with the burn resuscitation fluid formulas used by the closest Burn Center;
- Fentanyl was added to all Trauma protocols;
- The “Spinal Immobilization” policy was changed to “Spinal Motion Restriction”, and was revised to recognize spinal boards as transfer devices rather than as part of Spinal Motion Restriction;
- Monterey County has formed a Helicopter EMS Utilization Task Force to objectively measure the appropriateness of helicopter usage in the transport of patients from the field to an appropriate hospital.

As above, Monterey County Field Triage Criteria are based on the CDC Field Triage Criteria and use the four step process for identifying the level of care needed for trauma patients. Step 1 patients are the presumptively most seriously injured based on vital signs and level of consciousness. Step 2 patients have injuries as assessed by field personnel, and Step 3 patients have significant mechanisms of injury. These patients also go to the trauma center. Step 4 patients represent those patients who are often transported to non-trauma center facilities in the Monterey County system as those facilities can take care of their injuries effectively.

As the trauma system develops and matures over time, the need for policy revision/updating and the drafting of new policies will continue to be a focus of the EMS Agency. Revised or updated policies are based on the latest science as determined by the Agency Medical Director in collaboration with other system stakeholders.

Number and designation Level of Trauma Centers:

One Level II Trauma Center – Natividad Medical Center

Trauma System Goals and Objectives (revised May 2016):

As a relatively new trauma system, Monterey County has come a long way in developing a coordinated and organized approach to the treatment of trauma patients. Goals and objectives can be summarized in the following general areas:

- Continued monitoring of the care provided in the trauma center by way of data analysis, the reporting of relevant data as appropriate, and participation in local and regional trauma audit committees;
- Further development of the trauma data system to ensure the availability of accurate data for use by local system stakeholders and reporting to other entities as required by regulation and statute;
- Continued analysis of the care being provided to trauma patients at the field level – to include patient assessment, treatment, and destination decisions;
- Enhancement of the analysis of the use of air ambulances in the county to ensure appropriate utilization;
- Revision and development of policies and procedures based on new information and identified need;
- Integration of an EMS Agency staff epidemiologist into trauma related data gathering and analysis efforts;
- Review of the Field Triage Decision Algorithm to ensure appropriateness – and compliance;
- Continued integration of non-trauma center hospitals (in both Monterey and adjacent counties) in trauma system planning and quality improvement efforts;
- Continued analysis of trauma system funding streams, cost, and reimbursement to ensure long term financial viability of the system.
- Prepare to send out an RFP for a Trauma Registry, since the contract with the current vendor will expire in November 2018;
- Revision of the Monterey County Trauma plan;

System Performance Improvement:

Quality Improvement (QI) efforts are a continuing focus of the EMS Agency in all aspects of EMS system operations and clinical care, including the trauma system. The goal is to make these efforts robustly data-driven to the extent possible. In that vein, the Agency is presently engaged in a process to integrate system stakeholders into a single, integrated data system. That system will be designed so that most (if not all) providers will use a single platform for documentation on patient care reports. That same platform will be able to alert hospitals to incoming patient data electronically and allow for the reverse reporting of patient outcome data to field providers. It is also anticipated that the system will integrate with other data systems maintained by the EMS Agency, including trauma. The current system, which consists of a number of disparate ePCR platforms, makes meaningful data aggregation and analysis very difficult, if not impossible. Obtaining and implementing a unified system is a major priority for the Agency this year.

Currently, a number of data systems related to trauma are maintained in the County. Natividad Medical Center enters trauma patient data into the Trauma One system – a system used extensively throughout the state and nation. That data is used for reporting trauma data to the state.

The County also uses an internally developed trauma data base which includes data from the trauma center as well as the other non-trauma center hospitals in the county. That database includes data elements on every trauma patient seen in the county – from the least serious to the most critical. It even includes patients who were transported here from other counties which do not have their own trauma centers. Trauma patients are identified by virtue of “alerts” and monthly reports received from provider agencies.

The current construction of the system relies on manual data input for hundreds of trauma patients every month. The EMS Agency is in the process of working with Health IT to develop automatic, electronic processes to make that system much less labor intensive and time consuming. The goal is to have trauma data from provider agencies and facilities automatically integrated every month into the Agency’s trauma database. This will allow for more time for analysis and reporting by the Trauma Coordinator.

Most of the trauma related quality improvement efforts are documented in the “Trauma Quality Improvement and System Evaluation” policy. That policy delineates how the “internal” trauma center QI program must be set up, the design of the “external” or county-wide trauma plan, and the set-up and processes for the Trauma Evaluation Quality Improvement Committee (TEQIC).

Natividad Medical Center has an internal trauma review process, much like a Morbidity and Mortality (M&M) Conference which involves trauma surgeons and other trauma program staff such as the Trauma Medical Director (Chief of Trauma), and the Trauma Program Manager. At those meetings, individual cases are reviewed, trends are analyzed, patients diverted to non-trauma center hospitals are reviewed, and trauma deaths are audited. The Trauma Program also works with other departments of the hospital such as the Emergency Department and General Surgery. In addition to their internal QI process, staff from the Trauma Program attend the TCSQIC and the Trauma Executive Committee meetings in Santa Clara County to share cases with their peers from other trauma centers.

The county-wide trauma QI meeting is known as TEQIC (above). These meetings are held quarterly and involve representatives from the trauma center, the other hospitals in the county, hospitals from other counties that send trauma patients to Monterey, EMS Agency staff, and some field providers (both ground and air). These meetings are designed to look at trauma from a system-wide perspective. Others can attend as appropriate if approved by the Chairperson. These meetings follow basic rules of confidentiality and are not open to the general public. Agenda items include updates on policy development or protocols, CE opportunities, an extensive data review, review of field triage and patient inclusion criteria, and program indicators. These meetings are generally well attended and provide a useful forum for looking at trauma from a number of perspectives – all the way from the field, to a transferring receiving hospital, to the trauma center, to the EMS Agency as the entity responsible for overall system oversight.

The Monterey County EMS Agency has begun integrating Trauma Case Reviews into the TEQIC meetings, with the goal of presenting cases from the dispatch center all the way through until hospital discharge, and all points in between. These cases have been well received by hospital and prehospital attendees.

Other Issues:

The Monterey County EMS Agency Trauma Coordinator has set up a monthly meeting with the Trauma Program Manager at Natividad Medical Center. During these meetings, the upcoming ACS-COT site survey is discussed, including opportunities for improvement and streamlining the transfer of trauma data from the hospital to the EMS Agency. The Monterey County EMS Trauma Coordinator attends the monthly Trauma System Improvement Committee (SIC) meeting at Natividad Medical Center, where EMS is a standing agenda item.

The new Trauma Coordinator faced some challenges upon entering the Monterey County EMS Trauma System. Learning the Trauma Registry and the intricacies of the Monterey County Trauma System has been challenging but much progress has been made.

Use of the full time EMS Epidemiologist has greatly assisted the EMS Agency in the collection, presentation and interpretation of data from the Trauma System.

Conclusion:

The Monterey County Trauma System has made impressive and important strides in the last several years. From all indications, the system is operating very well; trauma patients in Monterey County are now receiving quality care “in-house.” The system is monitored effectively to ensure those patients receive that care at every level of response and robust systems are in place to encourage continuous improvement in the care provided.