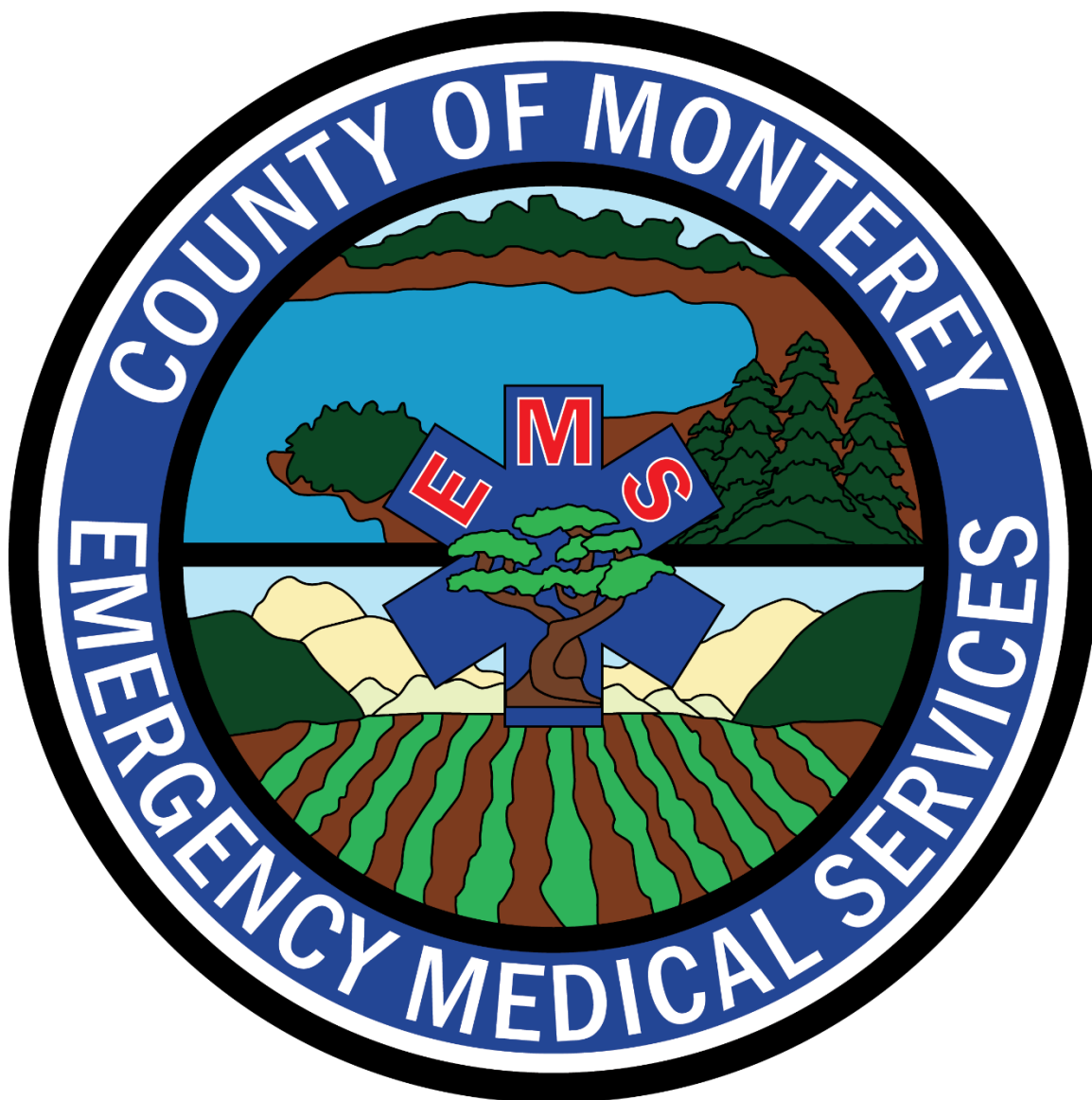




COUNTY OF MONTEREY EMERGENCY MEDICAL SERVICES AGENCY

2025 ANNUAL REPORT TO THE BOARD OF SUPERVISORS

COUNTY OF MONTEREY | HEALTH DEPARTMENT

EMS AGENCY MISSION STATEMENT

The mission of the County of Monterey Emergency Medical Services (EMS) Agency is to lead the Monterey County EMS System through establishing highest standards of emergency medical care, system operations, and medical disaster preparedness for the benefit of the people of Monterey County.

OUR VISION

To create a model EMS system that uses research, best practices, and quality improvement processes to equip providers of pre-hospital emergency medical care to provide compassionate and clinically appropriate care for the people of Monterey County.

VALUE STATEMENTS

The County of Monterey EMS Agency is committed to:

- Advocating for the patient in all that we do.
- Personal, professional, and organizational integrity.
- Treating people with dignity, respect, honesty, and fairness.
- Working collaboratively in an environment of trust, transparency, safety, and teamwork.
- Leadership that brings accountability, responsibility, and success to our organization.
- Maintaining a working environment that fosters passion, creativity, and enjoyment.
- Striving to achieve excellence through expertise, innovation, and continued learning.

EMS AGENCY DIRECTOR'S MESSAGE

Honorable Chair and Members of the Board of Supervisors,

Our EMS Agency team may be small, but it is exceptionally dedicated. This strength is rooted in a deep commitment to the EMS System and to enhancing the care provided to our residents and visitors. Every member of the EMS Agency team consistently demonstrates a willingness to invest the time and effort necessary to fulfill our role in supporting a healthy and safe community.

The team's commitment was especially evident over the past year. In addition to fulfilling our responsibilities as a regulatory agency, the EMS Agency undertook the complex task of completing a Request for Proposals (RFP) process while continuing to advance EMS System improvements. The RFP process alone required an extraordinary level of coordination and perseverance. Staff devoted countless hours to engaging stakeholders, drafting and refining numerous documents, and maintaining steady progress throughout the process.

This marked the EMS Agency's third attempt to secure an ambulance service provider for Monterey County's Exclusive Operating Area. Successfully establishing an agreement was critical—not only to maintain the existing level of service, but also to ensure continued growth and advancement of the EMS System.

The RFP process concluded successfully with the execution of a new agreement with American Medical Response (AMR), which will continue as the County's ambulance service provider under a framework of enhanced requirements and system improvements. In preparation for the February 1, 2026 start date, the EMS Agency team worked closely with AMR to ensure a smooth and effective transition to the new agreement.

Alongside the RFP effort, the team achieved several additional milestones. These included advancing the health data exchange between EMS providers and local hospitals, expanding the availability of advanced life support/paramedic services in the county, working to bring a second paramedic training program to the county, launching an online certification and accreditation system for EMTs and paramedics, and updating numerous EMS policies and treatment protocols. Equally important, the team strengthened existing partnerships and built new relationships through consistent collaboration and communication.

Looking ahead to 2026, the EMS Agency is focused on implementing several key initiatives, including a clinical quality scorecard, a 911 nurse navigation program, and public-facing data dashboards. Additional details on these efforts are outlined in the "Looking Ahead" section of this report. Each initiative is designed to support our overarching goal of ensuring the delivery of exceptional clinical care and appropriate resource utilization in a transparent and accountable manner.

Respectfully submitted,



Debra Hopgood
Acting Director/Bureau Chief

EMS AGENCY MEDICAL DIRECTOR'S MESSAGE

“Success is no accident. It is hard work, perseverance, learning, sacrifice, and most of all, love of what you are doing.” - Pelé

In last year's presentation to the Board of Supervisors, the EMS Agency presented a video that highlighted the teamwork and complexity of the County of Monterey's EMS System by following its response to a single incident—a Mass Casualty Incident in King City—from beginning to end. We saw how the system's providers, agencies, and hospitals worked together to deliver exceptional care in a time of crisis. While the incident itself was tragic, the EMS System's response to the incident demonstrated the importance of an integrated system that trains and prepares for the unexpected, the difficult, and the overwhelming.

Last year was a big year for our EMS System. After seven years of work and two prior unsuccessful RFPs, the EMS Agency was finally successful in awarding a new ambulance service provider agreement for Monterey County's exclusive operating area. The contract was awarded to American Medical Response, the county's EOA provider since 2009. The amount of work that went into this RFP was extensive, requiring contributions from the entire team, but I want to specifically acknowledge the monumental efforts of both our outgoing Director Teresa Rios and our Acting Director Debra Hopgood in the success of this initiative.

The EMS Agency also laid the groundwork for the implementation of a 9-1-1 Nurse Navigation Program, designed to improve the management of non-life-threatening 9-1-1 calls by connecting callers with licensed nurses who can provide guidance and resources to address their needs. To improve service and efficiency, we also adopted an electronic system for the submission and processing of EMT certification and paramedic accreditation applications. The year of 2025 marked the 15-year anniversary of our STEMI System of Care, which focuses on the early identification and treatment of patients suffering a life-threatening heart attack, reducing mortality and improving outcomes for these critically ill patients.

Other developments included the implementation of paramedic advanced life support care in Pacific Grove, ongoing improvements in our Health Data Exchange program, EMS policy and protocol updates, and work to expand the capabilities and improve response times for interfacility transports requiring specialty care.

The EMS Agency is successful in its mission due to the hard work and dedication of its team: a small group of people who do big things. It is a privilege to be part of that team. I look forward to our continued collaboration with our many stakeholders during the years to come, and I am excited about our ongoing growth and evolution as a system that is committed to safeguarding the lives and well-being of the patients and communities we serve.

Sincerely,

A handwritten signature in blue ink, appearing to read 'J. Beuerle', with a stylized, flowing script.

John Beuerle, M.D.
EMS Medical Director

INTRODUCTION

Over the past several years, the County of Monterey Emergency Medical Services Agency has worked to develop and improve our Annual Report to the Board of Supervisors. In 2022 the EMS Agency transitioned our report to a format that we believe will help readers more easily navigate the content and identify the topics of interest to them. This year's report utilizes this format and is divided into three sections based upon the following structure:

1. County of Monterey EMS System Overview – This section provides background information regarding the EMS Agency and the EMS System. It describes the structure of the EMS Agency and the variety of roles that we play in managing and leading the EMS System. The section also explains the various components of the EMS System from dispatch to prehospital personnel through to the emergency department and specialty care centers located within the County of Monterey.
2. 2025 EMS System Data – This section provides data for 2025 related to several key components of the EMS System including EMS student training programs, processing of applications for certification and accreditation, emergency medical dispatch operations, ambulance call volume, disaster response efforts, finances, and quality improvement. The section also explains the EMS Agency's role in each of these areas.
3. 2025 Accomplishments and Highlights – This section provides the reader with an overview of some of the EMS Agency's key accomplishments throughout the course of 2025. While the items discussed are but a small fraction of the improvements made to the EMS System, we feel that they represent significant strides towards our overall vision of creating and continuously improving a model EMS System for the people of Monterey County.

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COUNTY OF MONTEREY EMS SYSTEM OVERVIEW

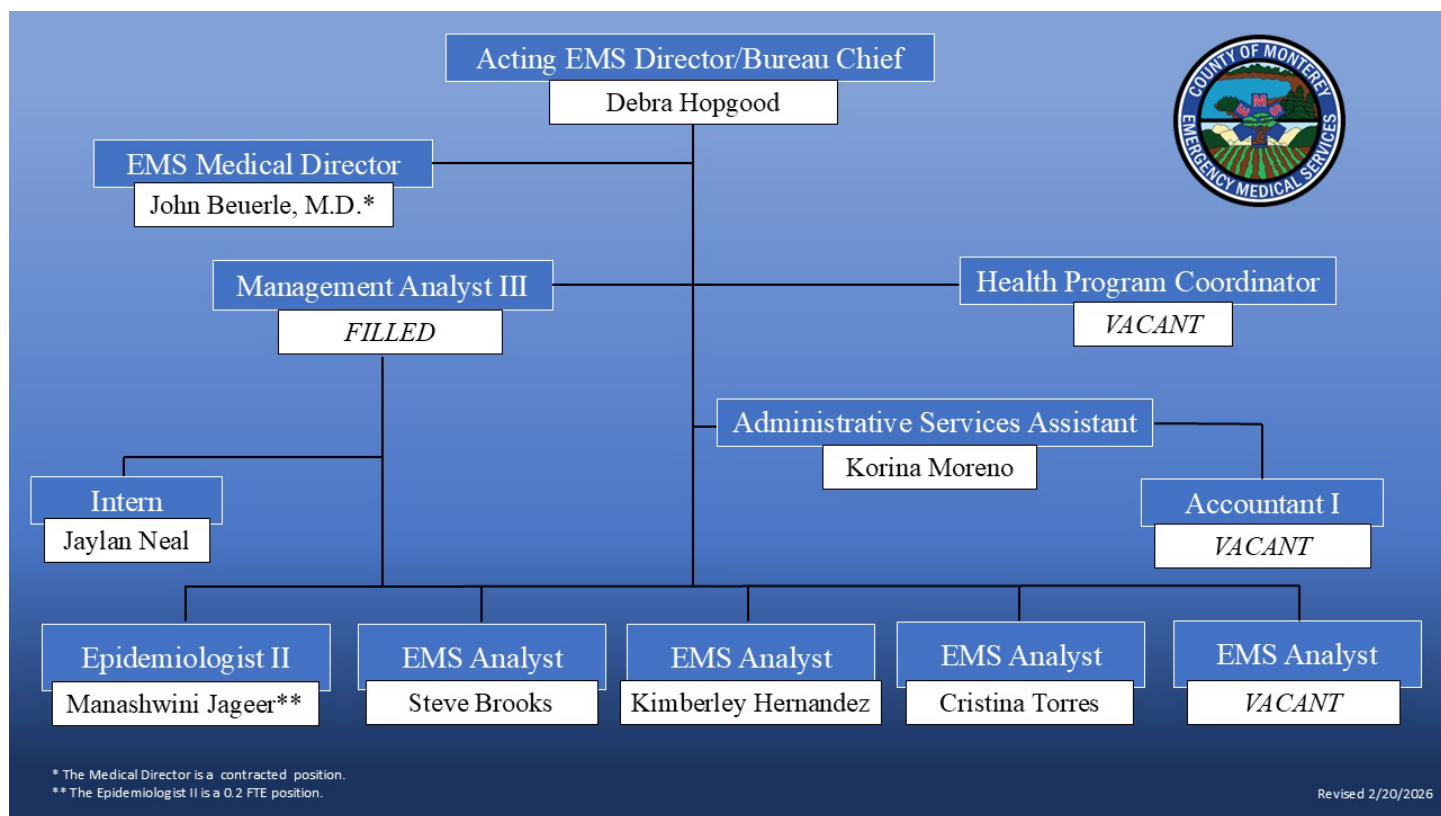
The County of Monterey Emergency Medical Services (EMS) System is comprised of ground and air ambulance providers, dispatch/communications centers, fire and rescue service providers, hospital emergency departments, specialty care centers for trauma, stroke, and heart attack patients, and the County of Monterey EMS Agency. The purpose of the EMS System is to provide high quality, patient-centered Emergency Medical Services with integrity, equity, dedication, expertise, effectiveness, efficiency, and collaboration at the forefront. The collaborative efforts of these EMS System partners strengthen our ability to provide emergency medical services to residents of and visitors to the County of Monterey.



THE COUNTY OF MONTEREY EMS AGENCY

The Emergency Medical Services Agency is a Bureau within the County of Monterey Health Department and is designated by the Board of Supervisors as the local Emergency Medical Services Agency (LEMSA) that oversees the delivery of emergency medical services (pre-hospital care) within the County of Monterey pursuant to California Health and Safety Code, Section 1797 et seq. The LEMSAs ensure that regulations pertaining to the EMS system are carried out as intended by the California Emergency Medical Services Authority (EMSA). The role of the County of Monterey EMS Agency is defined by California statute to plan, implement, and evaluate the EMS System. Additionally, the statute requires the EMS Agency to have a licensed physician who serves as a medical director to provide medical control and to ensure medical accountability.

THE COUNTY OF MONTEREY EMS AGENCY ORGANIZATIONAL CHART



THE EMS AGENCY'S ROLE IN THE COUNTY OF MONTEREY EMS SYSTEM

A high performing EMS System consists of multiple organizations with a variety of functions working together to provide care to those suffering from a medical emergency. The EMS Agency is responsible for managing and coordinating these organizations to ensure that patients in our community receive a coordinated and appropriate EMS response when calling 9-1-1 and, ultimately, the best possible care from highly trained EMS professionals. However, the EMS Agency's responsibilities do not stop when a patient reaches the doors of the hospital. The EMS Agency is also responsible for ensuring that our local hospitals are prepared to appropriately receive patients from EMS and, when needed, provide online medical direction to EMS providers in the field. Additionally, the EMS Agency has the responsibility for designation and oversight of specialty care centers for the treatment of trauma, stroke, and ST elevation myocardial infarction (STEMI) patients in the County of Monterey.

We approach our role emphasizing the Triple Aim.

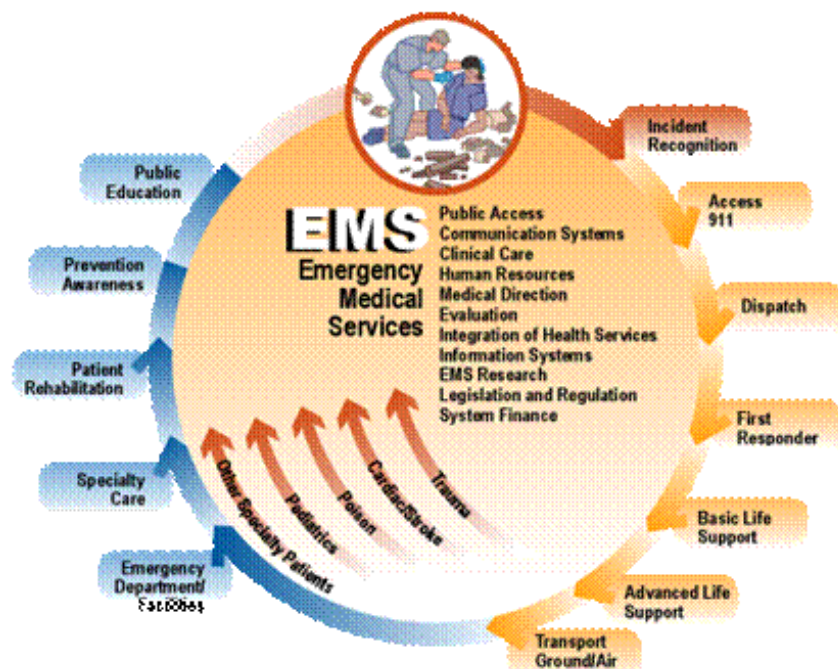


- *Implement efficient and effective structures, processes, and outputs.*
- *Measure clinical, operational, and financial performance indicators.*
- *Engage in continuous Quality Improvement.*
- *Embrace Just Culture concepts.*
- *Maintain transparency.*
- *Ensure equity.*

EMS SYSTEM MANAGEMENT

Essential functions performed by the County of Monterey EMS Agency include:

- Serving as an advocate for patients.
- Collaborating with other health officials to ensure a unified, coordinated approach in the delivery of health care.
- Ensuring equity in the provision of emergency medical services.
- Carrying out regulations relative to the EMS system.
- Certifying, accrediting, and authorizing EMS field personnel.
- Authorizing and approving local EMS training programs.
- Developing and approving medical treatment protocols and policies for local EMS service providers (EMTs, Paramedics, and Dispatchers) to assure medical control of the EMS system.
- Developing EMS dispatch and communication standards, including medical dispatch protocols.
- Collaborating with the Health Department's Public Health Bureau, to develop local medical and health disaster plans and coordinate medical and health response to disasters (natural and man-made).
- Designating trauma centers, base hospitals, and other specialty care centers.
- Coordinating activities and communications between various agencies that provide EMS System services so that care appears seamless to the patient.
- Coordinating community education programs regarding injury prevention, CPR, public access defibrillation, etc.
- Collecting, analyzing, and reporting on EMS data.
- Establishing the Exclusive Operating Area (EOA) and contracting for the provision of emergency ambulance services.
- Providing oversight for EMS quality assurance and quality improvement activities.
- Resolving consumer complaints.
- Providing information to public officials.
- Advocating for sufficient and stable funding for emergency medical services.



COUNTY OF MONTEREY EMS SYSTEM PROVIDER AGENCIES

Our dispatchers, first responders, Emergency Medical Technicians (EMTs), Paramedics, and hospital staff provide thorough, timely, compassionate care at all times for all people in need. They are trained, caring professionals who have chosen to help others, often at their most dire time of need, and at any hour of the day or night. This dedicated service has been exemplary especially throughout the additional challenges of the COVID-19 pandemic, storms, wild fires, and other disasters. The County of Monterey EMS Agency thanks our EMS Providers and everyone at their agencies who work hard to support them and make it possible for them to perform their work.

Communications Centers

- ❖ County of Monterey Emergency Communications
- ❖ American Medical Response

Ground Ambulance Service Providers

- ❖ American Medical Response (AMR)
- ❖ City of Carmel Fire Ambulance
- ❖ Fort Hunter Liggett Fire Department
- ❖ Monterey County Regional Fire District

Air Ambulance Service Providers

- ❖ CALSTAR Air Medical Services
- ❖ Mercy Air Services

Fire Departments

- ❖ Big Sur Fire
- ❖ Cachagua Fire Protection District
- ❖ CAL Fire
- ❖ CTF Fire Department
- ❖ Fort Hunter Liggett Fire Department
- ❖ Gonzales Fire Department
- ❖ Greenfield Fire District
- ❖ King City Volunteer Fire Department
- ❖ Marina Fire Department
- ❖ Mid Coast Fire Brigade
- ❖ Monterey County Regional Fire District
- ❖ Monterey Fire Department
- ❖ North Monterey County Fire District
- ❖ Presidio of Monterey Fire Department
- ❖ Salinas Fire Department
- ❖ Seaside Fire Department
- ❖ U.S. Forest Service

Hospitals and Medical Centers

- ❖ Community Hospital of the Monterey Peninsula
- ❖ Mee Memorial Hospital
- ❖ Natividad
- ❖ Salinas Valley Health

Law Enforcement Agencies

- ❖ California Highway Patrol – Monterey
- ❖ Carmel Police Department
- ❖ Del Rey Oaks Police Department
- ❖ Gonzales Police Department
- ❖ Greenfield Police Department
- ❖ King City Police Department
- ❖ Marina Police Department
- ❖ Monterey County Sheriff's Office
- ❖ Monterey Police Department
- ❖ Pacific Grove Police Department
- ❖ Salinas Police Department
- ❖ Sand City Police Department
- ❖ Seaside Police Department
- ❖ Soledad Police Department



EMS OPERATIONS

EMS operations include many of the logistical and practical considerations involved in ensuring that appropriately trained EMS personnel reach patients in need of medical assistance in a timely and safe manner. Ensuring the availability of highly trained EMS responders begins with the initial training received, continues with certification and accreditation processes, and is maintained through continuing education and training. Two key components of EMS operations are dispatch operations and field operations. Dispatch operations ensures that the needed resources arrive expeditiously while field operations involve the actual response to an incident by EMS System field personnel.

EMS System Personnel

The provision of Emergency Medical Services (EMS) is amazingly dynamic. EMS providers never know what types of illnesses or injuries they will encounter on their shift when they start the day. It is part of the appeal of the job knowing that each day will likely be different than any that came before.

While each day is different for each EMS provider, change in EMS systems is also inevitable. Some changes are related to research that shows a better way to provide a service or procedure, Other changes are due to new equipment that provides a better way to provide care for the patient. 2025 was no different as EMS personnel were authorized to perform a reintroduced procedure and also had to learn new and updated policies guiding their care for a variety of patient conditions.

Looking forward, 2026 will be a momentous year in that it will be the 60th anniversary of the establishment of EMS as an organized system. It is also the 40th anniversary of the first paramedics based in the County of Monterey providing advanced life support care.

Emergency Medical Responder (EMR)

Most EMS personnel who function at the EMR level are volunteers in the rural areas of the county. EMR training continues in these areas as a way to utilize people in a first responder role who would otherwise not volunteer with the local fire agency due to the time and other requirements to become an EMT.

Due to the time it may take for an ambulance to arrive in a rural area, EMRs have significant responsibility for patient care. EMRs are provided the greatest amount of tools permitted under State regulation. This exceeds the usual training for those at the EMR level. One example of this is that in the County of Monterey, EMRs are allowed to provide an auto-injector based antidote for organophosphate poisoning to other responders who may have been contaminated. Training in, and the use of, traction splints is also permitted under the scope of practice for EMRs functioning within the Monterey County EMS system as another example.

Currently, there is not a certification in California for EMRs. EMR is a training course that provides a course completion certificate to document the training. The EMS Agency is responsible for approving the training program, course content, and testing materials. It is through this approval process that the EMS Agency ensures that EMR-trained responders are capable of providing the level of care in which they have been trained.

Emergency Medical Technician (EMT)

EMTs working within the County of Monterey EMS system are authorized to provide care at a higher level than the basic statewide scope of practice. While functioning as part of the EMS system, EMTs are trained and equipped to provide treatment for severe allergic reactions through the use of an epinephrine auto-injector. They can also check the patient's blood sugar with a glucometer and

administer naloxone for suspected opioid overdose. EMTs employed by AMR and some fire districts have also been trained and are authorized to provide CPAP for breathing difficulty and place a supraglottic airway to help maintain an open airway for the unconscious patient that cannot maintain their own airway.

Paramedic

Paramedics have the greatest scope of practice and responsibilities. They provide care at the advanced life support (ALS) level. Paramedics are entrusted with assessment of the patient at an advanced level using their training and experience to assess the patient's condition and to properly use the tools provided to them such as a 12-lead EKG for assessing a patient's heart rhythm, end-tidal CO2 monitor for assessing a patient's respiratory status, and a glucometer for measuring the patient's blood sugar. After performing an assessment of the patient, the Paramedic is able to treat the patient with multiple medications, provide advanced airway placement to ensure a clear path to assist the patient's breathing, and even provide external cardiac pacing when the patient's heart beat is too slow.



EMT Certification

Certification of the EMT provides verification that the individual has completed the training requirements for certification and passed a criminal and medical background check to ensure that they have met the statutory and regulatory requirements for EMT certification. The EMS Agency requires each EMT to complete the California Department of Justice Live Scan criminal background check. The EMS Agency also performs a check with the National Practitioner Data Bank for potential concerns related to the provision of medical care and healthcare licenses and certificates. The EMS Agency is diligent in completing these tasks to fulfill our obligation to protect the health and safety of the public.

Paramedic Accreditation

Accreditation is an authorization for an individual who is licensed or certified to perform specific tasks and procedures which are included in the individual's scope of practice. This is different than licensure which generally ensures that the individual possesses the knowledge and competency for the level of licensure described. The California EMS Authority licenses Paramedics. Authorization to practice as a Paramedic in the County of Monterey is the accreditation process provided by the EMS Agency.

Initial accreditation requires the Paramedic to pass a written test on his/her knowledge of EMS policies and protocols and, while being evaluated by a field training officer, demonstrate his/her ability to capably and competently function in the prehospital environment. The EMS Agency also requires the Paramedic to have completed several nationally recognized courses. These include Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) or equivalent, and Prehospital Trauma Life Support (PHTLS) or equivalent.

To maintain continued accreditation, Paramedics must meet specified requirements which include annual EMS policy review, annual skills demonstration of specified procedures, and maintenance of current training in CPR, ACLS, PALS, and PHTLS or equivalent courses. The EMS Agency reviews each paramedic every two years from his/her initial accreditation to ensure that he/she continues to meet the training, skills maintenance demonstration, and policy review requirements.

Emergency Medical Technician (EMT) Training Programs

EMT training has come a long way in the last 50 or so years. What started out as a way to standardize training and skills for ambulance attendants in an 81-hour course is now a training course of at least 170 hours. While still holding on to the basics such as patient assessment and first aid practices, EMT training programs are teaching the life-saving skills of epinephrine auto-injector for severe allergic reactions, naloxone for drug overdose, tactical casualty care, and blood sugar monitoring. Not so long ago, this was the domain for paramedics. We have come a long way.

The two training programs in the County of Monterey have highly qualified instructional staff teaching our EMT programs. Not only are the instructors clinically proficient, but all primary instructors have completed a 40-hour course in teaching methods.

Both EMT programs are making use of technology to enhance the student experience. High-fidelity manikins provide amazing realism. Many people, new students and visitors alike, often mistake the manikins for people when they first enter the classroom.

The EMS Agency is responsible for approving and monitoring EMT training programs held within the County of Monterey. Training program approval is granted for up to four (4) years for programs that meet State and local requirements. Monterey Peninsula College (MPC) and Hartnell College offer EMT training programs. The EMS Agency conducted reviews of the two training programs in 2023.

In addition to conducting periodic reviews of the EMT training programs, EMS Agency staff often ask the new EMT applicants what they thought of their EMT training program. Invariably, the response is highly positive and the EMT applicants feel that their EMT training program gave them the foundation they need to function as an EMT.

Paramedic Training Program

The EMS Agency was asked to review and approve an application for a new paramedic training program in 2025. An established paramedic training program operated by NCTI (a branch of the AMR group of companies) in Santa Cruz County requested approval to operate in Monterey County after losing their training site in Santa Cruz. The EMS Agency provided the review and completed the approval process in an expedited manner. This quick action was crucial to allow the NCTI program to coordinate clinical and field internship placements of their students with the established paramedic training program run by the South Bay Regional Public Safety Training Consortium at Monterey Peninsula College (MPC).

The NCTI program completed their classroom training and are completing their field internships as the year came to a close. According to their lead instructor, the initial NCTI class consisted of some of the best and most motivated students he has ever had. This is high praise as this instructor had previously spent many years as the lead instructor and program director of a well-respected Bay Area paramedic training program.

The South Bay Consortium course at MPC continues to graduate students with an excellent rate of student success on the paramedic licensure exam. The students in this course are primarily employed by fire departments and districts. Upon completion of the course, they are put to work following their department's orientation to their new position.

Monterey County is fortunate to have two exceptional paramedic training programs located here. These education institutions help provide training for local EMTs to advance to the paramedic level and provide some assistance with EMS staffing shortfalls and challenges.

Emergency Medical Call Dispatch

9-1-1 Call Receipt

Calling 9-1-1 is the first connection between the person needing emergency medical services and the EMS System. Monterey County Emergency Communications Department (MCECD) receives the majority of 9-1-1 calls placed in the County of Monterey. The California Highway Patrol (CHP) also maintains a dispatch center in the County of Monterey and receives a portion of 9-1-1 calls made by cell phone within the County of Monterey. Most of the 9-1-1 callers reporting a medical emergency are transferred to the EMS Dispatch Center, operated by AMR, the County's contracted ambulance service provider, for further processing. However, 9-1-1 calls such as those involving an active shooter or other dangerous situations may be retained by MCECD personnel as they gather information necessary for the safety of all emergency responders.

EMS Dispatch

The EMS Dispatch Center (EMS Dispatch) is operated by AMR, the County's ambulance services provider. The EMS Dispatch Center is staffed with dispatchers who are certified Emergency Medical Dispatchers (EMDs) who have been trained in the Medical Priority Dispatch System (MPDS). MPDS is a well-researched and unified system used to prioritize medical calls and dispatch appropriate aid to medical emergencies. The goal of MPDS is to prioritize the highest-acuity medical emergencies so they receive the fastest response from the closest available resources. EMDs use MPDS for caller interrogation to ensure that appropriate pre-arrival instructions are provided to assist the patient or reporting party until responders arrive. This may be through guidance in performing cardiopulmonary resuscitation (CPR), control of serious bleeding, childbirth, choking, or assistance with other types of medical emergencies.

ENTRY QUESTIONS

- What's the address of the emergency?
House/Apartment/Business/Intersection/Landmark/Jurisdiction/GPS
- What's the phone number you're calling from?
- Okay, tell me exactly what happened.
Hanging (over) 9-E-3
Underwater 9-E-6
Person on fire 7-E-1
- Are you with the patient now?
a. (Not obvious) How many (other) people are hurt (sick)?
Traffic/Transportation incident 29
Multiple victims CC
- Is s/he breathing or coughing at all? (You go check and tell me what you find.)
No 11-E-1
i. Do not slap her/him on the back.
- How old is s/he?
a. (Unsure) Tell me approximately, then.
Is s/he awake (conscious)?
Yes
No
Unknown
- Is s/he breathing?
a. (Hasn't checked - 2nd party caller) You go check and tell me what you find.
Yes
No/NOT BREATHING
Uncertain/INEFFECTIVE/AGONAL BREATHING (1st or 2nd party caller) 7-E-2
Unknown (3rd or 4th party caller) 7-E-3

**THE NATIONAL ACADEMY™
EMD
PROTOCOL™
Medical Priority Dispatch System™**

POST-DISPATCH INSTRUCTIONS

- (ECHO) I'm sending the paramedics (ambulance) to help you now. Stay on the line.
- (Hanging and not OBVIOUS DEATH) Cut her/him down immediately, loosen the noose, then tell me if s/he's breathing.
- (Underwater) Do not go in the water unless it's safe to do so.
- (Strangulation and not OBVIOUS DEATH) Loosen anything around the neck, then tell me if s/he's breathing.
- (Suffocation) Remove anything covering the face or in the mouth, then tell me if s/he's breathing.
- (Person on fire) Tell her/him to stop running, drop to the ground, cover her/his face, and roll around. If water is available, douse her/him with it immediately until the fire is completely out. (Water not available) Get a blanket, rug, or large jacket and use it to wrap her/his body and smother the flames.
- (Critical Caller Danger) (If it's too dangerous to stay where you are, and you think you can leave safely) get away and call us from somewhere safe.

DLS * Link to CC unless:

- Suspected MEDICAL Arrest ABC-1
- Hanging/Strangulation/Suffocation ABC-1
- INEFFECTIVE BREATHING and Not OBVIOUS DEATH ABC-1

3:26 36: Pandemic / Epidemic / Outbreak (Surveillance or Triage)

Entry KQ PDI/CEI DLS Summary

3. Select the most prominent complaint:

Caller Statement: Sick and can't get out of bed

KQ Answers Additional Info Problem Suffixes Deter

- This is a coronavirus (COVID-19) outbreak.
- The locally designated Triage Level is 2 (moderately severe)

Difficulty breathing
Flu-like illness
Cough (recent onset)
Fever
Chills
Sweats
Chest pain (including discomfort)
Sore throat (no difficulty breathing or swallowing)
Nasal congestion/Stuffy nose
Runny nose
Fatigue/Weakness
Muscle or body aches
General illness/Sick (other symptoms):

Ambulance Services

A primary function of the EMS Agency is to ensure there are adequate and effective ambulance services throughout the County of Monterey. The current agreement with the designated ambulance services provider is effective until the end of January 2026. The ambulance services provider contract covers response to 9-1-1 calls, interfacility transports for patients who need continued medical monitoring during transport from one medical facility to another, and medical standby services at special events within the county.

Contract Compliance

The current agreement for ambulance services requires a high level of performance by American Medical Response (AMR). The EMS Agency meets with AMR to monitor performance and to address issues that could hinder performance. A Contract Compliance Working Group (CCWG) comprised of citizen representatives, EMS Agency staff, and AMR leadership, monitors AMR's performance by reviewing a wide range of metrics to maintain a system that delivers vital pre-hospital emergency medical services to the community.

QUALITY ASSURANCE AND IMPROVEMENT

EMS is a dynamic and ever-evolving field that requires the EMS Agency and its partner agencies to collaborate closely. This teamwork ensures that the communities we serve not only receive the highest quality care today but are also prepared for the changes that lie ahead. To achieve this, it's essential for the EMS Agency to have strong Quality Assurance (QA) and Quality Improvement (QI) programs in place. The goal is to make decisions based on data-driven evidence that prioritize the best interests of our patients. These principles guide everything the EMS Agency does, from reviewing EMS policies and protocols annually to creating local optional scope of practice (LOSOP) programs that enhance care options for the residents of Monterey County. Our QA and QI initiatives are vital in ensuring that the county's residents and visitors receive the best possible patient care and that our EMS providers are fully supported.

The EMS QA/QI program ensures that EMS professionals follow policies, regulations, and protocols and meet performance metrics that enable the best patient outcomes. The EMS Agency achieves this through case reviews during QI committee meetings, consistent data monitoring, and unusual occurrence reports. QA is about ensuring that EMS professionals are doing things the right way. For any QI program to be effective, a solid QA system must be in place to provide confidence that performance is at the expected level before any improvements are made.

The QI program focuses on assessing the impact of existing systems rather than evaluating individual

actions. It challenges the EMS Agency to ask: “What are we doing now?” and “Is there room for improvement?” This ongoing evaluation ensures that the services provided by the EMS Agency and our allied agencies meet not only the public’s needs and expectations but also clinical standards and best practices. Our Health Data Exchange (HDE) program provides in-field patient care information to hospitals and allows EMS providers to have access to patient outcomes from the hospital. Hospitals can now better understand the work field providers do, while EMS providers can accurately evaluate the care they provide, all while the EMS Agency evaluates the effectiveness of our policies, protocols, and guidance and the impact it has on patient care in the County of Monterey. Moving forward, the EMS Agency will take advantage of other programs like HDE to continue to lead and improve the EMS system.

Unusual Occurrence Reports

An important component of the EMS Agency’s quality assurance and improvement programs involves identifying improvement opportunities, whether individual or system-wide. The EMS Agency has established a process by which anyone can submit a report regarding an incident, situation, or concern relating to the EMS System. These submissions are known as Unusual Occurrence (UO) reports. EMS Agency personnel review all available information pertinent to the UO report, compile a summary of the UO, and draft recommendations for any needed actions based on their review.

Depending on the findings, actions may include identifying individual educational opportunities, performance improvement plans, disciplinary action, system-wide changes or training, or some combination of these items. Some reviews do not result in a need for action or may result in a recognition of clinical excellence.

Unusual Occurrence Reports are reviewed within a “Just Culture” framework, which focuses on evaluating the system surrounding individual actions to identify opportunities for improving processes and design. “Just Culture” refers to a system of shared accountability, where the EMS Agency is responsible for the systems we’ve put in place and for addressing EMS provider behaviors in a fair and just manner. In turn, EMS providers are accountable for the quality of their decisions and for reporting both errors and system vulnerabilities. The aim is to create an environment that prioritizes learning from mistakes to drive continuous quality improvement.

POLICY AND PROTOCOL DEVELOPMENT

It is the policies and treatment protocols that provide structure within the EMS System. These documents set standards for the medical care of the patient, direction for transport destination decisions, coordination and interactions between the various providers and organizations, and the management and coordination of the EMS System itself.

To ensure policies and protocols remain current, the EMS Agency, in collaboration with agency partners, reviews all existing policies and protocols regularly. The EMS Agency also develops new policies and protocols to ensure compliance with new, or changes in existing regulation, and to reflect best practices.

SPECIALTY CARE SYSTEMS

Within every EMS System, there are systems of specialty care designed to get patients with specific, serious conditions to a hospital capable of treating their condition. In the County of Monterey, the specific conditions addressed with specialty care systems are: ST Segment Elevation Myocardial Infarction (STEMI), Stroke, and Trauma.

EMSA, through its regulations, tasks the EMS Agency with:

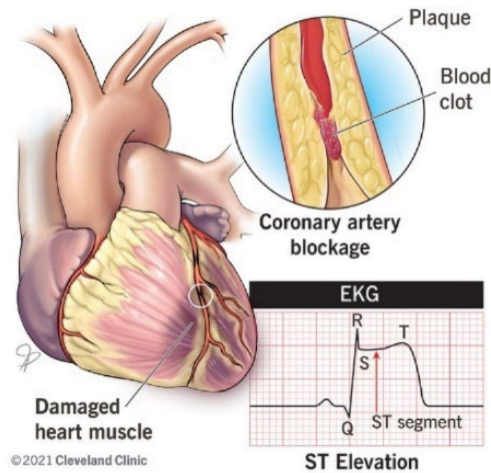
- Developing plans addressing the provision of specialty care services within the County of Monterey.
- Designating facilities to provide specialty care services. This designation process consists of the creation and adoption of standards for facilities related to topics such as staffing, personnel qualifications, facility and equipment availability, internal hospital written policy and procedure requirements, and quality improvement processes. Additionally, the EMS Agency conducts a review of written documentation and a site survey of the hospital. Once the EMS Agency has verified that a facility meets the established standards for a given specialty care service, the Agency works with the facility to implement a designation agreement. Specialty Care Centers must apply for redesignation on an established timeline.
- Ensuring that EMS providers are trained in the specialty care patient identification criteria, patient care methodologies, and treatment protocols.
- Developing a process for early notification of the facility of the impending arrival of a specialty care patient.
- Developing policies that provide a clear understanding of the structure of the specialty care system and the manner in which it utilizes the available resources.
- Collecting and analyzing data related to each specialty care service.
- Developing a process for periodic performance evaluation of each specialty care system.
- Developing and overseeing quality assurance/improvement (QA/QI) processes and committees for each specialty care system.
- Ensuring that specialty care service providers and other hospitals that treat specialty care patients participate in quality improvement processes.

The EMS Agency oversees QA/QI for the County of Monterey specialty care systems. Each specialty care system has its own QA/QI committee. Representatives from the STEMI, Stroke, and Trauma systems collaborate together in their respective committees to identify systemic issues and develop solutions to enhance system performance. The committees bring together representatives from the EMS system such as the MCECD, EMS Dispatch Center, first responder agencies, ground and air ambulance providers, law enforcement, the Coroner's Office, and representatives from the various specialty care and non-specialty care hospitals in the County of Monterey, to help improve the system and streamline communication among organizations. Each group reviews data specific to its specialty care area, provides input regarding policies, assists in the development of effective treatment protocols, serves as a forum for education, and functions as a peer review group by conducting regular case reviews. Information and improvements gleaned from the QA/QI meetings are communicated back to stakeholders throughout the EMS System.

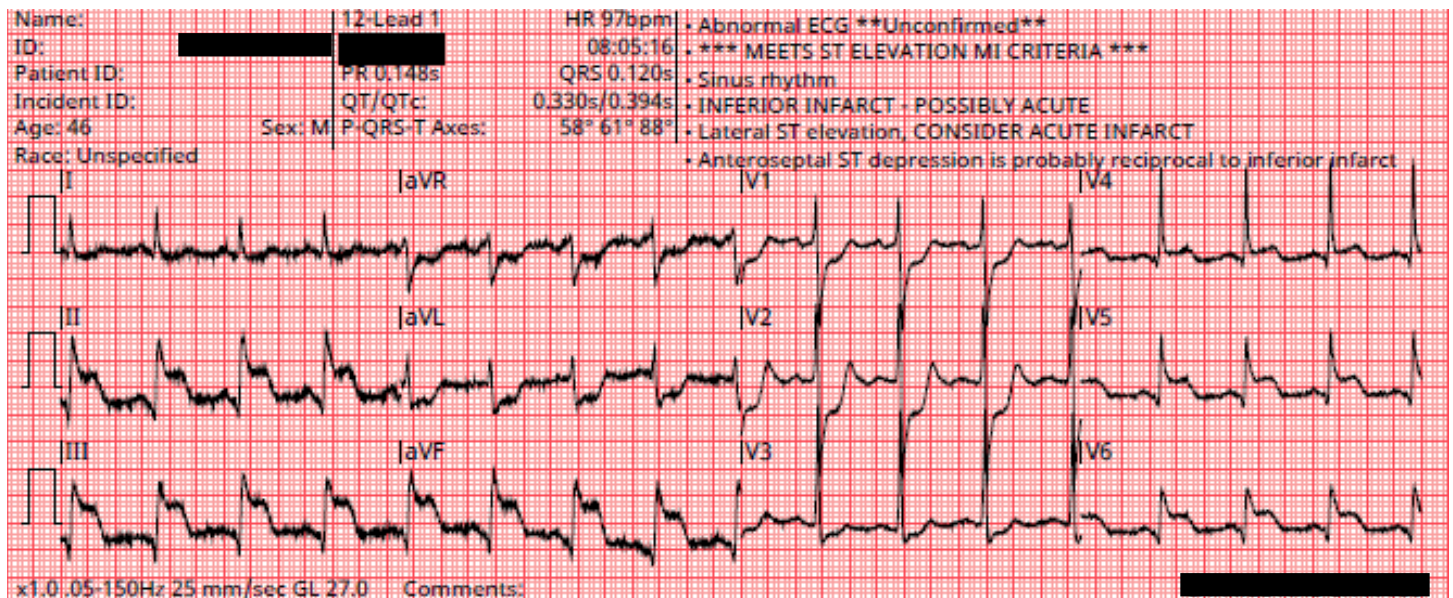
The specialty care systems in the County of Monterey are described below.

STEMI System of Care

STEMI is an acronym for S-T Elevation Myocardial Infarction (STEMI). A "STEMI" is a particular type of heart attack (The technical term is Myocardial Infarction) where the blockage of one or more arteries in the heart needs to be opened quickly. The heartbeat of the STEMI system is in quick recognition of the STEMI by the Paramedic, rapid transport of the patient, early notification to the hospital by the Paramedic, and prompt treatment in the Catheterization (Cath) Lab at the hospital.



Each of these components of the STEMI system are critical to obtaining the best outcome for the patient. Each component of the system must be performed quickly and acted upon promptly. Early recognition of a STEMI requires prompt application of a 12-Lead capable heart monitor. A 12-Lead EKG that shows STEMI must lead to early transport of the patient. The patient must be transported to a designated STEMI Center that has the staff and facilities to care for this patient. The Paramedic will transmit the EKG to the hospital and also contact the hospital to provide a “STEMI Alert”. At the designated STEMI Center, the ED physician needs to activate the Cath Lab team and interventional cardiologist so that the patient may be brought to the Cath Lab as soon after arrival as possible to have the blockage cleared.



Through the STEMI Quality Improvement (QI) process, the EMS Agency, along with local hospitals and paramedic service providers, reviews data related to the provision of STEMI care. The data shows that the County of Monterey STEMI system does well in getting STEMI patients into the cardiac catheterization lab by providing early notification from the paramedics to the hospital consistently leading to having a “Door to treatment” time of 90 minutes or less in 80% of patients. Data review shows that almost all patients who didn’t meet the benchmark needed aggressive care in the ED before they were stable enough to to to the cardiac cath lab. The EMS Agency also started measuring the first medical contact to treatment time in 2025. Closer review of this measure will take place in 2026.

Stroke System of Care

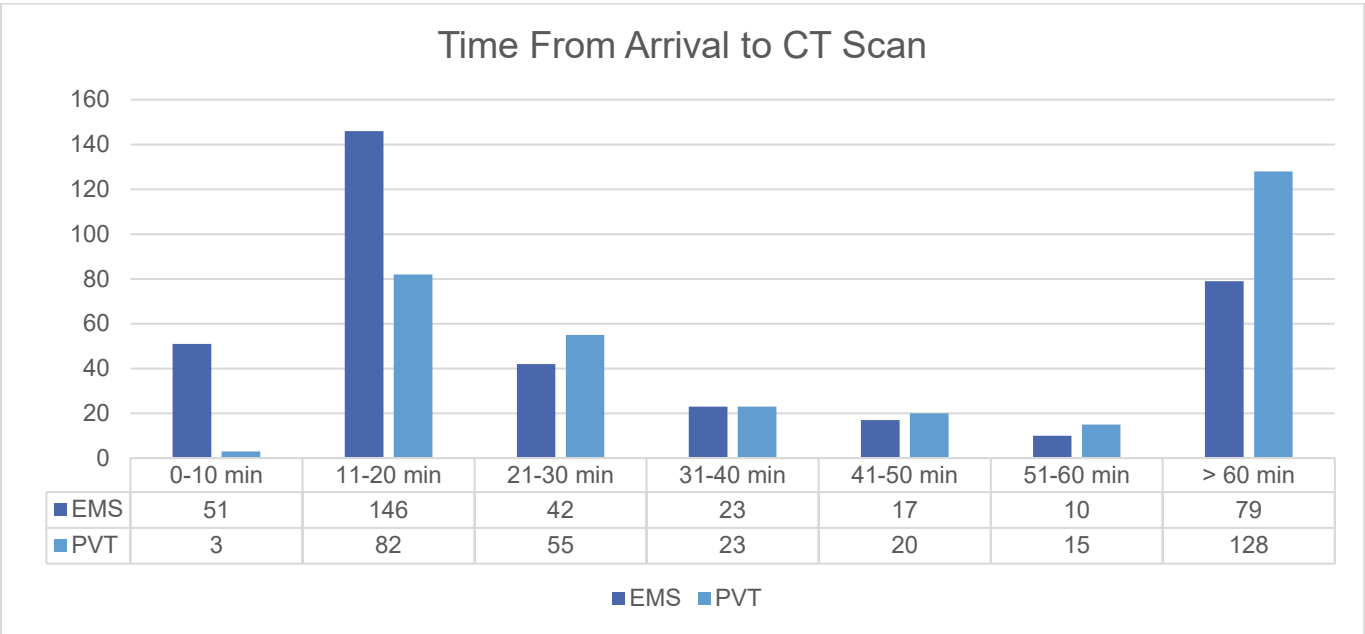
Stroke is a time-critical illness that occurs because the blood supply to part of the brain is interrupted resulting in the loss of brain cells that cannot be replaced. Stroke is a condition that directly affects the most critical area of a person. Therefore, time is critical to restore blood flow to prevent death of brain cells and to give the patient the best chance for recovery and ability to function as they did before the stroke. Most strokes are caused by the blockage of a blood vessel, multiple blood vessels, or by a blood clot. Some strokes are caused by a blood vessel breaking which both prevents blood flow beyond the break and causes bleeding into the brain. There are other causes of stroke such as a brain tumor, but they are less common.



In order to save brain cells after a stroke, the patient must be identified as having a stroke and receive the necessary care. This sounds easy, but many people wait to see if the symptoms go away before seeking assistance. Others will recognize that something is wrong and either contact their own physician or go to the hospital by private car. By going to the hospital by car, the patient risks going to a hospital where the patient may not receive the optimum care that a designated stroke center can provide.

EMS personnel are trained to recognize stroke using the acronym BEFAST to assess the patient for signs and symptoms of stroke. Balance disturbances, facial droop, and slurred speech are a couple of things EMS looks for to assess for a potential stroke. When a stroke is identified, the patient is usually transported emergently with lights and siren activated to get the patient to the hospital quickly. EMS will also ensure that the patient is transported to a designated Stroke Receiving Center that is prepared to rapidly move the patient to the CT scan for brain imaging. This is to help determine the cause of stroke. If the patient is determined to have a blockage as the cause of stroke, and the patient doesn't have another condition that precludes treatment, a medication that dissolves the clot is administered. A patient transported to a designated stroke center also receives the advantage of a continuum of care that includes multiple types of rehabilitation services to assist the patient in regaining as much functionality as possible.

Another benefit that EMS brings to the patient with stroke is the early notification provided to the Stroke Receiving Center so that the hospital is ready for the patient. The chart below highlights the benefit to the patient in getting into the CT scan by using EMS transport over self-transport.



EMS data related to stroke showed that patients identified as potential stroke patients through the Emergency Medical Dispatch (EMD) call determinant and call prioritization process were transported from the scene faster by EMS than those patients who did not have an EMD determination of stroke. This was true whether or not the reported signs and symptoms of stroke were obvious to the person calling 911.

Trauma System of Care

The County of Monterey’s trauma system of care was initiated in January 2015. Since that time, the County has provided specialty trauma care to thousands of patients with traumatic injuries. The County’s system of EMS Dispatch and pre-arrival instructions, EMS field triage, rapid transport to a Trauma Center, and care by a dedicated and specially trained trauma team has resulted in lives saved and a reduction in disabilities associated with traumatic injuries.

Natividad is the Trauma Center designated by the EMS Agency to serve the County of Monterey. Natividad is accredited by the American College of Surgeons (ACS) as a Level II Trauma Center for adult patients. In November 2025, the ACS reviewed Natividad’s delivery of trauma services and renewed their accreditation for another three year period. The EMS Agency is tasked with ensuring that Natividad provides care in a manner consistent with EMSA and ACS requirements.



Pediatric patients with critical or serious injuries are usually transported by air ambulance to a Pediatric Trauma Center in Santa Clara County.

The EMS Agency bases our trauma triage criteria on the National Guideline for the Field Triage of Injured Patients published by the ACS. This system categorizes the severity of the patient's injuries and helps ensure that patients with life-or-limb threatening injuries are rapidly identified and triaged to the closest, most appropriate Trauma Center. A similar triage system helps emergency department physicians at non-trauma center hospitals rapidly triage patients who arrive by means other than an ambulance and immediately transfer patients meeting trauma triage criteria to an appropriate Trauma Center.

DISASTER MANAGEMENT

California's disasters often have an impact on public health and the medical system. EMS is a key part of the countywide disaster management system. EMS providers are usually the first medical care teams to arrive at the scene of a disaster. Thus, EMS must be prepared to successfully respond to the public health and medical consequences of disasters.

The EMS Agency's Role in Disaster Management

The EMS Agency takes the lead in ensuring that EMS service provider agencies are prepared to respond to disasters and mass casualty incidents (MCIs) involving multiple patients. Advance preparations include building a robust system of mutual aid partners, regulating medical supply inventories, participation in training and exercise opportunities, and drafting and editing various disaster-related plans.

The EMS Agency provides staff to serve as an EMS Duty Officer. This position is on-call 24 hours per day, every day of the year. EMS Communications notifies the EMS Duty Officer of significant incidents providing the EMS Agency with situational awareness. The EMS Duty Officer confers with responding agencies and provides guidance as needed.

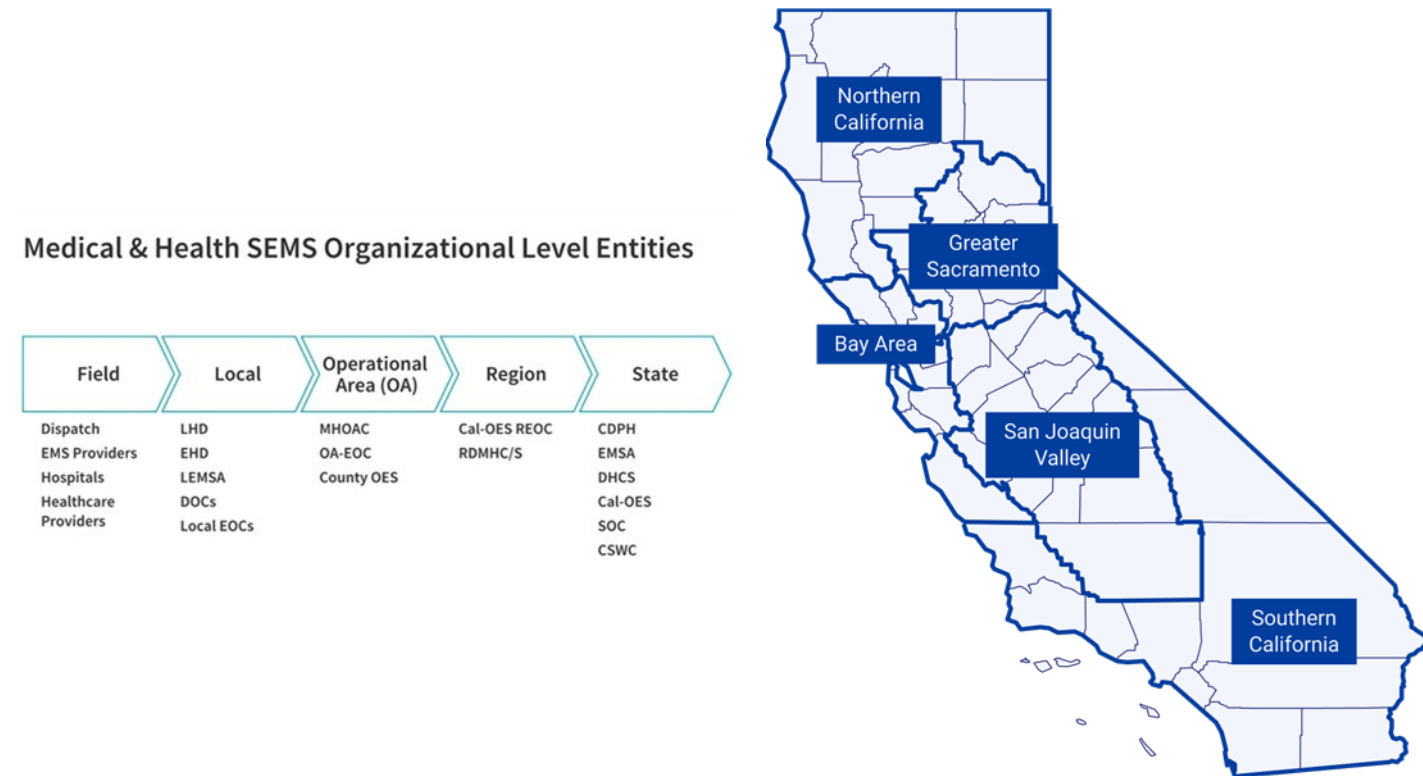
Depending on the scope and scale of the incident, the EMS Duty Officer may also decide to activate the Medical Health Operational Area Coordinator or MHOAC.

Medical Health Operational Area Coordinator (MHOAC)

The Medical Health Operational Area Coordinator (MHOAC) is a role with a set of duties defined by California Health and Safety Code Section 1797.153. These regulations task the MHOAC with responsibility for seventeen essential functions related to health and medical needs. During normal

operations, the MHOAC is responsible for collaborating with local and regional emergency planners to develop and maintain medical and health disaster plans. In the County of Monterey, the EMS Agency staffs the MHOAC position and maintains a 24-hour-per-day, 365-days-per-year single point of contact for the program.

When the local Department of Emergency Management (DEM) activates the Emergency Operations Center (EOC) due to a declared emergency, the MHOAC role becomes one of heightened significance. In the event of a local, state, or federal declaration of emergency, the MHOAC performs essential functions within the Operations Branch of the EOC and becomes a primary point of contact for the coordination of medical and health resources between local, regional, and state authorities. Largely concerned with the procurement and distribution of necessary resources during emergencies and disasters, the MHOAC becomes increasingly vital to an effective emergency response the longer an emergency persists.

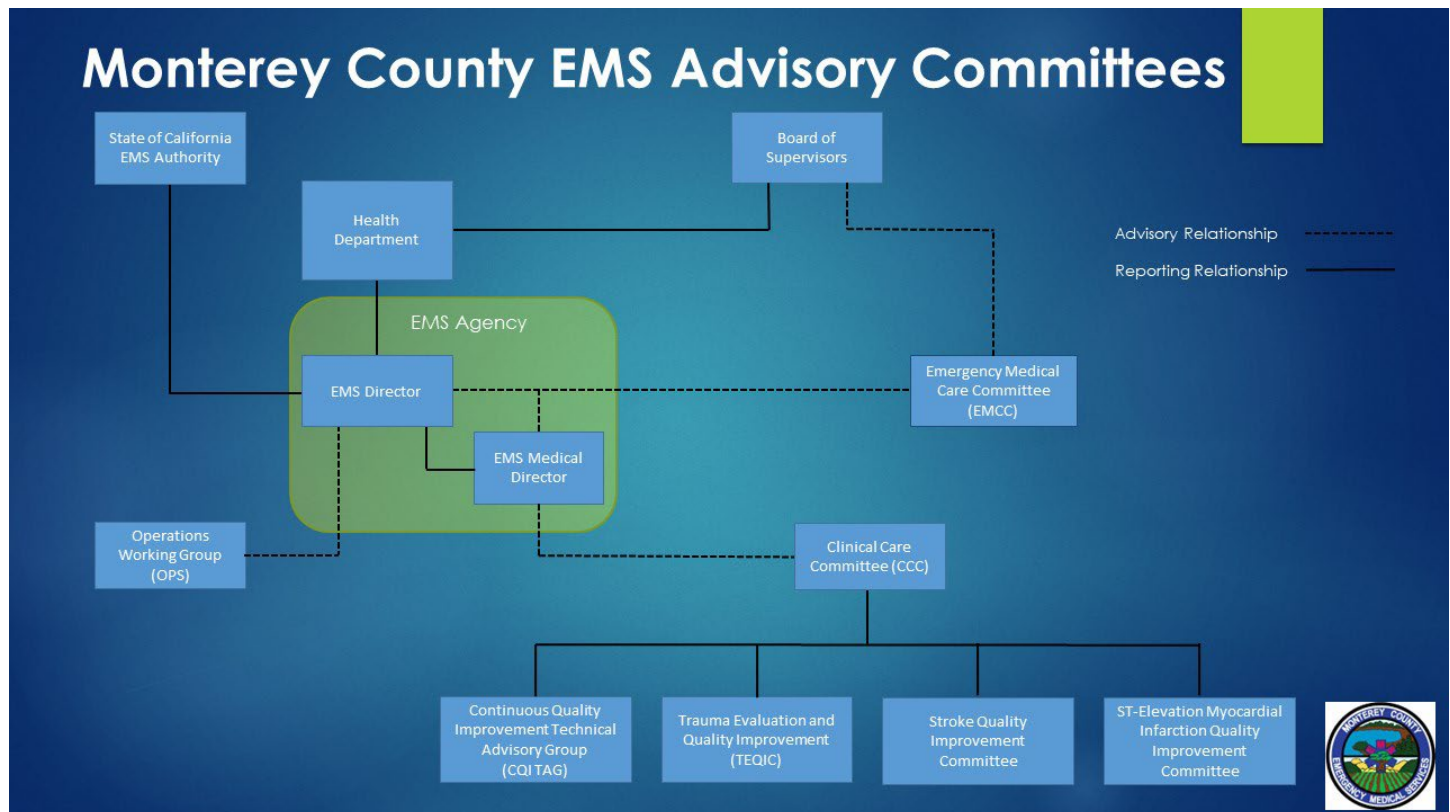


EMS ADVISORY COMMITTEES



There is one primary advisory committee to the EMS Agency, the Emergency Medical Care Committee (EMCC). Additionally, there is a clinical advisory committee, the Clinical Care Committee (CCC) and an operational advisory group, the Operations Working Group (OPS). These committees and working group are made up of members from various components of the EMS System, and in the case of the EMCC, members of the public. The EMS Agency seeks the wisdom, knowledge, and experience of individuals who provide the care and directly manage the response and care provided by their organizations, and those who live within the County of Monterey. Each member provides a unique perspective on EMS issues as a representative of his/her constituency. The varied viewpoints from our committee and working group members help ensure that the EMS Agency makes effective decisions with regards to policies, treatment protocols, and system function. The members of our committees and working group play an additional vital role in communicating system changes to other members of their constituencies.

The graphic below illustrates the relationships between EMSA, the Board of Supervisors, the EMS Agency, and the EMS Advisory Committees.



Emergency Medical Care Committee (EMCC)

The EMCC is a Board of Supervisors appointed committee whose purpose is to advise the Board of Supervisors and the EMS Director on EMS system issues. The EMCC receive regular reports regarding ambulance contract compliance, fire-based ambulance response times, ambulance patient off-load times, MHOAC activities, the EMS Plan, EMS training program reviews, and the Health Data Exchange.

The EMCC is comprised of individuals representing a broad constituency including hospital administrators, ED physicians, ALS and BLS fire agencies, law enforcement, County of Monterey Parks Department, the ambulance services contractor, Paramedics and EMTs, law enforcement, city managers, and the public. It is desired to have the three public representatives be from different areas of the County to represent the Monterey Peninsula, Northern Salinas Valley, and the South County area. Additionally, the Directors of the Department of Emergency Management and the Monterey County Emergency Communications Department serve as ex-officio, non-voting members of the EMCC.

The EMCC provides an annual report of its activities to the EMS Agency and to the County of Monterey Board of Supervisors.

The EMCC had a significant change in membership in 2025 as a couple of long-term members stepped down and were replaced with new members as shown in the EMCC Annual Report to the Board.

Clinical Care Committee (CCC)

The CCC has a clinical focus and serves as an advisory group to the EMS Medical Director and the EMS Director on medical control and other medical issues. This committee includes representatives from County of Monterey hospitals, first-responder agencies, ground and air ambulance providers, and law enforcement agencies. The CCC is where treatment protocols and policies are reviewed and our EMS stakeholders from the field and hospitals are able to provide their viewpoints and advice so that policies and protocols comply with regulations and reflect best practices. These efforts are undertaken to ensure that patients receive the best possible care from the EMS System.

Operations Working Group (OPS)

The OPS Working Group focuses on operational issues, system strategy, and coordination and serves as an advisory group to the EMS Agency Director. OPS is comprised of first-responder agencies, ground and air ambulance providers, law enforcement, a Emergency Communications Department (ECD) representative, a representative from a Paramedic Base Hospital, and Paramedic and EMT representatives from the County of Monterey EMS System. The EMS Medical Director serves as an ex-officio, non-voting member.

2025 EMS SYSTEM DATA

EMS SYSTEM PERSONNEL TRAINING

The number of students completing EMT training increased by nearly 30% in 2025. The number of students completing paramedic training increased by 83%. The significant increase in the number of paramedic students can be attributed to the establishment of a new second paramedic training program in Monterey County.

2025 EMT Student Training

Training Program Name	Initial Training	Refresher Training
Hartnell College	87	0
Monterey Peninsula College	89	6
TOTAL	176	6

2025 Paramedic Student Training

Training Program Name	Students Completing the Course
Monterey Peninsula College – South Bay Regional	18
NCTI	15
TOTAL	33

CERTIFICATION AND ACCREDITATION APPLICATIONS PROCESSED

Certification of EMTs and accreditation of paramedics are core functions of the EMS Agency. On average, the EMS Agency processes approximately 50 applications for EMT certification or paramedic accreditation each month. Each application is carefully reviewed to ensure each applicant has fulfilled the requirements to receive certification or accreditation. The EMS Agency received about 25 more applications, an approximately 8.5% increase, for EMT certification and recertification in 2025 than in 2024. The number of paramedic applications for initial and continued accreditation in Monterey increased by about 30 applications, an approximately 25% increase, in 2025 compared to 2024.

The increase in both EMT and paramedic applications were likely linked to the increased in the number of students completing initial EMT and paramedic training in Monterey County. As many EMS response agencies have faced staffing shortfalls in the recent years, we are hopeful that this is an encouraging sign for response agency staffing capabilities. Sufficient staffing is crucial to the provision of quality EMS care.



Applications Processed by the EMS Agency in 2025

EMT		Paramedic	
Initial EMT Certification	100	Initial Paramedic Accreditation	41
EMT Certification Renewal	232	Continued Paramedic Accreditation	113
Transfer of EMT Certification	13	Reinstatement of Paramedic Accreditation	0
Reinstatement of EMT Certification	28		
Applicant did not complete the application process	8		
Total EMT Applications	381	Total Paramedic Applications	154

Health Department Performance Measure – Application Processing Times

State regulations require the EMS Agency to process applications for initial or continued EMT certification within 14 calendar days from the date of receipt of a completed application. EMSA has not instituted a time requirement for the processing of applications for paramedic accreditation. Internally, the EMS Agency utilizes 10 business days as our application processing standard for applications from both EMTs and Paramedics.

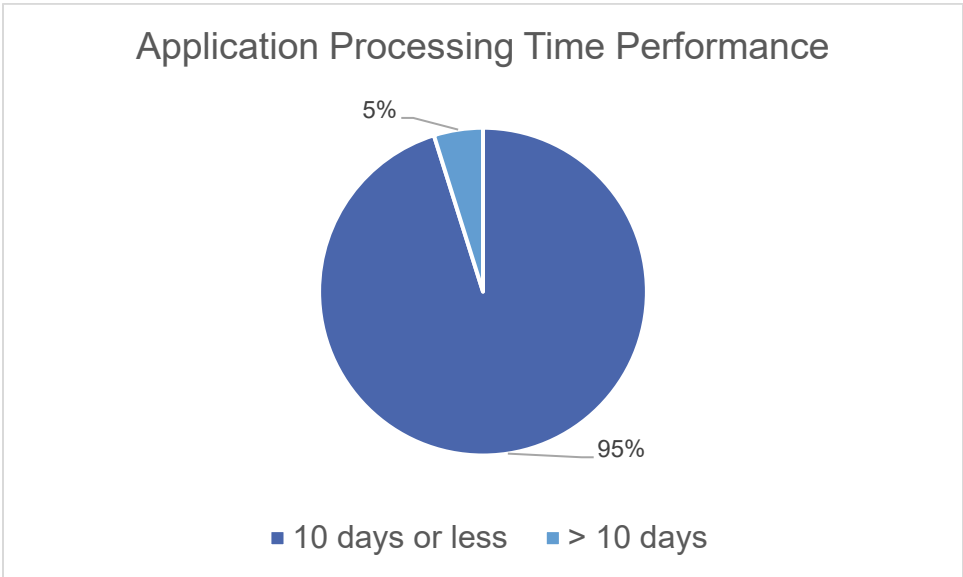
The EMS Agency established application processing time as one of our Performance Measures for the Health Department.

As illustrated in the following chart, the EMS Agency has performed well in completing application processing in a timely manner and meeting our Performance Measure goal of 90%. . Those applications that required more than 10 days to process were typically missing required documents that prevented prompt processing of the application.

The following table and chart demonstrate the EMS Agency's success in meeting this Performance Measure goal.

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025
Total Applications	124	166	127	101	518
10 days or < processing time	113	163	126	89	491
11 days or > processing time	9	3	1	12	25

**Data Note: The number of applications in these charts differs due to a difference in the applicant pools examined. The first chart reflects applications processed during 2025 and does not include applications received in 2025, but processed in 2026. The second chart reflects all applications received in 2025 other than those applications that were returned or withdrawn.*



AMBULANCE SERVICES PROVIDER CONTRACT ADMINISTRATION

Factors that makes an ambulance services contract successful include establishing and maintaining consistent monitoring of key performance measures, as well as strong, close collaboration between the EMS Agency and the ambulance services provider. In this section, we highlight three of the key performance measures. These measures were selected because they are critical to ensuring timely and appropriate response to emergency medical calls to meet the needs of our community.

EMERGENCY MEDICAL CALL DISPATCH

In the County of Monterey, the contracted ambulance service provider is responsible for providing the dispatch services for emergency medical calls. The current contract for ambulance services requires the contractor’s Emergency Medical Dispatchers to process calls for emergency medical services in 60 seconds or less. In that time, Dispatchers utilizing MPDS perform the call interrogation to prioritize calls and dispatch ambulances according to the acuity of the calls, thus ensuring that the highest acuity medical emergencies receive the fastest response from the closest available resources.

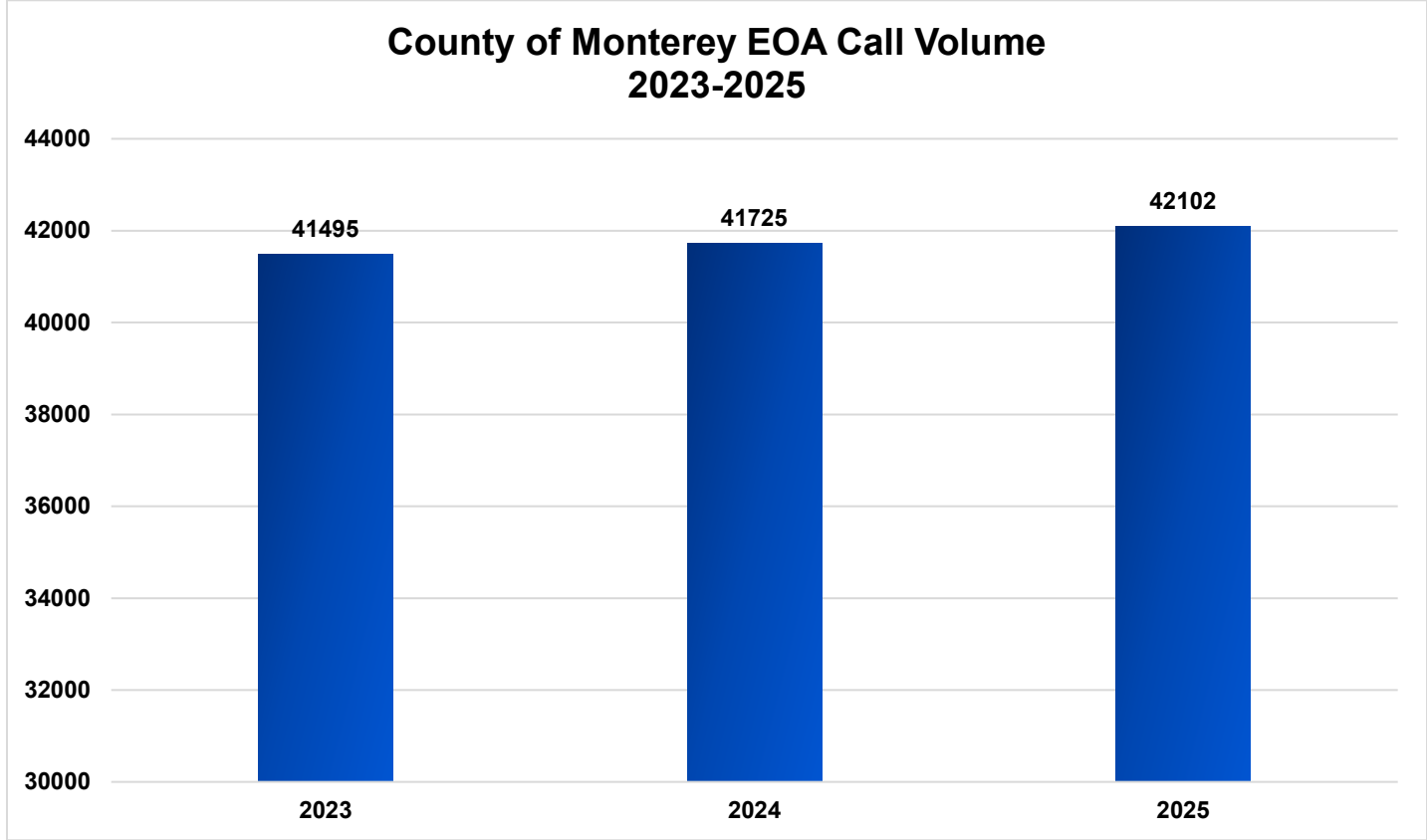
In 2025, Emergency Medical Dispatchers “EMD’d” 72% of emergency medical calls for service. In order for a call to be considered “EMD’d,” it must have a determinant code. Determinant codes are assigned to calls after the dispatcher finishes questioning the caller. The determinant code indicates the type of medical emergency reported by a caller and categorizes the level of urgency based on the reported signs and symptoms. It helps dispatchers determine the appropriate response and resources needed.

Year	Total Calls	Number of Calls EMD’d	Percentage of Calls EMD’d
2021	31,740	21,690	68%
2022	33,377	23,904	72%
2023	35,293	25,436	72%
2024	34,676	25,515	74%
2025	35,170	25,219	72%

AMBULANCE SERVICES
Ambulance Call Volume

For the purpose of the provision of timely ambulance services, the county of Monterey has been divided into zones and specific performance requirements have been put in place to ensure timely response to emergency medical calls. The zones and their corresponding response time requirements take into consideration the acuity of the calls, the large geographic area that must be covered, and the difficulty in providing the services in the more remote, hard-to-serve areas. Given that changes such as population increases/decreases can directly affect the provision of emergency medical services (e.g., an increase in call volume/number of transports), the EMS Agency works with the contracted ambulance services provider to monitor the data regularly to ensure that, as local communities in different parts of the county change, the ambulance services continue to meet the needs of the community.

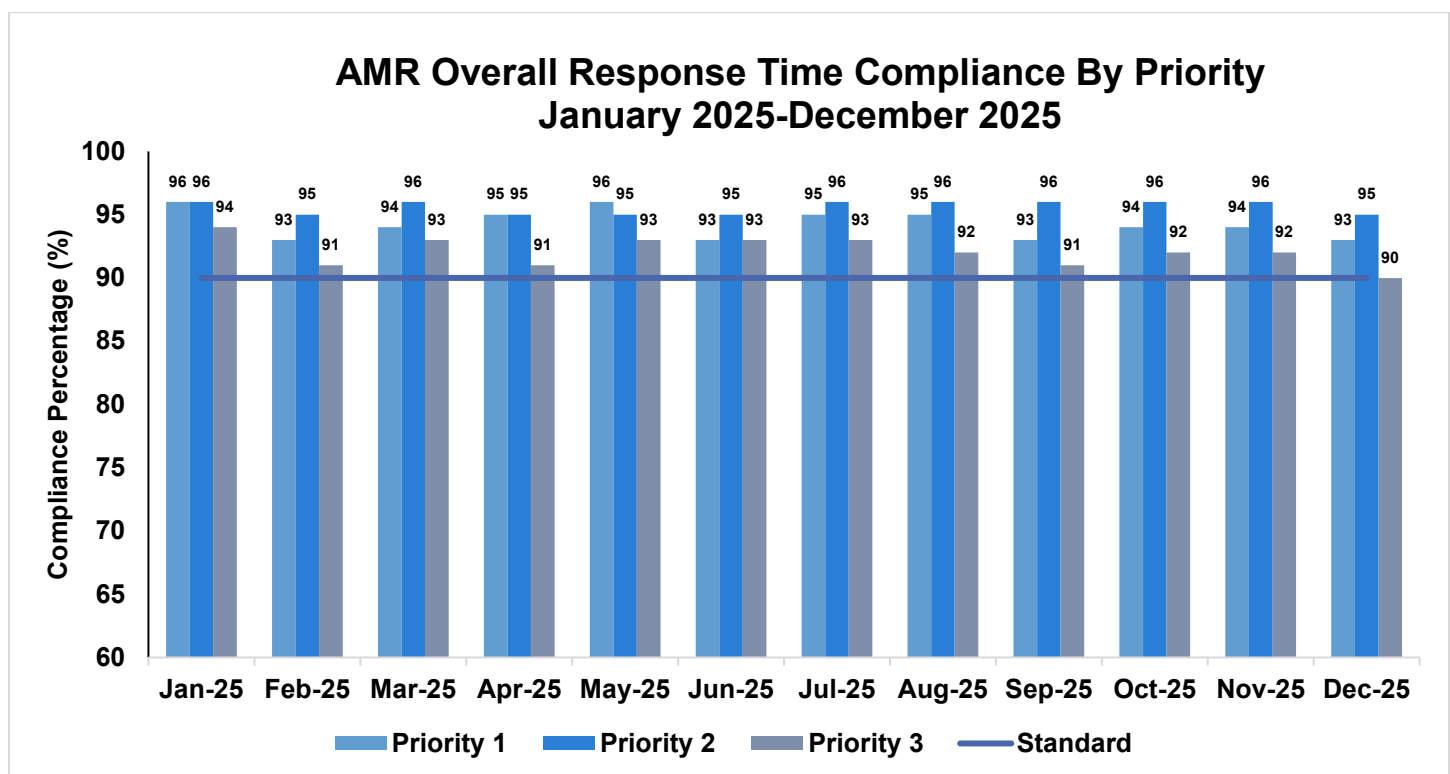
The chart below illustrates the total number of calls for emergency medical assistance received by AMR, the County’s ambulance service provider, from 2023 to 2025. The chart shows that there has been a minor increase in call volume. Between 2023 and 2024, call volume increased by 230 calls or 0.6%. Similarly, between 2024 and 2025, call volume increased by 377 calls or 0.9%.



Ambulance Response Times

The current agreement requires the ambulance services provider to achieve 90% or higher response time compliance for each priority within each zone to be deemed compliant. The table below illustrates the ambulance service provider's overall response time compliance by month for all Priority 1, 2, and 3 calls (definitions below) in 2025. The Emergency Medical Dispatch caller interrogation process through the Medical Priority Dispatch System (MPDS) determines most response priorities. The data below shows that AMR met or exceeded overall response time compliance in 2025, which is the direct result of the close collaboration between the EMS Agency and AMR to improve the EMS system and ensure the efficient use of ambulance resources.

Priority	Definition
1	Life-threatening emergencies, e.g., cardiac arrests, choking, major hemorrhage, etc. Require the closest ambulance with a red lights and siren response. The ambulance is <u>not</u> divertible.
2	Non-life-threatening emergencies. Require an urgent red lights and siren response. The ambulance is divertible to a Priority 1.
3	Non-life-threatening emergencies. Require an immediate response with <u>no</u> red lights or siren. Ambulances assigned to a Priority 3 call may be diverted to a higher priority call.



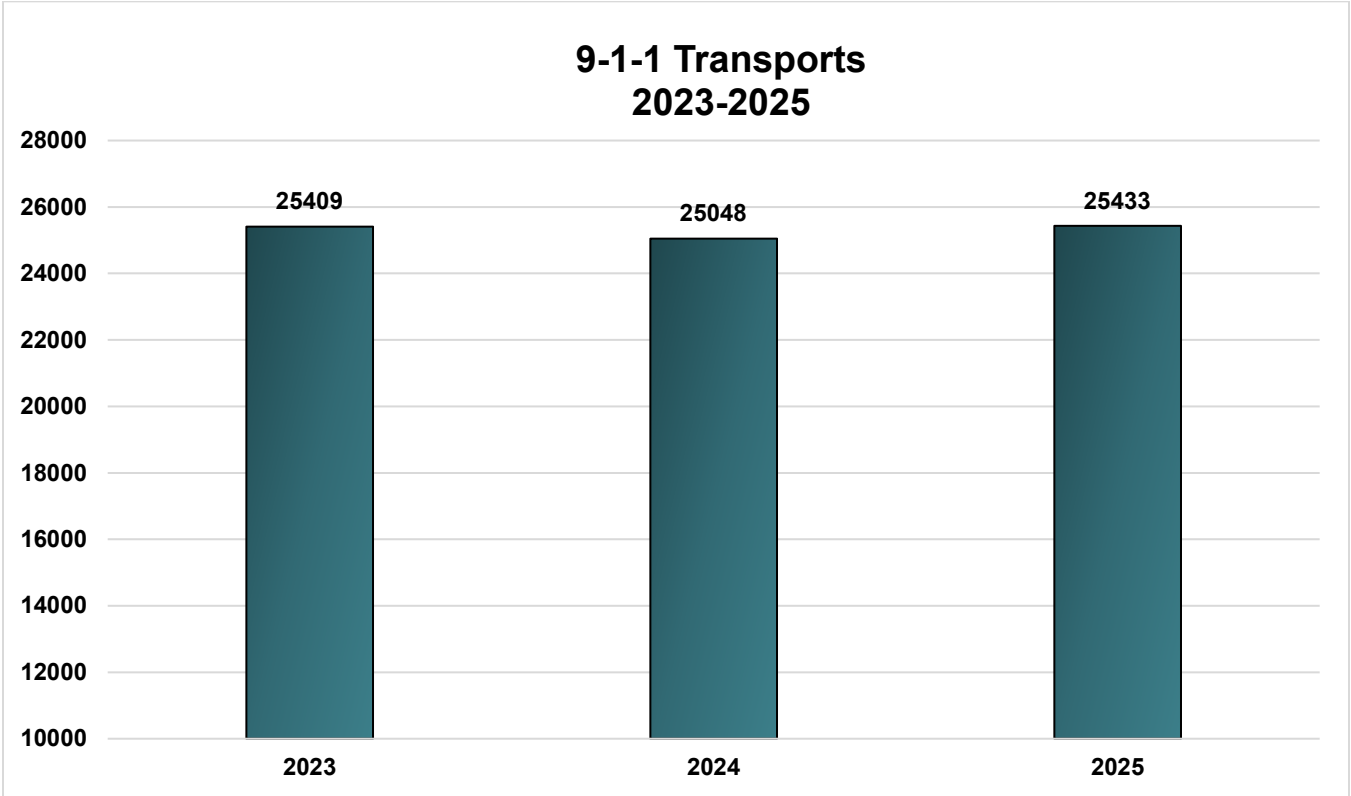
Ambulance Transport Volume

For a variety of reasons, not every call for emergency medical services results in a trip to the hospital. For example, the patient could be treated on site and not need to go to the emergency department. Sometimes, the patient chooses not to go to the emergency department.

The chart below depicts the number of calls for emergency medical assistance that originated through the 9-1-1 system and resulted in patient transport to the hospital from 2023 through 2025.

In 2025, based on the 42,102 emergency medical calls received by the ambulance services provider, approximately 59% of all calls placed to 9-1-1 for medical assistance resulted in transport to the hospital via ambulance.

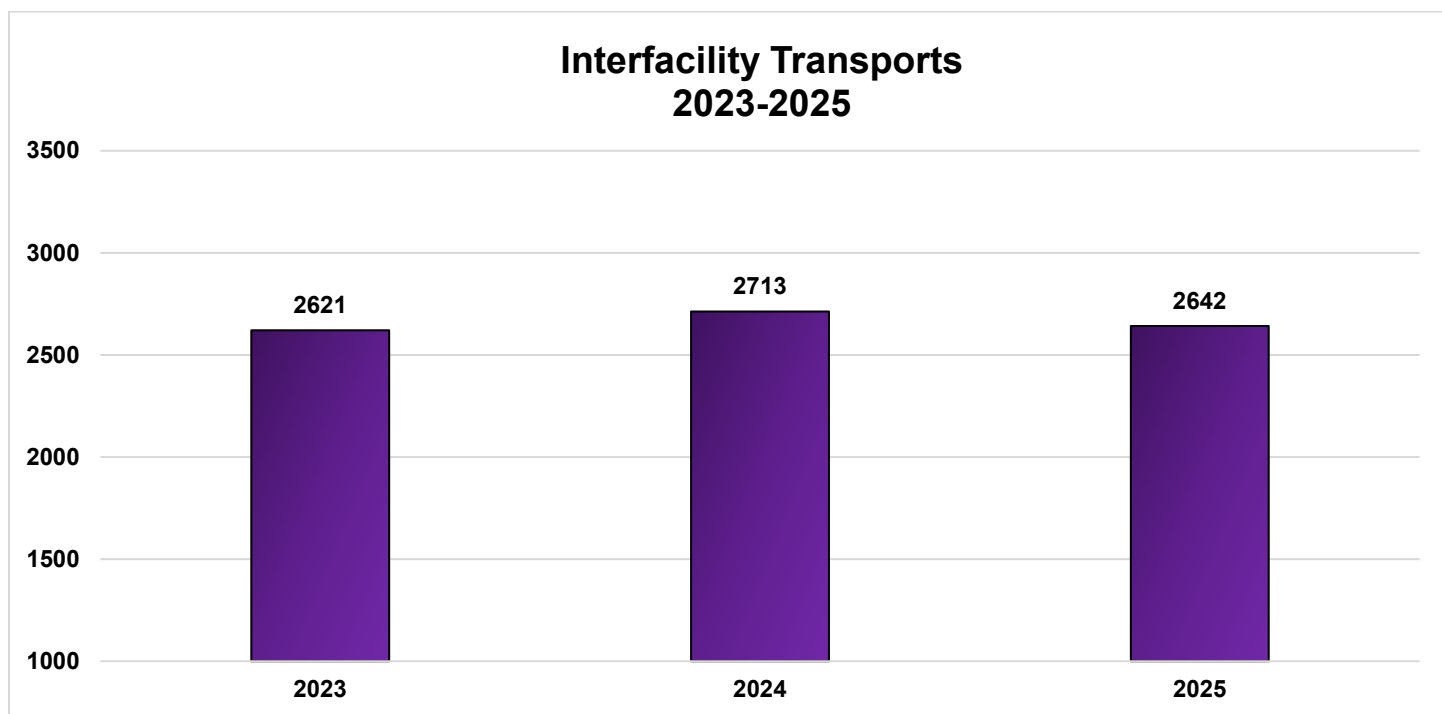
The chart below also shows that between 2023 and 2024, the number of transports decreased by 361 transports or a 1.42% decrease, and between 2024 and 2025, the number of transports increased by 385 transports or a 2% increase.



In addition to transporting patients encountered through 9-1-1 calls to hospitals, the ambulance service provider is also responsible for transporting patients who need continued medical monitoring while being transferred from one medical facility to another. For example, a patient being seen in the emergency department due to behavioral health issues who needs to be transferred to a behavioral health facility for continued care or a patient who is being released from the emergency department to go to a skilled nursing facility (SNF), which is a facility that provides high-level medical care and rehabilitation services, often after a hospital stay. These types of transports are referred to as Interfacility Transports (IFTs).

The chart below includes the number of IFTs from 2023 through 2025.

The data show that, between 2023 and 2024, the number of IFTs increased by 92 transports of 3.51% and between 2024 and 2025, the number of IFTs decreased by 71 transports or 3%.



SPECIAL EVENT PLANNING

Given the large number of special events that are held in the County of Monterey and that emergency and non-emergency medical incidents can occur at these events, to ensure that special events within Monterey County are properly prepared to address potential medical incidents and needs, the EMS Agency works closely with Housing and Community Development (HCD) and the Parks Department to collect medical plans from event coordinators and review the plans to ensure sufficient medical resource availability for each event. This process begins when HCD or the Parks Department notifies the EMS Agency about upcoming events, this notification prompts the EMS Agency to reach out to event organizers and request that the organizers complete and submit comprehensive medical plans. Some of the most prominent events that the EMS Agency reviews include the Sea Otter Classic, Big Sur International Marathon, Laguna Seca Raceway events, California Airshow, AIDS LifeCycle, AT&T Pebble Beach Pro-Am, and Concours D'Elegance. The ambulance services provider is responsible for providing standby ambulance services at special events.

In 2025, the EMS Agency successfully processed a total of 120 medical plans for these and other events. This represented an 84.6% increase from 2024 in the number of medical plans reviewed. The EMS Agency also reviewed information about another 15 events that were small enough that a formal medical plan was not needed.

In addition to collecting medical plans in advance, the EMS Agency also requests After Event Reports. These reports provide valuable insights into the actual medical needs that arose during each event, allowing the Agency to identify trends and potential challenges. This information is critical for shaping future event preparedness and ensuring that the EMS Agency can adjust policies and protocols to address emerging medical requirements effectively.

QUALITY ASSURANCE AND IMPROVEMENT

In order to achieve robust and viable quality improvement, it is imperative that the EMS Agency engages in data-driven decision-making. That is why, on a regular basis, the EMS Agency reviews data and information gathered during its specialty care QI committees, unusual occurrence reviews, and annual Policy and Protocol Development Cycle. During each of these programs, stakeholders can voice their perspectives and realities within the County of Monterey EMS system, and the EMS Agency has the ability to compare this information with strategic data reviews with the overall aim of making the county's EMS system high-performing and patient-focused.

Policy and Protocol Development

The EMS Agency seeks to review, and update as necessary, one third of our policies and protocols every year. Research and data, changes in clinical practice, stakeholder input, and information gleaned from our QA/QI processes all contribute to the update processes. This helps ensure that we use the latest data to guide patient care and EMS operations.

As a part of our 2025 Policy and Protocol Review Cycle, the EMS Agency updated 73 policies and field treatment protocols. The changes made to these policies and protocols went into effect on July 1, 2025.

Some highlights of the 2025 review and update included:

1. The addition of needle cricothyrotomy to establish an airway when other methods fail.
2. Changing the medication used to manage patients with persistent very low blood pressures to better align with current best practices. The new medication can be safely given more quickly as it does not require complex calculations and the establishment of a correct infusion rate over time.

3. Update to the policy on paramedic training program approval to provide best practices for program monitoring.
4. Expanding the policy for using the ReddiNet internet-based EMS communications system for managing critical incidents such as incidents involving multiple patients.
5. Updating the procedure for EMS personnel to make a determination of death when the patient is obviously dead and resuscitation efforts would be futile.
6. Adding a new flow-chart to the policy on how to care for patients with an implanted heart device commonly referred to as a VAD or LVAD that provides for circulation of the blood when the patient's heart is not able to do so. These devices are relatively rare and not commonly encountered by EMS personnel. The improved policy will assist with the assessment, troubleshooting, and treatment of these patients.
7. Revisions to the timeframe in which EMS personnel are to submit patient care documentation that takes into account the need for prompt transfer of information to ED staff and the need to respond to subsequent calls.

Some of the updates listed above impacted multiple policies and treatment protocols. This led to a larger than normal number of changes.

In 2025 the EMS Agency also started the review and update process for the 2026 Policy and Protocol Review Cycle. The changes resulting from this cycle will go into effect on July 1, 2026.

Unusual Occurrence (UO) Case Reviews

In 2025, the EMS Agency received 66 UO reports. This number represents a decrease of 20 case reviews or 23% from 2024. These reports present opportunities for EMS system quality improvement and have led to system-wide changes including changes in patient treatment protocols, the use of mutual aid resources, and the handling of hospital requests for Critical Care Transport units.

Along with these system changes, our Unusual Occurrence Reporting system has provided important insight into challenges that our allied agencies experience when working together on complex and multifaceted situations. The EMS Agency works with our partners to resolve case reviews and ensure an EMS system that is sustainable and effective in providing the best patient care.

SPECIALTY CARE SYSTEMS

A well-organized EMS system plays a critical role in ensuring that patients receive appropriate care in a timely manner. While the care provided by EMS personnel is essential, their decisions regarding patient transport destinations are equally important. In certain conditions, choosing the right hospital can be lifesaving.

Within the EMS system, specialty care programs are designed to rapidly identify patients who require specialized treatment, facilitate swift transport to the appropriate specialty care center, and enable early notification to the receiving facility. These processes help ensure that certain life-threatening conditions are treated as quickly as possible. The EMS Agency is responsible for designating and overseeing STEMI, stroke, and trauma specialty care systems, as well as developing and maintaining QA/QI programs for these systems.

As part of our QA/QI efforts, the EMS Agency conducts regular reviews of STEMI, stroke, and trauma cases and data to ensure that these critically ill patients receive optimal care. Each specialty care system is supported by a dedicated QI committee composed of EMS providers, hospital coordinators, and other key stakeholders in providing patient care. These committees meet at least three times a

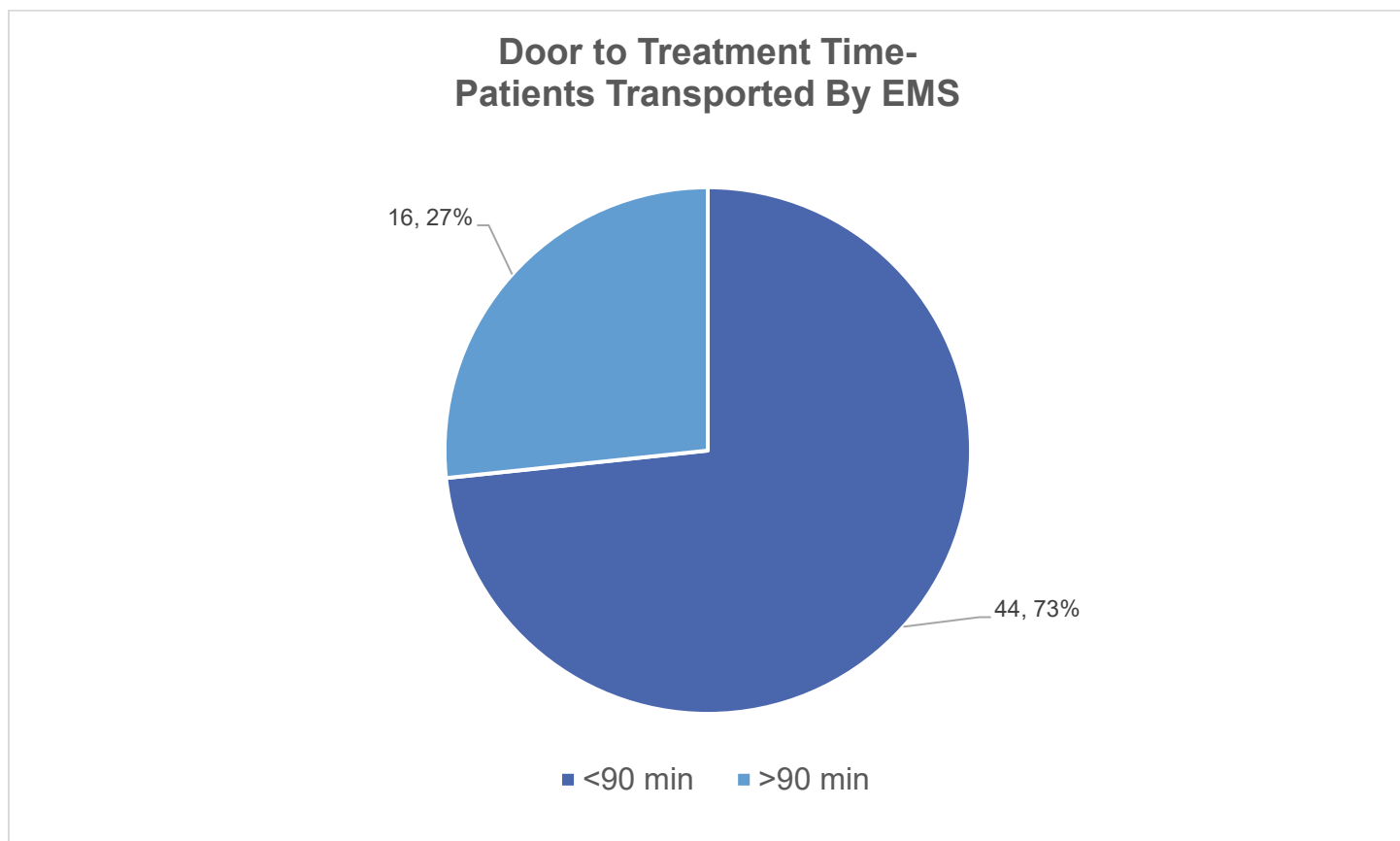
year to evaluate and discuss data trends, review cases, identify successes, and explore areas for system improvement.

The following sections highlight key trends identified across the three specialty care systems.

STEMI System of Care

The STEMI system of care starts with the policies and treatment protocols put in place by the EMS Agency. The system involves the training of our paramedic providers to obtain a 12-Lead ECG. This ECG is transmitted to a designated STEMI Receiving Center where it is reviewed by an ED physician and made available to the interventional cardiologist. In addition to electronically transmitting the 12-Lead ECG, the paramedic contacts the emergency department at the STEMI Receiving Center by phone and provides a verbal report on the patient's condition. This is the STEMI Alert that is used to trigger the STEMI Activation at the STEMI Receiving Center. The STEMI Activation brings the interventional cardiologist and cardiac cath lab team together so that the patient can be treated as soon as possible.

The benchmark time for the patient to receive treatment for STEMI is 90 minutes in 75% of cases. This benchmark is measured from the time the patient enters the hospital to the time the blockage in the patient's heart is treated. In 2025, 73.3% of EMS transported patients with STEMI met this benchmark.

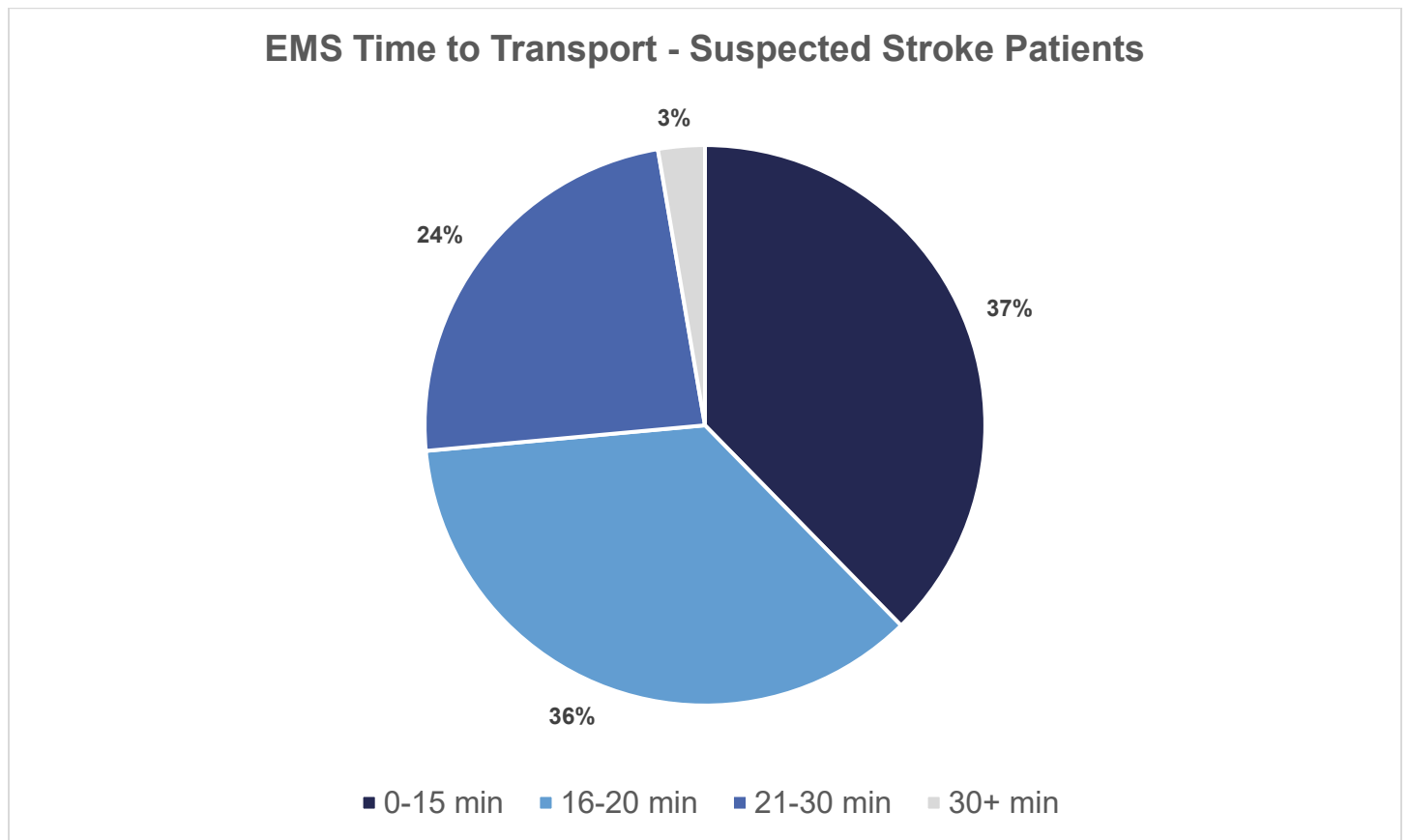


Stroke System of Care

When it comes to the best possible treatment of stroke patients, we must remember that “time equals brain.” That is why the goals of the Stroke system of care include early recognition of stroke, rapid transport of the stroke patient to a designated Stroke Center, early notification to the Stroke Center of

the patient's pending arrival, and rapidly obtaining a CT scan to help confirm the presence of stroke and establish the type of stroke. One type of stroke is caused by a blockage in an artery that provides blood and nutrients to the brain. The treatment for this type of stroke is medication that works to dissolve the blockage allowing blood to flow to the brain again. The hospital must administer this treatment within a narrow window of time.

To ensure that patients have the best possible opportunity to receive this treatment, the EMS Agency has established a benchmark for EMS providers to initiate the transport of stroke patients within 15 minutes of their arrival on scene. In 2025, 37% of patients suspected of sustaining a stroke were transported within this time frame. The EMS Agency continues to work to identify barriers to more timely transport and communicate these findings to EMS service providers through the Stroke QI Committee.



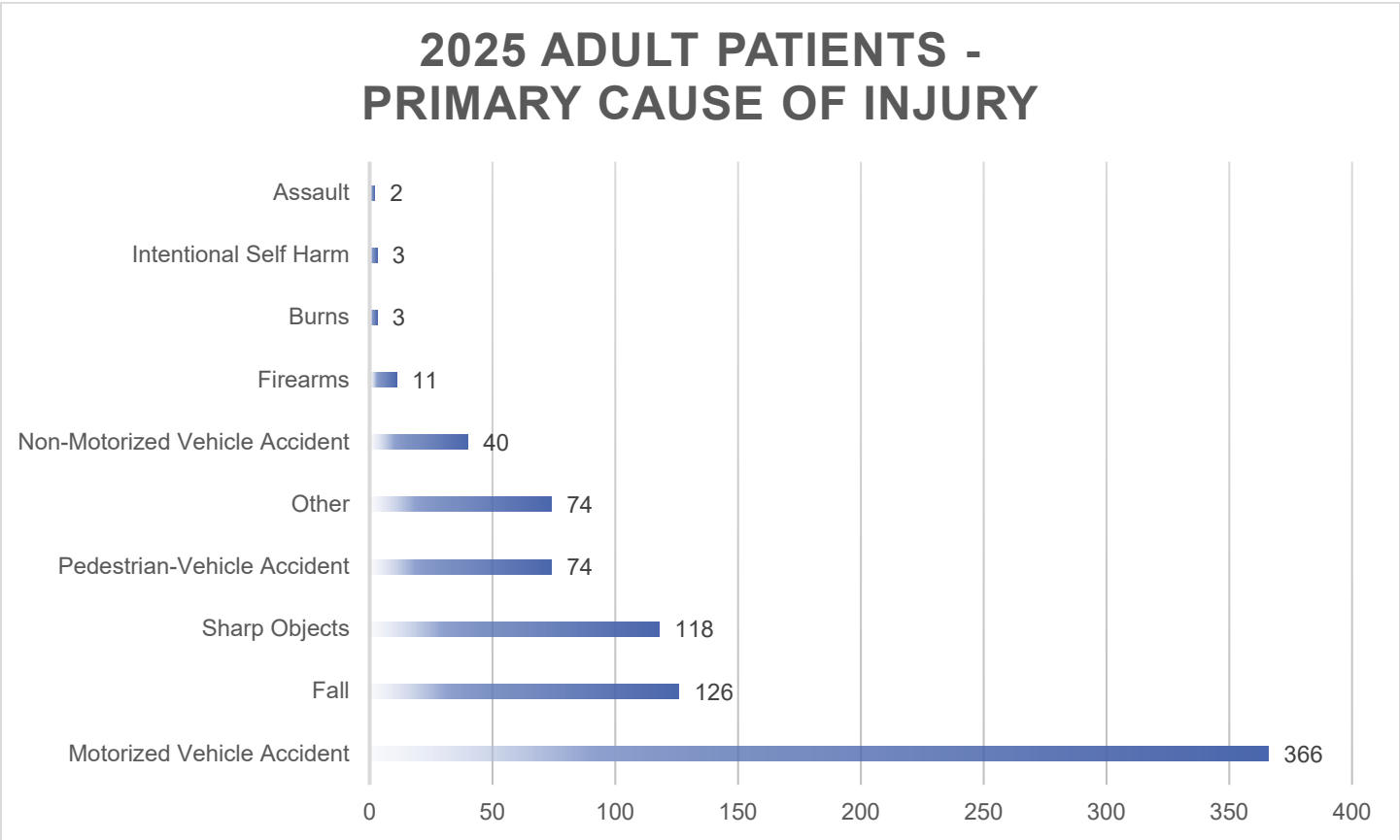
Trauma System of Care

Traumatic injuries are among the most common reasons for calls for EMS service. These injuries can range from minor lacerations to severe, multisystem trauma affecting multiple organs within the body. Due to the wide spectrum of presentations and the challenge of identifying internal injuries in the field, the EMS Agency has implemented a policy addressing Field Trauma Triage Criteria. This framework assists EMS providers in assessing injury severity based on vital signs, anatomic injuries, mechanism of injury, and other factors that may influence patient outcomes.

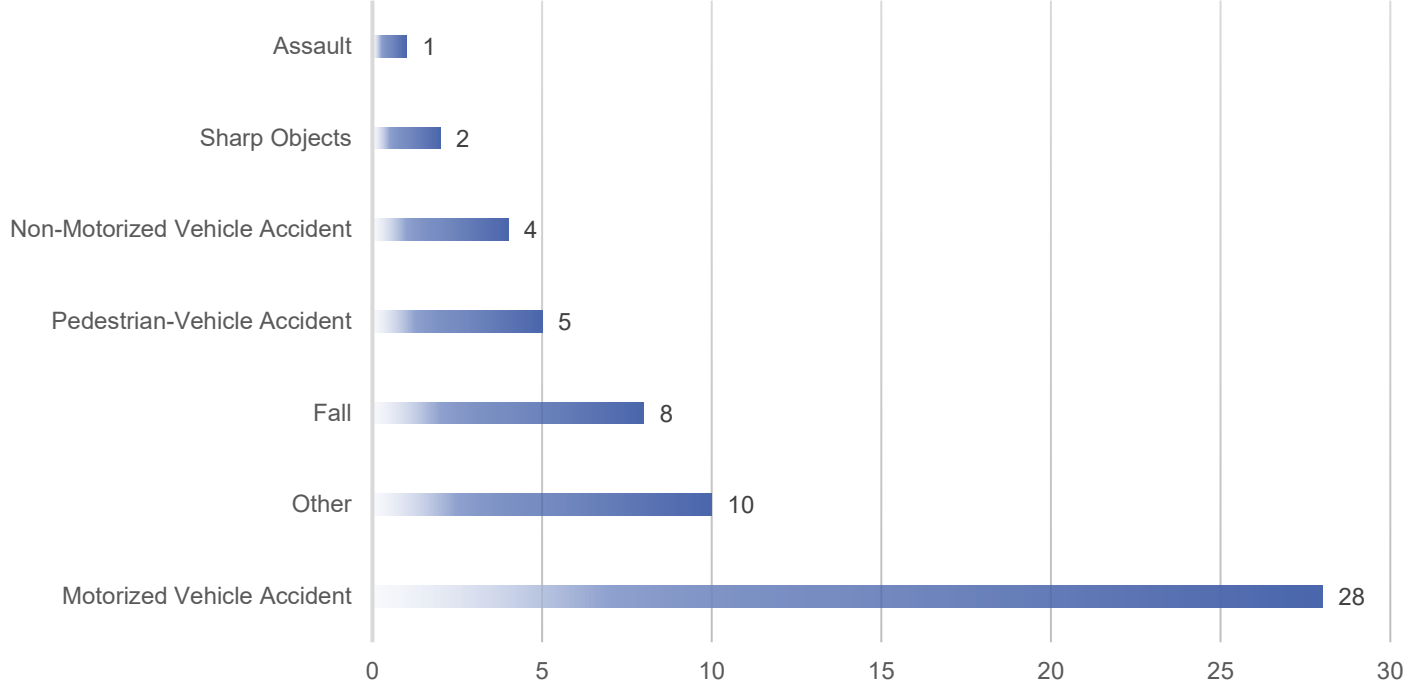
The Field Trauma Triage Criteria categorize patients into different “steps” within an algorithm, helping providers determine the likelihood of serious injury. This structured approach also guides destination decisions, ensuring that patients with potentially severe trauma are transported to facilities equipped to provide the appropriate level of care.

Timely access to a trauma center is critical for patients with significant injuries, as these centers offer specialized resources that improve survival and long-term outcomes. Local EMS providers consistently demonstrate strong clinical judgment in recognizing high-risk patients and selecting appropriate destinations. In Monterey County, the designation of Natividad as a Level II Trauma Center allows many patients to receive advanced trauma care without leaving the county. Natividad has established a strong track record of high-quality trauma care, as demonstrated by successful external evaluations conducted through the American College of Surgeons (ACS) Verification Review and Consultation (VRC) program.

In 2025, the primary cause of injury for both adult and pediatric patients was motorized vehicle accidents. This finding was consistent with the 2024 data. The 2025 data showed that 44.7% of adult patients and 48.3% of pediatric patients sought EMS services due to injuries resulting from motorized vehicle accidents. Overall, almost 60% of injuries involved a vehicle whether motorized or non-motorized.



2025 PEDIATRIC PATIENTS - PRIMARY CAUSE OF INJURY



Health Department Performance Measure – Transport of Trauma Patients to a Trauma Center

The EMS Agency identified the transport of trauma patients to a trauma center as one of our Performance Measures for the Health Department. We established a goal of transporting 90 percent or greater of patients who meet trauma criteria directly to a trauma center.

The table below demonstrate the EMS system's success in meeting this goal.

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	2025
# of Patients who Met Trauma Triage Criteria (TTC)	180	206	180	185	751
# of Patients Meeting TTC Transported to a Trauma Center	161	191	167	176	695
% of Patients Meeting TTC Transported to a Trauma Center	89.4%	92.7%	92.8%	95.1%	92.5%

**Data Note: The total number of patients varies between the two trauma metrics due to a difference in the patient populations tracked. The first measure related to cause of injury looks at all patients who met Trauma Triage Criteria while the second measure only looks at those patients who were transported to a hospital.*

TRI-COUNTY BUPRENORPHINE PROGRAM

In 2025 the County of Monterey EMS Agency continued its partnership with San Benito and Santa Cruz Counties to collaborate on the Tri-County EMS Buprenorphine Program as a way to address the opioid-addiction crisis within our region. The purpose of the program is to permit EMS providers to administer the medication to patients suffering with either opioid-related withdrawals or a nonfatal overdose. It not only provides initial treatment for patients struggling with addiction, but also provides access to long-term treatment and a network of support providers.

Along with support from the EMSA, CA Bridge, and several other community-based partners, this program has provided patients struggling with addiction the opportunity for treatment access and a network of support providers.

EMS personnel treated 25 patients with buprenorphine in 2025. This number represents a 150% increase over 2024 in the instances of administration of buprenorphine. Beyond the administration of the medication the patients were connected with substance use navigators who connected the patients with additional services and follow up care.

In July 2025, Dr. John Beuerle, the EMS Agency's Medical Director, delivered an educational presentation for field personnel. The presentation was focused on topics such as the opioid crisis, the pharmacology of buprenorphine, eligibility to receive buprenorphine, proper documentation, and the goals of administering the medication.

In late 2025, the EMS Agency applied to the EMS Authority for approval to renew our Local Optional Scope of Practice (LOSOP) that permits paramedics to administer buprenorphine in the field. The EMS Authority approved the application in November. With this approval, EMS providers in Monterey County are approved to administer buprenorphine through the end of 2028. The extension of this program will allow EMS providers to continue their positive impact on patient suffering from withdrawal symptoms and substance use disorder.

 County of Monterey EMS System Policy Protocol Number: E-5 Effective Date: 11/1/2024 Review Date: 6/30/2027 OVERDOSE AND POISONING BLS CARE Routine Medical Care Identify and locate the substance. Protect self and consider contacting California Poison Control at (800) 222-1222. Prevent additional contact with the substance, as warranted. Prevent further access to the substance by the patient. Do not induce vomiting. Give nothing by mouth. Substance-Specific Treatment (in addition to Routine Medical Care): Suspected Opioid Overdose Naloxone, up to 4 mg intra-nasal (IN), if respirations are less than 10/minute. Assess for improved respiratory rate and quality. May repeat one time if respirations remain less than 10/minute. ALS CARE Routine Medical Care Substance-Specific Treatment (in addition to Routine Medical Care): Suspected Opioid Overdose Naloxone, up to 2 mg IV/IM/IN/IO, if respirations are less than 10/minute. Titrate to improve respiratory rate and quality. May repeat up to 8 mg if respirations remain less than 10/minute. May be administered IM by an EMT working under the supervision of a paramedic. Naloxone 4 mg IN if using a single-dose IN device. Buprenorphine 16 mg SL may be administered to patients with symptoms of opioid withdrawal or for patients who have been successfully resuscitated with naloxone following a near-fatal opioid overdose. If symptoms worsen or persist, may repeat 8 mg SL (for a total maximum dosage of 24 mg SL). See EMS System Policy #4520 for inclusion and exclusion criteria and further details. Ingestion of Non-Petroleum Based Substance or Non-Caustic Substance Activated Charcoal 1 gm/kg PO should be considered if the time of ingestion was less than one (≤1) hour prior to EMS arrival and if the patient is alert and able to safely swallow liquid.	 County of Monterey EMS System Policy Policy Number: 4520 Effective Date: 11/1/2024 Review Date: 6/30/2027 OPIOID WITHDRAWAL TREATMENT (BUPRENORPHINE) I. PURPOSE To provide guidance for treating patients who are (a) exhibiting signs or symptoms of opioid withdrawal and/or (b) who have been successfully resuscitated following an opioid overdose, including the administration of naloxone. ALS providers may activate a prehospital-based MAT program, which allows paramedics to administer buprenorphine AND link the patient with a hospital treatment program. Offering buprenorphine treatment to individuals experiencing opioid withdrawal or to those who experience a nonfatal opioid overdose provides an opportunity to reduce opioid overdose fatalities. This optional scope of practice item is currently limited to AMR paramedics only, although we anticipate extending this project to all ALS 9-1-1 transport providers in the future. This limited roll-out will allow us to study cost, utilization, and overall effectiveness before considering whether to expand the local optional scope of practice (LOSOP) authorization to all ALS providers. II. ASSESS FOR EXCLUSION CRITERIA A. Patients with any of the following exclusion criteria should not receive buprenorphine: • No opioid withdrawal signs of symptoms • Under 16 years of age • Any methadone use within the last 10 days • Severe medical illness (sepsis, respiratory distress, etc.) • Altered mental status and unable to give consent or comprehend potential risks and benefits of receiving buprenorphine • Clinical Opioid Withdrawal Scale score (COWS score) < 8
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FINANCES

County Service Area (CSA) 74

In 1988, the County of Monterey sponsored a ballot measure for the establishment of the CSA-74 benefit assessment on real property within the county to finance a countywide Paramedic Emergency Medical Services (EMS) program. On March 7, 2000, Monterey County voters approved Measure A, replacing the former CSA-74 benefit assessment with an equivalent special tax, in compliance with Proposition 218. The special tax is collected, whose purpose is to fund “the countywide Paramedic EMS System, which will provide advanced life-savings support of victims in response to emergency calls,” is administered by the EMS Agency.

The special tax for CSA 74 is assessed in accordance with the County of Monterey Land Use Codes. The basic unit is a single-family dwelling. The current rate per parcel is \$12.00. All other land uses are either a percentage or multiple of that basic unit. Trailer Spaces and Hotel Rooms are calculated differently as there may be many of them on a single parcel.

The break down based on billed parcels for FY24-25 is as follows:

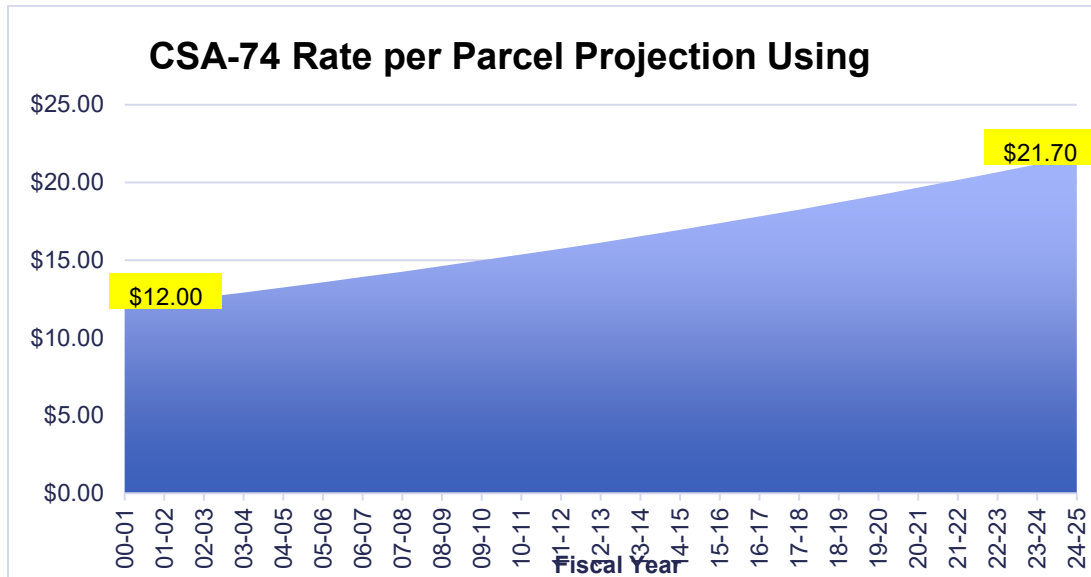
CSA Units	121,049	\$1,730,640
Trailer spaces and hotels rooms	<u>413</u>	<u>\$183,776</u>
Total	121,462	\$1,914,416

In addition to supporting operations of the EMS Agency to comply with its responsibility to oversee the EMS System, CSA-74 funds are also used to supplement the countywide EMS training efforts and equipment acquisition of emergency first responders. The amount disbursed to each participating agency is calculated using the methodology established in the MOU dated June 17, 2011.

During FY24-25, the EMS Agency continued to use CSA-74 monies to support the cost of the countywide, integrated electronic patient care reporting (ePCR) system to ensure compliance with Assembly Bill 1129, which revised the California Health and Safety Code, Section 1797.227 to require local emergency medical care providers to submit electronic data.

It is worth noting that there has been no change in the per parcel rate since FY 2000-01 and therefore, the revenue generated from CSA-74, the EMS Agency’s primary source of funding, has not kept up with the continued rise in costs. Applying an average inflation rate of 2.50% per year between 2001 and 2025, the per parcel rate today would have increased to \$21.70, or a cumulative 81% increase.

A table showing what the CSA-74 Special Tax rate would be in today’s value appears on the following page:



Maddy Fund Revenue

In 1989, the County of Monterey Board of Supervisors established the County Emergency Medical Services Fund (EMSF) under Section 1797.98 of the Health and Safety Code (Maddy Fund) to provide for collection and distribution of fine proceeds authorized by the California State Legislature adopting of Senate Bill 612 and 1773. These laws allow counties to levy an assessment of \$4.00 per \$10.00 of fines for specified traffic violations.

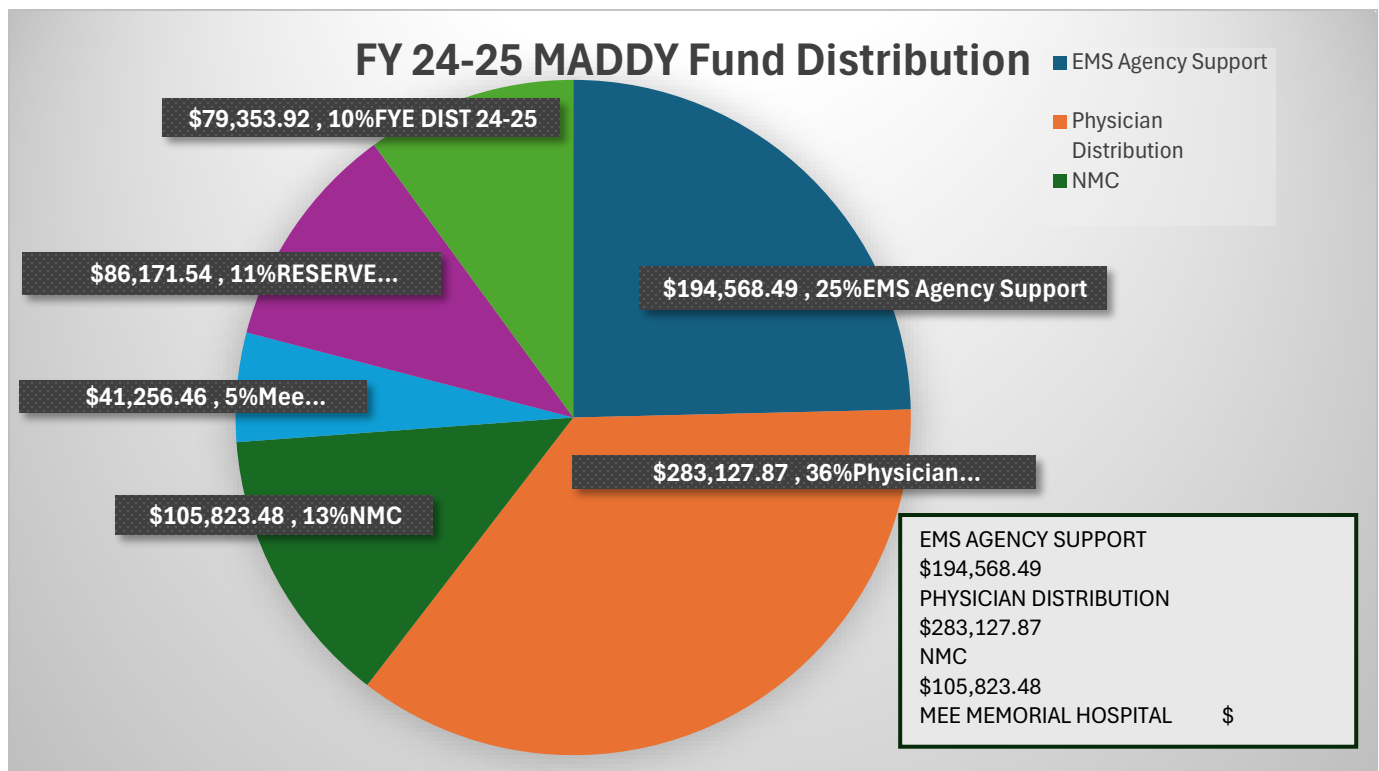
Pursuant to state law, the money in the fund is disbursed and utilized in the following manner:

- Up to 10% of the proceeds are available for the program's administration.
- The remaining 90% compensates health care providers for emergency medical services provided to individuals who do not have healthcare insurance and cannot afford to pay for emergency medical care and for discretionary EMS purposes as follows:
 - 58% to reimburse physicians for a portion of unreimbursed indigent services;
 - 25% to reimburse hospitals which provide a disproportionate share of unreimbursed emergency medical care; and
 - 17% for Health Department's Emergency Medical Services Agency discretionary activities.

Maddy funds are distributed on a quarterly basis to physicians and on an annual basis to the hospitals.

Health & Safety Code Section 1797.98(b) (4) also allows each administering agency to maintain a reserve fund of up to 15% of the amount of the fund reimbursable to physicians and hospitals. The purpose of the reserve is to ensure that physicians and hospitals continue to receive reimbursement for a portion of their services. In FY2022-23, the EMS Agency established a reserve fund in accordance with State law. The reserve fund is equivalent to 15% of the portion available for hospitals and physicians.

A chart showing the disbursement of Maddy Funds in FY24-25 appears below:



The Maddy Fund experienced overall revenue fluctuation over the five-year period from FY 2020–21 through FY 2024–25, with a general downward trend followed by modest recovery in the most recent fiscal year.

Revenue totaled \$946,143 in FY 2020–21 and declined to \$842,019 in FY 2021–22, representing a decrease of \$104,125 (11%). This downward trend continued in FY 2022–23, with revenue decreasing by \$45,248 (5%) to \$796,771. In FY 2023–24, revenue further declined by \$26,146 (3%) to \$770,625.

In FY 2024–25, the Maddy Fund experienced a reversal of this trend, with revenue increasing by \$19,677 (3%) to \$790,302. This marks the first year of revenue growth following three consecutive years of decline.

Overall, the data indicates a cumulative decrease of approximately 16.5% from FY 2020–21 to FY 2023–24, followed by a partial recovery in FY 2024–25. While the recent increase is a positive development, revenue levels remain below those observed at the end of FY20-21.

The trend suggests that while revenues may be stabilizing, continued monitoring is warranted to determine whether the increase in FY 2024–25 represents the beginning of sustained growth or a short-term fluctuation.

A table showing the Maddy fund revenue for the past five years appears below:

Maddy Fund	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25
Revenue	\$ 946,143	\$ 842,019	\$ 796,771	\$ 770,625	\$ 790,302
Change in Revenue	\$ 78,934	\$ (104,125)	\$ (45,248)	\$ (26,146)	\$ 19,677
Percentage	9%	-11%	-5%	-3%	3%

Maddy Fund Claims Received

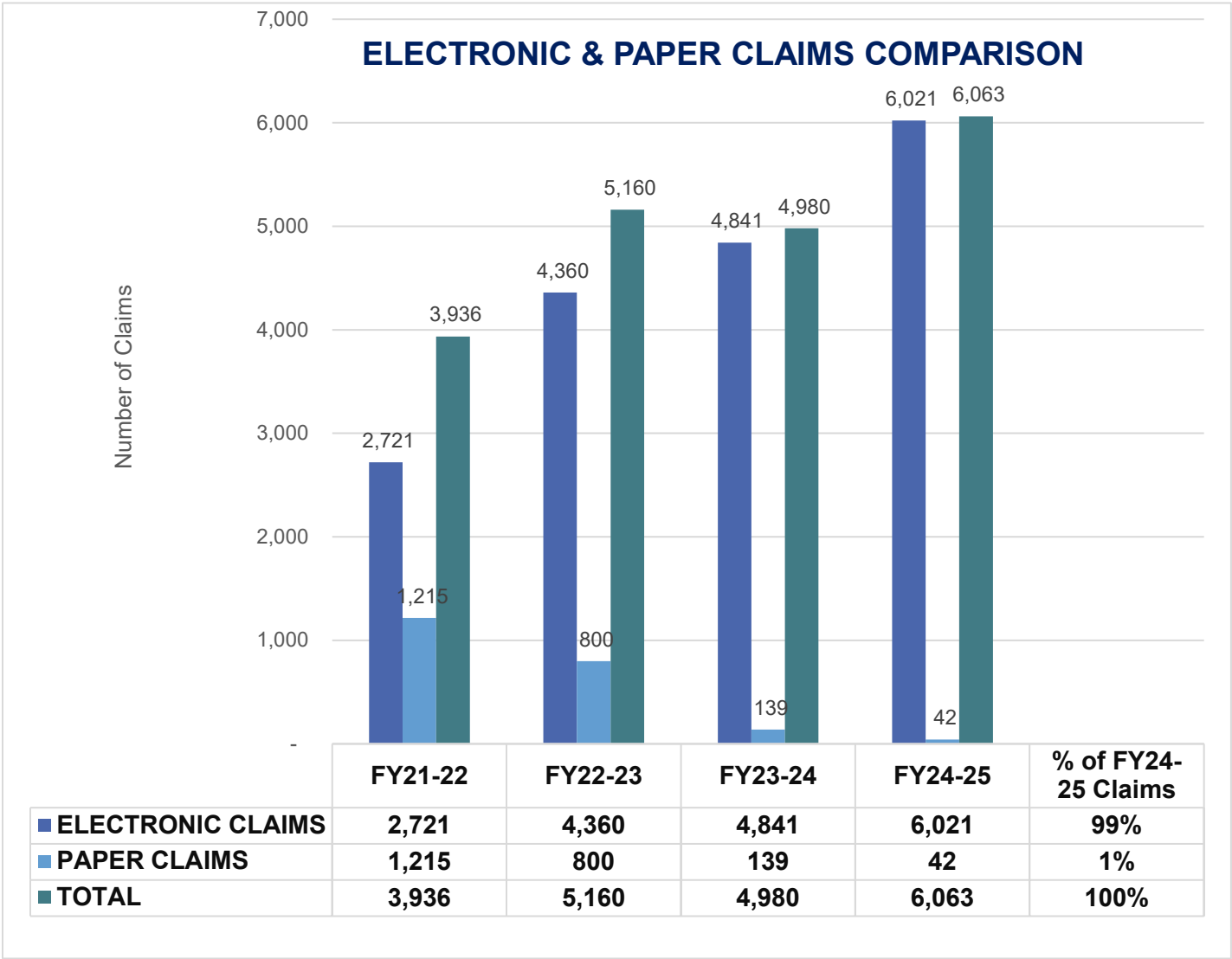
During FY24–25, the EMS Agency received and processed a total of 6,063 claims, compared to 4,980 in the previous fiscal year. Notably, the number of claims submitted and processed electronically increased by 24%.

Electronic submissions now account for the vast majority of claims, with 99% received and processed electronically while only 1% are submitted on paper and require manual processing. This shift represents a significant improvement in operational efficiency and accuracy. Paper claims require time-intensive manual data entry, which increases the risk of human error, whereas electronic submissions streamline processing and enhance data reliability.

Overall, the EMS Agency experienced a 22% increase in total claims volume during FY24–25. Since implementing electronic claims submission in FY 2021–22, the Agency has successfully reduced paper claims to just 1% of total submissions.

The EMS Agency will continue to monitor trends in the processing of claims.

A table showing the number of claims received in FY24-25 appears below:



Finance-Related Goals for 2026

Diversifying Revenue

The CSA-74 special tax and the Maddy Fund are the EMS Agency's primary sources of funding. Given the downward trend in Maddy Fund revenue in the last five years, coupled with a CSA-74 special tax that has not changed since FY2000-01, it has become imperative for the EMS Agency to explore ways to generate increase and diversify its revenue such as the implementation of fees to ensure the fiscal stability of the EMS Agency.

In FY2023-24 the Board of Supervisors approved the implementation of an annual license fee in the amount of \$25,000 for Air Ambulance Services Providers providing service in the County of Monterey. The annual fee will allow the County to recover costs associated with the classification and authorization of EMS aircraft. At the time of implementation, there were two Air Ambulance Service Providers delivering the primary services in Monterey County. As of the end of 2025, primary services are now provided by one Air Ambulance Service Provider. This change will decrease the additional revenue to \$25,000 annually from the originally anticipated \$50,000 annually. Despite the additional revenue, expenses are continuously increasing. In FY2023-24 the EMS Agency saw an increase of 30.92% in expenses in comparison to FY2022-23. The additional \$50K in new revenue does not cover the increase in expenses.

In addition, the EMS agency has introduced an oversight fee to the county ambulance provider, ensuring appropriate cost recovery for system monitoring, quality assurance, and regulatory activities. The agency is has also implemented an electronic patient care reporting (ePCR) system fee requirement for the county ambulance provider for their use of the county's ePCR system. Collectively, these initiatives are intended to generate additional revenue and support the agency's ability to expand and enhance its programs and services.

With rising operational costs, the EMS agency continues to proactively identify opportunities to strengthen and diversify its revenue streams. Moving forward, the agency will focus on identifying potential new fees designed to support program sustainability and regulatory oversight. Each potential fee will be aligned with the increasing administrative, training, and compliance demands associated with the related programs.

Maddy Fund – Electronic Physician Enrollment

The EMS Agency is working on transitioning to electronic physician enrollment to improve and modernize current processes. Electronic physician enrollment will streamline the way provider information is submitted, verified, and maintained across systems. By shifting from manual, paper-based workflows to a fully digital process, organizations can significantly reduce administrative burden, minimize delays, and improve data consistency. This approach enables faster onboarding of physicians, enhances compliance through standardized data entry, and reduces the likelihood of human error during processing. Additionally, it allows staff to focus on higher-value tasks rather than repetitive data handling. Overall, this transformation supports a more efficient, reliable, and scalable enrollment process that improves both operational performance and provider experience.

2025 ACCOMPLISHMENT HIGHLIGHTS

REQUEST FOR PROPOSALS PROCESS AND THE AWARD OF A NEW AMBULANCE SERVICE PROVIDER AGREEMENT FOR THE EXCLUSIVE OPERATING AREA

In January 2010, the EMS Agency initiated an agreement with American Medical Response for the provision of ambulance services within Monterey County’s Exclusive Operating Area (EOA). As the California EMS Authority (EMSA) requires that local EMS agencies conduct competitive processes approximately every ten years, the EMS Agency issued a request for proposals for ambulance services in January 2019. The RFP garnered one proposal submission that was subsequently rejected. A second RFP was issued in November 2020, but we did not receive any proposals. After approximately a year and a half of work including significant revisions, extensive opportunities for stakeholder input, and extensive work with entities such as Contracts and Purchasing, County Counsel, and the state EMSA to ensure that the RFP met all pertinent requirements, the EMS Agency issued a third RFP on January 30, 2025.

RFP ISSUED	WRITTEN QUESTIONS	DEADLINE	PRESENTATIONS	INTENT TO AWARD
C&P website. Targeted distribution to EMS service providers throughout the state and nation.	Potential bidders submit questions, EMS Agency drafts & publishes responses along with any needed changes to the RFP.	Proposals due from bidders.	EMS Agency & ECD presentations. Proposers present to County staff and selection panel.	Notification issued by C&P
2025 Jan 30 	2025 Mar 25 	2025 Apr 22 	2025 Apr 28 	2025 May 9 

The immense amount of work that went into the RFP proved fruitful this time as the EMS Agency received two proposals in response to the RFP.

A Proposal Review Panel composed of members familiar with or oriented to various aspects of EMS systems, knowledgeable of the EMS needs of the County of Monterey, and with expertise in various EMS disciplines was tasked with selecting a provider for the EOA based on clinical, operational, and dispatch quality of service while also constraining service costs to the public and other payers.



The final award reflected careful planning, strong stakeholder involvement, and a detailed, transparent review of all proposals to ensure the selection of the contractor best suited to meet the community’s needs. The successful proposer was American Medical Response.

In July 2025, the EMS Agency completed the extensive process to award a new ambulance service provider agreement for the County’s Exclusive Operating Area by executing an agreement with AMR.



NEW AMBULANCE SERVICE PROVIDER AGREEMENT TRANSITION PERIOD

Following the award, the new agreement established a defined transition period during which the provider was immediately contractually obligated to begin preparations for the upcoming operational start date of February 1, 2026. To help manage the volume of tasks and deadlines during this period, the EMS Agency researched project management tools and identified Monday.com as a platform that could support the team’s needs. Monday.com provided a straightforward way to organize deliverables, track progress, and keep everything in one place. It also allowed the EMS Agency and AMR to collaborate directly within the platform by assigning tasks, sharing updates, communicating in real time, and flagging items that needed attention.

monday work management

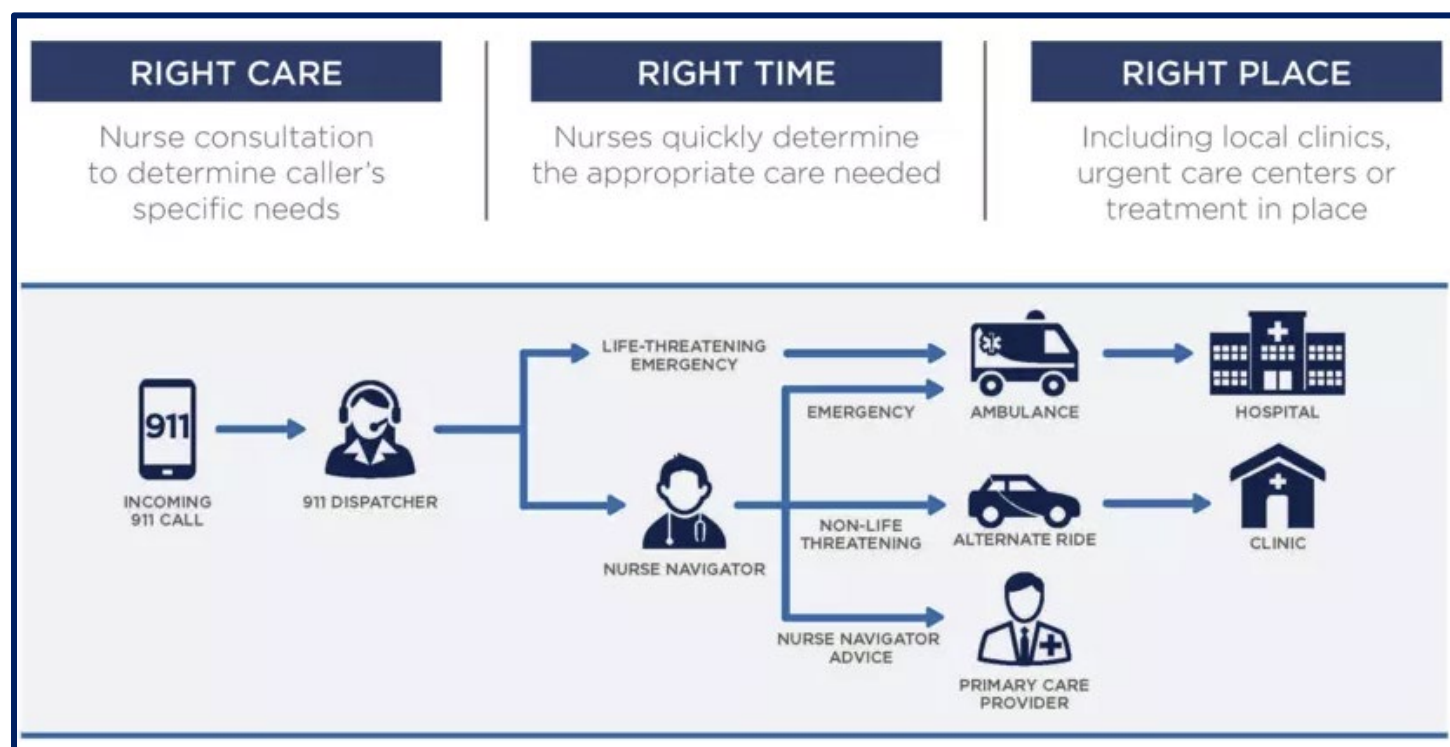
AMR Transition Period Deliverables

Task	Section of A.L.	Owner	Collaborators	Status	Due Date	Timeline	Notes
Establish a web-based customer service portal.	14.4. (B)	[User]	[User]	Done	Jan 2	✓ Aug 1, 25 - J...	
Submit policies for managing employees who have driving li...	10.6. (C)	[User]	[User]	Done	Dec 18, 2025	Aug 1, 25 - De...	
Submit plan for meal and comfort breaks for field and dispat...	10.7.3. (b)	[User]	[User]	Done	Dec 3, 2025	Aug 1, 25 - De...	
Submit initial Fatigue Risk Management Plan.	10.7.5. (b)	[User]	[User]	Done	Dec 3, 2025	Aug 1, 25 - De...	
Submit First Responder Supply Restock and Purchase Progr...	13.5. (C)	[User]	[User]	Done	Jan 2	Aug 1, 25 - Jan...	
Submit proof of insurance that meets the Agreement's insur...	21.3 (A)	[User]	[User]	Done	Jan 2	Aug 1, 25 - Jan...	
Submit a comprehensive health, safety, and loss mitigati...	10.8. (A)	[User]	[User]	Done	Nov 3, 2025	Aug 1, 25 - No...	
Submit Letter of Credit to EMS Agency	15.7.3 and Att...	[User]	[User]	Done	Jan 6	Aug 1, 25 - De...	
FirstWatch Agreement Enhancements/Implementation		[User]	[User]	Done	Jan 31	✓ Aug 1, 25 - J...	
Employee Satisfaction and Development Plan and Survey	10.10	[User]	[User]	Done	Jan 31	✓ Aug 1, 25 - J...	
Submit QI Program for EMS Agency Approval	8.3.2. (d)	[User]	[User]	Done	Dec 3, 2025	Aug 1, 25 - De...	
Execute agreement with ECD		[User]	[User]	Done	Jan 2	Aug 1, 25 - Jan...	
Submit vehicle information	7.1.(D) (14)	[User]	[User]	Done	Jan 2	Aug 1, 25 - Jan...	
Submit COOP Plan	12.2. (B)	[User]	[User]	Done	Dec 3, 2025	Aug 1, 25 - De...	
Clinical Scorecard		[User]	[User]	Done	Jan 31	Aug 1, 25 - Jan...	

This structure allowed the EMS Agency to maintain direct oversight of all transition requirements from the moment the award was issued. EMS Agency staff scheduled and led weekly meetings during which our team worked closely with AMR to monitor each deliverable, identify potential issues early, and ensure that all elements of the transition plan remained on schedule. Through consistent communication, coordinated oversight, and proactive problem-solving, the Agency supported a smooth and accountable transition that strengthened system readiness and ensured the provider would be fully prepared for operational launch.

DEVELOPMENT OF A 9-1-1 NURSE NAVIGATION PROGRAM

The EMS Agency successfully advanced the early development of the 9-1-1 Nurse Navigation program. This program is designed to improve the management of non-life-threatening 9-1-1 calls by connecting eligible callers with licensed nurses who can provide clinical triage, self-care guidance, and referrals to appropriate community-based services. The initiative supports improved patient experience, reduces unnecessary EMS responses, and promotes more efficient use of emergency medical resources.



To ensure the program was built collaboratively and with full system transparency, the EMS Agency, in partnership with the Nurse Navigation team, convened and facilitated a series of stakeholder-inclusive working groups. These sessions were intentionally open to all interested system partners to promote visibility, gather operational perspectives, and incorporate broad input into program design. The working groups included:

- **Call Flow Process** – Focused on defining preliminary call-routing pathways and workflow considerations to ensure smooth, reliable transitions between dispatch and nurse navigators.
- **Community Education and Outreach** – Worked on developing communication and engagement strategies to prepare the public and partner agencies for the introduction of the Nurse Navigation model.

- **Community Care Resources** – Identified local service providers, support programs, and alternative care pathways that could be utilized by nurse navigators to connect callers with appropriate non-emergency options.
- **Clinical Determinants** – Reviewed clinical eligibility considerations and criteria that would guide the identification of low-acuity callers suitable for nurse navigation.

These collaborative working groups laid the foundation for program design and stakeholder alignment, positioning the 9-1-1 Nurse Navigation program for a smooth transition to the next phase of development.

The EMS Agency anticipates launching the Nurse Navigation Program during the second quarter of 2026.

EMT CERTIFICATION AND PARAMEDIC ACCREDITATION APPLICATION SOFTWARE

The EMS Agency spent a considerable amount of time planning for the adoption of an electronic system for receipt and processing of EMT certification and paramedic accreditation applications. The software system was intended to replace the EMS Agency's previous tracking and processing systems. The former system required our staff to manually scan and save multiple documents for each application as well as the use of multiple spreadsheets for application tracking and processing. After completing a review of the available systems and their various strengths and weaknesses, the EMS Agency established an agreement with Certemy to provide the system and software.

The screenshot displays the Certemy application interface for the County of Monterey EMS Agency. The top navigation bar includes links for 'My Credentials', 'Digital Wallet', 'Transcripts', and 'User Guide'. A user profile for 'Professional Ricky Rescue' is logged in. The main content area is divided into two columns. The left column, titled 'My Credentials', shows two active applications: 'Paramedic Accreditation' and 'Emergency Medical Technician (EMT) Certification - Transfer'. The right column, titled 'Steps', lists the required steps for each application, including 'EMT Renewal Application', 'Live Scan', 'Required Documentation', and 'EMS Continuing Education'. Each step includes a progress indicator (a series of colored circles) and a 'Due' date of 05/06/2026. The 'Paramedic Accreditation' application is in the 'In Process' status, while the 'EMT Certification' application is in the 'Pending verification' status.

Work to move towards full implementation began with staff outlining the then current processes and requirements for application documents to be submitted and the steps taken to process each application. Certemy worked to translate this information into an electronic application process. The software allows applicants to enter their demographic data, upload important documents and continuing education certifications, and even to send documents to their employer for completion of verification steps. We also provided Certemy with our historical certification and accreditation records so that they could upload the data and create an account for each of our EMTs and Paramedics. Our staff then intensively reviewed the electronic processes and suggested modifications where needed. Additionally, we sought feedback from stakeholders and had several test-drive the system to provide input and suggestion for improvement prior to the go-live date.

After working with Certemy to fine-tune the software to be as user-friendly as possible, the EMS Agency is prepared to launch the system on February 1, 2026. We anticipate that the new software will not only be an easier tool for applicants, but also reduce the staff time needed to process each application.

STEMI SYSTEM OF CARE 15 YEAR ANNIVERSARY

2025 marked the 15th anniversary of the County of Monterey EMS ST-Elevation Myocardial Infarction (STEMI) system of care which launched in June 2010. The purpose of the STEMI system of care is to identify patients in need of prompt care for their heart attack emergency and to transport the patient to a hospital prepared to provide the care necessary for the patient's condition.

The main components of the STEMI system that have made it successful include:

- ✓ The EMS Agency established policies to direct the patient with STEMI to a designated hospital with the capability to promptly meet the patient's needs.
- ✓ EMS policies and education inform EMS personnel of which patient symptoms are suggestive of potential STEMI.
- ✓ The prehospital provision of 12-Lead ECG monitoring to identify the presence of STEMI.
- ✓ The EMS Agency designated Salinas Valley Health and Community Hospital of the Monterey Peninsula as the local STEMI receiving facilities that can provide for emergent cardiac catheterization and back-up cardio-thoracic surgery.
- ✓ Early notification to alert the STEMI receiving hospital of the arrival of a patient with STEMI.
- ✓ The STEMI receiving hospital provides for early activation of their on-call interventional cardiologist and cardiac catheterization lab team.
- ✓ The EMS Agency brings together system stakeholders to provide for the careful review of STEMI system data in a collaborative Quality Improvement model.



IMPLEMENTATION OF PARAMEDIC/ADVANCED LIFE SUPPORT SERVICE IN PACIFIC GROVE

In August 2024, the City Council of Pacific Grove adopted an amendment to their agreement with the City of Monterey and their Fire Department to permit the Monterey Fire Department to provide paramedic/advanced life support (ALS) services in Pacific Grove. Title 22 of the California Code of Regulations requires paramedic services providers to have a written agreement with their local EMS Agency to participate in the EMS system and ensure compliance with applicable state regulations and local policies and procedures.

EMS Agency policies address the requirements for a basic life support (BLS) first response EMS service provider to become a paramedic service provider. The policy requires a several step process that ensures that the new services are provided in a manner consistent with the established standards of the EMS system and that patients receive the highest quality care possible.

The application process requires documentation related to items such as: the medical/clinical need for paramedic services in the geographic service area, staffing to ensure adequate coverage on a continuous 24 hour per day basis, response time performance, financing of the services, and EMS call handling and dispatch of units. Applicants must submit a quality improvement program and plan and designate a liaison to address any related issues that might arise. They must also provide documentation of their commitment to EMS system participation and coordination with other providers.

Early in 2025, the EMS Agency brought an agreement with the City of Monterey to the Board of Supervisors. This agreement allowed for the provision of first response paramedic services in the City of Pacific Grove. The Board of Supervisors passed the agreement. Shortly thereafter EMS Agency staff conducted a final inspection of the personnel, equipment, and supplies needed to implement services. Monterey Fire successfully completed the inspection.

The provision of paramedic-level first response services begin in January 2025. The higher level of service provided by paramedics brings expanded training and additional assessment and treatment tools to those in Pacific Grove.



LOOKING AHEAD

On February 1, 2026, the County of Monterey EMS Agency initiated the operational period of the new ambulance service provider agreement with American Medical Response for the County's Exclusive Operating Area (EOA). This milestone marks a significant step forward in strengthening emergency medical services (EMS) delivery across the region.

Throughout 2026, the EMS Agency will focus on refining key components of the agreement, enhancing system performance, and implementing new tools and programs designed to improve patient care, operational efficiency, and transparency. We have outlined below some of the EMS Agency's primary priorities and planned initiatives for 2026.

1. Clinical Quality Scorecard Development

A central component of the new ambulance service provider agreement is the implementation of a Clinical Quality Scorecard. This tool evaluates the quality of patient care delivered once an ambulance arrives on scene and complements existing response time performance standards. Together, these measures will provide a more comprehensive and meaningful assessment of EMS system performance.

In 2026, the EMS Agency will:

- Improve data accuracy and reporting reliability.
- Establish baseline performance expectations
- Identify areas where performance may not meet established standards.
- Develop and implement targeted improvement plans.

As the system matures, the Agency will further analyze care delivery using an equity-focused approach, identifying potential disparities and opportunities to enhance equitable delivery of care across all populations served.

2. 9-1-1 Nurse Navigation Program Implementation

The EMS Agency will work to advance the 9-1-1 Nurse Navigation Program toward full implementation, with a target launch in the second quarter of 2026.

Key implementation priorities include:

- Finalizing operational workflows.
- Completing technical integration with dispatch systems.
- Refining clinical criteria for safe and appropriate call routing.
- Collaborating with system stakeholders to ensure readiness.
- Developing public education materials and outreach strategies.
- Updating relevant policies and procedures.

These efforts will ensure a coordinated rollout that supports patient access to the right level of care while improving overall system efficiency.

3. Implementation of Public-Facing Data Dashboards

To enhance transparency and accountability, the EMS Agency will work to develop and deploy public-facing data dashboards. These dashboards will provide stakeholders and community members with accessible insights into EMS system performance, including response and quality metrics.

4. Fee Schedule Development

The EMS Agency will work towards development of an updated fee schedule to support regulatory compliance and ensure sustainable funding for EMS system operations. This effort will align financial structures with the evolving needs of the system.

5. Improvement of Organizational Capacity and Staffing

To effectively implement these initiatives and meet our ongoing and evolving regulatory requirements, the EMS Agency will prioritize strengthening its organizational capacity. After operating with limited staffing for several years, the Agency plans to recruit and onboard additional personnel.

This change will:

- Allow the EMS Agency to fulfill its regulatory responsibilities and oversight requirements.
- Reduce workload strain on existing staff.
- Enhance overall operational effectiveness.
- Permit the EMS Agency to bring improvement and enhancements to the EMS system.

Expanding the team will be critical to sustaining progress and delivering high-quality service to the residents of and visitors to Monterey County.

Conclusion

The initiatives outlined above reflect the County of Monterey EMS Agency's commitment to advancing the quality, efficiency, and transparency of emergency medical services.

Through focused implementation of performance measurement tools, innovative care models, and enhanced accountability, the EMS Agency is well-positioned to continue improving patient outcomes and meeting the evolving needs of the community in 2026 and beyond.

CONCLUSION

We would like to thank the Board of Supervisors for the opportunity to present the 2025 EMS Agency Annual Report to highlight some of the work the team, along with our agency partners, achieved during 2025, bring attention to of the challenges our system faces today, and outline our goals for 2026. We are proud of what we have accomplished, grateful of the relationship with our partner agencies, and honored and committed to serving our community.

