

MEMORANDUM

DATE: November 19, 2002

TO: Joint Powers Governing Board Members
County Health Officers
Lake County Administrative Officer
Prehospital Care Medical Directors
Prehospital Care Nurse Coordinators
Fire Chiefs' Associations/EMS Liaisons
EMCC Chairpersons

FROM: Charlotte Aros, Secretary

RE: INFORMATIONAL MAILING

Enclosed for your information and review are the following items:

1. **POLICY CHANGE NOTICE #60** – please incorporate this into your Policy, Procedures and Protocols Manual as directed in this notice.
2. **NORTH COAST EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES (DRAFTS):**

***The first draft of “Sample Transfer Guidelines” is enclosed for your review. This will also be distributed to hospital administrative representatives and members of the medical community for comments. Please make written comments to Pat Farmer or Larry Karsteadt by January 1, 2003.**

Refer any questions/comments to Wendy Chapman for the following:

1. **Policy #4603 – Certification -- EMT-P Accreditation to Practice within the North Coast EMS Region**
2. **Policy #4704 – Certification -- MICN Authorization Maintenance Requirements**

Refer any questions/comments to Larry Karsteadt for the following:

1. **Policy #2101.1 – Administration – Quality Assurance Continuous Quality Improvement – Providers/Hospitals**
2. **Policy #2108 – Administration – Quality Assurance – Field**

Care Audit Guidelines (Category II Continuing Education)

3. Policy #2202 – Administration – Provider –First Responder/BLS Supply and Equipment Standard

4. Policy #2212 – Administration – Provider – Classification of Medical Requests

Refer any questions/comments to Louis Bruhnke for the following:

1. Policy #DRAFT3312 – Patient Care – Treat and Release Authorization

2. Policy # 2204 – LALS Supply & Equipment list

Please review these draft policies and send your comments to North Coast EMS by **Thursday, January 2, 2003.**

3. FOR YOUR INFORMATION:

- A. EMS-1091: First Quarter Report (April 1, 2002 – June 30, 2002)
- B. EMS-1091: Second Quarter Report (July 1, 2002 – September 30, 2002)
- C. FY 2002-03 EMS 2055 Quarter 1 Progress Report.
- D. FY 2002-03 EMS 2056 Quarter 1 Progress Report.
- E. FY 02-03 General Fund Grant #EMS 2036 First Quarter Progress Report.
- F. General Fund #1035 FY 2001-2002 Final Progress Report.

****Please note that a meeting to discuss Air Ambulance Policy changes has been scheduled for interested Del Norte & Humboldt County personnel **December 17th, 2002, at 10:30a.m. to 12:30p.m.,** at the Civic Club Room, Trinidad City Hall. Please RSVP to Charlotte by December 13th if you plan to attend.**

4. INFORMATION REQUEST:

In order to cut costs for photocopying and mailing documents and/or correspondence, North Coast EMS is requesting that all providers and associates who have e-mail addresses please provide your e-mail address to Charlotte Aros, emssec@northcoast.com.

CHANGE NOTICE

CHANGE #60

November 19, 2002

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

Note: Record change notice on Record of Change Form. Insert this change notice behind the record of change sheet.

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
Add	#2211	Administration – Provider Response Guidelines for BLS/Early Defibrillation/ALS Providers	2
Replace	#2212	Administration – Provider Classification of Medical Requests	1

Subject: Administration - Provider
Response Guidelines for BLS/Early Defibrillation/ALS Providers

Associated Policies: None

- I. Authority and Reference (incorporated herein by reference)
 - A. California State Emergency Medical Services Authority
 - B. North Coast Emergency Medical Services Policies and Procedures

- II. Purpose
 - A. To establish response time guidelines for BLS providers, BLS early defibrillation providers, ALS non- transport providers and ALS transport providers.
 - B. This policy is only a **guideline** following State EMS guidelines. If North Coast EMS uses this policy for monitoring; it will only be used at the **90%** compliance level and relative to the existing capabilities of the Prehospital Patient Care Reporting System (PCR, EPSIS).

- III. Definitions
 - A. Metro: all census places with a population density of greater than **500** persons per square mile.
 - B. Urban: all census places with a population density of **101 to 500** persons per square mile.
 - C. Suburban: all census places with a population density of **51 to 100** persons per square mile.
 - D. Rural: all census places with a population density of **7 to 50** persons per square mile.
 - E. Wilderness: census areas, which have a population density of less than **7** persons per square mile.

- IV. Guideline
 - A. Response time guideline for BLS and CPR capable providers.
 1. Does not exceed **5** minutes in metro/urban settings.
 2. Does not exceed **15** minutes in suburban/rural settings
 3. **As quickly as possible** in wilderness settings.
 - B. Response time guideline for early defibrillation capable providers.
 1. Does not exceed **5** minutes in metro/urban settings.
 2. **As quickly as possible** in suburban/rural/wilderness settings.
 - C. Response time guideline for an ALS capable provider (not functioning as the first responder).
 1. Does not exceed **8** minutes in metro/urban settings.

Subject: Administration - Provider
Classification of Medical Requests

Associated Policies: None

- I. Authority and Reference (incorporated herein by reference)
 - A. California State Emergency Medical Services Authority
 - B. North Coast Emergency Medical Services Policies and Procedures

- II. Purpose
 - A. To establish the classification medical requests for all EMS providers.

- III. Definitions
 - A. Emergent: a situation in which there is a real or perceived need for immediate action, attention or decision making to prevent mortality or to reduce serious morbidity.
 - B. Urgent: a situation in which there is a real or perceived need for immediate action, attention or decision making to reduce morbidity, but where no life threatening situation appears to exist.
 - C. Non-emergent: a situation in which there is no perceived need for immediate action, attention or decision making to prevent mortality or to reduce serious morbidity.

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SAMPLE TRANSFER GUIDELINES

11/7/02 – Draft

Policy: Patients with a level of acuity or need for diagnostics/treatment not available at any North Coast EMS region Hospital will be transferred appropriately, expediently, and in compliance with EMTLA regulations. Relationships between receiving and transferring hospitals will allow for collegial education and feedback about transferred patients and the transfer process.

Procedure:

- I. Identify patients who may require treatment exceeding the services available at the facility.
 - A. If a potential patient is being transported by ambulance, consider bypass from the field directly to a more appropriate facility. (See North Coast EMS Policy # _____).
 - B. For patients presenting to the Emergency Department, begin initial evaluation and stabilization. The Emergency Department physician makes the determination of need for transfer.
- II. Provide any needed interventions to minimize the risk of transfer. This may include securing an airway, establishing venous access, performing procedures (such as chest tube insertion) administering medications, etc. There is NO REQUIREMENT for the transferring facility to stabilize the emergency medical condition necessitating transfer (and indeed, this may not be possible). Delays in transfer to obtain diagnostics or await test results should be avoided in high acuity patients. However, EMTALA requires that every attempt be made to minimize the potential risks of transfer.
- III. Secure a receiving facility. (See Appendix A). Contact the appropriate individual at the desired receiving facility. EMTALA does not require physician acceptance, but the receiving hospital may do so. Follow the requirements of the receiving facility regarding physician to physician contact and acceptance.
- IV. Obtain informed patient consent for transfer. If the patient is unable to provide consent, obtain consent from family if possible. If the patient is unable to provide consent, and family is not available, the patient may be transferred under implied consent.
- V. Select the appropriate mode of transportation and level of care needed en-route.
- VI. Send the needed information to the receiving facility. Information may be sent directly with the patient, or may be sent by fax, or taxi, if appropriate and available (exception: the original 5150 form must accompany patients being transferred for involuntary psychiatric evaluation).

SAMPLE TRANSFER GUIDELINES
APPENDIX A
RECEIVING FACILITIES

Note: To serve as a sample/template only – each facility must individualize as needed. Information provided below is for example only and may not be accurate. An adequate number of options in each category must be provided to accommodate transfers when staffed beds are not available at earlier choices.

Major Trauma Patients

1. St. Joseph Hospital
2700 Dolbeer
Eureka, CA. 95501

HOSPITAL CONTACT PERSON: Administrative supervisor

PHONE: (707) desired number

PHYSICIAN CONTACT: Emergency Department MD on duty

PHONE: (707) desired number

PREFERRED METHOD OF TRANSFER: No preference. Able to accept helicopter transfers.

2. Santa Rosa Memorial Hospital
Address
Santa Rosa, CA.

HOSPITAL CONTACT PERSON: Hospital Supervisor

PHONE: (707) desired number

PHYSICIAN CONTACT: as appropriate

PHONE: (707) desired number

PREFERRED METHOD OF TRANSFER: Air via REACH (707) whatever.

Cardiac Patients

1. St. Joseph Hospital
2700 Dolbeer
Eureka, CA. 95501

HOSPITAL CONTACT PERSON: Administrative supervisor

PHONE: (707) desired number

PHYSICIAN CONTACT: Emergency Department MD on duty

PHONE: (707) desired number

PREFERRED METHOD OF TRANSFER: No preference. Able to accept helicopter transfers.

SAMPLE TRANSFER GUIDELINES
APPENDIX A –PAGE 2
RECEIVING FACILITIES

2. Redding Medical Center

Address
Redding, CA.

HOSPITAL CONTACT PERSON: Hospital Supervisor
PHONE: (530) desired number

PHYSICIAN CONTACT: as appropriate
PHONE: (530) desired number

PREFERRED METHOD OF TRANSFER: Air via RedMed. They will arrange both air and ground transport.

3. Santa Rosa Memorial Hospital

Address
Santa Rosa, CA.

HOSPITAL CONTACT PERSON: Hospital Supervisor
PHONE: (707) desired number

PHYSICIAN CONTACT: as appropriate
PHONE: (707) desired number

PREFERRED METHOD OF TRANSFER: Air via REACH (707) whatever.

Pediatric Patients

1. Oakland Children's Hospital

Etc. etc.

Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

 - II. Purpose

To establish regional EMT-P accreditation policy and procedure, including initial and reaccreditation, consistent with California state regulations. To ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies.

 - III. Procedure
 - A. Paramedic Accreditation
 1. General eligibility criteria:
 - a. Applicant must document current California EMT-P license.
 - b. Applicant must submit a completed Part I of the North Coast EMS EMT-P accreditation application.
 - c. Applicant must submit payment of the EMT-P accreditation fee.
 2. After review of this documentation, North Coast EMS will send written approval to begin functioning as an EMT-P, under the conditions stated in III.C. below, and begin the North Coast EMS accreditation process; or North Coast EMS will send a written request for more information. The letters will be sent to the applicant, and copied to the proposed ALS service provider and proposed base hospital.
 3. The EMT-P accreditation requirements are:
 - a. Applicant must submit a completed Part II of the North Coast EMS EMT-P accreditation application, including signatures of base hospital Prehospital Care Medical Director (PCMD), Prehospital Care Nurse Coordinator (PCNC), and all North Coast EMS approved EMT-P service providers where applicant will work or volunteer as an EMT-P.
 - b. Applicant must document successful completion of the New Personnel Orientation.
 - c. Applicant must document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer.
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Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

- d. Applicant must document training and testing, or previous training and testing, in all the North Coast EMS approved EMT-P optional scope of practice.
4. If the North Coast EMS EMT-P accreditation is not successfully completed prior to the thirty (30) day deadline, applicant must re-apply for accreditation by sending another EMT-P accreditation fee. This second fee may be waived for just cause, as determined by the North Coast EMS Medical Director and/or Executive Director. Applicant must request waiver in writing.
5. The effective date of accreditation will be the date that all accreditation requirements are met. Expiration of accreditation will be the same date as current EMT-P license expiration.
6. Under extreme lack of staffing conditions experienced by the ALS Service Provider, an applicant who holds a current California EMT-P license may be temporarily accredited as a North Coast EMS paramedic prior to completing the evaluated five patient contacts after:
 - a. The ALS Service Provider writes a letter to the North Coast EMS Medical Director detailing the need for the waiver of policy. Within the request the ALS Service Provider must describe, in detail, the extenuating circumstances and include the Service Provider plan and timeline for remedying the situation. The ALS Service Provider must also declare that (s)he is confident that the EMT-P in question is competent on North Coast EMS policies and procedures.
 - b. The EMT-P must document a current California paramedic license.
 - c. The EMT-P must submit a completed North Coast EMS EMT-P application, including the signatures of the ALS Service Provider and the base hospital PCMD and PCNC.
 - d. The EMT-P must complete a statement that s(he) is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.
 - e. The EMT-P must submit detailed documentation of convictions of any crime other than a minor traffic violation.
 - 1) If there is a need for a fingerprint and/or background check on the EMT-P, the waiver of policy will be denied until the background check is completed by North Coast EMS.

Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

- f. The EMT-P must submit payment of the EMT-P accreditation fee.
 - g. If waiver of policy is approved by North Coast EMS, the EMT-P accreditation applicant must successfully complete the five (5) evaluated ALS patient contacts as the third person on an ambulance within two (2) months after being approved.
 - h. If applicant does not complete the five (5) evaluated ALS patient contacts within two (2) months after being approved, temporary paramedic accreditation will end immediately until the evaluation is successfully completed and reviewed by North Coast EMS.
- B. Paramedic Reaccreditation
- 1. General eligibility criteria:
 - a. Applicant must document a current EMT-P license.
 - b. Applicant must submit a completed North Coast EMS EMT-P reaccreditation application, including signatures of base hospital PCMD, PCNC, and all the North Coast EMS approved EMT-P service providers where applicant works or volunteers as an EMT-P.
 - c. Applicant must submit documentation of a minimum of six (6) hours of field care audit attendance every two (2) years (by copies of the Course Completion Records). Three (3) of these hours must be obtained at a North Coast EMS base hospital and three (3) hours may be obtained outside the region. Hours obtained outside of the North Coast EMS region must be documented by an official course completion record or by an approved CE certificate. FCA attendance must be within last twenty-four (24) months prior to applying for reaccreditation.
 - d. Applicant must submit documentation of a minimum of one (1) hour of ETAD training by a North Coast EMS approved ETAD instructor.
 - e. Applicant must submit documentation of a minimum of two (2) hours of orientation to the North Coast EMS Spinal Immobilization Training Program and to the Spinal Immobilization Policy #6016.1. This training may be provided by the base hospital PCNC, PCMD or their designee.

Subject: Certification
EMT-P Accreditation to Practice within the North Coast EMS Region

- f. After June 1, 2000, any outstanding handwritten PCR's will have to be re-entered into the PCR computer before re-accreditation will be allowed.
 - g. If applicant has let his/her North Coast EMS paramedic accreditation lapse, (s)he will be required to pay the EMT-P accreditation fee.
 - h. If applicant has let his/her North Coast EMS paramedic accreditation lapse for two years or more, (s)he will be required to:
 - 1) Document successful completion of the New Personnel Orientation.
 - 2) Document successful completion of at least five (5) evaluated LALS/ALS field patient contacts, documented by the evaluation form signed by a North Coast EMS approved Field Training Officer.
 - 3) Document training and testing, or previous training and testing, in all the North Coast EMS approved EMT-P optional scope of practice not previously trained.
- C. Preaccreditation
- 1. A California licensed EMT-P will be allowed to work within the North Coast EMS region, conditionally, while achieving North Coast EMS EMT-P accreditation. The conditions are:
 - a. Applicant must work with a North Coast EMS accredited EMT-P partner.
 - b. Applicant must utilize only the California state basic EMT-P scope of practice.
 - c. Applicant must successfully complete the North Coast EMS EMT-P accreditation process within thirty (30) days of North Coast EMS approval to begin the process.
 - d. When applicant is in the process of completing the required five (5) supervised and evaluated LALS/ALS patient contacts to achieve North Coast EMS EMT-P accreditation, it must be as a third person on a North Coast EMS approved ALS Ambulance, and evaluated by a North Coast EMS approved Field Training Officer (FTO).

Subject: Certification
MICN Authorization Maintenance Requirements

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. North Coast EMS Policies and Procedures

- II. Purpose

To establish the procedure for maintaining Mobile Intensive Care Nurse (MICN) authorization within the North Coast EMS region.

- III. Procedure
 - A. Each MICN applicant must attend an organized field care audit of recorded and/or written patient care records for no less than six (6) hours every two (2) years, three (3) of these hours must be obtained at a base hospital or an alternative base hospital within the North Coast EMS region and three (3) hours may be obtained outside the region. Hours obtained outside the North Coast EMS region must be documented by an official course completion record or by an approved CE certificate.
 - B. Each MICN applicant must complete at least sixteen (16) hours of continuing education every two (2) years. This continuing education must relate specifically to prehospital care and is in addition to the required field care audit attendance. The CE credit may be issued by a BRN or Prehospital Care CE Provider. Three (3) hours every two (2) years of this CE must be focused as follows:
 1. A minimum of two (2) of these sixteen (16) CE hours must be for attending a two (2) hour MICN Reauthorization Review Class conducted by the applicant's base hospital Prehospital Care Nurse Coordinator (PCNC).
 2. A minimum of one (1) of these sixteen (16) CE hours must be related to management of disaster or multi-casualty incident. This may take the form of participation in a hospital or county disaster drill, if verified by a base hospital Prehospital Care Nurse Provider.
 - C. Each MICN applicant must verify field observation time. This may be accomplished by:
 1. Riding with a North Coast EMS approved LALS/ALS ambulance as a third person for two (2) field LALS/ALS patient contacts every two (2) years. This observation will be documented by the Field Preceptor's signature on the North Coast EMS Verification of MICN Field Observation Form. See Policy #4705 MICN ALS Field Observation Guidelines for specifics.

Subject: Certification
MICN Authorization Maintenance Requirements

2. Spending four (4) hours of directed study with an EMT-P in the prehospital setting. During this time, three (3) of the following objectives must be accomplished:
 - a. Create a practice or sample PCR via the computer based system, to enhance understanding of the process required of the paramedics.
 - b. Visit the dispatch center to gain insight into the dispatch process.
 - c. Assist with the morning rig check to improve familiarity with the working environment.
 - d. Review the EMS skills and protocols manual with attention to policies on radio delay, radio failure, field pronouncement of death, helicopter activation, and multicasualty incident
 - e. Participate in a mock call, directed by the EMT-P.
 3. Riding with a North Coast EMS approved LALS/ALS ambulance as a third person for one(1) field patient contact every two (2) years (see above for specifics) AND spending two (2) hours of directed study with an EMT-P in the prehospital setting. During this time, two (2) of the above objectives must be accomplished.
- D. Each MICN applicant must complete at least twenty (20) radio and/or telephone calls every two (2) years, ten (10) of which must be evaluated by the base hospital Prehospital Care Nurse Coordinator (PCNC) utilizing the MICN Tape Audit Form. Calls may be simulated, but it is recommended that each MICN direct at least ten (10) genuine radio and/or telephone calls per year.
- E. It is recommended that each MICN maintain verification of Advanced Cardiac Life Support (ACLS) course completion; proof of current ACLS is required upon authorization and reauthorization.
- F. Only MICN authorization maintenance requirements completed within the last twenty-four (24) months prior to submitting the application for MICN authorization will be accepted.
- IV. Responsibilities
- A. The CE Provider shall distribute course completion records to attendees to document attendance at field care audits and/or continuing education sessions (following the state prehospital continuing education guidelines and California state laws and regulations) for reauthorization purposes.
 - B. The MICN applicant shall attend the appropriate field care audits, continuing education classes, field observation time, and complete the necessary radio and/or telephone calls to maintain MICN authorization.
 - C. The MICN will notify North Coast EMS if they work as an MICN in more than one hospital.
 - D. The MICN applicant shall obtain and maintain documentation of sufficient field care audit attendance, continuing education, field observation, and

Subject: Certification
MICN Authorization Maintenance Requirements

- radio and/or telephone call evaluations for a period no less than four (4) years.
- E. The MICN applicant shall submit to North Coast EMS all documentation listed above upon request.
 - F. The base hospital PCNC shall offer a two (2) hour MICN Reauthorization Review Class annually at a minimum, following the North Coast EMS outline and offer CE for attendance. The authorized base hospital PCNC who facilitates these classes is exempt from this requirement.
 - G. The base hospital PCNC shall evaluate the necessary radio and/or telephone calls.
- V. Verification
- A. North Coast EMS may audit hospital records to assure that MICN authorization maintenance requirements have been met.
 - B. North Coast EMS may audit MICN application and maintenance documentation verifying compliance for cause.
 - C. North Coast EMS will randomly audit 10% of the MICN applicants to verify FCA and CE attendance documents.

Subject: Administration – Quality Assurance
Continuous Quality Improvement – Providers/Hospitals

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. State Emergency Medical Services Authority
 - E. JCAHO Regulations for Health Care

- II. Purpose
To provide a standardized approach for quality improvement activities by providers and base hospitals involved in providing prehospital care in the North Coast Emergency Medical Services region. To ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies.

- III. Procedure
 - A. ~~The mission of the providers and hospitals must be consistent with the mission of North Coast EMS. The proper and lefal functioning of the North Coast EMS region requires the full and active CQI involmnet of providers and hospitals.~~
 - B. Goals of the providers and hospitals must be consistent with the regional CQI program and include, but are not limited to:
 - 1. Promote increased knowledge and improved performance.
 - 2. ~~Contribute to the EMS community, as well as the community of service.~~ EMS system review and input.
 - 3. Support the professional growth of prehospital and hospital staff.
 - 4. Regularly review the CQI plan.
 - C. Confidentiality: Hospitals and providers must have standard confidentiality policies in place. All participants in the review of medical records and/or personnel information, for the purpose of quality improvement will be educated to the confidentiality requirement of the agency and will be asked to sign a confidentiality pledge. Any violation of this code of confidentiality will result in immediate termination of participation in CQI activities by the individual(s) involved. Refer to Policy #2110 *Quality Assurance Committee*.

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Subject: Administration – Quality Assurance
Continuous Quality Improvement – Providers/Hospitals

- D. Hiring practices of each provider or hospital within the North Coast EMS region are outlined by each provider/hospital and include provisions for the evaluation of competency, skills, and/or experience.
- E. EMS policies and procedures are developed, reviewed and revised by providers, hospitals, agency staff and interested others. Provider/hospital staff is given the opportunity to comment and give suggestions prior to implementation or revision. In addition, each provider/hospital must show evidence of a process to develop, review and revise their own policies.
- F. Training and continuing education of provider and hospital staff are essential components of the CQI process. As per provider and hospital agreements, hospitals/providers must evaluate basic skills to establish individual competency. Refer to policies numbered in the 3000's for training policies that apply to all classifications of personnel involved in prehospital care. In addition to the licensing requirements for the professional, standards have been set by the State and/or North Coast EMS to provide for continuing education (CE) approved by an EMS agency. Regional providers, hospitals or other agencies may apply to be a North Coast EMS approved CE provider. Continuing education/training may focus on skill needs, state or regulatory requirements, staff identified needs or system deficiencies.
- G. Field training for EMT-II's or EMT-P's is to be done by authorized Field Training Officers (FTO's) only.
- H. Re-training may be offered by providers/hospitals to meet several needs, which include, but are not limited to those times when:
 - 1. Clinical standards change and require re-training of all provider/hospital staff.
 - 2. A process is identified by CQI that identifies general re-training as a potential solution to a problem.
 - 3. An individual's knowledge and/or skills are found to be insufficient (refer to remediation policy).It is the responsibility of each provider or hospital to provide re-training, and participation is voluntary (unless mandated by provider/base hospital/North Coast EMS agreements for training or re-training of clinical standards).
- I. Remediation/Discipline: CQI staff and volunteers have no disciplinary authority; however, by California state law, the Medical Director of North Coast EMS does have this authority. ~~Cross-over~~ Referral to North Coast EMS ~~involved for~~ remediation or discipline occurs if the employer remediation/disciplinary process fails. ~~and the disciplinary process begins.~~

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Subject: Administration – Quality Assurance
Continuous Quality Improvement – Providers/Hospitals

1. Remediation of personnel is not appropriate for faults with the system or process. Remediation should always occur at the lowest level. The responsibility for remediation lies with the employer.
 2. If a performance deficiency exists, and has not had satisfactory resolution through remediation (i.e., retraining, counseling, etc.); and/or if EMT-I's, EMT-II's, EMT-P's or MICN's are uncooperative and refuse to participate; and/or if incidents reach Level III; and if the employer wishes to continue the active status of such an individual, North Coast EMS remediation/discipline will proceed as outlined in Policy #2104, Addendum, *Incident Case Review Process*. The employer, either hospital or provider, maintains the right to determine continued employment or termination, by their own personnel policies.
 3. All remediation/discipline is to be timely and just.
 4. If North Coast EMS remediation is unsuccessful, discipline will occur, up to and including loss of certification or license. Due process is to be used and the most current guidelines or regulations from the California EMS Authority are to provide the framework for this process.
 5. All acts of discipline involving North Coast EMS will have closure, as mutually agreed upon by provider, medical staff and North Coast EMS.
- J. Performance evaluations, on a regular basis, are required for both provider and hospital staff. Each employer is to have a mechanism for regular, on-going evaluation of performance and competency of their personnel. For hospitals, the prehospital component must be part of this evaluation process. Compliance will be reviewed at site visits of the providers/hospitals.
- K. Peer review is consistent with the principles of CQI and should be utilized in the performance evaluation of personnel. There are many ways to obtain this peer review and the system can be formal or informal. Evidence of this process will be evaluated annually at the site visits of the providers and the base hospitals.
- L. Recertification: It is through standardization of requirements for recertification that the clinical standard of care is maintained within the region; this is a North Coast EMS responsibility. Assuring that employees are kept current in their recertification process is the shared responsibility of both the employees and the employers. It is evaluated at the annual site visits.

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- M. Customer Satisfaction: Customers of this region include all people living in or visiting the area. Each provider/hospital is to identify their own customers and identify an on-going method to evaluate customer satisfaction. This satisfaction survey is to be conducted in such a way as to provide reasonably reliable data; however, the hospital or provider may define a “Customer Satisfaction Survey.” A summary of customer satisfaction reports are part of each provider/hospital’s annual report to the QA Committee.
- N. Agency Interactions: Communication is core to the improvement of any process. Therefore, the interactions between agencies within the region are critical to the CQI process. Each provider and hospital is to identify a liaison. The hospital liaison is the PCNC. Communication with North Coast EMS and other providers is a primary responsibility of the liaison. For example, the provider and the hospital liaisons are to work together on QI activities. CQI is a vital role of the liaison, and may be filled by more than one person. More details of these roles and responsibilities are included in other policies (refer to policies numbered in the 2100’s of the North Coast EMS Policy and Procedure manual).
- O. Sentinel Events/Unusual Occurrences/Quality Improvement Reports Case Reviews: These reports are to be completed in order to identify opportunities to improve, or in the case of any unusual occurrence. This may be related to equipment, process or personnel issues. All incidents involving deviation from normal protocol must be reported as an unusual occurrence. ANYONE can complete a report form and send it to North Coast EMS (refer to Policy and Procedure #2104). All reports will be investigated as outlined in Policy #2104, Addendum, entitled *QA/UO Review Process*. There will be an opportunity for the initiating personnel to identify whether this incident is for information only, or for North Coast EMS QA Committee review, and if the initiator would like feedback on the event or occurrence. In addition, the North Coast EMS staff may elect to refer unusual occurrences to QA Committee. A summary of these reports will be submitted semi-annually to the QA Committee for the express purpose of evaluating quality of care and exploring opportunities for improvement (refer to North Coast EMS Policy and Procedure #2110).
- P. Data. It is the responsibility of the providers/hospitals to obtain and present data for CQI analysis. Standard graphing tools should be utilized when possible. Medical records, PCR’s, tapes, coroner’s reports, billing information, dispatch information and the results of brainstorming relevant

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- criteria are other possible sources of data. Analysis of this data for CQI is also the responsibility of the provider/hospital.
- Q. Patient Outcomes: An essential element of any CQI program is the examination of the outcome of the process. Providing patient care is the primary process for which the providers/hospitals exist; therefore, it is essential that outcomes be examined. Patient outcome data can be obtained from:
1. Base hospitals, alternate base hospitals, receiving hospitals
 2. Physicians
 3. Coroners
 4. Other EMS agencies
- R. Relevant Criteria: The PCNC's and providers will work together to develop criteria for PCR and tape review. These are to be based on opportunities that have been identified for improvement. Criteria that have been selected will be reviewed annually at the site visits of the providers and the base hospitals. Evidence of a joint process for the selection of the criteria will also be reviewed.
1. PCR reviews are an important data source. Much information can be obtained from them if they are:
 - a. completed correctly;
 - b. completed in a timely manner;
 - c. reviewed appropriately.Guidelines for their review are outlined in Policy #2106, *Chart Audit Guidelines* and Policy #2103, *Reporting Guidelines*. Whenever possible, they are to be reviewed with an eye toward improving patient care, not toward finding fault or criticizing prehospital care personnel.
 2. Tape Review: Again, tape review is an important data source. Much information can be obtained from them if they are:
 - a. reviewed correctly;
 - b. reviewed in a timely manner;
 - c. reviewed appropriately.Guidelines for their review are outlined in Policy #2107, *Tape Audit Guidelines*. Whenever possible, they are to be reviewed with an eye toward improving patient care, not toward finding fault or criticizing prehospital care personnel.
- S. Focused audits may be performed whenever it is necessary to gather data about the performance of an individual agency or facility. A focused audit can also be topic specific. While this is NOT the primary focus of the CQI

Approved: _____ Date: _____

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Subject: Administration – Quality Assurance
Continuous Quality Improvement – Providers/Hospitals

process, both hospitals and providers may find it useful data. A focused audit is most constructive if done from both hospital and provider points of view.

IV. Documentation

- A. Hospitals and providers will prepare an annual QA report to present to the North Coast EMS QA Committee.
- B. The North Coast EMS personnel charged with the activities of the CQI program are to annually report to the JPA Governing Board.
 - 1. The CQI policy will provide the basis for that report and should contain all essential elements of this CQI program.
 - 2. Included in the report will be the annual CQI plan for North Coast EMS. As the local governing board, the JPA Governing Board will have an opportunity to comment and input into the CQI process.

DRAFT

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Administration – Quality Assurance
Field Care Audit Guidelines (~~Category II Continuing Education~~)

- I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. ~~California EMS Authority Prehospital Personnel Continuing Education Guidelines~~
- II. Purpose
- To allow organized review of actual cases to foster the educational development of EMS personnel and to maintain regular contact between base hospital and assigned prehospital personnel. To provide a positive, noncritical environment for learning, in which prehospital and in-hospital staff can better understand one another's roles and to ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies.
- III. Procedure
- A. Cases are selected for review at the Field Care Audit (FCA).
 - 1. Tape recordings and written documentation related to prehospital cases are routinely reviewed by base hospital personnel (as described in Section 2100 of this manual). Cases of special interest, or which represent learning opportunities of value to the group, are selected.
 - 2. Trended data from statistical review and other aspects of the QA/CQI process may be used to identify opportunities to improve care. Cases demonstrating aspects of care relevant to those identified needs may be selected for review.
 - B. Relevant documentation pertaining to the cases is obtained.
 - 1. Tape recordings of the actual call are an invaluable asset to the FCA. Every effort should be made to provide an understandable copy of the actual recording. If the quality of the recording prevents easy, intelligible listening, a transcribed copy of the exchange may be provided to the group. In rare instances, when no recording of the call exists, a case may still be reviewed, but this should not represent the standard.
 - 2. Copies of written documentation related to the call should be provided. Documentation needed for adequate case review may

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Subject: Administration – Quality Assurance
Field Care Audit Guidelines (~~Category II Continuing Education~~)

vary, but will usually include the Prehospital Care Report (PCR), the Radio Run Report, and relevant cardiac rhythm strips. In addition, it may be appropriate to provide related policies or procedures for reference. It may not be necessary to provide copies for each attendee, but adequate documentation should be available for all participants to view.

3. Anonymity for the patient and the prehospital personnel should be established, whenever possible. If this is not possible, advance notice should be given to the prehospital personnel.
- C. Date, time and location of the proposed audit meeting must be published by the individual responsible for the FCA, following the State EMS Authority Guidelines for Prehospital Continuing Education.
1. Frequency, timing and location of FCA's may be adjusted to meet individual base hospital/provider needs, but each base hospital should provide a minimum of one (1) FCA each month. (Exceptions may be allowed with the written consent of the Medical Director of North Coast EMS.)
 2. Every effort should be made to schedule meetings to facilitate attendance of involved personnel.
 3. Adequate notice (minimum of two (2) weeks) will be provided to involved personnel. Prescheduling of several months' FCA's is encouraged.
 4. Notice of FCA date, time and location will be posted at the base hospital and at the provider ambulance base(s) which most frequently serves that hospital. Other agencies who would like notification of FCA's should contact the Prehospital Care Nurse Coordinator (PCNC). These may include Emergency Medical Dispatchers, Auto External Defibrillation personnel, first responder agencies, etc. In addition, North Coast EMS must be notified of date, time, location and subject matter of any ~~Category I (didactic)~~ or ~~Category II (instructional component)~~ material.
 5. Canceling or postponing of scheduled FCA's should not occur unless there are exceptional circumstances. If a FCA must be canceled or postponed, every effort should be made to notify likely attendees.
- D. The Field Care Audit is conducted.
1. The FCA should begin as scheduled.
 2. Selected cases are reviewed. The FCA should focus primarily on treatment, interventions and local policies. Ideally, the case is presented in a chronological fashion with opportunity to pause for discussion as the scenario unfolds. Appropriate aspects of patient

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Subject: Administration – Quality Assurance
Field Care Audit Guidelines (~~Category II Continuing Education~~)

care and staff interaction are discussed. FCA discussion should include relevant BLS aspects of care, and the interface of first responders, EMD personnel, EMT-I and ALS personnel. Constructive criticism, as well as positive feedback, can be provided to participants. In the course of case review, there may be opportunities identified to alter systems or develop/improve policies related to prehospital care. This information should be summarized by the PCNC, and if applicable, forwarded to North Coast EMS.

3. Case review should serve as the springboard for discussion and education. Didactic material may be presented as a portion of the FCA if the discussion is related to the cases being reviewed and is limited to 50% of the content.
4. Case review is coordinated by the PCNC. Actual presentation of cases may be delegated. Peer review of calls is encouraged. The Prehospital Care Medical Director (PCMD) should be available for discussion of medical direction and standards of practice.
- E. Documentation of continuing education (CE) credit is provided.
 1. All requirements defined in the EMS Authority Guidelines for Prehospital Continuing Education must be met, including development of goals and objectives for each FCA. The CE Provider Program Director is responsible for fulfilling these requirements.
 2. Attendees are required to sign the attendance roster, and must indicate their certification number.
 3. Any critique or post test or other evaluation component required by the provider must be completed to obtain CE credit.
 4. Minimum FCA duration is one hour. One hour of ~~Category II~~ CE credit is provided for each hour of FCA attended. Participants who are not able to be present for the majority of the FCA will not be credited with CE.
 5. The PCNC will provide attendees with written documentation of CE credit. Format for CE certificates is described in the State EMS Authority Guidelines for Prehospital Continuing Education.
 6. Additional educational offerings may be scheduled in conjunction with the FCA. ~~Category I~~ CE will be provided to EMT-Ps and MICNs, assuming requirements are met. Other certificate holders may attend ~~Category I~~ or ~~Category II~~ offerings, if content is appropriate for their certificate level. If possible, didactic education can be provided which complements case review offered in the FCA.

Approved: _____ Date: _____

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Subject: Administration - Provider
First Responder/BLS Supply and Equipment Standard

Associated Policies: 2203, 2204, 2205

I. Authority and Reference (incorporated herein by references)

- A. Division 2.5 of Health and Safety Code
- B. North Coast EMS Policies and Procedures

II. Purpose

To establish the regional standards of minimum First Responder supplies and equipment to be maintained on First Responder response vehicles of authorized First Responder Agencies.

III. Policy

A. Basic Supplies and Equipment:

1. One (1) suitable box or carrying case.
2. Ten (10) 4" X 4" gauze sponges.
3. Two (2) abdominal pads.
4. One (1) large multi-purpose dressing.
5. Three (3) triangular bandage.
6. Two (2) 4 1/2" gauze roller bandage.
7. One (1) roll 1" adhesive tape.
8. One (1) roll 2" heavy adhesive tape.
9. ~~Three (3) chemical cold packs.~~
10. ~~Three (3) chemical hot packs.~~
11. Two (2) each, normal Saline and Sterile Water, 1000 ml bottles.
12. One (1) bite stick.
13. One (1) penlight.
14. One (1) heavy duty bandage sheers.
15. Two (2) large sterile burn sheets.
16. One (1) stethoscope.
17. One (1) each, sphygmomanometer, pediatric and adult sizes.
18. One (1) obstetrical kit that includes bulb syringe, plastic bag, sterile drapes, and two (2) umbilical clamps.
19. One (1) set personal protection kit that includes disposable latex exam gloves, protective eyeglasses or goggles, disposable gown, and a disposable surgical mask.
20. One (1) tube instant glucose.
21. One (1) reusable pocket mask with one way valve.
22. One (1) each, infant, child and adult cervical collar.

B. Oxygen:

1. Cylinder sheath with pouches, or other suitable carrying case.

Subject: Administration - Provider
First Responder/BLS Supply and Equipment Standard

2. D size (or larger) oxygen tank with pre-connected liter flow ~~and demand-valve fittings.~~
 3. One (1) each, oropharyngeal airways #0 through #6.
 4. One (1) each, adult and pediatric bag-valve-mask with clear resuscitation masks infant, pediatric, and adult.
 5. One (1) each, pediatric and adult nasal cannula, pediatric and adult simple face masks and/or non-rebreather masks.
- C. Suction:
1. Hand operated manual or battery operated mechanical suction device with variable settings.
 2. One (1) pre-connected suction tubing and Yankauer catheter.
 3. One (1) each, suction catheters, infant, child and adult (5/6, 10 and 14 French).
- D. Splints:
1. One (1) suitable carrying case.
 2. One (1) full-length upper extremity splint constructed of cardboard or other shapeable radiolucent material.
 3. One (1) half-length upper extremity splint constructed of cardboard or other shapeable radiolucent material.
 4. One (1) full-length lower extremity splint with foot constructed cardboard or other shapeable radiolucent material.
 5. Two (2) half-length lower extremity splint constructed of cardboard or other shapeable radiolucent material
 6. Five (5) towels (hand size) or equivalent for padding.
 7. One (1) full-length backboard or similar extrication device.
 8. Five (5) 12' nylon straps with D-ring or buckle closure or equivalent devices.
 9. One (1) large blanket or sleeping bag.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

Subject: Administration - Provider
LALS Supply and Equipment List

- I. Authority and Reference (incorporated herein by references)
- A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. State Emergency Medical Services Authority "Recommended Ambulance Equipment", contained in California Highway Patrol Ambulance Driver's Handbook (#CHP-894)
- II. Purpose
- To establish the regional minimum supply and equipment standard for any ambulance or emergency vehicle which responds as, or is held out as, an ALS or LALS unit. ALS or LALS units may exceed the equipment and supply quantities listed herein for procedures and medications which are within the certificate holder's scope of practice described in North Coast EMS Policy and Procedures. This policy is also intended to develop a mechanism for base hospitals to establish supply and equipment requirements which exceed the minimum standard for LALS provider within the Base Hospital's zone.
- III. Minimum Equipment and Supplies
- A. Minimum Equipment:
- Equipment referred to in Section I. C. of this policy. All equipment referred to in this reference, including but not limited to "suggested" equipment, is mandatory.
1. One (1) mobile or portable FCC approved radio which is capable of two-way communication on Med-Net frequencies 1 through 7.
 2. One (1) three-chambered pneumatic anti-shock garment.
 3. One (1) portable DC cardiac monitor/defibrillator which is capable of adult and pediatric monitoring and defibrillation through adult and pediatric-sized electrodes.
 4. One (1) each, laryngoscope with handle, spare batteries, and a spare light bulb.
 5. One (1) each, #4 straight and curved laryngoscope blade with light.
 6. One (1) each, #1 and #2 straight laryngoscope blade with light.
 7. One (1) each, adult and pediatric Magill forceps.
 8. One (1) each, adult and pediatric malleable stylet.
 9. One thermometer.
 10. One pulse oximeter (required only on "first-out" ambulances).
 11. One end tidal CO2 monitor or esophageal detector device (EDD).
- B. Minimum Supplies:

Subject: Administration - Provider
LALS Supply and Equipment List

All supplies referred to in Section I.C. of this policy. All supplies referred to in this reference, including but not limited to "suggested" supplies, are mandatory.

1. One (1) each, esophageal obturator airway with mask, or esophageal gastric tube airway with mask and stomach tube or Esophageal/Tracheal Airway Device.
2. Electrodes and conductive medium for adult and pediatric monitoring and defibrillation.
3. Four (4) each, 14 gauge, 16 gauge, 18 gauge, 20 gauge, 22 gauge, and 24 gauge catheter over needle intravenous catheters.
4. One (1) venous constricting band with a width of at least one inch.
5. Alcohol preps, water resistant tape, and 2" x 2" gauze pads.
6. One (1) 20 ml syringe.
7. One (1) 10 ml syringe.
8. One (1) 3 ml syringe.
9. One (1) each, red, blue, green, and purple top Vacutainer tubes, or equivalent.
10. One (1) each, 18 gauge by 1 1/2 inch, 23 gauge by 1 inch, and 25 gauge by 5/8 inch hypodermic needles.
11. One (1) IV cap.
12. One (1) each, 2.5 mm through 9.0 mm endotracheal tubes (in 0.5 mm increments).
13. One (1) sterile suction catheter and glove pack for endotracheal suctioning.
14. Two (2) Epinephrine 1 mg in 1 ml (1:1000) ampules.
15. Four (4) Epinephrine 1 mg in 1 ml (1:10,000) preloads.
16. Two (2) each, 0.083% Albuterol Sulfate solution for inhalation in 3 ml unit dose bottles or equivalent.
17. Four (4) each, children's Aspirin (81 mg).
18. Four (4) Atropine 0.5 mg in 5 ml preloads or two (2) 1.0 mg in 10 ml preloads.
19. One (1) multi-dose vial Atropine 0.04 mg/ml containing at least 20 ml's.
20. One (1) Calcium Chloride 1 gm in 10 ml preload.
21. Two (2) Dextrose 50% in 50 ml preload.
22. Two (2) Dextrose 25% in 10 ml preload.
23. Two (2) each, Diazepam 10 mg in 2 ml or equivalent.
24. Two (2) Furosemide 20 mg in 2 ml ampules or equivalent.
25. One (1) 30 ml bottle Syrup of Ipecac.
26. Three (3) Lidocaine HCl 100 mg in 5 ml or 10 ml preload.

Subject: Administration - Provider
LALS Supply and Equipment List

27. One (1) Lidocaine HCl 2 gm in 10 ml preload or pre-mixed Lidocaine drip 4 mg/ml.
28. Two (2) Morphine Sulfate 10 mg in 1 ml vial, or 10 mg in 10 ml preloads.
29. One (1) bottle Nitroglycerine 0.4 mg (1/150 grain) sublingual tablets, or one (1) canister aerosol spray delivering 0.4 mg per meter-dosed spray.
30. Two (2) Sodium Bicarbonate 44.6 mEq in 50 ml preload.
31. Four (4) Naloxone 1 mg in/ml ampules, or one (1) multi-dose vial.
32. Two (2) normal Saline, 250 or 500 ml in a plastic container. (The Base Hospital Medical Director may at his/her option substitute 5% Dextrose in water 250 or 500 ml in a plastic container. If this option is exercised, the Medical Director of North Coast EMS shall be notified in writing.)
33. Four (4) normal Saline, 1000 ml in plastic containers.
34. Two (2) D5 ½ NS 500 ml or one (1) D5 ½ NS 1000 ml in plastic containers.
35. Two (2) each, 60 gtt/ml, 15 gtt/ml, and 10 gtt/ml intravenous infusion sets or equivalent.
36. One (1) small volume nebulizer, Puritan Bennett #0001140 or equivalent.
37. Fifteen (15) triage tags, Met Tag or equivalent.

IV. Additional Base Hospital Requirement

A Base Hospital may require an LALS provider within the base hospital's zone to maintain supplies and equipment which exceed these minimum requirements. If a base hospital seeks to require any additional inventory requirements, the base hospital shall:

- A. Propose the additional requirements in writing with reasons and justification to the North Coast EMS Medical Director; and,
- B. Copy the proposal to the affected LALS provider(s).
- C. The North Coast EMS Medical Director will return a decision within forty-five (45) days unless additional time is required to receive comments regarding the base hospital proposal. All decisions will be made within ninety days (90) of receipt of proposal.

Approved: _____ Date: _____

Approved as to Form: _____ Date: _____

July 15, 2002

Carol MacRea
EMS Authority
1930 9th Street
Sacramento, Ca 95814-7043

Re: EMS-1091: First Quarter Report (April 1, 2002 – June 30, 2002)

Dear Carol:

The first quarter report for the Regional Trauma Project (EMS-1091) is attached.

We are pleased to announce that we have selected the Abaris Group as our Trauma Plan Contractor. We will forward a copy of the draft contract as soon as it is ready.

Please call if you have any questions.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Joint Powers Governing Board
Informational Mailing
The Abaris Group

North Coast EMS Regional Trauma Project
EMS-1091 – Quarter I Progress Report
7/15/02

The progress report for the period covering April 1, 2002 to June 30, 2002 follows. Please note that Quarter 1 progress involved state contract preparation and project initiation, covering only Objectives 1 through 3 as shown below:

1. Establish Stakeholder Committee:

- A. Accomplishments:** During the quarter, North Coast EMS executed the state contract and began the process of securing candidates for the Regional Trauma Advisory Committee (RE-TAC). The Executive Director summarized project goals at local meetings, such as: the Emergency Medical Care Committee, the Medical Advisory Committee (Del Norte/Humboldt) and the Joint Powers Governing Board. The Executive Director and Regional Medical Director also began to meet or converse with local hospital administrators, general surgeons, etc. about the project.
- B. Issues/Solutions:** Project initiation was delayed slightly because of numerous budget revisions. The state contract was executed in early May.

2. Plan for Trauma System Development:

- A. Accomplishments:** During the quarter, North Coast EMS initiated the process to select the Trauma Plan Contractor. Four bids were received and a multi-disciplinary group participated in the selection of the Abaris Group.
- B. Issues/Solutions:** All bidders exceeded the budget allocation for this portion of the grant. The Abaris Group, which has the most extensive Trauma Plan preparation experience, was also the lowest bidder and further reduced their bid upon request.

3. Develop Trauma Care System:

- A. Accomplishments:** The tripod was purchased and the prior bid amount to replace the Pierce Mt Repeater from Commercial Radio and Electronics was confirmed.
- B. Issues/Solutions:** None.

October 15, 2002

Carol MacRea
EMS Authority
1930 9th Street
Sacramento, Ca 95814-7043

Re: EMS-1091: Second Quarter Report (July 1, 2002 – September 30, 2002)

Dear Carol:

The second quarter report for the Regional Trauma Project (EMS-1091) is attached.

We have begun the dialogue process along with The Abaris Group and have hired our own Trauma Nurse Coordinator. Details are in our report.

Please contact me if you have any questions.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Joint Powers Governing Board
County Health Officers
EMCC Chairpersons
Informational Mailing
Regional Trauma Advisory Committee Members
The Abaris Group

North Coast EMS Regional Trauma Project
EMS-1091 – Quarter II Progress Report
10/15/02

The progress report for the period covering July 1, 2002 to September, 2002 follows. Quarter II progress involved establishing the contract with The Abaris Group, hiring the Regional Trauma Coordinator (Pam Haynes, RN) and beginning the dialogue process with key stakeholders.

Project Goal and Objectives:

North Coast EMS will study and develop a formal trauma system in accordance with state regulations. This will include the development of a multi-agency trauma system planning effort to:

- (A) Submit a comprehensive Regional Trauma Care System Plan to the EMS Authority for approval; and,
- (B) Implement an approved trauma plan.

Status Report on Goals/Objectives

1. Establish Stakeholder Committee:

A. Accomplishments: During the quarter, North Coast EMS continued to secure candidates for the Regional Trauma Advisory Committee (RE-TAC). The Executive Director further summarized project goals at local meetings, such as: the Emergency Medical Care Committee, the Medical Advisory Committee (Del Norte/Humboldt) and the Joint Powers Governing Board. The Executive Director and Regional Medical Director also began to meet or converse with local hospital administrators, general surgeons, etc. about the project. The Humboldt (northern) and Lake County RE-TACs (southern) were formulated, membership solicited and identified, mailing lists prepared and the first meetings held during this quarter.

B. Issues/Solutions: No further issues noted on this goal.

2. Plan for Trauma System Development:

A. Accomplishments: During the quarter, North Coast EMS approved The Abaris Group as the selected contractor to study and develop the trauma plan. A

contract was negotiated and an initial planning meeting was held with Mike Williams and Bev Ness, RN from The Abaris Group. The final work plan with key deliverables was agreed to by North Coast EMS and The Abaris Group. The final The Abaris Group contract was approved by the State. Background documents, regional policies and stakeholder lists were provided to The Abaris Group and were reviewed evaluated. A local trauma coordinator position was defined and the position filled by Pam Haynes, RN, an experienced critical care nurse from the region. The Abaris Group also attended Humboldt/Del Norte Medical Advisory Committee meeting and the Lake County Emergency Medical Care Committee meeting.

B. Issues/Solutions: Contract consummation was slightly delayed until June 2002.

3. Develop Trauma Care System:

A. Accomplishments: The tripod and Power Point Projector were purchased and the Pierce Mt-Top Repeater was installed by Commercial Radio and Electronics. The Abaris Group and Pam Haynes, RN conducted an extensive review of the current and historical documents of North Coast EMS. Pam Haynes and the Abaris Group staff also attended the California EMS Authority Planning Workshop held in Sacramento.

B. Issues/Solutions: None.

4. Draft Trauma Plan:

A. Accomplishments:
Nothing to report

B. Issues/Solutions:
None

5. Provide for Public Comment:

A. Accomplishments:
Nothing to report

B. Issues/Solutions:
None

6. Obtain Local Approval

A. Accomplishments:
Nothing to report

B. Issues/Solutions:

None

7. Submit Trauma Plan to the EMSA

A. Accomplishments:

Nothing to report

B. Issues/Solutions:

None

8. Implement Trauma Care System

A. Accomplishments:

Nothing to report

B. Issues/Solutions:

None

October 10, 2002

Carol MacRae, Contracts Manager
Emergency Medical Services Authority
1930 Ninth Street
Sacramento, Ca 95814

Re: FY 2002/03 EMS-2055 Quarter 1 Progress Report

Dear Carol:

The first quarter progress report for the MCI/Disaster grant (EMS-2055 is enclosed.

Please call if you have any questions,

Sincerely,

Louis Bruhnke, Coordinator
North Coast EMS

cc: JPA Governing Board
County Health Officers
EMCC Chairpersons
Doug Boileau, Northern California Safety Consortium
County Offices of Emergency Services
Ruth Lincoln, Lake County Health Department
Kathy Stephens, Del Norte County Health Department
Clarke Guzzi, Humboldt County Health Department
Willie Sapeta, Lake County Fire
Rusty Goodlive, Eureka
John McFarland, Crescent Fire Protection District
Sam Hukkanen, EMCC Chairperson

North Coast EMS
3340 Glenwood St.
Eureka, Ca 95501

**Prehospital Multi-Casualty
Incident/Disaster Preparedness Project**

Progress Report #1
July 1, 2002 to September 30, 2002

Contract #EMS-2055

October 10, 2002

Prehospital Multi-Casualty Incident/Disaster Preparedness Project

North Coast EMS Special Project #EMS-2055

Quarter 1 Progress Report – 10/10/02

Overview: Initiation of the project was delayed during the first quarter by the late signing of the state budget by the Governor. North Coast EMS received the signed state contract in mid-September but we have not yet received advanced funding.

1) Objective 1: Administer the Project

North Coast EMS staff contacted several key individuals in Del Norte, Humboldt, Lake and southern Trinity Counties during the first quarter to ensure region wide participation in this project. Project progress was also reported at the Humboldt/Del Norte Medical Advisory Committee meetings, the Lake Emergency Medical Care Committee and Humboldt Emergency Medical Care Committee meetings, The Humboldt-Del Norte County Disaster Preparedness Committee meeting, and other local meetings.

Activity 1.1: Select Project Coordinator.

In late July, we solicited a Request for Proposal from any interested contractor. One bid was received and the Northern California Safety Consortium was selected as the Project Coordinator. We are in the process of finalizing the contract with the Northern California Safety Consortium, including obtaining approval of the EMSA.

Products received or produced during Quarter 1 include: special project budget revisions, the state contract, an advance funding request, the Request for Proposal for a Project Coordinator, the proposal from the Northern California Safety Consortium, the draft contract with Northern California Safety Consortium.

The entire project is delayed by two to three months due to the late execution of the state contract. This delay could require a state contract extension, which will be determined at a later date.

Activity 1.4: Write Quarterly and Final Reports.

The first quarter report was generated by North Coast EMS. The Northern California Safety Consortium will draft future reports for North Coast EMS approval and submission to the EMSA.

October 10, 2002

Carol MacRae, Contracts Manager
Emergency Medical Services Authority
1930 Ninth Street
Sacramento, Ca 95814

Re: FY 2002/03 EMS-2056 Quarter 1 Progress Report

Dear Carol:

The first quarter progress report for the Rural Outreach Medical Training grant (EMS-2056) is enclosed.

Please call if you have any questions,

Sincerely,

Wendy Chapman, Training Coordinator
North Coast EMS

cc: JPA Governing Board
County Health Officers
EMCC Chairpersons
Jaison Chand, City Ambulance of Eureka, Inc.
Tom Ford, EMT-P, City Ambulance of Eureka, Inc.
Willie Sapeta, Lake County Fire
Kevin O'Neil, CDF Fortuna
John McFarland, Crescent Fire Protection District
Cindy Henderson, Del Norte Ambulance

North Coast EMS
3340 Glenwood St.
Eureka, Ca 95501

Rural Outreach Medical Training Special Project

Progress Report #1
July 1, 2002 to September 30, 2002

Contract #EMS-2056

October 10, 2002

Rural Outreach Medical Training Project

North Coast EMS Special Project #EMS-2056

Quarter 1 Progress Report – 10/10/02

Overview: Initiation of the project was delayed during the first quarter by the late signing of the state budget by the Governor. North Coast EMS received the signed state contract in mid-September but we have not yet received advanced funding.

1) Objective 1: Administer the Project

North Coast EMS staff contacted several key individuals in Del Norte, Humboldt, Lake and southern Trinity Counties during the first quarter to ensure region wide participation in this project. Project progress was also reported at the Humboldt/Del Norte Medical Advisory Committee meetings, the Lake Emergency Medical Care Committee and Humboldt Emergency Medical Care Committee meetings, and other local meetings.

Activity 1.1: Select Project Coordinator.

In late July, we solicited a Request for Proposal from any interested contractor. One bid was received and City Ambulance of Eureka, Inc. (City Ambulance) was selected as the Project Coordinator. We are in the process of finalizing the contract with City Ambulance, including obtaining approval of the EMSA.

Products received or produced during Quarter 1 include: special project budget revisions, the state contract, an advance funding request, the Request for Proposal for a Project Coordinator, the proposal from City Ambulance, the draft contract with City Ambulance. The latter will be divided into two contracts: the first to coordinate initial project activities and the second to continue project coordination and proceed with training in the rural and remote areas of the region.

The entire project is delayed by two to three months due to the late execution of the state contract. This delay could require a state contract extension, which will be determined at a later date.

Activity 1.4: Write Quarterly and Final Reports.

The first quarter report was generated by North Coast EMS. City Ambulance will draft future reports for North Coast EMS approval and submission to the EMSA.

October 15, 2002

Carol MacRae
Contracts Manager
EMS Authority
1930 Ninth Street, Suite 100
Sacramento, CA 95814

RE: FY 02-03 General Fund Grant #EMS 2036 First Quarter Progress Report

Dear Carol:

The General Fund First Quarter Progress Report for Fiscal Year 2002-2003 (Contract #EMS-2036) is attached.

Please call if you have any questions.

Sincerely,

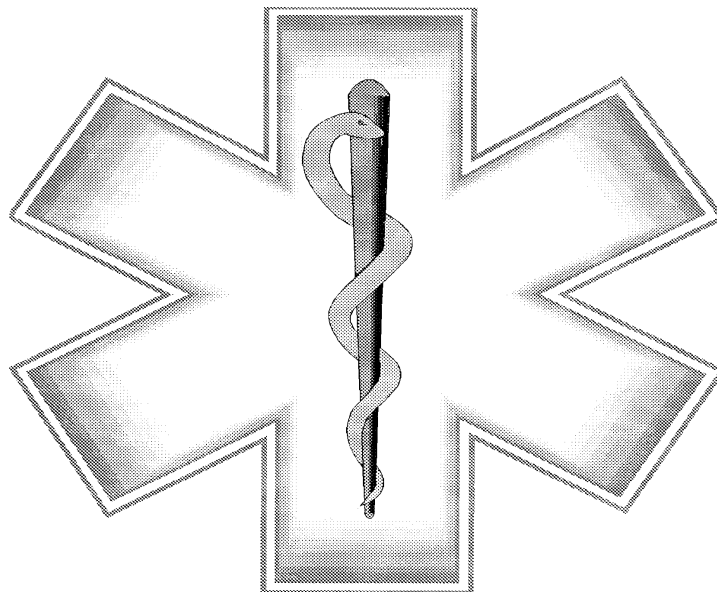
Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

cc: Joint Powers Governing Board
County Health Officers
EMCC Chairpersons
Ruth Lincoln, Lake County Health Services Officer
Information Mailing

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Quarter 1 Progress Report

July 1, 2002 – September 30, 2002

General Fund Contract # EMS-2036

October 15, 2002

Overview:

In the first quarter of Fiscal Year 2002-2003, North Coast Emergency Medical Services (EMS) continued to serve as the local EMS agency for the functions delegated by Del Norte, Humboldt, Lake and southern Trinity Counties. The Agency continued to manage the regional EMS system in accordance with state law and guidelines, under direction of the Joint Powers Governing Board and in coordination with a large network of organizations and individuals. North Coast EMS staff and contractors facilitated the planning, coordination and evaluation of the EMS system through a program of community consensus, patient and EMS participant advocacy and continuous quality improvement.

The Joint Powers Governing Board directed the activities of North Coast EMS during the first quarter of FY 2002-2003. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Chuck Blackburn, Vice-Chairperson, Del Norte County; and Supervisor Rob Brown, Lake County. Alternates to the JPA Board were: Supervisors Martha McClure, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Ed Robey, Lake County.

The Agency was managed by the following general fund employees (a total of 3.91 FTE is covered by the General Fund budget – please note that another 0.15 FTE for each staff position is covered by the Trauma Project):

- Larry Karsteadt, Executive Director (0.85 FTE)
- Wendy Chapman, Training Coordinator (0.85 FTE)
- Maris Hawkins, Program Assistant II (0.51 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (0.85 FTE)
- Charlotte Arnos, Secretary (0.85 FTE); replaced Helena Neary.

Several part-time independent consultants totaling less than 0.5 FTE were involved with general fund operations, including:

- John Kelsey, M.D., Regional Medical Director
- Pat Farmer, R.N., Mobile Intensive Care Nurse & Base Hospital Site-Visit Coordinator
- Pam Haynes, RN, Emergency Dept Approved for Pediatric Site-Visit Coordinator
- Tim Citro, EMT-P, AED Tape Review
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance

Numerous individuals and organizations within the three and one-third county area directly contributed to the regional accomplishments during the first quarter.

North Coast Emergency Medical Services General Fund #2036 - Quarter 1 Progress Report

July 1, 2002 to September 30, 2002

The following report on progress at North Coast EMS during the first quarter of Fiscal Year 2002-03 meets the requirements of the California EMS Authority General Fund Contract #EMS-2036 and the document entitled: "Funding of Regional EMS Agencies with General Fund Monies (June, 2001)." The report specifically addresses the goals, workload indicators, accomplishments and problems relative to contract objectives and as specified by the California EMS Authority (EMSA).

1.0 System Organization and Management

Objective: To develop and maintain an effective management system to meet the emergency medical needs and expectations of the population served.

Workload Indicators:

Total Static Population Served = **216,200**

Total Annual Tourism Population = **+3 million**

Number of Counties = **3.3** (Del Norte, Humboldt, Lake, s. Trinity)

Geographic Size of Region = **6,840 square miles** (5,840 in the three JPA member counties and approximately 1,000 in southern Trinity County, which equals roughly one-third of the County)

Accomplishments: This quarter,

1. North Coast EMS personnel attended the following state EMS meetings:

- a. Emergency Medical Services Administrators Association of California (EMSAAC)
- b. EMDAC Scope of Practice Committee
- c. State EMS Commission
- d. EMSA Vision Personnel and Education Committee
- e. EMSA Vision Information and Evaluation Committee
- e. Regional Administrators Committee
- f. State Trauma Advisory Committee
- g. State Trauma Coordinators Committee
- h. State AB430 Trauma Planning Conference
- i. EMS for Children Coordinator Committee
- j. Injury Prevention Conference

2. North Coast EMS personnel attended the following regional meetings:
 - a. Joint Powers Governing Board
 - b. Humboldt/Del Norte Medical Advisory Committee (MAC) x2
 - c. Lake and Humboldt County Emergency Medical Care Committees (EMCC) x3
 - d. Lake County Ambulance Ordinance Subcommittee x3
 - e. Regional Trauma Advisory Committee Meetings (southern and northern sections)
 - f. Trauma Meeting with Jane Williams, M.D., and Luther Cobb, M.D.
 - g. Humboldt County Fire Chiefs Association
 - h. Humboldt County Child Death Review Team
 - i. Humboldt County Injury Prevention
 - j. Child Seat Safety Committee
 - k. Hospital Diversion
 - l. National Redwood Park EMS Meeting
 - m. Heparin/Nitroglycerine Infusion Training
 - n. Cascadia Exercise (3 day event)
 - o. Humboldt/Del Norte Disaster Committee
3. North Coast EMS selected Charlotte Arnos as our new Secretary to replace Helena Neary, who resigned effective July 11, 2002. A formal selection process was utilized and temporary clerical help hired for several weeks.
4. North Coast EMS renewed contracts with several GF contractors, including: Dr. John Kelsey, Pat Farmer, R.N., Pam Haynes, R.N., Tim Citro, EMT-P, Jay Myhre, Ezequiel Sandoval. We also selected several contractors associated with the trauma grant or special projects, including: The Abaris Group and Pam Haynes, R.N. (Trauma), City Ambulance of Eureka, Inc. (Rural Outreach), the Northern California Safety Consortium (MCI/Disaster)
5. The Agency distributed draft and final policies, protocols and information items for regional review and input in one Informational Mailing, including: Field Internship, Response Guidelines, Cardiac Pacing, FY 02-03 Regional GF Objectives, FY 01-02 Progress Report Quarter 3, etc.
6. North Coast EMS maintained (www.northcoastems.com), which has policies, procedures, upcoming training, the EMS Plan, the Call of the Month, links to other EMS web sites and other information posted regularly.
7. North Coast EMS executed the State EMS General Fund contract for a total of \$229,933 and requested a 25% advance for FY02-03. This years' total appropriation represents a 4% decrease in the annual state fund (a decrease of \$9,484, which is the first decrease ever). The GF budget was revised and the state contract process initiated, but the latter was delayed until mid-September due to the late signing of the state budget by the Governor. All counties submitted their shares and the Bertha Russ Lytel Foundation grant for the Regional Medical Director was continued. The Agency began the year with a larger Fund Balance/Reserve than in past years.
8. The Agency proceeded with two new grants from the EMSA: the Prehospital Multi-Casualty Incident/Disaster Preparedness special project and the Rural Outreach Medical Training special project, and continued to oversee the Regional Trauma Project.

9. The Agency submitted the first quarter Trauma Project quarterly report and the FY01-02 GF Final Report.
10. One JPA Governing Board meeting was convened during the quarter.
11. The Agency purchased a Power Point projector as part of the Trauma Grant.
12. As requested by the JPA Governing Board, we distributed a Request for Proposal for the next fiscal audit.

Issues/Solutions:

1. North Coast EMS and the other regional agencies, all of which are in need of a state General Fund augmentation, received a 4% cut in FY 2002-03. Fortunately, because of AB430 Trauma System Care Systems Plan Preparation and Implementation Funding, we will be able to delay significant staff and/or contractor cuts. However, increasing operational costs and cost of living expenses will continue and we may receive additional state GF cuts in the future. Consequently, we anticipate a significant budget reduction in FY 2003-04 unless state General Fund assistance and/or local funds are increased prior to December 30, 2003.
2. The late signing of the budget was not a problem this year because all counties paid their share early in the quarter, the reserve was larger than in the past and we received the Trauma Grant advance funding during the quarter.
3. The FY 01-02 GF Final Report was submitted a month late to the EMSA due to other priorities and inadequate staff size.

2.0 Staffing and Training

Objective: To ensure personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Workload Indicators:

Total Number of Personnel Certified/Authorized/Accredited by Regional Agency = **1,244**
Total Number of Personnel Completing Training Courses Approved by Regional Agency = **63**
Total Number and Type* of Approved Training Programs Approved by Region = **41**
Total Number and Type of Training Programs Conducted by Regional Agency = **None**
Total Number of Continuing Education Providers Authorized by Regional Agency = **40**

* - for Type of Certificate or Program, see below (#1 and 2 respectively).

Status: This quarter,

1. The following EMS personnel possessed North Coast EMS issued documents:

a. Certified EMT-Is =	1018 (118 are ETAD certified)
b. Certified EMT-IIIs =	3
c. Accredited Paramedics =	99
d. Authorized MICNs =	124
e. Field Training Officers =	48

2. Regional instructors conducted the following North Coast EMS approved training programs:

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	9	3
b. EMT-I =	14	
c. Paramedic =	1	
d. Field Training Officers =	3	
e. Mobile Intensive Care Nurse =	2	1
f. AED Skills Evaluator =	1	
g. Emergency Medical Dispatch =	1	1
h. Lake County EMT-I Tests Sessions	1	

3. Instructors reported that a total of 63 students completed these classes. Several other classes were not completed this quarter but are in progress.

4. Humboldt Regional Occupations Paramedic (HROP) Program internship was continued.

5. North Coast EMS brought an Emergency Medical Dispatch course to Eureka for 12 students.

6. Pam Haynes, RN attended a Heparin/Nitro Infusion training session in Lake County.

7. Approval for 40 continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.

8. Agency staff continued the process to comply with Department of Justice requirements with regard to conducting background checks. Four of the six targeted staff members have completed the finger printing process.

10. A few licensure or certification reviews were conducted or continued.

11. The Agency proceeded with the administration of the Rural Outreach Medical Training special project grant, including selection of City Ambulance of Eureka, Inc. as the Project Coordinator.

12. The Agency implemented Heparin and Nitroglycerine Infusion programs in Eureka, Fortuna and Kelseyville.
13. Our request to add Cardiac Pacing to the Paramedic scope of practice was approved by the EMSA.
14. The Agency assisted Lake County with questions specific to exposure to blood born pathogens.

Issues/Solutions:

1. Two local Prehospital Care Medical Directors and Prehospital Nurse Coordinators expressed concerns that a paramedic would have to wait six hours prior to transferring a cardiac patient on thrombolytics with a Heparin Drip without a nurse. Dr. Kelsey queried the EMDAC Scope of Practice Chairman who recommended approval of our program and all but one Prehospital Medical Director in the region; all concurred with the policy as written.

3.0 Communications

Objective: To develop and maintain an effective communications system that meets the needs of the EMS system.

Workload Indicators:

- Total Number of Primary and Secondary PSAPs = **11**
- Total Number of EMS Responses = **4507** Prehospital Care Reports were submitted
- Total Number of Ambulances Dispatched = **4417** transports were reported
- Total Number of Emergency Medical Dispatch Programs Approved by Region = **4**
- Total Number and Type of EMD Programs Authorized by Agency = see #1 & 2 below.

Status: This quarter,

1. North Coast EMS again utilized the Priority Dispatch Corp, USA to conduct one Emergency Medical Dispatch training program in the region this quarter. Located in Utah, Priority Dispatch Corp, USA is Certified by the National Academy of EMD and is the oldest and most widely used program in the world.
2. Eleven (11) Public Safety Answering Points (PSAPs) were utilized by regional EMS providers as follows (several PSAPs directly dispatch ambulances):

PSAP	Location	EMD Utilized
a. Del Norte Co. Sheriffs Department	Del Norte County	No
b. Humboldt Co. Sheriffs Department	Humboldt County	No
c. Humboldt State University	“	No
d. Arcata Police Department	“	No
e. Eureka Police Department	“	Yes
f. California Highway Patrol - Arcata	Del Norte & Humboldt	No
g. Fortuna Police Department	Humboldt County	Yes (backup only)

- | | | |
|--|------------------|----------------------|
| h. California Division of Forestry - Fortuna | “ | Yes (secondary PSAP) |
| i. Trinity Co. Sheriffs Department | Trinity County | No |
| j. Lake Co. Sheriffs Department | Lake County | Yes |
| k. California Highway Patrol – Ukiah | Mendocino County | No |

3. Six (6) non-PSAP ambulance dispatch centers were utilized within the region for dispatching ambulances:

- | | | |
|-------------------------------------|------------------|----|
| a. K’ima:w Tribal Police | Humboldt County | No |
| b. City Ambulance of Eureka | “ | No |
| c. Southern Trinity Rescue Dispatch | “ | No |
| d. Redwood Empire Life Support | Sonoma County | No |
| e. CDF – Howard Forest | Mendocino County | No |
| f. CDF – Napa | Napa County | No |

4. North Coast EMS maintained contracts requiring field to hospital communications and recording equipment with six (6) base hospitals, one alternative base hospital and 19 LALS/ALS providers.
5. The North Coast EMS region continued to utilize a Med-Net Communications System installed in 1977-78 that includes six (6) county owned and one (1) fire district owned Mt. Top Repeater, eight (8) hospital owned base station radios and numerous provider-owned mobile units (estimate 40).
6. The Pierce Mt-Top Repeater was successfully installed this quarter with trauma funds, which completes the Mt- Top Repeater replacement program. All repeaters except Rogers (which is rarely used) in Humboldt have been replaced.
7. Last year the North Coast EMS Governing Board implemented the Regional Med-Net Repeater Replacement Trust Fund for long term repeater replacement. Del Norte County contributed \$500 this quarter.

Issues/Solutions:

1. EMD upgrade training for Lake County has not been completed due to personnel turnover and other priorities at the dispatch center. Arrangements will be made as soon as upgrade training in Lake County is feasible.

4.0 Transportation

Objective: To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Workload Indicators:

Total Ambulance Response Vehicles = Estimate **47**

Total First Responder Agencies = **40** approved by North Coast EMS

Total Patients Transported = **4,417** transports were reported in the PCR program

Total Patients Not Transported = **329** Against Medical Advise Patients (AMA) were reported

Total Number of LALS/ALS Providers Authorized by Region = **19**

Total Number of Transport Providers in Region = **15**

Status: This quarter,

1. North Coast EMS continued Advanced Life Support Agreements with 19 providers, First Responder Agreements with 40 fire districts, AED Agreements with 40 service providers, and ETAD Agreements with 15 providers.
2. JPA member counties continued permits or contracts with 7 ambulance services; another 8 fire districts provide transport in Lake County. The latter are in the process of forming a local Joint Powers transport arrangement that has been executed by all but one fire district.
3. Lake County is in the process of revising and expanding the Ambulance Ordinance to include all transporting providers and North Coast EMS continues to participate in this process.
4. North Coast EMS generated zoning reports specific to each LALS/ALS provider as part of the new Pre-hospital Care Reporting System (EPCIS).
5. North Coast EMS submitted one “chute time” report to the Humboldt County Health Department.
6. North Coast EMS finalized or drafted policies associated with Provider Response Guidelines and Cardiac Pacing.
7. The Agency continued the process to revise and expand the Air Medical Policy and reviewed several cases associated with air medical transport.
8. North Coast EMS implemented the Hep/Nitro Infusion program at City Ambulance of Eureka and Fortuna, and Kelseyville Fire.
9. The Agency’s request to add Cardiac Pacing to the paramedic scope of practice was approved by the EMDAAC Scope of Practice Committee.
10. North Coast EMS continued to work with the Mendocino County EMS Coordinator and Lake Pillsbury Fire to ensure that ambulance coverage from Ukiah continued into the Lake Pillsbury area.
11. Revision of the North Coast EMS Diversion/Patient Destination Policy continued.
12. A comprehensive review and revision of North Coast EMS ALS Treatment Guidelines was initiated.

Issues/Solutions: None.

5.0 Assessment of Hospitals and Critical Care Centers

Objective: To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Workload Indicators:

Total Base Hospital Contacts = **2713**

Total Patients Received = **4417** patients were transported

Total Number of Hospitals Designated by Region = **13**

Status: This quarter,

1. North Coast EMS patients continued to be transported to seven (7) hospitals located within the region. Six are licensed as basic emergency departments (one in Del Norte County, three in Humboldt County and two in Lake County) and one is a stand-by ED (Jerold Phelps in southern Humboldt). Patients are transferred to at least 20 facilities located outside of the region.
2. North Coast EMS continued formal designation of six (6) base hospitals and one (1) alternative base hospital. All but one facility (Jerold Phelps) is also a North Coast EMS designated Emergency Department Approved for Pediatrics (EDAP).
3. The Agency continued to work with base hospital Prehospital Care Medical Director and Prehospital Care Nurse Coordinator, as needed, to address disclosure protected quality improvement issues.
4. The Diversion/Patient Destination policy revision was continued.
5. Pat Farmer, R.N., Nurse Contractor, generated site-visit follow-up correspondence with several base hospitals
6. Pam Haynes, R.N., Nurse Contractor, conducted EDAP site-visits at Redwood Memorial Hospital in Fortuna, Mad River Community Hospital in Arcata, and Adventist-Redbud Hospital in Clearlake. She also scheduled an EDAP site-visit at Sutter-Lakeside Hospital and generated or continued follow-up correspondence with several EDAPs.
7. North Coast EMS requested that a report be presented to the Humboldt Medical Advisory Committee and JPA Governing Board meetings with regard to the impact of closure of the emergency department at the General Hospital campus in Eureka.
8. North Coast EMS executed the contract with the EMSA for \$310,345 over a 21-month period to develop and implement a regional trauma plan. The Abaris Group was selected as the Trauma Plan contractor, north and south sections of the Regional Trauma Advisory Committee were established, and several meetings specific to the trauma program were conducted.

9. The Executive Director continued to participate in development of statewide trauma system standards as a member of State's AB430 Trauma Committee and State Trauma Advisory Committee.
10. The Heparin and Nitroglycerine Infusion program was implemented to allow specially trained and accredited paramedics to utilize these procedures during inter-facility transfers.

Issues/Solutions:

1. Sutter-Lakeside Hospital was placed on probation both as a base hospital and an EDAP. Follow-up correspondence, site-visits and meetings continue.
2. Relative to the closure of the ED at the General Hospital campus, several concerns are being reviewed with regard to increased ED wait times, increased turn around times for ambulances and increased transfers due to the lack of staffed beds. These will be discussed at the next Humboldt County Medical Advisory Committee meeting and the next JPA Governing Board.

6.0 Data Collection and Evaluation

Objective: To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Workload Indicators:

Total Patient Care Reports Generated = **4507**

Total Trauma Patients = **723**

Total Cardiac Patients = **323** (258 Chest Pain and 65 Cardiac Arrest Patients)

Total Medical Patients = **640**

Total Pediatric Patients = **191**

Total Number of CQI Cases in Region = NA

Status: This quarter,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained, Jay Myhre spent two days at North Coast EMS , discussing program issues and implementing an updated version of the program. Jay Myhre and Louis Bruhnke developed new program additions and generated improved reports. The system is currently working reliably although minor problems with the program are being addressed. Importantly, we continue to estimate that close to 100% of all paramedic runs are documented on the EPCIS program, which are immediately electronically transmitted to the Agency's main server computer.
2. The EPCIS programmer developed several computer generated compilation sheets to routinely summarize EMS activity in the region (including the attached Prehospital Activity Overview) and the new zoning reports.
3. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations.

4. The Executive Director continued to participate in the process to develop statewide “EMS evaluation standards or guidelines” as member of the Information and Evaluation Vision Committee and EMSAAC, including drafting sections to the new EMS System Guidelines and Standards.
5. North Coast EMS submitted the requested “chute time” report to the Humboldt County Health Department.
6. Tim Citro continued review of AED reports.
7. The Agency expanded the EPCIS reporting process to include AMAs and emergency transfers.

Issues/Solutions:

1. In response to a region wide request, the Agency has undertaken a broad revision of the EPCIS “Treatment Guideline” category, the category used to conduct electronic PCR audits, to more closely reflect local protocols and practices. Initially this project was to be directed by an agency contractor, but that individual is no longer available and the project will be carried out by agency staff the help of Jay Myhre.
2. The Agency plans to track the number of CQI cases to include in this report.

7.0 Public Information and Education (PI&E)

Objective: To ensure that the population within the jurisdiction of the regional EMS agency has access to information and public information courses as it relates to emergency medical services.

Workload Indicators:

Total Public Information and Education Courses Conducted and/or Approved by Agency = See #1
Total Number of Public Information and Education Events Involving Agency = See #1 below

Status: This quarter,

1. *North Coast EMS continued to participate in numerous PIE activities by attending Injury Prevention, Child Death Review Team, EMSC and Child Safety Seat Committee meetings.
2. One layperson AED program continued to provide services in Humboldt County.

Issues/Solutions:

1. Staff size, particularly with the state GF cut and additional workload because of the Trauma Project and special projects, is inadequate to provide more than a very limited involvement in PIE. Consequently, we do not plan to conduct any PIE activities this year, and our involvement in PIE events will be even more limited than usual.

8.0 Disaster Medical Response

Objective: To ensure the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in a neighboring jurisdiction.

Workload Indicators:

Total Number of Disaster/MCI Responses (responses with 5 or more victims) = NA

Total Disaster Drills Involving Staff = NA

Total Disaster-related Meetings Attended by Staff =

Status: This quarter,

1. Agency staff attended Humboldt-Del Norte Disaster and the Lake EMCC Committee meetings, and contacted the Del Norte Health Officer regarding future plans to collaborate.
2. North Coast EMS administered the “Prehospital MCI/Disaster Preparedness” special project contract execution process and selected the Northern California Safety Consortium as the Project Coordinator.
3. The Executive Director participated in the process coordinated by Humboldt County OES to distribute bioterrorism funds.
4. The EMS Coordinator participated in several statewide disaster medical services activities, including Disaster Medical Assistance Team planning (DMAT) and international disaster programs involving the Ukraine.
5. The EMS Coordinator attended the three-day the three day Cascadia Subduction Zone Exercise conducted by state representatives.
6. Del Norte County experienced one major Multi-Casualty Incident during the first quarter involving a run-a-way car, 22 victims with one fatality. All patients were transported within 45-minutes. Retrospective review indicated that prehospital and hospital providers again did an outstanding job!
7. The EMS Coordinator and PCNCs included MCI examples as part of the “Call of the Month” continuing education program.

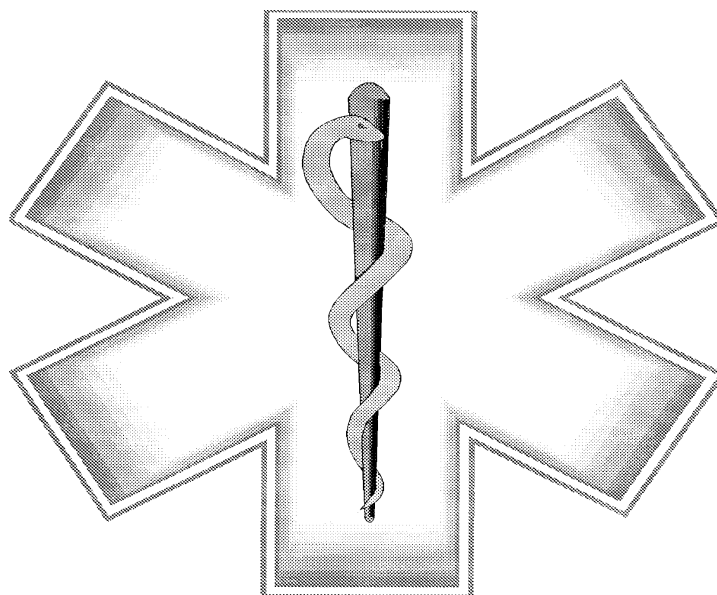
Issues/Solutions:

1. We have requested that the EPCIS program be set up to query MCIs involving five or more patients, but this has not been completed at this time.

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Fiscal Year 2001 - 2002 Final Report

General Fund Grant # 1035

September 30, 2002

Overview:

In Fiscal Year 2001-2002, North Coast Emergency Medical Services (EMS) continued to serve as the local EMS agency for the functions delegated by Del Norte, Humboldt, Lake and southern Trinity Counties. The Agency continued to manage the regional EMS system in accordance with state law and guidelines, under direction of the Joint Powers Governing Board and in coordination with a large network of organizations and individuals. North Coast EMS staff and contractors facilitated the planning, coordination and evaluation of the EMS system through a program of community consensus, patient and EMS participant advocacy and continuous quality improvement (CQI).

The Joint Powers Governing Board directed the activities of North Coast EMS during FY 2001-2002. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Chuck Blackburn, Vice-Chairperson, Del Norte County; and Supervisor Rob Brown, Lake County. Alternates to the JPA Board were: Supervisors Martha McClure, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Ed Robey, Lake County.

The Agency was managed by the following general fund employees (totaling 4.6 FTE):

- Larry Karsteadt, Executive Director (1.0 FTE)
- Wendy Chapman, Training Coordinator (1.0 FTE)
- Maris Hawkins, Program Assistant II (0.6 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (1.0 FTE)
- Helena Neary, Secretary (1.0 FTE)

Several part-time independent consultants totaling less than 0.5 FTE were involved with general fund operations, including:

- Ken Stiver, M.D., Regional Medical Director (replaced by John Kelsey, M.D.)
- Pat Farmer, R.N., Mobile Intensive Care Nurse & Base Hospital Site-Visit Coordinator
- Pam Haynes, RN, Emergency Dept Approved for Pediatric Site-Visit Coordinator
- Virginia Plambeck, EMT-P, Critical Incident Stress Management Team Coordination
- Tim Citro, EMT-P, AED Tape Review, Policy Updates
- Kelly Wilson, EMT-P, EPCIS System
- Kayce Hurd, EMT-P, EMT-I Retest
- Heather Gramp, EMS Plan
- Dee Dee Wilson, Emergency Medical Dispatch Upgrade Training
- Willie Sapeta, EMT-P, EMT-I Testing
- City Ambulance, Inc., Grant Preparation
- Northern California Safety Consortium, Grant Preparation
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance
- Roger Hawkins, Auditor
- Cary Parkins, EMS Data Pro "Certification" Programmer

Numerous individuals and organizations within the three and one-third county area directly contributed to the regional accomplishments during the year.

North Coast Emergency Medical Services General Fund #1035 Progress Report

Fiscal Year 2001-2002

The following report on progress at North Coast EMS during Fiscal Year 2001-02 meets the requirements of the California EMS Authority General Fund Contract #EMS-1035 and the document entitled: "Funding of Regional EMS Agencies with General Fund Monies (June, 2001)." The report specifically addresses the goals, workload indicators, accomplishments and problems relative to contract objectives and as specified by the California EMS Authority (EMSA).

1.0 System Organization and Management

Objective: To develop and maintain an effective management system to meet the emergency medical needs and expectations of the population served.

Workload Indicators: Population of Region = **216,200**
Tourism = **+3 million annually**

Accomplishments: This year,

1. North Coast EMS personnel attended the following state EMS meetings:
 - a. Emergency Medical Services Administrators Association of California (EMSAAC)
 - b. Emergency Medical Directors Association of California (EMDAC)
 - c. EMDAC Scope of Practice Committee
 - d. State EMS Commission
 - e. EMSA Vision Personnel and Education Committee
 - f. EMSA Vision Information and Evaluation Committee
 - e. General Fund Contract and Regional Administrators Committees
 - f. State AB 430 Advisory Committee (Conference Calls)
 - g. EMSAAC Disaster Medical Services Committee (Conference Calls)
 - h. State Trauma Advisory Committee
 - i. Emergency Medical Services for Children (EMSC) Conference
 - j. EMS for Children Coordinators and Technical Advisory Committee
 - k. National Highway Traffic Safety Association Data/Quality Improvement Seminar
 - l. Pediatric Emergencies for Prehospital Personnel (PEPP) Training Course
 - m. EMSAAC Annual Conference (Asilomar)

2. North Coast EMS personnel attended the following regional meetings:
 - a. Joint Powers Governing Board
 - b. Humboldt/Del Norte Medical Advisory Committee (MAC)
 - c. Lake and Humboldt County Emergency Medical Care Committees (EMCC)
 - d. Lake County Ambulance Ordinance Subcommittee
 - e. Humboldt/Del Norte Disaster Committee
 - f. Humboldt Disaster Council

- g. Humboldt County Fire Chiefs Association
 - h. Regional Field Care Audits
 - i. Humboldt County Child Death Review Team
 - j. Humboldt County Injury Prevention
 - k. Child Seat Safety Committee and Press Conference
 - l. Critical Incident Stress Committee
 - m. Water Safety/Drowning Prevention
 - n. Annual Humboldt Regional Occupations Paramedic Program
 - o. Emergency Department Closure Public Hearing
 - p. Hospital Diversion
 - q. EPCIS Multi-Users (Redding)
 - r. EMS Data Pro Meetings (Sacramento)
3. The Agency distributed draft and final policies, protocols and information items for regional review and input in six Informational Mailings.
 4. North Coast EMS selected several contractors during the year through a formal selection process.
 5. North Coast EMS maintained and expanded the web page (www.northcoastems.com), which has all policies, procedures, upcoming training, the EMS Plan, the Call of the Month, links to other EMS web sites and other useful information posted regularly.
 6. North Coast EMS executed the State EMS General Fund contract for a total of \$239,477. The state and JPA budgets were revised during the year. All counties submitted their shares as requested and SB 612 funds were recovered at the expected rates. The Bertha Russ Lytel Foundation grant for the Regional Medical Director was continued, and local fees were collected according to policy. The required local match was exceeded, the General Fund budget was under-spent (primarily because contractors worked less than expected) and the Fund Balance/Reserve increased at the end of the year.
 7. The Agency submitted the first, second and third General Fund quarterly reports and initiated the update of the EMS Plan.
 8. The Agency submitted three grants to the EMSA: the AB 430 Trauma Care Systems Plan Preparation and Implementation Funding proposal, the Prehospital Multi-Casualty Incident/Disaster Preparedness special project proposal and the Rural Outreach Medical Training special project proposal. All will be funded as follows: Trauma = \$310,345 to December 30, 2003, MCI/Disaster = \$ 59,000, and the Rural Outreach = \$65,000.
 9. The fiscal audit for last year was completed in April and all Governing Board members and required staff submitted Statements of Economic Interest.
 10. Four JPA Governing Board meetings were convened during the year.
 11. Agency staff initiated the process to fingerprint all employees and to comply with all Department of Justice requirements relative to processing background checks for certificate holders.

12. North Coast EMS coordinated the process with the six other regions and the EMSA to update and standardize the General Fund Objectives for the next fiscal year.
13. With regard to the “Workload Indicator” Section of this Objective, the annual tourism information was compiled from the California Division of Tourism (1-916-322-2881).
14. The Agency participated in the review of numerous state documents, including the EMT-II regulations, various Vision and trauma-related documents, legislative bills, etc.
15. During the process to evaluate proposed closure of the emergency department at the General Hospital campus in Eureka, the Humboldt County Board of Supervisors confirmed that the authority for conducting the review process was delegated to North Coast EMS.

Issues/Solutions:

1. North Coast EMS and the other regional agencies, all of which are in need of a state General Fund augmentation, are scheduled to receive a 4% cut in FY 2002-03. Fortunately, because of AB430 Trauma System Care Systems Plan Preparation and Implementation Funding, we will be able to delay significant staff and/or contractor cuts. However, increasing operational costs and cost of living expenses will continue and we may receive additional state GF cuts in the future. Consequently, we anticipate a significant budget reduction in FY 2003-04 unless state General Fund assistance and/or local funds are increased prior to December 30, 2003.
2. We did not revise the EMS Plan as expected for three reasons: 1) the EMSA approved the 1999 EMS Plan last fiscal year. 2) Our small staff size and the prior resignation of Heather Gramp, Special Projects Coordinator, made this huge task impossible this year. 3) the EMSA is in the process of updating the California EMS System Guidelines and Standards, which will alter EMS Plan requirements within the next year or two. Unless there are local reasons to proceed with the update, we are not planning to revise the EMS Plan until new state standards are available.
3. After almost twenty years of service as the North Coast EMS Medical Director, Ken Stiver, M.D. resigned to take a new position at St. Joseph Hospital. Dr. Stiver was replaced mid-year by John Kelsey, M.D. We also experienced significant turnover in the GF contractors this year for a variety of reasons.
4. The Lake County Fire Chiefs Association presented a memorandum at an EMCC requesting that Lake County withdraw from the North Coast EMS region. Subsequent discussion identified concerns regarding: closer geographic and patient transfer ties to Coastal Valleys EMS than North Coast EMS; delays in adding cardiac pacing to the scope of practice; delays in processing certificates; lack of a regional presence in Lake County; etc. All of these issues were addressed at the following EMCC: the geographic proximity to the south has existed since North Coast EMS began in 1976; pacing was recently approved for addition to our scope of practice and our expanded paramedic scope of practice is second in the entire state; certificate processing delays are well within the required time period and are occasionally due to problems with the applications; agency staff spend a large percentage of their time dealing with Lake County issues; etc. Also, it will likely cost more for Lake County to join Coastal Valleys EMS, there is a year grace period

before state funding would be diverted from North Coast to Coastal Valleys, regional funding is decreasing for all regions, and the loss of Lake County would effectively end North Coast EMS as a region after 26 years.

5. The JPA Governing Board requested that we proceed with a Request for Proposal prior to the next fiscal audit and we plan to do so.

2.0 Staffing and Training

Objective: To ensure personnel functioning within the EMS system are properly trained, licensed/certified/authorized and/or accredited to safely provide medical care to the public.

Workload Indicators: Total Number of Certified/Authorized/Accredited Personnel = **1,284**
 Total Number of Personnel Completing Training Courses = **+397**
 Total Number of Approved Training Programs = **40**

Status: This year,

1. The following EMS personnel possessed North Coast EMS issued documents:

- | | |
|------------------------------|-------------------------------|
| a. Certified EMT-Is = | 1006 (118 are ETAD certified) |
| b. Certified EMT-IIIs = | 4 |
| c. Accredited Paramedics = | 104 |
| d. Authorized MICNs = | 122 |
| e. Field Training Officers = | 48 |

2. Regional instructors conducted the following North Coast EMS approved training programs:

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	8	4
b. Automated External Defibrillation =	7	5
c. EMT-I =	14	10 basic/7 re-certification
d. Paramedic =	1	1
e. Field Training Officers =	3	1
f. Mobile Intensive Care Nurse =	2	1
g. AED Skills Evaluator =	1	
h. Emergency Medical Dispatch =	1	3
i. Heparin/Nitro Infusion =	3	3
j. Lake County EMT-I Tests Sessions	1	3
k. North Coast EMS Test Sessions	1	+9

3. The above classes reported at least 397 students since we began compiling this information, which does not include the first quarter or all classes.

4. Humboldt Regional Occupations Paramedic (HROP) Program and the Mendocino County internship program were continued during the year.

5. The Agency reported specific plans regarding HROP paramedic training program accreditation process to EMSA.
6. The Training Coordinator or EMS Coordinator reviewed six EMT-I training programs.
7. Approval for 40 continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.
8. Contractor Willie Sapeta administered several written EMT certification exams in Lake County for at least 36 students.
9. All EMT-I instructors are now using the National Registry skills exam and the written exam revision was completed by Kayce Hurd.
10. At least four Informational Mailings were distributed, including many final and certification training-related policies.
11. Agency staff continued the process to comply with Department of Justice requirements with regard to conducting background checks. At this time, three of the six targeted staff members have completed the finger printing process.
12. As a member of the Vision Education and Personnel Committee, the EMS Coordinator continued efforts to better define rural EMS training needs at the state level.
13. North Coast EMS submitted comments on the EMT-II pre-draft regulations to the EMSA.
14. The Agency continued administrative coordination of the North Coast CISM team, although involvement was limited.
15. Potential problems with an approved training program were reviewed and resolved, and several licensure or certification reviews were conducted.
16. With the help of City Ambulance Inc. of Eureka and the California Department of Forestry & Fire Protection (CDF), we submitted a Rural Outreach Medical Training special project proposal to EMSA to provide first responder and focused training programs to rural and remote first responder personnel.
17. Emergency Medical Dispatch upgrade training classes were provided by Dee Dee Wilson, and the Agency scheduled two Medical Priority Dispatch, Inc. training programs for the region.
18. The Agency received approval for and expanded the paramedic scope of practice to include Heparin and Nitroglycerine Infusions with the help of numerous instructors. We also submitted a request to add Cardiac Pacing as well (which subsequently was approved).
19. The Training Coordinator and contractor Cary Parkins successfully replaced the dysfunctional

“certification” program with a significantly improved EMS Data Pro program, and the Agency caught up on all requests for certification during the year.

20. With the assistance of CDF, North Coast EMS submitted a request to purchase AED units for the region in a large state grant.
21. The Agency formally probated several certificate holders for cause and participated in the state review of paramedics.

Issues/Solutions:

1. The dysfunctional computerized PCR97 certification program was successfully replaced.
2. The Agency’s request for training, communications and distance learning/video conferencing equipment in the AB 430 Trauma grant had to be dropped. Instead, we received and will proceed next year with a Rural Outreach Medical Training special project grant (thanks to City Ambulance of Eureka) to extend educational opportunities to the more rural and remote portions of the region.

3.0 Communications

Objective: To develop and maintain an effective communications system that meets the needs of the EMS system.

Workload Indicators: Total Number of PSAPs = **11**
 Total Number of Calls = 8290 Prehospital Care Reports (PCRs) were received between 1/1/02 and 6/30/02, indicating an annual volume of around **16,580**
 Total Requests for EMS Response = around **16,580** annually
 Total Number of Ambulances Dispatched = 8090 transports were reported between 1/1/02 and 6/30/02, indicating around **16,180** annually

Status: This year,

1. North Coast EMS maintained contracts requiring field to hospital communications and recording equipment with six (6) base hospitals, one alternative base hospital and 19 LALS/ALS providers.
2. Eleven (11) Public Safety Answering Points (PSAPs) were utilized by regional EMS providers as follows (several PSAPs directly dispatch ambulances):

PSAP	Location	EMD Utilized
a. Del Norte Co. Sheriffs Department	Del Norte County	No
b. Humboldt Co. Sheriffs Department	Humboldt County	No
c. Humboldt State University	“	No
d. Arcata Police Department	“	No
e. Eureka Police Department	“	Yes

f. California Highway Patrol - Arcata	Del Norte & Humboldt	No
g. Fortuna Police Department	Humboldt County	Yes (backup only)
h. California Division of Forestry - Fortuna	“	Yes (secondary PSAP)
i. Trinity Co. Sheriffs Department	Trinity County	No
j. Lake Co. Sheriffs Department	Lake County	Yes
k. California Highway Patrol – Ukiah	Mendocino County	No

3. Six (6) non-PSAP ambulance dispatch centers were utilized within the region for dispatching ambulances:

a. K’ima:w Tribal Police	Humboldt County	No
b. City Ambulance of Eureka	“	No
c. Southern Trinity Rescue Dispatch	“	No
d. Redwood Empire Life Support	Sonoma County	No
e. CDF – Howard Forest	Mendocino County	No
f. CDF – Napa	Napa County	No

4. The North Coast EMS region continued to utilize a Med-Net Communications System installed in 1977-78 that includes six (6) county owned and one (1) fire district owned Mt. Top Repeater, eight (8) hospital owned base station radios and numerous provider-owned mobile units (estimate 40). All but two Mt. Top Repeaters have been replaced within the last three years, and the Pierce Repeater will be replaced next year as part of the AB 430 trauma grant.

5. The Humboldt/Del Norte Prehospital Care Nurse Coordinators accepted a proposal from Judith Baird, PCNC, Redwood Memorial for each facility to be responsible for conducting one hospital-to-hospital Med-Net radio check per quarter, but for different shifts.

6. The North Coast EMS Emergency Medical Dispatch contractor, Dee Dee Wilson, continued upgrade training for the EMD approved dispatch centers.

7. In addition to the “call-of-the-month” best practices program, the EMS Coordinator developed a web-based program whereby pre-hospital and ED personnel are able to listen to past multiple casualty incidents and evaluate them using a protocol based evaluation tool in return for continuing education credit.

8. The North Coast EMS Governing Board implemented the Regional Med-Net Repeater Replacement Trust Fund. North Coast EMS and Humboldt County contributed \$500 each this year, and Del Norte and Lake will be billed next year.

Issues/Solutions:

1. EMD upgrade training for Lake County has not been completed due to personnel turnover and other priorities at the dispatch center. Arrangements will be made as soon as upgrade training in Lake County is feasible. Also, North Coast EMS purchased and distributed the EMD upgrade card sets to all approved EMD providers.

2. The revised AB 430 Trauma budget will include replacement of the Pierce Mt- Top Repeater in

Humboldt County. The repeater at Rodgers will not be replaced because it is rarely used for field to hospital communications.

3. The Regional Med-Net Replacement Trust Fund was established.

4.0 Transportation

Objective: To develop and maintain an effective EMS response and ambulance transportation system that meets the needs of the population served.

Workload Indicators: Total Ambulance Response Vehicles = Estimate **47**
Total First Responder Agencies = **40** approved
Total Patients Transported = Estimate **16,180** annually
Total Patients Treated and Released = NA
Total Dry Runs = NA

Status: This year,

1. North Coast EMS continued Advanced Life Support Agreements with 19 providers, First Responder Agreements with 40 fire districts, AED Agreements with 40 service providers, and ETAD Agreements with 15 providers.
2. JPA member counties continued permits or contracts with 7 ambulance services; another 8 fire districts provide transport in Lake County. The latter are in the process of forming a local Joint Powers transport arrangement that has been executed by all but one fire district.
3. Lake County is in the process of revising and expanding the Ambulance Ordinance to include all transporting providers and North Coast EMS continues to participate in this process.
4. North Coast EMS included zoning information specific to each LALS/ALS provider as part of the new Pre-hospital Care Reporting System (EPCIS).
5. North Coast EMS submitted two “chute time” reports to the Humboldt County Health Department.
6. North Coast EMS finalized or drafted numerous policies during the year associated with first responder and transport providers.
7. The Agency submitted requested response time data to Humboldt Fire District #1.
8. North Coast EMS conducted an ALS Provider site-visit at South Lake County Fire.
9. The Agency continued the process to revise and expand the Air Medical Policy.
10. North Coast EMS helped coordinate the process to expand the paramedic scope of practice to include Heparin/Nitro Infusions. At this time, City Ambulance of Eureka and Fortuna, and Kelseyville Fire have implemented this program.

11. The Agency submitted a request to add Cardiac Pacing to the paramedic scope of practice that has been approved by the EMDAAC Scope of Practice Committee.

Issues/Solutions:

1. The Agency formally discontinued assisting Lake County in its' efforts to monitor the Ambulance Ordinance due to the huge time commitment for this non-delegated function.
2. Lake County initiated but did not complete a multi-disciplinary process to revise and expand the Ambulance Ordinance to include all transporting providers.
3. North Coast EMS continued to work with the Mendocino County EMS Coordinator and Lake Pillsbury Fire to ensure that ambulance coverage from Ukiah continued into the Lake Pillsbury area.
4. Problems regarding the North Coast EMS Diversion Policy, particularly in Humboldt County, are being addressed by initiating a process to drop existing policy and expand the Patient Destination Policy.
5. With regard to the Workload Indicators specifying "Treat and Release" and "Dry Runs", patients are not treated and released in the North Coast EMS region (other than Against Medical Advise) and we do not collect information on dry runs.

5.0 Assessment of Hospitals and Critical Care Centers

Objective: To establish and/or identify appropriate facilities to provide for the standards and care required by a dynamic EMS patient care delivery system.

Workload Indicators: Total Base Hospital Contacts = 4264 were reported between 1/1/02 and 6/30/02; estimate **8,528** annually
Total Trauma Cases = 1320 were reported between 1/1/02 and 6/30/02; estimate **2,640** (337 major trauma patients were documented in 1996)
Total Pediatric Cases = 420 were reported between 1/1/02 and 6/30/02; estimate **840** annually
Total Patients Received = 8090 were transported between 1/1/02 and 6/30/02; estimate **16,180** annually

Status: This year,

1. North Coast EMS patients continued to be transported to seven (7) hospitals located within the region. Six are licensed as basic emergency departments (one in Del Norte County, three in Humboldt County and two in Lake County) and one is a stand-by ED (Jerold Phelps in southern Humboldt). Patients are transferred to at least 20 facilities located outside of the region.

2. North Coast EMS continued formal designation of six (6) base hospitals and one (1) alternative base hospital. All but one facility (Jerold Phelps) is also a North Coast EMS designated Emergency Department Approved for Pediatrics (EDAP).
3. The Agency continued to work with base hospital Prehospital Care Medical Director and Prehospital Care Nurse Coordinator, as needed, to address disclosure protected quality improvement issues.
4. By-pass/diversion issues were discussed at the Humboldt-Del Norte County Medical Advisory Committee meeting; Debbie McMahon, PCNC, St. Joseph Hospital and Pam Haynes, R.N., Nurse Contractor are coordinating a revision of the North Coast EMS Diversion Policy.
5. Pat Farmer, R.N., Nurse Contractor, conducted site-visits to Adventist-Redbud Hospital, Sutter-Lakeside Hospital, Mad River Community Hospital and Jerold Phelps Hospital in Garberville.
6. Pam Haynes, R.N., Nurse Contractor, completed EDAP site-visits to: Adventist-Redbud Hospital, Mad River Community, St. Joseph Hospital and Sutter-Coast Hospital.
7. The JPA Governing Board appointed a special committee consisting of John Woolley, Dr. Ann Lindsay and Larry Karsteadt to conduct a public hearing and prepare an impact evaluation report. The Committee recommended closure of the emergency department at the General Hospital campus in Eureka, which was accepted by the State Department of Health. The ED was closed and North Coast EMS redirected emergency medical patients to the single ED remaining in Eureka. Joseph Hospital subsequently presented an impact evaluation report to the Board.
8. North Coast EMS submitted and revised the AB430 trauma system grant application to the EMSA and received a grant for \$310,345 over a 21-month period to develop and implement a regional trauma plan.
9. The Executive Director continued to participate in development of statewide trauma system standards as a member of State's AB430 Trauma Committee and State Trauma Advisory Committee.
10. The Agency completed and submitted a survey on diversions to the EMSA.
11. The Heparin and Nitroglycerine Infusion program was implemented to allow specially trained and accredited paramedics to utilize these procedures during inter-facility transfers.

Issues/Solutions:

1. Sutter-Lakeside Hospital was placed on probation both as a base hospital and an EDAP.
2. The process to review the proposed closure of the ED in Eureka had to be rushed significantly because St. Joseph Hospital had previously initiated physician scheduling changes that would have created problems had the General Campus ED stayed open longer. Also, several potential concerns are being reviewed with regard to increased ED wait times, increased turn around times for

ambulances and increased transfers due to the lack of staffed beds. These will be discussed at the next Humboldt County Medical Advisory Committee meeting and the next JPA Governing Board.

3. Jerold Phelps Hospital in Garberville was on the verge of closure due to financial problems but a property tax initiative was approved that will keep them open.

6.0 Data Collection and Evaluation

Objective: To provide for appropriate system evaluation through the use of quality data collection and other methods to improve system performance and evaluation.

Workload Indicators: Total Patient Care Reports Generated = 8290 PCRs were generated between 1/1/02 and 6/30/02, which indicates around **16,580** reports annually.

Status: This year,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was implemented throughout the region in mid-December 2001. The system is currently working reliably although minor problems with the program are being addressed. Between 1/1/02 and 6/30/02, 8290 PCRs were submitted to the Agency. Importantly, at this time we estimate that close to 100% of all paramedic runs are documented on the EPCIS program, which are immediately electronically transmitted to the Agency's main server computer.
2. The EPCIS programmer developed several computer generated compilation sheets to routinely summarize EMS activity in the region (including the attached Prehospital Activity Overview).
3. The EMS Coordinator worked with all LALS/ALS Providers to identify response zones as part of the EPCIS system; at this time, zone specific reports have been generated and distributed for review.
4. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations.
5. The Executive Director continued to participate in the process to develop statewide "EMS evaluation standards or guidelines" as member of the Information and Evaluation Vision Committee and EMSAAC, including drafting sections to the new EMS System Guidelines and Standards.
6. The Regional Medical Director, Executive Director and EMS Coordinator submitted comments on the state proposed CEMSIS data system (data definitions), and reviewed proposed quality indicators for statewide use. The EPCIS system was previously used as a model.
7. The Executive Director gave a power point presentation developed by the EMSA to EMSAAC on the new CEMSIS data system and quality indicators.
8. North Coast EMS submitted the requested "chute time" report to the Humboldt County Health Department and a response time data report to Humboldt Fire District #1.

9. National EMS Week Proclamations were adopted at each Board of Supervisor's meeting during EMS Week. Kris Kelley Star of Life awards were presented to several outstanding administrative, nursing and prehospital personnel in the region.
10. Automated External Defibrillation reports were provided to the EMSA as requested.
11. The Agency submitted copies of public domain written correspondence regarding Redwood Empire Life Support (RELS) to SEIU.

Issues/Solutions:

1. The required state AED reports for the last two years were submitted to the EMSA thanks to Tim Citro. Two cardiac arrest survivors were documented.
2. We are able to provide the requested data for this final report and quarterly reports because of the EPCIS system, which is a significant improvement over the PCR97 program.
3. Although we receive close to 100% of the PCRs required by policy, we are in the process of expanding policy to include Against Medical Advise patients and emergency transfers.

7.0 Public Information and Education (PI&E)

Objective: To ensure that the population within the jurisdiction of the regional EMS agency has access to information and public information courses as it relates to emergency medical services.

Workload Indicators: Total Public Information and Education Courses in Region = estimate + **973**

Status: This year,

1. The number of PIE courses reported to North Coast EMS was:

Provider	Basic CPR	Health Professional CPR	1 st Aid	Total Classes
a. Sutter Coast Hospital		3		3
b. St. Joseph Hospital	44	164		208
c. Mad River Hospital		9		9
d. Shelter Cove Fire		2		2
e. Del Norte Red Cross	9		4	13
f. Humboldt County Red Cross	448 (168 also include 1 st Aid)			610
g. Lake County Red Cross	67	15	42	124
h. Southern Trinity Rescue	1	2	1	4

2. North Coast EMS continued to sponsor numerous Public Safety Injury Prevention Announcements aired in Humboldt and Del Norte Counties.

3. One layperson AED program continued to provide services in Humboldt County.
4. The Agency coordinated the Kris Kelly Star of Life awards program in the region during EMS Week and hosted an EMS Week appreciation party at Humboldt Fire District #1 to honor outstanding service by individuals and organizations.

Issues/Solutions:

1. Staff size is inadequate to provide more than a very limited involvement in PIE.
2. The number of PIE courses reported to North Coast EMS represents only a portion of the classes offered, and this “indicator” should be dropped or modified because it is not a North Coast EMS responsibility to approve or oversee first aid or CPR training.

8.0 Disaster Medical Response

Objective: To ensure the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in a neighboring jurisdiction.

Workload Indicators: Total Number of Disaster/MCI responses (responses with 5 or more victims) = NA
Total Disaster Drills = NA

Status: This year,

1. Agency staff attended Humboldt-Del Norte Disaster and the Lake EMCC Committee meetings, and contacted the Del Norte Health Officer regarding future plans to collaborate.
2. The Agency sent a survey to all EMS system participants requesting quarterly information on the number of disaster drills or exercises that their organization conducted or participated in. Several organizations responded, but the total number of drills reported was a low estimate at best.
3. North Coast EMS, with the assistance of the Northern California Safety Consortium, received a special project “Prehospital MCI/Disaster Preparedness” grant for next fiscal year from the EMSA.
4. The Executive Director participated in an EMSAAC coordinated review of proposed medical disaster legislation and new state guidelines.
5. The Executive Director reviewed and commented on the Humboldt County OES Disaster Plan revision as a member of the Humboldt County Disaster Council.
6. Cascadia maps and “Home Safety Emergency Plans” were passed out to JPA Board members and others.
7. The Executive Director participated in the process coordinated by Humboldt County OES to distribute bioterrorism funds.

8. North Coast EMS and many others received Certificate of Appreciation Awards for participation in the Cascadia Medical Disaster Health project from the Humboldt County Board of Supervisors.
9. The EMS Coordinator participated in several statewide disaster medical services activities, including Disaster Medical Assistance Team planning (D-MAT) and international disaster programs involving the Ukraine.
10. The Agency distributed numerous post September 11, 2002 notices throughout the region.
11. Agency staff observed the statewide disaster exercise.
12. Del Norte County experienced one major Multi-Casualty Incident during the year involving the collapse of a balcony with around 28 victims. Retrospective review indicated that prehospital and hospital providers did an outstanding job!
13. The EMS Coordinator and PCNCs included MCI examples as part of the “Call of the Month” continuing education program.

Issues/Solutions:

1. In addition to the “call-of –the-month”, best practices program, the EMS Coordinator is developing a web-based program whereby pre-hospital and ED personnel will be able to listen to past multiple casualty incidents and evaluate them using a protocol based evaluation tool in return for continuing education credit.
2. We have requested that the EPCIS program be set up to query MCIs involving five or more patients, but this has not been completed at this time.
3. The “workload indicator” to report the number of disaster drills conducted in the region is extremely difficult to collect and should be dropped in the future.