

3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

MEMORANDUM:

DATE: November 19, 2008

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: Linn Tyhurst, Administrative Assistant

RE: E-Informational Mailing

-
1. **Draft Policies:**
 - a. Policy Number 3004 Training *LALS/ALS Field Internship Procedure*
 - b. Policy Number xxxx *Adult Intraosseous Infusion*
 2. **Change # 81**
 3. **North Coast EMS General Fund # 7045 2007-2008 Final Progress Report**
 4. **North Coast EMS Special Project # 8057 Quarter 1 Progress Report**
 5. **California EMS 2009 Conference Save The Date Card**
 6. **Memos from EMSA**
 7. **Stanford School Of Medicine Flyer**

Subject: Training
LALS/ALS Field Internship Procedure

Associated Policies: 4005

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 provide a system for allowing Limited Advanced Life Support (LALS) and Advanced Life Support (ALS) field internship within the North Coast EMS region.

III. Policy

- A. If the individual is a student, the EMT-II or paramedic training program shall have a written agreement with the field service provider prior to allowing the evaluated field internship.
- B. All training programs, including those located outside the region, shall notify North Coast EMS in writing prior to their students beginning an evaluated field internship within the North Coast EMS region. The student shall not begin the internship until a letter of approval has been received from North Coast EMS. Should the internship begin prior to receipt of North Coast EMS approval, all internship hours prior to receipt of that approval will be forfeit pending the decision by the Executive and Medical Director's of North Coast EMS.
- C. North Coast EMS, the California EMS Authority and/or the base hospital Prehospital Care Medical Director and Nurse Coordinator may require remedial training which might include an evaluated field internship with a regional LALS/ALS service provider agency.

Deleted: must

Deleted: By law,

Deleted: a

Deleted: must

IV. Procedure

- A. It is the responsibility of the training institution to assign student interns to approved field service providers, and the responsibility of the intern to make arrangements for the evaluated field internship with approved field service providers.
- B. North Coast EMS shall receive written notification from the training institution of the following information prior to beginning the evaluated field internship:
 - 1. Name of the training institution and student, and
 - 2. Verification that the student is eligible to begin the internship, and
 - 3. Name of field service provider(s) where field internship will be completed, and
 - 4. The name(s) of the assigned preceptor(s).

Deleted: be notified, by the applicant.

Deleted: or the ALS provider,

Formatted: Underline

Deleted: , address, phone number

Formatted: Bullets and Numbering

Deleted: <#>An introduction letter from applicant or student's EMT-II or paramedic training institution announcing qualifications for beginning field internship, and¶

Deleted: 3.→

Deleted: .

Formatted: Strikethrough

Subject: Training
LALS/ALS Field Internship Procedure

- ~~C.~~ The applicant or the ALS provider shall submit a letter of application to North Coast EMS prior to beginning the evaluated field internship. The letter shall include:
- ~~D.~~ 1. The name, address and telephone number of the student.
- ~~E.~~ 2. The name of the ALS provider.
- ~~F.~~ 3. Name of local EMS agency where student is certified as an EMT-I.
- ~~G.~~ 4. A written request to begin the field internship.
- ~~H.~~ 5. Name(s) of the assigned preceptor(s).
 - ~~I.~~ Applicant must complete all evaluated field internship with a North Coast EMS approved Field Training Officer.
 - ~~J.~~ The ALS provider shall ensure that each student intern and accrediting paramedic has been oriented to the North Coast EMS system, including local policies and procedures, treatment protocols and other relevant information.
 - ~~K.~~ Evaluation of applicant's field internship must be on forms provided by the approved paramedic training program or North Coast EMS.
 - ~~L.~~ No more than one EMT-II and/or paramedic student, challenge applicant or EMT-II's and paramedics required to complete a remedial pathway, shall be assigned to a response vehicle at any one time during the field internship.

Formatted: Numbered + Level: 1 + NumberingStyle: A, B, C, ... + Start at: 3 + Alignment: Left + Aligned at: 0" + Tab after: 0.5" + Indent at: 0.5"

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Bullets and Numbering

Approved: _____ Date: _____
Approved as to Form: _____ Date: _____

SUBJECT: **Adult Intraosseous Infusion**

- 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
 - A. To describe the use of Adult Intraosseous devices in the prehospital setting.

- III. Policy
 - A. Only North Coast EMS approved ALS Adult Intraosseous (Adult IO) provider agencies may carry and employ Adult IO devices.
 - B. Prior to receiving North Coast EMS Adult IO approval, ALS provider must document that all that ALS provider agency's paramedic personnel have received adequate training in the use of the provider's Adult IO device(s). Provider documentation should include information regarding the device(s) to be carried on provider's ambulances. All provider Adult IO documentation must be endorsed by the Prehospital Care Medical Director of the Base Hospital (or Modified Base Hospital) to which that provider has been assigned. The North Coast EMS Medical Director or the (Modified) Base Hospital Prehospital Care Medical Director may rescind this approval at any time.
 - C. All Adult IO approved provider agencies must ensure that their paramedics complete **at least 2 hours** of initial training on the use of Adult IO, and at **least one hour** of refresher Adult IO training (including the identification of injection sites) **every 2 years, or at least 2 hours of seldom used skill training or a Nationally recognized recurrent ALS training program** (such as ACLS) which includes an Adult IO component **every 2 years**.
 - D. Adult IO provider agencies must document ongoing Adult IO maintenance training, including training dates, in their quarterly Quality Improvement Program (QIP) Reporting. Adult IO provider agencies must ensure sufficient training opportunities so that all agency paramedics maintain Adult IO competency per section III. C. above. Adult IO maintenance training may be fulfilled through the offering of seldom used skill training which includes an Adult IO component, as noted in section III. C. above.

- IV. Indications
 - A. Paramedics should consider Adult IO for patients requiring immediate vascular access for the administration of fluids or medications and a peripheral IV cannot be established in 2 attempts or 90 seconds AND the patient exhibits one or more of the following:
 - A. An altered mental status (GCS of 8 or less)
 - B. Imminent respiratory failure
 - C. Hemodynamic instability (Systolic BP of < 90)

SUBJECT: **Adult Intraosseous Infusion**

- B. IO placement may be considered prior to peripheral IV attempts in case of cardiopulmonary or traumatic arrest, in which it may be obvious that attempt at placing an IV would likely be unsuccessful and /or excessively time consuming, resulting in a delay of life-saving fluids or drugs.
- C. Follow manufacture's recommendation regarding patient age and/or weight ranges. For pediatric patients = 14 years of age, employ a weight based tape for weight determination.

V. **Contraindications**

- A. Fracture of the bone selected for IO infusion (consider an alternate site).
- B. Excessive tissue at the insertion site with the absence of anatomical landmarks (consider an alternate site).
- C. Previous significant orthopedic procedure (IO within 24 hours, prosthesis - consider an alternate site).
- D. Infection at the site selected for insertion (consider an alternate site).

VI. **Procedure**

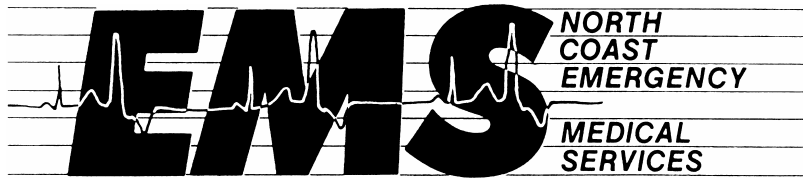
- A. Follow manufacture's recommendations.
- B. The patient's proximal tibiae should be considered the primary insertion sites.
- C. If neither of the patient's proximal tibiae are available for IO insertion, the caregiver may consider the patient's proximal humeri for IO injection.

VII. **Considerations and pain management**

- A. Continuously observe for signs of infiltration.
- B. If fluids do not flow freely, flush IO site with an additional 10 cc normal saline.
- C. If the procedure is used on a conscious patient, immediately following placement of the IO needle, administer 0.5 mg/kg 2% Lidocaine (not to exceed 50 mg) slowly through the IO site. Wait approximately 30-60 seconds before flushing with normal saline.
- D. In the event a patient regains consciousness and complains of severe pain secondary to the IO insertion, temporarily stop infusing the fluids, and administer 0.5 mg/kg 2% Lidocaine (not to exceed 50 mg) slowly through the IO site. Wait approximately 30-60 seconds before continuing fluid administration.

VIII. **Documentation**

- A. Documentation on the Patient Care Record shall include the following:
 - A. Reason for use of the adult IO.
 - B. Monitoring of injection site.
- B. Adult IO provider agencies must review and document of each use of the Adult IO in their Quarterly QIP Report. QIP Report documentation should include the appropriateness of the Adult IO use and any unusual findings.



3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

CHANGE NOTICE

CHANGE #80

November 2008

TO: ALL PREHOSPITAL CARE POLICY MANUAL HOLDERS

INSTRUCTIONS	POLICY #	POLICY DESCRIPTION	# OF PAGES
Replace	2103	Base Hospital/Modified Base Hospital/Alternate Base Hospital/Modified Alternative Base Hospital/Paramedic Receiving Hospital Designation	6
Replace	4002	Fee Schedule	3
Replace	6519	Abdominal Pain	1
Remove	6520	Policies 6519 and 6520 have been combined and numbered as 6519.	

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

- 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 a procedure for designation of Base / Modified Base /Modified Alternative Base /Paramedic Receiving Hospitals within the North Coast Emergency Medical Services (EMS) region.

- III. Definitions
 - A. “Advanced Life Support” or “ALS” means special services included in the scope of practice of Emergency Medical Technician-Paramedic (EMT-P), who is designed to provide definitive prehospital emergency medical care as defined in Division 2.5 of the Health and Safety Code and Title 22, Division 9, Chapter 4.
 - B. “Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS.
 - C. “Modified Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS. Modified Base Hospitals do not typically utilize MICN’s, but may choose to do so.
 - D. “Alternative Base Station/Hospital” means a facility or service operated and directly supervised by, or directly supervised by, a physician and surgeon who is trained and qualified to issue advice and instructions to prehospital emergency medical care personnel, which has been approved by the medical director of the local EMS agency to provide medical direction to advanced life support or limited advanced life support personnel responding to a medical emergency as part of the local EMS system, when no qualified basic or comprehensive hospital is available to provide that medical direction. An Alternative Base Hospital generally has a Standby Emergency Department.
 - E. “Modified Alternative Base Hospital” means one of a limited number of hospitals which, on designation by North Coast EMS, is responsible for providing immediate medical direction and supervision of EMT-II or EMT-P personnel in accordance with policies and procedures established by North Coast EMS. Modified Alternative Base Hospitals generally are Standby Emergency Departments that do not typically utilize MICN’s, but may choose to do so.

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

- F. “Paramedic Receiving Hospital” is an approved or designated hospital with at minimum a Standby Emergency Department that has been approved by North Coast EMS to receive 9-1-1 emergency medical patients transported by North Coast EMS authorized ALS prehospital care providers.
- G. “Base Hospital Physician” means a physician who is currently licensed in California, who is assigned to the emergency department of a Base, Modified Base, Alternative Base, Modified Alternative Base and/or Paramedic Receiving Hospital, and who has been trained to issue advice and instructions to prehospital emergency medical care personnel consistent with treatment protocols and medical control policies established by North Coast EMS.
- H. “Basic Life Support” or “BLS” means emergency first aid and cardiopulmonary resuscitation services included in the scope of practice of EMT-I certified personnel.
- I. “Limited Advanced Life Support” or “LALS” means those services included in the scope of practice of EMT-II, who is an EMT-I who has been educated and trained in specified prehospital advanced life support topics and skills, whose scope of practice to provide limited advanced life support is in accordance with the standards prescribed in 2.5 of the Health and Safety Code and Title 22, Division 9, Chapter 3.
- J. “Mobile Intensive Care Nurse” or “MICN” means a registered nurse who has been authorized by North Coast EMS as qualified to issue instructions to prehospital emergency medical personnel consistent with treatment protocols and medical control policies established by North Coast EMS.
- K. “Prehospital Care Provider” means the ambulance service provider, fire service agency or any other emergency service provider that is authorized to provide prehospital care within the North Coast EMS region.

IV. Policy

A. Base / Modified Base Hospital Criteria:

In order to be eligible for base / modified base hospital designation in the North Coast EMS region the hospital shall meet the following criteria:

1. Be licensed by the State Department of Health Services as a general acute care hospital.
2. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations or Healthcare Facilities Accreditation Program of the American Osteopathic Association.
3. Have a special permit for basic or comprehensive emergency medical service pursuant to the provision of Division 5, Health and Safety Code.
4. Agree to abide by the policies and procedures of North Coast EMS.
5. Agree to supervise prehospital treatment, triage, and transport, Advanced Life Support and Limited Advanced Life Support and monitor personnel program compliance by direct medical supervision.
6. Agree to accept for treatment any and all patients who are under the immediate care of prehospital emergency medical care personnel unless their

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

transport is being redirected to another facility in accordance with North Coast EMS policies addressing triage, patient destination, or patient diversion.

7. Agree to all other requirements as specified in Section C of this document.
- B. Alternative Base / Modified Alternative Base / Paramedic Receiving Hospital Criteria:
In order to be eligible for Alternative Base / Modified Alternative Base / Paramedic Receiving Hospital designation in the North Coast EMS region the hospital shall meet the following criteria:
 1. Be licensed by the State Department of Health Services as a critical access hospital.
 2. Possesses a special permit for Standby Emergency Medical Care pursuant to the provision of Section 1798.101 of the Health and Safety Code.
 3. Is located in a rural area where use of a hospital having a basic emergency medical services special permit is precluded because of geographic and other extenuating circumstances.
 4. Possesses the adequate staff and equipment to provide basic emergency medical services.
 5. Possesses internal policy and protocol to ensure that use of HOSPITAL is in the best interests of patient account, including:
 - a. The medical staff, and availability of the staff at all times to care for patients requiring emergency medical services and provide immediate medical control and direction to paramedics.
 - b. The ability of staff to care for the degree and severity of patient injuries.
 - c. The equipment and services available at HOSPITAL necessary to care for patients requiring emergency medical services and the severity of their injuries.
 - d. The availability of more comprehensive emergency medical services and the distance and travel time necessary to make alternative emergency medical services available.
 - e. The time of day and any limitations which may apply for a nonpermit facility to treat patients requiring emergency medical services.
 - f. Be approved by North Coast EMS to receive 9-1-1 emergency medical patients by authorized ALS prehospital providers.
 6. Agree to all other requirements as specified in Section C of this document.
- C. Meet all of following requirements:
 1. Have a written agreement with the North Coast EMS indicating the concurrence of hospital administration, medical staff, and emergency department staff to meet the requirements for program participation as specified in this policy.
 2. Communications:
 - a. Have and agree to utilize and maintain two-way telecommunications equipment as specified by North Coast EMS, capable of direct two-way voice communications with ambulances in the North Coast EMS region.
 - b. Have and agree to utilize and maintain a dedicated telephone line in the emergency department for medical control communications with prehospital emergency medical personnel.
 - c. Agree to tape record, either digitally or analog, all radio and telephone medical control communications in a format that permits easy referencing to individual calls. Such recordings shall be maintained for

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

a minimum of ninety (90) days, and used exclusively for auditing, continuing education, or review by North Coast EMS.

3. Personnel:
 - a. Have a physician licensed in the State of California, board certified or experienced in emergency medicine, available at all times to provide immediate medical direction to MICN or prehospital emergency medical care personnel. This physician shall be experienced in and have knowledge of base hospital radio operations and North Coast EMS procedures and protocols.
 - b. (**Base Hospital Criteria Only) Have an MICN authorized by North Coast EMS available at all times to provide immediate medical direction to prehospital emergency medical care personnel.
 - c. Designate a Prehospital Care Medical Director (PCMD) who shall be a physician on the hospital staff licensed in the State of California who is certified or prepared for certification by the American Board of Emergency Medicine. Upon receipt of a written request by the Base Hospital administration, the Medical Director of North Coast EMS may waive the requirement for board certification when he/she determines that an individual with these qualifications is not available. The PCMD shall be regularly assigned to the emergency department, have experience and knowledge of base hospital radio operations and North Coast EMS policies and procedures, and shall be responsible for overall medical control and supervision of the prehospital program within the base hospital's area of responsibility, including review of patient care records and critique with personnel involved. The PCMD shall be responsible for assuring that all required paperwork is completed and sent to North Coast EMS as required in this document, and placed in the base hospital manual as well as for reporting deficiencies in patient care to North Coast EMS. The PCMD shall be available to attend regularly scheduled meetings and planning sessions.
 - d. (**Required Only for Base / Modified Base / Modified Alternative Base Hospitals utilizing MICN's, unless special variance has been granted by NCEMS) Designate a Prehospital Care Nurse Coordinator (PCNC) who is authorized as an MICN by North Coast EMS to assist the PCMD in the quality improvement, medical control and supervision of prehospital emergency medical care personnel within the base hospital's area of responsibility. The PCNC shall assist the PCMD in assuring that all paperwork is completed and sent to North Coast EMS as required in this document and placed in the base hospital manual. The PCNC shall be available to attend regularly scheduled meetings and planning sessions. Upon receipt of a written request by the Base Hospital administration, the Medical Director of

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

North Coast EMS may waive the PCNC requirement. Waiver approval is at the discretion of the Medical Director of North Coast EMS. If the Medical Director of North Coast EMS waives the PCNC requirement, the PCMD must perform all the duties assigned to the PCNC by this policy. This waiver may be rescinded by the Medical Director of North Coast EMS at any time he/she determines that the duties of the PCNC are not being accomplished to his/her satisfaction. Upon receipt of a rescission of the waiver to the PCNC requirement, the Modified Base Hospital may request one 60 day extension in which to rectify deficiencies noted by the Medical Director of North Coast EMS. Should the Medical Director of North Coast EMS determine that the deficiencies have not been rectified to his/her satisfaction, the modified base hospital must assign the PCNC duties to a qualified MICN within 30 days of the decision of the Medical Director of North Coast EMS

- e. The PCMD and/or PCNC shall conduct or assist in conducting case review as deemed necessary by North Coast EMS.
 - f. (**Modified Base Only Not Utilizing MICN's) Clerical support to the PCMD is strongly recommended to assist in completing all tasks and functions associated with PCMD role and responsibilities related to education, CQI, and record keeping.
10. Education:
- a. Provide, or cause to be provided, continuing education, open to all prehospital medical care personnel in the form of one (1) hour field care audit (tape review) at least once per month or through an alternative process approved by North Coast EMS. The base/modified base hospital PCNC and/or PCMD must attend and participate in these continuing education sessions.
 - b. Assure that all emergency department employees are oriented to the base / modified base hospital role and pertinent North Coast EMS policies and procedures.
 - c. Provide emergency department physician participation in base hospital continuing education activities.
 - d. Agree to provide clinical training for students of Paramedic and EMT-II Training programs approved by North Coast EMS.
 - e. Participate in peer review as directed by North Coast EMS.
11. Record Keeping:
- a. Agree to include the prehospital care report in the patient's hospital medical record.
 - b. Agree to maintain hardware and software, including telephone modem or internet connectivity, for the completion of electronic prehospital care reports by North Coast EMS prehospital personnel as determined by North Coast EMS.

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

- c. Agree to have, utilize, and maintain a base hospital log separate from the emergency department log, of all ALS/LALS calls.
 - d. Agree to maintain and release to North Coast EMS, all relevant records for monitoring and evaluation of the ALS/LALS system.
 - e. Prepare periodic reports on base hospital activities and submit to North Coast EMS for review in monitoring base hospital compliance.
12. Equipment and Supplies:
 - a. Ensure that a mechanism exists for replacing disposable and non-disposable medical supplies and equipment used by ALS/LALS personnel during treatment of patients, according to the policies and procedures of North Coast EMS.
 - b. Ensure that a mechanism exists for the initial supply and replacement of narcotics and other controlled substances used by paramedics/EMT-IIs during treatment of patients according to the policies and procedures of North Coast EMS.
13. North Coast EMS Responsibilities:
 - a. North Coast EMS may designate a base / modified base / alternative base / modified alternative base / paramedic receiving hospital through an appropriate request for proposal process using the criteria listed in this document.
 - b. North Coast EMS may limit the number of base / modified / alternative/ modified alternative base / paramedic receiving hospitals based upon volume of patients, identified need, geography, or other factors as determined by North Coast EMS.
 - c. The North Coast EMS Joint Powers Governing Board will approve the plan regarding base/ modified base / alternative base / modified alternative base / paramedic receiving hospital designation by North Coast EMS.
 - d. North Coast EMS may deny, suspend, or revoke base / modified base / alternative base / modified alternative base / paramedic receiving hospital designation for failure to comply with the applicable policies, procedures or regulations outlined in the written agreement with the hospital.
 - e. North Coast EMS shall notify the base / modified base / alternative base / modified alternative base / paramedic receiving hospital of the prescribed action in writing. The notification shall be by registered mail, and shall include the reason for the action being taken and the date the action shall become effective.
14. Method of Evaluation:
 - a. Periodic site surveys will be utilized as staff and funding permit as a major method of determining compliance by the base / modified base hospital with the base hospital standards; obligations stipulated in procedures; State and Federal regulations, the North Coast EMS base

Subject: Administration – Quality Assurance

Base Hospital / Modified Base Hospital / Alternative Base Hospital / Modified Alternative Base Hospital / Paramedic Receiving Hospital Designation

Associated Policies:

- hospital/ modified base / alternative base / modified alternative base / paramedic receiving hospital contract and any other procedure or regulations applicable to the operations of base hospitals.
- b. The base / modified base / alternative / modified alternative / paramedic receiving hospital shall be provided with the criteria for site surveys and, as determined by the Medical Director of North Coast EMS, clarifications of the requirements included in this, associated policies and the North Coast EMS base hospital/ modified base / alternative / modified alternative / paramedic receiving hospital contract.
 - c. If the base / modified base / alternative / modified alternative / paramedic receiving hospital fails to satisfy the requirements of this, during the site survey, North Coast EMS shall notify the base hospital in writing of deficiencies and may re-survey the base hospital in no less than ninety (90) days from the date of notification.
 - d. Failure to correct deficiencies as determined by the Medical Director of North Coast EMS will be cause for North Coast EMS to suspend, probate, or revoke the designation.
15. Quality Improvement Program:
- a. Agree to participate in and utilize the North Coast EMS Quality Improvement Program (QIP) and provide quarterly and annual reporting to North Coast EMS as required by the associated North Coast EMS policies.
16. Reconsideration Process:
- a. If hospital designation is denied, probated, suspended, or revoked, or requirements are imposed by North Coast EMS Medical Director for any reason, the hospital may request reconsideration of that decision in writing, to the North Coast EMS Executive Director.
 - b. If after the Executive Director makes a decision, further reconsideration is requested, the hospital may appeal, in writing, to the North Coast EMS Joint Powers Governing Board.
 - c. If necessary, the hospital staff who requested reconsideration of a prior decision may need to appear and testify in person to either the Executive Director and/or the Joint Powers Governing Board.

Approved: 

Date: 11-6-08

Approved as to Form: 

Date: 10-22-08

Subject: Certification
Fee Schedule

- 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 a fee schedule and policy for all certification levels.

- III. The following schedule of fees are established to offset costs; all fees are payable in advance:

EMT-I (re)certification	\$40.00
EMT-I (re) certification for first responders with a NCEMS recognized volunteer agency, requires chief signature	\$20.00
EMT-II (Re)certification	50.00
EMT-II Test & Retest	50.00
EMT-P Accreditation (including cases when there has been a lapse of accreditation)	100.00
Extension of Accreditation Time Limit Without Cause	50.00
Special Care Transfer Paramedic Accreditation (Hep/Nitro)	20.00
MICN Initial Authorization/ Reauthorization if lapsed	80.00
MICN Re- Authorization	50.00
MICN Skills Test & Retest	50.00
Written Retest	20.00
Reactivation from LOA	20.00
Card Replacement	10.00
Suspension Reinstatement	25.00
Special Test	50.00
“Rush” of Certification, Accreditation or Authorization Card	15.00
Returned Check Fee	25.00
First Responder / Continuing Education Program Approval (Fee charged for private organizations with a recognized role in first aid or prehospital care education/training only.)	50.00
Initial ALS Provider Fee	500.00
Base Hospital Closure or Downgrading Fee	2000.00
Proposed Only: Trauma Center Application and Annual Maintenance Fee Level III Trauma Center	5000.00

Subject: Certification
Fee Schedule

Level IV Trauma Center	2500.00
------------------------	---------

North Coast EMS will deduct a 20% administrative fee from all certification fees that are returned because applicant decides not to certify/authorize after the background investigation has been initiated.

IV. Policy (for initial, recertification/authorization, and all retests)

- A. Certification fees are reduced by 50% for active volunteer firefighters who are with a North Coast EMS recognized volunteer first responder agency applying for EMT-I. Documentation for this waiver will be met by including the Fire Chief's signature on the application. (Cal Fire and Forest Service firefighters are not eligible for this waiver.)
- B. "Volunteers" may request a waiver of certification fees by sending a letter of waiver request to North Coast EMS with the certification application.
The letter must state the applicant's name, address, phone number, provider agency affiliation, and that at no time do they receive money for performing patient care in the field. The waiver request will be evaluated by the North Coast EMS Executive and/or Medical Director(s). The decision will be final unless an appeal is presented to the Joint Powers Governing Board.
- C. If EMT-I certification fees are paid by a personal check, certification will be held for thirty (30) days from the date of receipt of the check.
- D. Allow at least thirty (30) days upon receipt of a completed application by North Coast EMS for a certificate to be issued. An individual may request that his/her certification/accreditation/authorization card be processed sooner, or that we rush the process and call the employer immediately to confirm certification/accreditation/authorization, by requesting "Rush" in writing, and enclosing an additional \$15.00 Rush Fee, payable by cash or money order only. In this case, we will call the employer immediately after confirming certification, accreditation or authorization, and the certification card will be processed within ten (10) working days of North Coast EMS receipt of the completed application, written "Rush" request, and fee.
- E. No EMT-I, EMT-II, EMT-P, or MICN will exercise his/her skills unless they are currently certified/authorized/accredited. The certification/accreditation/authorization requirements include the submittal of the appropriate paperwork and fee. If a check covering the fee is returned by the bank for any reason, the individual will be immediately suspended for a thirty (30) day period and will be required to pay the Returned Check Fee of \$25 and any other associated costs. (The thirty (30) day suspension begins upon written notification from North

Subject: Certification
 Fee Schedule

Coast EMS and, as long as returned check fee and any other associated costs are paid, ends thirty calendar days later. North Coast will also notify employer and base hospital by phone.)

- F. There is no provision for extension of expiration dates on certifications. When an individual's certification/authorization/accreditation card expires, the individual is no longer certified/authorized/accredited and is no longer allowed to function at their former level of certification/authorization/accreditation.

- G. The fee for a returned check is \$25.00. If an individual's check is returned by the bank, North Coast EMS will not accept a check from, or extend credit to, that individual in the future.

- H. Special Care Transfer Paramedic Accreditation fee is in addition to the initial accreditation fee. This accreditation will allow individuals to transfer patients who require an established Nitro/Heparin drip. This fee must be accompanied by the appropriate application and paramedic's are not allowed to function in this capacity without North Coast EMS authorization.

NORTH COAST EMERGENCY MEDICAL SERVICES
POLICIES AND PROCEDURES

Policy #4002
Page 4 of 4

Subject: Certification
Fee Schedule

Approved: Heppard

Date: 10-1-08

Approved as to Form: Kantrell

Date: 10-1-08

Rev. 9/2008

Subject: Treatment Guidelines – ALS Personnel
Abdominal Pain

Associated Policies:

- I. Priorities
 - A. ABC's.
 - B. Identify signs of shock.
 - C. Determine if patient has shock with or without pulmonary edema. If pulse < 50 or > 150, treat dysrhythmias.
 - D. Transport Code 3, if signs of shock develop. Code 2, most patients.

- II. Abdominal Pain without Shock or Extremis
 - A. Ensure a patent airway.
 - B. Oxygen therapy.
 - C. Position of comfort.
 - D. Establish two (2) IV's with large bore cannula.
 - E. Cardiac monitor – treat symptomatic dysrhythmias per specific treatment guidelines.
 - F. Pulse oximetry.
 - G. Morphine Sulfate titrated to pain (non-traumatic only).
 - H. Transport.
 - I. Contact base hospital.

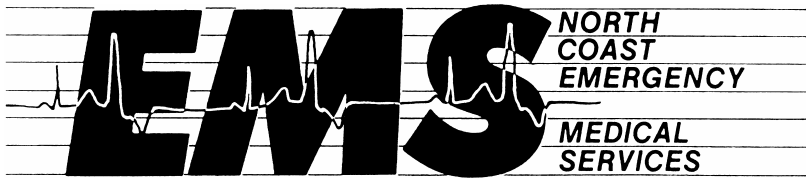
- III. Abdominal Pain with Shock or Extremis
 - A. ABC's
 - B. Oxygen therapy.
 - C. Establish two (2) IV's with large bore cannula.
 - D. Cardiac monitor – treat symptomatic dysrhythmias per specific treatment guidelines.
 - E. Pulse oximetry.
 - F. Transport.
 - G. Contact base hospital.
 - H. Prevent hypothermia.
 - I. Consider dopamine.

Approved: 

Date: 7-14-08

Approved as to Form: 

Date: 7-14-08



3340 Glenwood Street, Eureka, CA 95501 (707) 445-2081 (800) 282-0088 FAX (707) 445-0443

August 18, 2008

Carol MacRae,
Contract Manager
EMS Authority
1930 Ninth Street
Sacramento, CA 95811

RE: General Fund #7045 FY 2007-2008 Final Progress Report

Dear Carol:

The General Fund Annual Report for Fiscal Year 2007-2008 is attached.

Please call if you have any questions.

Sincerely,

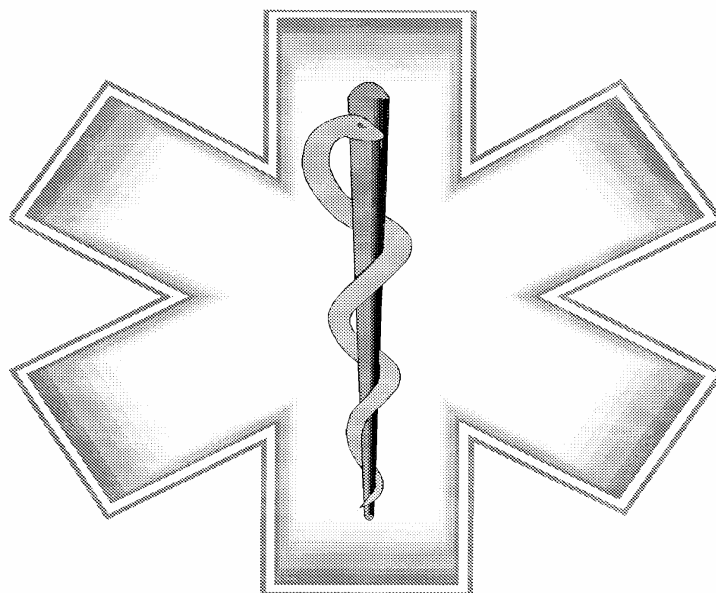
Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

cc: Joint Powers Governing Board
County Health Officers
EMCC Chairpersons
Informational Mailing

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Final Progress Report

July 1, 2007 – June 30, 2008

General Fund Contract # EMS-7045

August 15, 2008

Overview:

In Fiscal Year 2007-2008, 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, regulation and guideline, 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).

Highlights this year included: reinstatement of Ken Stiver, M.D. as our Regional Medical Director; submission of all state required reports and plan updates; region-wide adoption of the new Pediatric Maddy Fund; unsuccessful efforts to reverse the proposed state General Fund 10% budget reduction to the seven EMS regions; distribution of EDAP designation invitation letters; adoption of the revised Trauma Patient Destination Policy; designation of Sutter-Coast Hospital as a Modified Base; designation of EMT-I testing site by national in McKinleyville; receipt of additional funding from the Bertha Russ Lytel grant for next year; and, reduction in travel and other expenditures to save revenue.

The Joint Powers Governing Board directed the activities of North Coast EMS during FY 2007-2008. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Rob Brown, Vice-Chairperson, Lake County; and Supervisor Martha McClure, Del Norte County. Alternates to the JPA Board were: Supervisors Mike Sullivan, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Denise Rushing, Lake County. The Agency was managed by the following general fund employees (totaling 4.8 FTE):

- Larry Karsteadt, Executive Director (1.0 FTE)
- Wendy Chapman, Training Coordinator (1.0 FTE)
- Maris Hawkins, Program Assistant II (0.8 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (1.0 FTE)
- Linn Tyhurst, Administrative Assistant (1.0 FTE)

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

- Robert Headley, M.D., Regional Medical Director (to May 31, 2008)
- Ken Stiver, M.D., Regional Medical Director (from June 1, 2008)
- Cindy Henderson, EMT-P, AED and ETAD Review
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance
- Humboldt County Office of Education and College of the Redwoods – Paramedic Training
- Doug Boileau, North Coast Paramedic Program Coordinator
- Moss, Levy and Hartzhiem, Agency Audit

North Coast Emergency Medical Services General Fund #7045 Final Progress Report

Fiscal Year 2007-2008

The following report on progress at North Coast EMS during Fiscal Year 2007-08 meets the requirements of the California EMS Authority General Fund Contract #EMS-7045 and the document entitled: "EMSA Policy for Funding Regional EMS Agencies with State General Fund (July 2005; EMSA #104)." The report specifically provides a narrative summary of work performed and duties of all parties pursuant to the Scope of Work for Quarterly Reports dated June 12, 2007 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.

Task: The organization and management responsibilities of the regional EMS agency, at a minimum, include:

- 1. Staff development, training and management:** North Coast EMS personnel attended or participated in state EMS functions, including: EMS for Children Coordinator Committee meetings, EMSA/LEMSA Director's Meetings, Regional Funding Conference Calls & Meetings, EMS for Children Conference Planning Meeting, EMSAAC Legislative Committee & Nominating Committee Calls, EMSAAC QI Coordinators Meetings and Calls, EMSAAC QI Coordinators Data Subcommittee Calls; State Trauma Advisory Committee Meetings; EMSC Conference; EMSAAC Planning Meeting; State STEMI Task Force Meeting; EMSAAC Meetings; Regional Council of Rural County Meetings; and, numerous local EMS functions: Joint Powers Governing Board Meetings; Humboldt/Del Norte Medical Advisory Committee (MAC) Meetings; Lake and Humboldt County Emergency Medical Care Committees (EMCC) Meetings; Lake County Trauma Advisory Committee Meetings; EPCIS Meetings; Humboldt County Child Death Review Team Meetings; Humboldt County Injury Prevention Committee Meetings; Humboldt County Child Passenger Safety Committee Meetings; Youth Safe Driving Committee Meetings; Humboldt and Lake County Fire Chiefs Association Meetings; Humboldt/Del Norte Disaster Meetings; Jerold Phelps Modified Alternative Base Hospital Meetings; New Pediatric Fund Meetings; Hospital Preparedness Meetings; Sutter-Coast/Del Norte Ambulance Meetings; Del Norte County MAC-Like Meetings; Paramedic Program Operating Council Meetings; End of Life Meetings; Regional Simulation Center Meetings; Eureka Disaster Simulation Exercise and Meetings; AHA Stroke and Cardiac Meetings; Humboldt Disaster Exercises & Trainings; Humboldt Disaster Council Meeting.
- 2. Allocating and maintaining office space, office equipment, supplies:** North Coast EMS purchased a new Fax Machine for the office, acquired replacement computers as needed; upgraded office security systems and maintained equipment and acquired supplies as needed.

- 3. Executing and maintaining contracts with member counties, service providers, consultants and contract staff:** All JPA member county fiscal shares were received and the new Maddy Fund contract in Humboldt County was executed. Numerous provider agreements and staff contracts were continued, although projected budget cuts forced us to drop the FTO contract with Sal Gurreri and the Protocol Revision contract with Kayce Hurd. Also, Dr. Headley resigned and Dr. Stiver was reinstated as the Regional Medical Director. New Modified Base Hospital contracts were executed with St. Joseph Hospital and Redwood Memorial, and the Modified Alternative Base Hospital contracts with Jerold Phelps was drafted. North Coast EMS and the six other EMS regions unsuccessfully attempted to reverse the proposed 10% state General Fund cut beginning next fiscal year, and the Agency subsequently initiated several cost and service cutting measures.

2.0 Staffing and Training

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

Workload Indicators for the Staffing Training responsibilities:

- 1. Total number and type of training programs conducted by regional agency:** The nationally accredited North Coast Paramedic Training Program progress report was submitted and the annual report due date was extended until further notice. The Consortium Operating Council meeting was conducted and training continued with a class of 22 students. North Coast EMS coordinated and funded a Field Training Officers class in Lake County and an Emergency Medical Dispatch class in Humboldt County.

3.0 Communications

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

Task: The communications responsibilities of the regional EMS agency, at a minimum, include:

- 1. On-going assessment of the communications status and needs:** North Coast EMS staff continued to coordinate and assess periodic WIDE-AREA Med Net Multi-Casualty Incident tests and participated in planning for Med Net enhancements.
- 2. Approval of ambulance dispatch centers (as delegated):** This function is not delegated, but all three counties have centralized dispatch for ambulances (with the exception of Hoopa Ambulance in Humboldt County).
- 3. Approval of emergency medical dispatch (EMD) training and/or operational programs:** North Coast EMS continues to utilize Priority Dispatch Corp, USA Emergency Medical Dispatch training and certification, which is in place at two dispatch centers. We coordinated one training program this year.

4.0 Transportation

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

Task: The response and transportation responsibilities of the regional EMS agency, at a minimum, include:

- 1. Inspection of ambulance or LALA/ALS providers (as delegated):** North Coast EMS previously discontinued ALS inspections other than for cause due to staff reductions.
- 2. Development of performance standards as needed.** The North Coast EMS initiated process to update treatment protocols was placed on hold due to budget cuts. Numerous policies and procedures were executed or drafted, such as: Trauma Destination, Do Not Resuscitate, CPAP, Patient Restraint/Combative Patients, STEMI, etc.

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.

Task: The facilities and critical care responsibilities of the regional EMS agency, at a minimum, include:

- 1. Complete hospital closure impact reports:** None were requested or completed in this quarter.
- 2. Emergency Departments Approved for Pediatrics (EDAPs):** With adoption of the “new” Pediatric Maddy Fund by each JPA-member county, North Coast EMS began to receive funding for EDAPs at the end of this fiscal year. Currently, only Mad River Community Hospital and Adventist Health-Redbud Hospitals are designated EDAPs. Letters of invitation to all non-EDAPs were distributed but only Sutter-Lakeside Hospital applied for designation. 15% of the new Pediatric Maddy Fund will be divided equally among all designated EDAPs within each County beginning next fiscal year. North Coast EMS sent letters of support for adoption of SB 1236, which would extend the new Maddy Fund if approved by the Legislature and Governor.
- 2. Base Hospital Monitoring:** North Coast EMS continued to process the request by Jerold Phelps Hospital to be approved as a Modified Alternative Base Hospital, including submitted this request to the EMS Authority. We formally probated Jerold Phelps as a Base Hospital effective January 2008.

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.

Task: The data collection and system evaluation responsibilities of the regional EMS agency, at a minimum, include:

- 1. Review of reportable incidents:** North Coast EMS reviews all received reportable incidents. During the year, one EMT was suspended, several were probated and one paramedic was submitted to EMSA for licensure review.
- 2. Review of prehospital care reports including Automated External Defibrillators (AED) reports:** The Agency maintains the regional prehospital care computerized reporting system and annually submits the AED report to the EMSA. All PCRs are electronically submitted and we prepare data reports upon request. Aero medical transports in Lake County, trauma registry information at Sutter-Lakeside Hospital, internship records are routinely reviewed, and case review is conducted as needed.
- 3. Quality Improvement Program:** North Coast EMS oversees an extensive Quality Improvement Program and previously submitted the Regional QIP Plan to the EMSA. QIP Plans have been approved for all base hospitals and providers, who are also required to submit quarterly QIP reports. Late reports result in a notification process and potential probation, although reports are generally submitted ontime.
- 4. Trauma Advisory Committee:** We conduct period Lake County Trauma Advisory Committee meetings.
- 5. Processing and investigation of quality assurance/improvement incident reports:** The Agency has numerous policies regarding processing and investigation of incident reports. Several cases were reviewed this year.

7.0 Public Information and Education (PI&E)

Objective: To collaborate with community partners so 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.

Task: The public information and education responsibilities of the regional EMS agency, at a minimum, include:

- 1. Involvement in the public service announcements involving prevention or EMS related issues:** North Coast EMS staff participate in local injury and illness prevention, children's safety programs as staff time and funding permits. We also help the EMSA coordinate annual state EMSC conferences.
- 2. Participation in public speaking events, and represent EMS agency during news events and incidents:** Agency staff participated in numerous EMS meetings this year, including presentations before the Humboldt County and Del Norte County Boards of Supervisors and EMSAAC.

8.0 Disaster Medical Response

Objective: To collaborate with Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in neighboring jurisdiction.

Task: The disaster medical response system responsibilities of the EMS region, at a minimum, include:

- 1. Coordination with the regional disaster medical/health coordinator system:** North Coast EMS coordinates with the RDMHC as needed, including attending several disaster planning meetings and observing exercises and drills as staff time permits. Agency staff participated in the large scale MCI Simulation in Eureka this year as an Observer. This year, the Agency approved several fire fighter EMTs and paramedics responding on strike teams from out-of-state.
- 2. Collaborate with all EMS personnel on training of incident command and Standardized Emergency Management System (SEMS):** All North Coast EMS approved EMT-I and paramedic training programs include incident command, MCI and disaster training. The Agency collaborates with county disaster resources to help ensure SEMS training and maintains a Regional MCI Plan.

The fourth quarterly report will include all of the above tasks plus the following Workload Indicators:

Component 1

Workload Indicator(s):

- 1) Total static population served (Determined by DOF estimates) **226,299**
- 2) Total annual tourism population (Determined by identified source(s)) **3 million**
- 3) Number of counties **3.3**
- 4) Geographic size of region (in square miles) **6,840**

Component 2:

Workload Indicators:

- 1) Total number of personnel certified/authorized/accredited by regional agency **771**
- 2) Total number of personnel completing training courses approved by regional agency during the reporting year **299**
- 3) Total number and type of training programs approved by regional agency **34**
- 4) Total number and type of training programs conducted by regional agency **1**
- 5) Total number of continuing education providers authorized by regional agency **36**

Component 3:

Workload Indicators:

- 1) Total number of primary and secondary Public Safety Answering Point (PSAPs) **11**
- 2) Total number of EMS responses **20,301**
- 3) Total number of ambulances dispatched **20,301**
- 4) Total number of EMD training programs approved by regional agency **1**
- 5) Total number and type of EMD programs authorized by regional agency **3**

Component 4:

Workload Indicators:

- 1) Total ambulance response vehicles **46**
- 2) Total first responder agencies **51**
- 3) Total patients transported **19,789**
- 4) Total patients not transported (e.g., treated and released, total dry runs) **1,681**
- 5) Total number of LALS/ALS providers authorized by regional agency **15**
- 6) Total number of transport providers in region **11**

Component 5:

Workload Indicators:

- 1) Total base hospital contacts **13,152**
- 2) Total patients received **19,798**

- 3) Total number of hospitals designated by regional agency (e.g., base, receiving, trauma, specialty centers, etc). **7**

Component 6:

Workload Indicators:

- 1) Total patient care reports generated **20,301**
- 2) Total trauma patients **1,839**
- 3) Total cardiac patients **1,655**
- 4) Total medical patients **18,462**
- 5) Total pediatric patients **696**
- 6) Total number of situational/unusual occurrence reports processed by the LEMSA. **11**

Component 7:

Workload Indicators:

- 1) Total number of public information and education courses conducted and/or approved by regional agency **0**
- 2) Total number of public information and education events involving regional agency **20**

Component 8:

Workload Indicators:

- 1) Total number of Disaster/Multiply Casualty Incident (MCI) Responses (response with 5 or more victims) **14**
- 2) Total number of disaster drills involving staff **1**
- 3) Total disaster-related meetings attended by staff **10**

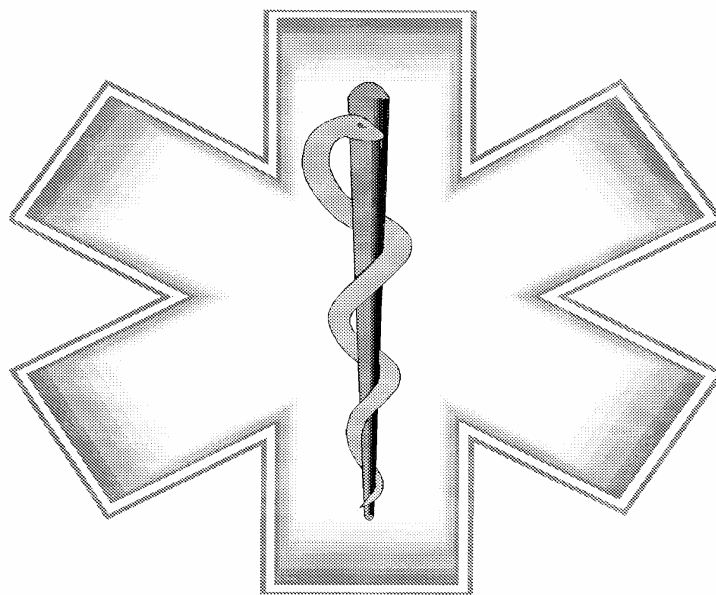
Performance Evaluation:

Periodic assessments of Regional EMS Agency's performance by the State EMS Authority.

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, 2008 – September 30, 2008

General Fund Contract # EMS-XXXX

October 15, 2008

Overview:

In the first quarter of Fiscal Year 2008-2009, 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, regulation and guideline, 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).

Highlights this quarter included: preparation of a Federal Block special project grant proposal entitled "Regional EMS Quality Improvement Special Project Grant Proposal"; efforts to secure Flex Funds to assist with staff travel and training for regional EMS personnel; assessment of the new EDAP fund for designated facilities; participation in the State of Oregon conducted trauma center site visit at Sutter-Coast Hospital; completion and submission of the 2007/08 EMS Plan Revision, Trauma Plan Revision and General Fund Final Report. Agency and regional representatives also participated in the first State Trauma Summit and managed the State EMS for Children conference planning process.

The Joint Powers Governing Board directed the activities of North Coast EMS during FY 2008-2009. The Board consisted of the following members: Supervisor John Woolley, Humboldt County, Chairperson; Supervisor Rob Brown, Vice-Chairperson, Lake County; and Supervisor Martha McClure, Del Norte County. Alternates to the JPA Board were: Supervisors Mike Sullivan, Del Norte County; Ann Lindsay, M.D., Humboldt County; and Supervisor Denise Rushing, Lake County. The Agency was managed by the following general fund employees (totaling 4.8 FTE):

- Larry Karsteadt, Executive Director (1.0 FTE)
- Wendy Chapman, Training Coordinator (1.0 FTE)
- Maris Hawkins, Program Assistant II (0.8 FTE)
- Louis Bruhnke, EMT-P, EMS Coordinator (1.0 FTE)
- Linn Tyhurst, Administrative Assistant (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
- Cindy Henderson, EMT-P, AED and ETAD Review
- Jay Myhre, EPCIS Programmer
- Ezequiel Sandoval, Office Computer Maintenance
- Humboldt County Office of Education and College of the Redwoods – Paramedic Training
- Doug Boileau, North Coast Paramedic Program Coordinator
- Moss, Levy and Hartzhiem, Agency Audit

North Coast Emergency Medical Services General Fund #XXXX Progress Report

Quarter 1, Fiscal Year 2008-2009

The following report on progress at North Coast EMS during Fiscal Year 2008-09 meets the requirements of the California EMS Authority General Fund Contract #EMS-XXXX and the document entitled: "EMSA Policy for Funding Regional EMS Agencies with State General Fund (July 2005; EMSA #104)." The report specifically provides a narrative summary of work performed and duties of all parties pursuant to the Scope of Work for Quarterly Reports dated June 12, 2007 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.

Task: The organization and management responsibilities of the regional EMS agency, at a minimum, include:

- 1. Staff development, training and management:** North Coast EMS personnel attended or participated in state EMS functions, including: visit by the new EMSA Director Dr. Steve Tharratt, EMS for Children Coordinator Committee meeting, Regional and Special Project Funding Conference Calls, EMS for Children Conference Planning Calls, EMSAAC Legislative Committee Calls, EMSAAC QI Coordinators meeting and Conference Calls, EMSAAC QI Coordinators Data Subcommittee Conference Calls, the EMSAAC and EMDAC meetings in San Diego and the first State Trauma Summit; and, numerous local EMS functions: Humboldt/Del Norte Medical Advisory Committee (MAC) Meeting; Lake and Humboldt County Emergency Medical Care Committees (EMCC) Meeting by phone; Humboldt County Child Death Review Team Meetings; Humboldt County Injury Prevention Committee Meetings; Humboldt County Child Passenger Safety Committee Meetings; Youth Safe Driving Committee Meetings; Humboldt County Fire Chiefs Association Meetings; Humboldt/Del Norte Disaster Meeting; Regional Simulation Center Meeting; etc. The Executive Director co-lead an effort to utilize tele-, webinar and/or video-conferencing for future state and regional meetings to save funds.
- 2. Allocating and maintaining office space, office equipment, supplies:** North Coast EMS maintained equipment and acquired supplies as needed.
- 3. Executing and maintaining contracts with member counties, service providers, consultants and contract staff:** All JPA member county fiscal shares were received this summer. We cut a check of around \$18,000 for Mad River Community Hospital and are holding other direct pass through EDAP funds for designated facilities in Lake and Del Norte County. Numerous provider agreements and staff contracts were continued for Dr. Stiver, Jay Myhre and Ezeguiel Sandoval. We also distributed a job description advertising a new Clinical Coordinator position under the special project contract. We executed but have not received back the State General Fund contract or the special project contract at this time.

2.0 Staffing and Training

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

Workload Indicators for the Staffing Training responsibilities:

- 1. Total number and type of training programs conducted by regional agency:** The accredited North Coast Paramedic Training Program began its biannual class and currently has 21 students in various stages of completion. The Operating Council meeting is scheduled to meet next month and the next Annual Progress Report and response to the last findings are due December 2008.
- 2.** The Agency participated in the review of an intern in Lake County affiliated with the Mendocino Collage program.

3.0 Communications

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

Task: The communications responsibilities of the regional EMS agency, at a minimum, include:

- 1. On-going assessment of the communications status and needs:** North Coast EMS staff continue to help coordinate periodic WIDE-AREA Med Net Multi-Casualty Incident tests and participate in planning for Med Net enhancements as needed.
- 2. Approval of ambulance dispatch centers (as delegated):** This function is not delegated but all three counties have centralized dispatch for most ambulances.
- 3. Approval of emergency medical dispatch (EMD) training and/or operational programs:** North Coast EMS continues to utilize Priority Dispatch Corp, USA Emergency Medical Dispatch training and certification, which is in place at three dispatch centers. We coordinate ongoing training programs as needed.

4.0 Transportation

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

Task: The response and transportation responsibilities of the regional EMS agency, at a minimum, include:

- 1. Inspection of ambulance or LALA/ALS providers (as delegated):** North Coast EMS previously discontinued ALS inspections other than for cause due to staff reductions.

2. **Development of performance standards as needed.** Numerous policies and procedures were drafted and the next mailing is scheduled for next month.

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.

Task: The facilities and critical care responsibilities of the regional EMS agency, at a minimum, include:

1. **Complete hospital closure impact reports:** None were requested or completed in this quarter.
2. **Emergency Departments Approved for Pediatrics (EDAPs):** North Coast EMS continued to receive pass through Maddy Funding for EDAPs and cut a check for close to \$18,000 for Mad River Community Hospital. Adventist Health-Redbud is also designated, Sutter-Lakeside Hospital is in the process of completing the assessment and Sutter-Coast Hospital recently applied.
3. **Base Hospital Monitoring:** The request by Jerold Phelps Hospital was approved by the EMSA; North Coast EMS will soon proceed with designation as a Modified Base Hospital.
4. **Trauma Center Designation:** North coast EMS participated in the State of Oregon conducted site visit at Sutter-Coast Hospital which received excellent findings. We plan to proceed with California designation as a Level IV trauma center this year by utilizing those findings. We Extend our appreciation to the Oregon site visit team, the State of Oregon and the EMSA.

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.

Task: The data collection and system evaluation responsibilities of the regional EMS agency, at a minimum, include:

1. **Review of reportable incidents:** North Coast EMS reviews all received reportable incidents.
2. **Review of prehospital care reports including Automated External Defibrillators (AED) reports:** The Agency maintains the regional prehospital care computerized reporting system and annually submits the AED report to the EMSA. All PCRs are electronically submitted and we prepare data reports upon request. Aero medical transports in Lake County, trauma registry information at Sutter-Lakeside Hospital, internship records are routinely reviewed, and case review is conducted as needed.
3. **Quality Improvement Program:** North Coast EMS oversees an extensive Quality Improvement Program and previously submitted the Regional QIP Plan to the EMSA. QIP

Plans have been approved for all base hospitals and providers, who are also required to submit quarterly QIP reports. Late reports result in a notification process and potential probation.

4. **Trauma Advisory Committee:** We conduct period Lake County Trauma Advisory Committee meetings.
5. **Processing and investigation of quality assurance/improvement incident reports:** The Agency has numerous policies regarding processing and investigation of incident reports. A few cases were reviewed this quarter.

7.0 Disaster Medical Response

Objective: To collaborate with Office of Emergency Services, Public Health and EMS responders in the preparedness and response of the regions EMS system in the event of a disaster or catastrophic event within the region or in neighboring jurisdiction.

Task: The disaster medical response system responsibilities of the EMS region, at a minimum, include:

1. **Coordination with the regional disaster medical/health coordinator system:** North Coast EMS coordinates with the RDMHC as needed, including attending several disaster planning meetings and observing exercises and drills as staffing permits.
2. **Collaborate with all EMS personnel on training of incident command and Standardized Emergency Management System (SEMS):** All North Coast EMS approved EMT-I and paramedic training programs include incident command, MCI and disaster training. The Agency collaborates with county disaster resources to help ensure SEMS training and maintains a Regional MCI Plan.
3. **Participation in the HPP Grant for LEMSAs:** The Agency concurred with all three counties and submitted a letter supporting use of those funds by each county.

SAVE THE DATE

EMERGENCY MEDICAL SERVICES ADMINISTRATORS ASSOCIATION OF CALIFORNIA
PRESENTS...

CALIFORNIA EMS 2009 CONFERENCE

REDEFINING THE LANDSCAPE

JOIN US AT THE BEAUTIFUL
LA QUINTA RESORT AND CLUB
GREATER PALM SPRINGS AREA

JUNE 2 - 3, 2009
(GOLF TOURNAMENT ON JUNE 1)

REGIONALIZATION • GOVERNANCE • MEASURING PERFORMANCE

RESEARCH • FUNDING & REIMBURSEMENT • LEGAL ISSUES

DISASTER MEDICINE • CLINICAL EXCELLENCE & QI • SPECIALTY CARE

CO-SPONSORED BY CAL/ACEP

IN ASSOCIATION WITH THE EMERGENCY MEDICAL DIRECTORS ASSOCIATION OF CA

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



DATE: August 26, 2008

TO: LEMSA Medical Directors
LEMSA Administrators

FROM: R. Steven Tharratt, MD, MPVM
Director

A handwritten signature in black ink, appearing to read "R. Tharratt", written over the printed name of the sender.

SUBJECT: Clarification of the Status of Impedance Threshold Devices Utilized in CPR

The management of out of hospital cardiac arrest is undergoing significant practice changes and seeing the introduction of new adjuncts to CPR. One of these is the impedance threshold device (ResQPOD and similar devices)

The Authority is providing this clarification and interpretation of the appropriate classifications of these devices in the scope of practice of California's prehospital providers. This clarification is based upon review of the available literature and has been discussed with the scope of practice committee.

The Authority agrees that the risk of the device appears low and notes both the efficacy trial of the device in progress through the Resuscitation Outcomes Consortium and the expanded use of these devices envisioned by the medical directors.

At this time the Authority considers these devices as most appropriately placed in the optional scope of practice for paramedics and is requesting local systems that want to incorporate use of these devices in their system to utilize the optional scope request process. These requests will not require a literature review and will be processed by the authority in an expedited manner similar to the requests for transcutaneous pacing.

At the next opening of the scope of practice regulations, the authority will update the CPR adjunct classification system to reflect the experience of the systems that utilize the device.

I appreciate the thoughtful comments supplied by all of our constituent groups that assisted the Authority in formulating this interpretation.

EMERGENCY MEDICAL SERVICES AUTHORITY

1930 9th STREET
SACRAMENTO, CA 95811-7043
(916) 322-4336 FAX (916) 324-2875



DATE: August 26, 2008
TO: All LEMSA Medical Directors
All LEMSA Administrators
FROM: R. Steven Tharratt, MD, MPVM
Director

A handwritten signature in black ink, appearing to read "R. Tharratt", written over a horizontal line.

SUBJECT: Clarification of Perilaryngeal Adjuncts to Mechanical Ventilation

Since the last revision of the Paramedic and EMT-I regulations relating to scope of practice, there has been an explosion of technological advances in the design and use of lower airway mechanical adjuncts to ventilation. The advances in devices have introduced a classification discrepancy in the definition of these devices between the Paramedic basic scope of practice and the EMT-I optional scope of practice.

The Authority is providing this clarification and interpretation of these devices until the discrepancies in the regulations can be corrected and our classification system modernized. This clarification is based upon review of data supplied by the counties trialing these devices and has the support of both the Scope of Practice Committee and EMDAC.

Based upon these data and experiences with these devices in California, the Authority considers the King LTD and similar devices to be an improved form of an esophageally placed airway adjunct and substantially equivalent to both the esophageal airway and a lower airway multilumen adjunct (Combitube and similar devices).

The Authority interprets the King Laryngeal Tube Airway and similar devices as approved for paramedic use in the basic scope of practice 100145 1(c) and for EMT-I use as an optional scope of practice 100064(c).

This approval does not apply to supralaryngeal airway adjuncts such as laryngeal mask airways and similar devices. Devices of this nature would continue to require an optional scope of practice/trial study request for paramedic use.

At the next opening of these regulations, the Authority will update the airway classification system to reflect this approval and reconcile the conflict.

I appreciate the significant work expended by the counties that trialed these devices and the thoughtful comments supplied by all of our constituent groups that assisted the Authority in formulating this interpretation.



STANFORD IS COMING!

Fred M. Tovar

**Director of Student Affairs
Assistant Director of Admissions
and**

**Chantal Lobue FNP, PA-C
Regional Coordinator**

Date: December 3, 2008

Time: 3PM to 4:30PM

Location: College of the Redwoods

Room: Forum 100

7351 Thompkins Hill Rd., Eureka, CA. 95501

**Come get admissions information on
Stanford School of Medical
Physician Assistant School**



STANFORD
SCHOOL OF MEDICINE

Stanford University Medical Center