

MEMORANDUM

DATE: February 10, 2003

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 #62** - please incorporate these into your Policy, Procedures and Protocols Manual as directed in this notice.

2. **FOR YOUR INFORMATION:**
 - A. North Coast EMS Comments on State EMD Standards and Guidelines
 - B. FY 02-03 General Fund Grant #EMS 2036 Second Quarter Progress Report
 - C. EMS-1091: Third Quarter Progress Report (October 30, 2002 – December 31, 2002)
 - D. FY 2002/03 EMS 2056 Quarter 2 Progress Report
 - E. EMS Contract #2055 – Prehospital Multi-Casualty Incident/Disaster Preparedness Project Second Quarter Progress report

3. **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 #62

February 13, 2003

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
Replace	#2202	Administration – Provider First Responder/BLS Supply and Equipment Standard	2

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. Two (2) each, normal Saline and Sterile Water, 1000 ml bottles.
- 10. One (1) bite stick.
- 11. One (1) penlight.
- 12. One (1) heavy duty bandage sheers.
- 13. Two (2) large sterile burn sheets.
- 14. One (1) stethoscope.
- 15. One (1) each, sphygmomanometer, pediatric and adult sizes.
- 16. One (1) obstetrical kit that includes bulb syringe, plastic bag, sterile drapes, and two (2) umbilical clamps.
- 17. One (1) set personal protection kit that includes disposable latex exam gloves, protective eyeglasses or goggles, disposable gown, and a disposable surgical mask.
- 18. One (1) tube instant glucose.
- 19. One (1) reusable pocket mask with one way valve.
- 20. One (1) each, infant, child and adult cervical collar.

B. Oxygen:

- 1. Cylinder sheath with pouches, or other suitable carrying case.
- 2. D size (or larger) oxygen tank with pre-connected liter flow.
- 3. One (1) each, oropharyngeal airways #0 through #6.

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

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: _____

Section	Comment	Comment by
I.E. Certification Agency	Local EMS Agency's should be added to the list of Course Curriculum Certification Agencies. (rational: LEMSAs currently approve most local EMS training programs).	North Coast EMS
II.A.2. Implementation	Add 2: Implementation and modification of an EMD program shall be coordinated with the LEMSA Medical Director to ensure EMS system continuity (rational: to avoid system fragmentation, it is essential that EMD programs be part of and coordinated with the existing EMS system).	North Coast EMS
II.C. Scope of Practice	Add i: Assisting callers and responding personnel during multi-casualty and disaster incidents (rational: 9-1-1 will be called during unusual events, and dispatchers should be prepared to provide assistance for the public and responders as feasible).	North Coast EMS
III.B.3. Course Content	2)b). Resource...allocation <u>during routine and unusual events</u> (see II.C. above).	North Coast EMS
III.B.6.a. Certification	Add: (...LEMSA) – see I.E. above.	North Coast EMS
III.C.1. CE Requirement	A 24-hour CE requirement every two years is excessive when the original training is only 24-hours. CE should be less than the original training time. (Rational: no other EMS profession requires a repeat of the original training hours to maintain currency; also, as an example, Medical Priority, Inc. only requires 16-hours every two years).	North Coast EMS
III.C. 5. Credits	Add: (...LEMSA) – see I.E above.	North Coast EMS
III.D. 5. Data Provision	Add: 5. In coordination with the LEMSA, EMD Provider Agencies shall routinely provide dispatch data, at minimum including: total number of medical calls, total number of EMD calls, time of 9-1-1call. (Rational: without dispatch data, LEMSAs will be unable to evaluate the entire EMS system or provide important medical dispatch data to the statewide CEMSIS data system).	North Coast EMS
III.G.4. Data Provision	Add 4: Each EMD Provider Agency shall collect and retain data including, at minimum, the number of medical dispatches, the number of EMD calls and dispatch times.	North Coast EMS

February 6, 2003

Richard Watson, Interim Director
EMS Authority
1930 9th Street
Sacramento, Ca 95814-7043

RE: Comments on the Proposed EMD Standards and Guidelines

Dear Mr. Watson:

Thank you for the opportunity to comment on the draft "EMD Standards and Guidelines."

We appreciate the hard work and dedication of your staff and the many committee members who were directly involved with this important process.

Our comments are attached.

Sincerely,

Larry Karsteadt, Executive Director
North Coast EMS

cc: Steve Andriese, EMSAAC President
Rosalind Mitchell, M.D., EMDAC President
Informational Mailing Recipients
Dispatch Supervisors

January 17, 2003

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

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

Dear Carol:

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

Please call if you have any questions.

Sincerely,

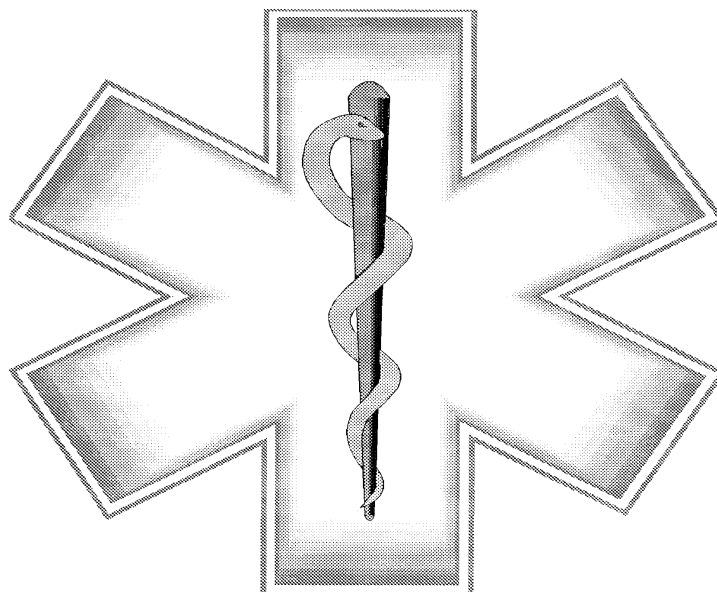
Larry Karsteadt, Executive Director
North Coast Emergency Medical Services

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

NORTH COAST EMERGENCY MEDICAL SERVICES

3340 Glenwood Street, Eureka, California 95501

Serving Del Norte, Humboldt, Lake and southern Trinity Counties



Quarter 2 Progress Report

October 1, 2002 – December 30, 2002

General Fund Contract # EMS-2036

January 17, 2003

Overview:

In the second 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 second 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 around 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).

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
- Willie Sapeta, Lake Test Proctor
- Virginia Plambeck, CISM
- 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 2 Progress Report

October 1, 2002 to December 30, 2002

The following report on progress at North Coast EMS during the second 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. Emergency Medical Directors Association of California (EMDAC)
 - c. EMDAC Scope of Practice Committee
 - d. EMSA Vision Personnel and Education Committee
 - e. EMSA Vision Information and Evaluation Committee
 - f. EMS for Children Coordinator Committee
 - g. EMS for Children Statewide Conference
 - h. Statewide Vision Conference
 - i. Rough and Ready Main Planning Conference

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. Regional Trauma Advisory Committee Meetings (southern and northern sections)
 - f. Humboldt County Fire Chiefs Association

- g. Humboldt County Child Death Review Team
 - h. Humboldt County Injury Prevention
 - i. Child Seat Safety Committee
 - j. Statewide Disaster Exercise and Committee
 - k. Humboldt/Del Norte Disaster Committee
 - l. Domestic Terrorism Grant
 - m. Hospice and EMS
 - n. Redwood Park and EMS
 - o. Air Ambulance
 - p. Hospital Trauma Tours
 - q. Del Norte and Humboldt Health Officer
 - r. Critical Incident Stress Management
 - s. Humboldt County Injury Prevention News Conference
3. North Coast EMS continued contracts with several GF and special project contractors, including: Dr. John Kelsey, Pat Farmer, R.N., Pam Haynes, R.N., Tim Citro, EMT-P, Jay Myhre, Ezequiel Sandoval, The Abaris Group and Pam Haynes, R.N. (Trauma), City Ambulance of Eureka, Inc. (Rural Outreach), and the Northern California Safety Consortium (MCI/Disaster). We also executed contracts with Virginia Plambeck (CISM) and Moss, Levy and Hartzhiem (Agency Audit via a formal RFP process).
 5. The Agency distributed draft and final policies, protocols and information items for regional review and input in two Informational Mailings, including: Sample Transfer Guidelines, Response Guidelines, Classification of Medical Requests, EMT-P Accreditation to Practice, MICN Authorization Maintenance, CQI, Field Care Audit, First Responder /BLS Supply and Equipment, LALS Supply and Equipment, Treat and Release, Bypass and patient Determination, Implementing the Vision Conference, Quarterly and last year's Final Report, Vision Conference Synopsis, 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. The Agency proceeded to oversee three new grants from the EMSA: the Prehospital Multi-Casualty Incident/Disaster Preparedness special project, the Rural Outreach Medical Training special project and the Regional Trauma Project.
 8. The Agency submitted the second quarter Trauma Project quarterly report and first quarter reports (General Fund, Rural Outreach, Prehospital MCI/Disaster)
 9. One JPA Governing Board meeting was convened during the quarter.
 10. The Agency audit was conducted for FY 2001-02; the audit report will be available soon.

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, special project and/or local funds (including certification fees) increase by December 30, 2003.

2. Although the relative workload is greater, current General Fund staff size at North Coast EMS is less by almost one FTE than in the late 1980s. Consequently, participation in state and local events and staff travel will have to decrease and operations will slow down.

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 = **1,386**
 Total Number of Personnel Completing Training Courses Approved by Regional Agency = **112**
 Total Number and Type* of Approved Training Programs Approved by Region = **33**
 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 = | 1073 (118 are ETAD certified) |
| b. Certified EMT-IIIs = | 3 |
| c. Accredited Paramedics = | 106 |
| d. Authorized MICNs = | 128 |
| e. Field Training Officers = | 51 |
| f. Heparin/Nitro Infusion Medics = | 25 |

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

	Approved	Conducted
a. Esophageal Tracheal Airway Device =	9	
b. EMT-I =	15	5
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	

- h. Lake County EMT-I Tests Sessions = 1
- i. Heparin/Nitro Infusion = several 1

3. Instructors reported that a total of **112** students completed the primary classes (EMT-I, Paramedic, MICN).
4. Humboldt Regional Occupations Paramedic (HROP) Program internship was continued.
5. Approval for 40 continuing education (CE) programs was continued by North Coast EMS and numerous CE programs were offered within the region.
6. Agency staff is in the process of complying with Department of Justice requirements with regard to conducting background checks.
7. A few licensure or certification reviews were conducted or continued.
8. 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.
9. The Agency implemented Heparin and Nitroglycerine Infusion programs in Eureka, Fortuna and Kelseyville, and Del Norte County.
10. The Regional Medical Director requested that EMDAC clarify the purpose of the Heparin Infusion Policy, which confirmed that it is for stable cardiac patient transfers.
11. The process to implement cardiac pacing was continued.

Issues/Solutions:

1. The process to implement cardiac pacing will continue be slow due to the lack of staff to carryout this process, although contractor Pam Haynes has agreed to assist with this process. Also, implementation of Versed is on hold because the Region already utilizes Valium and staff time is currently unavailable due to other priorities. We are currently seeking the help of a contractor to coordinate the process to implement use of Versed by June 30, 2003.

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 = **4250** Prehospital Care Reports were submitted
 Total Number of Ambulances Dispatched = **4162** transports were reported
 Total Number of Emergency Medical Dispatch (EMD) 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 Agency requested that Humboldt County assume maintenance responsibility for the Pierce Mt-Top Repeater.

7. Last year the North Coast EMS Governing Board implemented the Regional Med-Net Repeater Replacement Trust Fund for long-term repeater replacement. Lake County contributed \$500 this quarter.
8. As a participant in the State Domestic Preparedness Equipment program conducted by Humboldt County O.E.S., North Coast EMS queried ALS providers relative to possible funding. City Ambulance, Inc. presented a plan to purchase centralized ambulance equipment for Humboldt County during multi-casualty events or disasters. This was preliminarily approved for funding.
9. The Med-Net radio at Mad River Community Hospital was reprogrammed and can now directly contact the St. Joseph Hospital E.D.

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 = **4,162** transports were reported in the PCR program
 Total Patients Not Transported = **316** 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. All but one fire district in Lake County have executed the local Joint Powers transport arrangement.
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. The Agency continued the process to revise the Air Medical Policy. A special meeting was conducted for Del Norte and Humboldt Counties and input was solicited from all dispatch centers and interested others. Pam Haynes has agreed to assist with this process.
5. North Coast EMS sent several letters regarding the helicopter access in Sonoma and Napa Counties to encourage resolution of the problem of undersized helipads and potential patient transport delays.
6. North Coast EMS implemented the Hep/Nitro Infusion program in Del Norte County and expanded it to include Sutter-Lakeside Hospital in Lakeport.
7. The Agency continued to process to add Cardiac Pacing to the paramedic scope of practice, including clarification of the purpose.
8. Revision of the North Coast EMS Patient Destination Policy continued.
9. Comprehensive review and revision of North Coast EMS ALS Treatment Guidelines was continued, including modification of the EPCIS audit criteria.

Issues/Solutions:

1. City Ambulance, Inc. reassumed ambulance transport responsibilities in southern Humboldt County after Southern Humboldt Area Rescue discontinued services. Humboldt County and local representatives are exploring options for long-term ambulance coverage.

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 = **2588**

Total Patients Received = **4162** patients were transported

Total Number of Hospitals Designated by Region = **12**

Total Number of Base and Alternative Base Hospitals = **7**

Total Number of Emergency Departments Approved by Pediatrics (EDAPs) = **5**

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 two facilities (Jerold Phelps and Sutter-Lakeside) are 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 Patient Destination policy revision was continued.
5. Pat Farmer, R.N., Nurse Contractor, generated site-visit follow-up correspondence with several base hospitals. Sutter-Lakesides' Base Hospital designation was probated for cause.
6. Pam Haynes, R.N., Nurse Contractor, conducted EDAP site-visits to Sutter-Lakeside Hospital and generated or continued follow-up correspondence with several EDAPs. Sutter-Lakeside Hospital EDAP designation was withdrawn for cause.
7. St. Joseph Health System representatives presented data and a follow-up report 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. The Agency is preparing an assessment for the January JPA meeting.
8. As part of the state funded trauma project, North Coast EMS personnel/contractors and numerous regional representatives participated in the process to develop and implement a regional trauma plan. Bev Ness, R.N. of the Abaris Group conducted several Regional Trauma Advisory Committee meetings in Del Norte/Humboldt and Lake Counties. At this time, numerous draft policies have been generated, including: trauma triage criteria, trauma patient destination, quality improvement, trauma registry, etc. Trauma tours and meetings were conducted at all hospital and assessment summaries have been generated.
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. He recently recommended Luther Cobb, M.D., General Surgeon in Humboldt County, as his rural alternate.
10. The Heparin and Nitroglycerine Infusion program was implemented in Kelseyville, Crescent City, Eureka and Fortuna to allow specially trained and accredited paramedics to utilize these procedures during inter-facility transfers.
11. Pat Farmer, R.N., Nurse Contractor generated draft Transfer Guidelines for regional consideration.

Issues/Solutions:

1. The Sutter-Lakeside Hospital probation as a base hospital was continued and recently received materials are currently under consideration by Agency personnel. EDAP designation at the Lakeport facility was terminated for cause.

2. Relative to the closure of the ED at the General Hospital campus, the Agency is in the process of generating an assessment summary for the January JPA meeting.

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 = **4250**

Total Trauma Patients = **570**

Total Cardiac Patients = **378** (292 Chest Pain and 78 Cardiac Arrest Patients)

Total Medical Patients = **3992** (includes Total Transports less Trauma)

Total Pediatric Patients = **198**

Total Number of CQI Cases in Region = **6**

Status: This quarter,

1. The EPCIS computerized Prehospital Care Reporting (PCRs) program was maintained and upgraded. North Coast EMS has undertaken a revision of all ALS policies in concert with a revision of the "Treatment Guidelines" portion of the EPCIS program. This parallel revision has required the development of a new approach to grouping the treatment guideline to ensure that similar chief complaints are categorized in a standardized fashion. Local users of EPCIS have expressed frustration at the finite number of treatment guideline categories that inappropriately prompts ALS evaluations for patients with vague complaints. A coherent approach that ensures adequate CQI evaluation is being implemented by the EMS Coordinator and the Regional Medical Director.
2. Agency staff, several Prehospital Care Nurse Coordinators (PCNCs) and ALS Providers conducted quality improvement investigations. Base hospitals have been increasingly involved and in aggressively investigating and addressing local CQI issues, allowing North Coast EMS to increasingly be able to provide support rather than to prompt or guide them. This is an important advance.
3. 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 reviewing the Statewide Quality Improvement Guidelines.
4. The Agency continued to promote expansion of the EPCIS reporting process to include AMAs and emergency transfers.
5. The EMS Coordinator initiated a review of HIPPA requirements relative to the PCR program. It seems clear that the intent of the legislation is to permit continued data collection and analysis for government agencies like North Coast EMS. Besides its use by four California LEMSAs, EPCIS is currently employed statewide in Oregon and the state of Oregon's information technology personnel have expressed confidence in EPCIS security.

Issues/Solutions:

1. The EMS Coordinator continued revision of the EPCIS “Treatment Guideline” category, the category used to conduct electronic PCR audits, to more closely reflect local protocols and practices.
2. The Agency revised the method of reporting “Total Medical Patients” in the above workload indicators. Previously, Altered Level of Consciousness and Respiratory Distress were added together; now we will use the Total Number of Patient Transports minus Total Trauma Patients.
3. The Agency uses EPCIS as a “fail safe” method of messaging transport agency personnel. This function should be improved, as will portions of the query, report and audit functions as the latest version of the program is activated within the next quarter. Also, the Agency is planning to participate in a special project request with Coastal Valleys EMS and Nor Cal EMS to reprogram the EPCIS system in a web-based platform. If funded, this will enhance the transfer of information, reduce maintenance costs and streamline operations.

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 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 limited involvement in PIE.

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) = 2

Total Disaster Drills Involving Staff = 2

Total Disaster-related Meetings Attended by Staff = 6

Status: This quarter,

1. Agency staff attended Humboldt-Del Norte Disaster and the Lake EMCC Committee meetings, several disaster-planning or review meetings, and met with jointly with the Del Norte and Humboldt County Health Officers regarding future plans to collaborate.
2. North Coast EMS administered the “Prehospital MCI/Disaster Preparedness” special project coordinated by the Northern California Safety Consortium.
3. The Executive Director participated in the process coordinated by Humboldt County OES to distribute bioterrorism funds.
4. The EMS Coordinator participated in statewide disaster medical services activities, including Disaster Medical Assistance Team planning (DMAT) and international disaster programs involving the Ukraine.
5. The Executive Director observed the Statewide Disaster Exercise in Eureka.
6. The EMS Coordinator and PCNCs included MCI examples as part of the “Call of the Month” continuing education program.
7. Agency personnel commented on draft State Disaster Medical Guidelines and Standards, specifically endorsing the need for adequate state funding of local efforts (particularly in rural areas) and again urging flexibility with regard to Board of Supervisors designation of local DMS responsibilities.

Issues/Solutions: None.

January 15, 2003

Maureen McNeil, Chief
EMS Authority
1930 9th Street
Sacramento, Ca 95814-7043

Re: EMS-1091: Third Quarter Report (October 30, 2002 – December 31, 2002)

Dear Maureen

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

We are well into the system assessment and policy development phase of the trauma planning process. We now have in place our own trauma nurse coordinators for Lake County and for Humboldt/Del Norte counties. 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
Informational Mailing
The Abaris Group

North Coast EMS Regional Trauma Project
EMS-1091 – Quarter III Progress Report
1/15/03

The progress report for the period covering October 1, 2002 to December 31, 2002 follows. Quarter III progress involved the completion of the hospital assessments, hiring a part time regional trauma coordinator for Lake County (Mary Donati, RN) and continuing 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 third quarter, North Coast EMS continued to add members to the Regional Trauma Advisory Committee (RE-TAC) both in Lake and in the Del Norte/Humboldt counties. 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 continued to meet or converse with local hospital administrators, general surgeons, etc. about the project. The Humboldt (northern) and Lake County (southern) RE-TACs have actively met every month during this quarter. Their focus has been to provide input on system assessment and policy development.

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

2. Plan for Trauma System Development:

A. Accomplishments: Brainstorming sessions were held at both RE-TAC meetings in the Del Norte/Humboldt and the Lake County areas, to obtain input from providers on the components of the trauma system. Site visits were completed at all seven hospitals in the region. A trauma resource assessment was completed on each facility, with a summary report being submitted to all the members of each of the respective RE-TAC committees. A draft of the Trauma

Center Designation Standards has been presented to both RE-TAC Committees. The Abaris Group attended Humboldt/Del Norte Medical Advisory Committee meetings and the Lake County Emergency Medical Care Committee meetings each month.

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

3. Develop Trauma Care System:

A. Accomplishments:

The trauma plan Mission Statement and goals were approved by the RE-TAC Committees. A review was made of all the existing EMS policies related to injury management, triage and transfer. Trauma Plan policy development is underway, with RE-TAC Committee approval obtained for: Trauma Triage Criteria, Trauma Patient Destination, Patient Transfer Policy, Hospital By-Pass Policy and which include language addressing the management of the trauma patient. These policies will be distributed for regional review prior to formal adoption.

Draft language for the Trauma System Quality Assurance Policy has been introduced which includes system oversight, QA procedures and utilization review. It has been introduced to both RE-TAC Committees for their review and input. A proposal for Trauma Registry data elements has been submitted with a comparative list of data elements used by the Oregon trauma registry, the NTDB and the recommended list from EMSA. The QA plan and trauma registry data element selection will continue to be worked on in the fourth quarter, for inclusion in the final draft of the trauma plan

B. Issues/Solutions Due to the delayed initiation of the contract the following policies will be drafted and approved, along with the plan development in the fourth quarter: Delineation of Catchment Areas, Data Collection and Management, Repatriation of Stable Trauma Service Health Plan Members, Trauma Center Agreements for Interfacility Transfers, Role of the Pediatric Trauma Center, and Trauma Center Marketing and Advertising

4. Draft Trauma Plan:

A. Accomplishments:

Work is being done on the development of the first four sections of the trauma plan, which includes, the Plan Summary, the Organizational Structure, Needs Assessment, and Trauma System Design. There will be continued development of subsequent sections along with all the required policy development during the fourth quarter.

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

January 15, 2003

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

Re: FY 2002/03 EMS-2056 Quarter 2 Progress Report

Dear Carol:

The second 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.
Kevin O'Neil, CDF Fortuna
John McFarland, Crescent Fire Protection District

North Coast Emergency Medical Services
3340 Glenwood Street
Eureka, California 95501

Progress Report – Quarter 2
October 1, 2002 – December 31, 2002

Rural Outreach Medical Training Special Needs Project
Contract Number - EMS-2056

January 15, 2003

**Serving the Counties of Del Norte, Humboldt,
Lake and southern Trinity**

Rural Outreach Medical Training Project
North Coast EMS Special Project # EMS-2056

Quarter 2 Progress Report – 01/15/03

1) Objective 1: Administer the project

Activity 1.2: Collect and review necessary documents.

Coordinator contacted North Coast EMS requesting lists of Fire Departments within the North Coast EMS area with addresses and, where known, contact personnel. Additional lists for most Humboldt County fire departments and their contacts were obtained from the Humboldt County Dispatch Cooperative.

Coordinator reviewed North Coast EMS policies #3102 (First Responder Training Structure & Instructor Qualifications) and #3104 (First Responder Training Program—Course Content) and determined these would be used as the basis for the First Responder courses offered under this program.

Coordinator obtained a list of City Ambulance personnel as a first step in locating qualified instructors.

Activity 1.3 Create detailed work plan.

The “detailed work plan” for this project is based on the Objectives and Activities as listed in the Request for Proposal for a Project Coordinator sent out by North Coast EMS July 29, 2002. Because of the delay in signing the state budget and hence the delayed awarding of the contract for Project Coordinator, the time frame will be compressed. It is still the intention of the Coordinator to have all training completed by the end of fiscal 2003.

Activity 1.4 Write Quarterly and Final Reports.

The second quarter report was generated by Project Coordinator and forwarded to North Coast EMS for submittal to EMSA.

2) Objective 2: Conduct feasibility assessment and develop optimum training strategy.

Activity 2.1 Conduct survey to determine current levels of training and first responder agency needs.

Survey was written by Coordinator and mailed by North Coast EMS on October 24, 2002 to all 58 first responder agencies in the North Coast EMS region. To date 16 surveys have been returned by US mail.

Activity 2.2 set strategic locations for rural and remote training sites.

No sites have been selected at this time but as late surveys arrive and ongoing attempts to contact first responder agencies by phone progress, this will become a priority. The survey asked for available training space and also the maximum distance agency members would be willing to travel. Most responses offered at least some training space availability.

Activity 2.3 Introduce program to first responder agencies and determine enrollment estimates.

Program introduction was accomplished by a cover letter accompanying the survey and enrollment estimates were requested as part of the survey.

Activity 2.4 Determine individual agencies needs and announce courses.

Again, this was accomplished to some degree by the cover letter and survey but as specific courses are composed and scheduled additional contact will be made to specific agencies.

January 17, 2003

Carol MacRae
Contract Manager
EMS Authority
1930 Ninth Street
Sacramento, CA 95814

RE: EMS Contract #2055 - Prehospital Multi-Casualty Incident/Disaster Preparedness Project

Dear Carol,

The second quarterly progress report for the Prehospital Multi-Casualty Incident/Disaster Preparedness Project is enclosed. Please call if you have any questions regarding this project.

Sincerely,

Louis Bruhnke, Coordinator
North Coast EMS

cc: Joint Powers Governing Board
County Health Officers
MCI Project Steering Committee
Northern CA Safety Consortium

**Prehospital Multi-Casualty Incident/Disaster Preparedness Project
Grant #2055 Quarter II Progress Report - 10/16/02 to 01/15/03
North Coast EMS and the Northern California Safety Consortium (NCSC)**

The Prehospital Multi-Casualty Incident/Disaster Preparedness Project (MCI) special project initiated in the first quarter of FY 2002-03 continued in the second quarter with the contract team Northern California Safety Consortium (NCSC).

Objectives:

1. Special Project Administration

The Northern California Safety Consortium was contracted as project administrator in October. Multiple programs and policies from throughout California and elsewhere were reviewed as background material for the project (appendix A). The first quarter report was prepared.

2. Steering Committee

A total of 79 surveys were distributed to all prehospital first responder agencies, transport providers, and Health Departments in Del Norte, Humboldt, Lake, and Southern Trinity counties. (Appendix B) Twenty-one surveys were returned and a steering committee was formed. The steering committee consists of two members from Del Norte County, two from Humboldt County, and two from Lake County as well as the clinical coordinator from North Coast EMS.

3. Develop a formal MCI plan

Existing MCI plans from other counties and regions have been reviewed as well as the Humboldt County Emergency Plan. (Appendix A) The Del Norte County plan is currently being revised. FIRESCOPE materials have been utilized as the basis for standardizing the definition of a MCI as well as the field positions active in MCI management.

4. Standardized Training

An Internet search was conducted for existing MCI training programs and curriculums have been received for two programs. Additional FIRESCOPE materials addressing this area are expected to be released in March 2003.

5. Standardized identification systems and planning tools

Activity on this objective has been limited to requesting catalogues from vendors identified as offering MCI related materials.

6. Conduct Exercises

Preliminary inquiries have been made in Humboldt County to conduct a functional exercise at the Arcata/Eureka Airport.

7. Evaluating prehospital response to MCIs and disasters

No activity on this objective to date.

8. Model Programs to support NEST development

No activity on this objective to date.