Multicounty EMS Agency Name

Agreement #C22-016

**4th Quarter Task Report**

April 1 - June 30, 2023

Quarterly Reports are due to EMSA by the 15th calendar day of the month following the end of each quarter. The fourth quarter report is due by August 1st and must include a Supplemental Year-End Data Report.

Quarterly Reports must contain a detailed description of work performed, the duties of all parties, and a summary of activities that have been accomplished during the quarter to meet the following eight EMS system components.

**Component 1 - System Organization and Management**

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

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* + - Staff development, training, and management

|  |
| --- |
| North Coast EMS personnel participated, usually virtually, in the following state EMS committee meetings and other activities: EMSA/LEMSA, EMSA/Region, EMSC Technical, EMSA Trauma Regulation Workgroup, EMSAAC Behavioral Health, TPOXX Data Collection, V3.5 CEMSIS, LEMSA Quarterly, Partnership Health Plan Public Health, EMSAAC Legislative, CDPH HPP Disaster Audit Follow-up, Regional MHOAC, Level IV Trauma Center, EMSAAC Conference; and, in the following local EMS meetings and other activities: Humboldt/Del Norte Medical Advisory Committee (MAC), Lake County Emergency Medical Care Committee (EMCC), Lake County Inter-facility Transfer/Priority 1, Lake Health Care Coalition, 5150 Hold, Del Norte, Humboldt & Lake HPP, Humboldt- Del Norte Redwood Coalition, EMS Provider Health Maintenance, EndPoint EMS, MRCH/SJH IFT Discussions, STEMI/Stroke, Regional Trauma Advisory, Del Norte County Board of Supervisors Re: Del Norte Ambulance EOA Request, Calls with Derek Cole, Ron Sandler, Supervisors Short and Starkey, Supervisor Green, Supervisor Sabatier's Lake IFT, Staff and Contractor Communications (Medical Director, Regional EMS Coordinator, Fiscal Manager, Trauma, EOA, STEMI/Stroke, Behavioral Health, IT, EMSC, HPP Lisaisons), Humboldt County Child Death Review Team, Humboldt County Suicide Review Team, Humboldt County Child Passenger Safety, Humboldt, Del Norte & Lake County Fire Chiefs Association, Medical Director of Controlled Substance discussion for Lake County, MRSE TXX - Lake County, MRSE TXX Planning - Humboldt Del Norte, Natalie Duke Counsel Re: Brown Act, Sutter-Coast Trauma, Staff Lunch, Xferal Demonstrations, Joint Powers Governing Board, Del Norte County BOS, Drs. Fratkin, Griffin and Karp; and other meetings. All five Annual EMS Plan Updates were submitted to EMSA (Regional EMS, Trauma, STEMI, EMSC and QI) and the Fiscal Audit was completed with the same finding as before (that we do not have enough staff to segregate internal fiscal management duties but Fiscal oversight is sufficient).  Please note that the previously targeted full-time RN position was unfeasible. The JPA Governing Board approved the budget with modest staff salary incresases which left $15,000 for the proposed postion at $40/hour, far too low to hire a full or part time RN. We previously contracted with Morgan Fox to fill the Lake County EMS and HPP Liaison position. Also, at this time, all employee positions continue to be filled as follows: Larry Karsteadt, Executive Director, Wendy Chapman Associate Director, Kayce Hurd EMT-P Regional EMS/Disaster Coordinator, Lee Hawkins Fiscal Manager and Nicole Mobley Executive Assistant (all are fulltime). |

* Allocating and maintaining office space, office equipment, and office supplies

|  |
| --- |
| North Coast EMS routinely maintains office space, equipment and supplies. |

* Executing and maintaining contracts with member counties, service providers, consultants, and contractual staff

|  |
| --- |
| We executed, continued administrative contracts with: EMSA General Fund, JPA member counties, the HPP disaster medical grant with CDPH, Dr. Karp as Regional Medical Director, Rita Henderson as EDAP and Trauma Nurse Contractor, ePCR IT programmer Jay Myhre, Ezequiel Sandoval - Office IT, Moss Levy and Hartzhiems - Fiscal Audit, Stayce Curry - Behavioral Health/5150 contractor, Dennis Louy, Patrick Lynch and Morgan Fox as County HPP Liaisons for Del Norte, Humboldt and Lake County respectively, Selinda Shontz – STEMI and Stroke, Pam Mather - EOAs and CQI, ICEMA – Image Trend management; Coastal Valley's EMS re: C.A.R.E.S. and Endpoint EMS. All contractors are part-time, independent, may engage in other contracts and provide expert services otherwise not available to North Coast EMS staff. North Coast EMS continued to receive from, and distribute by request, Pediatric Maddy Funds in all three counties. We continued contracts with and/or approvals of: seven designated Paramedic Base and Receiving Hospitals, 14 Paramedic Service Providers, numerous First Responder agencies, three Emergency Medical Dispatch Centers, five EDAPs, four Trauma Centers and one STEMI Receiving Center. This quarter, all five Annual EMS Plan Updates were approved by the JPA Board and submitted to EMSA: the Regional EMS Plan, the Trauma Plan with the state required Fiscal Utilization Report; the EMSC Plan with the EDAP Trust Fund Report; the STEMI Plan and the QIP Plan.  Development of the planned Stroke System was delayed because St. Joseph Hospital is considering becoming a certified Stroke Center within the next year and all parties agreed to hold off on our Stroke System development process until the certification decision is clearer. Existing staff and contractors continued to administer the Regional, Trauma, STEMI and EMSC Systems pursuant to state regulations and other duties dispite the inability to hire an RN. The fiscal deficit between trauma center fees and costs continues and was reassessed as part of the recently submitted Annual Trauma Plan Update.  Site surveys to Trauma Centers and EDAPs are planned for those hospitals in need of surveys. We also are planning to reinstitutue paramedic base hospital surveys next fiscal year. Currently, compliance is assessed routinely through our extensive Quality Improvement Program (see the recently submitted Annual QIP Update). |

* Attending or participating in a minimum of 3 EMSA/LEMSA meetings annually (following advance notice and reasonable justification provided by the LEMSA, EMSA will make a determination on the flexibility of the attendance requirement on a case-by-case basis, and in the event the quarterly EMSA/LEMSA meeting is canceled, attendance at the meeting will not be counted for/against the LEMSA)

|  |
| --- |
| This quarter North Coast EMS attended the state level meetings listed above This quarter, we participated in all EMSA/LEMSA associated meetings and Wendy Chapman attended the EMSAAC Conference in San Diego. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| The North Coast EMS State General Fund allocation was increassed this FIscal Year by the EMSA and the executed contract includes the workload gaps identified in the BCP. Gap one was the need for increased staff salaries, and the JPA Governing Board previously approved staff salary increases. Gap 2 was fulfilled by an ongoing contract with Morgan Fox as the Lake County HPP and EMS Liaison. Morgan was the only applicant and she has an excellent background in Disaster planning and coordination. We will continue to work with her and Lake County representatives to identify her EMS role in Lake County, but it generally includes attending EMS and Disaster meetings, working with the entire EMS community, and coordinating with North Coast EMS to optiize her EMS contributions.  Kayce Hurd completed the draft update of the Regional MCI Plan. Following internal review, we will send it to the Region for input. |

**Component 2 - Manpower and Training**

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

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Ongoing assessment of local training program needs

|  |
| --- |
| North Coast EMS has numerous mechanisms for determining training program needs, including: meetings where EMS system and training needs are or can be discussed; staff attendance at state and federal meetings where state and national standards and best practices may be reviewed; communications with regional EMS instructors; review of QIP reports from base hospitals and providers as staff time allows; input from stateholders, etc. Contractor Curry continued to take the lead on development or distribution of tools to support the management of 5150 and psychiatric patients. We co-coordinated a statewide EMSAAC Behavioral Health call to assess comon issues and best practices. Also continued to particpate in discussions with SJH, EPD and others specific to development of an AeRTeam response in Eureka with a medical component and are actively involved with similar programs in Del Norte and Lake Counties. This included promotion of crisis management training and medical responder wellness maintenance programs for health care workers. |

* Authorizing and approving training programs and curriculum for all certification levels

|  |
| --- |
| North Coast EMS has numerous approved training programs that have been verified to meet or exceed state minimum standards, including curriculum and instructor requirements. These programs include: Public Safety, First Responder, EMT-I, Paramedic, Continuing education, etc. |

* Providing training programs and classes as needed

|  |
| --- |
| No classes were hosted this quarter under the General Fund contract. We hosted or participated in MRSE and other disaster training programs as part of the CDPH HPP grant. See HPP Year-End Report for more information. |

* Providing ongoing certification/authorization/accreditation or personnel approval of local scope of practice for all certification levels

|  |
| --- |
| North Coast EMS issues numerous EMT-I certifications, paramedic accreditations and MICN authorizations annually. We have policies specific to BLS and ALS scope of practice and numerous continuously updated protocols and policies specific to the EMT-I and EMT-P scope of practice. |

* Developing and maintaining treatment protocols for all certification levels

|  |
| --- |
| North Coast EMS has numerous policies specific to the BLS and ALS scope of practice and continuously updates protocols and policies specific to the EMT-I and EMT-P scope of practice. We continued to update, add and modify policies and protocols in concert with the Policy Review Committee. We decided to discontinue use of the Policy Review Committee process next fiscal year and return to regionwide distribution of new or modified draft policies. |

* Maintaining communication link with QI program to assess performance of field personnel

|  |
| --- |
| North Coast EMS has extensive QI policies and submitted the Annual QIP Plan Update to the EMSA this quarter. We previously approved all base hospital and ALS Providers QIP Plans and require all approved ALS providers and designated base hospitals to submit periodic QIP reports summarizing activities in each of the QIP regulation required categories. We also select a focused review topic each quarter as staff time allows. |

* Conducting investigations and taking action against certification when indicated

|  |
| --- |
| North Coast EMS did not take any actions against a certificate holder and participated in a few case reviews this quarter. Regional EMS Coordinator continues the process to review PCRs and maintain the case review log to ensure loop closure. |

* Authorizing, maintaining, and evaluating EMS continuing education programs

|  |
| --- |
| North Coast EMS has approximately 33 approved CEU providers and policies are in place to authorize new and review existing providers if needed. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| The North Coast EMS State General Fund allocation was increassed by the EMSA and the executed contract includes the workload gaps identified in the BCP. The JPA Governing Board previously approved the identified gap in staff salaries and we previously contracted with Morgan Fox as the Lake County HPP and EMS Liaison. Specific to Manpower and Training, she will work with North Coast EMS to help coordinate local Triage Tuesday trainings and continue to identify her EMS role, is attending all disaster and EMS meetings, routinely communicating with North Coast EMS representatives, and is currently meeting with key fire, hopsital and Public Health personnel in Lake County. See above. |

**Component 3 - Communications**

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

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* On-going assessment of communications status and needs

|  |
| --- |
| North Coast EMS previously approved, jointly with Napa County, the Emergency Medical Dispatch program at CALFIRE ECC in St. Helena, which is the 9-1-1 dispatch center for Lake County. Other EMD providers include Eureka Police Department and CALFRE ECC for Humboldt/Del Norte Counties. We also previously approved the air medical dispatch plan for Lake County to utilize a single dispatch frequency by REACH Flight Guard upon activation by the St. Helena ECC. The CALFIRE ECC in Fortuna is approved as the Del Norte and Humboldt air medical dispatch center. |

* Assuring appropriate maintenance of EMS related communications systems

|  |
| --- |
| We plan to continue to work with each county, hospitals and providers to help ensure future Med Net and/or field to hospital Communication Systems integrity. The JPA Board also approved use of a portion of the Med-Net Mt-Top Repeater Trust to help replace repeaters in Lake County, and Sutter-Lakeside Hospital previously approved use of a portion of their EDAp Trust Fund amount cover the remainded of these costs. |

* Approving ambulance dispatch centers

|  |
| --- |
| All three counties have centralized and North Coast EMS approved dispatch centers for ambulances. City Ambulance of Eureka is the primary ground ambulance dispatch center in Humboldt County, although Hoopa {K’ima:w} Ambulance may occassionally be dispatched through a separate process. The Del Norte County Sheriffs Dispatch Center is continues to be responsible for receiving the 9-1-1 call, but if an ambulance is needed, DNA utilizes the Oregon based EMD dispatch center. Lake County utilizes the CALFIRE ECC in Napa County for ambulance dispatch. CALFIRE ECC in Fortuna and CALFIRE ECC in Napa County are the North Coast EMS approved air medical dispatch centers in Del Norte/Humboldt and Lake respectfully, the latter in conjunction with Napa County EMS. |

* Providing acceptable procedures and communications for the purpose of dispatch and on-line medical control

|  |
| --- |
| Communications procedures and medical control policies have been in place for decades and are updated as needed. As the EMD oversight body, we are available to QI any and all EMD related issues. |

* Approving emergency medical dispatch (EMD) training and/or operational programs

|  |
| --- |
| North Coast EMS continues to approve the EMD training programs at the Eureka Police Department, the CALFIRE ECC in Fortuna and the CALFIRE St Helena ECC (jointly with Napa County EMS). |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| The North Coast EMS State General Fund allocation was increased by the EMSA and the executed contract includes the workload gaps identified in the BCP. Since then, the JPA Governing Board approved staff salary increases and we contracted with Morgan Fox as the Lake County HPP and EMS Liaison as reported above. The Agency reimbursed or will reimburse Med-Net Mt Top Repeater moneys from the Med-Net Trust Fund to help cover Med-Net Repeater replacement costs in Lake County, which will help ensure that the Med-Net System is fully functional and that there are no communication gaps. |

**Component 4 - Transportation**

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

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Designating EMS responders including first responders, Limited Advanced Life Support (LALS)/Advanced Life Support (ALS) providers, ambulance providers, and Prehospital EMS Aircraft providers

|  |
| --- |
| North Coast EMS designates First Responder training programs (see 2.1 above). The Humboldt and Lake County County Board of Supervisors long ago adopted ambulance ordinances that allow Public Health to issue permits or contracts with ambulance providers. Del Norte County has a contract with DNA. All ambulance providers, four non-transporting providers and one air medical provider are North Coast EMS approved ALS Providers. North Coast EMS has policies and ongoing MOUs specific to in- and out-of-area EMS helicopters., although state paramedic regulations allow cross jurisdictional use of paramedics for mutual aid purposes and we have continuing reciprocity agreements with all or most surrounding LEMSAs. We are in the process of designating two new ALS Providers in Del Norte County. |

* Monitoring local ordinances related to EMS

|  |
| --- |
| Humboldt and Lake County ambulance ordinances are approved by the respective Boards of Supervisors and both the revision process and enforcement are the responsibilities of the Public Health Departments. By statute, North Coast EMS is advisory to the Ordinance development and revision processes. The North Coast EMS participated in all previous ordinance updates. |

* Establishing policies and procedures to the system for the transportation of patients to trauma centers and/or specialty care hospitals as needed

|  |
| --- |
| North Coast EMS has established and periodically updates policies and procedures for the transportation of patients to trauma and other specialty centers. North Coast EMS currently has four designated trauma centers, one in Del Norte County that receives all injured patients, two in Humboldt County with triage and destination criteria, and one in Lake County with triage criteria identical to Coastal Valley's EMS. We also have a STEMI destination policy that sends all transported Humboldt County STEMI patients directly to the designated STEMI Receiving Center in Eureka. Substantive policy changes are reviewed through our Policy Review Committee process, or in the future, through our regional policy distribution process, prior to adoption. |

* Implementing and maintaining contracts with providers

|  |
| --- |
| All North Coast EMS authorized ALS Providers have executed contracts. |

* Creating exclusive operating areas

|  |
| --- |
| EOA contractor Pam Mather and North Coast EMS finalized contracts with CAE and AMRA and implemented the EOA grandfathering process pursuant to EMSA approval of the Humboldt County Transportation Plan effective 1/1/2022. We have entered the montioring phase of these EOAs and submitted a compliance update report to the JPA Board this quarter. We also continued to assess the Del Norte Ambulance EOA grandfathering request. The Del Norte Couty BOA recommended that we proceed with a competitive bid process, and were subsequwently directed by the JPA Board to proceed with a competitive bid process if all related costs are covered by Del Norte County and, potentially involving use of the DNC procument process to assist this effort. Also, we are planning to conduct a grandfathering EOA process this fiscal year on behalf of South Lake County Fire Protection District and are awaiting receipt of their application and fee payment. |

* Inspecting ambulance or LALS/ALS providers

|  |
| --- |
| North Coast EMS conducts or delegates ambulance inspections to Base Hospital Prehospital Care Nurse Coordinator (PCNC)s for new ALS providers or for cause. No inspections have needed to be conducted this quarter. |

* Developing and enforcing performance standards as needed

|  |
| --- |
| See above. We have developed ambulance performance standards associated with the Humboldt County Transportation Plan as part of the EOA grandfathering process. Response time monitoring has been initiated. Pending the outcome of the DNC and Lake County EOA processes, similar monitoring criteria will be established for Del Norte Ambulance and South Lake County Fire Protection District. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| See above. |

**Component 5 – 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.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Designating base hospital(s) or alternate base stations for on-line medical control and direction

|  |
| --- |
| All seven base hospitals are designated by contract as Paramedic Base and Receiving Centers, six as “Modified Base Hospitals” that are no longer required to utilize MICNs. Due to State GF allocation, additional staff time has been able to concentrate on base hospital monitoring by implementing the following process:  • Development of the pre-review questionnaire (PRQ) prompting documentation and verification of compliance with Base Hospital Agreements and North Coast EMS Policy.  • PRQs were sent to Prehospital Care Nurse Coordinators (PCNCs) at each facility in November 2023.  • Following staff review of a PRQ, an abbreviated site visit is scheduled at each facility. Ideally this abbreviated site visit coincides with attendance at a scheduled Field Care Audit (FCA).  • PRQs have been received from five base hospitals. Site visits have been completed at 3 base hospitals. This process is on track to be completed during FY 2023/24.  • Ongoing monitoring needs will be summarized at completion of the review process. |

* Identifying ambulance receiving centers including hospitals and alternative receiving facilities in rural areas

|  |
| --- |
| All seven hospitals are designated Paramedic Receiving Centers; another is a state designated mental health receiving facility. We have two alternate receiving centers at two Standby Hospitals (Adventist-Clearlake and Jerold Phelps), both of which were approved by the EMSA and North Coast EMS as Alternative Paramedic Receiving Hospitals years ago. |

* Identifying and designating, as needed, trauma centers and other specialty care facilities

|  |
| --- |
| Please see the recently submitted Annual Trauma Plan Update. Three Basic Level IV trauma centers and one Level III trauma center are designated within the three county region, one continues under probation. Survey to those TCs that are due are planned for next FY. Trauma Registry data transmission from all four trauma centers to the state repository continues and North Coast EMS works with each trauma center to ensure uniform and timely data transmission pursuant to state and ACS standards. This quarter the Annual Trauma Plan Update was submitted to the EMSA and the Executive Director participated in the State Trauma Workgroup meetings, and co-coordinated committee discussion of Level IV trauma system standards.  North Coast EMS designated SJH as a STEMI Receiving Center, activated the Humboldt County STEMI system on 3/3/16 and we continue to oversee this program. A virtual site survey is planned for this fiscal year. A Humboldt County STEMI/Stroke Committee meeting conducted this quarter. CARES data was compiled and sent to Coastal Valley's EMS; CVEMS completeld a CARES assessment. We also submitted APOT data to the EMSA and the EMSA compiled an assessment report. We also received STEMI data from SJH and submitted APOT Reports to EMSA and distributed these to the region. This quarter the Annual STEMI Plan Update was submitted to the EMSA.  The Core Measure Reports are also completed as requested by EMSA.  Five of the seven hospitals are Emergency Departments Approved for Pediatric (EDAP) designated. This quarter Sutter-Coast Hospital dropped their EDAP designation due to the costs to oversee the program. This quarter the Annual EMSC Plan Update was submitted to EMSA. |

* Periodically assessing specialty care system and plan(s) as needed

|  |
| --- |
| See the recently JPA approved and submitted Annual Trauma, STEMI, EMSC, Regional EMS, and QIP Plan Updates. |

* Coordinating specialty care patients to appropriate specialty care center(s) or approved receiving hospitals

|  |
| --- |
| For Lake County, North Coast EMS has an approved Trauma Triage Policy that integrates with Coastal Valley’s EMS policy and is very similar to the national standard. Patients meeting Trauma Triage Criteria are directly transported to our designated trauma centers, or in Lake County, by air to the closest higher level TC located out of county. Sutter-Coast Hospital in Del Norte County receives all trauma patients due to geography. In Humboldt County, higher level patients meeting critical trauma patient criteria are triaged and bypass the Level IV trauma center in Arcata to the Level III in Eureka. |

* Periodically assessing hospitals (e.g., trauma centers, STEMI centers, stroke centers, pediatric critical care centers, emergency departments approved for pediatrics (EDAP)/pediatric receiving centers (PedRC), pediatric intensive care unit (PICU)

|  |
| --- |
| North Coast EMS continued to receive and distribute by request, Pediatric Maddy “Richie’s” funding to our designated EDAPs upon request and review.  North Coast EMS continues to encourage best prehospital and hospital stroke patient management practices. Also, formal Stroke System development is targeted for next year pending staff and contractor time. See above.  North Coast EMS formally designated SJH as a STEMI Receiving Center in 2016 and continues to conduct HCCC (now STEMI/Stroke) meetings and monitor and enhance the STEMI system. A STEMI site survey is planned soon. We also plan to develop a formal Stroke System next fiscal year. The 5150 Handbook is periodically updated and available on our web site – northcoastems.com. Behavorial Health contractor Stacey Curry continues to work on development of uniform medical screening criteria for Behavorial Health patients, standarize timelines for a 5150 hold, 5150 online training programs and we continue to support county Behavorial Health (BH) grants and Crisis Response Teams etc. We are actively involved in the Northern California Hospital Council Behavior Health meetings, and the Executive Director is c-coordinating the EMSAAC Behavorioral Health group.  Site surveys are planned as stated above to various designated centers. |

* Completing hospital closure impact reports

|  |
| --- |
| None were requested or completed this quarter. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| See above. |

**Component 6 - 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.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Reviewing reportable incidents

|  |
| --- |
| North Coast EMS reviews all discovered or received reportable incidents. During this quarter we took no formal action but reviewed or plan to review disclosure protected cases during TAC and STEMI meetings, and as needed. |

* Reviewing prehospital care reports including Automated External Defibrillators (AED) reports

|  |
| --- |
| These reports were discontinued by EMSA years ago. North Coast EMS participates in the C.A.R.E.S. program. |

* Processing and investigating quality assurance/improvement incident reports

|  |
| --- |
| North Coast EMS oversees an extensive Quality Improvement Program and utilizes our Regional QIP Plan, which was recently submitted to EMSA. QIP Plans have been approved by North Coast EMS for all Base Hospitals and ALS Providers, who also submit quarterly QIP updates upon request. |

* Monitoring and reporting on EMS System Core Measures by March 31st each year, and acknowledging completion of the monitoring and reporting as of March 31st each year

|  |
| --- |
| North Coast EMS submitted as requested the state requested Core Measures Report and APOT data. Our APOT averages fortunately continue to be relatively low. |

* Providing near real time data to CEMSIS monthly, or at no less than monthly intervals

|  |
| --- |
| See above. ImageTrend data goes directly to ICEMA upon completion of each e-PCR by EMTs and paramedics. Several other vendors e-PCR programs have been approved for use and data continues to be submitted to ICEMA by each ALS Provider. This quarter we participated in calls with EMSA and LEMSAs specific to the the national shift to CEMSIS 3.5. The North Coast EMS JPA Governing Board previously approved an Annual ImageTrend Base/Access Fee for all providers to cover our ICEMA ImageTrend access costs. |

* Implementing Health and Safety Code Section 1797.227, including providing data from Electronic Health Records (EHR) using the current NEMSIS and CEMSIS version standards

|  |
| --- |
| All ALS Providers utilize NEMSIS and CEMSIS compliant EHR programs. According to Mark Roberts, the new upgrade to NEMSIS 3.5 has several challenges but the plan is to have this done statewide by October or before. |

* Engaging healthcare partners and Health Information Organizations in your jurisdiction in discussions and planning efforts to integrate EMS into developing health information exchange networks that promote interoperability and the use of the Search, Alert, File, Reconcile Model

|  |
| --- |
| Nothing new. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| See above. |

**Component 7 - Public Information and Education**

Objective - To provide programs to establish an awareness of the EMS system, how to access and use the system, and provide programs to train members of the public in first aid and CPR.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Information and/or access to CPR and first-aid courses taught within the EMS system

|  |
| --- |
| North Coast EMS has approved several Public Safety First Aid training programs that include CPR and first aid training. |

* Involvement in public service announcements involving prevention or EMS related issues

|  |
| --- |
| North Coast EMS staff members participated in local injury and illness prevention and children’s safety programs. |

* Availability of information to assist the population in catastrophic events, as appropriate

|  |
| --- |
| North Coast EMS participates in the HPP disaster grant program and is involved with COVID and medical disaster planning. Each county has PSAs and other means of providing information to the pubic during catastrophic events. |

* Participating in public speaking events and representing the EMS Agency during news events and incidents

|  |
| --- |
| Nothing new. |

* Seeking opportunities to collaborate with key partners, including local public health and other community organizations, to promote healthcare and injury prevention activities

|  |
| --- |
| North Coast EMS continues to seek opportunities to collaborate with key EMS and Public Health partners to promote healthcare, HPP, the MHOAC program, and injury prevention activities. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| See above. |

**Component 8 - Disaster Response**

Objective - To collaborate with the affected county/county’s Office of Emergency Services, public health department(s), and EMS responders in the preparedness and response of the region’s EMS system in the event of a disaster or catastrophic event within the affected operational area, region, or neighboring jurisdictions.

Tasks: The responsibilities of the EMS agency, at a minimum, include:

* Participating in disaster planning, training, and exercises, as needed

|  |
| --- |
| North Coast participated in numerous collaborative HPP disaster related activities, including planning and coordination with each county. The Regional MCI Plan was revised this quarter is being reviewed internally. We will update related policies and protocols as needed. HPP required redundant radio drills were conducted or are planned, we participated in development of Burn, Infectious Disease and Pediatric Surge Annexe development, and North Coast EMS County Disaster Liaisons continue to be available to support the MHOAC programs and assist with HPP Deliverables. See the CDPH HPP Year-Emd Report. |

* Identifying disaster preparedness, mitigation, response, and recovery needs, as requested

|  |
| --- |
| We previously contracted with Morgan Fox to be The Lake County HPP and EMS Liaison. Morgan is parttime with $15,000 allocatred annually for EMS related work and $10,000 of HPP funding for Disaster related work. As part of our HPP disaster planning activities we continue to evaluate existing North Coast EMS and regional disaster preparedness needs with our HPP, OES, Public Health partners and County Disaster Liaisons. This includes review of numerous documents, attending meetings and working collaboratively with each JPA member county and the State. Through the North Coast EMS County Liaison contractors, North Coast EMS worked with our Public Health Departments to achieve the HPP Disaster grant deliverables and define supporting activities associated with the FY 22-23 HPP work plan. We are previously submitted the Mid-Year HPP Report and next year's Capability Report to CDPH, and are working on the Year-End HPP Report. |

* Coordinating the Medical Health Operational Area Coordination (MHOAC) Program or coordinating with the MHOAC Program of the affected county/counties, as appropriate

|  |
| --- |
| North Coast EMS staff and HPP contractors coordinated with the MHOAC in each county, attended meetings, participate in local, state and Regional Medical Disaster meetings and events and participated or coordinated state, regional and county HPP related activities designed to support and assist each MHOAC. |

* Coordinating the Regional Disaster Medical Health Coordination (RDMHC) Program or coordinating with the RDMHC Program within the member county/county’s California Office of Emergency Services mutual aid region

|  |
| --- |
| See above. |

* Developing policies and procedures for EMS personnel in response to multi-casualty or disaster incidents

|  |
| --- |
| This quarter North Coast EMS updated the Regional MCI Plan and distributed it for internal review. |

* Participating in the development of mutual aid agreements, as requested

|  |
| --- |
| North Coast EMS has historically facilitated development of mutual aid agreements and all ambulance providers have mutual aid arrangements with surrounding providers. North Coast EMS has no existing barriers to cross-jurisdictional utilization of paramedics provided state standards are followed. We also continue to participate in IFT meetings in Lake County that involves mutual aid. |

* Collaborating with EMS providers on Incident Command Systems (ICS) and Standardized Emergency Management System (SEMS) training, as requested

|  |
| --- |
| North Coast EMS supports ongoing ICS and SEMS training. Local training programs are conducted periodically and each approved Public Safety, First Responder, EMT-I and paramedic training program includes these topics. |

* Providing opportunities/exercises for Ambulance Strike Team Leader Trainees to complete their Position Task Books (PTB), as available

|  |
| --- |
| Not available at this time. |

* Workload gap(s) identified in BCP 4120-022-BCP-2022-A1

|  |
| --- |
| The North Coast EMS State General Fund allocation was increassed this FIscal Year by the EMSA and the executed contract includes the workload gaps identified in the BCP. Gap one was the need for increased staff salaries, and the JPA Governing Board previously approved staff salary increases. Gap 2 was fulfilled by an ongoing contract with Morgan Fox as the Lake County HPP and EMS Liaison. Morgan was the only applicant and she has an excellent background in Disaster planning and coordination. We will continue to work with her and Lake County representatives to identify her EMS role in Lake County, but it generally includes attending EMS and Disaster meetings, working with the entire EMS community, and coordinating with North Coast EMS to optiize her EMS contributions.  Gap 3 was initiated this quarter when Kayce Hurd completed the draft update of the Regional MCI Plan. Following internal review, we will send it to the Region for input. |