

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 322-1441



May 14, 2021

Mr. Dave Magnino, EMS Administrator
Sacramento County Emergency Medical Services Agency
9616 Micron Avenue, Suite 960
Sacramento, CA 95827

Dear Mr. Magnino:

This letter is in response to Sacramento County's 2019 emergency medical services (EMS) plan, and the St-Elevation Myocardial Infarction (STEMI), Stroke, Trauma, and Quality Improvement (QI) plan submissions to the EMS Authority on October 13, 2020.

The EMS Authority has reviewed the EMS plan, based on compliance with statutes, regulations, and case law. It has been determined the plan meets all EMS system components identified in Health and Safety Code (HSC) § 1797.103 and is approved for implementation pursuant to HSC § 1797.105(b). Based on transportation documentation provided, the EMS Authority has noted your Emergency Ambulance Zone as Non-Exclusive and has enclosed for reference.

The EMS Authority has also reviewed the STEMI, Stroke, Trauma, and QI plans, based on compliance with HSC §§ 1797.257 and 1797.258, and Chapters 7, 7.1, 7.2, 12, and 14 of California Code of Regulations, Title 22, Division 9, and has approved for implementation.

In accordance with HSC § 1797.254, please submit an annual EMS plan to the EMS Authority on or before May 14, 2022. Please also submit an annual STEMI, Stroke, Trauma, and QI plan concurrently as part of your EMS plan. If you have any questions regarding the EMS Plan review, please contact Ms. Lisa Galindo, EMS Plans Coordinator, at (916) 431-3688.

Sincerely,

A handwritten signature in blue ink that reads "Tom McGinnis - EMT-P".

Tom McGinnis, EMT-P
Chief, EMS Systems Division

Enclosure

tm:lg

Sacramento County 2019 EMS Plan Ground Exclusive Operating Areas	Non-Exclusive		Exclusive		Method to Achieve Exclusivity		Emergency Ambulance		ALS		LALS		All Emergency Ambulance Services		9-1-1 Emergency Response		7-digit Emergency Response		ALS Ambulance		All CCT Ambulance Services		IFT		Standby Service with Transport Auth.																																																																																																																																																																									
ZONE	EXCLUSIVITY				TYPE				LEVEL												NOTES																																																																																																																																																																													
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Department of Health Services

Peter Beilenson, MD, MPH,
Director



County Executive

Navdeep S. Gill

Divisions

Behavioral Health Services
Primary Health
Public Health
Departmental Administration

County of Sacramento

October 13, 2020

Dave Duncan, MD, Director
Emergency Medical Services Authority
10901 Gold Center Dr, Suite 400
Rancho Cordova, CA 95670

Dear Dr. Duncan:

Please see the attached annual updates to the Sacramento County 2019 Emergency Medical Services (EMS) Plan, the 2019 Trauma System Annual Update, the 2019 Annual Quality Improvement Program (QIP), 2019 STEMI Critical Care System Annual Update and the 2019 Stroke Critical Care System Annual Update. These are submitted in accordance with *Health and Safety Code Sections 1797.103 and 1797.250 – 1797.258 and Title 22, Division 9, Chapter 7.1, STEMI Critical Care System, Chapter 7.2, Stroke Critical Care System and Chapter 12, EMS System Quality Improvement.*

EMS PLAN ANNUAL UPDATE

No significant changes were made to the EMS Plan during the past year. Key items are noted in each section.

FORM 1: EMS Plan System Assessment Summary

A. System Organization and Management

1.03 – Employment of Medical Director:

- Medical Director’s contract was increased from 0.3 to 0.5 position. This helps with oversight demands resulting from the addition of the STEMI and Stroke Critical Care Programs.

B. Manpower and Training

2.13 – Critical Care Paramedic Training and Accreditation:

- We are unable to implement this program at this time due to implementation of two other critical care programs in 2019.
- In 2019, a private provider requested this program but the EMS Agency does not have staff nor funding to oversee the program at this time.

D. Response and Transportation

4.01 – Primary Response Area:

- The EMS Agency has executed Advanced Life Support (ALS) Provider Agreements with private providers.

- We are in the process of working with Public Fire Service providers to create and execute ALS Provider Agreements. We are waiting for a draft document.

4.05 – Response Time Standards:

- We are currently utilizing National Response Time Standards as benchmarks. Plans are in process to implement Sacramento County Response Time Standards by the end of calendar year 2021.

4.07 – Creation of Exclusive Operating Area and Approval:

- Sacramento County is a Non-Exclusive Operating Area.

E. Assessment of Hospitals and Critical Care Centers

5.04 – Critical Care System:

- STEMI and Stroke Critical Care programs were added in 2019. Plan approval was received from the Emergency Medical Services Authority (EMSA) on December 17, 2019.

F. Data Collection and Evaluation

6.04 – Electronic Patient Health Information Exchange:

- At this time, there are no plans to implement a patient health information exchange program.

6.09 – Ambulance Patient Offload Times:

- EMS stakeholders established the Ambulance Patient Offload Time (APOT) metric at 20 minutes. In 2019, the system wide 90th percentile APOT was thirty-nine (39) minutes.

6.10 – Data Collection from Specialty Care Centers:

- Trauma – The three Sacramento County trauma centers submit data electronically; the Placer County trauma center submits data manually.
- STEMI and Stroke – Designated STEMI and Stroke centers submit data manually on an as needed basis.

H. Disaster Medical Response

8.14 – Mutual Aid Requests in EOA Areas:

- Not applicable. Sacramento County is a non-exclusive operating area.

TABLE 2: Manpower and Training

EMS Agency Certification:

- There was a slight increase in the number of personnel investigations in 2019 as compared to 2018. This increase occurred because staff continued to use and follow the *Recommended Guidelines for Disciplinary Orders and Conditions of Probation for EMT (Basic) and Advanced EMT*. A larger number of initial applicants with prior convictions led to more denials of applications.

Available Training:

- River Delta Fire District became a continuing education provider for their personnel.

TABLE 4: Response and Transportation

System Standard Response Times (90th Percentile):

- With over one year of data submitted to California EMS Information System (CEMSIS) from all ALS providers, the EMS Agency provided system wide 90th percentile standard response times for the first time to all stakeholders during regular meeting updates.

Provider Resource:

- During the third quarter of 2019, Trauma Life Care (TLC) Medical Transport requested and was approved to terminate their ALS Provider Agreement due to a staffing shortage that resulted in their inability to maintain the required 24 hours / 7 days a week ALS coverage.

TRAUMA SYSTEM STATUS REPORT

The narrative includes improvement information provided to EMSA regarding the Sacramento County Trauma System. Key changes included:

Trauma System Goals and Objectives:

- Trauma Review Committee (TRC) provides unique educational opportunities to region wide physicians and administrators.
- The EMS Agency works closely with the trauma centers to ensure accurate data is submitted to the CA Trauma Registry and presented in the quarterly TRC meetings.
- Data includes Trauma Incidents comparison from 2017, 2018 and 2019 as requested by the TRC.

System Performance Improvement:

- The EMS Agency worked with the TRC to update several prehospital trauma policies, including adding the use of Tranexamic Acid (TXA) by paramedics.
- Continued to work with trauma surgeons and managers to identify seven (7) relevant indicators to improve the trauma system.
- Worked with prehospital EMS providers to improve documentation practices to ensure prehospital Trauma Alerts are being conducted and reported.

QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATE

2019 Highlights:

- Continued work to define consistent documentation standards and improve the quality and accuracy of data submission.
- Developed and implemented dashboards to report data on three (3) focused elements.
- Continued to improve tracking of ambulance patient off-load times (APOT). Provided comparisons between 2018 and 2019 APOT data to stakeholders on a quarterly basis.

Active Projects include the following:

- Continued focus on the “Documentation Initiative” to improve prehospital care. This includes:
 - Cardiac Arrest, New Medications, and Spinal Motion Restriction policy
- Continue to monitor Law Enforcement Administration of Naloxone Program for the following:
 - Properly trained officers in handling and administration
 - Data collection
 - Feedback provision

2019 STEMI CRITICAL CARE SYSTEM ANNUAL UPDATE

- Started the application process with several hospitals for designation as Sacramento County approved STEMI Receiving Centers.
- Began the work with STEMI Advisory Committee to identify proposed data reporting platforms available.

2019 STROKE CRITICAL CARE SYSTEM ANNUAL UPDATE

- Started the application process with the hospitals for designation as Sacramento County approved Stroke Receiving Center or Comprehensive Stroke Center.
- Began the work with STEMI Advisory Committee to identify proposed data reporting platforms available.

Please do not hesitate to call me at (916) 875-9753 if you have questions.

Sincerely,


David M. Magnino
EMS Administrator


Hernando Garzon, MD
Medical Director

Attachments:

Trauma System Annual Update
Quality Improvement Program Annual Update
EMS Plan Annual Update
STEMI Critical Care System Annual Update
Stroke Critical Care System Annual Update

Cc: Sandy Damiano, PhD, Deputy Director, DHS, Primary Health

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



A. SYSTEM ORGANIZATION AND MANAGEMENT	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
1.01 Organizational Structure	✓		
1.02 EMS Administration Budget	✓		
1.03 Employment of Medical Director	✓		Established contract with Kaiser Permanente for an half-time medical director
1.04 Medical Control	✓		
1.05 Expert Consultation	✓		
1.06 Public Input on Plans, Policies, Procedures	✓		
1.07 Establishment of Policies, Procedures, Protocols	✓		
1.08 Availability of Policies, Procedures, Protocols	✓		
B. MANPOWER AND TRAINING	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.01 EMT & AEMT Certification in Central EMT Registry	✓		There is no AEMT certified in Sacramento County. There is no plan to implement an AEMT Program in the future.

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.02 EMT & AEMT Discipline	✓		
2.03 EMT & AEMT Certification Status	✓		
2.04 EMT & AEMT Certification Reporting to National Practitioners Database	✓		
2.05 Paramedic Accreditation	✓		
2.06 RN & MICN Standards	✓		
2.07 EMT, AEMT, Paramedic Training Program Compliance	✓		There are no AEMT Training Program(s) in Sacramento County.
2.08 EMT Training Course Challenge	✓		
2.09 EMS Provider Reporting of EMT & AEMT Actions or Omissions	✓		
2.10 Reporting of Paramedic Actions or Omissions	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



B. MANPOWER AND TRAINING (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
2.11 Suspension of Paramedic License			Not Applicable
2.12 Prophylactic Medical Treatment for Public Safety Personnel, Lifeguards, EMTs, AEMTs, & Paramedics	✓		
2.13 Critical Care Paramedic Training & Accreditation		✓	At this time there is no plan to implement Critical Care Paramedic Training
2.14 Training Standards for EMTs & Paramedics Managing Complex Patients	✓		
2.15 Procedures for Management of Complex Patients	✓		
C. COMMUNICATIONS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.01 Review and Approval of Medical Dispatch Centers	✓		
3.02 City and Fire District Dispatch	✓		
3.03 Medical Dispatch Center Protocols	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



C. COMMUNICATIONS (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
3.04 EMD Certification	✓		
3.05 Medical Communication System Plan	✓		
3.06 Emergency System for Inter-hospital Communication	✓		
D. RESPONSE AND TRANSPORTATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
4.01 Primary Response Area		✓	There are no signed ALS Provider Agreements with the ALS Public Safety Providers at this time. We are working with providers to execute agreements.
4.02 Provider Selection	✓		
4.03 Authorization of Advanced EMT & Paramedic Service Providers	✓		
4.04 Advanced Life Support Provider Application	✓		
4.05 Response Time Standards		✓	At this time, Sacramento County does not have Response Time standards established. We currently utilize the National Response Time Standards as bench marks. Plan to implement by end of calendar year 2021.
4.06 System Status Management	✓		
4.07 Creation of Exclusive Operating Area and Approval		✓	Sacramento County is a Non-Exclusive Operating Area. There is no plan to establish Exclusive Operating Areas in the future

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



E. ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
5.01 Hospital and Health Facility Designation	✓		
5.02 Acute Care Facility Assessment and Specialty Care System Development	✓		
5.03 Patient Safety and Non-Permit Facility in Rural Area			Not applicable
5.04 Critical Care System	✓		STEMI and Stroke Critical Care System programs were added in late 2019 with plan approvals by EMSA in December 2019
F. DATA COLLECTION AND EVALUATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.01 Data Management System Compliancy with CEMSIS/NEMSIS	✓		
6.02 Electronic Health Record Data	✓		
6.03 Integrated Data Management System using CEMSIS/NEMSIS	✓		
6.04 Electronic Patient Health Information Exchange		✓	No plan to implement program in near future.

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



F. DATA COLLECTION AND EVALUATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
6.05 Prehospital EMS and Specialty Care Data through CEMIS/NEMIS	✓		
6.06 EMS QA/QI Program	✓		
6.07 EMS Service Provider QI Program	✓		
6.08 EMS Quality Core Measures	✓		
6.09 Ambulance Patient Offload Times		✓	APOT metric set at 20min, in 2019 the 90th Percentile APOT time system wide was: 39min
6.10 Data Collection from Specialty Care Centers		✓	We currently receive data from the three trauma centers. We currently request data to be submitted manually on an as needed basis from STEMI / STROKE hospitals.
G. PUBLIC INFORMATION AND EDUCATION	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.01 Public Information Improvement	✓		
7.02 Program for Public Awareness of EMS System	✓		
7.03 Public Training on First Aid, Bleeding Control, CPR	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



G. PUBLIC INFORMATION AND EDUCATION (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
7.04 Public Education on Injury and Illness Prevention	✓		
7.05 Public Training and Education on Disaster Preparedness	✓		In partnership with County Public Health
H. DISASTER MEDICAL RESPONSE	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.01 Multi-Casualty Response Plans Using ICS/SEMS	✓		
8.02 Medical Response Plans	✓		
8.03 Distribution of Disaster Casualties	✓		
8.04 MHOAC Coordinator	✓		
8.05 Situation Status Reporting & Communication of Emergency Requests	✓		
8.06 Identification of EMS Resources	✓		
8.07 Medical Mutual Aid Agreements	✓		

FORM 1: EMS PLAN SYSTEM ASSESSMENT SUMMARY



H. DISASTER MEDICAL RESPONSE (cont.)	Minimum Standard		Objective If standard not met, explain how and when standard will be met.
	Meets	Does Not Meet	
8.08 Disaster Medical Training of EMTs & Paramedics	✓		
8.9 Integration of Hospitals' Disaster Emergency Plan	✓		
8.10 Development of Medical & Health Disaster Plan	✓		
8.11 Hospital Evacuation	✓		
8.12 Increase in Prehospital EMS Needs	✓		
8.13 Specialty Care Center Role in Disasters	✓		
8.14 Mutual Aid Requests in EOA Areas			Not applicable - Sacramento County is a Non-Exclusive Area.

FORM 3: AMBULANCE OPERATING ZONE SUMMARY FORM



Date: September 15, 2020	
Local EMS Agency or County Name: Sacramento County EMS Agency	
Area Description: (e.g., Zone 1, Zone A) Sacramento County	
Title: Sacramento County	
Geographic Description: (Also attach map) Geographic boundaries of Sacramento County.	
Current Provider Name: (include legal, fictitious, and dba)	
<small>1. Alpha One Ambulance, 2. American Medical Response, Inc. 3. Bay Medic Transportation, 4. California Highway Patrol, Capitol Protection Division, 5. CALSTAR Air Ambulance, 6. Cosumnes CSD Fire District, 7. Falck Ambulance Services, 8. Folsom City Fire Department, 9. Medic Ambulance Services, 10. NorCal Ambulance 11. REACH Air Ambulance, 12. Sacramento City Fire Department, 13. Sacramento Metropolitan Fire District, 14. Trauma Life Care (TLC) Inc., 15. Pro Transport 1 Ambulance, 16. Sacramento Valley Ambulance,</small>	
<input type="checkbox"/> Exclusive <input checked="" type="checkbox"/> Non - Exclusive	
Type of Exclusivity (HSC § 1797.85): (Check all applicable boxes)	
<input type="checkbox"/> Emergency Ambulance <input type="checkbox"/> Advanced Life Support (ALS) <input type="checkbox"/> Limited Advanced Life Support (LALS)	
Scope of Operations: (Check one box)	
<input type="checkbox"/> 9-1-1 Emergency Ambulance <input type="checkbox"/> 7-Digit Emergency Ambulance	
<input type="checkbox"/> ALS Ambulance <input type="checkbox"/> All ALS Ambulance Services (9-1-1, 7-Digit, IFT)	
<input type="checkbox"/> All CCT/ALS Ambulance Services (CCT, 9-1-1, 7-Digit) <input type="checkbox"/> BLS Non-Emergency Services (IFT)	
<input type="checkbox"/> Critical Care Transport <input type="checkbox"/> Standby Service with Transport Authorization	
<input checked="" type="checkbox"/> All Emergency Services (9-1-1, 7-Digit, IFT, CCT, Non-Emergency, Standby Transportation) <input type="checkbox"/> Other	
_____ _____ _____	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Overview

Local EMS Agency: SACRAMENTO COUNTY

Plan Year: 2019

EMS Director/Administrator: DAVID MAGNINO

EMS Medical Director: DR. HERNANDO GARZON

Physical Address: 9616 MICRON AVE. SUITE 960
SACRAMENTO, CA 95827

Type of Agency: County Health Services Agency
 Public Health Department
 Joint Powers Agency
 Non-Health County Department
 Private Non-Profit Entity

Number of Counties in Local EMS Agency: 1

Counties within Regional Agency: _____

Population of EMS system: 1,552,058

Local EMS Agency responsibility: Hospital Preparedness Program
 Public Health Emergency Preparedness Program
 Other: _____

EMS Agency Organization

Organizational Charts Attached: County Structure EMS Agency

EMS Agency Budget

Fiscal Year: 2019-20

Expenses for EMS agency administration services only:

Expense Category	Total
Salaries and Benefits (not contracted staff)	\$ 952,599
Contract Services	\$ 319,065
Services and Supplies	\$ 2,159,241
Total Expenses*	\$ 3,430,905



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Budget (cont.)

Revenue received for EMS agency administration services only:

Revenue Category	Total
County General Fund (local tax funds, county health realignment funds, etc.)	\$ 317,898
County Health Realignment Funds	\$ 0
Maddy EMS Fund (LEMSA discretionary funds only)	\$ 316,451
Grant Revenue	\$ 48,496
Fees	\$ 883,048
Other:	\$ 1,865,012
Total Revenue*	\$ 3,430,905

Provide brief explanation if totals do not equal: _____

EMS Agency Fee Structure

Effective Date of Fees: 07/01/2020

	Item	Fee	Comment
Certifications	First responder certification	\$	
	First responder re-certification	\$	
	EMS dispatcher certification	\$	
	EMS dispatcher re-certification	\$	
	EMT certification	\$ 50.28	
	EMT recertification	\$ 50.28	
	EMT accreditation	\$	
	EMT re-accreditation	\$	
	AEMT certification	\$	
	AEMT recertification	\$	
	Paramedic accreditation	\$ 95.32	
	Paramedic re-accreditation	\$ 95.32	
	MICN/ARN certification	\$ 37.57	
	MICN/ARN recertification	\$ 37.57	
Program Approval	EMR training program approval	\$ 1,575.00	
	EMT training program approval	\$ 1,547.88	
	AEMT training program approval	\$	
	Continuing education provider	\$ 435.48	
	Paramedic training program approval	\$ 8,425.55	
	EMS dispatch program approval	\$	
	MICN/ARN training program approval	\$ 903.31	



TABLE 1: SYSTEM ORGANIZATION AND MANAGEMENT

EMS Agency Fee Structure (cont.)

	Item	Fee	Comment
Designation	Base hospital application	\$	
	Base hospital designation	\$	
	Emergency receiving center designation	\$	
	Pediatric facility approval	\$	
	Pediatric facility designation	\$	
	STEMI/Cardiac center application	\$	
	STEMI/Cardiac center designation	\$ 13,650/\$6,825	In County/Out of County
	Stroke center application	\$	
	Stroke center designation	\$ 13,650/\$6,825	In County/Out of County. Stroke Comp=\$19,425
	Trauma center application	\$	
	Trauma center designation	\$ Varies	Level 1 - UC Davis = \$123,476.90. Level 2: Mercy San Juan=\$67,669.78.Kaiser South=\$67,364.44. Sutter Roseville=\$5,559.96
	Other	Ambulance licensure	\$
Ambulance vehicle permits		\$	
Ambulance franchise fee		\$	
Paramedic course tuition		\$	
Other: _____		\$	

EMS Agency Staffing

Total full-time equivalent (FTE) staff dedicated to EMS administration: 7.5

Roles	Classification	Contract (Yes/No)	FTE	Annual Salary Range	Actual Annual Salary	Benefits (% of Salary)	Benefits (Cost)
EMS Administrator	EMS Administrator	No	1.0	\$ 127,034-\$140,039	\$ 184,617	38 %	\$ 52,971
Asst./Deputy EMS Administrator				\$	\$	%	\$
EMS Medical Director	Medical Director	Yes	0.5	\$ NA	\$ 122,500	0 %	\$ 0
EMS Coordinator	EMS Coordinator	No	1.0	\$ 90,744-\$110,309	\$ 162,457	32 %	\$ 52,148
EMS Specialist	EMS Specialist	No	3.0	\$ 68,716-\$83,520	\$ 111,878-\$128,206	35-38 %	\$ 43,162-44
CQI Coordinator				\$	\$	%	\$
Trauma Coordinator				\$	\$	%	\$
EMS Analyst				\$	\$	%	\$
Senior Procedures Analyst (IT)				\$	\$	%	\$
Administrative Assistant	Administrative Services Office	No	1.0	\$ 79,114-\$96,159	\$ 126,338	24 %	\$ 30,179
Office Assistant III	Sr. Office Assistant	No	1.0	\$ 41,134-\$50,008	\$ 74,305	33 %	\$ 24,297
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$
				\$	\$	%	\$



TABLE 2: MANPOWER AND TRAINING

County: Sacramento

Reporting Year: 2019

EMS Agency Training Program

Do you have a process for approving EMS education programs and for monitoring and withdrawing approvals of the EMS education programs to ensure continued compliance with statute? Yes No

Do you have an EMR Training Program? Yes No

EMS Agency Certification

	EMT - I	EMT - II	EMT - P	MICN	NON-EMT – I (Public Safety)
Total certified	853		829	97	
Number newly certified this year	362		148	22	
Number recertified this year	491		681	75	
Total accredited on July 1 of reporting year	458		477	44	
Number of certification reviews resulting in:					
• Formal investigations	36				
• Probation	4				
• Suspensions	0				
• Revocations	1				
• Denials	6				
• No action taken	13				
Number of personnel authorized/certified in:					
• Early defibrillation					



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4870</u>	Expiration Date of Training Program: <u>7/26/21</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>AlphaOne Ambulance</u>	Phone Number: <u>(916) 216-5602</u>
Address: <u>10451 Old Placerville Road Suite 110</u> <u>Sacramento, CA 95827</u>	Contact Name: <u>Matthew Burruel</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered	0	0	0	0	0	0	0	0	0	0	0	23	2
Number of students completing training	0	0	0	0	0	0	0	0	0	0	0	78	276



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-3000</u>	Expiration Date of Training Program: <u>3/22/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$2,500-4,600</u> Refresher <u>\$46/unit</u>	
Training Institution: <u>American River College</u>	Phone Number: <u>(916) 484-8843</u>
Address: <u>4700 College Oak Drive</u> <u>Sacramento, CA 95841</u>	Contact Name: <u>Dr. Grant Goold</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	8	1			1								5	
Number of students completing training	250	20			30								25	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4930</u>	Expiration Date of Training Program: <u>1/31/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$1400</u> Refresher _____	
Training Institution: <u>California Fire & Rescue Training Authority</u>	Phone Number: <u>(916) 475-1660</u>
Address: <u>3121 Gold Canal Drive</u> <u>Rancho Cordova, CA 95661</u>	Contact Name: <u>Cristy Jorgensen</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	3	2											50	
Number of students completing training	48	0											700	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: _____ 34-3500	Expiration Date of Training Program: _____ 7/26/21
Student Eligibility: _____ Restricted (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input checked="" type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ 1500-13,500 Refresher _____	
Training Institution: _____ California State University, Sacramento (CSUS)	Phone Number: _____ (916) 278-4846
Address: _____ 3000 State University Drive _____ Sacramento, CA 95819	Contact Name: _____ Kim Ramirez

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	9	1			3								1	
Number of students completing training	270	93			93								93	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4910</u>	Expiration Date of Training Program: <u>12/31/20</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic \$ <u>0</u> Refresher _____	
Training Institution: <u>CALSTAR Air Medical LLC</u>	Phone Number: <u>(916) 921-4026</u>
Address: <u>4933 Bailey Loop</u> <u>McClellan, CA 95652</u>	Contact Name: <u>Kim Duggins</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													11	
Number of students completing training													3562	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1030</u>	Expiration Date of Training Program: <u>1/21/22</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>City of Folsom Fire Department</u>	Phone Number: <u>(916) 461-6300</u>
Address: <u>535 Glenn Drive</u> <u>Folsom CA 95630</u>	Contact Name: <u>Mark Piacentini</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														10
Number of students completing training														140



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1090</u>	Expiration Date of Training Program: <u>3/31/22</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Cosumnes Community Services District Fire Department</u>	Phone Number: <u>(916) 405-7125</u>
Address: <u>10573 E. Stockton Blvd.</u> <u>Elk Grove, CA 95624</u>	Contact Name: <u>Juliet Carrington RN</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													15	
Number of students completing training													601	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4900</u>	Expiration Date of Training Program: <u>11/30/20</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$215</u> Refresher _____	
Training Institution: <u>Dignity Health Collaborative Learning Center</u>	Phone Number: <u>(916) 733-6307</u>
Address: <u>1700 Tribute Road</u> <u>Sacramento, CA 95815</u>	Contact Name: <u>Preet Kaur</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													4
Number of students completing training													3247



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4860</u>	Expiration Date of Training Program: <u>3/24/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Disaster Management Assistance Team CA-11</u>	Phone Number: <u>(916) 606-5205</u>
Address: <u>10161 Croydon Way Ste. 2</u> <u>Sacramento, CA 95827</u>	Contact Name: <u>Edward Miles RN</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													15	
Number of students completing training													54	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4920</u>	Expiration Date of Training Program: <u>1/15/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$2990</u> Refresher _____	
Training Institution: <u>International School of Tactical Medicine</u>	Phone Number: <u>(760) 880-4102</u>
Address: <u>2409 Dean Street</u> <u>McClellan CA 95652</u>	Contact Name: <u>Dr. Lawrence Heiskell</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													2	
Number of students completing training													50	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2090</u>	Expiration Date of Training Program: <u>2/29/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>0</u> Refresher <u>0</u>	
Training Institution: <u>Kaiser Permanente Medical Center-North</u>	Phone Number: <u>(916) 200-8303</u>
Address: <u>2525 Morse Ave</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Richard Meidinger</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of students completing training	0	0	0	0	0	0	0	0	0	0	0	0	0	0



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2060</u>	Expiration Date of Training Program: <u>9/29/22</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Kaiser Permanente South Sacramento</u>	Phone Number: <u>(916) 201-4265</u>
Address: <u>6600 Bruceville Road</u> <u>Sacramento, CA 95682</u>	Contact Name: <u>Wendin Gulbransen RN</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													6	
Number of students completing training													111	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-2022</u>	Expiration Date of Training Program: <u>6/16/22</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Mercy San Juan Medical Center-Dignity Health</u>	Phone Number: <u>(916) 962-8721</u>
Address: <u>1650 Coyle Ave</u> <u>Carmichael, CA 95608</u>	Contact Name: <u>Paula Green, RN</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													3
Number of students completing training													140



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4940</u>	Expiration Date of Training Program: <u>5/31/20</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>NORCAL Ambulance</u>	Phone Number: <u>(916) 860-7900</u>
Address: <u>1815 Stockton Blvd</u> <u>Sacramento, CA 95827</u>	Contact Name: <u>Alexander Lee</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													0	
Number of students completing training													0	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4880</u>	Expiration Date of Training Program: <u>8/7/21</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic <u>250</u> Refresher _____	
Training Institution: <u>NORCAL Emergency Medical Training</u>	Phone Number: <u>(916) 787-1787</u>
Address: <u>1512 Eureka Road Ste 105</u> <u>Roseville, CA 95661</u>	Contact Name: <u>Dave Mullarky</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													7	
Number of students completing training													5577	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>01-0053</u>	Expiration Date of Training Program: <u>6/13/23</u>
Student Eligibility: <u>Open</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input type="checkbox"/> Continuing Education
Program Cost: Basic <u>\$1600</u> Refresher _____	
Training Institution: <u>Project Heartbeat</u>	Phone Number: <u>(844) 859-5680</u>
Address: <u>2033 Howe Ave. Ste 150</u> <u>Sacramento, CA 95825</u>	Contact Name: <u>Allan Bulda RN</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered	1	10												
Number of students completing training	23	13												



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-4950</u>	Expiration Date of Training Program: <u>9/19/21</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>River Delta Fire District</u>	Phone Number: <u>(925) 658-0332</u>
Address: <u>16969 Jackson Slough Rd</u> <u>Isleton, CA 95641</u>	Contact Name: <u>Chief Paul Cutino</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													3	
Number of students completing training													3	



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1050</u>	Expiration Date of Training Program: <u>1/26/22</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Sacramento Fire Department</u>	Phone Number: <u>(916) 808-1300</u>
Address: <u>5770 Freeport Blvd Ste 200</u> <u>Sacramento, CA 95822</u>	Contact Name: <u>Brian Pedro</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														35
Number of students completing training														550



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1020</u>	Expiration Date of Training Program: <u>9/20/20</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Sacramento County Airport Fire Department</u>	Phone Number: <u>(916) 874-0651</u>
Address: <u>7201 Earhart Drive</u> <u>Sacramento, CA 95837</u>	Contact Name: <u>Dale Carnes</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	
Number of courses offered													7
Number of students completing training													35



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1010</u>	Expiration Date of Training Program: <u>7/31/22</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic _____ Refresher _____	
Training Institution: <u>Sacramento Metropolitan Fire District</u>	Phone Number: <u>(916) 859-4121</u>
Address: <u>10545 Armstrong Ave Ste 200</u> <u>Mather, CA 95655</u>	Contact Name: <u>Brian Benton</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered														38
Number of students completing training														615



TABLE 2: MANPOWER AND TRAINING

Available Training

Continuing Education Number: <u>34-1160</u>	Expiration Date of Training Program: <u>5/19/21</u>
Student Eligibility: <u>Restricted</u> (Open to general public or restricted)	Program Level: <input checked="" type="checkbox"/> EMT-I <input type="checkbox"/> AEMT <input type="checkbox"/> EMT-P <input type="checkbox"/> EMR <input type="checkbox"/> Public Safety <input type="checkbox"/> First Aid <input checked="" type="checkbox"/> Continuing Education
Program Cost: Basic \$ <u>0</u> Refresher _____	
Training Institution: <u>Walnut Grove Fire District</u>	Phone Number: <u>(916) 257-2734</u>
Address: <u>14160 Grove Street</u> <u>Walnut Grove, CA 95690</u>	Contact Name: <u>Mikaela Stirling</u>

Training Program Statistics for Reporting Year

Initial = In. Refresher = Ref.	EMT-I		AEMT		EMT-P		EMR		Public Safety		First Aid		Continuing Educ.	
	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.	In.	Ref.		
Number of courses offered													1	
Number of students completing training													10	



TABLE 3: COMMUNICATIONS

County: Sacramento County

Reporting Year: 2019

EMS Agency Communications Structure

Number of primary Public Service Answering Points (PSAP):	<u>13</u>
Number of secondary PSAPs:	<u>1</u>
Number of dispatch centers directly dispatching ambulances:	<u>12</u>
Number of EMS dispatch agencies utilizing EMD guidelines:	<u>13</u>
Number of designated dispatch centers for EMS aircraft:	<u>3</u>

Who is your primary dispatch agency for day-to day emergencies?

Sacramento Regional Fire / EMS Communication Center

Do you have an operational area disaster communication system? Yes No

a) Identify the radio primary frequency: 800 MHz Trunked System

b) Identify other methods: Cell Phone, Satellite Phones and Landline

c) Can all medical response units communicate on the same disaster communication system? Yes No

d) Do you participate in the Operational Area Satellite Information System? Yes No

e) Do you have a plan to utilize the Radio Amateur Civil Emergency Services as a back-up communication system? Yes No

1) Within the operational area? Yes No

2) Between operational area and the region and/or state? Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

<p>County: SACRAMENTO</p> <hr/> <p>Dispatch Agency: ALPHAONE AMBULANCE MEDICAL SERVICES, INC.</p> <hr/> <p>Address: 10461 OLD PLACERVILLE ROAD, STE.110</p> <hr/> <p>SACRAMENTO, CA 95827</p> <hr/>	<p>Reporting Year: 2020</p> <hr/> <p>Name of Primary Contact: IVAN DIAZ</p> <hr/> <p>Telephone Number: 916 635-2011</p> <hr/>
--	--

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:					
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day	EMD Training	0	EMT-D	0	ALS	14
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Disaster	BLS	0	LALS	0	Other	0
			Total Number of Dispatchers: 14					

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> County
	<input type="checkbox"/> Other _____	<input type="checkbox"/> State
		<input type="checkbox"/> Fire District
		<input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2019

Dispatch Agency: American Medical Response **Name of Primary Contact:** Timothy Reeser

Address: 1041 Fee Dr **Telephone Number:** 209-420-4218

Sacramento, Ca 95815

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training 77 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 77

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2020

Dispatch Agency: CHP Sacramento Communications Center **Name of Primary Contact:** Ron Wilson

Address: 3165 Gold Center Drive **Telephone Number:** 916-843-3303

Rancho Cordova, CA 95742

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training _____ EMT-D _____ ALS _____

BLS _____ LALS ³ _____ Other _____

Total Number of Dispatchers: _____

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City State Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County:	Sacramento	Reporting Year:	2019
Dispatch Agency:	County of Sacramento, Dept of Airports	Name of Primary Contact:	Phillip Arnold
Address:	6900 Airport Blvd Sacramento, CA 95837	Telephone Number:	916 874 0177

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Day-to-Day <input type="checkbox"/> Disaster	EMD Training ¹⁸ _____	EMT-D _____	ALS _____
			BLS _____	LALS _____	Other _____
			Total Number of Dispatchers: ¹⁸ _____		

Ownership:	If Public:	If Public:
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Fire <input type="checkbox"/> Law <input checked="" type="checkbox"/> Other <small>Airports</small> _____	<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County:	Sacramento	Reporting Year:	2019
Dispatch Agency:	Medic Ambulance Service, Inc.	Name of Primary Contact:	Sandra Whaley
Address:	506 Couch Street	Telephone Number:	916-564-9011
	Vallejo, CA 94590		

Written Contract:	Medical Director:	Availability:	Number of Personnel Providing Services:			
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Day-to-Day	EMD Training	¹⁶ _____	EMT-D _____	ALS _____
<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Disaster	BLS _____	LALS _____	Other _____	
			Total Number of Dispatchers: ¹⁶ _____			

Ownership:	If Public:	If Public:
<input type="checkbox"/> Public	<input type="checkbox"/> Fire	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Private	<input type="checkbox"/> Law	<input type="checkbox"/> County
	<input type="checkbox"/> Other _____	<input type="checkbox"/> State
		<input type="checkbox"/> Fire District
		<input type="checkbox"/> Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No

TABLE 3: COMMUNICATIONS



Dispatch Resource

County: Sacramento **Reporting Year:** 2020

Dispatch Agency: NORCAL Ambulance **Name of Primary Contact:** Ramit Sahi

Address: 1815 Stockton Blvd. **Telephone Number:** 916.380.8280

Sacramento, CA, 95816

Written Contract: Yes No

Medical Director: Yes No

Availability: Day-to-Day Disaster

Number of Personnel Providing Services:

EMD Training 12 EMT-D _____ ALS _____

BLS _____ LALS _____ Other _____

Total Number of Dispatchers: 23

Ownership: Public Private

If Public: Fire Law Other _____

If Public: City County State Fire District Federal

Designated to Coordinate the Use of Air Ambulance or Air Rescue Aircraft: Yes No



TABLE 4: RESPONSE AND TRANSPORTATION

County: Sacramento Reporting Year: 2019

EMS Agency Response

Does the LEMSA have policies for emergency medical transport vehicles at appropriate levels that can be pre-scheduled without negative medical impact?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all emergency medical transport vehicles staffed and equipped according to current state and local EMS agency regulations and appropriately equipped for the level of service provided?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are all qualified EMS first responder agencies (including public safety agencies and industrial first aid teams) integrated into the system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified the availability and staffing of all medical and rescue aircraft for emergency patient transportation within the EMS area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Does the LEMSA have a process for categorizing medical and rescue aircraft and have policies and procedures regarding:		
a) Authorization of aircraft; to be utilized in patient care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b) Requesting of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c) Dispatching of EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d) Determination of EMS aircraft destination?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e) Orientation of pilots and medical flight crews to the local EMS system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f) Addressing and resolving formal complaints regarding EMS aircraft?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Has the LEMSA identified availability/staffing of snow mobiles, and all-terrain and water rescue transportation vehicles?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the LEMSA have a mechanism (e.g. an ordinance and/or written provider agreements) to ensure that EMS transportation agencies comply with applicable policies and procedures regarding system operations and clinical care?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



TABLE 4: RESPONSE AND TRANSPORTATION

EMS Agency Response (cont.)

SYSTEM STANDARD RESPONSE TIMES (90th Percentile) Enter response times in appropriate boxes:	METROPOLITAN/ URBAN	SUBURBAN/RURAL	WILDERNESS	SYSTEMWIDE
BLS & CPR capable first responder				27.66
Limited Advanced Life Support responder				N/A
Advanced Life Support responder				14.58
Transport Ambulance				14.72
Trauma Centers Level I Level II Level III Level IV				13.63 Response time to scene of any patient with +TTC Steps 1/2/3 that were transported to a trauma hospital
Pediatric Hospitals Comprehensive Advanced General Basic				14.67 Response time to scene of Any patient 14 or under transported to a hospital
STEMI Care Center STEMI Receiving Center STEMI Referring Hospital				10.87 Response time to scene of Any patient with a STEMI Primary Impression transported to a PCI center
Stroke Care Center Comprehensive Thrombectomy-Capable Primary Acute Stroke Ready				11.08 Response time to scene of Any patient with a Stroke Primary Impression transported to a Stroke Center



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Alpha One **Response Area:** Sacramento County

Address: 10461 Old Placerville Road Suite 100
Sacramento, CA 95827

Phone Number: 916-635-1111

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 23

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 20

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-51717

Name of ePCR Vendor: Zoll / Image Trend

Contract Dates: Zoll (1/1/2019 - 9/31/2019) / Image Trend (10-1-2019 to 12/31/2019)

Ground Non-Transporting and/or Transporting Agencies

22875 Total number of responses
16551 Number of emergency responses
6324 Number of non-emergency responses

Ground Transporting Agencies

20277 Total number of transports
14156 Number of emergency transports
6121 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 56
 Total number of certified Advanced EMTs in the field: 0
 Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** American Medical Response **Response Area:** Sacramento County

Address: 1101 Fee Dr
Sacramento, CA 95815

Phone Number: 916-563-0600

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 30

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 15

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50088

Name of ePCR Vendor: American Medical Response

Contract Dates: Year 2019 ongoing

Ground Non-Transporting and/or Transporting Agencies

16530 Total number of responses
5515 Number of emergency responses
12619 Number of non-emergency responses

Ground Transporting Agencies

12619 Total number of transports
625 Number of emergency transports
11994 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 51

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 26



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Bay Medic **Response Area:** Sacramento County
Address: 7917 Fruitridge Rd
Sacramento, CA 95820
Phone Number: 916-689-9000

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 3
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 2
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown
Number of Helicopters based in this LEMSA's jurisdiction: _____

Ambulance Strike Team Participant: Yes No

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50120

Name of ePCR Vendor: Traumasoft, LLC

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

976 Total number of responses
4 Number of emergency responses
972 Number of non-emergency responses

Ground Transporting Agencies

905 Total number of transports
4 Number of emergency transports
901 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 30

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 6



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** California Highway Patrol **Response Area:** Capital Protection Services Divi

Address: 1801 9th Street
Sacramento, CA 95814

Phone Number: 916-843-3300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: 0

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50181

Name of ePCR Vendor: Image Trend, Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 2



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** California Highway Patrol **Response Area:** California Highway Patrol Headquarters

Address: 601 North 7th Street
Sacramento, CA 95811

Phone Number: 916-843-3300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 0

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 0

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSAs jurisdiction: 0

Written ALS Agreement with LEMSAs to Participate in EMS System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of Service: <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT
			Other Specialty Services (water, snow, etc.): _____ _____
<input type="checkbox"/> Non-Ambulance Medical Transport Services			<input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50181

Name of ePCR Vendor: Image Trend, Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

0 Total number of responses
0 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

0 Total number of transports
0 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 3



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Cosumnes Fire Department **Response Area:** Elk Grove, Gall, Unincorporated areas of Sacramento County.

Address: 10573 E. Stockton Blvd
Elk Grove, CA 95624

Phone Number: 916-747-7906

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 14

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: _____

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: 0

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>Water</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50309

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

20791 Total number of responses
20791 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

12342 Total number of transports
12342 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 52

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 116



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Falck **Response Area:** Sacramento County

Address: 4604 Roseville Rd. Suite 105
Sacramento, CA 95660

Phone Number: 707-732-1798

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 20

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 12

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50983

Name of ePCR Vendor: Zoll

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

11847 Total number of responses
32 Number of emergency responses
11815 Number of non-emergency responses

Ground Transporting Agencies

11227 Total number of transports
30 Number of emergency transports
11197 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: Unknown

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: Unknown



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Folsom Fire Department **Response Area:** Folsom
Address: 535 Glenn Dr.
Folsom, CA 95630
Phone Number: 916-461-6300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 5
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 3
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: 0
Number of Helicopters based in this LEMSA's jurisdiction: 0

Ambulance Strike Team Participant: Yes No

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>Water</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50402

Name of ePCR Vendor: Zoll / Image Trend, Inc

Contract Dates: Zoll - 1-1-2019 to 9-30-2019 / Image Trend, Inc. - 1-10-2019 to 12-31-2019

Ground Non-Transporting and/or Transporting Agencies

9443 Total number of responses
9443 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

5375 Total number of transports
5375 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 5

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 64



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Medic Ambulance **Response Area:** Sacramento County

Address: 8689 Folsom Blvd
Sacramento, CA 95691

Phone Number: 916-949-2432

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 12

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 6

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
--	---	--	---



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	--	---

Provider Resource (cont.)

CEMSIS Provider ID #: S34-50600

Name of ePCR Vendor: W.A.T.E.R.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

4631 Total number of responses
1279 Number of emergency responses
3352 Number of non-emergency responses

Ground Transporting Agencies

4051 Total number of transports
69 Number of emergency transports
3982 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 56

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** NorCal Ambulance **Response Area:** Sacramento County

Address: 1815 Stockton Blvd
Sacramento, CA

Phone Number: _____

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 6

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 4

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: Unknown

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: _____

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): _____</p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	--	---

Provider Resource (cont.)

CEMSIS Provider ID #: S34-50672

Name of ePCR Vendor: Forte Holdings Inc

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

22123 Total number of responses
330 Number of emergency responses
21793 Number of non-emergency responses

Ground Transporting Agencies

18553 Total number of transports
229 Number of emergency transports
18234 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 125

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 10



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Pro Transport **Response Area:** Sacramento County
Address: 191 Lathrop Way Suite N
Sacramento, CA 95815 **Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet:** 36
Phone Number: 800-650-4003 **Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day:** 18
Ambulance Strike Team Participant: Yes No **Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans:** Unknown
Number of Helicopters based in this LEMSA's jurisdiction: _____

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
--	---	--	--



TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	---	--	---

Provider Resource (cont.)

CEMSIS Provider ID #: S34-50771

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

18107 Total number of responses
106 Number of emergency responses
18001 Number of non-emergency responses

Ground Transporting Agencies

18082 Total number of transports
127 Number of emergency transports
17955 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: _____

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: _____



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Reach **Response Area:** Sacramento
Address: 10034 Missile Way
Mather, CA 95655
Phone Number: 916-921-4000

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 1
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 1
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: _____
Number of Helicopters based in this LEMSA's jurisdiction: 1

Ambulance Strike Team Participant: Yes No

Written ALS Agreement with LEMSA to Participate in EMS System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> BLS <input checked="" type="checkbox"/> CCT <input checked="" type="checkbox"/> IFT Other Specialty Services (water, snow, etc.): _____ <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: S34-50779

Name of ePCR Vendor: ImageTrend, Inc.

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

Ground Transporting Agencies

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Transporting Services

676 Total number of responses
676 Number of emergency responses
0 Number of non-emergency responses

348 Total number of transports
348 Number of emergency transports
0 Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 0

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 4



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Fire Department **Response Area:** Sacramento County
Address: 3230 J. St.
Sacramento, CA
Phone Number: 916-808-1300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 25
Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 17
Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: _____
Number of Helicopters based in this LEMSA's jurisdiction: _____

Ambulance Strike Team Participant: Yes No

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p> Other Specialty Services (water, snow, etc.): <u>Water</u> _____ _____ </p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input type="checkbox"/> Fire District	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: Stryker

Name of ePCR Vendor: S34-50810

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

96125 Total number of responses
57179 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

42651 Total number of transports
42651 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 456

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 112



TABLE 4: RESPONSE AND TRANSPORTATION

Provider Resource

County: Sacramento **Provider:** Sacramento Metropolitan Fire District **Response Area:** Sacramento County

Address: 10545 Armstrong Ave #200
Mather, CA 95655

Phone Number: 916-859-4300

Number of Ambulances, Air Rescue, or Air Ambulance Vehicles in fleet: 42

Average number of Ambulances and/or Air Rescue Vehicles/Air Ambulances on duty at 12:00 p.m. (noon) on any given day: 28

Number of Non-Ambulance Medical Transport Litter Vans (gurney van) and/or wheelchair vans: _____

Ambulance Strike Team Participant: Yes No

Number of Helicopters based in this LEMSA's jurisdiction: 1

<p>Written ALS Agreement with LEMSA to Participate in EMS System:</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>Medical Director:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>System Available 24 Hours:</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Level of Service:</p> <p> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> LALS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> BLS <input type="checkbox"/> CCT <input type="checkbox"/> IFT </p> <p>Other Specialty Services (water, snow, etc.): <u>Water</u></p> <p> <input type="checkbox"/> Non-Ambulance Medical Transport Services <input type="checkbox"/> Litter/Gurney Van <input type="checkbox"/> Wheelchair Van </p>
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TABLE 4: RESPONSE AND TRANSPORTATION

Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> State <input type="checkbox"/> Federal	<input type="checkbox"/> County <input checked="" type="checkbox"/> Fire District	If Air: <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Provider Resource (cont.)

CEMSIS Provider ID #: ImageTrend, Inc.

Name of ePCR Vendor: S34-50811

Contract Dates: 2019

Ground Non-Transporting and/or Transporting Agencies

97478 Total number of responses
97478 Number of emergency responses
0 Number of non-emergency responses

Ground Transporting Agencies

46954 Total number of transports
46954 Number of emergency transports
0 Number of non-emergency transports

Air Transporting Services

187 Total number of responses
187 Number of emergency responses
0 Number of non-emergency responses

3 Total number of transports
3 Number of emergency transports
0 Number of non-emergency transports

Provider Staff Information

Total number of certified EMTs in the field: 85

Total number of certified Advanced EMTs in the field: 0

Total number of certified/accredited Paramedics in the field: 470



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

County: Sacramento

Reporting Year: 2019

EMS Agency Facility Details

Are there established guidelines, developed in partnership with acute care hospital administrators, physicians, and nurses, that identify patients who should be considered for transfer to facilities of higher capability? Yes No

Is there collaboration with acute care hospital administrators, physicians, and nurses to establish transfer agreements for patients who should be considered for transfer to facilities of higher capability? Yes No

Is there a process to ensure that all base hospital personnel who provide medical direction to prehospital personnel are knowledgeable about LEMSA policies and procedures and have training in radio communications techniques? Yes No

Is there a process to ensure that all alternative base station personnel who provide medical direction to prehospital personnel are knowledgeable about the EMS Agency's policies and procedures? Yes No

a) Do the base station personnel have training in radio communications? Yes No

EMS Agency Facility Statistics

Emergency Departments

Total number of emergency departments: 9

Total number of comprehensive emergency services: 9

Total number of basic emergency services: _____

Total number of standby emergency services: _____

Hospitals with Written Agreements

Total number of receiving hospitals: 9

Total number of base hospitals: 4

Alternative Receiving Facilities

Do you have designated alternative receiving facilities? Yes No

Number of alternate receiving facilities:

Psychiatric: _____ Sobering Centers: _____ Rural Area _____

Specialty Care System

Do you have a trauma system? Yes No

Do you have a ST-Elevation Myocardial Infarction (STEMI) system? Yes No



TABLE 5: ASSESSMENT OF HOSPITALS AND CRITICAL CARE CENTERS

EMS Agency Facility Statistics (cont.)

Do you have a stroke system? Yes No

Do you have an EMS for children system? Yes No

EMS Agency Specialty Care System Capabilities

Number of *trauma* centers:

Level I ¹ _____ Level II ² _____ Level III _____ Level IV _____

Number of pediatric trauma centers:

Level I ¹ _____ Level II _____

Number of EMS patients meeting trauma triage criteria: _____ 2108

a) Transported to a trauma center by ambulance: _____ 2099

b) Not transported to a trauma center: _____ 9

Number of trauma patients transferred to a trauma center for a higher level of care: _____

a) From a non-trauma facility: _____ 128

b) From a lower level trauma center: _____ 11

Number of *STEMI* centers/hospitals designated by EMS Agency: _____

Receiving: ⁵ _____ Referring: _____

Number of *stroke* centers/hospitals (third party accreditation only):

Comprehensive: ¹ _____ Thrombectomy Capable: _____

Primary: ¹⁰ _____ Acute Stroke Ready: _____

Number of *pediatric* receiving centers:

Comprehensive: ¹ _____ General: _____ Advanced: _____ Basic: _____



TABLE 6: PUBLIC INFORMATION AND EDUCATION

County: Sacramento

Reporting Year: 2019

Public Information, Education, and Awareness

Number of programs EMS Agency provided to the public:

<u>3</u> EMS Awareness	<u>1</u> Bleeding Control
<u>1</u> First Aid	<u>3</u> CPR
<u>5</u> Prevention Activities	<u>3</u> Disaster Preparedness

Injury & Illness Prevention

Number of programs EMS Agency provided to the public:

<u> </u> Alcohol & Substance Abuse	<u>13</u> General Injury
<u> </u> Asthma Control	<u>2</u> Home Safety
<u>1</u> Bicycle Safety	<u> </u> Infant Safe Sleep Practices
<u>2</u> Burn Prevention	<u>1</u> Mental Health
<u>1</u> Child Passenger Safety	<u> </u> Obesity
<u> </u> Childhood Immunizations	<u>1</u> Pedestrian Safety
<u> </u> Diabetes	<u>1</u> POLST/End of Life Care
<u>1</u> Distracted Driving	<u> </u> Poison Control & Prevention
<u> </u> Dog Bite Prevention	<u> </u> Product Safety & Recalls
<u> </u> Elderly Falls	<u>1</u> Suicide Prevention
<u> </u> Firearm Safety	<u>1</u> Water Safety
<u>3</u> General Health	<u>1</u> Youth Violence Prevention



TABLE 7: DISASTER MEDICAL RESPONSE

County: Sacramento

Reporting Year: 2019

EMS Agency Structure

Are you part of a multicounty EMS system for disaster response? Yes No

Are you a separate department or agency? Yes No

a) To whom do you report? Department of Health Services

If your agency is not within the health department, do you have a plan to coordinate public health and environmental health issues with the health department? Yes No

What healthcare coalitions are you participating in? Sacramento County Health Care Coalition

a) How often do you meet with your healthcare coalitions? Monthly

Do you have connection with your local Disaster Healthcare Volunteer Administrators in your jurisdiction? Yes No

List all neighboring counties which you have written cooperative agreements and/or medical mutual aid/assistance agreements with:
Yolo County

EMS Agency Plans, Policies, Programs, and Teams

Do you have the following:

a) Disaster Plan? Yes URL Link: https://dhs.saccounty.net/PRI/EMS/Docu No

b) Active Shooter Policy? Yes URL Link: _____ No

c) Hazardous Material (Hazmat) Plan? Yes URL Link: _____ No

d) Disaster Medical Cache? Yes URL Link: _____ No

e) Disaster Medical Support Group? Yes URL Link: _____ No

f) Medical Assets? Yes URL Link: _____ No

g) Incident Command Organization Chart? Yes URL Link: _____ No

h) Communications Plan? Yes URL Link: _____ No

i) Ambulance Strike Team Leader Program? Yes No

j) EMS Authority Affiliated Strike Teams (includes a Disaster Medical Support Unit)? Yes No

Identify the provider: _____



TABLE 7: DISASTER MEDICAL RESPONSE

EMS Agency System Operations and Resources

Do you have designated field treatment sites? Yes No

a) Identify the locations: _____

b) How are they staffed? _____

c) Is there a supply system for supporting them for 72 hours? Yes No

Is there a mental/behavioral health program available for responders within your jurisdiction? Yes No

a) Identify the program: EMS Providers Employee Assistance Program _____

Is there a team medical response capability? Yes No

a) For each team, are they incorporated into the local response plan? Yes No

b) Are they available for statewide response? Yes No

c) Are they part of a formal out-of-state response system? Yes No

Are there HazMat trained medical response teams? Yes No

a) At what HazMat level are they trained? FRO- Haz Tech _____

b) Is there capability to do decontamination in an emergency room? Yes No

c) Is there capability to do decontamination in the field? Yes No

Identify who the Medical Health Operational Area Coordinator is:

Health Officer EMS Agency Jointly Appointed

Do you have specific training for mass casualty incident policies? Yes No

Are you using the Standardized Emergency Management System (SEMS)? Yes No

a) Does it incorporate a form of Incident Command System (ICS) structure? Yes No

Are you integrated in the Medical/Health Branch of the Operation Section in each operational area Emergency Operations Center within your jurisdiction? Yes No

Have you tested your multicasualty incident plan this year? Yes No

a) Was it a real event? _____

b) Was it an exercise? Tabletop Exercise _____

Do you have formal agreements with the following in your operational area to participate in disaster planning and response:

a) Hospitals? Yes No

b) Community Clinics? Yes No

SACRAMENTO COUNTY
2019 TRAUMA SYSTEM ANNUAL UPDATES
October 15, 2020

In accordance with established guidelines, submitted is the annual update to the Sacramento County Trauma Care System Plan.

Trauma System Summary

The Sacramento County Trauma Care System is a network of three in county and one out-of-county trauma centers. Sacramento County Emergency Medical Services Agency (SCEMSA) designates trauma centers to provide emergency medical care to any patient evaluated by prehospital emergency medical service personnel and requiring transportation to a trauma center.

The system undergoes review on a continuous basis. Reviews include quarterly meetings of the Trauma Review Committee (TRC). Trauma surgeons and other professionals within Sacramento County and nearby counties conduct the meetings.

Changes in Trauma System

SCEMSA amended the Hemorrhage in Trauma Policy to include the use of Tranexamic Acid (TXA) in non-compressible torso hemorrhage. The change became effective March 1, 2019. SCEMSA removed the use of vehicle speed greater than 40 MPH as a Trauma Triage Criteria guideline. Flail chest practice to use a hand or pillow to stabilize the area or make patient more comfortable was removed from pediatric Trauma Policy #9017 and from Trauma Policy #8015.

Number and Designation Level of Trauma Centers

No potential problems or pending changes in designation currently exist for any of the trauma centers listed below.

In County:

University of California Davis
Medical Center
2315 Stockton Boulevard
Sacramento, CA 95817
(916) 734-2011
Level I Trauma Center (Adult and
Pediatric)

Kaiser Permanente Medical Center - South
Sacramento
6600 Bruceville Road
Sacramento, CA 95823
(916) 688-2000
Level II Trauma Center

Mercy San Juan Medical Center
6501 Coyle Avenue
Carmichael, CA 95608
(916) 537-5000
Level II Trauma Center

Out-of-County:
Sutter Roseville Medical Center
One Medical Plaza
Roseville, CA 95661
(916) 781-1200
Level II Trauma Center

**Sacramento County
2019 Trauma System Annual Updates**

Trauma System Goals and Objectives

The Trauma System is a network of dedicated professionals in the prehospital and hospital settings tasked with maintaining or expanding our region-wide Trauma Review Committee (TRC) forum through ongoing communication and teamwork. The focus is to enable detailed review and analysis of filtered, unexpected surgical outcomes and comprehensive data collaboration.

1. *Improve mechanisms to ensure continuing compliance with trauma care system standards through continuous quality improvement (CQI) activities and data collection from both designated trauma centers and non-trauma centers.*

The TRC reviews local trauma protocols and policies, making suggestions for ongoing trauma care improvement in the prehospital setting. The TRC provides unique educational opportunities to physicians and administrators throughout the region and has been in place for nearly two decades. Contributing participants include trauma managers and surgeons from Sacramento, El Dorado, Placer, San Joaquin, and Yolo counties, as well as regional forensic pathologists.

2. *Improve integration and coordination of trauma services within the emergency medical services system through continued data collection, analysis and trauma system policy development through advisory committees.*

Inland Counties Emergency Medical Agency (ICEMA) functions as the repository of the Sacramento County trauma and EMS data. Under this system, trauma centers and EMS providers submit data directly to ICEMA, which hosts the California Emergency Medical Services Information System (CEMSIS). This allows SCEMSA to review data as it is submitted, decreasing the time between submission, analysis, and review at advisory meetings.

SCEMSA works closely with the three Sacramento County trauma centers to identify and correct any software issues associated with the direct submission of data to CEMISIS. Staff works to develop reports incorporating the data fields requested from the TRC.

Sacramento County 2019 Trauma System Annual Updates

Figures 1, 2 & 3 illustrate incidents for EMS originating patients per hospital. Red indicates number of patients that met Trauma Triage Criteria transported to each hospital. In the majority of cases involving patients taken to non-trauma hospitals, paramedics identified and documented paramedic judgement or high-speed motorized vehicle accidents.

Figure 1

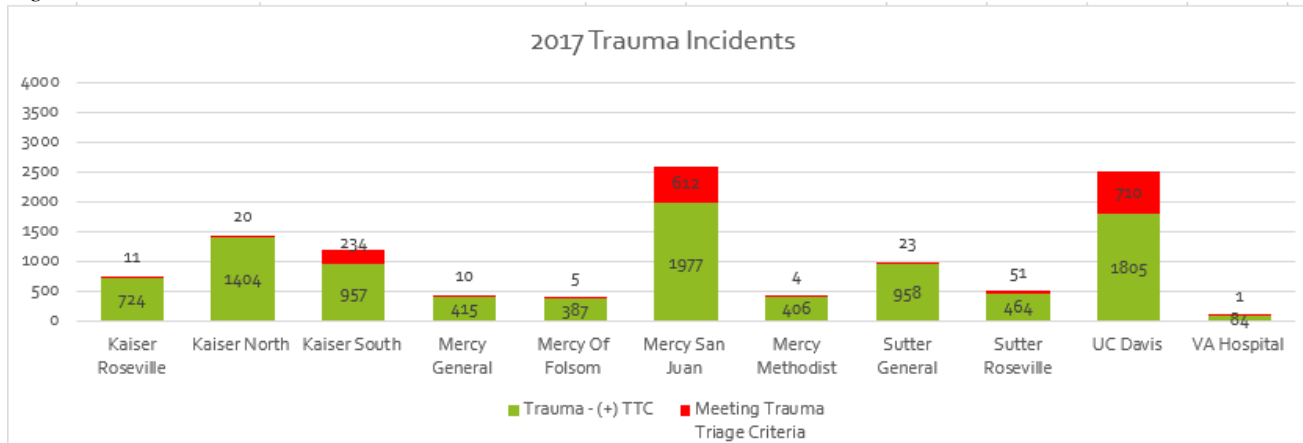


Figure 2

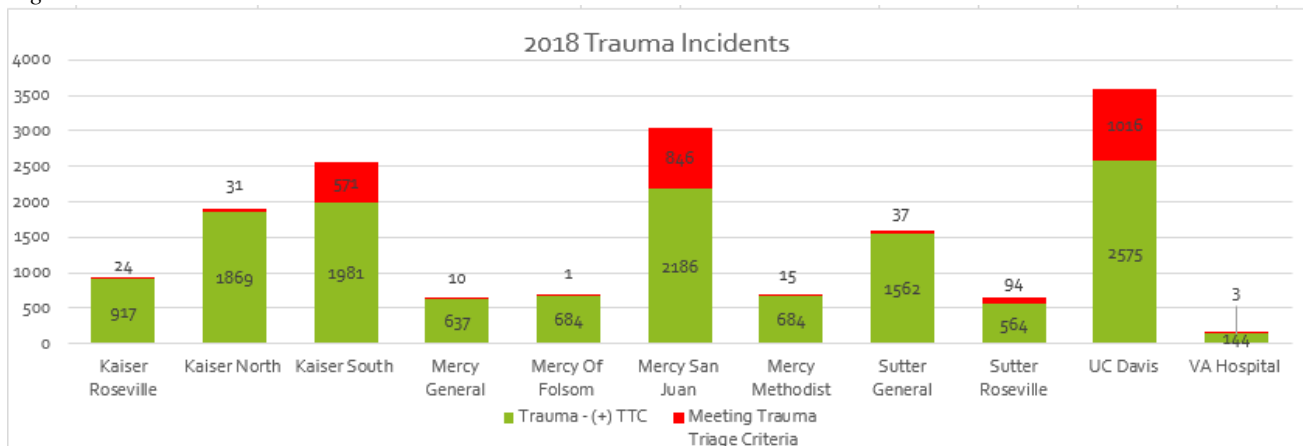
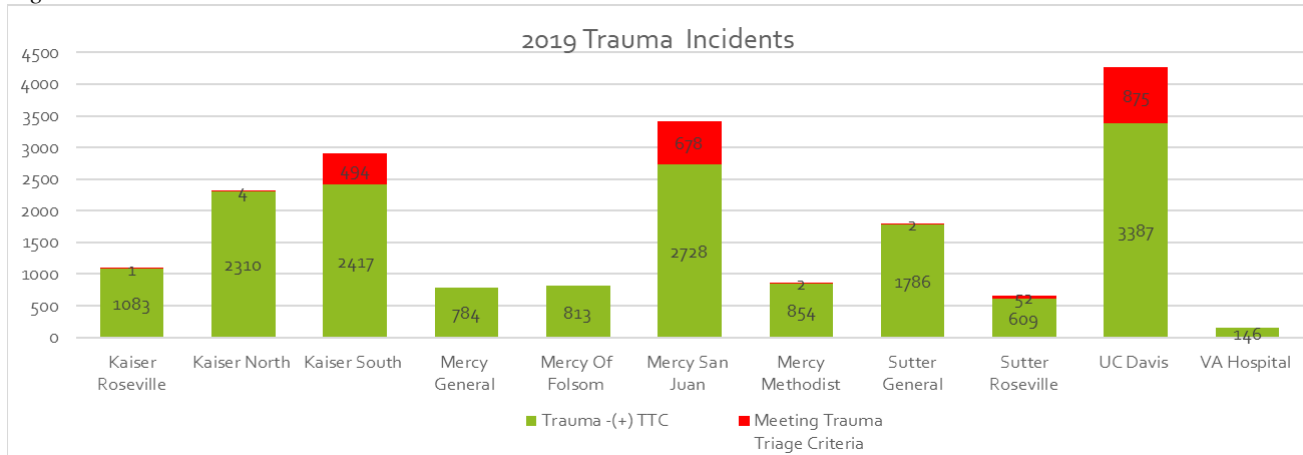


Figure 3



Sacramento County 2019 Trauma System Annual Updates

3. *Improve coordination of local trauma activities with trauma services, in adjacent counties, through involvement in CQI activities with out-of-county trauma centers and trauma systems.*

SCEMSA supports and participates in the North Regional Trauma Coordinating Committee (RTCC), resulting in improved communication among the North RTCC, out-of-county trauma centers, and the EMS Agency. The SCEMSA Administrator chairs the prehospital subcommittee at the request of North RTCC Chairman, Dr. David Shatz, and University of California (UC) Davis Medical Center.

4. *Improve accountability and objective evaluation of the trauma care system through data collection and analysis, utilizing a trauma registry and an audit and review process.*

In addition to ongoing local and regional trauma data review and analysis, each Sacramento County designated trauma center data registry undergoes inspection every three (3) years. An independent, nationally recognized team of trauma surgeon experts from American College of Surgeons, Committee on Trauma (ACSCOT) conducts the inspections. Members of the inspection team review a sampling of patient charts. Data records undergo review for appropriateness and inform improvement to practice when indicated.

Inspections by American College of Surgeons for calendar year 2019 included the following:

- Kaiser Permanente Medical Center - South Sacramento – Inspected in January 2019 and re-verified as a Level 2 Trauma Center. Verification valid for a period of three (3) years.

Changes to Implementation Schedule

No changes in the current implementation schedule.

System Performance Improvement

1. *Objectives, goals and RTCC meetings (January, May and September) enable improvement achievements. The trauma system review process is evolving as a tool to provide system wide improvement by:*

Policy updates:

8065- **Hemorrhage in Trauma** – In 2018 SCEMSA submitted a request for optional use of Tranexamic Acid (TXA) in non-compressible torso hemorrhage. EMSA approved the request on April 4, 2019. The policy change was effective July 15, 2019.

5053- **Trauma Triage Criteria** – On November 21, 2019, the TRC discussed and decided to remove the use of vehicle speed greater than 40 MPH as a Trauma Triage Criteria guideline. Change effective June 1, 2020.

8015- **Trauma** – On August 15, 2019, the TRC recommended removing the Flail Chest section from treatment options. Change effective June 1, 2020.

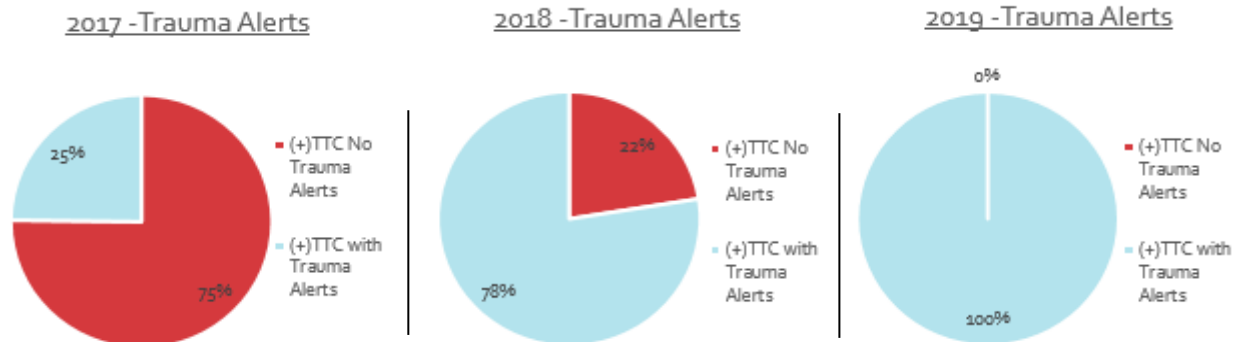
**Sacramento County
2019 Trauma System Annual Updates**

Data submission and presentation: EMS Specialist oversees the CQI Program and conducts data collection and presentation. The specialist works with trauma hospitals and surgeons to identify relevant indicators to improve the trauma system. Indicators include:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Mechanism of injury • Mode of Arrival • Inter Facility Transports Data • Patient Age | <ul style="list-style-type: none"> • Injury Severity Score Range • Emergency Department Disposition • Hospital Discharge Disposition |
|---|---|

Prehospital Documentation

SCEMSA worked closely with the EMS providers to improve documentation practices and ensure EMS completes prehospital Trauma Alerts on patients with positive Trauma Triage Criteria. Marked improvement occurred in each year after 2017, as shown below:



In 2017, prehospital providers documented 1,681 EMS incidents as positive trauma triage criteria. Of these, only 417 received a Trauma Alert notification. In 2018, prehospital providers documented 2,648 incidents as trauma triage criteria. Of these, 2,053 incidents received a Trauma Alert notification, representing a 393 percent increase in pre-alert notifications for trauma. In 2019, every patient meeting trauma triage criteria had a documented trauma alert.

Sacramento County
2019 Trauma System Annual Updates

TRC Recommendations: The TRC made a recommendation to remove from the Trauma Policy the treatment option listed as the Flail Chest. Change effective June 1, 2020.

2. *Consider adding outcome measures so that some benchmarking can be done not only within the county and its Trauma Centers but also through your multicounty PI process.*

San Joaquin General Hospital's trauma program has a continuous invitation to attend quarterly TRC and North RTCC meetings.

Trauma System participants regularly review outcome data to improve system performance. Data elements include:

- Prehospital scene times
- Wait time for inpatient rehabilitation beds for traumatic brain injury and spinal cord injury patients
- Secondary transfers of pediatric traumas
- Under-triage for trauma patients

SCEMSA participates in the State's Re-Triage study to assist in data collection. The focus for this study is to improve time to definitive care in the trauma center. SCEMSA will continue its participation.

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In accordance with State of California Title 22 – Division 9, Chapter 12, EMS System Quality Improvement.

Quality Improvement Program (Quality Improvement Plan or QIP)

The QIP provides comprehensive evaluations of prehospital patient care. Participants include representatives in communications, public and private transportation, Emergency Medical Services (EMS) training, and hospital emergency medical care. The QIP identifies areas needing improvement, takes steps to correct deficiencies, and recognizes excellence in performance and delivery of care.

Description of Agency

Sacramento County Emergency Medical Services Agency (SCEMSA) is located at 9616 Micron Ave, Suite 960, Sacramento, CA and oversees the hospitals and emergency medical providers servicing the Sacramento County area. Sacramento does not hold any Exclusive Operating Area (EOA) agreements. We are an equal opportunity county and strive for equality and transparency within the Agency.

Providers within the Sacramento County EMS System include:

- Twenty-one (21) approved prehospital EMS Providers
- Nine (9) hospitals including three (3) trauma centers
- Forty-seven (47) Training Programs consisting of Emergency Medical Technician, Paramedic, Mobile Intensive Care Nurse, Continuing Education and Title 22, Division 9, Chapter 1.5 Optional Scope program that includes naloxone administration by Law Enforcement First Responders.

2019 Overview

SCEMSA continues to work diligently to define consistent documentation standards and improve the quality and accuracy of data reporting capabilities to meet or exceed the State of California standards. With ten (10) different ePCR platforms in use, every provider is submitting data to the CA EMS Information System (CEMSIS) using the latest Schematron on each ePCR platform. As an extension to the data initiative established in 2017, SCEMSA has implemented the Cause of Injury / Symptoms / and Location Lists released by EMS Authority (EMSA). We continue to monitor documentation compliance and trend improvements via QI Audits and documentation dashboards in system monitoring.

2019 Update

The Technical Advisory Group (TAG) is the multi-stakeholder group that advises the Quality Improvement Program (QIP). During 2019, the TAG continued to focus on optimizing data collection and documentation practices to provide the highest quality data for quality improvement.

TAG Developments / Focus 2018:

- Medications / Procedures / Hospital Codes
- Sepsis Dashboard
- STEMI Dashboards
- Stroke Dashboard

TAG Developments / Focus 2019:

- Cardiac Dashboard
- Focus on faxing ECGs to receiving PCI facilities
- Monitoring new medications and changes in policy to measure their efficacy

SACRAMENTO COUNTY
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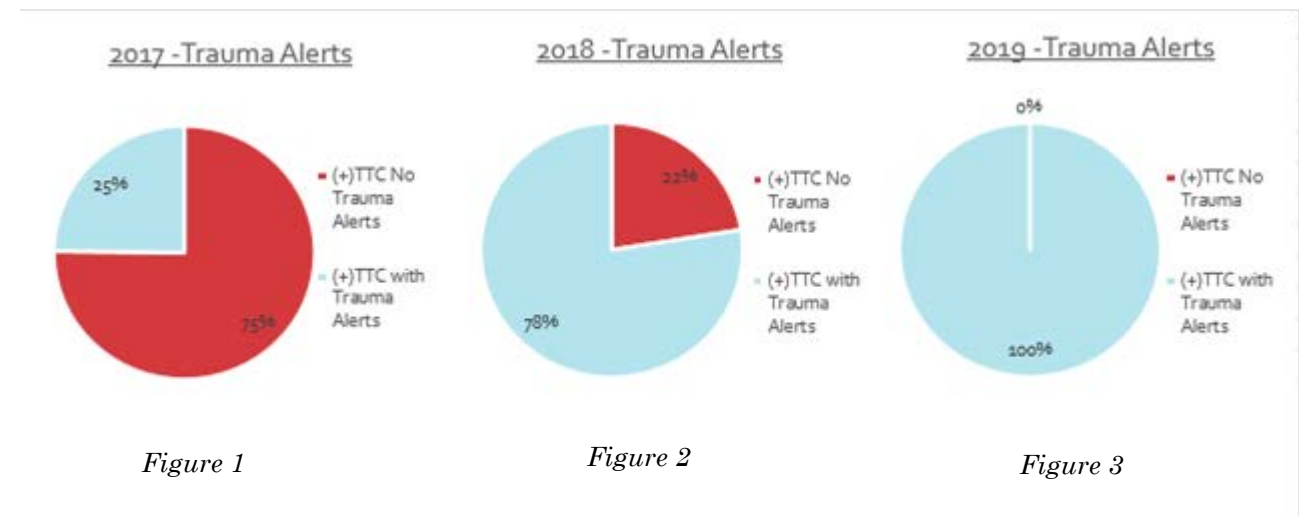
Medical and Operational Advisory Committee (MAC/OAC)

The MAC/OAC includes all system wide stakeholders and provides input on education, training, quality improvement, and data collection. Accomplishments in 2019 include:

- Addressing system challenges
- Policy reviews and updates
- Optional Scope Policy Reviews
- Implementation of policies
- Education and training for new equipment

Trauma Alerts

Progress includes Prehospital Trauma Alert notifications in patients with positive Trauma Triage Criteria. Marked documentation progress is shown below:



During 2017 there were 1,681 EMS incidents documented as positive trauma triage criteria, of which only 417 received a Trauma Alert notification. In 2018 there were 2,648 incidents documented as trauma triage criteria, of which 2,053 incidents (78%) received a Trauma Alert notification. In 2019 there were 2,108 incidents meeting critical trauma triage criteria with 100% documented trauma alert.

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Cardiac Arrest Dashboards

The Cardiac Arrest dashboard (Figure 4) monitors incidents of cardiac arrest and treatment. The table shows improvement throughout the year in Pre-Arrival Alert notifications. There was also marked improvement in the documentation of airway management and a decrease in items not recorded.

Year / Month	19 Feb	19 Mar	19 Apr	19 May	19 Jun	19 Jul	Aug/Sept	19 Oct	Nov	Targets
Cardiac Arrest	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	SYSTEM TOTAL	
Total # of field CPA, by Primary Impression of CPA	119	142	131	133	141	350	108	113		
Average response time for ALL CPAs (unit dispatched to EMS at patient side)	6.92	6.88	6.56	6.59	7.14	7.17	8.63	6.5		
TOTAL # resuscitated (eArrest.03)	85	101	99	93	132	266	100	102		
EMS resusc efforts NOT documented in eArrest.03- Not Recorded	7	15	9	2	8	42	2	0	0	0
% of CPAs resuscitated by EMS	71.43%	71%	75.57%	69.92%	93.62%	76%	92.59%	90.27%		
TOTAL # of resuscitated patients who were transported (by eDisposition.02)	62	79	69	64	77	195	69	72		
Ave Scene time for Transported patients (at patient side to unit left scene)	13.92	12.47	12.78	15.57	11.96	13.49	13.73	13.36		
Ave Transport time for Transported patients (left scene to arrived at destination)	9.09	8.67	8.51	9.33	9.17	8.71	9.34	8.38	0	
Pre-Arrival CPR (eArrest.05)										
Pre-arrival CPR on resuscitated patients - YES (eArrest.05)	55	65	78	68	63	179	61	52		
Pre-arrival CPR on resuscitated patients - NO (eArrest.05)	59	72	50	64	77	161	47	61		
Pre-arrival CPR on resuscitated patients - Not recorded (eArrest.05)	5	4	3	1	2	10	0	0	0	0
Presenting Rhythm on resuscitated patients (eArrest.11)										
Presenting Rhythm on resuscitated patients - Asystole (eArrest.11)	75	89	84	79	81	193	70	63		
Presenting Rhythm on resuscitated patients - PEA (eArrest.11)	19	18	15	20	18	46	16	21		
Presenting Rhythm on resuscitated patients - VF (eArrest.11)	11	10	12	11	18	40	12	15		
Presenting Rhythm on resuscitated patients - Pulseless VT (eArrest.11)	1	1	1	0	2	5	1	2		
Presenting Rhythm on resuscitated patients - unkn AED non-shockable (eArrest.11)		1			0	0	2			
Presenting Rhythm on resuscitated patients - unkn AED shockable (eArrest.11)	0	2	0	1	0	1	2	0		
Not Applicable - Not Attempted - Considered Futile	N/A	N/A	N/A	N/A	N/A		19			
Presenting Rhythm on resuscitated patients - Not Recorded (eArrest.11)	8	21	19	22	22	46	5	8	0	0
ROSC on Resuscitated Patients (eArrest.12)										
Any ROSC on Resuscitated Patients - Yes, at ED arrival (eArrest.12)	7	3	5	6	9	11	2	4		
Any ROSC on Resuscitated Patients - Yes, prior to ED arrival (eArrest.12)	6	14	18	19	20	42	23	15		
Any ROSC on Resuscitated Patients - Yes, sustained for 20 min (eArrest.12)	4	1	2	4	4	14	4	1		
Total Patients with ROSC	17	18	25	29	33	67	14	20		
% of ROSC	14.29%	12.68%	19.08%	21.80%	23.40%	19.14%	12.96%	17.70%		
Any ROSC on Resuscitated Patients - No (eArrest.12)	97	99	101	101	105	270	79	56		
Any ROSC on Resuscitated Patients - Not Recorded (eArrest.12)	5	5	5	3	3	13	0	37	0	0
Cardiac Arrest patient Outcome at End of EMS Event (eArrest.18)										
Cardiac Arrest patient Outcome at End of EMS Event - Expired in ED	14	20	14	10	19	59	15	17		
Cardiac Arrest patient Outcome at End of EMS Event - Expired in the Field	43	45	55	57	48	116	34	38		
Cardiac Arrest patient Outcome at End of EMS Event - Ongoing Resuscitation in ED	35	41	37	37	41	105	45	38		
Cardiac Arrest patient Outcome at End of EMS Event - ROSC in the Field	8	9	10	11	9	19	5	5		
Cardiac Arrest patient Outcome at End of EMS Event - ROSC in the ED	2	4	6	6	6	9	4	6		
Cardiac Arrest patient Outcome at End of EMS Event - Ongoing Resuscitation by other EMS	0	2	0	0	0	0	0	0		
Effort Ceased due to DNR (Not in NEMSIS)	2	0	0	2	3	6	2	3		
Cardiac Arrest patient Outcome at End of EMS Event - Not Recorded	7	17	9	10	15	36	3	6	0	0
Pre Alert Notification (eDisposition.24)										
# of transported CPAs where pre-alert notification was done (eDisposition.24)	43	43	54	52	57	159	51	60		
% of transported CPAs where pre-alert notification was done (eDisposition.24)	69.35%	54.43%	78.26%	81.25%	74.03%	81.54%	73.91%	83.33%	>95%	
Airway management documentation (eAirway.03 or eArrest.09)										
Airway Device Being Confirmed - Cricothyrotomy Tube (eAirway.03)	0	0	0	0	0	0	0	0		
Airway Device Being Confirmed - Endotracheal Tube (eAirway.03)	40	51	45	44	42	102	35	34		
Airway Device Being Confirmed - Other-Invasive Airway (eAirway.03)	0	0	0	0	1	3	0	0		
Airway Device Being Confirmed - SAD-Combitube (eAirway.03)	0	0	0	0	0	0	0	0		
Airway Device Being Confirmed - SAD-King (eAirway.03)	17	26	20	17	16	42	11	13		
Airway Device Being Confirmed - SAD-LMA (eAirway.03)	0	0	0	1	0	0	0	1		
Airway Device Being Confirmed - SAD-Other (eAirway.03)	0	0	0	0	5	20	11	15		
Airway Device Being Confirmed - Tracheostomy Tube (eAirway.03)	0	0	0	0	0	0	0	0		
BLS airway documentation (eArrest.09) if no ALS airway documented (eAirway.03)	28		22	28	33	79	43	36		
Total (BLS+ALS) airway documentation (sum of Rows 42-50)	85	77	87	90	97	246	100	99		
% of resuscitated CPA with documented airway management (row 51/5)	100.00%	76.24%	87.88%	96.77%	73.48%	92.48%	100.00%	97.06%	100	
IFT's Excluded in this Report										

Figure 4

**SACRAMENTO COUNTY
2019 QUALITY IMPROVEMENT PROGRAM ANNUAL UPDATES
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New Medications

Sacramento County Emergency Medical Services Agency (SCEMSA) amended the Hemorrhage in Trauma Policy to include the use of Tranexamic Acid (TXA) in non-compressible torso hemorrhage. The change became effective March 1, 2019. The use of TXA since implementation in 2019 is shown in Figure 5.

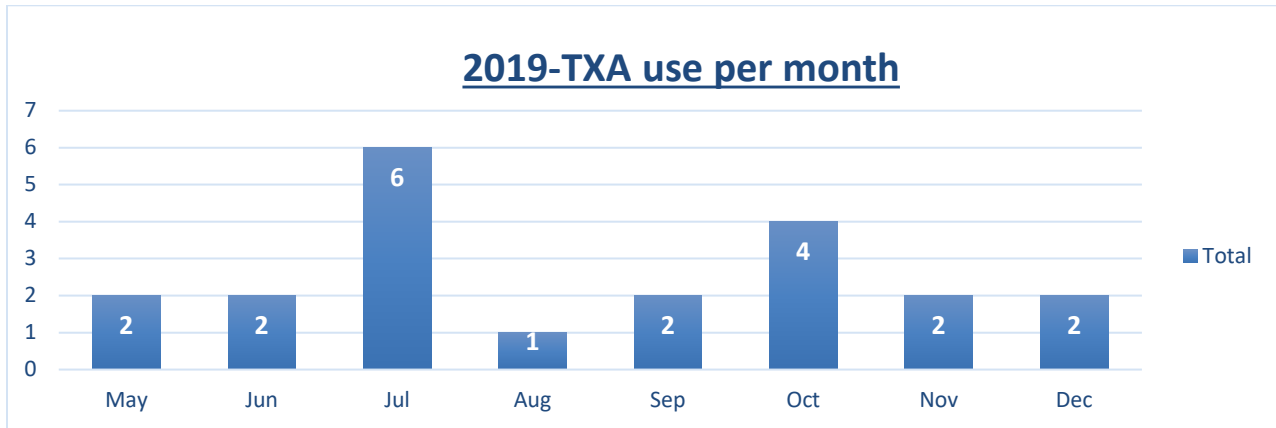


Figure 5

Spinal Motion Restriction Policy Implementation Monitoring

Spinal Motion Restriction (SMR) policy was implemented in June 2019 to replace the previous spinal immobilization practice. Following implementation, the use of SMR for blunt trauma decreased by 82%. SMR for penetrating trauma decreased by 90%.

An SMR training video was created by Doctors Dave Shatz and Kevin Mackey and our Medical Director Hernando Garzon. The video has over 2,400 viewings since its posting on the SCEMSA web site, with over 500 people taking the continuing education quiz. The return on the education investment clearly shows with the following SMR comparison numbers:

Documented SMR 's Mode of Injury			
Mode of Injury	Jan-Mar 2019	Jul-Sep 2019	Jan-Mar 2020
Blunt	3878	840	691
Blunt,Burn	7	2	1
Blunt,Other	360	86	57
Blunt,Other,Penetrating	43	9	10
Blunt,Penetrating	257	58	39
Burn	9	2	1
Other	1295	291	197
Other,Penetrating	71	15	14
Penetrating	263	60	25
(blank)	1050	212	164
Grand Total	7233	1575	1199

Figure 6

SACRAMENTO COUNTY
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Law Enforcement Administration of Naloxone

SCEMSA continues to monitor the administration of naloxone. Monitoring includes:

- Ensure law enforcement agencies have trained all officers in proper handling of naloxone
- Collect documentation and reports of incidents requiring naloxone administration
- Follow up with patient care report information to ensure proper documentation from EMS provider
- Provide feedback and continuous support to law enforcement

Figure 7 illustrates the incidents in which law enforcement administered naloxone and the patient outcome in each documented incident.

Citrus Heights Police Department	Folsom Police Department	Galt Police Department	Sacramento Police Department	Sacramento Sheriff Department
2/26/19 – Patient Improved	3/17/19 – Patient Improved	6/22/19 – Patient Improved	3/1/19 – Patient Improved	6/25/19 – Patient Unchanged
	3/26/19 – Patient Improved	8/18/19 – Patient Improved	5/15/19 – Patient Improved	9/3/19 – Patient Unchanged
	8/2/19 – Patient Unchanged	10/23/19 – Patient Improved	6/18/19 – Patient Unchanged	9/10/19 – Patient Improved
	9/20/19 – Patient Improved		7/8/19 – Patient Unchanged	
	11/28/19 – Patient Improved		8/5/19 – Patient Improved	
			9/20/19 – Patient Unchanged	
			10/9/19 – Patient Improved	
			12/26/19 – Patient Improved	

Figure 7

**SACRAMENTO COUNTY
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Ambulance Patient Off-load Times (APOT)

APOT times continued to be a challenge in 2019 when compared to the previous year as illustrated in *Figures 8 and 9*. The APOT-1 numbers include public and private agencies. Sacramento County EMS is actively working with the hospitals and EMS providers to address this and find a solution.

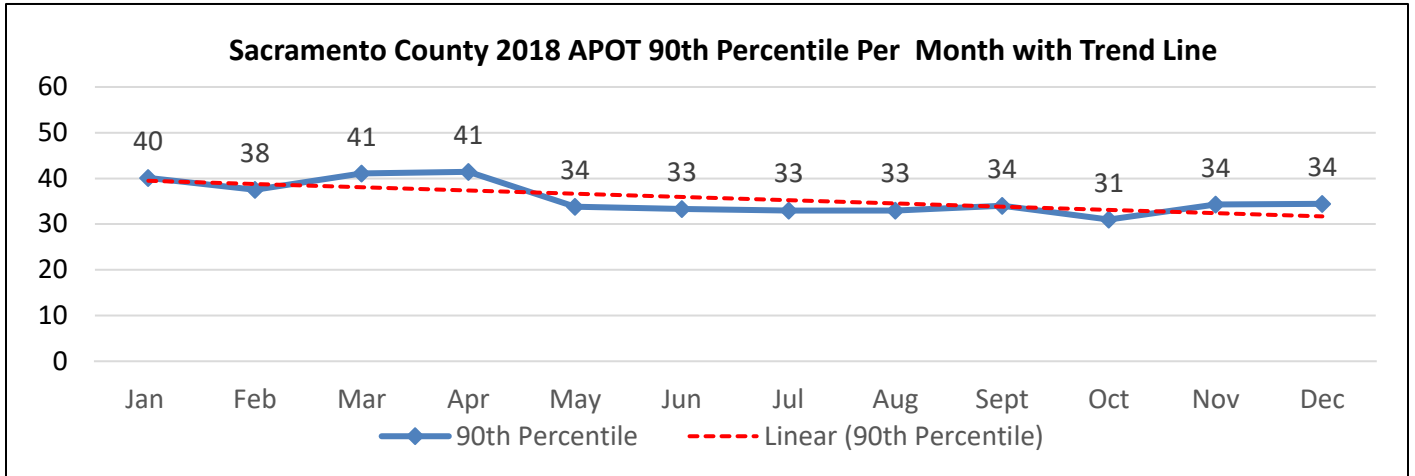


Figure 8

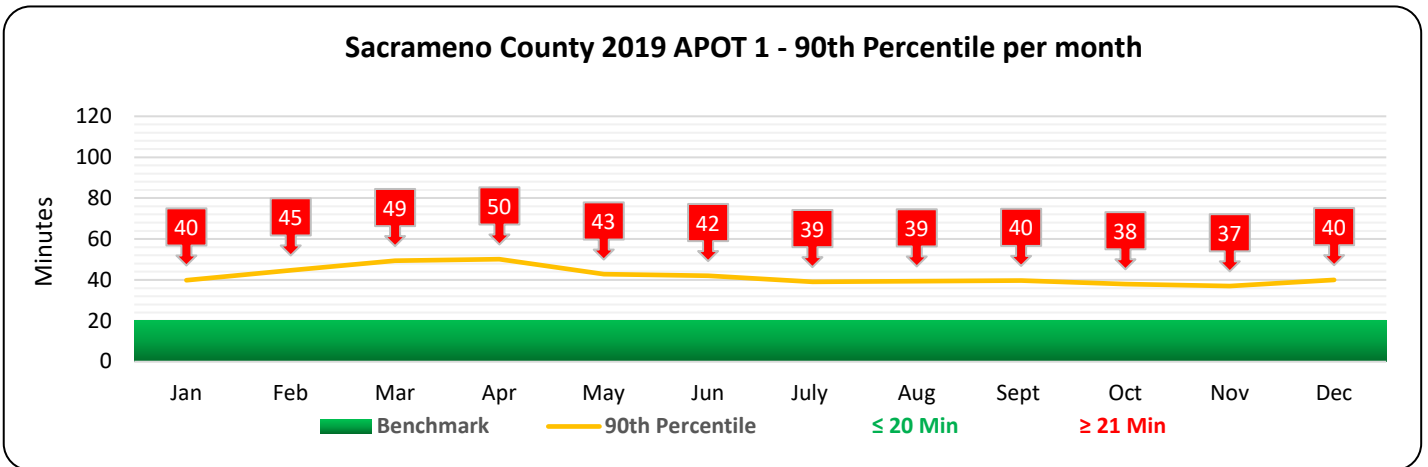


Figure 9

2020 Plans

We continue to work on improving reporting capabilities and provider accountability to meet or exceed the State of California standards while continuing to build relationships with EMS providers and hospitals throughout the region. Areas of focus include education, training, proper documentation, monitoring of Core Measures performance indicators and feedback to stakeholders. SCEMSA continues to collaborate with stakeholders to identify and address system needs.



STEMI

Critical Care System Plan

Prepared By:

Sacramento County Department of Health Services
Emergency Medical Services Agency
2019 Annual Update

SACRAMENTO COUNTY
2019 STEMI CRITICAL CARE SYSTEM PLAN ANNUAL UPDATE
October 15, 2020

In accordance with State of California Title 22 – Division 9, Chapter 7.1, STEMI Critical Care System Plan Updates.

STEMI Critical Care System Plan

The STEMI Care Committee provides comprehensive evaluations of patients that suffered a life-threatening acute heart attack. Participants include representatives in public and private transportation, nurses, physicians and other disciplines. The STEMI Care Committee identifies areas needing improvement, takes steps to correct deficiencies, and recognizes excellence in performance and delivery of care.

2019 Overview

Sacramento County Emergency Medical Services Agency (SCEMSA) continues to improve the quality and accuracy of data reporting in order to improve Sacramento County's STEMI care. We continue to monitor documentation compliance and trend improvements via Quality Improvement audits and documentation dashboards in system monitoring.

2019 Update

The STEMI Care Committee is the multi-stakeholder group which advises the SCEMSA Medical Director and Medical/Operational Advisory Committees to improve communication, review performance data, identify areas in need of improvement and provide both positive and potential quality improvement initiatives within our STEMI system.

In November 2019, the STEMI Care Committee helped revise policy document (PD) 2525-EMS Radio Report Format to Prehospital Notification by adding definitions to the prehospital alerts, emphasizing the need for STEMI alerts and radio report formatting.

SCEMSA established a STEMI application process and began to send out and receive applications for STEMI receiving center designation.



Stroke

Critical Care System Plan

Prepared By:

Sacramento County Department of Health Services
Emergency Medical Services Agency
2019 Annual Update

SACRAMENTO COUNTY
2019 STROKE CRITICAL CARE SYSTEM PLAN ANNUAL UPDATE
October 15, 2020

In accordance with State of California Title 22 – Division 9, Chapter 7.2, Stroke Critical Care System Plan Updates.

Stroke Critical Care System Plan

The Stroke Care Committee provides comprehensive evaluations of patients that suffered an acute stroke. Participants include representatives in public and private transportation, nurses, physicians and other disciplines. The Stroke Care Committee identifies areas needing improvement, takes steps to correct deficiencies, and recognizes excellence in performance and delivery of care.

2019 Overview

Sacramento County Emergency Medical Service Agency (SCEMSA) continues to improve the quality and accuracy of data reporting in order to improve Sacramento County's Stroke care. We continue to monitor documentation compliance and trend improvements via Quality Improvement audits and documentation dashboards in system monitoring.

2019 Update

The Stroke Care Committee is the multi-stakeholder group which advises the SCEMSA Medical Director and Medical/Operational Advisory Committees to improve communication, review performance data, identify areas in need of improvement and provide both positive and potential quality improvement initiatives within our Stroke system.

In November 2019, the Stroke Care Committee helped revise policy document (PD) 2525-EMS Radio Report Format to Prehospital Notification by adding definitions to the prehospital alerts, emphasizing the need for Stroke alerts and radio report formatting.

SCEMSA established a Stroke application process and began to send out and receive applications for both primary and comprehensive Stroke receiving center designation.