

2018



# Annual Report to the San Benito County Board of Supervisors

San Benito County Emergency Medical Services Agency

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## A MESSAGE FROM THE EMS COORDINATOR

Honorable Chair and Members of the Board of Supervisors:

During the July 1, 2018 through June 30, 2019 Fiscal year, the San Benito County EMS Agency had numerous significant accomplishments. I would like to highlight three of these accomplishments, each with a long term benefit to the people of San Benito County.

The San Benito County EMS Agency worked closely with first responders, the base hospital, SCR911 and the EMCC to revise and develop a one year contract extension with American Medical Response, our contracted 911 ambulance provider. Although contract negotiations continue, we look forward to bringing a 5-year contract to the Board in early 2020. We are confident the changes we've made will positively affect the 911 system.

EMS Policies, Procedures and Protocols set standards for, and define the clinical and operational characteristics of, the San Benito County EMS System. This year, the EMS Agency created or revised over twenty EMS System Policies, Procedures and Protocols. These revisions assure that the pre-hospital care provided within San Benito County is written to get the right resources to the right place, right time, and as efficient as possible. With a county as rural as San Benito, the EMS Agency continues to insure uniformity of healthcare anywhere and everywhere within our county.

The San Benito County EMS Agency worked closely with American Medical Response and the Base Hospital to develop an organization-specific state mandated Quality Improvement Plan. Because emergency medical services are the pre-hospital practice of medicine, overseen by a physician, quality improvement programs are necessary to assure patient safety and clinical compliance with protocols. The Quality Improvement Plan describes the quality improvement activities that the organization will conduct and describes the linkage of that quality improvement program with the EMS Agency's System-wide Quality Improvement program.

The EMS Agency would like to thank our community partners, first responders, emergency dispatchers, EMTs and Paramedics, and emergency department personnel for their dedication, commitment, and effort in supporting the San Benito County EMS System.

Respectfully submitted,

Kris Mangano, EMS Coordinator

## MISSION STATEMENT

To protect and improve the health and safety of the people in San Benito County through the provision of high-quality Emergency and Disaster Medical Services, with reasonable costs, community involvement, continuous evaluation, injury and illness prevention programs and anticipatory planning.

## VISION

To provide system leadership and planning that is proactive while continuously seeking ways to improve and optimize Emergency Medical Services for the citizens and visitors of San Benito County.

## THE EMS SYSTEM

A functioning EMS system is composed of diverse components working together to meet the needs of those who call 911 for medical assistance. Coordination of these EMS system components is the responsibility of the EMS Agency. The EMS Agency actively monitors the response to medical emergencies, certifies and accredits personnel, authorizes ambulance providers, sets local policies and protocols, oversees first responder (fire and law enforcement) Narcan and AED use, reviews patient care documentation, monitors and evaluates contract compliance and Inter-facility Transports, provides regulatory oversight to ambulance providers, hospitals and private contracts, actively participates in State and Regional Administrator meetings and committees and provides a comprehensive framework to ensure the community has a coordinated and appropriate EMS response when calling 911.

The San Benito County EMS System has one exclusive operational area (EOA) for Emergency Ambulance Services and Advanced Life Support and Critical Care transport. The current contract with American Medical Response (AMR) expires the end of June; however, an agreement for a one (one) year extension was just signed. The First Responder agency in San Benito County, Hollister Fire Department, is non-transporting, providing BLS only. San Benito County partners with pre-hospital receiving centers and designated specialty centers (STEMI, Stroke, and Trauma). Online medical direction is provided by the Base Hospital, Hazel Hawkins Hospital, or the appropriate receiving specialty center.

Air ambulances (helicopters) are used for the transport of critically injured or ill patients, as defined by Policies, Procedures and Protocols. San Benito County is primarily served by CALSTAR. With bases in Monterey, Santa Cruz, and Santa Clara Counties, CALSTAR can provide a rapid transport to nearby trauma or specialty centers. These resources

can sometimes be a life-saving option in those circumstances where ground transport times would be extended. In the fiscal year 2018-2019, CALSTAR responded to 100 calls for service in San Benito County. CALSTAR also provides critical care air ambulance services to transfer patients from Hazel Hawkins Emergency Department to specialty centers.

Standford Lifeflight occasionally provides air ambulance services in San Benito County.

The EMS Medical Director, David Ghilarducci, provides medical oversight to the system, which includes quality improvement and educational activities.

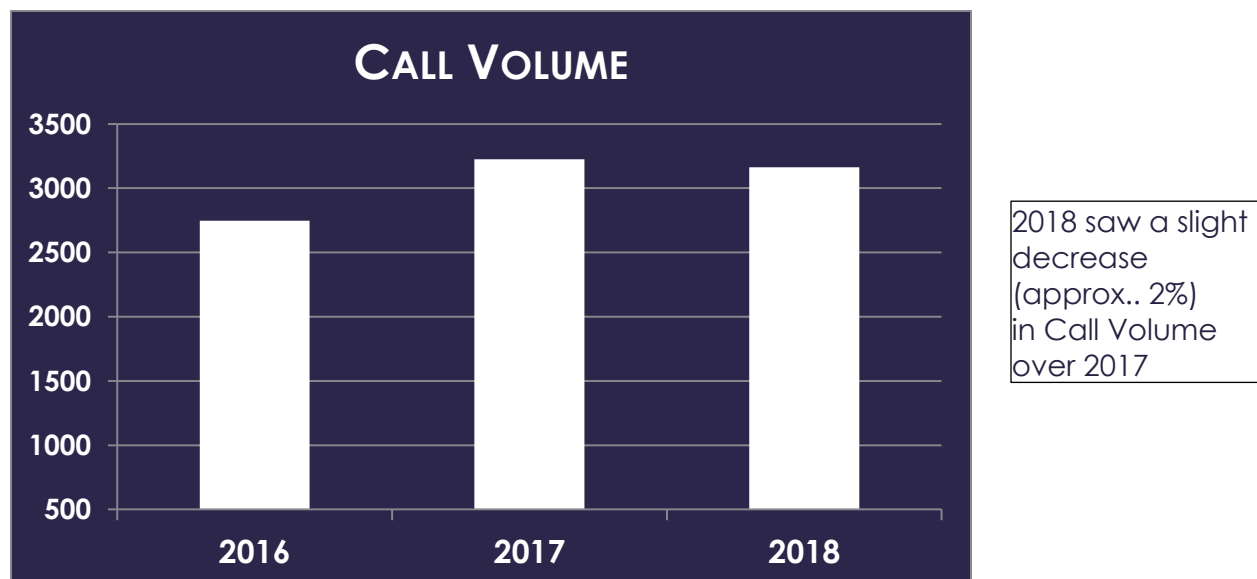
## DISPATCH

Santa Cruz Regional 911(SCR911) is our contracted Public Safety Answering Point (PSAP). After initial law enforcement triage, medical calls are transferred to secondary PSAPs, located in the same center, where Emergency Medical Dispatch (EMD) process takes place, and then an EMS response is dispatched according to professional emergency medical dispatch protocols. Dispatchers are trained and certified to standards and provide potentially life-saving pre-arrival instructions to the 911 caller. Santa Cruz Regional 911 received 3,662 medical calls from residents and visitors of San Benito County in 2018.



## CALL VOLUME

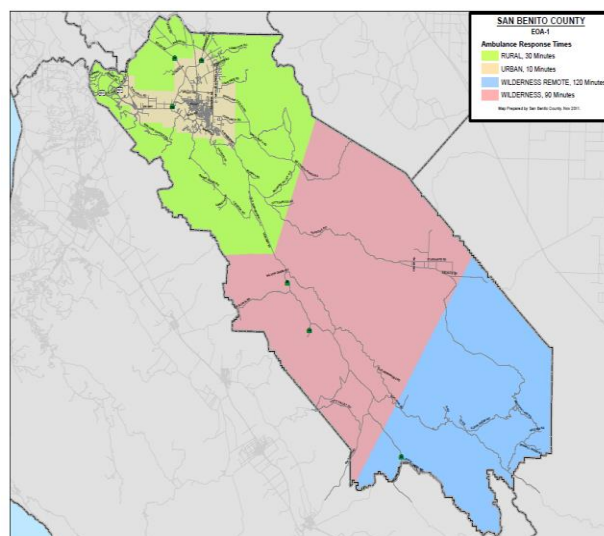
For the January 1, 2018 – December 31, 2019 calendar year, American Medical Response responded to 3,164 emergency calls. In addition, they provided 139 inter-facility transports; usually from Hazel Hawkins Hospital to near-by nursing homes.



## RESPONSE TIME REQUIREMENTS & PERFORMANCE

System response times are a key measurement of performance. This measurement is the determining factor which drives the placement and redeployment of the system's resources throughout the entire system.

American Medical Response is required by contract to be in compliance with response time standards in ninety percent (90%) or more of all 911 emergency events in which a ground transport ambulance arrives on scene, measured monthly, to meet the specified response times. American Medical Response had an average response time compliance of 93.72% in the EOA.

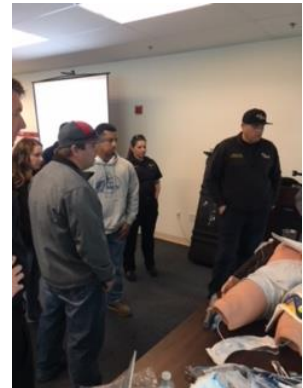


San Benito County Response Zone Map

## EDUCATION

Annual Skills Training is a requirement for all 1<sup>st</sup> responders working in San Benito County. The course is offered every January and provides “hands-on” training ranging from airway management, childbirth, and CPR to Intraosseous Infusion (placing an IV directly into the marrow of a bone), Stroke awareness, and Trauma.

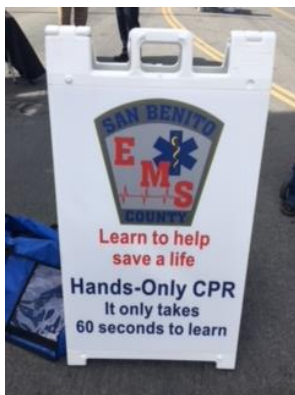
We provide Educational Forums on a quarterly basis, in partnership with the Hazel Hawkins Hospital Emergency Department. Upcoming speakers include a presentation by CALSTAR on landing zone safety and how to safely load patients for transport; a Drug Enforcement Agent with CHP speaking about Common Street Drugs; and a hazardous material exercise in the ER.



Continuing Educational Units are provided for EMTs and Paramedics, which are required to maintain their certifications/licensure.

## COMMUNITY OUTREACH

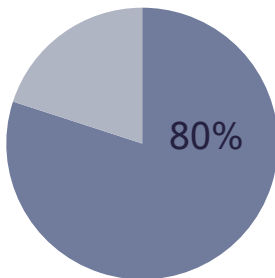
Community Outreach and Public Education are important component of the San Benito County EMS Agency. We work closely with all of pre-hospital provider agencies to promote “Hands-Only” CPR. We provide education at many events throughout the county; Farmers Markets, local schools, career days, community safety events and churches. We also participate in PulsePoint to assist in public awareness of Cardiac Arrest events.



San Benito County EMS Agency is active in the San Benito County Opioid Task Force, providing Nalaxone training to the community and opioid awareness and prevention.

San Benito County EMS will be launching a “Pull to the Right for Sirens and Lights” campaign this year, working with our pre-hospital care providers to educate the public on pulling to the right.

## Did you know:



of out-of-hospital cardiac arrests occur at **home**?

It only takes 2 simple steps to save a life:



Hands-Only CPR has been shown to be effective for cardiac arrest. It can double or even triple a victim's chance of survival.



## CARDIAC CARE/ STEMI

Patients who are suffering from the most immediate life-threatening type of heart attack, a STEMI, or S-T Elevation Myocardial Infarction, are transported directly to a STEMI Receiving Center, where rapid, specialized treatment can be immediately initiated.

Paramedics can obtain an electrocardiogram (ECG) in the field and transmit it directly to the STEMI Receiving Center and to the interventional cardiologist's cell phone. This early notification of the critical nature of the patient results in faster activation of the cardiac catheterization lab, and a shorter time to the time-sensitive interventions taken there.

## CARES

San Benito County joined the Cardiac Arrest Registry to Enhance Survival (CARES) program. Cardiac Arrest data is collected and reported to provide a platform to measure San Benito County outcome data against the rest of the nation and make changes to enhance delivery of care.



We are looking forward to reviewing the CARES data at the end-of-the-year.

## STROKE

When a patient is suspected of having a Stroke, EMS personnel immediately communicate with the hospital and an expedited process for rapid identification and treatment of Stroke patients takes place.

## TRAUMA

Our Trauma protocols are based on the Center for Disease Control (CDC) Field Trauma Triage Criteria, which categorizes the severity of the trauma patient's injury. Patients whose injuries fall into a specific category are transported by ground or air to the nearest Trauma Center. The following chart identifies patients transported to a Trauma Center in 2018.

## **PATIENT CARE REPORTS**

San Benito County EMS Agency utilizes MEDS, an electronic patient care report (ePCR) and data system. It is our goal to integrate Hollister Fire onto the MEDS program, which will make for vastly improved analysis of the system and will provide a good foundation for policy and protocol development. Improvement of the care we provide, on an ongoing basis, is the primary aim of all our quality improvement efforts. By having Hollister Fire utilizing this program will be an important tool in those efforts.

## **CERTIFICATION/RECERTIFICATION AND ACCREDITATION**

This past year the EMS Agency implemented an online program enabling EMTs and Paramedics to complete and submit applications for certification/accreditation online. This process not only saves time, but it eliminates paper.

The EMS Agency also relies on the National Practitioner Data Bank (NPDB) as a medical license background check to compliment the use of the Live Scan criminal background check system for EMTs. Through this increased monitoring of EMT backgrounds, the EMS Agency continues to lead in setting the highest standards for the EMTs seeking certification through the San Benito County EMS Agency.

EMTs are required by state law to possess a State of California EMT certificate before they can practice. An EMT obtains a State of California EMT certificate by applying to one of California's local EMS agencies or a certifying entity. An EMT certificate obtained through the county is valid statewide for two years.

Paramedics are licensed through the State after completing the required coursework and testing. To work as a paramedic and to utilize the paramedic scope of practice, the paramedic is required to have local accreditation in San Benito County. To obtain initial accreditation, the paramedic is required to demonstrate, under and experienced paramedic's direct observation that they can function as a paramedic using the San Benito County Policies, Procedures, and Protocols correctly.

## **MEDICAL HEALTH OPERATIONAL AREA COORDINATOR (MHOAC)**

In San Benito County, the MHOAC position is the responsibility of the EMS Coordinator. The MHOAC represents the single point of contact for the MHOAC program and is responsible for monitoring and ensuring adequate medical and health resources are in place during a local emergency. The MOHOAC is authorized to make and respond to request for mutual aid from outside of San Benito County.

During non-emergency operations and the initial phase of an emergency, the MHOAC operates in a duty officer mode and is on-call 24/7. The MHOAC is responsible for ensuring the operational effectiveness of 17 mandated functions:

1. Assessment of immediate medical needs
2. Coordination of disaster medical and health resources
3. Coordination of patient distribution and medical evaluations
4. Coordination of out-of-hospital medical care providers
5. Coordination and integration with fire agencies personnel, resources, and emergency fire prehospital medical services
6. Coordination of providers of non-fire based prehospital emergency medical services
7. Coordination of the establishment of temporary pre-transport field treatment sites
8. Health surveillance and epidemiological analysis of community health status
9. Assurance of food safety
10. Management of exposure to hazardous agents
11. Provisions of coordination of mental health services
12. Provision or coordination of mental health services
13. Provision of medical and health public information and protective action recommendations
14. Provision or coordination of vector control services
15. Assurance of drinking water safety
16. Assurance of the safe management of liquid, solid, and hazardous wastes
17. Investigation and control of communicable disease

The MHOAC Program has 4 major activities to perform in order to ensure the operational effectiveness of the 17 mandated functions:

- Overall incident assessment to maintain situational awareness
- Overall interagency coordination with subject matter experts in the 17 functional areas
- Situation status reporting
- Resource request management for medical and health resources

## QUALITY IMPROVEMENT

The QI Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. The QI Committee membership consists of:

- the EMS Medical Director,
- EMS Program Manager,
- Physician from Base Hospital
- PLN from Base Hospital,
- QA Manager,
- EOA Ambulance CES Coordinator
- Emergency Medical Dispatch Program Manager
- and other representatives of the San Benito County EMS community as approved by the EMS Medical Director and Program Manager

The purpose of the QI Committee is to provide a system-wide approach for evaluating the Emergency Medical System of San Benito County in order to foster continuous improvement in performance and quality patient care. To assist the EMS Agency, EMS Providers, Receiving Hospitals, and Base Hospitals in defining standards, evaluating methodologies and utilizing the evaluation results for continued system improvement. Every local EMS agency implements services consistent with the standards established in statutes, regulations, and local policies that apply to that jurisdiction's emergency medical services system, all overseen and defined by the State EMS Authority.

## PRE-HOSPITAL ADVISORY COMMITTEE (PAC)

This committee is not open to the public. It is comprised of the Medical Director, EMS Manager, Emergency Department physicians, PLN from Base Hospital, and any Provider Agency Representative. The purpose of the Pre-Hospital Advisory Committee is to review and update existing protocols and to develop new protocols. The meetings allow a format where provider agencies can interact directly with our Medical Director regarding questions, concerns, or new pre-hospital care devices.

## EMERGENCY MEDICAL CARE COMMITTEE (EMCC)

The purpose of the EMCC is to assure the availability of an effective and efficient emergency medical service (EMS) system that provides consistent, high quality emergency medical services to all people in the County of San Benito. The EMCC provides the Board of Supervisors, under which it serves, advice and recommendations on EMS system planning and oversight. The duties of the EMCC are outlined in the California Health & Safety Code, Sections 1797.274 and 1797.276. Membership consists

of one commissioner and one alternate commissioner from each of the agencies/organizations below:

Agency/Organization
Air Ambulance Provider (CALSTAR)
American Red Cross
Aromas Tri-County Fire
Bureau of Land Management
CA Dept. of Parks & Rec. – Hollister Hills
CALFIRE
CHP – Gilroy/Hollister Division
Contracted Ambulance Provider (AMR)
Field EMT or Paramedic
Hollister Fire
Hollister Police
Member-at-Large
National Park Service – Pinnacles National Park
Public Safety Communications Center (SCR911)
San Benito County Behavioral Health
San Benito County Board of Supervisors
San Benito County Public Health Dept.
San Benito County Probation
San Benito County Sheriff's Dept.
San Benito County Healthcare Dist.-Hazel Hawkins Hospital

The EMCC may establish ad-hoc groups to advise the EMS Agency and EMS stakeholders on matters of interest. These groups will be terminated upon completion of their goals.

## FINANCIAL MANAGEMENT

### COMMUNITY SERVICES AREA (CSA) 36

CSA36 was established by the Board of Supervisors in December 1990 and affects all parcels in San Benito County. The legal description of the County of San Benito serves as the description of parcels subject to this Benefit Assessment and is included in this report as Attachment A.

The EMS Agency administers the CSA-36. These funds support the provisions of EMS within San Benito County; Advanced Life Support (paramedic services), including coordination and oversight of medical protocols, personnel, training, communications, and the administration of the Emergency Medical Services Agency. The latest update to the CSA 36 Fund Policy was adopted by the Board of Supervisors on May 1, 2012, and is included in this report as Attachment B.

The Benefit Assessment Unit (BAU) is charged countywide and funds are used for the essential services of the EMS Agency. CSA 36 authorized an assessment rate ranging from fourteen dollars (\$14.00) to a twenty dollar (\$20.00) maximum charge for the BAU. In Fiscal Year 2017-2018, the Board of Supervisors approved an increase of the benefit assessment charge to the twenty dollar (\$20.00) maximum rate. The number of BAUs for FY 2019/2020 is 24,581.60. This represents an increase of 539.8 BAUs from last fiscal year. The assessment rate for FY 2019/2020 will remain at \$20.00, with \$491,632.00 in projected revenues, to fund improvements to the Emergency Medical Services System within the County of San Benito and to subsidize the third ambulance provided by AMR, the contracted 911 provider. Additionally, funds will be used for relocation of the EMS/OES offices as we have outgrown our current space.

During this next fiscal year, it is proposed that we continue to support the purchase and maintenance of EMS supplies and equipment for our partner agencies. The local agencies that receive funding are the primary public safety first responders:

- Aromas Tri-County Fire Department
- Hollister Fire Department
- Hollister Police Department
- San Benito County Fire Department
- San Benito County Sheriff's Office
- San Juan Bautista Fire Department

The chart below provides an overview of the dollars allocated from CSA 36 for the EMS budget in 2017/2018, 2018/2019 and proposed for FY 2019/2020.

	<b>ACTUAL 2017/2018</b>	<b>ACTUAL 2018/2019</b>	<b>PROPOSED 2019/2020</b>
<b>REVENUE</b>	\$473,758.00	\$487,158.00	\$491,632.00
<b>BENEFIT ASSESSMENT UNITS</b>	23,430.30	24,081.80	24,581.60
<b>CSA CHARGE</b>	\$20.00	\$20.00	\$20.00

### **EMS REVENUE**

EMT, Paramedic and Ambulance Fees were increased in November 2018 to reflect the approval of County Ordinance #972 – Master Fee Schedule.

Hollister Hills pays an annual amount of \$42,750.00 to help offset the calls generated by the park to the EMS System.

Additional revenue includes the administrative fees and interest earned on the Maddy Fund.

### **THE MADDY FUND**

Section 1797.98 of the Health and Safety Code authorizes counties to establish a *Maddy Emergency Medical Services (EMS) Fund* through the adoption of a resolution by the Board of Supervisors, to reimburse physicians/surgeons and hospitals for the cost of uncompensated emergency care and for other discretionary EMS purposes. The Maddy EMS Fund is administered by the EMS Agency.

Additionally, the Health and Safety code §1797.98a(e) authorizes counties that have established the supplemental assessment, to establish a *Richie's Fund*, as part of the Maddy EMS Fund. The Richie's Fund provides funding for pediatric trauma.

The Maddy Fund (original and supplemental assessment) is funded through revenues generated from local penalty assessments on fines and forfeitures for various criminal offenses and motor vehicle violations, including a portion of traffic school fees. The assessment is currently \$2.00 per \$10 of fines, penalties, and forfeitures.

## ACCOMPLISHMENTS & SIGNIFICANT EVENTS

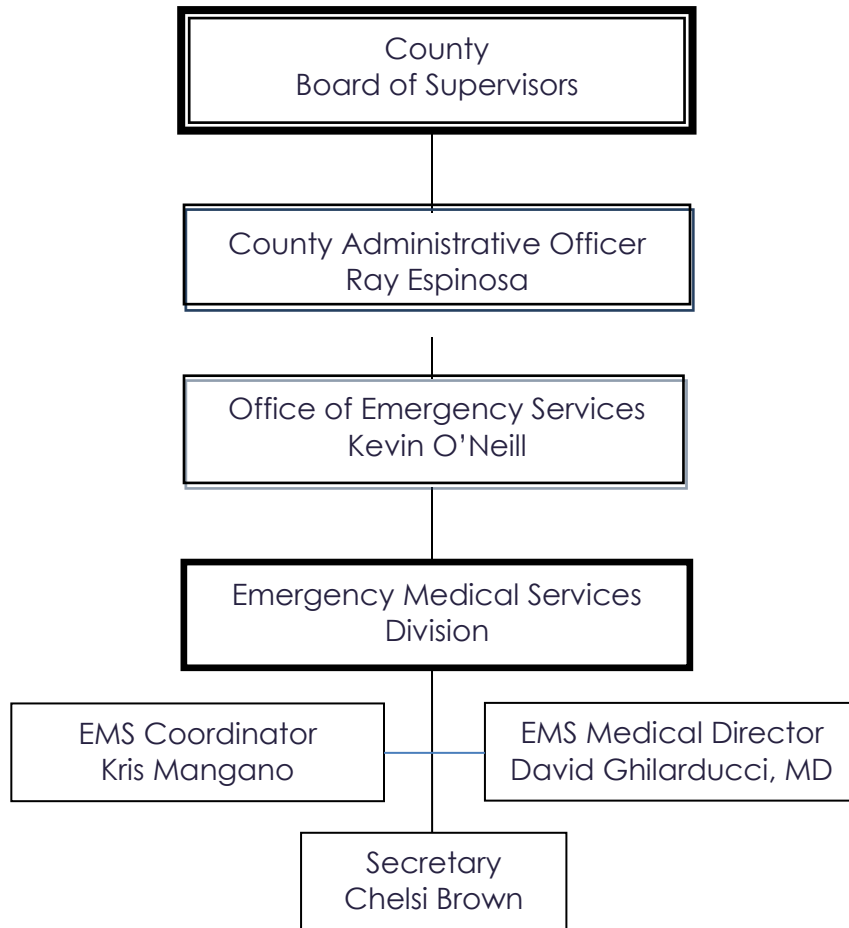
- Seamlessdoc - implemented online application process for EMTs and Paramedics. We have since added all forms (Incident Reports, Skills Verification, etc.) to the portal for online completion.
- ReddiNet – installed and received training a network that is dedicated to emergency medical communications. It facilitates information exchange among hospitals, EMS Agencies, dispatch centers, homeland security, and other health care system professionals in local and regional communities.
- Naloxone Grant - applied for and received a grant allowing us to continue to provide Naloxone to first responders, including Law Enforcement. Naloxone, or Narcan, reverses an opioid overdose.
- “Hands-Only” CPR – continued to provide instruction at Farmers Markets, Kids in the Park, and other community sponsored events.
- EMS Plan – the annual EMS Plan was submitted to the State of California Emergency Medical Services Authority prior to the August due date. We are waiting to receive notification of approval.
- 911 Ambulance Contract – received approval from the Board of Supervisors for a one-year contract extension beginning July 1<sup>st</sup>. We will begin working on a 5-year contract within the next few weeks.
- Policies, Procedures & Protocols – we update the manual annually and provide training on revisions during the Infrequently Used Skills training in January.

## GOALS

- Continuing working with SCR911 to configure a “bridge” from the CAD to MEDS, the ePCR program. The “bridge” will allow call data to automatically populate for each call.
- Accept online payment for certifications and re-certifications.
- Meet the requirements of the State by having Hollister Fire on MEDS, the same ePCR program as AMR. Charting and data retrieval will be seamless.
- Launch the website making it easier to find policies and links.



## ORGANIZATIONAL CHART



## ATTACHMENT A

### THE LEGAL DESCRIPTION OF THE COUNTY OF SAN BENITO, CALIFORNIA AND COUNTY SERVICE AREA #36:

Commencing at a point in the center of the Pajaro River, said point being the northwest corner of the Rancho Las Arromitas y Agua Caliente, and being on the northern boundary line of Monterey, and running thence in a southerly direction along the southwest boundary of said Rancho to the southwest corner thereof; thence southerly in a direct line to the summit of said Gabilan Range of Mountains, and thence southeasterly along the summit of said Gabilan Mountains to the Chalone Peak; thence southeasterly in a direct line to the division line of the parts of San Lorenzo Sobrantes Rancho owned respectively by Breen and Dunn; thence along said dividing line of said Rancho to the southern boundary thereof; thence due south to the San Lorenzo Creek; thence southeasterly up the center of said Lorenzo or Lewis Creek, and up the north fork thereof, to the summit of the divide between the waters of said Lewis Creek and San Benito Creek; thence following said divide southerly to the eastern boundary of Monterey and the summit of the Coast Range Mountains; Thence northerly, following the summit of said mountains to where the range line between T. 18S1, or R. 12 and 13 E., M. D. B. & M., crosses the same; thence northerly along said range line to the northeast corner of T. 18 S., R. 12 E., ; thence northerly along said township line to the south line of T. 16 N., R. 13 E., M. D. B. & M., thence west to the southeast corner of T. 16 S., R. 12 E., M. D. B. & M.; thence northwest in a straight line to the northeast corner of T. 14 S., R. 9 E.; thence in a straight line northwesterly, running toward the northeast corner of T. 13 S., R. 7 E., to a point where said line intersects the county line between San Benito and Merced; thence along the boundary line between San Benito and Merced to the northeast corner of San Benito and southeast corner of Santa Clara; thence following the county line between Santa Clara and San Benito to the place of beginning.

## ATTACHMENT B

San Benito County  
Funding Policy for County Service Area 36  
May 1, 2012

- I. Purpose
  - A. To provide a policy for the allocation of funds collected under County Service Area 36 (CSA 36).
  
- II. Background
  - A. On October 3, 1990 the San Benito County Board of Supervisors passed Resolution 90-124 which declared the intent to establish CSA 36 and provide funding for:
    - Coordination of the Emergency Medical Services system
    - Advanced Life Support (ALS) services
    - Training, equipment and improved radio communications
    - Expansion of early defibrillation programs
    - Hospital medical direction
  - B. On December 4, 1990 the San Benito County Board of Supervisors passed Resolution 90-149 creating CSA 36.
  
- III. Funding Priorities
  - A. Administration of the countywide EMS system by the San Benito County Emergency Medical Services Agency (EMS Agency) as required by Health & Safety Code 1797.200
  - B. Advanced Life Support Services (ALS) subsidy, if necessary and required to sustain countywide paramedic services and determined by the County Board of Supervisors and ambulance provider under contract.
  - C. Base Hospital Subsidy, if necessary to provide for medical direction as determined by the County Board of Supervisors and the hospital under contract.
  - D. Communications Systems necessary to support EMS functions and Advanced Life Support Services. This includes radio communications systems, and infrastructure to include initial purchase, maintenance, and replacement of equipment as necessary.
  - E. Early defibrillation devices and training necessary for saving lives. This includes:
    - Initial purchase, maintenance and replacement of equipment as needed
    - Training for first responder agencies and the public
    - A Public Access Defibrillator Program
  - F. Equipment and supplies used to maintain the scope of practice for the highest standard of care as determined by the EMS Medical Director. These may include, but are not limited to:
    - Equipment needed to adhere to new standards of the ALS scope of practice
    - Training program equipment and supplies  
*(The intent of the funding is not to supplant the responsibility of first responder agencies to provide standard equipment and supplies or personal protective equipment as part of standard practices or legal requirements.)*
  - G. Training to maintain the scope of practice for the highest standard of care as determined by the EMS Medical Director.
  
- IV. Equipment Purchased
  - A. Equipment purchased by the EMS Agency for first responder agencies will be considered a loan from the EMS Agency to the provider. The provider and EMS Agency will sign an agreement for the loan of the equipment. The provider will be responsible for the cost to maintain and repair the equipment.