TABLE 2: SYSTEM RESOURCES AND OPERATIONS

System Organization and Management

EMS System: **SOLANO COUNTY EMS**
Reporting Year: **1 July 2008 – 30 June 2009**

NOTE: Number (1) below is to be completed for each county. The balance of Table 2 refers to each agency.

1. Percentage of population served by each level of care by county:
(Identify for the maximum level of service offered; the total of a, b, and c should equal 100%.)

County: Solano County

A. Basic Life Support (BLS) _____%
B. Limited Advanced Life Support (LALS) _____%
C. Advanced Life Support (ALS) **100 %**

2. Type of agency
a - Public Health Department
b - County Health Services Agency
c - Other (non-health) County Department
x d - Joint Powers Agency
e - Private Non-Profit Entity
f - Other: _____

3. The person responsible for day-to-day activities of the EMS agency reports to _____
x a - Public Health Officer
b- Health Services Agency Director/Administrator
x c - Board of Directors
d - Other: _____

4. Indicate the non-required functions which are performed by the agency:

Implementation of exclusive operating areas (ambulance franchising)	**X**
Designation of trauma centers/trauma care system planning	**X**
Designation/approval of pediatric facilities	_____
Designation of other critical care centers/STEMI Centers	**X**
Development of transfer agreements	**X**
Enforcement of local ambulance ordinance	**X**
Enforcement of ambulance service contracts	**X**
Operation of ambulance service	_____

Table 2 - System Organization & Management (cont.)

Continuing education	**X**
Personnel training	_____
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning (assist)	**X**
Administration of critical incident stress debriefing team (CISD)	_____
Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	_____
Other: _____	
Other: _____	
Other: _____	

5. EMS agency budget for FY 08-09

EXPENSES

	Budget**	**Actual*****
Salaries and benefits (1000 series)	**$487,683**.	**$489.515.18**
(All but contract personnel)		
Contract Services (Budget code 2245)	**$94,050***	**$78,922.85**
(e.g. medical director)		
Operations (e.g. copying, postage, facilities) (2000Series)	**$204,019**	**$245,178.33**
Travel (Budget Code 2335)	**$7,500** *	**$4,548.68**
Fixed assets		**N/A**
Indirect expenses (overhead) (Budget code 3710)	**$25,844**	**$25,844**
Ambulance subsidy		**N/A**
EMS Fund payments to physicians/hospital		**N/A**
Dispatch center operations (non-staff)		**N/A**
Training program operations		**N/A**
Other: TRANSFERS (Budget Code 7010)	**$59,972**	**$53,025.00**
Other: _____	_____	
Other: _____	_____	

- * - included in the Operations Budget – Budget Series 2000)
- ** - Approved 08-09 Budget
- *** - Actual 08-09 Expenses ($36,044.51 over)

TOTAL EXPENSES	**$777,518**	**$813,562.51**

Table 2 - System Organization & Management (cont.)

SOURCES OF REVENUE	Budget**	Actual***
Special project grant(s) [from EMSA]		
Preventive Health and Health Services (PHHS) Block Grant		N/A
Office of Traffic Safety (OTS)		N/A
Intra-governmental Revenues	$473,474	$410,475
County general fund		N/A
Other local tax funds (e.g., EMS district)		N/A
County contracts (e.g. multi-county agencies)		N/A
Certification fees	$7,000	$9,585
Training program approval fees		N/A
Training program tuition/Average daily attendance funds (ADA)		
Job Training Partnership ACT (JTPA) funds/other payments		N/A
Base hospital application fees		N/A
Trauma center application fees		N/A
Trauma center designation fees		N/A
Pediatric facility approval fees		N/A
Pediatric facility designation fees		N/A
Other critical care center application fees		N/A
Type: _____		
Other critical care center designation fees		N/A
Type: _____		
Ambulance service/vehicle fees		N/A
Contributions (FINES/FORFEITURES/PENALTIES) –(9300)	$100,000	$84,337.25
EMS Fund (SB 12/612)		N/A
Other grants: _____		N/A
Other fees: FRANCHISE	$360,000	$360,000
Other (specify): (N/A)		N/A
TOTAL REVENUE	$940,474	$864,397.25

Table 2 - System Organization & Management (cont.)

Fee structure for **FY 08-09**

_____ We do not charge any fees

X Our fee structure is:

First responder certification	**$NO FEE**
EMS dispatcher certification	**NO FEE**
EMT-I certification	**$30.00**
EMT-I recertification	**$30.00**
EMT-defibrillation certification	**NO FEE**
EMT-defibrillation recertification	**NO FEE**
EMT-II certification	**NO FEE**
EMT-II recertification	**NO FEE**
EMT-P accreditation	**$55.00**
Mobile Intensive Care Nurse/ Authorized Registered Nurse (MICN/ARN) certification	**$25.00**
MICN/ARN recertification	**$25.00**
EMT-I training program approval	**NO FEE**
EMT-II training program approval	**NO FEE**
EMT-P training program approval	**NO FEE**
MICN/ARN training program approval	**NO FEE**
Base hospital application	**NO FEE**
Base hospital designation	**NO FEE**
Trauma center application	**NO FEE**
Trauma center designation	**NO FEE**
Pediatric facility approval	**NO FEE**
Pediatric facility designation	**NO FEE**

Other critical care center application

Type: **N/A**

Other critical care center designation

Type: **N/A**

Ambulance service license	**NO FEE**
Ambulance vehicle permits	**NO FEE**
Other: _____	**N/A**
Other: _____	**N/A**
Other: _____	**N/A**

7. Complete the table on the following two pages for the EMS agency staff for the fiscal year of 08-09.

Table 2 - System Organization & Management (cont.)

EMS System: SOLANO COUNTY EMS AGENCY Reporting year **08-09**

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
EMS Admin./Coord./Director	Administrator	1.0	N/A	N/A	
Asst. Admin./Admin. Asst./Admin. Mgr.					
ALS Coord./Field Coord./ Training Coordinator	Pre-hospital Care Coordinator	1.0	N/A	N/A	
Program Coordinator/ Field Liaison (Non-clinical)	Project Manager	1.0	N/A	N/A	
Trauma Coordinator					
Medical Director	Medical Director	0.2	N/A	N/A	CONTRACT
Other MD/Medical Consult/ Training Medical Director					
Disaster Medical Planner					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

Table 2 - System Organization & Management (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (%of Salary)	COMMENTS
Dispatch Supervisor					
Medical Planner					
Data Evaluator/Analyst					
QA/QI Coordinator					
Public Info. & Education Coordinator					
Executive Secretary	Administrative Secretary	1.0	N/A	N/A	
Other Clerical	Office Assistant II	1.0	N/A	N/A	
Data Entry Clerk					
Other					

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.

TABLE 3: SYSTEM RESOURCES AND OPERATIONS - Personnel/Training Revision #4 (4/20/07)

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **FY 08-09**

NOTE: Table 3 is to be reported by agency.

	EMT - Is	EMT - IIs	EMT - Ps	MICN
Total Certified	423	0	190	0
Number newly certified this year	116	0	29	0
Number recertified this year	201	0	36	0
Total number of accredited personnel on July 1 of the reporting year	624	-	255	0
Number of certification reviews resulting in:				
a) formal investigations	0	0	0	0
b) probation	0	0	0	0
c) suspensions	0	0	0	0
d) revocations	0	0	0	0
e) denials	0	0	0	0
f) denials of renewal	0	0	0	0
g) no action taken	0	0	0	0

1. Number of EMS dispatch agencies utilizing EMD Guidelines: **2**
2. Early defibrillation:
   a) Number of EMT=I (defib) certified **624**
   b) Number of public safety (defib) certified (non-EMT-I) **N/A**

3. Do you have a first responder training program ☐ yes **X no**

TABLE 4: SYSTEM RESOURCES AND OPERATIONS - Communications

EMS System: **SOLANO COUNTY EMS**

County: **SOLANO COUNTY**

Reporting Year: **1 July 2008 – 30 June 2009**

Note: Table 4 is to be answered for each county.

1. Number of primary Public Service Answering Points (PSAP) **7**

2. Number of secondary PSAPs **0**

3. Number of dispatch centers directly dispatching ambulances **1**

4. Number of designated dispatch centers for EMS Aircraft **1**

5. Do you have an operational area disaster communication system? **Yes X** No _____
   a. Radio primary frequency **PROPRIETARY**
   b. Other methods _____
   c. Can all medical response units communicate on the same disaster communications system?
   Yes X No _____
   d. Do you participate in OASIS? **Yes X** No _____
   e. Do you have a plan to utilize RACES as a back-up communication system?
   Yes X No _____

   1) Within the operational area? **Yes X** No _____
   2) Between the operational area and the region and/or state? Yes _____ **No X**

6. Who is your primary dispatch agency for day-to-day emergencies? **N/A**

7. Who is your primary dispatch agency for a disaster? **SOLANO SHERIFF'S OFFICE**

TABLE 5: SYSTEM RESOURCES AND OPERATIONS
Response/Transportation

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **1 July 08 – 30 June 09**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

1. Number of EMT-Defibrillation providers **5**

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes	METRO/URBAN	SUBURBAN/RURAL	WILDERNESS (RURAL)	SYSTEMWIDE (REMOTE)
BLS and CPR capable first responder	X	X	X	X
Early defibrillation responder	7 MINUTES	7 MINUTES	X	X
Advanced life support responder **(FIRE)**	7 MINUTES	7 MINUTES	X	X
Transport Ambulance	9 MINUTES	9 MINUTES	15 MINUTES	90 MINUTES

TABLE 6: SYSTEM RESOURCES AND OPERATIONS
Facilities/Critical Care

EMS System: **SOLANO COUNTY EMS**

Reporting Year: **1 July 08 – 30 June 09**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma patients:	
a) Number of patients meeting trauma triage criteria	331
b) Number of major trauma victims transported directly to a trauma center by ambulance	331
c) Number of major trauma patients transferred to a trauma center	29
d) Number of patients meeting triage criteria who weren't treated at a trauma center	9

Emergency Departments

Total number of emergency departments	5
a) Number of referral emergency services	0
b) Number of standby emergency services	0
c) Number of basic emergency services	5
d) Number of comprehensive emergency services	0

Receiving Hospitals

1.	Number of receiving hospitals with written agreements	1
2.	Number of base hospitals with written agreements	4

TABLE 7: SYSTEM RESOURCES AND OPERATIONS -- Disaster Medical

EMS System: **SOLANO COUNTY EMS**

County: **SOLANO COUNTY**

Reporting Year: **1 July 08 – 30 June 09**

NOTE: Table 7 is to be answered for each county.

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
   a. Where are your CCPs located? **(NONE IDENTIFIED)**
   b. How are they staffed? **N/A**
   c. Do you have a supply system for supporting them for 72 hours? yes ____ no____

2. CISD
   Do you have a CISD provider with 24 hour capability? **Yes X** no____

3. Medical Response Team
   a. Do you have any team medical response capability? **yes X** no ____
   b. For each team, are they incorporated into your local response plan? **yes X** no ____
   c. Are they available for statewide response? yes ____ **no X**
   d. Are they part of a formal out-of-state response system? yes ____ **no X**

4. Hazardous Materials
   a. Do you have any HazMat trained medical response teams? yes ____ **no X**
   b. At what HazMat level are they trained? _____
   c. Do you have the ability to do decontamination in an emergency room? **Yes X** no ____
   d. Do you have the ability to do decontamination in the field? **Yes X** no ____

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **yes X** no ____

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? **7**

3. Have you tested your MCI Plan this year in a:

a. real event? **yes X** no ____

b. exercise? **yes X** no ____

4. List all counties with which you have a written medical mutual aid agreement.

NONE

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes X** no ____

6. Do you have a formal agreements with community clinics in your operational areas to participate in disaster planning and response? yes ____ **no X**

7. Are you part of a multi-county EMS system for disaster response? **Yes X** no ____

8. Are you a separate department or agency? yes ____ **no X**

9. If not, to whom do you report? **SOLANO COUNTY PUBLIC HEALTH**

8. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? yes ____ no ____

TABLE 8: RESOURCES DIRECTORY -- Approved Training Programs

EMS System: SOLANO COUNTY EMS **County:** SOLANO **Reporting Year:** 08 - 09

NOTE: Table 8 is to be completed by county. Make copies to add pages as needed.

Training Institution Name	Solano Community College	**Contact Person telephone no.**	Marie Monrinec
Address	4000 Suisun Valley Rd, Fairfield, CA 94534		707-864-7108

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1
Open to general public	Basic $20.00 per unit Refresher $20.00 per unit plus associated fees	Number of students completing training per year: Initial training: 200 Refresher: 90 Cont. Education 0 Expiration Date: 9/30/2013 Number of courses: _____ Initial training: 2 per semester Refresher: 3 per semester Cont. Education: none

Training Institution Name	Nat'l Institute for Health Care Education	**Contact Person telephone no.**	Linneu Stonebraker, RN, PhD Program Director
Address	231 E. Alessandro Blvd, A-135 Riverside, CA 92508		800-773-8895

Student Eligibility: *	**Cost of Program**	**Program Level:** EMT-1
Open to general public	Basic $1,070.00 Refresher $250.00	Number of students completing training per year: Initial training: 60 Refresher: 30 Cont. Education 0 Expiration Date: 12/31/2011 Number of courses:__ Initial training: 2 Refresher: 1 Cont. Education: 0

- Open to general public or restricted to certain personnel only.
- ** Indicate whether EMT-I, EMT-II, EMT-P, or MICN; if there is a training program that offers more than one level complete all information for each level.

TABLE 9: RESOURCES DIRECTORY -- Dispatch Agency **(NOT APPLICABLE TO SOLANO COUNTY)**

EMS System: _____ **County:** _____ **Reporting Year:** _____

NOTE: Make copies to add pages as needed. Complete information for each provider by county.

Name, address & telephone:			**Primary Contact:**
Written Contract: ☐ yes ☐ no	Medical Director: ☐ yes ☐ no	☐ Day-to-day ☐ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☐ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

Name, address & telephone:			**Primary Contact:**
Written Contract: ☐ yes ☐ no	Medical Director: ☐ yes ☐ no	☐ Day-to-day ☐ Disaster	Number of Personnel providing services: _____ EMD Training _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: ☐ Public ☐ Private		If public: ☐ Fire ☐ Law ☐ Other explain:_____	If public: ☐ city; ☐ county; ☐ state; ☐ fire district; ☐ Federal

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name: Solano County EMS Cooperative
Area or subarea (Zone) Name or Title: Exclusive Operating Area (EOA)
Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Medic Ambulance Service, Inc.; under contract since May 2000.
Area or subarea (Zone) Geographic Description: For 911 response, all of Solano County with the exception of the City of Vacaville and Zone C (see attached). Also included are portions of Sacramento County which include the City of Isleton and River Delta Fire Protection Districts; Gordon Valley Fire Protection District. Per County Counsel, the City of Vacaville has the right to manage ALS interfacility transports originating in the City as they are not part of the EOA.
Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. By action of the SEMSC Board of Directors, the above EOA was created through a competitive process in 1998.
Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.). Exclusivity is for all calls requiring emergency ambulance service and for non-emergency ALS interfacility transfers originating in the EOA.
Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers. The SEMSC conducted a competitive process via a Request for Proposals (RFP). It is on file with the Authority.

EMS PLAN
AMBULANCE ZONE SUMMARY FORM

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

Local EMS Agency or County Name:
Solano County EMS Cooperative

Area or subarea (Zone) Name or Title:
City of Vacaville and Zone C

Name of Current Provider(s):
Include company name(s) and length of operation (uninterrupted) in specified area or subarea.
Vacaville Fire Department – providing uninterrupted service for approximately 33 years (since 1976).

Area or subarea (Zone) Geographic Description:
For 911 response, all of Solano County with the exception of the City of Vacaville and Zone C. The boundaries of Zone C are approximately; the area including Interstate 80 westbound up to but not including the North Texas Street overcrossing. The intersections of Meridian Road and Hay Road, Lewis Road and Hay Road, Interstate 80 and Midway Road, all of Lewis Road and all of O'Day Road. Nunes Road north of O'Day Road through the East-West segment. The intersections of Meridian Road and Allendale Road, and Robert Road and Sweeny Road are in this zone as is Interstate 505 and the frontage road east of Interstate 505 north to and including Wolfskill Road overcrossing. Putah Creek Road west of but not including the intersection with Yolo County Road 89 is included in Zone C.

Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6):
Include intent of local EMS agency and Board action.

By action of the SEMSC Board of Directors, the above Zone was created by the SEMSC Board through a grandfather process (1797.224)

Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85):
Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).

Exclusivity is for all calls requiring emergency ALS first response and ALS ambulance service.

Method to achieve Exclusivity, if applicable (HS 1797.224):
If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.

If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last Competitive process used to select provider or providers.

The Vacaville Fire Department has been providing emergency ALS First Response and transport since approximately 1976. To the Agency's knowledge, no other entity has provided this service in the territory described above. The City is recognized as a "201 entity" under 1797.201. Zone C is considered grandfathered in accordance with 1797.224