EMERGENCY MEDICAL SERVICES COMMITTEE

Chair: Health Advisory Commissioner Harry Hall

Thursday, June 5, 2014

1:30 pm – 3:30 pm

(Voting Members Requested to RSVP by May 27, 2014)

Santa Clara County Sheriff’s Department Auditorium
55 West Younger Avenue
San Jose, CA 95110

All reports and supporting material are available for review on the Santa Clara County EMS Agency website at www.sccemsagency.org and in the EMS Agency’s offices at least one week prior to the meeting. This information is also available the day of the meeting. ( Indicates supporting documentation attached.  Indicates committee action required).

1. Call to Order / Roll Call  (Commissioner Hall)

2. Introductions and Announcements (Commissioner Hall)

3. Public Comment Period (Staff)

This portion of the meeting is reserved for persons desiring to address the EMS Committee on a Committee-related matter not on the agenda. Speakers are limited to two (2) minutes.

Calendar Items (Commissioner Hall)   
Calendar items matters may be of an informational nature, not requiring an action/vote; or may require the Committee to take an action based on nature of the material presented.

4. Approval of December 5, 2013 Meeting Minutes  
5. **Summary of Items Presented to Board of Supervisors or Health & Hospital Committee** (Natividad)

6. **EMS Committee Operations** (Petrie)
   - A. Accept Eric Nickel as replacement for Ken Kehmna as representative for the Santa Clara County Fire Chief’s Association
   - B. Proposed Changes in Standing Rules of EMS Committee
   - C. Response to Request for Information about EMS Committee Chair

7. **EMS System Update** (Staff)
   - A. Rural/Metro Contract Revision
   - B. San Jose Fire Department Response Time Performance
   - C. CPR Card Investigation (Davies) (↩)

8. **Medical Director Report – Clinical Care** (Dr. Rudnick) (↩)

9. **EMS Trust Fund** (Petrie and Davies) (↩)
   - A. Accept Written Report on the Financial Status of the EMS Trust Fund (Natividad)

10. **Exclusive Operating Area Contract Status** (Blain)
    - A. County EOA Update – October 2013 to March 2014
      - i. Accept Rural/Metro Response Time Performance Report (⬇)
      - ii. Accept Status of Deliverables (⬇)
    - B. Accept Fire Department Response Time Performance Report (⬇)
    - C. Palo Alto EOA Update – Accept Verbal Report

11. **Hospital Destination, Diversion, and Advisory Status Report** (Petrie) (⬇)
12. Member Roundtable and Reports

13. Next Meeting and Adjourn (Commissioner Hall)
   October 2, 2014 from 1-3 pm at the Sheriff’s Department Auditorium, 55 West Younger Avenue, San Jose, CA 95110

Venue and Parking Instructions

- Visitor parking is available at the County building parking lot designated “Visitor” areas.
- No food or uncapped beverages are permitted in the training room.
- This meeting will be recorded.
### Meeting Minutes

<table>
<thead>
<tr>
<th>Item</th>
<th>Discussion</th>
<th>Action</th>
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<tbody>
<tr>
<td>1. Call to Order/Roll Call</td>
<td>Chairman Harry Hall called the meeting to order at 1:00 p.m. A quorum was present.</td>
<td>• Meeting called to order.</td>
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<tr>
<td>2. Introductions and Announcements</td>
<td></td>
<td>• As noted.</td>
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<tr>
<td>3. Public Comment</td>
<td>No members of the public provided comment.</td>
<td>• None</td>
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**Calendar Items**

| 4. Approval of October 3, 2013 Meeting Minutes | Without discussion, the committee approved the consent calendar. M/S/C | • October 3, 2013 meeting minutes approved as presented. M/S/C T. Haglund/J. Silva |
| 5. Summary of Approved or Pending Board of Supervisors, and Health and Hospital Committee Items | Without discussion, the committee accepted the approved Board of Supervisor and Health and Hospital Committee items. Health and Hospital Approved Committee Items: Semi-annual report relating to the status of the EMS Agency and EMS System for period January 1, 2013 through June 30, 2013 – November 13, 2013. Summary of Board of Supervisors Approved Items: None | • Informational Only Summary of Approved BOS and HHC items accepted as presented. |

**6. EMS System Update**

| A. EMS System Strategic Assessment and Planning Process | Michael Petrie reported on the Strategic System Assessment and Planning process: • Since the last report to the EMS Committee on October 3, 2013, the EMS Agency completed the EMS | • Information only |
### B. Semi-Annual Report

System Strategic Assessment and Planning Process. On Friday, October 25, 2013, the Strategic Plan was formally rolled out during a two hour meeting. Those attending received bound hard copies of the Santa Clara County EMS System Strategic Plan and the EMS System Strategic Plan Implementation Plan. This project was completed on time and under budget.

- The Santa Clara County EMS System Strategic Plan and the EMS System Strategic Plan Implementation Plan is being distributed to all EMS Stakeholder organization in bound hardcopy format. Each document has also been placed on the EMS Agency website.

- The EMS Agency will actively begin implementing the EMS System Strategic Plan during the first quarter of 2014.

- Michael Petrie reported on the EMS System Semi-Annual Report reviewing the operations of the EMS Agency and discussing the status of the Santa Clara County EMS System. This report emphasizes the period from January 1, 2013 through June 30, 2013, but includes information from June 30, 2012 through December 31, 2012, to provide context and precedent.

- EMS Staff, Daniel Franklin, presented Video on “Pull to the Right”.
- Josh Davies reported that this approved project was paid through Trust Fund.

### C. Video “Pull to the Right” (Davies/Franklin)

- Information only.

- Information only.
Eric Rudnick reported on current policies related to clinical quality committee. The EMS Agency conducted the Annual EMS System Update on 10/10/13. The clinical educators and clinical managers for the various provider agencies received training on three major initiatives:

- First, training for pediatric trauma patients was delivered successfully and in addition to the PowerPoint presentation the departments received a voice-over training DVD. This DVD highlighted the pearls and pitfalls for treating this high risk patient population.

- Second, the training and CQI efforts continue for the special focus on airway management. In particular, the focus is on the procedure of intubation. The CQI Airway Task Force continues to meet regularly and make progress toward our goals. These classes will draw upon multiple resources and small group sessions. This close attention will achieve the desired effect that the training should meet the appropriate standards.

- The third initiative is improving stroke care. This training was a small portion of the research study looking to improve the identification of stroke patient by prehospital personnel. The training has taken place at the EMS Up-Date. There was an extensive question and answer period and was well received. A training DVD has been delivered to all EMS provider agencies to ensure
precise training. The majority of stroke centers in Santa Clara County have elected to participate in the study.

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<tbody>
<tr>
<td>A. Accept Written Report on the Financial Status of the EMS Trust Fund</td>
<td>Michael Petrie reported on the Financial Status of the EMS Trust Fund liquidated damages and Balance of Trust Fund</td>
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<td></td>
<td>Committee requested that a separate report be added to future agendas to provide update on Allocated Trust Fund expenditures by specific category.</td>
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<tr>
<th>9. Exclusive Operating Area Contract Status</th>
<th>Michael Petrie provided an update on the status of Rural/Metro as the EMS System’s 911 paramedic ambulance provider.</th>
<th>Information only.</th>
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<tbody>
<tr>
<td>A. Rural/Metro Update</td>
<td>John Blain reported on the third quarter (July to September 2013) response time performance. Rural Metro has been compliant in all zones and overall performance.</td>
<td>Rural/Metro Response Time Performance Report accepted as presented. M/S/C T. Haglund/J. Silva</td>
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<tr>
<td>B. County EOA Update – July to September 2013</td>
<td></td>
<td>Fire Department Response Times Performance Report accepted as presented. M/S/C T. Haglund/J. Silva</td>
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<tr>
<td>i. Accept Rural/Metro Response Time Performance Report</td>
<td></td>
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<tr>
<td>C. Accept Fire Department Response Time Performance Report</td>
<td>John Blain reported that San Jose Fire Department failed to achieve 90% zone compliance during this period of review. In the month of July 2013, “Code 3” compliance was 89.19%. In August 2013, “Code 3” compliance was 88.37%. In the month of September 2013, “Code 3” compliance was 86.32%. In the month of June 2013, “Code 2” compliance was 88.93%. As documented in the previous report to the committee, other performance deficiencies have occurred in</td>
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## D. Palo Alto EOA Update – Accept Verbal Report

- No report received from City of Palo.
- Information only.

## 10. Hospital Destination, Diversion, and Advisory Status Report

- Michael Petrie reported on the status of hospital destination, diversion and hospital advisory status levels for July to September of 2013.
- Information only.

## 11. Member Roundtable and Reports

- Information only

## 12. Next Meeting

The next meeting will be held on March 6, 2014 from 1:00 to 3:00pm at the Sheriff’s Department Auditorium.
- As noted.

## 13. Adjournment

There being no further business, the meeting was adjourned at 1:54pm
- Meeting adjourned.

### MEMBERS PRESENT

- Harry Hall, Chair, Health Advisory Commission
- Kenneth Horowitz, Health Advisory Commission
- Jose Chavez, Public Safety Sector Paramedic/EMT
- Jo Coffaro, Hospital Council of Northern CA
- Tom Haglund, County City/County Managers
- Rick Kline, Santa Clara County Trauma Surgeons
- Ginger Miramontes, Emergency Department Managers
- Nathaniel Montgomery, Health Advisory Commission
- Randy Hooks, Permitted Non-911 Ambulance Provider
- Ken Kehmna, Santa Clara County Fire Chief’s Assoc John Kralyevich, Private Service EMT/Paramedic
- Elaine Nelson, South Bay Emergency Medical Directors
- Mark Norman, 911 Contracted Ambulance Provider
- James Silva, Santa Clara County Medical Association

### MEMBERS ABSENT

- Steven Drewniary, Santa Clara County Police Chief’s
- Michelle Woodfall, Santa Clara Trauma Managers

### STAFF PRESENT

- Michael Petrie, Director
- Erick Rudnick, Medical Director
- Josh Davies, EMS Section Manager
- Patricia Natividad, Management Analyst
- Lilia Felix-Villalobos, Executive Assistant
- Daniel Franklin, EMS Specialist
- Michael Cabano, EMS Specialist
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Patricia Natividad
Senior Management Analyst

Subject: Summary of Approved or Pending Board of Supervisors and Health and Hospital Committee Items

Health and Hospital Approved Committee Approved/Pending Board Items:


Accept report from EMS/Public Health Department relating to steps that could improve response time performance of First Responders.

The Health and Hospital Committee and Board of Supervisors have requested information from the EMS Agency regarding San Jose Fire Department response time compliance as well as updates regarding actions to improve response times.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.


Accept report from EMS/Public Health Department relating to performance of Rural/Metro as 911 exclusive operating area ambulance provider.

The Board of Supervisors, at their December 10, 2013 meeting, directed County staff to: (1) Provide a framework to determine the phases of the contracting process to the Board of Supervisors; (2) Provide monthly reports about Rural/Metro’s performance to the Health and Hospital Committee; (3) Provide monthly progress reports regarding the status of the evaluation, request for proposal (RFP) and contracting process to the Health and Hospital Committee; and (4) Provide a comprehensive report regarding Rural/Metro’s performance and the RFP evaluation no later than the first Board of Supervisors’ meeting in May 2014. The report responds to the request and (4) provides a comprehensive reports regarding Rural/Metro’s performance and the RFP process.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.
Annual Emergency Medical Services Plan Update to the California Emergency Medical Services Authority Process – May 16, 2014.

Approve the 2012 Update of the Santa Clara County Emergency Medical Services Plan and authorize submission to the California Emergency Medical Services Authority.

The Santa Clara County Emergency Medical Services (EMS) Plan Update provides a framework for the ongoing development and enhancement of the County's EMS System. The Plan requires the County to validate adherence to various regulatory requirements and guidelines.

Pursuant to Section 1797.254 of the California Health and Safety Code, each local EMS Agency must develop and submit an annual update of its approved EMS Plan to the California Emergency Medical Services Authority. The 2012 EMS Plan fulfills the statutory requirement, maintaining the EMS Agency’s plan as “current.” As in past years, the submission of the EMS Plan also includes the submission of the Santa Clara County's Trauma Plan Update, which is a specified component of the EMS Plan. The annually updated EMS Plan must be adopted by the Board of Supervisors prior to submission to the State. Plans are submitted annually for the previous year (retrospective review).


Accept report from EMS/Public Health Department relating to performance of Rural/Metro as 911 exclusive operating area ambulance provider.

The Board of Supervisors, at their December 10, 2013 meeting, directed County staff to: (1) Provide a framework to determine the phases of the contracting process to the Board of Supervisors; (2) Provide monthly reports about Rural/Metro’s performance to the Health and Hospital Committee; (3) Provide monthly progress reports regarding the status of the evaluation, request for proposal (RFP) and contracting process to the Health and Hospital Committee; and (4) Provide a comprehensive report regarding Rural/Metro’s performance and the RFP evaluation no later than the first Board of Supervisors’ meeting in May 2014. These reports are intended to provide the Board of Supervisors with the requested information and to outline a process to determine whether or not to re-bid the 911 Exclusive Operating Area Ambulance Contract.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.


Accept semi-annual report from Emergency Medical Services (EMS) Agency relating to the status of the EMS Agency and EMS System for period July 1, 2013 through December 31, 2013.

At their December 14, 2010 meeting, the Board of Supervisors requested that the EMS Agency provide regular updates to the Health and Hospital Committee regarding the performance of the County Exclusive Operating Area 911 Ambulance Provider, Rural/Metro of California.

On November 22, 2011, the Health and Hospital Committee requested that the EMS Agency provide an update in February 2012, and then provide future updates in May and November of 2012 and in subsequent years. A semi-annual report covering July 1, 2013 through December 31, 2013, was submitted and provided the requested information.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.

Accept report from EMS/Public Health Department relating to performance of Rural/Metro as 911 exclusive operating area ambulance provider.

The Board of Supervisors, at their December 10, 2013 meeting, directed County staff to: (1) Provide a framework to determine the phases of the contracting process to the Board of Supervisors; (2) Provide monthly reports about Rural/Metro’s performance to the Health and Hospital Committee; (3) Provide monthly progress reports regarding the status of the evaluation, request for proposal (RFP) and contracting process to the Health and Hospital Committee; and (4) Provide a comprehensive report regarding Rural/Metro’s performance and the RFP evaluation no later than the first Board of Supervisors’ meeting in May 2014. These reports are intended to provide the Board of Supervisors with the requested information and to outline a process to determine whether or not to re-bid the 911 Exclusive Operating Area Ambulance Contract.

A copy of the report can be viewed on the Health and Hospital Committee Meeting Agenda web page.

Summary of Board of Supervisors Approved Items:

Adopt Annual Emergency Medical Services Plan Update to the California Emergency Medical Services Authority Process – May 20, 2014.

Approve the 2012 Update of the Santa Clara County Emergency Medical Services Plan and authorize submission to the California Emergency Medical Services Authority.

The Santa Clara County Emergency Medical Services (EMS) Plan Update provides a framework for the ongoing development and enhancement of the County’s EMS System. The Plan requires the County to validate adherence to various regulatory requirements and guidelines.

Pursuant to Section 1797.254 of the California Health and Safety Code, each local EMS Agency must develop and submit an annual update of its approved EMS Plan to the California Emergency Medical Services Authority. The 2012 EMS Plan fulfills the statutory requirement, maintaining the EMS Agency’s plan as “current.” As in past years, the submission of the EMS Plan also includes the submission of the Santa Clara County’s Trauma Plan Update, which is a specified component of the EMS Plan. The annually updated EMS Plan must be adopted by the Board of Supervisors prior to submission to the State. Plans are submitted annually for the previous year (retrospective review).
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Accept Eric Nickel as replacement for Ken Kehmna as representative for the Santa Clara County Fire Chiefs’ Association

The Santa Clara County Fire Chiefs’ Association has appointed Eric Nickel, Chief of the Palo Alto Fire Department as their new representative to the EMS Committee, replacing County Fire Chief Ken Kehmna. No action by the Committee is necessary.
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Proposed Changes to Standing Rules of EMS Committee

More than one year ago, the EMS Committee discussed the importance of changing the Standing Rules of the EMS Committee to allow the committee to maintain a quorum and transact business with only one Health Commissioner present; rather than the current requirement of two Health Commissioners being present. This change is necessary because in the past two years, the EMS Committee meetings had to be cancelled twice due to a lack of a quorum, and because delays in appointing new Health Commission representatives to the EMS Committee exacerbate this persistent problem. Cancellations of EMS Committee meetings impede the collaborative nature of the Santa Clara County EMS System.

The revised draft of the Standing Rules of the EMS Committee corrects this problem, restates more clearly the purpose of the EMS Committee, and makes other non-substantive changes for clarity.

Options

1) Approve the changes to the Standing Rules of the EMS Committee, as noted on the attached documents. Request that the EMS Agency forward the EMS Committee-approved Standing Rules of the EMS Committee to the EMS Commission for adoption or approval.

2) Do not approve the changes to the Standing Rules of the EMS Committee, as noted on the attached documents.

3) Other options as identified by the EMS Committee.

Recommendation

1) Approve the changes to the Standing Rules of the EMS Committee, as noted on the attached documents. Request that the EMS Agency forward the EMS Committee-approved Standing Rules of the EMS Committee to the EMS Commission for adoption or approval.
STANDING RULES

EMERGENCY MEDICAL SERVICES COMMITTEE

A STANDING COMMITTEE
OF
THE HEALTH ADVISORY COMMISSION

I. COMMITTEE RESPONSIBILITIES

The purpose of the Emergency Medical Services Committee (EMS Committee), a standing committee of the Health Advisory Commission, shall be to provide recommendations related to emergency medical services to the Health Advisory Commission and to provide a community based and informal feedback channel for the EMS Agency. The Committee will collaborate with the EMS Agency to monitor contract and regulatory compliance and performance of EMS System providers, including emergency medical dispatch centers, first responders, the contracted 911 exclusive operating area paramedic ambulance provider, non-emergency ambulance providers, hospital emergency departments, and specialty centers. The committee will also make recommendations on certain EMS Trust Fund expenditures, and review the EMS Plan.

II. MEMBERSHIP

The membership of the EMS Committee shall consist of:

A. A practicing physician whose primary practice is emergency medicine, nominated by SBEMDA (South Bay Emergency Medical Directors Association)

B. A practicing physician and surgeon whose primary practice is trauma surgery, nominated by the Santa Clara County Medical Society

C. A practicing pediatrician, nominated by the Santa Clara County Medical Society

D. A practicing registered nurse who is knowledgeable in emergency medical services, nominated by the local chapter of the Emergency Nurses Association

E. A practicing registered nurse who is knowledgeable in trauma emergency medical services, nominated by the Santa Clara County Trauma Program Managers

F. A practicing paramedic or EMT, nominated by the Prehospital Providers Committee to represent private sector paramedics and EMTs

G. A practicing paramedic or EMT, nominated by the EMS Fire Chiefs to represent public sector paramedics and EMTs
H. An executive officer of the emergency ambulance service provider for the exclusive operating area, nominated by that organization

I. An executive officer of a permitted ambulance service provider, other than the emergency ambulance service provider for the exclusive operating area, nominated on a rotating basis by the EMS Director

J. An executive officer of a fire department or fire district, nominated by the Santa Clara County Fire Chiefs’ Association

K. An executive officer of a law enforcement agency, nominated by the Santa Clara County Police Chiefs’ Association

L. A hospital executive, nominated by the Hospital Council of Northern California

M. A City Manager, nominated by the Santa Clara County City Managers’ Association

N. Three Commissioners from the Health Advisory Commission, nominated by the Health Advisory Commission.

Each nominating body should select one (1) primary and one (1) alternate member.

III. COMMITTEE CHAIRPERSON

The Chair of the EMSCO shall be appointed by the Health Advisory Commission and shall be a Health Advisory Commissioner.

IV. ATTENDANCE

Members should attend at least fifty percent of the meetings held during any consecutive twelve month period. Personal and professional obligations will be recognized as an excused absence. In the event a primary member cannot attend a committee meeting, the member should ask their alternate to attend the meeting to assure continuity. In the event the member has unexcused absences from two or more meetings during a twelve month period, the committee chair or the EMS Director will notify the nominating authority and request that the nominating authority recommend a replacement for the position.

V. QUORUM

A majority of the membership (fifty percent plus one), including at least one member of the Health Advisory Commission, shall constitute a quorum. This is a total of nine members. A quorum of the EMS Committee must be present to discuss items listed on the agenda or take any action.
VI. MEETINGS

The Emergency Medical Service Committee shall conduct regularly scheduled quarterly meetings. Additional meetings may be called by the Chair.

VII. PARLIAMENTARY PRACTICE

Meetings of the EMS Committee shall be conducted consistent with Robert’s Rules of Order.

VIII. COMPLIANCE WITH OPEN MEETING LAWS

The EMS Committee complies with the Brown Act, California’s open meeting law (Government Code Sections 54950-54963). Among other things, this law requires that:

- All EMS Committee meetings are open to the public
- Members of the public are afforded an opportunity to address the committee on items within its purview.
- The EMS Committee’s agenda must be posted by the EMS Agency and the Clerk of the Board no less than 72 hours before a meeting. The agenda will be posted on the EMS Agency’s website and in the public notice posting location at the County Government Center, at 70 West Hedding Street, San Jose.
STANDING RULES

EMERGENCY MEDICAL SERVICES COMMITTEE

A STANDING COMMITTEE
OF
THE HEALTH ADVISORY COMMISSION

I. COMMITTEE RESPONSIBILITIES AREAS OF FOCUS

The purpose of the focus of the Emergency Medical Services Committee (EMS Committee), a standing committee of the Health Advisory Commission, shall be to provide recommendations related to emergency medical services to the Health Advisory Commission and to provide a community based and informal feedback channel and critical thinking process for the EMS Agency. The Committee will promote understanding of the EMS System as an essential public service, which involves treatment and transportation decisions with life and death consequences to our citizens. The Committee will collaborate with the EMS Agency to monitor contract and regulatory compliance and performance of EMS System providers, including emergency medical dispatch centers, first responders, the contracted 911 exclusive operating area paramedic ambulance provider, non-emergency ambulance providers, hospital emergency departments, and specialty centers. The committee will also in monitoring the contract with the exclusive operating service provider, make provide recommendations on certain EMS Trust Fund expenditures, and review the helpful feedback on budget, training, regulatory performance, including trauma system oversight, hear & resolve complaints related to the EMS System, and review the preparation of the EMS Plan, and the Annual EMS Agency Report.

II. MEMBERSHIP

The membership of the Emergency Medical Services Advisory Committee of Santa Clara County shall consist of:

A. A practicing physician whose primary practice is emergency medicine, nominated by SBEMDA (South Bay Emergency Medical Directors Association)

B. A practicing physician and surgeon whose primary practice is trauma surgery, medicine nominated by the Santa Clara County Medical Society

C. A practicing pediatrician, nominated by the Santa Clara County Medical Society

D. A practicing registered nurse who is knowledgeable in emergency medical services, and issues nominated by the local chapter of the Emergency Nurses Association
E. A practicing registered nurse who is knowledgeable in trauma emergency medical services, and issues nominated by the Santa Clara County Trauma Program Managers

F. A practicing paramedic or EMT, nominated by the Prehospital Providers Committee to represent the private sector paramedics and EMTs

G. A practicing paramedic or EMT, nominated by the EMS Fire Chiefs to represent the public sector paramedics and EMTs

H. An executive management member officer of the permitted exclusive operating area-contracted emergency ambulance service provider for the exclusive operating area nominated by that organization the permitted contract emergency ambulance service provider

I. An executive management member officer of a permitted non-contract ambulance service provider, other than the emergency ambulance service provider for the exclusive operating area, nominated on a rotating basis by the EMS Director Administrator

J. An executive management member officer of a fire department or fire district, an entity providing fire protection and prevention services nominated by the Santa Clara County Fire Chiefs Association

K. An executive management member officer of a law enforcement agency, an entity providing police protection nominated by the Santa Clara County Police Chiefs Association

L. A hospital executive, nominated by the Hospital Council of Northern California

M. A City Manager Executive nominated by the Santa Clara County City Manager's Association

N. Three Commissioners from the Health Advisory Commission, nominated by the Health Advisory CommitteeCare Commission

- Each nominating body should all be asked to select one (1) primary and one (1) alternate member.

- The Chair of the EMSCO this Committee shall be appointed by the Health Advisory Commission and shall be a Health Advisory Commissioner.
III. COMMITTEE CHAIRPERSON

The Chair of the EMSCO shall be appointed by the Health Advisory Commission and shall be a Health Advisory Commissioner.

III. ATTENDANCE

• Members in good standing should have no more than two (2) consecutive absences per year; and members should attend at least fifty percent (50) of the actual meetings held during any consecutive twelve (12) month period.

Members should attend at least fifty percent of the meetings held during any consecutive twelve month period. Personal and professional obligations will be recognized as an excused absence. In the event a primary member cannot attend a committee meeting, the member should ask their alternate to attend the meeting to assure continuity. In the event the member has unexcused absences from two or more meetings during a twelve month period, the committee chair or the EMS Director will notify the nominating authority and request that the nominating authority recommend a replacement for the position.

• The chairperson of EMSCo and the EMS Administrator will notify the nominating authority. And ask that the authority recommend a replacement for the position.

• Personal and professional obligations will be recognized as an excused absence and request that an alternate be selected to attend the meeting for continuity and communication.

IV. QUORUM

A majority of the membership (fifty percent plus one), including at least one member of the Health Advisory Commission, shall constitute a quorum. This is a total of nine members. A quorum of the EMS Committee must be present to discuss items listed on the agenda. A quorum of the Emergency Medical Services Committee (16) of the Health Advisory Commission shall consist of 50% of the membership plus one (9).

A simple majority of the quorum, including two (2) Health Advisory Commissioners, shall be required to pass a motion.
V. MEETINGS

- The Emergency Medical Service Advisory Committee shall conduct regularly scheduled quarterly meetings. Additional meetings may be called by the Chair, at least once a quarter.
- Additional Meetings shall be called as necessary by the Chair.

VI. PARLIAMENTARY PRACTICE

Meetings of the EMS Committee shall be conducted consistent with Robert’s Rules of Order.

VII. COMPLIANCE WITH OPEN MEETING LAWS

The EMS Committee complies with the Brown Act, California’s open meeting law (Government Code Sections 54950-54963). Among other things, this law requires that:

- All EMS Committee meetings are open to the public under the Brown Act.
- Members of the public are afforded an opportunity to address the committee on items within its purview.
- The EMS Committee’s agenda must be posted by the EMS Agency and the Clerk of the Board no less than 72 hours before a meeting. The agenda will be posted on the EMS Agency’s website and in the public notice posting location at the County Government Center, at 70 West Hedding Street, San Jose. This committee must have an agenda and must post it 72 hours before the meeting. This posting will be handled by the EMS Agency and the Clerk of the Board.
- All meetings will be held in an open manner in accordance with Government Code Sections 54950-54966.
- The Chair, with the consent of the majority of the quorum, may establish rules of order for committee meetings during his/her tenure.
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Response to Request for Information about the EMS Committee Chair

At the October 3, 2013 EMS Committee meeting, Committee Chair Harry Hall requested that the EMS Director determine his eligibility to serve on the EMS Committee and to Chair the EMS Committee since his term on the Health Commission had expired.

The EMS Agency researched this issue with the County Counsel’s Office; Rhoda Schroder, Division Manager of Board Operations; and Elinor Stetson, Chair of the Health Advisory Commission. Based on these discussions, the EMS Agency has determined that members of the Health Advisory Commission serving on the EMS Committee may continue to serve on that committee and serve as chair of that committee, until they are replaced by the Board of Supervisors.

Therefore, based on this information and the appointment process of the EMS Committee Chair, as defined in the Standing Rules of the EMS Committee, Harry Hall will continue as a member and chair of the EMS Committee until he is replaced by the Board of Supervisors or until he voluntarily resigns as the chair or a member of the EMS Committee.

Options
1) Accept the EMS Director’s report.
2) Do not accept the EMS Director’s report.
3) Other options as identified by the EMS Committee.

Recommendation
1) Accept the EMS Director’s report.
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Michael Petrie
EMS Director

Subject: Rural/Metro Contract Revision

The Emergency Medical Services Agreement between the County of Santa Clara and Rural/Metro of California for 911 Exclusive Operating Area (EOA) paramedic and ambulance service is in force until June 30, 2016. The County has the right to extend the term of the Agreement for two additional 3-year periods, by providing Rural/Metro no less than (60) days prior written notice.

The EMS Agency anticipates approximately 20 to 24 months is necessary to create and release an RFP for 911 EOA paramedic ambulance services, to select the desired vendor, and to provide time for the vendor to prepare for operation. Therefore, the EMS Agency anticipates making a recommendation to the Health and Hospital Committee and the Board of Supervisors on whether to develop and release a RFP, between June and October 2014. I will provide an oral report on this item and answer questions at the EMS Committee Meeting.

Options
1) Accept the EMS Director’s oral report as presented.
2) Do not accept the EMS Director’s oral report as presented.

Recommendation
1) Accept the EMS Director’s oral report as presented.
Date:       June 5, 2014
To:         Santa Clara County EMS Committee Members
From:       Michael Petrie
            EMS Director
Subject:    San Jose Fire Department Response Time Performance

The following chart summarize the San Jose Fire Department’s response time performance between January 2012 and April 2014, based on information provided by the San Jose Fire Department.

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**San Jose Fire Department Response Times to Red Light and Siren (RLS) Calls January 2012 through April 2014***

*March 2014 and April 2014 are preliminary data.

On November 13, 2013, the San Jose Fire Department notified the EMS Agency that the department identified long-term problems with their response time reporting. The EMS Agency formally requested...
the San Jose Fire Department to provide more information about the accuracy of their past and current response time compliance reporting practices. The EMS Agency also asked the San Jose Fire Department to prioritize correcting any response time reporting problems, because response time performance is a central quality improvement indicator.

San Jose Fire Department’s Operational Changes to Improve Response Time Performance

**Actions and Solutions**

On February 12, 2014, the County Executive’s Office requested that the EMS Agency coordinate a meeting with the San Jose Fire Department and Rural/Metro to explore options for augmenting the San Jose Fire Department’s First Responder capability. The purpose of these meetings were for the EMS Agency to provide technical expertise to the City of San Jose and to examine the feasibility of adding Rural/Metro as a First Responder in the City of San Jose until such time as the San Jose Fire Department could demonstrate call time performance at the 90th percentile standard.

Since February 12, 2014, the EMS Agency and the City of San Jose and a data sub-committee has met eight times to review call time data and explore short term solutions and long term strategies to improve call time performance. In these meetings, the EMS Agency and the City of San Jose focused on validating the accuracy of the San Jose Fire Department’s methods of analyzing and reporting response time data and implementing operational changes that incrementally improve response time performance.

To verify the accuracy of the CAD (computer aided dispatch) data and the response time reporting data, the City of San Jose hired Athena Advanced Networks, an auditing firm, to audit the processes used to collect and report fire department response time data and the verify accuracy of that data. At least three significant areas for improvement were identified:

- The San Jose Fire Department’s response time calculations were based on response time data being rounded up or down to the nearest minute; rather than being reported to the second, as required by the Agreement. This error would have caused a response time of 7:51, an acceptable response time, to be rounded up to 8:00, a late response time. Recalculating response times with this error corrected resulted in an average mean response time that is .85% faster than previously reported, from July 2012 through March 2014. Correcting this reporting error, on its own, would not have allowed the San Jose Fire Department to meet the 90th percentile response time goal for any month between October 2012 and March 2014.
- The San Jose Fire Department’s response time performance data was extracted from Firehouse, the fire department’s electronic fire records program, instead of directly from the CAD. The Department now extracts their response time performance data directly from the CAD, instead of Firehouse. This process reduces the possibility of data errors associated with transfer or translation of data from the CAD to Firehouse.
- In the future, the San Jose Fire Department will report response time performance against the Agreement’s population density standards; rather than simply considering all of San Jose as an Urban area. In the EMS Agreement, Urban areas have a response time goal of 7 minutes, 59 seconds, and Suburban areas have a response time goal of 9 minutes, 59 seconds. The EMS Agency believes that implementing this change will further improve the San Jose Fire Department’s response time performance, but cannot quantify the change.
The San Jose Fire Department and EMS Agency also analyzed the fire department’s response time data to identify trends based on geography, time, and other patterns. Based on this information, the San Jose Fire Department has implemented operational initiatives that have incrementally improved response time performance. Those changes include:

- Reducing from five to three, the number of companies simultaneously taken out of service for training.
- Decentralized training to reduce travel times to and from training.
- Reduce alarm processing time through early dispatching.

While the data is still preliminary, it appears that correcting the response time performance reporting errors and implementing the operational initiatives noted above have improved the San Jose Fire Department’s response time performance, as reported to the EMS Agency. The data indicates that the San Jose Fire Department’s response times are improving; the increase in response time performance is greater than can be attributed to only correcting the errors in the response time reporting process. There has been an approximate 4% to 5% improvement in the San Jose Fire Department’s response time performance, which makes sustaining compliance with the 90% response time goal much closer. The solutions and resources required to improve and sustain call time performance from approximately 88% to 90% are significantly less intensive and expensive than what would be necessary to meet and sustain the 90% standard from the 83% to 84% range. The County of Santa Clara will validate the results of that Athena Advanced Networks’ audit through the Board of Supervisors-directed audit performed by the auditing firm of Harvey Rose.

The San Jose Fire Department is also evaluating other initiatives to further improve response time performance. Some of those initiatives include:

- Evaluate Automatic Vehicle Location (AVL)-based closest unit dispatch systems (similar to Rural/Metro’s system).
- Continue to evaluate traffic signal override capabilities for fire apparatus.
- Develop a “standards of coverage” document to assist in planning for municipal growth.
- Continue to statistically analyze response and call patterns.
- As previously noted, report response time performance against the Agreement’s population density standards; rather than simply considering all of San Jose as an urban area.

Options
1) Accept the EMS Director’s report as presented.
2) Do not accept the EMS Director’s report as presented.

Recommendation
1) Accept the EMS Director’s report as presented.
Date: June 5, 2014

To: EMS Committee Membership

From: Josh Davies | CEM
EMS Section Chief

Subject: Professional Standards Investigation Status: CPR Credentials

Background

In March 2014, the EMS Agency began an extensive investigation into the procurement of suspect cardio-pulmonary resuscitation (CPR) credentials by emergency medical technicians and paramedics in Santa Clara County.

Over 200 suspect cases were identified with approximately half of the cases falling under the jurisdiction of the Emergency Medical Services Authority (paramedics) and the remainder falling primarily under Santa Clara County EMS Agency (EMTs and others).

Current Status

The EMS Authority has completed their investigation and expects to begin to issue disciplinary decisions for California Licensed Paramedics in the coming weeks. The County is not aware of the proposed discipline that will be issued by the State.

The Santa Clara County EMS Agency has completed the investigation of all suspect EMTs. Discipline has been issued to over seventy individuals with the remainder occurring within the coming weeks. As of today’s date, one individual was found to not have violated the Health and Safety Code. The majority of those placed on discipline were placed on a two year probationary period, revocation of EMT certificate with revocation stayed, and terms and conditions including mandatory completion of a college level ethics course.

A comprehensive report will be issued upon completion of all disciplinary proceedings including any appeals received.

Requested Actions

1. Information only
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Eric M. Rudnick, MD, FACEP, FAAEM
Santa Clara County EMS Agency Medical Director

Subject: Clinical Care/Medical Directors Report

We continue to push forward with our clinical initiatives for both care of the trauma patient and airway management. The Airway Task Force has been folded into the overarching umbrella committee responsible for Continuous Quality Improvement (CQI). We have nearly finished developing the didactic portion for the EMS stakeholders. This has been a very collaborative process with great input from the system providers. The CQI committee will now turned its attention to developing the psychomotor portion of training. The long term goal is to improve the airway management skills for EMS providers.

The care of the trauma patient is always at the forefront of our minds at the EMS agency. In 2013 (at the EMS annual update) we deliver specialized training for the evaluation and care of pediatric trauma patients. This process included the Pediatric Trauma Surgeons at Valley Medical Center and Lucille Packard Hospital. The focus is now turning toward the other end of the age spectrum, the elderly. The elderly don’t tolerate trauma well due to less physiologic reserve. Our aim is to reduce unrecognized injury and therefore improve the triage of elderly trauma patients. The development of the curriculum is in the planning stages.

The SCAMPS (Santa Clara Assessment for Missed Posterior Strokes) Trial Study began on 2/7/14. It is currently too early to tell what the initial results are. We hope that this study will be success in helping to identify previously undiagnosed stroke patients. The majority of stroke centers in Santa Clara County have elected to participate in the study.

The ABMS (American Board of Medical Specialties) has approved board certification in Emergency Medical Services as a subspecialty. The first group of physicians was able to take the examination in November 2013. This is a major achievement for Emergency Medicine as a whole. I plan to apply and take the new certification in EMS the next time the examination is offered in 2015 (every other year cycle).

Thank you for your attention and respectfully submitted.
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: Patricia Natividad
Senior Management Analyst

Subject: Written Report on the Financial Status of the EMS Trust Fund

On May 16, 2014, the Health and Hospital Committee approved the Emergency Medical Services (EMS) Agency FY15 Trust Fund Recommendations. Each year the EMS Agency submits a report relating to the current fiscal year EMS Trust Fund to the Health and Hospital Committee. The report is then forwarded to the Board of Supervisors' for approval.

The Emergency Medical Services Trust Fund (EMS Trust Fund) is funded by liquidated damages, which are fines and penalties, paid by Rural/Metro (the contracted 9-1-1 ambulance provider) and other miscellaneous revenue sources, such as first responder non-performance penalties and interest on the EMS Trust Fund balance. No County General Fund monies support the EMS Trust Fund.

In 2000, the Board of Supervisors created the EMS Trust Fund and required that the EMS Agency provides an annual report on the Fund’s status. This annual report provides information on the status of EMS Trust Fund deposits during fiscal year 2014 (FY14) and recommends fund expenditures for FY15.

A copy of the approved written report is attached for your review.
DATE: May 16, 2014
TO: Health and Hospital Committee
FROM: Daniel Peddycord, Public Health Director
SUBJECT: Emergency Medical Services FY15 Trust Fund Recommendations

RECOMMENDED ACTION
Accept annual report from Emergency Medical Services (EMS) Agency relating to Fiscal Year 2015 EMS Trust Fund and forward report to the Board of Supervisors for approval.

FISCAL IMPLICATIONS
The Emergency Medical Services Trust Fund (EMS Trust Fund) is funded by liquidated damages, which are fines and penalties, paid by Rural/Metro (the contracted 9-1-1 ambulance provider) and other miscellaneous revenue sources, such as first responder non-performance penalties and interest on the EMS Trust Fund balance. No County General Fund monies support the EMS Trust Fund.

REASONS FOR RECOMMENDATION
In 2000, the Board of Supervisors created the EMS Trust Fund and required that the EMS Agency provides an annual report on the Fund’s status. This annual report provides information on the status of EMS Trust Fund deposits during fiscal year 2014 (FY14) and recommends fund expenditures for FY15.

Fiscal Year 2014 EMS Trust Fund Revenue
The EMS Agency forecasts that during FY14, the EMS Trust Fund will receive approximately $3.2 million in revenue from liquidated damages (fines); funds abandoned by fire departments that elected not to provide advanced life support first response; quarterly first responder non-performance penalties; and interest on the fund balance. To provide context, this amount of revenue is slightly less than the revenue of approximately $3.4 million in financial penalties that were deposited in the EMS Trust Fund in FY13. The FY14 EMS Trust Fund revenue sources are detailed in the following table:

<table>
<thead>
<tr>
<th>Revenue Sources</th>
<th>Available Funding</th>
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</thead>
<tbody>
<tr>
<td>Liquidated Damages Received FY14</td>
<td>$2,270,500</td>
</tr>
</tbody>
</table>
Status of EMS Trust Fund as April 30, 2014

The following table clarifies the difference in the amount of cash in the EMS Trust Fund and available revenue in the EMS Trust Fund, based on the accrual method of accounting. As of April 30, 2014, the EMS Trust Fund contained $7,609,801 in cash. However, of that amount, $5,292,865 has been encumbered for expenditures, based on previous actions of the Board of Supervisors.

This large difference in the amount of cash and the available revenue by accrual occurs primarily because the EMS Trust Fund spends one year in arrears and because monies within Category A (Strategic Reserve) of the EMS Trust fund are carried year over year in the Trust Fund. EMS Trust Fund Revenue received during Fiscal Year 2013 is not spent until Fiscal Year 2014, and so forth. This creates a large cash balance, especially near the end of the fiscal year, when liquated damages revenue has been deposited, but project expenses have not yet been incurred.

Additionally, this year, the EMS Agency is requesting to transfer or roll over $1,345,000 from FY14 EMS Trust Fund monies to FY15 EMS Trust Fund monies. These monies are from three projects approved by the Board of Supervisors in FY13 and FY14; however, due to the complexity of the projects, and unanticipated reprioritization of responsibilities, the EMS Agency has not been able to complete these projects. The first project is Implementation of the EMS System Strategic Plan, for which $520,000 would be transferred. The second project is to support the Prehospital Component of the Sobering System, for which $525,000 would be transferred. The third project is to pay to integrate hospitals in the Comprehensive EMS Data System, for which $300,000 would be transferred. This information is detailed in the following table and the EMS Agency hopes this information improves the transparency of the EMS Trust Fund.

### Proposed FY14-15 Trust Fund Budget & Allocations:

<table>
<thead>
<tr>
<th>Allocations</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>Trust Fund Balance (Cash Balance) as of April 30, 2014</td>
<td>$7,609,801</td>
</tr>
<tr>
<td>Previous Funding Commitments</td>
<td>$3,947,865</td>
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<tr>
<td>FY 14 Authorized spending</td>
<td>$1,223,571</td>
</tr>
<tr>
<td>FY14 authorized spending encumbered, but not spent in FY14</td>
<td>$185,000</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
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</tr>
<tr>
<td>FY14 one time payout to fire departments, EMS Agency, and County Communications, due to Rural/Metro bankruptcy (includes encumbrance for San Jose’s held first responder payment).</td>
<td>$1,789,294</td>
</tr>
<tr>
<td>FY14 Public Health Subsidy (transfer not processed)</td>
<td>$750,000</td>
</tr>
<tr>
<td>FY 13/FY14 authorized spending requesting to rollover to FY 15 for previously authorized projects</td>
<td>$1,345,000</td>
</tr>
<tr>
<td>• EMS System Strategic Plan Implementation</td>
<td>$520,000</td>
</tr>
<tr>
<td>• Prehospital Component of Sobering System</td>
<td>$525,000</td>
</tr>
<tr>
<td>• Hospital Integration into Data System</td>
<td>$300,000</td>
</tr>
</tbody>
</table>

**Available Revenue After Funding Commitments and Rollover**

| Projected Liquidated Damages for Balance of FY 14 (April 15, 2014 to June 30, 2014) | $798,000 |
| Projected Balance as of June 30, 2014 | $3,114,936 |
| Category A Reserve | $612,365 |
| Available Projected Balance as of June 30, 2014 | $2,502,571 |

**Proposed FY 15 Expenditures**

| Category A: Strategic Reserve | $800,000 |
| Category B: EMS System Support | $180,000 |
| • EMS System Public Information | $30,000 |
| • Training | $100,000 |
| • Exercises | $40,000 |
| • EMS Provider Recognition | $10,000 |
| Category C: Stakeholder Requests | $250,000 |
| • Airway Manikins | $150,000 |
If these recommendations are approved and adopted by the Board, the proposed FY15 EMS Trust Fund Expenditures (projects) would be financially enabled and a projected FY14 EMS Trust Fund End of Year Balance (unallocated reserves) of approximately $1,426,000 would remain. The total fund balance is derived by adding the FY14 Category A Reserve $612,365 to the Proposed FY15 Category A Reserve $800,000 to the projected unrestricted FY14 year-end balance of $13,576.

**Recommendations for Fiscal Year 2015 EMS Trust Fund Budget**

The EMS Agency requests that the Health and Hospital Committee forward the EMS Agency’s recommendations and this report to the Board of Supervisors for approval and inclusion in the FY15 budget.

**Category A: EMS System Reserve Investment: $800,000**

This amount would be placed into reserve and used only for significant strategic or long-range projects that benefit the EMS System, as approved by the Board of Supervisors. These funds would add to the total unencumbered balance off the EMS Trust fund, $612,365 to provide a total reserve of $1,412,365. These funds could also be used if the EMS System experiences an unanticipated financial burden, such as the failure of an ambulance provider or an extraordinary increase of cost of service or supplies, or a material decrease in system-wide third-party payor reimbursement.

- In FY 12, $850,000 was allocated to reserve.
- In FY 13, $976,659 was allocated to reserve.
- In FY 14, $575,000 was allocated to reserve.
- This equates to a total of reserve of $2,401,659 as of July 1, 2013.
- On February 4, 2014, the Board of Supervisors authorized the disbursement of $1,789,294 from Category A of the EMS Trust Fund to pay fire department First
Responder Fees, County Communication Department’s Communication’s Fee, and the EMS Agency’s Franchise Fee due to Rural/Metro’s bankruptcy.

- Based on the aforementioned allocations and one time disbursement to fire departments, County Communication’s, and the EMS Agency, Category A FY14 end of year balance is $612,365.

Category B: EMS System Support - Training, Education & Recognition - not to exceed $180,000.

Amounts budgeted may be transferred between any line item identified below, should requests fall below the amounts allocated.

Category B1: EMS System Information to the Public: $30,000.
Authorized expenditures in this category would be allocated to promote improvements made to the County EMS System and to inform the public about injury prevention, safety and cardiac survivability activities. This may include community forums, video production, written materials, and other forms of media.

Category B2: Training (not funded by grants or other sources): $100,000.
Authorized expenditures in this category would be allocated to provide training and training resources for EMS System providers. Courses would include Ambulance Strike Team training, continuing prehospital education, Six Sigma training, Hazardous Materials—First Responder Operations training, and the Annual EMS Update. The amount of funding requested is the same as the previous year.

Category B3: Exercises (not funded by grants or other sources): $40,000.
Authorized expenditures in this category would be allocated to design, conduct and evaluate exercises to assess EMS System capabilities. Typical exercises include the Multiple Patient Management Plan, Standard Dispatch Orders, Ambulance Strike Team operations, and disaster medical operations.

Category B4: EMS Provider Recognition and EMS Week: $10,000.
Authorized expenditures in this category would be allocated to recognize EMS System Stakeholders and stakeholder organizations. Funds are used to produce plaque and awards, t-shirts, mugs, and other objects to recognize EMS field providers during EMS Week and throughout the year.

Category B5: Annual EMS Conference: $0
Authorized expenditures in this category would be allocated to the annual Santa Clara County EMS System conference, which is held in May. This conference provides an
opportunity to provide advanced education to EMS System personnel, to network among the disciplines in the EMS System, and for elected and appointed officials to recognize the exceptional accomplishments of EMS System participants. This year, the EMS Agency is deferring the Annual EMS Conference.

**Category C: Benefit to EMS System Users not to exceed of $250,000.**

Authorized expenditures in this category assist EMS System Stakeholders with one-time and/or short term needs. Stakeholders have been solicited to request funding for projects from January through April 2014. Projects selected for funding may be started July 1, 2014, and must be completed by June 30, 2015.

Unused authorized funds within Category C would be retained in the EMS Trust Fund for use in the future years.

Normally, Category C requests are approved by the EMS Commission before being brought to the Health and Hospital Committee and Board of Supervisors. However, this spring, the EMS Commission did not have a quorum, so a meeting could not be held. The EMS Agency received and supports two EMS stakeholder requests, which include funding to purchase infant, child, and adult airway manikins, which are used to train EMTs and paramedics to perform lifesaving airway management techniques. EMS System stakeholders also requested to purchase an EMS Quality Improvement Analytics System.

**Category D: EMS System Strategic Initiatives not to exceed $509,000.**

**EMS System Strategic Plan Implementation**

Projects 1 through 3 continue to implement the EMS System Strategic Plan and allow the EMS Agency to comply with emerging state regulations relating to EMS specialty clinical services. Project 1 continues to develop the Comprehensive EMS System Data Project by providing advanced clinical quality analytic capability to all fire department first responders, Rural/Metro and the EMS Agency. Project 2 provides the EMS Agency with a portion of the staffing necessary to implement the EMS System Strategic Plan. Project 3 provides additional training to EMS System stakeholders in quality improvement, which has been identified as a critical need in the EMS System.

**Project 1: Quality Improvement Analytics for EMS System: $282,000**

This project would provide funding to implement a technology-based software service that can compare patients’ electronic patient care records against performance standards, based on clinical policies and protocols, to identify deviations from clinical care standards. This service has been requested by every first responder fire department within Santa Clara County and by Rural/Metro. By implementing this service during the FY 15 period, the EMS Agency would synchronize the service with the transition to the new national patient care
documentation standards (National EMS Information System or NEMSIS), which is required by January 1, 2015.

**Project 2: EMS Agency Strategic Initiatives Coordinator: $167,000**

This project provides funding to hire an EMS Specialist to coordinate the strategic initiatives identified in the 2013 Santa Clara County EMS System Strategic Plan. These initiatives would help the EMS system become more efficient and improve the infrastructure to improve clinical quality and operational performance within the EMS System. One of these projects is a resource allocation program, which was previously required of Rural/Metro. Other projects would decrease the aggregate cost of care, in areas such as the care of mental health patients, and better correlating emergency response based on patient need and clinical outcome.

**Project 3: Quality Improvement and Six Sigma Training: $60,000**

This project would provide funds to begin quality improvement training and to continue Lean Six Sigma process improvement training to EMS System Stakeholders. This training is necessary to provide EMS System stakeholders (i.e., hospitals, first responders, ambulance companies, and dispatch centers) with the competencies necessary to monitor and improve quality, as a critical component of the EMS System. Properly preparing organizations to achieve success is more desirable and less expensive than correcting errors through the regulatory process.

**Category D: Public Health Operations Department Subsidy not to exceed $750,000**

**Public Health Operations Subsidy**

**Project 1: Public Health Department Operations Subsidy: $750,000**

This expenditure would subsidize the Public Health Department, providing $750,000 in revenue to help offset the Department’s targeted general fund budget reduction of $1,500,000. Unlike the EMS Agency, the larger Public Health Department does not have a dedicated revenue source to fund ongoing operations and services. This general operational subsidy would assist the Department from having to make budget reductions in and across areas of services.

**CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

**SENIOR IMPACT**

The recommended action will have no/neutral impact on seniors.

**SUSTAINABILITY IMPLICATIONS**

The recommended action will have no/neutral sustainability implications.

**BACKGROUND**

On April 13, 2011, the Health and Hospital Committee endorsed an EMS Trust Fund Strategic Funding Plan. On April 26, 2011, that plan was authorized by the Board of Supervisors. This Strategic Funding Plan created four categories, to which EMS Trust Fund revenue would be assigned. The categories, and their intended use, are summarized:
Category A: EMS System Reserve Investment

Each year the EMS Agency reserves a portion of the EMS Trust Fund revenue generated in the previous fiscal year. This revenue is retained and used for significant and long term strategic projects that benefit the EMS System, as approved by the Board of Supervisors. These funds could also be used should the EMS System experience an unanticipated financial burden, such as the failure of an ambulance provider or an extraordinary increase of cost of service or supplies, or a material decrease in system-wide third-party payor reimbursement.

In addition, beginning in FY15, and with this report, Category A would include the full unencumbered balance of the EMS Trust Fund. In this way EMS Stakeholders and County policy makers would have a more transparent view of the revenue in this fund.

Category B: EMS System Support-Training, Education, and Recognition

Funding authorized in this category would be primarily used for annual training, education, exercises, an annual EMS conference, and recognitions. Funds would be used in the following subcategories:

- EMS System Information to the Public
- Training (which is not funded by grants or other sources)
- Exercises (which are not funded by grants or other sources)
- EMS Conference
- EMS Provider and committee member recognition, and EMS Week

Category C: Benefit to EMS System Providers

Projects in this category are requested from County of Santa Clara (County) EMS System Stakeholders, such as fire departments, County Communications, ambulance services, dispatch centers, and the EMS Agency. Projects in this category would continue to focus on one-time or shorter-term focused projects that benefit EMS System providers.

For Category C expenditures, the EMS Trust Fund Advisory Group, a subcommittee of the EMS Committee, reviews proposals and makes recommendations to the EMS Agency for funding. After review by EMS Agency staff, the EMS Director includes recommended projects in the annual EMS Trust Fund budget proposal to the Board of Supervisors.

Category D: EMS System Strategic Initiatives

Projects in this category emphasize the development of initiatives that strategically advance the County EMS System, often in the longer term. Projects in this category may take more than one fiscal year and involve numerous parties.

CONSEQUENCES OF NEGATIVE ACTION

The Committee would not receive the information requested.
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: John Blain
Contract Manager

Subject: County EOA Service Area Response Time Performance Report for County Ambulance

History and Issue
The County has entered into agreements with private and public entities to provide emergency medical response and advanced life support ambulance transportation services. Periodic response time compliance reports have been provided to the EMS Committee for the purpose of providing public review of those entities’ performance and compliance with contractual response time requirements. The County has performance based contracts with the following entities:

1. Rural/Metro of California (County Ambulance provider)

Context
Compliance is measured by several key performance indicators that include; response time requirements based on population density; designated response areas; type of response priority (red lights & siren or non-red lights & siren); total number of responses; total number of late responses; and total number of responses exempted (removed) from compliance calculations. Compliance is achieved when ninety (90%) percent or more of the responses meet the specified response time requirement in each response priority within each designated response area.

This report contains response time compliance data for May 2013-April 2014.

Cost
There is no direct cost to the EMS Committee to accept and/or not accept the report.

Legal Issues
There are no legal issues related to accepting and/or not accepting the report.

Options
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for May 2013-April 2014”.
2) Recommend that the EMS Committee does not accepts the “County EOA Service Area Response Time Performance Report for May 2013-April 2014”.

Recommendation
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for May 2013-April 2014”.
Rural/Metro of California [County Ambulance Provider]

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<tbody>
<tr>
<td>Overall</td>
<td>93.57%</td>
<td>94.21%</td>
<td>94.15%</td>
<td>94.26%</td>
<td>93.04%</td>
<td>92.67%</td>
<td>93.26%</td>
<td>92.90%</td>
<td>93.30%</td>
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<td>92.62%</td>
<td>92.38%</td>
<td>91.44%</td>
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<td>92.40%</td>
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<td>93.03%</td>
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<tr>
<td>Zone 2</td>
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<td>93.20%</td>
<td>93.23%</td>
<td>92.83%</td>
<td>92.47%</td>
<td>93.38%</td>
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<tr>
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<td>92.84%</td>
<td>95.49%</td>
<td>90.62%</td>
<td>93.68%</td>
<td>91.45%</td>
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**Code 3 [Red Lights & Sirens] Response Time Compliance**

- Zone 5
- Zone 4
- Zone 3
- Zone 2
- Zone 1
- Overall
### Rural/Metro of California [County Ambulance Provider]

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<tr>
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</thead>
<tbody>
<tr>
<td>Overall</td>
<td>94.04%</td>
<td>96.45%</td>
<td>95.57%</td>
<td>95.27%</td>
<td>95.13%</td>
<td>94.81%</td>
<td>94.43%</td>
<td>94.44%</td>
<td>94.60%</td>
<td>92.70%</td>
<td>94.60%</td>
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<tr>
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#### Code 2 [Non-Red Lights & Sirens] Response Time Compliance

![Bar chart showing Code 2 response time compliance for different months and zones, with May 13 highlighted at 90.00% compliance.](image-url)
Date: June 5, 2014

To: Santa Clara County EMS Committee Members

From: John Blain
Contract Manager

Subject: County EOA Service Area Response Time Performance Report for Fire Departments

History and Issue
The County has entered into agreements with private and public entities to provide emergency medical response and advanced life support ambulance transportation services. Periodic response time compliance reports have been provided to the EMS Committee for the purpose of providing public review of those entities’ performance and compliance with contractual response time requirements. The County has performance based contracts with the following entities:

1. Gilroy, City of
2. Milpitas, City of
3. Morgan Hill, City of
4. Mountain View, City of
5. San Jose, City of
6. Santa Clara, City of
7. Santa Clara County Central Fire Protection District
8. South Santa Clara County Fire District
9. Sunnyvale, City of

Context
Compliance is measured by several key performance indicators that include; response time requirements based on population density; designated response areas; type of response priority (red lights & siren or non-red lights & siren); total number of responses; total number of late responses; and total number of responses exempted (removed) from compliance calculations. Compliance is achieved when ninety (90%) percent or more of the responses meet the specified response time requirement in each response priority within each designated response area.

This report contains response time compliance data for April 2013-March 2014.

San Jose Fire Department failed to achieve 90% zone compliance during this period of review. As documented in the previous report to the committee, other performance deficiencies have occurred in prior months. Remediation is continuing in accordance with the terms of the agreement.

Cost
There is no direct cost to the EMS Committee to accept and/or not accept the report.
Legal Issues
There are no legal issues related to accepting and/or not accepting the report.

Options
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for April 2013-March 2014”.
2) Recommend that the EMS Committee does not accept the “County EOA Service Area Response Time Performance Report for April 2013-March 2014”.

Recommendation
1) Recommend that the EMS Committee accepts the “County EOA Service Area Response Time Performance Report for April 2013-March 2014”.
### Fire Departments

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<td>98.61%</td>
<td>98.95%</td>
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<td>98.81%</td>
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#### Code 3 [Red Lights & Sirens] Response Time Compliance

![Graph showing Code 3 response times for different months and locations. The graph highlights compliance percentages ranging from 80.00% to 100.00%, with the target being 90.00% and 99.99%. The months are represented on the x-axis, while the location names are listed vertically. The bars indicate the percentage compliance for each month and location.](image-url)
## Fire Departments

<table>
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<tr>
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<td>100.00%</td>
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<td>100.00%</td>
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<td>N/A</td>
</tr>
<tr>
<td>Mt. View</td>
<td>90.00%</td>
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<td>90.71%</td>
<td>87.92%</td>
<td>84.60%</td>
<td>91.41%</td>
<td>94.46%</td>
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<td>100.00%</td>
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### Code 2 [Non-Red Lights & Sirens] Response Time Compliance

- **Mar 14**: All values are above 90.00% with some nearing 100.00%.
- **Feb 14**: Similar to Mar 14, but with slight variations in compliance percentages.
- **Jan 14**: Consistency in high compliance rates, with some slight dips below 100.00%.
- **Dec 13**: Similar pattern as previous months, with minor fluctuations.
- **Nov 13**: Continues the trend of high compliance, with no major deviations.
- **Oct 13**: Consistency maintained, with percentages close to or above 90.00%.
- **Sep 13**: High compliance observed, with a few instances slightly below 100.00%.
- **Aug 13**: Similar to previous months, with high compliance rates.
- **Jul 13**: Consistency in compliance, with no significant drops below 90.00%.
- **Jun 13**: Continues the pattern of high compliance, with minor variations.
- **May 13**: High compliance observed throughout, with occasional dips.
- **Apr 13**: Similar to previous months, with high compliance.

Colors used for visualization:
- So. Santa Clara Co.: Red
- Santa Clara Co.: Blue
- Santa Clara: Green
- San Jose: Purple
- Santa Clara: Purple
- Mt. View: Pink
- Morgan Hill: Orange

EMSCO June 5, 2014
Page 43 of 46
Date: June 5, 2014
To: Santa Clara County EMS Committee Members
From: Linda Diaz BSN, RN, PHN
Clinical Section Manager
Subject: Hospital Destination, Diversion and Advisory Status Report

History

Diversion is a management process that diverts ambulances to the next closest facility. This may be used temporarily by local hospitals when the patient load exceeds emergency department or specialty center resources.

Facility diversion should be a last resort and utilized only when emergency department/specialty center resources continue to be overwhelmed after internal procedures to manage the situation have been implemented.

Report

The total number of patients transported within the last six month saw a small increase. Despite the increase, the overall hours of diversion have dropped. Specialty Care Center service advisories for both Stroke and Trauma have also decreased by 38% and 32%, respectively. While the STEMI centers have seen a slight increase.

Options

1) Recommend to accept report
2) Recommend to NOT accept report
3) Other options, as determine by the EMS Committee

Recommendation

EMS Committee should accept the “County Hospital Destination, Diversion and Advisory Status Report for November 2013 - April 2014”.

A division of the Santa Clara County Public Health Department
Report for Time Period: April 2014

Table 1: Number of Patients Transported to Hospital ED from 9-1-1 System*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>Total</th>
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<tbody>
<tr>
<td>El Camino - Los Gatos</td>
<td>95</td>
<td>75</td>
<td>80</td>
<td>83</td>
<td>100</td>
<td>107</td>
<td>540</td>
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<td>El Camino - Mt. View</td>
<td>577</td>
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<td>700</td>
<td>622</td>
<td>694</td>
<td>637</td>
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<tr>
<td>Good Samaritan</td>
<td>531</td>
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<td>622</td>
<td>537</td>
<td>594</td>
<td>568</td>
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<td>596</td>
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<td>708</td>
<td>651</td>
<td>675</td>
<td>685</td>
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<td>556</td>
<td>595</td>
<td>583</td>
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<td>210</td>
<td>269</td>
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<td>72</td>
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<td><strong>5,965</strong></td>
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<td><strong>6286</strong></td>
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Source: Santa Clara County Communications & Palo Alto Fire Department

Table 2: Daily Average of 9-1-1 Patients Transported By Hospital*

<table>
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<tr>
<th>Hospital</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
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<td><strong>207</strong></td>
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Source: Santa Clara County Communications & Palo Alto Fire Department

*Notes for Tables 1 and 2: These numbers only reflect patients that originated in Santa Clara County and were transported by the County’s EOA Ambulance Provider and Palo Alto Fire Department. Data for Stanford does not include patients from San Mateo County. The data includes but, does not differentiate specialty center status (TRAUMA, STROKE, STEMI, BURN)
Table 3: Total Monthly Hours of "AMBULANCE DIVERSION" Status

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<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>Total</th>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>51.70</td>
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<td>21.09</td>
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<td>150.18</td>
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<td>1.51</td>
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<td>12.04</td>
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<td>7.51</td>
<td>78.03</td>
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<td>19.28</td>
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Color Legend for Ambulance Diversion ONLY
- Above 37hrs
- Above 30hrs
- Below 30hrs

Table 4: Total Monthly Hours of "STROKE / CT DOWN" Status*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Nov-13</th>
<th>Dec-13</th>
<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>Total</th>
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<tbody>
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<td>El Camino - Los Gatos</td>
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<td>0.00</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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Table 5: Total Monthly Hours of "STEMI" Service Advisory Status*

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<th>Jan-14</th>
<th>Feb-14</th>
<th>Mar-14</th>
<th>Apr-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Camino - Mt. View</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>1.22</td>
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<td>0.00</td>
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<td>Kaiser - Santa Clara</td>
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<td>0.17</td>
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<td>0.00</td>
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<td>0.00</td>
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</tr>
<tr>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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</tr>
<tr>
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<td>12.88</td>
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Table 6: Total Monthly Hours of Trauma Center "BYPASS" Status

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<th>Mar-14</th>
<th>Apr-14</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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