

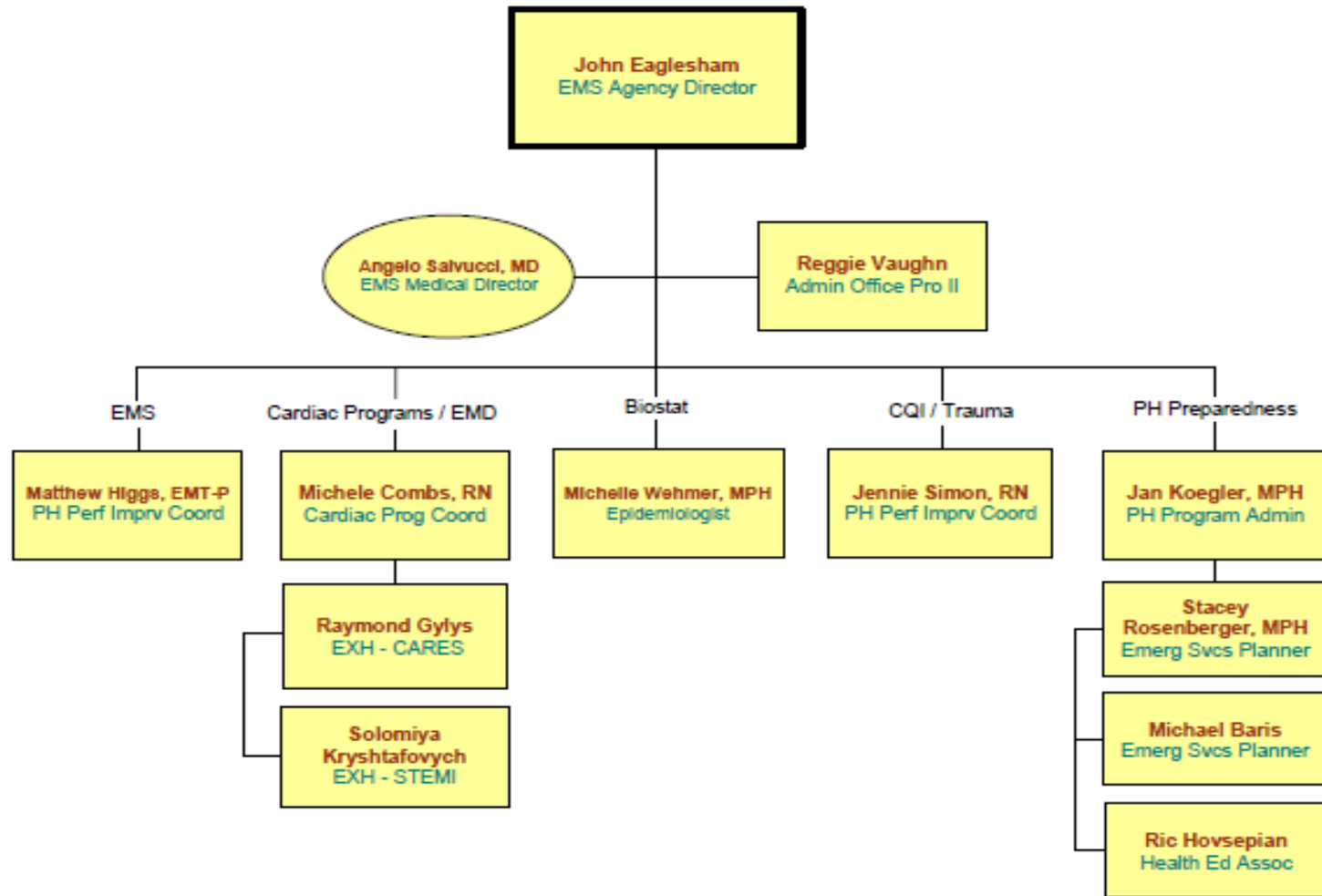


**EMERGENCY MEDICAL SERVICES AGENCY
&
PUBLIC HEALTH DISASTER PREPAREDNESS**



**STRATEGIC PLAN
FY2014/2015**

Santa Barbara County Public Health Department
Emergency Medical Services Agency



Updated September 2015

SANTA BARBARA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Mission

To protect and improve health and safety of the people in Santa Barbara County through the provision of high quality emergency and disaster medical services, through reasonable costs, community involvement, continuous evaluation, prevention programs and anticipatory planning.

Value Statements

1. We value the patient as the focus of all we do.
2. We value our system participants.
3. We value honesty and integrity.
4. We value respect, fairness and trust.
5. We value teamwork, cooperation and creative problem solving.

Vision

To provide leadership and planning that is pro-active, continuously seeking ways to improve and optimize emergency medical services.

Key Performance Indicators

Emergency Medical Services (EMS)

Program 6010 (EMS Administration):

Ensure that the EMS System meets or exceeds 92% (112) of the 121 California EMS Authority Standards and Guidelines.

Program 6300 (Trauma):

The local EMS agency, with participation of acute care providers, shall develop a trauma system evaluation and data collection program, including:

- a) A trauma registry*
- b) A mechanism to identify patients (total trauma patients 6,000, 1,500 that meet trauma criteria) whose care fell outside of established criteria, and*
- c) A process of identifying potential improvements to the system design and operations.)*

Program 6500 (EMS Projects):

With the goal of reducing head injuries, and especially in children, provide a minimum of 175 free or low-cost protective bicycle helmets to community partners (hospitals, health fairs, etc.) to be distributed to people who need them.

Program 6600 (Disaster) :

Ensure 100% of PHD and executive staff (20) receive training for activation of the DOC/EOC for wildland fires and other disasters

Program 6200 (EMS Systems):

Ensure that the response times of the County Advanced Life Support (ALS) providers are compliant in each of the seven EMS zones of the County. This includes the ambulance contractor, AMR, and the ALS fire departments. (90% on-time for emergency calls, i.e. 7:59 minutes for urban areas) Estimated emergency calls for:

2010/2011 - 35,666 with on time calls at 34,183 (95.84%)

2011/2012 - 37,310 with on time calls at 35,952 (96.31%)

2014/2015 - 38,343 with on time calls at 36,262 (94.57%)

Program 6050 EMD:

Sheriff's EMS Dispatchers will score at least 90 % on all high risk and random calls that are reviewed by the EMD QI Coordinator using Emergency Medical Dispatch Aqua scoring system.

Key Performance Indicators

PHD Preparedness Unit

Program 6400 (HRSA/HPP Grant):

Increase GIS mapping and disaster database information collection for vulnerable population facilities in the county from 130 to 247 (from 50% to 95%).

Program 1485 (Public Health Preparedness) :

Ensure a Public Health Department, in coordination with our community healthcare partners is ready to respond to emergencies or disasters by ensuring 100% of after action reports and corrective action plans for 3 annual disaster preparedness exercises or real events will be completed in 60 days.

Program 1486 (Pandemic Influenza Preparedness Grant) :

Ensure that average thru-put times in mass vaccination exercise are equal to or less than 12 minutes per person.

EMS Agency Strategic Initiative: Continue to Maintain and Improve Core EMS Functions

EMS Core Functions

1. EMS Organization/Management
2. Personnel Education, Certification, and Accreditation
3. Communications
4. Response, Transportation and Equipment
5. Medical Control, Treatment Policies/Procedures
6. Facilities (trauma center, STEMI receiving center designation, etc.)
7. Documentation/Data
8. Disaster Medical Services
9. Public Education, Information, and Prevention

1. EMS Organization/Management

Goal 1. Ensure adequate EMS Organization/Management.

Activity 1. Explore opportunity to develop an annual report to the community.

Activity 2. Ensure that the EMS System meets or exceeds California EMS Authority Standards and Guidelines.

Goal 2. Maintain EMS Agency presence within EMS system

Activity 1. Ensure EMS staff participation in EMS or Medical Health Planning, Drills, and Exercises.

2. Personnel Education, Certification, and Accreditation

Goal 1. Continue to provide approval processes and oversight to EMS county-wide training programs

Activity 1. Provide a check sheet for training evaluations for schools.

Activity 2. Continue EMS CE Provider approval and oversight.

Activity 3. Continue to support and oversee base station curriculum and include training to include National Registry standards and local system needs Explore new base station training schedule based on National Registry standards.

Activity 4. Explore new base station training schedule based on National Registry standards.

Goal 2. Regulate personnel standards to ensure quality of the EMS system to adhere to 2010 regulations.

Activity 1. Issuance of EMT certification and recertification.

Activity 2. Monitor EMT background check issues of applicants as well as subsequent notification.

Activity 3. Continue approval of local paramedic accreditation in concert with the Medical Director.

Activity 4. Conduct a certification/accreditation fee schedule study for all EMS fees.

Goal 3. Ensure Advanced EMT program meets state requirements and regulations.

Activity 1. Revise Policy and Procedures for EMT Optional Skills certification/accreditation.

3. Communications

Goal 1. Standardize and improve EMS communications system.

Activity 1. Ensure adequate infrastructure to support EMS communications.

Activity 2. Regular communications drills with EMS participants utilizing Reddinet, SAT phone and other communication mechanisms.

Activity 3. Make training programs available on communication systems including Base hospitals and CQI.

4. Response, Transportation and Equipment

Goal 1. Provide oversight to all EMS response providers through Contract Compliance.

Activity 1. Review all ALS contracts through CCC process for contractual compliance.

Goal 2. Maintain and improve equipment standards.

Activity 1. Ensure that providers have equipment that meets EMS policy and is evaluated as part of CQI plan.

Goal 3. Ensure adequate input to continue evaluation of system response and configuration.

Activity 1. Continue all EMS Advisory Committees (EMAC, CQI, CCC, PRC, OHEC, etc).

5. Medical Control, Treatment Policies/Procedures

Goal 1. To utilize CQI processes to improve patient care.

Activity 1. Fully implement CARES and STEMI.

Goal 2. 100% EMD access for all 9-1-1 callers in the county, including cellular phones for critical sequence calls, choking, cardiac arrest, child birth.

Activity 1. Track every cardiac arrest in the County for a matching provision of EMD utilizing MEDS system.

6. Facilities (designation, etc.)

Goal 1. All facilities meet Base/Receiving Hospital standards.

Activity 1. Develop facility self assessment to measure standards.

Goal 2. Evaluate Trauma system.

Activity 1. Trauma registry system to state standard and data submitted to State.

Activity 2. Develop and implement Trauma Data Collection training program.

Activity 3. Reactivate Trauma Review Committee.

7. Documentation/Data

Goal 1. 100% of all patient contacts are documented in an approved EMS Agency EPCR.

Activity 1. Hold all providers accountable for system compliance through provider agreements.

Activity 2. Establish an EPCR Steering committee and User group.

Activity 3. Explore hospital data link to MEDS.

8. Disaster Medical Services

Goal 1. Improve EMS system multi-casualty incident (MCI) response.

Activity 1. Complete revision to County MCI Plan

Activity 2. Ensure EMS providers are trained, tested, and drilled on new MCI Plan.

Activity 3. Develop Post-MCI Evaluation Tool.

Goal 2. Develop Field Treatment Site.

Activity 1. Utilize state guidelines and standards.

Activity 2. Training

Goal 3. Ensure EMS providers are adequately trained and equipped for disaster response.

Activity 1. Continue to coordinate and participate in local, regional and state disaster exercises (tabletop, functional, full-scale)

Activity 2. Document after action and corrective action reports for all hosted exercises and utilize information to analyze issues and implement improvements in the system.

9. Public Education, Information, and Prevention

Goal 1. Promote prevention activities.

Activity 1. Continue to support the bike helmet program.

Activity 2. Implement the Baby Safe Haven Program (policy/procedure, training, designation of fire stations)

Goal 2. Increased public access to AEDs.

Activity 1. Continue to promote the Public Access Defibrillator "PAD" program.

Activity 2. Integrate PAD locations into the CAD systems of all County PSAPs.

Activity 3. Notify jurisdictions of placement of AED's.

SANTA BARBARA COUNTY PUBLIC HEALTH PREPAREDNESS UNIT



MISSION STATEMENT

To prepare the Public Health Department and other healthcare providers to monitor, respond to, and protect the health of Santa Barbara County residents during bioterrorism, infectious disease, and other public health emergencies.

Strategic Initiative Public Health Preparedness

Synopsis

Prepare the Public Health Department and Health Care Community to respond to Public Health Emergencies and Disasters.

Core Functions

1. Prepare the Public Health Department and other County partners for public health disasters.
2. Facilitate preparation of the local medical and health care community for public health disasters.
3. Improve and enhance the capacity of the Public Health Department to monitor the health of community.

Function 1

Prepare the Public Health Department and other County partners for public health disasters.

- Goal 1.** PHD/EMSA disaster plan and annexes are complete and PHD facilities are prepared.
- Goal 2.** PHD staff has completed personal disaster plan worksheets.
- Goal 3.** Staff knowledgeable of MHOAC role, PHD plan and annexes and use ICS/SEMS in activated DOC.
- Goal 4.** Staff trained to receive and process requests from hospitals, PHD, other providers.
- Goal 5.** PHD can alert internal staff to respond to DOC or other field location.
- Goal 6.** PHD has supplies and equipment for mass prophylaxis operations.
- Goal 7.** Inventory system for Alternate Care Site (ACS), SNS, disaster supplies, and mass prophylaxis caches is created and maintained.
- Goal 8.** Utilize After Action Reports (AAR) and Corrective Action Plans (CAP) for every drill and exercise.
- Goal 9.** Public health clinics have a disaster plan and an outpatient disaster plan template is available for other providers including dialysis, SNF, and home health.
- Goal 10.** PHD is prepared to staff ACS and field treatment sites for pandemic flu, earthquake or other disaster.
- Goal 11.** PHD plans identify potential hazard associated with response and include written safety policy.

Function 2

Facilitate preparation of the local medical and health care community for public health disasters

- Goal 1.** Ensure the PHD and medical community prepared for pandemic influenza.
- Goal 2.** Establish Medical Reserve Corp. (MRC) linked with state registry.
- Goal 3.** Ensure that the SNS/RSS plan is complete, including receiving, storing, and staging assets, managing inventory and warehouse procedures.
- Goal 4.** Ensure PHD can alert hospitals and other health care providers, regional, law, fire and other partners rapidly and with redundant methods.
- Goal 5.** Ensure PHD conducts infectious disease exercises and trainings with community partners.
- Goal 6.** PHD/EMS to coordinate disaster plans and exercises with hospitals.
- Goal 7.** Hospital and outpatient providers in community have disaster plans that integrate with PHD/EMSA and county/city plans.
- Goal 8.** Hospital staff are trained in PPE and decontamination procedures.
- Goal 9.** PHD provides leadership role in response planning for public health emergencies and coordinates the Disaster Healthcare Partner Coalition for the county.

Function 3

Improve and enhance the capacity of the Public Health Department to monitor the health of community

- Goal 1.** Syndromic surveillance for potential health threats in place.
- Goal 2.** Epidemiological response plan in place and exercised.
- Goal 3.** PHD has written agreement with regional partners to insure effective epidemiological regional response.
- Goal 4.** Consistent 24/7 disease reporting system available.