



**County of Humboldt  
Eureka, California  
Ambulance Service Permit Renewal Application**

Pursuant to Humboldt County Code, Title V, Division 5  
Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	4/21/15
Application Fee of \$65.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**Applicants – Please completely fill out this section and provide all requested information/verifications:**

Level of Service:  Basic Life Support  Advanced Life Support  
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Southern Trinity Area Rescue		
Name of Contact Person:	Brooke Entsminger		
Mailing Address:	PO Box 4	City/Zip Code	Mad River 95552
Physical Address:	321 Van Duzen Rd	City	Bridgeville
Telephone/Fax Numbers	707-574-6616 / 707-574-6523	E-Mail	bjohnston@sthsclinic.org

*dep*



**County of Humboldt**  
**Eureka, California**

<b>Owner Name</b>	Southern Trinity Health Services DBA: Southern Trinity Area Rescue				
<b>Address</b>	PO Box 4		<b>City/Zip Code</b>	Mad River 95552	
<b>Phone Number</b>	707-574-6616	<b>Fax Number</b>	707-574-6523	<b>E-Mail</b>	llupton@sthsclinic.org



**County of Humboldt  
Eureka, California**

**VEHICLES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1. 2004	Ford F350	1FDWF37P04ED99719	1206886	14 years (70646)		Type 1 ambulance, white with STAR logo and stripe in silver, black and maroon.
2. 2003	Ford E 450	1FDXE45F53HA16670	1182164	15 Years (85796)		Type III ambulance, white with STAR logo and stripe in silver, black and maroon.
3.						



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	<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License #</b>	<b>Length of Time in Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
4.							
5.							
6.							
7.							
8.							
9.							

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**County of Humboldt  
Eureka, California**

10.									
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**County of Humboldt  
Eureka, California**

- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
- Applicant's quality management practices and policy;
  - Staffing and hiring policies;
  - Organizational chart of management staff;
  - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
  - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



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**SERVICE AREA:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
<b>Zone 3 Central</b>	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	



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<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 4 South – Fortuna Sub-Zone</b>	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
<b>Zone 4 South – Garberville Sub-Zone</b>	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	

**AMBULANCE SERVICE RATES:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached

**INSURANCE:**

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.



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B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:

1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.
4. Insurance Notices must be sent to:

County of Humboldt  
Attention: Risk Management  
825 5<sup>th</sup> Street, Room 131  
Eureka, CA 95501



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Eureka, California**

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
- a. Includes contractual liability.
  - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
  - c. Is primary insurance as regards to County of Humboldt.
  - d. Does not contain a pro-rata, excess only, and/or escape clause.
  - e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

**ADDITIONAL INFORMATION:**

Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.

(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

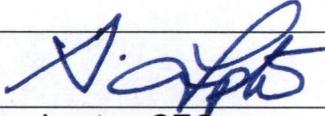
Additional Information statement attached

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**County of Humboldt  
Eureka, California**

I, hereby attest that, Southern Trinity Area Rescue, (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.

<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Lee Lupton CEO
<b>Date:</b>	4/2/2015

**Required Paperwork Checklist**

- Application complete
- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee

⊛ Includes Policy for Maintenance of  
Vehicles

**Southern Trinity Health Services**

**Transportation Safety Policies**

**2008**

**Southern Trinity Health Services**

**153-A Van Duzen Road**

**Mad River, CA 95552**

## **Incidents, Accidents, and Collisions**

### **Incident Reports**

Drivers shall use Incident Reports to document rider/driver accidents or any unusual occurrences (other than vehicle collisions). [Form 31: Incident Report]

These might include:

1. Interactions with doctors and nurses
2. Gatekeeper information
3. Rider complaints

### **Auto Collisions**

**Southern Trinity Health Services shall have accident kits** for all drivers. A kit shall be kept in all vehicles owned by Southern Trinity Health Services and should be provided to volunteer drivers operating POV's. Drivers shall be instructed to follow the procedures contained in the accident kit.

**Typically these kits include:**

1. Witnesses cards
2. Measurement tool
3. Pen or pencil
4. Chalk
5. Form to diagram accident
6. Emergency numbers and procedures

### ***Procedures and Record Keeping***

1. Complete and accurate records of any collision or claim of collision, no matter how slight, must be kept in a permanent file. "Permanent" refers to "as long as is required by law." Drivers should not admit fault to anyone other than the manager or police.
2. Any claim of bodily injury or property damage must be reported to the manager immediately. Collision reports must be completed by the driver of the vehicle and reviewed by the Manager within 24 hours.
3. All collisions, no matter how slight, should be reported to the Sponsoring Organization, and a collision report submitted. However, in the event of a serious collision, the volunteer driver should contact Southern Trinity Health Services immediately. A serious collision involves severe property damage, personal injury or the potential for media involvement. [Form 32: Collision Report]

## *The Collision Scene*

1. In the rare case that a serious or disabling collision occurs, ideally the Manager, or designated representative, should immediately go to the scene of the collision to provide support and information. It is the responsibility of the Manager to represent the program at the collision scene in a way that avoids any further liability. The Manager should bring a camera to the scene to assist with the review process.
2. Because drivers can be injured or become distraught at the scene of a collision, collision procedures and guidelines should be an important part of orientation training for new drivers.
3. It is important that the driver document who was in his/her vehicle and any vehicle that was involved in the collision. This can be done with a disposable camera which is part of the vehicle's emergency equipment.

## *Procedures for Managers at the Scene of a Collision*

Collisions of any type can be an upsetting situation for the driver. A distraught or injured driver can increase liability for the program by what he/she says at the collision scene. For example, when a driver tells riders or bystanders, "I'm so sorry, it's my fault," the potential for claims made against the program will dramatically increase. The program should pay claim expenses it is responsible for, but it should not pay additional expenses because of erroneous statements made at the scene of the collision.

### **Managers should consider the following factors when called to the scene of an accident:**

1. Assure that riders are accounted for and are receiving proper emergency services.
2. Separate the driver from the collision scene.
3. Speak for the program and the driver.
4. The driver should be available to answer questions from police and fire authorities.

## *Media Relations at the Scene of a Collision*

Poor media relations at the scene of a collision can cause additional liability. Managers and program representatives should be familiar with and follow procedures when communicating with the media. Guidelines should be in place for employees or volunteers at the scene of a collision. The guidelines may include:

1. Assume the media is present.
2. Project a professional image.
3. Maintain control of the situation.
4. Do not quote hearsay or speculation.

5. Do not accept responsibility for the collision.
6. Explain "no comment" by saying, "I don't have enough information to answer that question accurately."
7. Never speak "Off the Record".
8. When interviewed on camera or video, carefully select the background. Stand in front of a neutral background, not in front of the crash.
9. Contact Southern Trinity Health Services immediately in the event of a serious collision.

### *Collision Review*

A Review Committee, consisting of the Manager and other program representatives, is responsible for reviewing collision reports. In the event of a collision, the committee comes together to review the details of the collision and make recommendations. All collisions must be evaluated for preventability. In each case, preventability is evaluated on the basis of the following statement: "Did the driver do everything reasonably possible to avoid the circumstances that led to this collision?"

## **Driver Records**

**Southern Trinity Health Services shall have a file containing** all pertinent information about each driver. The Federal Privacy Act covers volunteer drivers. All personal information about the driver should be covered by a written confidentiality policy that parallels the organization's personnel policies. The following is a list of the documents, and related information, to be maintained in driver files: [Form 33: Personnel Records Checklist]

1. Original volunteer/employment application
2. Interview and reference check documentation
3. Criminal history documentation
4. Department of Motor Vehicles (DMV) history report and any subsequent history reports generated
5. Copy of current drivers license
6. Copy of training certifications
7. On-going objective documentation
8. Any documentation relevant to performance
9. Copy of current personal automobile insurance card. Insurance must be at least the State of California's minimum coverage requirement for POV drivers. Personal auto insurance verification must be kept current.

## **Vehicle Records**

**A vehicle file shall contain sections where the following documentation is maintained:**

1. Vehicle maintenance schedule
2. Maintenance records
3. Maintenance receipts
4. Description of maintenance completed
5. Daily pre-trip inspections
6. Inventory of safety equipment
7. Maintenance records for related safety equipment (i.e. fire extinguishers)

## **Rider Records**

**Southern Trinity Health Services shall maintain specific information on the riders using the services.** The rider information must be collected and properly maintained using a database or an adequate system done by hand if the agency does not have access to a computer. Rider information, collected by Southern Trinity Health Services, will be used primarily for reporting purposes. In the event of an emergency, this information can also be valuable. Rider records should contain the following information:

1. Rider's name
2. Address
3. Phone number
4. Age



# Southern Trinity Health Services Southern Trinity Area Rescue

*Serving Southern Trinity & Southeastern Humboldt Since 1979*

## **Description of STAR Radio Equipment 2015**

TK7360H	Kenwood 50 Watt Mobile Radio
KPS13	DC Power Supply
KMB24	Base Station Mounting Case
KMC9C	Desk Microphone
FG1523	VHF Base Station Antenna
TK2180	Kenwood Hand held portable radios

STAR owns and maintains multiple base station radios with base station antenna, at the clinic, which is our main dispatch center, as well as at each volunteer dispatcher's house. On nights and weekends STAR's dispatch is operated by volunteers out of their homes.

STAR maintains Kenwood Mobile Radios in each ambulance it operates.

STAR has multiple Kenwood hand held portable radios. 2 are kept at the clinic ambulance station, the rest are kept by each volunteer responder at their home for use while on duty or on a call.

STAR owns and maintains a repeater on the ridge behind Dinsmore to boost communication in eastern Humboldt County from Pickett Peak.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE  
NON-TRANSFERABLE LICENSE**

CHP 360A (REV. 01-00) OPI 062

1956	1956	11/25/2014	11/24/2014	11/23/2015
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CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement
CA	175	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Renewal

**PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)**

This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.

Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.

SERVICE NAME AND PHYSICAL ADDRESS *(only if different from below)*

SOUTHERN TRINITY HEALTH SERVICES 1956  
SOUTHERN TRINITY AREA RESCUE  
321 VAN DUZEN ROAD  
MAD RIVER, CA 95552-

SERVICE NAME AND MAILING ADDRESS

SOUTHERN TRINITY HEALTH SERVICES 1956  
SOUTHERN TRINITY AREA RESCUE  
P. O. BOX 4  
MAD RIVER, CA 95552-  
Attention: GRAYLAN LUPTON, CEO



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 175

CHP Certificate/Permit Number: 1956- 9364

ISSUED: 11/24/2014

EXPIRES: 11/23/2015

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 04 FORD

VEHICLE LICENSE NO. 1206886

VIN: 1FDWF37P04ED99719

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a ( ) for

NAME AND MAILING ADDRESS

SOUTHERN TRINITY HEALTH SERVICES 1956  
SOUTHERN TRINITY AREA RESCUE  
P. O. BOX 4  
MAD RIVER, CA 95552-



**PROPERTY OF CALIFORNIA HIGHWAY PATROL**

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT**

CHP 301 (REV 4-97) OPI 062

CHP AREA: 175

CHP Certificate/Permit Number: 1956- 8685

ISSUED: 11/24/2014

EXPIRES: 11/23/2015

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 03 FORD E450

VEHICLE LICENSE NO. 1182164

VIN: 1FDXE45F53HA16670

\*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a ( ) for

NAME AND MAILING ADDRESS

SOUTHERN TRINITY HEALTH SERVICES 1956  
SOUTHERN TRINITY AREA RESCUE  
P. O. BOX 4  
MAD RIVER, CA 95552-



**COPY**

**PROPERTY OF CALIFORNIA HIGHWAY PATROL**

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

STAR

**PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM**

"The ability of EMS to optimally meet communities and individual patients' needs in the future is dependent on evaluation processes that assess and improve the quality of EMS. Continuous is essential and should pervade all aspects of every EMS system." *Theodore R. Delbridge MD, MPH*

**PURPOSE:** To establish a system wide Continuous Quality Improvement Program (CQI) for evaluating of prehospital EMS in the Nor-Cal EMS region. Nor-Cal EMS, base/receiving hospital/facilities, and prehospital providers are committed to establishing standards for prehospital patient care that are optimal and achievable for our region. The Prehospital CQI program will ensure these standards are met so we can provide the highest quality of prehospital care is to the residents and visitors of the communities we serve.

**AUTHORITY:** California Administrative Code, Title 22, Division 9, Chapter 1.5, 2, 3 and the Health and Safety Code, Division 2.5, Section 1797.220

**PRINCIPLES:**

1. To be effective, a CQI program must foster a positive working relationship between all components of EMS system.
2. This document will allow each agency to continue meeting its own unique CQI needs as well as providing an avenue for meaningful collaboration on system wide requirements.
3. This CQI program encourages the utilization of the process that affects patient outcome most significantly.

**DEFINITIONS:**

1. **Certificate:** Includes, certification, accreditation and/or authorization.
2. **Evaluation:** The review and assessment of the quality and/or appropriateness of an important aspect of care for which a pre-established level of performance has been reached during monitoring activities. The review is designed to identify opportunities to improve care and develop a plan of action to address the identified opportunities to improve care.
3. **Forms:** All forms discussed in this Policy are also available @ [www.norcalems.org](http://www.norcalems.org).
4. **Important Aspects of Care:** The patient care activities within the scope of care that are of the greatest significance to the quality and/or appropriateness of patient care. The focus of monitoring and evaluation includes; activities identified as important aspects of care because of high volume, high risk (through either acts of commission or omission), and/or problem prone for patients or providers.
5. **Indicator:** A well defined objective and measurable variable used to monitor the quality of an important aspect of care and upon which data is collected.
6. **Opportunity for Improvement:** Any occasion to provide useful feedback to personnel on an important aspect of care.
7. **Threshold for Evaluation:** A pre-established level of performance related to a specific indicator of quality, of an important aspect care.
8. **Useful Feedback:** An important aspects of quality improvement, which may include but is not limited to the following:
  - a) Recognition, reward and reinforcement for a job well done.
  - b) Case review and counseling on specific issues with focused quality improvement review to monitor for recurrence over a specified period of time.
  - c) Didactic courses.

**PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**

- d) Focused quality improvement review of ongoing care, including but not limited to:



- Record review
- Field observation
- Peer review
- Case review conference
- Field Care Audits
- Clinical observation.

**POLICY:**

1. The following agencies are required to develop a CQI plan/program and participate in the regional CQI process:
  - a) First Responder (BLS), that provide the following services:
    - 1) Automated External Defibrillation.
    - 2) Combi-Tube.
    - 3) EMT-I Optional Scope.
    - 4) BLS transport services.
  - b) Advanced life support providers, which includes:
    - 1) ALS non-transport services.
    - 2) ALS transport services.
    - 3) ALS Tactical Weapons Teams and special event teams.
  - c) Emergency Medical Dispatch Centers
2. Providers shall:
  - a) Participate in the Nor-Cal EMS CQI that will include making available all relevant records for program monitoring and evaluation.
  - b) Providers will furnish Nor-Cal EMS with a copy of its CQI for approval and provide any changes as they occur.
  - c) Submit their CQI to Nor-Cal EMS for review every five years.

**CQI TOOLS**

A recognized tool to facilitate the CQI process is the FOCUS-PDSA:

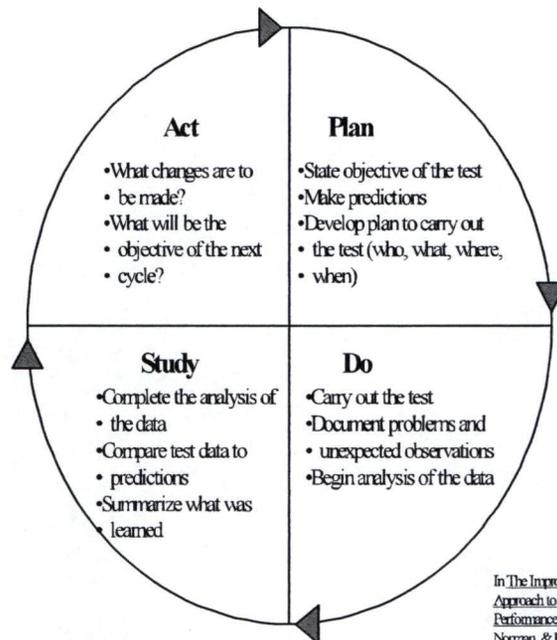
- F      Find a process to improve.
- O      Organize an effort to work on improvement.
- C      Clarify current knowledge of the process.
- U      Understand processes variation and capability.
- S      Select a strategy for further improvement.
  
- P      Plan a change or test aimed at improvement.
- D      Do – carry out the change or test.
- S      Study the results, what was learned, what went wrong.
- A      Act – adopt the change, or abandon it, or run through the cycle again.

The Plan-Do-Study-Act Cycle is one of the essential elements in the FOCUS-PDSA, is one of the most common system evaluation and improvement models used in EMS.

**PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**



## The Plan-Do-Study-Act Cycle (PDSA)



### CQI PLANS

1. At a minimum all CQI programs should include:
  - a) Statement of the CQI program goals and objectives. The programs goals and objectives should include the following (Appendix A, is the Health Care Criteria for Performance Excellence of the Baldrige National Quality Program should be reviewed as they provide core values and concepts of CQI):
    - To recognize, reward and reinforce positive behavior.
    - To define standards, evaluate methodologies and utilize the evaluation results for continued system improvement.
    - To establish performance standards and indicators related to these aspects of care.
    - To establish thresholds for evaluation related to the indicators
    - To collect and organize data.
    - To recognize, develop, and enhance opportunities for improvement.
    - To take action to improve care.
    - Establish a peer review process on monthly patient care reports (PCR).
    - To assess the effectiveness of remedial actions and document improvement.
    - To communicate relevant information among the participating agencies and the Regional Committees.
  - b) Description of how the CQI program is integrated into the organization.
  - c) Description of how the CQI program is integrated into the Nor-Cal EMS system.
  - d) Method to document those processes used in CQI activities.
  - e) Common data base from which to compare and contrast data system participants.

### PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- f) Methods to retrieve data from participating non-base receiving hospital regarding patient diagnoses and disposition.



2. Prehospital Provider Contributions:
  - a) Implementation and maintenance of an CQI program in conjunction with assigned base hospital and receiving hospitals/facilities.
  - b) Evaluations of prehospital care performance standards.
  - c) Collection of outcome data on all patients brought to the base hospital and receiving hospitals/facilities.
3. Nor-Cal EMS Contributions:
  - a) Implementation and maintenance of an CQI program in conjunction with the prehospital providers.
  - b) Provide multidisciplinary team approach for regional CQI issues.
  - c) Assist in the ongoing monitoring and evaluation of clinical and organizational performance.
  - d) Provide information to support system improvement of those processes that are important to the quality of patient care.
  - e) Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the CQI program.

## RESPONSIBILITIES

**First Responder Agencies:** Each participating first responder agency will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
  - a) Provide EMS orientation to new personnel.
  - b) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
  - c) Establish an in-house quality improvement process.
  - d) Assist Nor-Cal EMS in the development and revision of performance standards.
  - e) Assist Nor-Cal EMS in the development and of performance indicators.
  - f) Review and revise in-house policies as necessary.
  - g) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
  - a) Provide continuing education and skills training.
  - b) Provide field observation.
  - c) Communicate predetermined relevant performance and education information to Nor-Cal EMS.
3. Retrospective:
  - a) Recognize, reward and reinforce the positive provision of prehospital care.
  - b) Educate and counsel personnel who do not meet established thresholds.
  - c) Provide CQI review for personnel as necessary.
  - d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
  - e) Participate in the Nor-Cal EMS standardized CQI program.
  - f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the EMS Coordinator or by the designated peer review staff. The review will include at a minimum the following:
    - All patients that are transported code 3 to the hospital (ambulance providers only).
    - Code 2 response that results in code 3 transport (ambulance providers only).
    - Patient complaints.
    - Cardiac arrests.
    - Do Not Resuscitate orders.

## PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.

- Patient refusals (against medical advice).
- AED placement or usage. Providers shall ensure that AED portion of the PCR form has been completed and submitted as required.
- Combi-Tube attempt or placement (providers shall ensure that a completed **Skills/Medication Usage Form** has been submitted as required).

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- Any call that the provider is required to submit documentation as part of a trial study.
- g) All prehospital calls identified in 3(f) shall be the subject of a focused prehospital care review. Each run call should be reviewed for the following indicators:
  - Documentation that is complete, accurate, appropriate and legible.
  - Base contact criteria met and failure to contact base recognized (EMT-I optional scope only).
  - Treatment is appropriate and does not deviate from established Nor-Cal EMS Policies and Procedures.

**ALS Agencies:** Each participating ALS agency will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
  - a) Provide EMS orientation to new personnel.
  - b) Provide training in the Nor-Cal EMS optional scope of practice, which is in excess of the State of California basic scope.
  - c) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
  - d) Establish an in-house CQI process.
  - e) Assist Nor-Cal EMS and the assigned base hospital in the development and revision of performance standards.
  - f) Assist Nor-Cal EMS and the assigned base hospital in the development and of performance indicators.
  - g) Review and revise in-house policies as necessary.
  - h) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
  - a) Provide or participate in monthly continuing education and skills training.
  - b) Provide at a minimum, annual field observation of all ALS personnel.
  - c) Monitor field to hospital communications.
  - d) Communicate predetermined relevant performance and education information to assigned base hospital and Nor-Cal EMS.
3. Retrospective:
  - a) Recognize, reward and reinforce the positive provision of prehospital care.
  - b) Educate and counsel personnel who do not meet established thresholds.
  - c) Provide CQI review for ALS personnel at a minimum:
    - Pre-accreditation (paramedics only): Weekly or consult weekly with assigned Field Training Officer (FTO).
    - Accredited/Certified/Authorized less than one (1) year – quarterly reviews.
    - Accredited/Certified/Authorized more than one (1) year – semi-annual reviews.
  - d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
  - e) Participate in the Nor-Cal EMS standardized CQI program.
  - f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the ALS Coordinator or by the designated peer review staff. The review will include at a minimum the following:
    - All patients that are transported code 3 to the hospital (ambulance providers only).

#### **PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**

- Code 2 response that results in code 3 transport (ambulance providers only).
- Patient complaints.
- Patient refusals (against medical advice).
- Cardiac arrests.
- Do Not Resuscitate orders.
- Scene delay of > 20 minutes for a trauma patient.
- Random focused audits of BLS runs.



- Audit critical skills and optional scope medications (providers shall ensure that a completed **Skills/Medication Usage Form** has been submitted as required):
  - ✓ Pleural decompression.
  - ✓ Intraosseous infusion.
  - ✓ Advanced airway attempt or placement.
  - ✓ Magnesium Sulfate.
  - ✓ Pre-Existing Vascular Access.
  - ✓ Pralidoxime Chloride (2 – PAM).
  - ✓ Potassium Chloride (less than or equal to 40 milliequivalents per liter for IFT's only).
  - ✓ Nasogastric intubation and gastric suction.
  - ✓ Oxytocin/Pitocin.
  - ✓ Procanimide.
  - ✓ Verapamil.
  - ✓ Blood and blood products (for IFT's only).
  - ✓ External cardiac pacing.
  - ✓ Intravenous Heparin (for IFT's only).
  - ✓ Intravenous Nitroglycerin (for IFT's only).
- g) All prehospital calls identified in 3(f) shall be the subject of a focused prehospital care review. Each run call should be reviewed for the following indicators:
  - Documentation that is complete, accurate, appropriate and legible.
  - Base contact criteria met and failure to contact base.
  - Treatment is appropriate and does not deviate from established Nor-Cal EMS Policies and Procedures.

**MEDICAL DISPATCH CENTERS:** Each medical dispatch center will assign qualified personnel to carry out the following responsibilities:

1. Prospective:
  - a) Provide EMS orientation to new personnel.
  - b) Assist Nor-Cal EMS, base hospitals, ALS providers and first responder agencies in the development and of performance indicators.
  - c) Ensure personnel are meeting Nor-Cal EMS training requirements (i.e., SPORTS, Skills competencies, etc.).
  - d) Establish an in-house quality improvement process and committee.
  - e) Assist Nor-Cal EMS in the development and revision of performance standards.
  - f) Review and revise in-house policies as necessary.
  - g) Actively participate in the revision of Nor-Cal EMS Policies and Procedures.
2. Concurrent:
  - a) Provide continuing education and dispatch skills training.
  - b) Provide supervision of dispatch personnel.
  - c) Communicate predetermined relevant performance and education information to Nor-Cal EMS.
3. Retrospective:
  - a) Recognize, reward and reinforce the positive provision of prehospital care.
  - b) Educate and counsel personnel who do not meet established thresholds.

#### **PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**

- c) Provide CQI review for personnel as necessary.
- d) Participate in Nor-Cal EMS outcome studies of specific patient populations (disease entities) and treatment modalities.
- e) Participate in the Nor-Cal EMS standardized CQI program.
- f) A minimum of thirty (30) calls (or all if < 30) must be reviewed each month by the designated peer review staff.

**NOR-CAL EMS:** Nor-Cal EMS will assign qualified personnel to carry out the following responsibilities:



1. Prospective:
  - a) Provide personnel orientation guidelines.
  - b) Review the CQI systems management of first responders, ALS providers, and medical dispatch centers.
  - c) Assist CQI program participants in the development of performance standards.
  - d) Develop and assist CQI program participants in the development of performance indicators.
  - e) Coordinate the provision of, or directly provide the necessary training for implementation of new procedures.
  - f) Provide clear and progressive EMS policies and procedures with biennial review and revision as needed.
  - g) Assist in coordination the EMS Communications System to guarantee maximum performance at all times.
  - h) Certify, accredited and/or authorize first responders, EMT-IIs, EMT-III, paramedics, MICNs and field MICNs.
2. Concurrent:
  - a) Act a resource for CQI program participants.
  - b) Provide central information center for educational activities.
  - c) Provide analysis of data received from participants in the CQI program.
  - d) Coordinate region wide CQI activities.
  - e) Communicate to CQI program participants the predetermined relevant systems information and statistics.
3. Retrospective:
  - a) Evaluate CQI program participants utilizing identified indicators.
  - b) Recognize, reward and reinforce the positive provision of prehospital care.
  - c) Take appropriate action with first responder, ALS providers, receiving hospitals/facilities, medical dispatch centers that do not meet established thresholds.
  - d) Perform certificate review and disciplinary action in accordance with State Regulations and Nor-Cal EMS Policies and Procedures.
  - e) Provide statistical analysis and identify trends in prehospital care.
  - f) Initiate and participate in outcome studies on specific patient populations (disease entities) and treatment modalities.

## REVIEW PROCESS

### **PEER REVIEW COMMITTEE:**

1. Each provider should establish an in-house peer review committee. The peer review process should be used to evaluate, monitor and report on the quality of care in the agency. Peer review committees should be used to review patient care reports monthly. Appendix B is the recommended form to use for the monthly review.
2. The peer review committee should in addition to reviewing runs should perform the following functions:

### **PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, con t.**

- Review scope of practice and make recommendations to agency CQI representative.
  - Develop criteria for identifying potential problems before patient care is comprised.
  - Identify concurrent system problems involving patient care.
  - Develop and recommended to Nor-Cal EMS criteria for correcting potential or real problems.
  - Monitor effectiveness of corrective action strategies through re-audit activities. It shall not be the function of this committee to become directly involved in the certification review process or investigating any complaints, this authority lies with Nor-Cal EMS.
3. The peer review committee is a confidential committee. All proceeding, documents and discussions of the Peer Review Committee are confidential. All members shall sign a confidentiality agreement not to divulge of discuss information that has been obtained through the Peer Review Committee.



4. Providers who do not have enough members to form a separate committee to review PCR's, can use the same concept but on an individual basis. The agency CQI representative will distribute PCR's to each prehospital provider each month for review. The person reviewing the forms should be the same level of certifications as the individual that wrote the form. The forms should not be discussed with any other personnel.
5. The CQI representative is responsible for providing counseling and education to the individual providers.

**REPORTING:**

**Opportunity for Improvement:** Any opportunity for improvement involves issues that do not violate regulations or protocols but need some type of remedial counseling/instruction. These items should be placed on Opportunity for Improvement Form (Appendix C). All reports and additional comments are considered confidential documents and should not be part of or referenced in the PCR.

1. Each participating agency CQI representative will receive and review all opportunities for improvement related to that agencies personnel. If the issue involves the CQI representative, the form will be forwarded to the Nor-Cal EMS CQI Director. If an agency representative receives or becomes aware of an issue about an individual from another agency, they will inform the designated representative from the other agency. The designated representatives of participating services are titled as follows:
  - a) First Responder Agencies – EMS Coordinator
  - b) ALS Provider Agencies – ALS Coordinator
  - c) Base Hospital – Prehospital Care Coordinator
  - d) Receiving Hospital/Receiving Facilities – Receiving Hospital Coordinator ALS Coordinator
  - e) Medical Dispatch Center – EMD Coordinator
2. The designated representative for the identification and resolution of opportunities for improvement within thirty (30) days of discovery. If extenuating circumstances warrant an extension of the thirty (30) day limit, the designated representative shall contact Nor-Cal EMS CQI Director. The Nor-Cal EMS CQI Director shall notify the Regional Medical Director within seven (7) days of receiving any preliminary report of an opportunity for improvements.
3. The designated representative will maintain detailed documentation that may be reviewed by Nor-Cal EMS. The designated representative will provide useful feedback to personnel. The designated representative may involve first responders, ALS, medical dispatch centers, receiving hospitals/facilities, base hospital and Nor-Cal EMS in useful feedback regarding opportunities of improvement.
4. Agency representatives should, as part of the opportunity for improvement, should ensure that the prehospital provider is counseled and a plan of remediation is outlined. This plan should be written down and signed by all parties.

**PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**

- a) Counseling and Remediation: Counseling and remediation are an important aspect of CQI and include, but are not limited to the items listed under the useful feedback definition. Recurrence of issues at any level may require increased counseling, monitoring and/or additional remediation.
- b) Written Agreements: Written agreements will include, but not limited to:
  - Identification of the specific opportunity to improve.
  - Identification of specific written future expectations including the expected time frames for successful completion.
  - Consequences for failure to comply.
  - Personnel will sign the written agreement.

**Investigation Requests:** The designated representative from each agency will forward all investigation requests to the Nor-Cal EMS CQI Director as required by the Nor-Cal EMS Incident



### **Reporting Policy.**

1. Any of the following items shall be considered evidence of a threat to the public health, safety and welfare and may result in the denial, suspension, probation, or revocation of a certificate by Nor-Cal EMS:
  - a) Violations of State Regulations
  - b) Violation of Nor-Cal EMS Policies and Procedures.
  - c) Gross negligence.
  - d) Repeated negligent acts.
  - e) Incompetence.
  - f) Fraud in the procurement of any certification under division 2.5.
  - g) The commission of any fraudulent, dishonest, or corrupt act, which is substantially related to the qualifications, functions, and duties of prehospital personnel.
  - h) Violating or attempting to violate any federal or state statute or regulation, which regulates narcotics, dangerous drugs, or controlled substances?
  - i) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification/accreditation.
  - j) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
  - k) Any action, which may be added or amended to California regulation.
  - l) Conviction of any crime, which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of such conviction or a certified copy will be conclusive evidence of such conviction.
  - m) Violating or attempting to violate directly or indirectly, or assisting or abetting the violation of, or conspiring to violate, any provisions of Division 2.5 of the Health and Safety Code or of the regulations promulgated by the State Emergency Medical Service Authority pertaining to prehospital personnel.
  - n) Addiction to the excessive use of, or misuse of, alcoholic beverages, narcotics, legal or illegal drugs or controlled substances.
  - o) Unprofessional conduct exhibited by any of the following:
    - The failure to maintain the confidentiality of patient medical information, except, as disclosure is otherwise permitted or required by law.

### **PREHOSPITAL CONTINUOUS QUALITY IMPROVEMENT PROGRAM, cont.**

- The mistreatment or physical abuse of any patient resulting from forces in excess of what a reasonable and prudent individual trained and acting in similar capacity engaged in the performance of his/her duties would use if confronted with a similar circumstance. Nothing in this section will be deemed to prohibit an EMT-I, EMT-II, Paramedic or MICN from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, Paramedic or MICN, from using that force that is reasonably necessary to effect a lawful arrest or detention.
  - The commission of any sexuality related offenses specified under Section 290 of the Penal Code.
2. Incidents and/or complaints must be submitted on the Nor-Cal EMS Confidential Investigation Request Form. The reporting party must sign and date the form. Nor-Cal EMS does not accept verbal or anonymous complaints.

### **EXEMPLARY PERFORMANCE**

Along with the reporting of deficiencies in the EMS system, reporting outstanding performance is as equally important. The Nor-Cal EMS Exemplary Form has been developed as a means of reporting

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outstanding performance by any caregiver functioning in the EMS system. Caregiver can include bystanders (citizens) on scene to surgeons in our trauma centers.

The report must demonstrate an exceptional performance by the caregiver and beyond the actions expected during normal duties. The performance must be witnessed and documented by an individual that was on scene. Reports that are submitted will be used in the positive recognition column of the Nor-Cal EMS newsletter and to determine the annual exemplary performance recognition. Providers are encouraged to submit reports as they occur and do not wait until they are requested.



## SOUTHERN TRINITY HEALTH SERVICES

<b>Section: Operations</b>	<b>Approved by: CQI and Board of Directors</b>
<b>Policy: Continuous Quality Improvement Program (CQI)</b>	<b>Adopted Date: 7/1/2004</b>
<b>Reference Number: OPS.030</b>	<b>Last CQI Review and Approval: 10/23/14</b> <b>Last BOD Review and Approval: 2/22/12</b>
<b>Page 1 of 7</b>	<b>Next Review and Approval: 10/28/14</b>

### Policy

To establish and outline the structure and function of Southern Trinity Health Services (STHS) Continuous Quality Improvement Program.

### Purpose/Goal

The primary mission of Southern Trinity Health Services is to improve the quality of life in Southern Trinity and Southeastern Humboldt Counties by providing access to quality, comprehensive, innovative, and integrated health care and emergency medical services regardless of ability to pay. STHS acknowledges that quality health care and the systems that support that care must be the foundation of a successful health care organization. STHS is committed to providing optimal health care for its patients consistent with regulatory and accepted standards of practice established by the STHS medical staff.

Southern Trinity Health Services recognizes that the patient experience is influenced by every aspect of the services provided and by every employee and volunteer the patient encounters. The Continuous Quality Improvement Program must be organization wide and include medical, dental, behavioral health, emergency medical services, transportation, facility, business, administrative services and the Southern Trinity Health Services Board of Directors.

### Procedure

The Quality Improvement Plan assesses each area of care individually and how they interact and support patient care as a whole. The Quality Improvement process will utilize both internal and external audit systems; track and review defined clinical indicators and outcomes; sentinel events and 'near miss' incidents; patient comments, both formal and anecdotal, negative and positive; and employee reports, observations, concerns and comments.

The Continuous Quality Improvement Committee is responsible for ensuring the compliance of all policies and procedures of the organization both clinical and operational. Refer to OPS.O 19 Policy Development and Approval for further information.

Southern Trinity Health Services is committed to fostering an open and supportive environment for identifying, reporting, discussing and correcting events before they become problems. Resolution will be sought through examining systems; policy, products, tools, procedures, and education. Solutions will be rewarded; finger pointing and blame will be discouraged. Individual corrective actions, if necessary, will be conducted in private, and documented appropriately.

## **Continuous Quality Improvement - CQI Committee**

The CQI Committee provides the leadership necessary to develop implement and oversee quality related activities. The active participation of departmental leadership is necessary to demonstrate that Southern Trinity Health Services is committed to quality and safety.

The CQI Committee is an organization-wide group composed of representatives from all departments. The following are the minimum requirements for CQI Committee composition:

- Executive Director
- Medical Director
- Dental Director
- Behavioral Health Director
- Financial Officer/Administrative/ Fiscal Representative
- Operations Officer – Patient flow, Front Office Representative
- Provider Representatives – Medical and Dental Back Office
- Risk Manager/Loss Control/ Facilities Representative
- Quality Assurance Coordinator, RN
- Board of Directors Representative

The Executive Director or designee serves as chair of the CQI Committee with responsibility for setting and approving agendas, leading meetings and providing leadership in the selection of CQI activities and priorities. The Executive Director may designate a CQI Coordinator with responsibility for carrying out the administrative activities necessary to conduct Committee business. The Coordinator will ensure that meetings are held at least 10-12 times per year, that minutes of meetings are taken, distributed, records and documents are maintained for HRSA reporting purposes and prepared for Board of Directors approval each month, and that scheduled activities proceed according to the established calendar.

The Committee will evaluate the effectiveness of the Continuous Quality Improvement Program annually at the February meeting per the CQI reporting calendar Cycle I.

### ***Subcommittees of the CQI Committee***

The CQI Committee will form individual or joint subcommittees to investigate significant or recurrent events, to address an ongoing need to protect confidentiality and to identify opportunities for improvement. All subcommittees shall provide a written report to the full CQI Committee. The following subcommittees are designated as permanent individual or joint committees as CQI Committee deem appropriate to meet the requirement:

**The Chronic Pain Subcommittee** is tasked with monitoring the Chronic Pain Program, including but not limited to overall results, outcomes, problems, appropriateness and consistency of care delivered, review of individual patient care plans referred by the providers, and all requests by providers to withdraw opiate therapy due to violations of the pain contract. Subcommittee membership is limited to Medical, Behavioral Health, and Dental providers, Executive Management, and the Risk Manager to protect confidentiality. The subcommittee shall meet monthly and shall submit a report to the full CQI Committee which full protects individual patient information.

**The Chronic Disease subcommittee** is tasked with reviewing data for conditions identified in the STHS Health Care Plan, the Uniform Data System report structure, and other chronic conditions identified from time to time. The subcommittee shall monitor trends, compare them to established benchmarks and goals, and recommend improvements to the CQI Committee utilizing the PDSA model. The subcommittee shall consist of the Medical, Behavioral Health, Dental providers, Executive Management, and the Risk Manager, and shall meet monthly.

### **Confidentiality**

The review of patient data, employee performance data and other information of a sensitive nature is vital to the success of the quality improvement process. Southern Trinity Health Services requires all data to be protected. Information will only be reviewed and discussed in office spaces. All reports are confidential and will only be used for the quality improvement processes. All patient identification information shall be removed, as will all provider data for aggregate reports. Any discussion requiring patient or employee identification will be done in private.

### **Objectives**

1. To ensure the delivery of patient care at the maximum achievable level of quality in a safe and cost effective manner.
2. To ensure the effective "hand-off" of patient care between providers and other internal and external sources of care, including support and administrative services.
3. To develop effective systems for continuous problem assessment/identification, corrective action planning, plan implementation and evaluation of organization processes and services.
4. To develop a system of accurate comprehensive data collection methods to track, trend and report quality indicators for the organization and for external reporting compliance.
5. To educate all health care professionals and staff in the philosophy procedures and practices of quality assessment.
6. To utilize information gained in quality assessment activities to direct continuing medical education at STHS.
7. To increase knowledge and participation in quality improvement activities at STHS.
8. To identify opportunities for improvement and institute continuous improvement strategies as appropriate.
9. To demonstrate the program's overall impact on improving the quality of care delivered by STHS.

### **QI Process**

1. The Southern Trinity Health Services Health Care Plan identifies specific Health Care Goals and performance measures. The individual elements are reviewed annually by the CQI Committee on a three month rotating schedule as specified in the CQI reporting calendar Cycle I.
2. The Clinical tracking measures are developed from the Health Care Plan. The Health Care Plan defines internal goals, and establishes external benchmarking standards to be met or exceeded. The Clinical tracking measures are reviewed, progress noted, and corrective action decided upon on as scheduled in the QI reporting calendar Cycle I.

3. Quality Assurance measures including calibration of equipment, lab tracking, referral tracking, audit reports, and other regular inspection reports.
4. Quality Assurance measures are reviewed as set forth in the CQI reporting calendar Cycle 2.
5. Risk Management issues are reviewed as set forth in the CQI reporting calendar Cycle 3. Specific review items are included, but will also include any issue brought to the committee, or any issue of concern to any committee member.
6. Peer Review of assessment, treatment plans, and outcomes is a very important component of STHS CQI program. Southern Trinity Health Services is committed to fostering an open and supportive environment for identifying, reporting, discussing and correcting events before they become problems. The peer review process is intended to improve care to our patients, not to place blame. Generalized peer review results will be reviewed as indicated in the CQI reporting calendar Cycle 2. Specific concerns not able to be resolved via the peer review process will be directed to the Medical Director.
7. Identification of potential system problems or breakdowns
  - a. Quality control test reports
  - b. Peer review audits
  - c. Patient complaints and grievances
  - d. Incident reports
  - e. Medical and dental record audits
  - f. Clinical tracking reports
  - g. Equipment Damage report forms
  - h. Variance report forms
  - i. Other sources may include: patient care evaluation studies, financial data, productivity reports, disease management reviews, time and motion studies, patient flow studies.
  - j. Any report of an unusual nature may be considered by the CQI Committee. Anonymous or anecdotal reports will be considered generally, specific allegations will be considered on a case by case basis.

### **Collecting and analyzing data**

STHS utilizes a tracking registry IMS/Medi-Tab in its Health Care Plan for maintaining, monitoring and improving quality of care for common chronic diseases and assuring optimal delivery of preventive services.

- |  |                                    |
|--|------------------------------------|
| a. Data Collection and Information Resources | b. Reports from organization staff |
| c. Medical and dental records review         | d. Clinical tracking indicators    |
| e. Patient satisfaction surveys              | f. Employee satisfaction surveys   |
| g. Employee concerns and suggestions         | h. Patient warnings and dismissals |

### **The Process Improvement Model**

STHS uses the PDSA (Plan, Do, Study, Act) method of process improvement to prevent adverse occurrences. If an item is entered into the CQI Committee meeting agenda, it will be followed at each meeting, and will be removed when satisfactory results have been achieved. The general flow should be similar to the following:

- a. Problem/Project Identification
- b. Entered into Problem/Project log by QI coordinator
- c. Initial investigation/action plan developed by QI coordinator
- d. Initial findings reported to QI Committee (or sub-committee) for review
- e. Action plan developed and executed by QI coordinator or other individual as assigned by QI Committee
- f. Results of action plan reported to QI Committee
- g. If resolved, determine review period
- h. If unresolved, revise and execute action plan

### **Incident Reporting**

The purpose of reporting incidents is to identify problems or potential problems that may result in unsafe, unhealthy circumstances and outcomes in the practice. The completion of an incident/variance report demonstrates conscientiousness and concern for those involved.

Communication in the form of positive feedback to providers and staff on improvements made as a result of reported incidents reinforces use of the system as a non-punitive means of identifying problems and developing solutions. Other purposes include the following:

- a. To provide a record of the incident and to document factual information about the event.
- b. To encourage staff to identify incidents, near misses, and hazards.
- c. To provide for prompt treatment of any injuries that may have occurred.
- d. To notify responsible individuals about incidents and hazards and to allow for prompt investigation of circumstances surrounding an incident.
- e. To analyze information generated from reporting incidents and hazards and to take actions to prevent recurrence and improve safety.
- f. To provide documentation as a part of an incident investigation, an OSHA or other required agency reports, workers compensation claim processes, disability or insurance claims.

Incident/variance reports are confidential, internal documents and are maintained in confidential risk management files. Incident/variance reports are not placed in patient medical records.

### **CQI Information Distribution**

In order to ensure organization wide support and involvement of the entire organization, written minutes of the CQI Committee monthly meetings are submitted to the Medical Director, Executive Director for review, comment and action as appropriate. Board review and action where necessary shall be noted in the Board Meeting Minutes.

Southern Trinity Health Services also recognized that it is vital to the continued success of the Quality Improvement process that overall results, concerns, patterns and information are communicated to all employees and volunteers. This will be accomplished by discussion with all employees during the departmental team meetings. Significant findings or changes will be communicated at the monthly all staff meeting or at a special meeting if the Executive Director determines it necessary or beneficial.

## Attachment A: CQI Reporting Calendar

### Cycle 1 January, April, July, October      Healthcare Plan Review & Tracking

#### Clinical Tracking

- a. Early entry into prenatal care
- b. Childhood immunizations
- c. Cervical cancer screening
- d. Weight assessment and education – children
- e. Weight assessment and education – adult
- f. Tobacco use assessment
- g. Tobacco use intervention/education
- h. Asthmatic care
- i. Coronary artery disease/lipid therapy
- j. Ischemic Vascular Disease/antithrombotic therapy
- k. Colorectal cancer screening
- l. Adolescent and adult depression screening
- m. Early intervention for HIV care
- n. Diabetes A1c tracking
- o. Hypertension
- p. Birth weight
- q. Oral health
- r. Pain control

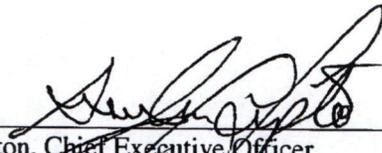
### Cycle 2 February, May, August, November      Quality Assurance

- a. Annual Evaluation of CQI Program effectiveness (February)
- b. Pharmacy Report
- c. X-ray QC Report
- d. Lab OC Report
- e. Lab Tracking
- f. Referral Tracking
- g. STAR Quarterly QA Report
- h. Peer Review
- i. Patient Satisfaction Survey – continuous

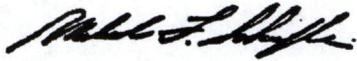
### Cycle 3 March, June, September, December      Risk Management/Compliance/HR

- a. Patient warnings/dismissals
- b. Variance/Incident reports (medication errors, infectious disease, injuries/falls, HIPAA, etc.)
- c. Loss Control/Safety reports and Forms
- d. Policies & Procedures/Protocols/Standards
- e. Credentialing/privileging/competency
- f. Clinic licenses and certification updates – lab, x-ray etc.
- g. Job Descriptions/Scope – providers and support staff
- h. Employee evaluations – providers and support staff
- i. Training updates - HIPAA, Infectious Disease, EMT, CPR, ACLS, OSHA, etc.
- j. Employee Satisfaction Survey

**Approved**

  
\_\_\_\_\_  
Lee Lupton, Chief Executive Officer

10/28/14  
Date

  
\_\_\_\_\_  
Michael Schafle, Medical Director

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Susan Gordon, President, Board of Directors

10-28-14  
Date

**Attachment A: CQI Reporting Calendar**

Forms: QI Tracking Log

References & Controlling Documents:

PAL 2001-16

PAL 2002-22 BPHC Credentialing & Privileging

PAL 2011-05

PAL 2014-09 Notice of HRSA FTCA Health Center Policy Manual

Other STHS policies:

OPS.009 Referral policy

OPS.010 Hospital Visit tracking policy

OPS.011 Lab results tracking

OPS.012 Imaging tracking

OPS.007 Incident reporting

OPS.019 Policy Development and Approval

OPS.031 Credentialing policy

OPS.042 Pharmacy & Supply Ordering

OPS.049 Patient Satisfaction Assessment

CLN.008 Peer Review Procedure

CLN.009 Drug Room

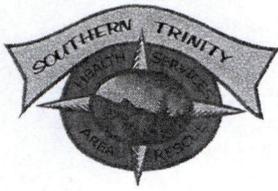
Accreditation Association for Ambulatory Healthcare (AAAHC) accreditation documents

National Committee for Quality Assurance (NCQA)

Revisions and Reviews:

Adopted 7/11/2004

Revision 11/16/2010, 2/22/2011, 3/22/2011, 6/21/2011, 10/28/2014



# Southern Trinity Health Services Southern Trinity Area Rescue

*Serving Southern Trinity & Southeastern Humboldt Since 1979*

## **Management Staff Organization**

Lee Lupton – CEO



Amanda Huber – COO



Brooke Entsminger – EMS Manager



Paramedics



Dispatchers & EMT's



Drivers



# Southern Trinity Health Services Southern Trinity Area Rescue

*Serving Southern Trinity & Southeastern Humboldt Since 1979*

## **Resume**

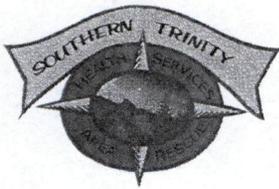
### **Training:**

- STAR is certified through Nor Cal EMS to instruct EMT and AEMT courses. STAR instructors put on one new course per calendar year.
- STAR has Continuing Education meetings for all local responders once a month with chart reviews included. STAR CE provider number 64-5308.
- STAR is linked with Redwood Memorial Hospital to attend Chart Review through teleconference when they are held at the hospital for North Coast EMS.
- STAR participates and organizes training opportunities with other emergency services (ex – USFS, REACH Air ambulance, Southern Trinity Volunteer Fire, Coast Guard and many more) on a regular basis.
- STAR provides dispatch training.

### **Orientation:**

- New STAR volunteers are required to fill out the new volunteer packet (included in attached papers) and provide all documentation required on it.
- New volunteers are brought in to practice driving as well as become oriented to the ambulance before being put on the schedule.
- Volunteers who will be providing patient care are scheduled as a third person on crew until ready to provide care independently and they have been observed by current responders.

STAR has been operating as an Emergency Medical Transport 911 Ambulance service since 1979. Regular training and education of all responders is required for their certification and by STAR. Responders must remain current for the best patient care possible.



# Southern Trinity Health Services Southern Trinity Area Rescue

*Serving Southern Trinity & Southeastern Humboldt Since 1979*

## **Humboldt County EMS System**

**Southern Trinity Area Rescue (STAR), acknowledges that North Coast EMS oversees EMS systems within Humboldt County. STAR understands that it's operating Policies and Procedures are dictated by Nor Cal EMS, and that Nor Cal EMS has an agreement with North Coast EMS and St Joes Health System – Redwood Memorial Hospital (RMH), for STAR to operate with RMH as its base hospital and primary place to transport patients.**





POLICY NUMBER: MEPK06766309

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

County of Humboldt  
Dept of Public Health Attn: Clarke Guzzi, 529 I Street  
Eureka, CA 95501

With respects to the ambulance service permit.  
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf.

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

ARCH INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

This endorsement modifies the insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

Schedule		
<u>Auto No.</u>	<u>Description</u>	<u>Additional Insured (name and address)</u>
	All Vehicles on Policy	County of Humboldt Dept of Public Health Attn: Clarke Guzzi 529 I Street Eureka CA 95501

Paragraph c. of 1. Who Is An Insured in A. Coverage under SECTION II – LIABILITY COVERAGE includes the person or organization shown in the Schedule, but only with respect to “bodily injury” or “property damage” resulting from the ownership, maintenance or use of the covered “auto(s)” shown in the Schedule by an “insured” described in Paragraphs a. or b. of 1. Who Is An Insured in A. Coverage under SECTION II – LIABILITY COVERAGE, subject to the following additional provisions:

1. The person or organization shown in the Schedule is not responsible for the payment of any premiums stated in the policy or earned under the policy.
2. In the event of cancellation of the policy, we will send advance written notice of cancellation to the person or organization shown in the Schedule at the address shown in the Schedule.



# CERTIFICATE OF LIABILITY INSURANCE

SOUTH-1

OP ID: JS

DATE (MM/DD/YYYY)

04/04/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Anderson Robinson Starkey Insurance Agency Inc. P O Box 1105 Arcata, CA 95518-1105 Laura Knight		707-822-7251 707-826-9021	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>E-MAIL ADDRESS:</b> _____	<b>FAX (A/C, No):</b> _____
<b>INSURED</b> Southern Trinity Health Serv. Southern Trinity Area Rescue PO Box 4 Mad River, CA 95552		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> State Compensation Ins. Fund		35076
		<b>INSURER B:</b>		
		<b>INSURER C:</b>		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	909334214	04/01/14	04/01/15	WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER****CANCELLATION****COVERCA**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Laura Knight



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/06/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

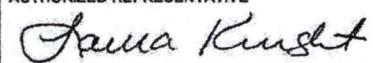
<b>PRODUCER</b> Anderson Robinson Starkey Insurance Agency Inc. P O Box 1105 Arcata, CA 95518-1105 Laura Knight	<b>CONTACT NAME:</b> Laura Knight <b>PHONE (A/C, No, Ext):</b> 707-822-7251 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b> 707-826-9021
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Southern Trinity Area Rescue PO Box 4 Mad River, CA 95552	<b>INSURER A:</b> State Compensation Ins. Fund <span style="float:right">NAIC # 35076</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
							MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
								\$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE	\$	
							AGGREGATE	\$	
								\$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	X	909334215	04/01/2015	04/01/2016	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$	1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
							E.L. DISEASE - POLICY LIMIT	\$	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
waiver of subrogation is included as per endorsement forthcoming

<b>CERTIFICATE HOLDER</b>  COUNHUE  County of Humboldt its officers, agents&employees 529 I St Eureka, CA 95501	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
--	--

304

SOUTH-1 LK

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

COMPANY NUMBER  
**21199**

COMPANY NAME AND ADDRESS  
**ArchSpecialty InsuranceCompany**

POLICY NUMBER  
**MEPK06766309**

EFFECTIVE DATE      EXPIRATION DATE  
**07/15/14              07/15/15**

**THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE**

YEAR                      MAKE/MODEL  
**2004              Ford Ambulanc**

VEHICLE IDENTIFICATION NUMBER  
**1FDWF37PO4ED99719**

AGENCY/COMPANY ISSUING CARD  
**Anderson Robinson Starkey  
Laura Knight  
P O Box 1105  
Arcata, CA 95518-1105**

INSURED  
  
**Southern Trinity Area Rescue  
Mad River, CA 95552**

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND**

**IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:**

- 1. Name and address of each driver, passenger and witness.**
- 2. Name of Insurance Company and policy number for each vehicle involved.**

305

CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

21199

COMPANY NAME AND ADDRESS

ArchSpecialty InsuranceCompany

POLICY NUMBER

MEPK06766309

EFFECTIVE DATE

07/15/14

EXPIRATION DATE

07/15/15

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

2003

MAKE/MODEL

Ford Ambulanc

VEHICLE IDENTIFICATION NUMBER

1FDXE45F53HA16670

AGENCY/COMPANY ISSUING CARD

Anderson Robinson Starkey

Laura Knight

P O Box 1105

Arcata, CA 95518-1105

INSURED

Southern Trinity Area Rescue  
Mad River, CA 95552

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED  
VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

**APPROVAL TO PROVIDE  
ADVANCED LIFE SUPPORT TRANSPORT  
SOUTHERN TRINITY AREA RESCUE (STAR)  
EMT/AEMT/PARAMEDIC**

THIS AGREEMENT is entered into by and between SOUTHERN TRINITY AREA RESCUE (STAR), hereinafter referred to as PROVIDER, and NORTHERN CALIFORNIA EMS, INC., a California non-profit corporation, hereinafter referred to as NOR-CAL EMS.

WHEREAS, NOR-CAL EMS is a regional multi-county Local Emergency Medical Services Agency in northern California including Trinity County, and

WHEREAS, PROVIDER desires to be approved by NOR-CAL EMS to provide Advanced Life Support (ALS) and Basic Life Support (BLS) transport services in certain parts of Trinity County, and

WHEREAS, NOR-CAL EMS, contingent upon PROVIDER complying with the conditions set forth below, approves PROVIDER as an ALS and BLS Transport provider,

NOW, THEREFORE, it is agreed by and between the parties hereto as follows:

When signed by both parties this document serves as the approval and designation by NOR-CAL EMS of PROVIDER as a service provider, to provide emergency medical response per provider availability. PROVIDER agrees to have complied with all requirements of this agreement and with all of NOR-CAL EMS' policies and procedures related thereto.

PROVIDER'S primary response area is STAR boundaries, Trinity County.

PROVIDER'S Trinity County office is located at Mad River, California.

This approval is developed in compliance with the current California Health and Safety Code, California Code of Regulations, Title 22, Division 9, Chapters 2, 3 and 4 and NOR-CAL EMS Policies and Procedures. PROVIDER agrees to comply with all California laws applicable to providers of prehospital emergency medical services.

## **1. PROVIDER REQUIREMENTS**

As an approved service, PROVIDER agrees to comply with all policies and procedures contained in NOR-CAL EMS' Policies and Procedures Manual. By signing this Agreement, PROVIDER affirms that PROVIDER has read and understands the policies and procedures relating to PROVIDER's type of service. PROVIDER further agrees to keep up to date on changes in those policies and procedures and to implement those that require implementation. In addition PROVIDER further agrees to the following:

### **A. EMERGENCY MEDICAL TECHNICIAN OPTIONAL SCOPE OF PRACTICE**

PROVIDER is approved for the following Optional Scope of Practice:

1. Perilaryngeal Airway: Provider will transition from the Combi-tube to the King Airway by July 1, 2014.
2. Automated External Defibrillation

### **B. QUALITY IMPROVEMENT**

1. PROVIDER will allow inspection, at any time, by NOR-CAL EMS, with or without notice, for the purpose of verifying the Provider Agreement, Regulations, and Policies and Procedures compliance.
2. PROVIDER will participate in the NOR-CAL EMS Continuous Quality Improvement (CQI) program.
3. PROVIDER will designate an employee to act as the CQI program manager to oversee and assist in development and ongoing performance of PROVIDER's CQI program.
4. PROVIDER will establish a CQI program, which will identify methods of improving the quality of care provided. PROVIDER may create its own CQI program, or use the NOR-CAL EMS CQI program. PROVIDER will furnish NOR-CAL EMS with a copy of its CQI program for approval, and provide any changes, as they occur.
5. PROVIDER will submit to NOR-CAL EMS, on a quarterly basis, a CQI data analysis summary.

### **C. REPORTS/RECORDS**

1. PROVIDER will supply NOR-CAL EMS with a roster of all prehospital personnel upon request.
2. PROVIDER is to use an electronic Patient Care Record (PCR) system that is compatible with reporting requirement of the California State Emergency Medical Services Authority and make those records available to NOR-CAL EMS.
3. PROVIDER will comply with any requests from NOR-CAL EMS for records or pertinent materials that may be required in the course of investigations, or inquiries.

4. All records maintained pursuant to this policy will be available for inspection, audit, or examination by NOR-CAL EMS, or by their designated representatives, and will be preserved by PROVIDER for at least three (3) years from the termination of the agreement. PROVIDER's records will not be made available to parties or persons outside NOR-CAL EMS without the PROVIDER's prior written consent; unless a subpoena or other legal order compels disclosure.
5. Upon written request of NOR-CAL EMS, PROVIDER will prepare and submit written reports on any incident arising out of services provided under the agreement. NOR-CAL EMS recognizes that any report generated pursuant to this paragraph is confidential in nature and will not be released, duplicated, or made public without the written permission of the PROVIDER or unless a subpoena or other legal order compels disclosure.
6. PROVIDER will ensure that hand-written PCRs are completed by the PROVIDER's personnel, and left at the receiving facility for each patient transported, prior to personnel leaving the facility, for any response, other than another prehospital call. The electronic PCR shall be completed upon return to the PROVIDER's home location or as quickly as feasible.
7. PROVIDER will provide additional information, and reports as NOR-CAL EMS may require, from time to time, to monitor PROVIDER's performance under this agreement.
8. PROVIDER will ensure that written documentation is provided to the receiving facility staff to provide continuity of patient care personnel per NOR-CAL EMS Policies.

#### **D. STANDARDS**

In each instance of an ALS ambulance failure on a medical emergency call, resulting in the inability to continue the response, PROVIDER will submit an Unusual Occurrence Report to NOR-CAL EMS, which will include:

1. How long it took for another ambulance to respond to the same call.
2. Which ambulance service provider responded, and the level of care provided.
3. The reason or suspected reason(s) for vehicle failure, and/or, malfunction.
4. Actions PROVIDER has taken to prevent similar failures.

#### **E. TRAINING**

PROVIDER will designate a training officer to oversee the required training and orientation of all new prehospital personnel employed by PROVIDER. Qualifications for training officers for optional scope and required training procedures are outlined in NOR-CAL EMS Policies and Procedures. PROVIDER will ensure that all employees providing patient care comply with training requirements as established by the State of California and NOR-CAL EMS for their level of certification.

## **F. LEVEL OF SERVICE**

All requirements relating to the level of service authorized contained in the Emergency Medical Service System and the Prehospital Medical Care Personnel Act (California Health and Safety Code) and the regulation derived therefrom are hereby incorporated in this agreement as if fully set forth herein.

## **G. COMPLIANCE WITH LAWS AND POLICIES**

PROVIDER will adhere to all federal, state, county and city statutes, ordinances, and NOR-CAL EMS Policies and Procedures related to operations, including qualification of crews and maintenance of equipment.

## **2. INDEMNITY**

PROVIDER and NOR-CAL EMS shall hold each other harmless and indemnify each other against all claims, suits, actions, costs, counsel fees, expenses, damages, judgments, or decrees, arising out of PROVIDER's performance or failure to perform under this agreement including, but not limited to, bodily injury, including death, or property damage caused by PROVIDER, or any person employed by PROVIDER, or in any capacity during the progress of the work, whether by negligence or otherwise.

## **3. SUSPENSION AND REVOCATION**

NOR-CAL EMS may deny, suspend or revoke the approval of PROVIDER for failure to comply with the provisions of this agreement or NOR-CAL EMS Policies and procedures.

## **4. TERM**

This agreement shall, subject to the limitations contained herein, be for an initial term of twenty-four (24) months beginning February 1, 2014, and shall be automatically renewed for successive twenty-four (24) month periods; provided, however, prior to the renewal, NOR-CAL EMS will issue a letter of renewal or nonrenewal. In the event NOR-CAL EMS issues a nonrenewal letter, that letter shall also serve as a sixty (60) day notice of termination of this Provider Agreement. Any notice required by this approval will be in writing and any notice to NOR-CAL EMS will be to the Chief Executive Officer.

## **5. TERMINATION**

This agreement may be terminated by either party, without cause, by giving sixty (60) days written notice to the other party.

6. NOTICE

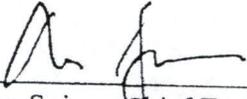
Notices required by this approval will be in writing and be addressed in the following form:

NORTHERN CALIFORNIA EMS, INC.  
Chief Executive Officer  
1890 Park Marina Dr., Suite 200  
Redding, CA 96001

SOUTHERN TRINITY AREA RESCUE (STAR)  
Administrator  
P.O. 4  
Mad River, CA 95552

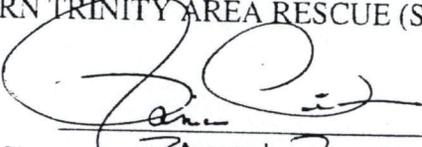
All terms and conditions of this approval are agreed to be binding on NOR-CAL EMS and PROVIDER.

NORTHERN CALIFORNIA EMS, INC.

Signature:   
\_\_\_\_\_  
Dan Spiess, Chief Executive Officer

Date: 1/13/14

SOUTHERN TRINITY AREA RESCUE (STAR)

Signature:   
\_\_\_\_\_  
Print Name: RAMON PERA  
Title: CEO

Date: 2/4/14

**AGREEMENT TO ACT AS BASE HOSPITAL**

**PROVIDER** is assigned to **REDWOOD MEMORIAL HOSPITAL, FORTUNA, CA** as its Base Hospital, providing medical control as described in the California Health and Safety Code. By signing this agreement the authorized representative of **REDWOOD MEMORIAL HOSPITAL** agrees that **REDWOOD MEMORIAL HOSPITAL** will be the base hospital for **PROVIDER** subject to all the terms and conditions contained in the Base Hospital agreement between **NOR-CAL EMS** and **BASE HOSPITAL**.

Base Hospital acknowledges receipt of a fully executed copy of this agreement.

**BASE HOSPITAL: REDWOOD MEMORIAL HOSPITAL, FORTUNA**

Signature: \_\_\_\_\_  
Print Name: DAVID O'BRIEN  
Title: PRESIDENT

Date: 1 / 31 / 14



**SOUTHERN TRINITY HEALTH SERVICES, INC.**  
 P.O. BOX 4  
 MAD RIVER, CA 95552  
 PH (707) 574-6616

TRI COUNTIES BANK  
 90-3604/1211

13756

4/16/2015

PAY TO THE  
 ORDER OF

Humboldt County Dept. Health & Human Svcs

\$ \*\*65.00

Sixty-Five and 00/100\*\*\*\*\* DOLLARS



PROTECTED AGAINST FRAUD

Humboldt County Dept. Health & Human Svcs  
 529 I Street  
 Eureka, CA 95501



DOLLARS

*Mary Jo Anderson*

MEMO

**SOUTHERN TRINITY HEALTH SERVICES, INC.**

Humboldt County Dept. Health & Human Svcs

13756

Date 4/16/2015  
 Type Bill  
 Reference 2015-16

4/16/2015

Original Amt.  
 65.00

Balance Due  
 65.00

Discount

Payment  
 65.00

Check Amount  
 65.00

Cash in Bank - STHS

65.00