

ANNUAL EMERGENCY MEDICAL SERVICE PLAN 2019-2020



County of Los Angeles
Department of Health Services



Emergency Medical Services Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, California 90670



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Kay Fruhwirth
Interim Director

Marianne Gausche-Hill, MD
Medical Director

10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Tel: (562) 378-1500
Fax: (562) 941-5835

*To advance the health of our
communities by ensuring
quality emergency and
disaster medical services.*

March 8, 2022

Elizabeth Basnett
Acting Director
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, California 95670

LOS ANGELES COUNTY EMS PLAN 2019-2020 SUBMISSION

Dear Ms. Basnett:

In accordance with Section 1797.254 of the Health and Safety Code, I am pleased to forward the Los Angeles County Fiscal Year 2019-2020 Annual EMS Plan to the Emergency Medical Services Authority.

If you have any questions regarding the plan, please contact Richard Tadeo, Assistance Director, at (562) 378-1610 or Gary Watson, Prehospital Care Coordinator, at (562) 378-1679.

Sincerely,

Kay Fruhwirth
Interim Director

KF:gw
03-08



Health Services
<http://ems.dhs.lacounty.gov>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES



ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)

EXECUTIVE SUMMARY

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County FY 2019-2020 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

Communications:

The EMS Agency continues to be an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professional. It is being designed and built to serve law enforcement and fire service first responders, along with health service professionals throughout Los Angeles County.

With over 80 public safety agencies with approximately 34,000 first-responders and encompassing a sprawling terrain of over 4,060 square miles that approximately 10 million people call home, the Los Angeles region seeks a modern interoperable public safety broadband network that allows multiple agencies to respond to the widest possible variety of emergencies. LA-RICS has transferred operation and ownership of its 700MHz broadband network to ATT/First-Net, which is based on 4G/5G wireless data technology. The network would enable computer-aided dispatch, rapid law-enforcement queries, real-time video streaming, medical telemetry, patient tracking, geographic information systems services for first responders, and many other broadband-specific applications.

LA-RICS is partnered with AT&T/First-Net, a nationwide first responder network authority to ensure coordination with the broadband network on a national level for public safety and first responders.

EMS System Data Report:

Efforts to incorporate the STEMI and stroke databases into a combined database with the three (3) core EMS Agency databases (EMS, base hospital, and trauma center) continue. To further enhance reporting and access capability, the EMS Agency continues to explore opportunities to improve TEMIS, such as a web-based solution.

Of the ~700,000 EMS responses in the County, 100% of patient care records from public EMS providers are now collected through an electronic patient care report (ePCR).

NEMSIS Compliance (78% of system data for the reporting period FY 19-20):

Los Angeles County Fire District – (46% of system data) utilized Stryker through June 29, 2020, and converted to ImageTrend’s ePCR platform on June 30, 2020.
City of Los Angeles Fire Department – (31% of system data) utilize Stryker.
Cities of Torrance and Redondo Beach Fire Department’s (2% of system data) – utilize W.A.T.E.R.

Non-NEMESIS Compliance (21% of system data for the reporting period FY 19-20) which involves the remaining 26 fire departments utilizing Digital EMS. Digital EMS became compliant for NEMESIS 3.5 to both collect and send data on April 28, 2021.

During FY 19-20, the EMS Agency submitted 100% records to CEMSIS-Trauma; however, did not export EMS related data to CEMSIS.

Sidewalk CPR:

The EMS Agency Sidewalk CPR is an annual program that traditionally provides in-person “hands-only” CPR training throughout Los Angeles County during National CPR & AED Awareness Week (June 1-7). The Sidewalk CPR program was suspended in 2020 due to COVID-19.

Exclusive Operating Areas (EOA) for 9-1-1 Transportation:

There were no changes to the nine (9) EOAs in Los Angeles County and are served by the following ambulance companies to provide 9-1-1 transportation services as follows:

- **EOA 1:** Santa Clarita Valley, Antelope Valley (3 cities, 46 unincorporated areas)
American Medical Response, Inc. (AR) as Agreement #H-707043
- **EOA 2:** City of Monrovia
Care Ambulance Service, Inc. (CA) as Agreement #H-707291
- **EOA 3:** East County, Pomona Valley (11 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 4:** San Gabriel Valley (10 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 5:** Southeast County, Gateway Cities (19 cities, 12 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 6:** City of Compton
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 7:** South Bay Cities (9 incorporated cities, 12 unincorporated areas)
Westmed/McCormick Ambulance (WM) as Agreement #H-707042

- **EOA 8:** City of Redondo Beach
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 9:** West County (10 incorporated cities, 31 unincorporated areas)
Westmed/McCormick Ambulance (WM) as Agreement #H-707042

Los Angeles County Disaster Health Care Coalition (HCC):

The HCC was established in October 2013 to coordinate strategic planning activities amongst healthcare facilities in various healthcare delivery sectors, public health agencies, other government entities and community partners to prepare for, respond to, and recover from emergencies and other incidents that impact the public’s health.

Los Angeles County’s HCC has an advisory committee with representatives from acute care hospitals, community health centers, long-term care facilities, dialysis centers, ambulatory surgery centers, home health/hospice agencies, EMS providers, volunteer organizations, and government agencies that support Emergency Support Function 8 (ESF 8) functions. The advisory committee is co-chaired by the Los Angeles County Emergency Medical Services Agency and Department of Public Health and meets three times per year to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

In 2019/2020, Los Angeles County’s overall HCC membership increased significantly due to COVID19 response and was comprised of:

Acute Care Hospitals	95
Behavioral Health	5
Dialysis Centers	238
Emergency Management Organizations	2
EMS Providers	47
Federal Facilities	5
Home Health Agencies	348
Medical Reserve Corps (ESAR-VHP)	3
Non-Governmental Organizations	2
Infrastructure Companies	2
Outpatient Health Care Centers (Ambulatory Care, Clinics, FQHC, Urgent Care)	371
Professional Healthcare Trade Organizations	5
Public Health Departments	3
Skilled Nursing Facilities	480

Annual EMS Update:

The EMS Agency provided the annual EMS Update Training for 2020 through a learning management system. Training included the following:

- Pain Management
- Capnography
- Altered Level of Consciousness
- STEMI ECG Interpretation
- Provider Impression “Weakness” – Don’t miss a stroke

We also continued to provide our monthly education to all pre-hospital personnel through our EmergiPress educational newsletter.

Provider Changes:

There were no changes in Licensed Ambulance Operators within Los Angeles County.

Table 1

Minimum Standards and Changes Made to a Standard



Los Angeles County – Department of Health Service
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)



TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training		X			
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			

TABLE 1: MINIMUM STANDARDS

Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES



**ANNUAL EMS PLAN UPDATE
 (Fiscal Year 2019-2020)**

Table 1 – STANDARDS – Changes Made on a Standard

EMS System: **Los Angeles County**

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	<p>Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p> <p>RECOMMENDED GUIDELINES: Public safety answering point PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical</p>		X		<p>Approximately 95% of the Fire Departments providing Emergency Medical Services are dispatched by Fire Dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.</p>	<p>One Fire Department utilizes a police dispatch to either approved pre-arrival instructions or will transition to a fire-based dispatch center with existing pre-arrival instructions.</p> <p>The LEMSA plans on routinely (semi-annually at a minimum) meeting with the 9-1-1 dispatching centers.</p>

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
	Dispatch Guidelines.					The LEMSA plans to implement annual site surveys within its jurisdiction for 9-1-1 dispatch to monitor compliance with mandated policies and standards
3.01 Communications Plan	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>RECOMMENDED GUIDELINES: The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.</p>	X			<p>CURRENT STATUS: 21 Base Stations and 49 paramedic provider agencies, which account for the 678 dual-paramedic public provider units, who have access to 9 medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a backup frequency.</p> <p>LEMSA communication standards require 90% coverage, 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base</p>	To develop and implement written agreements with all paramedic receiving hospitals

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>stations on Catalina Island.</p> <p>V-MED 28 radio frequency is installed in nearly 100% of all ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter.</p> <p>100% of the healthcare facilities (hospitals) have V-MED28.</p> <p>The Rapid Emergency Digital Data Interface Network (ReddiNet) is utilized in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. ReddiNet is also utilized at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units.</p> <p>The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers. Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.</p> <p>EMS has implemented Satellite and</p>	

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>cellular phones, 2 fixed Sat phones at 10100 Pioneer Blvd, 10 Sat phones at MDOC (Mobile Disaster Operation Center). EMS has also 4 portable sat phones.</p> <p>Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health services professionals (1st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.</p> <p>COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.</p>	



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

LOS ANGELES COUNTY EMS SYSTEM REPORT

DECEMBER 1, 2019

ISSUE 8

INSIDE THIS ISSUE:

EMS RESOURCES	2
EMS VOLUME	4
PROVIDER IMPRESSIONS	6
EMS TIMES	8
EMERGENCY DEPARTMENT	10
TRAUMA SYSTEM	12
STEMI SYSTEM	16
OHCA ROSC	18
STROKE SYSTEM	19

SPECIAL POINTS OF INTEREST:

- EMS Mechanisms of Injury (pages 6 & 7)
- ED Disposition and Patient Type (page 11)
- Injury Severity Scores (pages 14-15)
- Comprehensive Stroke Centers (page 20)

Message from the Director and Medical Director

This is the last report of the decade! We are pleased to present the 2019 Emergency Medical Services (EMS) System data report. This comprehensive report provides the data for our EMS system that demonstrates the breadth and quality of our pre-hospital care to the public. This report informs our stakeholders about the care from the prehospital setting to the emergency department. As one of the largest EMS systems in the United States we work collaboratively with our prehospital, emergency medicine and inpatient providers to integrate all settings of care for outcome optimization. The EMS Agency and providers have done a lot of work related to data from 2010 - 19. The initiation of electronic data capturing in the field has been a tremendous effort for the providers, vendors, and the agency staff. The addition of electronic data capturing has allowed us to be more nimble and accurate with our data reporting and system monitoring. Though, not easy, it has created great opportunities for our system. We have successfully implemented Provider Impression which empowers the EMS professionals to provide specific prehospital care based on our protocols. In response to this change from a chief complaint-based system of care to a Provider Impression based care, we are able to better define patient needs, provide more specific care, and evaluate that care in our quality improvement plan for the county. Our Trauma system has been in effect for over 35 years and provides needed trauma care to over 22,000 trauma patients per year. This report outlines mechanism of injury and identifies falls as the leading mechanism of injury in our county. These data provide the basis of local and regional injury prevention programs. Our ST elevation myocardial infraction (heart attack) centers continue to provide rapid treatment of heart attack and also serve as cardiac arrest centers where patients receive post resuscitation care. We have



Cathy Chidester
Director

worked collaboratively with public health to increase training in hands only cardiopulmonary resuscitation (CPR) which has led to an increase in bystander CPR rates 12% to 31%. We have also seen a continued increase in our return of spontaneous circulation (ROSC) rates from 14% to 45% in 2018. What an achievement for all our EMS providers and our system.

In 2017, 2018 and 2019 the EMS Agency and fire department partners received the American Heart Association Mission Lifeline GOLD award for data submission. This is a huge achievement for our system and offers a vision for our future collaborations that will improve patient care and outcome.

In 2018 we implemented a two-tier stroke system that designates both Primary and Comprehensive stroke centers. This expansion of comprehensive services allows for patients to be identified by paramedics that have severe strokes and then transported to the Comprehensive stroke center which has the ability to rapidly treat the stroke by emergent removal of offending blood clots in the circulation of the brain. This change in our system has resulted in greater access of this important therapy for patients as well as improved outcomes.

In 2019, our Stroke System received an award from the Los Angeles County Productivity and Quality Commission, recognizing

Innovative Ideas. In addition, our data is being used to critically analyze our EMS system performance. On the national level, data has helped us to set the standards for other systems.

Throughout this report, the data show that we are meeting basic standards for care, particularly in time performance, such as field time, time to EKG, to specialty center and to critical intervention. The next decade, 2020, we will be pushing to not just meet performance standards but to exceed them when appropriate and in the best interest of the patient.

Many thanks to our EMS Agency data staff and the leadership and talent of Richard Tadeo, Assistant Director, for not only their work on this report but for the daily efforts in managing and ensure the data quality for the system.



Dr. Marianne Gausche-Hill
Medical Director

2019 System Demographics

71 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 36 STEMI Receiving Centers
- 18 Comprehensive Stroke Centers
- 34 Primary Stroke Centers
- 54 Perinatal Centers
- 45 Hospitals with Neonatal Intensive Care Unit
- 8 SART (Sexual Assault Response Team)
- 13 Disaster Resource Centers

EMS Provider Agencies

- 31 Public Safety EMS Provider Agencies
- 34 Licensed Basic Life Support Ambulance Operators
- 17 Licensed Advanced Life Support Ambulance Operators
- 20 Licensed Critical Care Transport Ambulance Operators
- 6 Licensed Ambulette Operators

EMS Practitioners

- 4,512 Accredited Paramedics
- 8,123 Certified EMTs by LA Co EMS Agency
- 883 Certified Mobile Intensive Care Nurses

9-1-1 EMS Providers by Service Planning Area (SPA)

SPA 1 - Antelope Valley (1 Provider)

Los Angeles County Fire Department
 Assessment Engines = 8
 Paramedic Engines = 2
 Rescue Squads = 7

SPA 2 - San Fernando Valley (3 Providers)

Burbank Fire Department
 Assessment Engines/Trucks = 8
 Rescue Ambulances = 4
 Los Angeles Fire Department
 Assessment Engines/Trucks = 33
 Rescue Ambulances = 32
 Los Angeles County Fire Department
 Assessment Engines = 3
 Rescue Squad = 7

SPA 3 - San Gabriel Valley (13 Providers)

Alhambra Fire Department
 Assessment Engines/Trucks = 5
 Rescue Ambulances = 2
 Arcadia Fire Department
 Rescue Ambulances = 3
 La Habra Heights Fire Department
 Paramedic Engine = 1
 La Verne Fire Department
 Assessment Engines/Trucks = 3
 Rescue Ambulances = 2
 Los Angeles County Fire Department
 Assessment Engines/Trucks = 7
 Paramedic Engine = 1
 Rescue Squads = 19
 Monrovia Fire Department
 Assessment Engines = 2
 Rescue Squads = 3
 Monterey Park Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 3

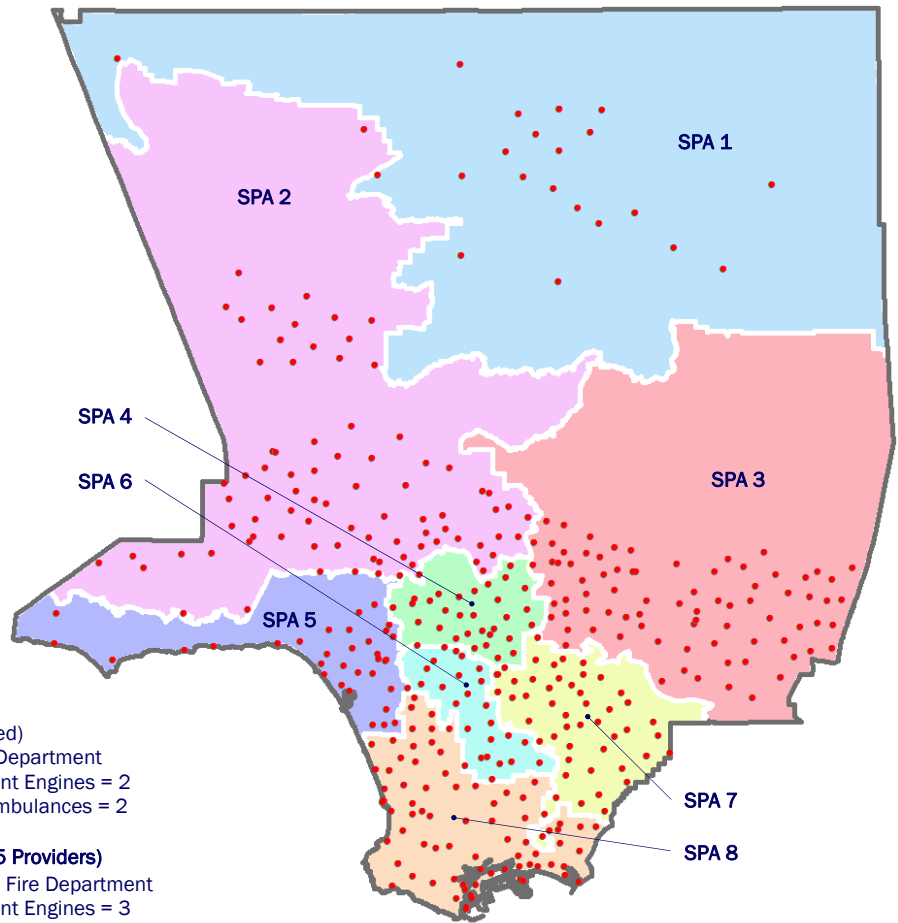
Pasadena Fire Department
 Assessment Engines/Trucks = 16
 Rescue Ambulances = 11
 San Gabriel Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 3
 San Marino Fire Department
 Assessment Engines = 2
 Rescue Ambulance = 1
 Sierra Madre Fire Department
 Assessment Engines = 1
 Rescue Ambulance = 2
 South Pasadena Fire Department
 Assessment Engine = 1
 Rescue Ambulances = 2
 West Covina Fire Department
 Assessment Engines/Trucks = 6
 Rescue Ambulances = 3

SPA 4 - Metro (4 Providers)

Glendale Fire Department
 Assessment Trucks = 3
 Paramedic Engines = 13
 Rescue Ambulances = 2
 Los Angeles Fire Department
 Assessment Engines/Trucks = 24
 Rescue Ambulances = 29
 Los Angeles County Fire Department
 Rescue Squads = 2

SPA 4 - Metro (4 Providers)

Glendale Fire Department
 Assessment Trucks = 3
 Paramedic Engines = 13
 Rescue Ambulances = 2
 Los Angeles Fire Department
 Assessment Engines/Trucks = 24
 Rescue Ambulances = 29
 Los Angeles County Fire Department
 Rescue Squads = 2



SPA 4 (continued)

Vernon Fire Department
 Assessment Engines = 2
 Rescue Ambulances = 2

SPA 5 - West (5 Providers)

Beverly Hills Fire Department
 Assessment Engines = 3
 Rescue Ambulances = 5
 Culver City Fire Department
 Assessment Engines = 2
 Paramedic Engine = 1
 Rescue Ambulances = 3
 Los Angeles Fire Department
 Assessment Engines/Trucks = 9
 Rescue Ambulances = 11
 Los Angeles County Fire Department
 Assessment Engines = 3
 Paramedic Engine = 1
 Rescue Squads = 10
 Santa Monica Fire Department
 Paramedic Engines = 6
 Rescue Ambulances = 2

SPA 6 - South (3 Providers)

Compton Fire Department
 Rescue Ambulances = 3
 Los Angeles Fire Department
 Assessment Engines/Trucks = 11
 Rescue Ambulances = 15
 Los Angeles County Fire Department
 Assessment Engine = 1
 Rescue Squads = 3

SPA 7 - East (4 Providers)

Downey Fire Department
 Paramedic Engines = 4

SPA 7 (continued)

Montebello Fire Department
 Assessment Truck = 1
 Paramedic Engines = 3
 Los Angeles County Fire Department
 Assessment Engines = 4
 Rescue Squads = 12
 Santa Fe Springs Fire Department
 Assessment Engines = 3
 Rescue Squad = 1

SPA 8 - South Bay (7 Providers)

El Segundo Fire Department
 Assessment Engines/Truck = 3
 Rescue Ambulances = 2
 Manhattan Beach Fire Department
 Paramedic Engines = 2
 Rescue Ambulances = 2
 Long Beach Fire Department
 Assessment Engines = 11
 Rescue Ambulances = 9
 Los Angeles Fire Department
 Assessment Engines/Trucks = 8
 Rescue Ambulances = 8
 Los Angeles County Fire Department
 Assessment Engines = 8
 Paramedic Engines = 3
 Rescue Squads = 18

SPA 8 (continued)

Redondo Beach Fire Dept.
 Assessment Engines = 5
 Rescue Ambulances = 2
 Torrance Fire Department
 Assessment Engines = 6
 Paramedic Engine = 1
 Rescue Ambulances = 2
 Rescue Squads = 2

ALL SPAs

LA County Sheriff's Dept.
 Rescue Squads = 4

Helicopter EMS

Los Angeles Fire Department
 LA County Fire Department
 LA County Sheriff's Dept.

Rescue Boats

Long Beach Fire Department
 Los Angeles Fire Department
 LA County Lifeguards

9-1-1 Receiving Hospitals by Service Planning Area (SPA)

SPA 1 - Antelope Valley

2 Hospitals

Antelope Valley Hospital
Palmdale Regional Medical Center

SPA 2 - San Fernando Valley

17 Hospitals

Adventist Health—Glendale
Dignity Health-Glendale Memorial Hospital
Dignity Health-Northridge Hospital Medical Center
Encino Hospital Medical Center
Henry Mayo Newhall Medical Center
Kaiser Foundation Hospital—Panorama City
Kaiser Foundation Hospital—Woodland Hills
Mission Community Hospital
Olive View—UCLA Medical Center
Pacifica Hospital of the Valley
Providence Holy Cross Medical Center
Providence St. Joseph Medical Center
Providence Tarzana Medical Center
Sherman Oaks Hospital
USC Verdugo Hills Hospital
Valley Presbyterian Hospital
West Hills Hospital & Medical Center

SPA 3 - San Gabriel Valley

13 Hospitals

Alhambra Hospital Medical Center
Emanate Health—Foothill Presbyterian Hospital
Emanate Health—Intercommunity
Emanate Health—Queen of the Valley
Garfield Medical Center
Greater El Monte Community Hospital
Huntington Hospital
Kaiser Foundation Hospital—Baldwin Park
Methodist Hospital of Southern California
Monterey Park Hospital
Pomona Valley Hospital Medical Center
San Dimas Community Hospital
San Gabriel Valley Medical Center

SPA 4 - Metro

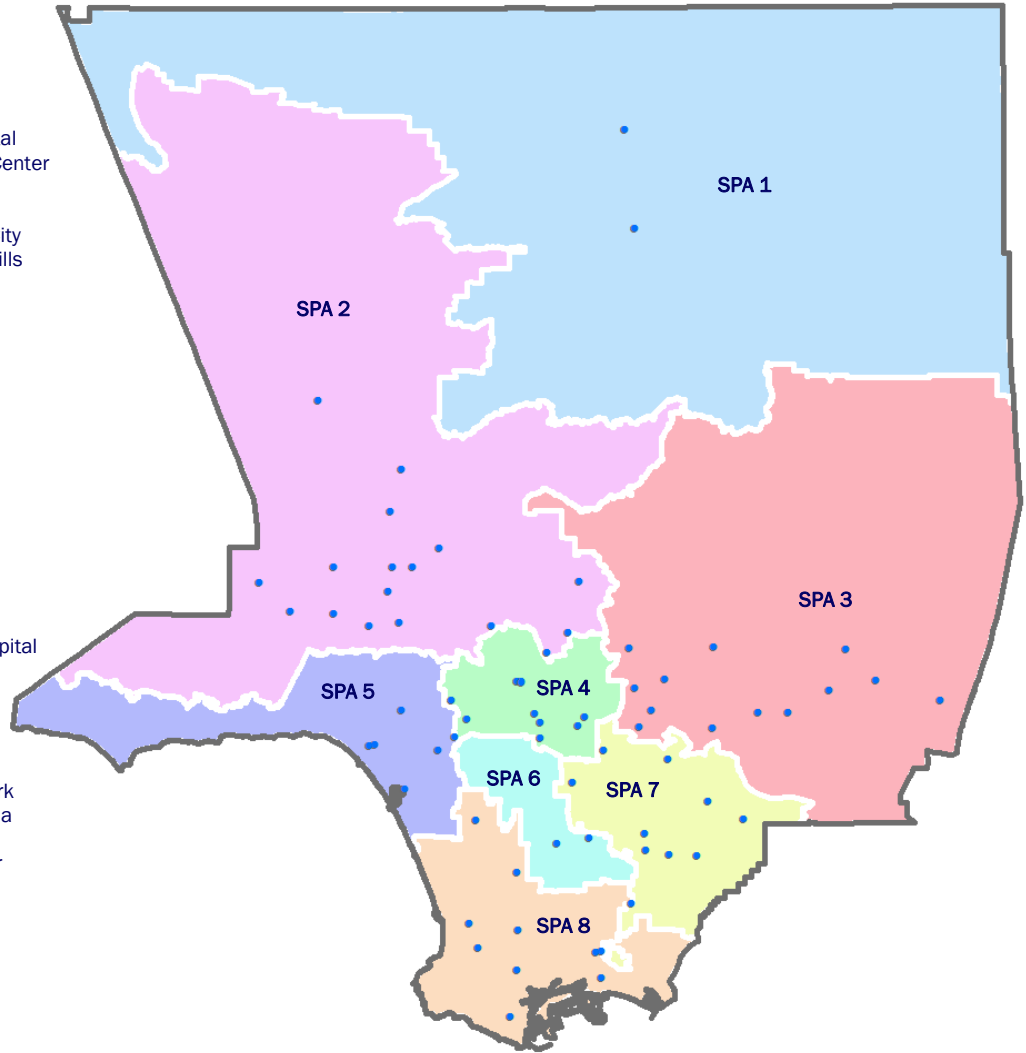
12 Hospitals

Adventist Health—White Memorial
Cedars Sinai Medical Center
Children's Hospital of Los Angeles
Community Hospital of Huntington Park
Dignity Health—California Hospital Medical Center
East Los Angeles Doctors Hospital
Good Samaritan Hospital
Hollywood Presbyterian Medical Center
Kaiser Foundation Hospital—Los Angeles
LAC+USC Medical Center
Olympia Medical Center
St. Vincent Medical Center

SPA 5 - West

6 Hospitals

Cedar Sinai Marina Del Rey Hospital
Kaiser Foundation Hospital—West Los Angeles
Providence St. John's Health Center
Ronald Reagan UCLA Medical Center
Southern California Hospital of Culver City
Santa Monica—UCLA Medical Center



SPA 6 - South

2 Hospitals

Martin Luther King Jr. Community Hospital
St. Francis Medical Center

SPA 7 - East

8 Hospitals

Beverly Hospital
Coast Plaza Doctors Hospital
Kaiser Foundation Hospital—Downey
Lakewood Regional Medical Center
Los Angeles Community Hospital of Norwalk
PIH Health Hospital Whittier
PIH Health Hospital Downey
Whittier Hospital Medical Center

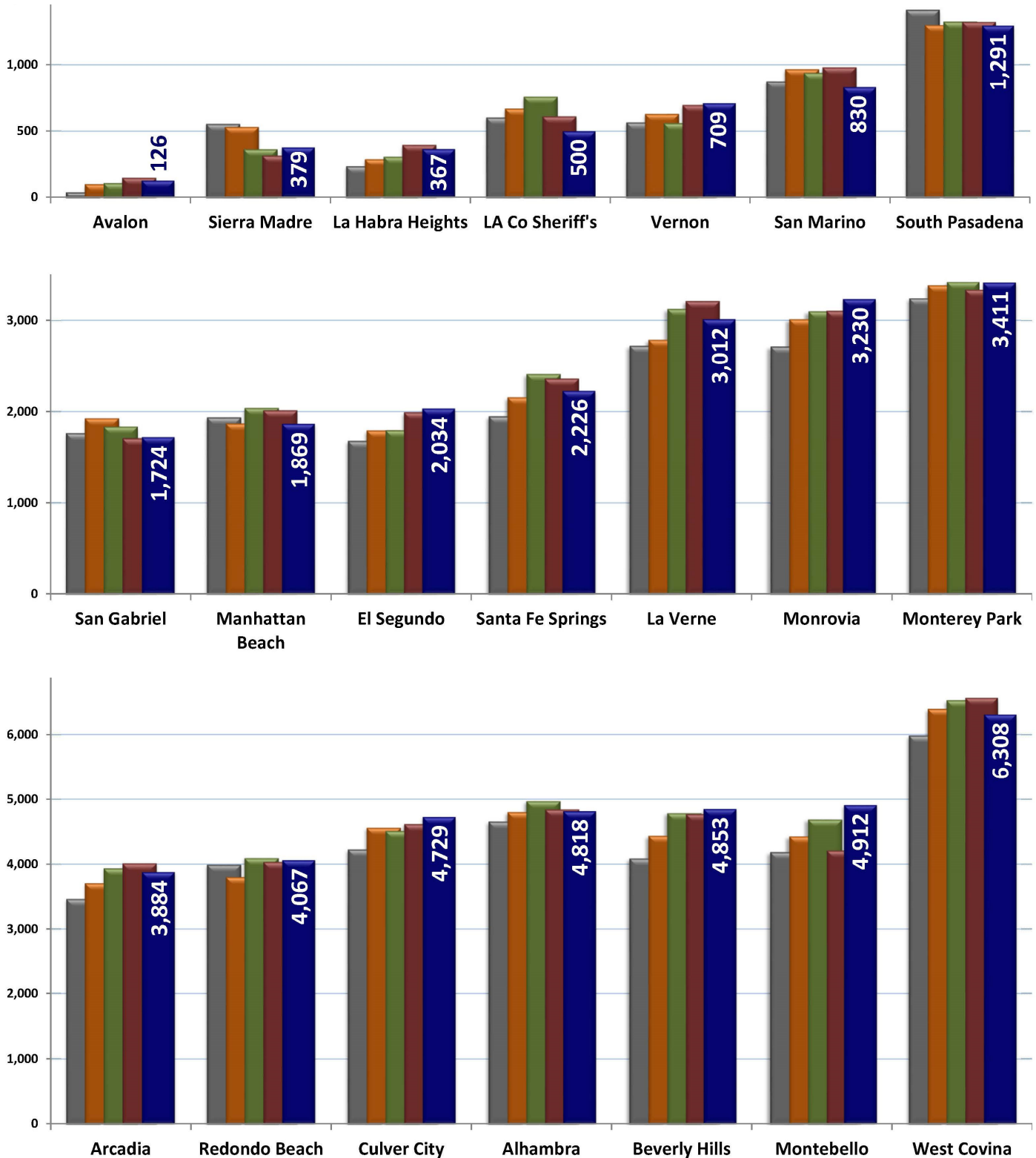
SPA 8 - South Bay

11 Hospitals

Catalina Island Medical Center
Centinela Hospital Medical Center
College Medical Center
Dignity Health St. Mary Medical Center
Kaiser Foundation Hospital—South Bay
Memorial Hospital of Gardena
Harbor-UCLA Medical Center
MemorialCare Long Beach Medical Center
Providence Little Company of Mary—Torrance
Providence Little Company of Mary—San Pedro
Torrance Memorial Medical Center

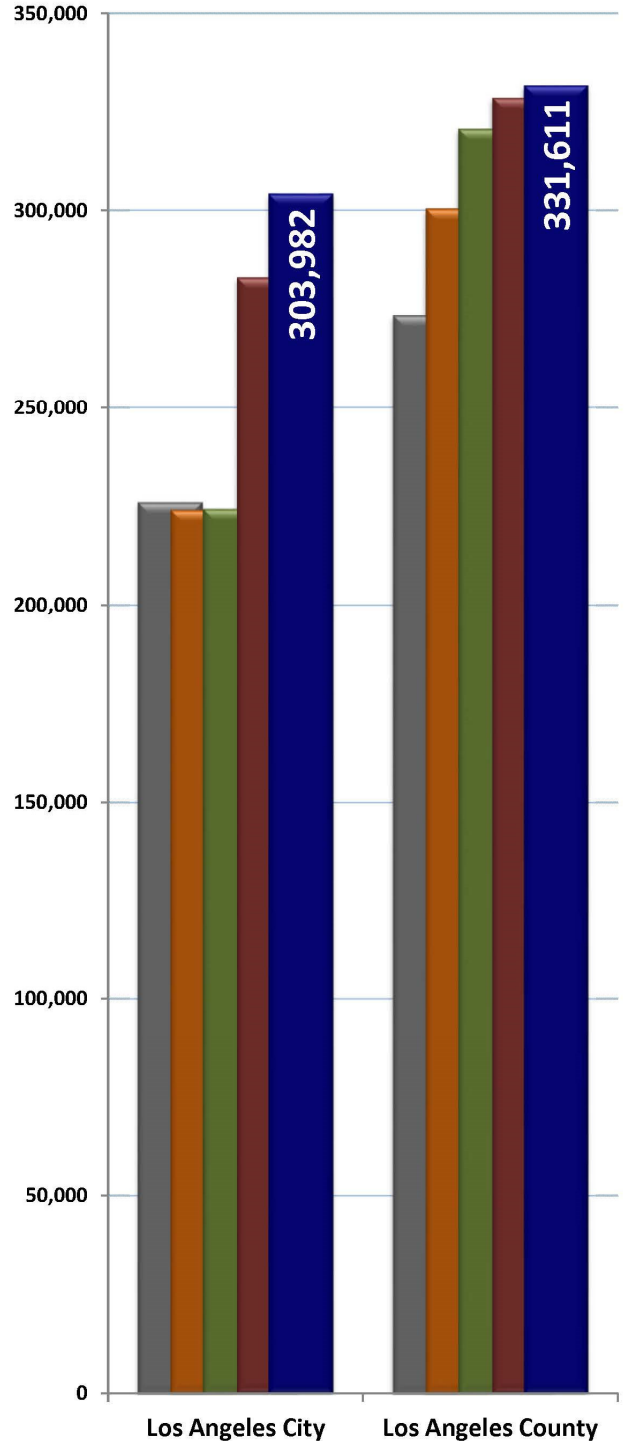
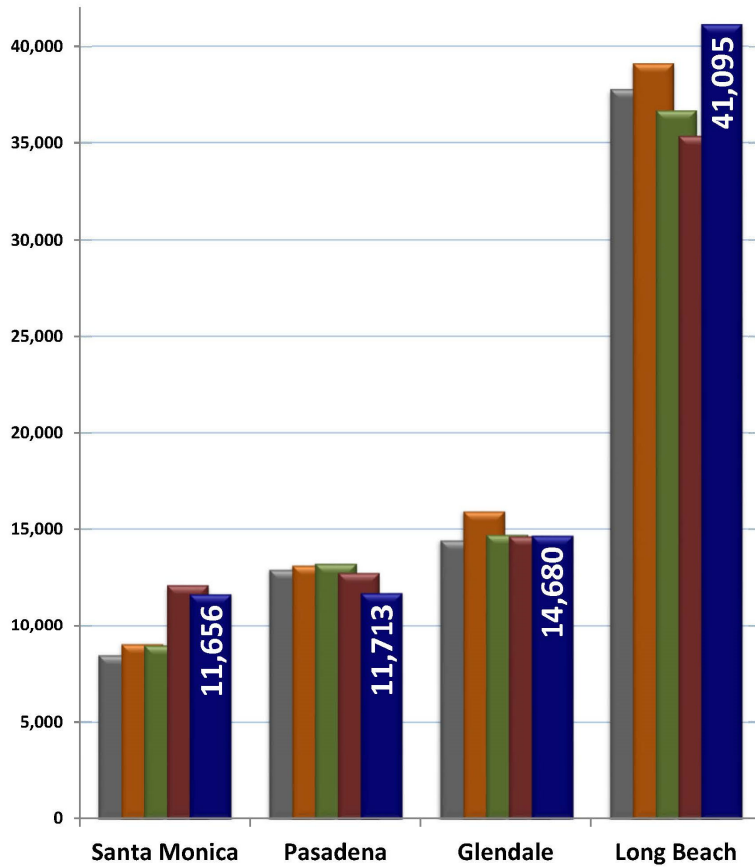
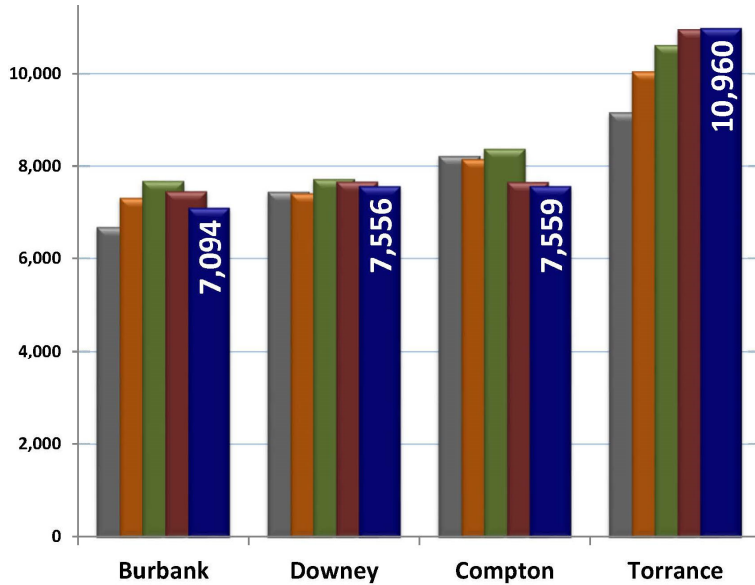
EMS Responses by 9-1-1 Jurisdictional Provider Agency

2014 2015 2016 2017 2018



EMS Responses by 9-1-1 Jurisdictional Provider Agency

■ 2014 ■ 2015 ■ 2016 ■ 2017 ■ 2018



ADULT PROVIDER IMPRESSIONS (TOP 10)	2018	Percent
Traumatic Injury	127,585	16%
Behavioral / Psychiatric Crisis	59,823	7%
Weakness - General	57,031	7%
No Medical Complaint	55,124	7%
Body Pain - Non-Traumatic	40,734	5%
Abdominal Pain/Problems	37,592	5%
Altered Level of Consciousness	31,245	4%
Syncope / Near Syncope	26,312	3%
Seizure - Postictal	23,159	3%
Nausea / Vomiting	22,137	3%
TOTAL - Top 10 Provider Impressions	480,742	59%
TOTAL - Adult EMS Responses	819,320	

ADULT TRANSPORTS (TOP 10)	2018	Percent
Traumatic Injury	83,518	16%
Weakness - General	44,777	9%
Behavioral / Psychiatric Crisis	41,367	8%
Altered Level of Consciousness	34,109	6%
Abdominal Pain / Problems	33,801	6%
Body Pain - Non-Traumatic	33,547	6%
Chest Pain - Suspected Cardiac	20,316	4%
Syncope / Near Syncope	19,833	4%
Respiratory Distress - Other	16,386	3%
Seizure - Postictal	16,355	3%
TOTAL - Top 10 Adult EMS Transports	344,009	65%
TOTAL - Adult EMS Transports	526,568	

ADULT MECHANISMS OF INJURY (TOP 10)	2018	Percent
Fall	45,953	36%
Motor Vehicular Accident	36,832	29%
Assault	16,536	13%
Pedestrian/Bicycle struck by Motor Vehicle	8,882	7%
Motorcycle / Moped Accident	2,376	2%
Sports / Recreational	2,163	2%
Gunshot Wound	1,565	1%
Stabbing	1,484	1%
Work Related	1,012	0.8%
Accidental Self-Inflicted Injury	1,000	0.8%
TOTAL - Top 10 Adult Mechanisms of Injury	117,803	92%
TOTAL - Adult Mechanisms of Injury	127,585	

PEDIATRIC PROVIDER IMPRESSIONS (TOP 10)	2018	Percent
Traumatic Injury	8,559	23%
No Medical Complaint	5,377	15%
Seizure - Postictal	4,533	12%
Behavioral / Psychiatric Crisis	1,860	5%
Cold / Flu	1,690	5%
Fever	1,531	4%
Respiratory Distress - Other	1,038	3%
Respiratory Distress - Bronchospasm	1,026	3%
Syncope / Near Syncope	989	3%
Nausea / Vomiting	913	2%
TOTAL - Top 10 Pediatric EMS Responses	27,516	75%
TOTAL - Pediatric EMS Responses	36,919	

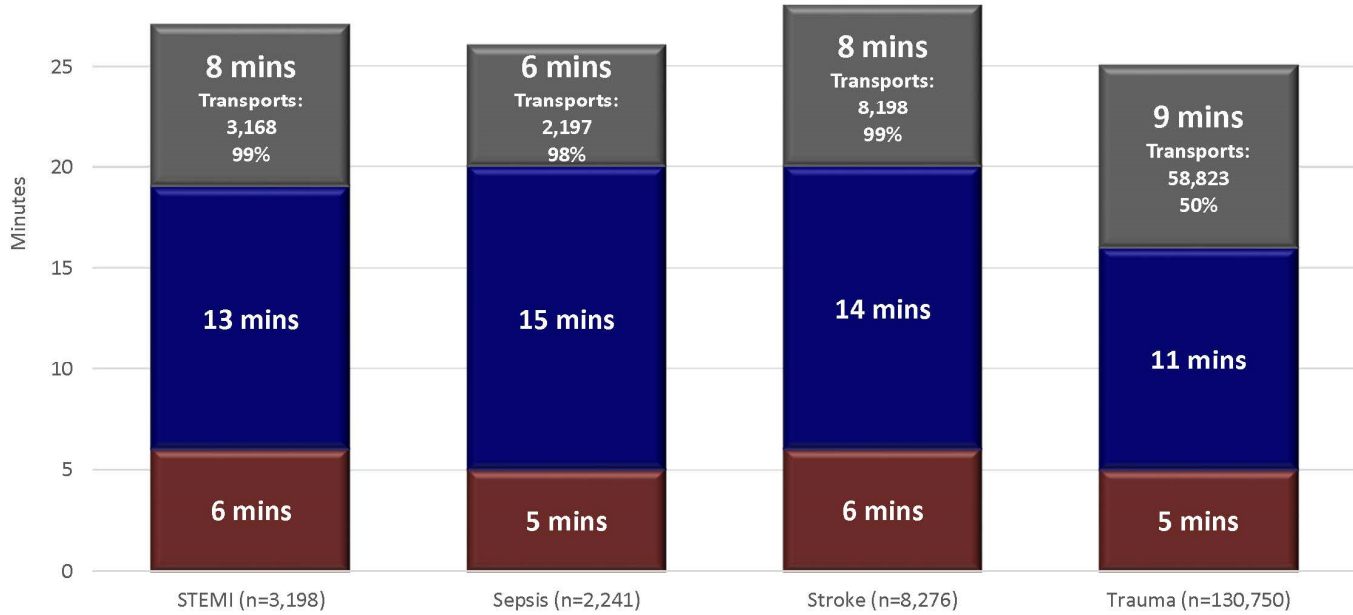
PEDIATRIC TRANSPORTS (TOP 10)	2018	Percent
Traumatic Injury	5,328	22%
Seizure - Postictal	4,234	18%
Behavioral / Psychiatric Crisis	1,270	5%
Fever	1,074	4%
Cold / Flu	982	4%
Respiratory Distress - Bronchospasm	855	4%
Respiratory Distress - Other	848	4%
Syncope / Near Syncope	784	3%
Allergic Reaction	641	3%
Seizure - Active	596	2%
TOTAL - Top 10 Pediatric EMS Transports	16,612	69%
TOTAL - Pediatric EMS Transports	24,031	

PEDIATRIC MECHANISMS OF INJURY (TOP 10)	2018	Percent
Fall	3,278	38%
Motor Vehicular Accident	2,564	30%
Sports / Recreational	789	9%
Pedestrian/Bicycle struck by Motor Vehicle	728	9%
Assault	475	6%
Animal Bite	328	4%
Accidental Self-Inflicted Injury	133	2%
Thermal Burn	93	1%
Intentional Self-Inflicted Injury	44	0.5%
Crush Injury	34	0.4%
TOTAL - Top 10 Pediatric Mechanisms of Injury	8,466	99%
TOTAL - Pediatric Mechanisms of Injury	8,559	

EMS Times (Median)

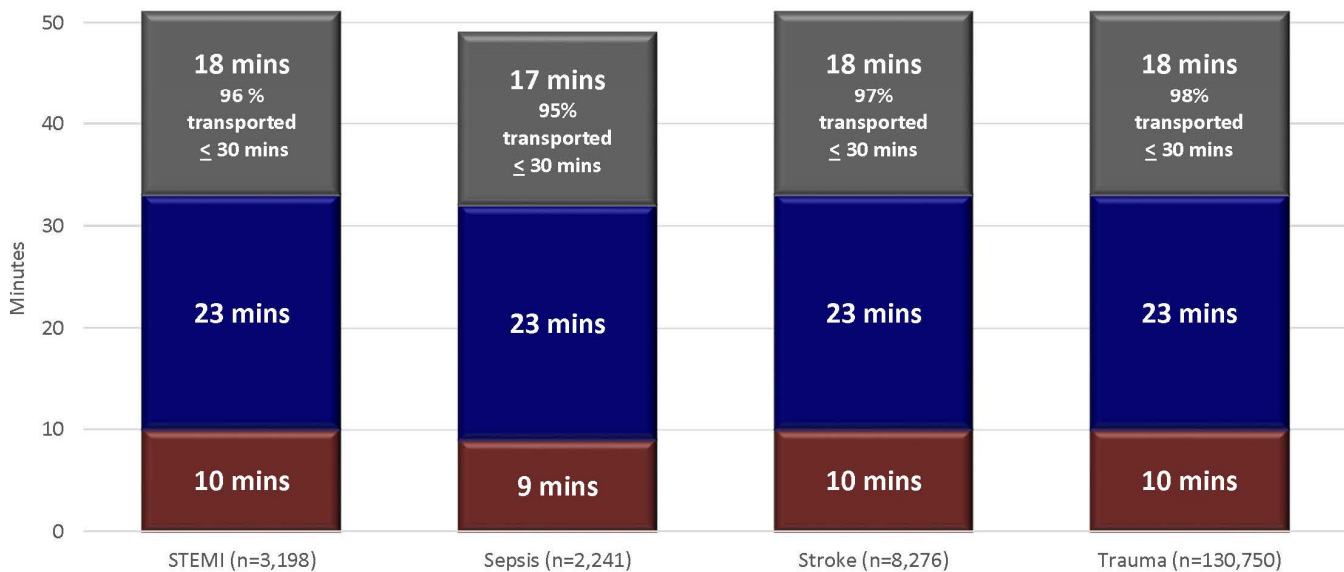
LA County EMS Transport Time to a Specialty Care Center (STEMI, Stroke, Trauma Centers): ≤ 30 minutes

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



EMS Times (90th Percentile)

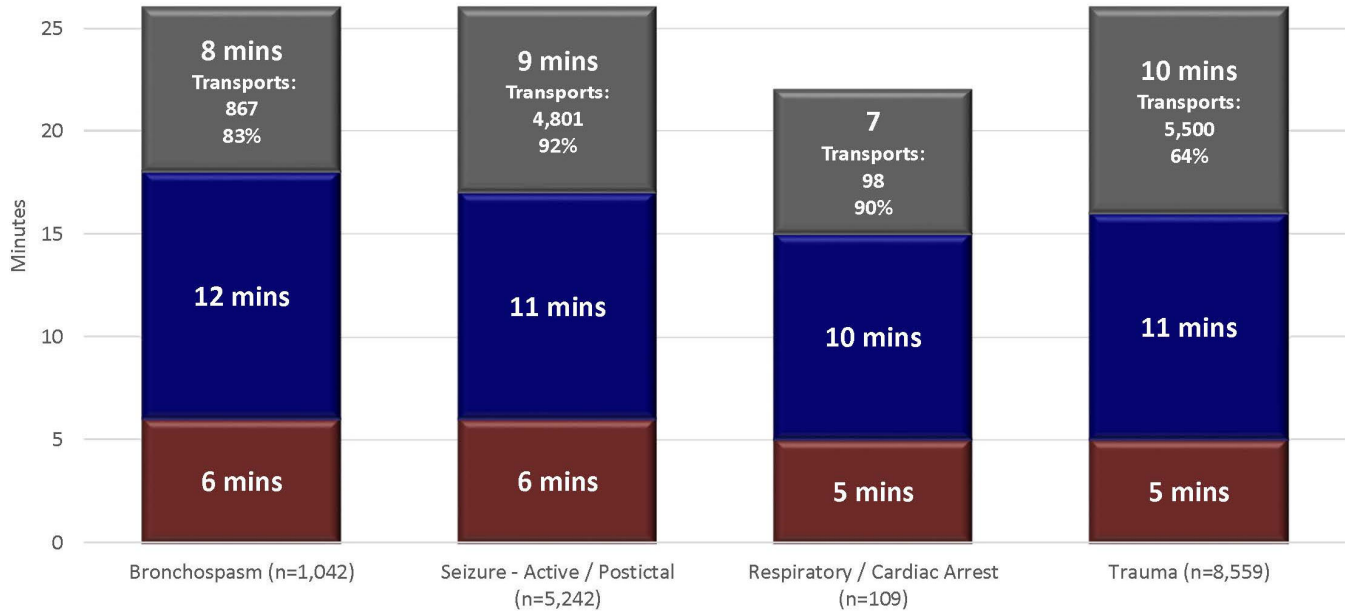
- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



EMS Times: Pediatric (Median)

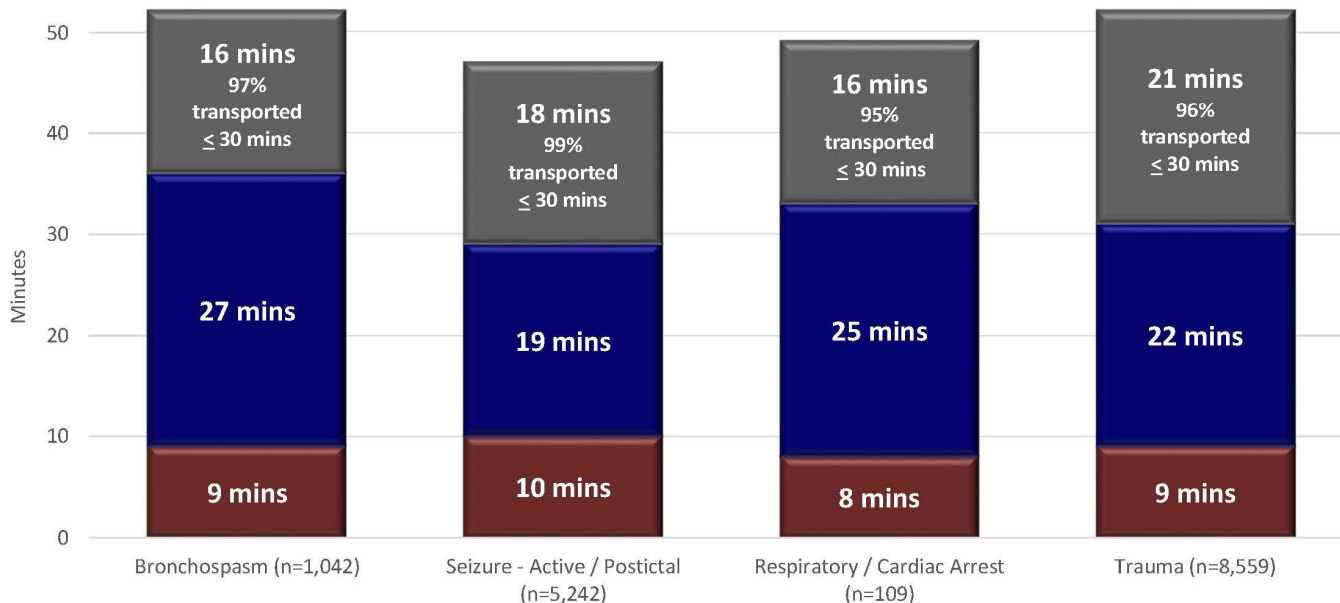
LA County EMS Transport Time to a Specialty Care Center (Pediatric Medical/Trauma Centers): ≤ 30 minutes

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)

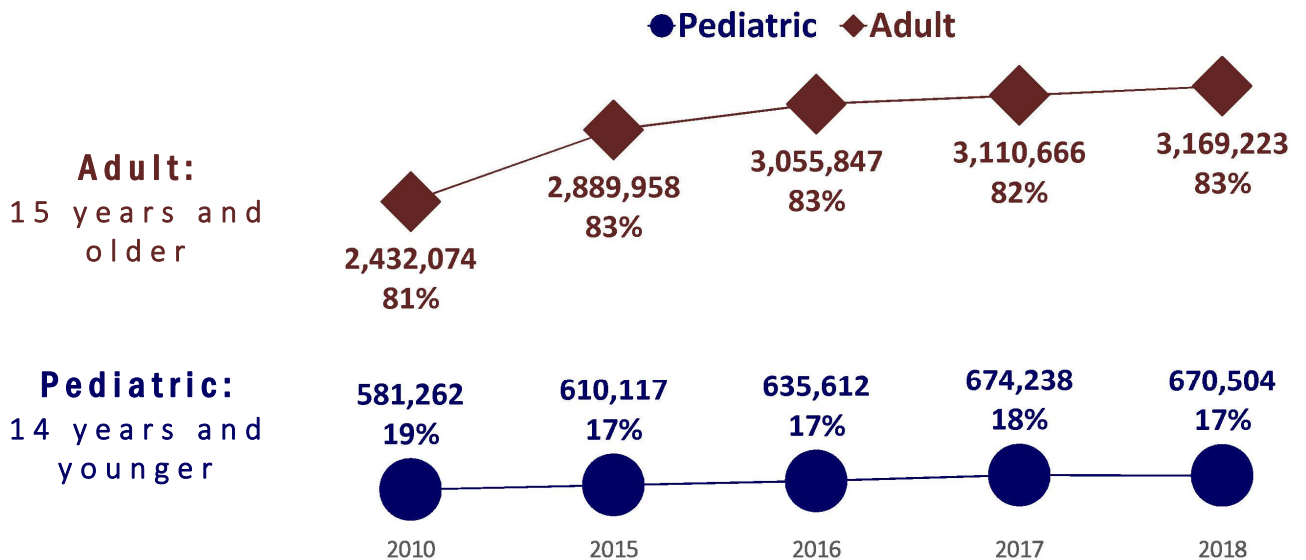
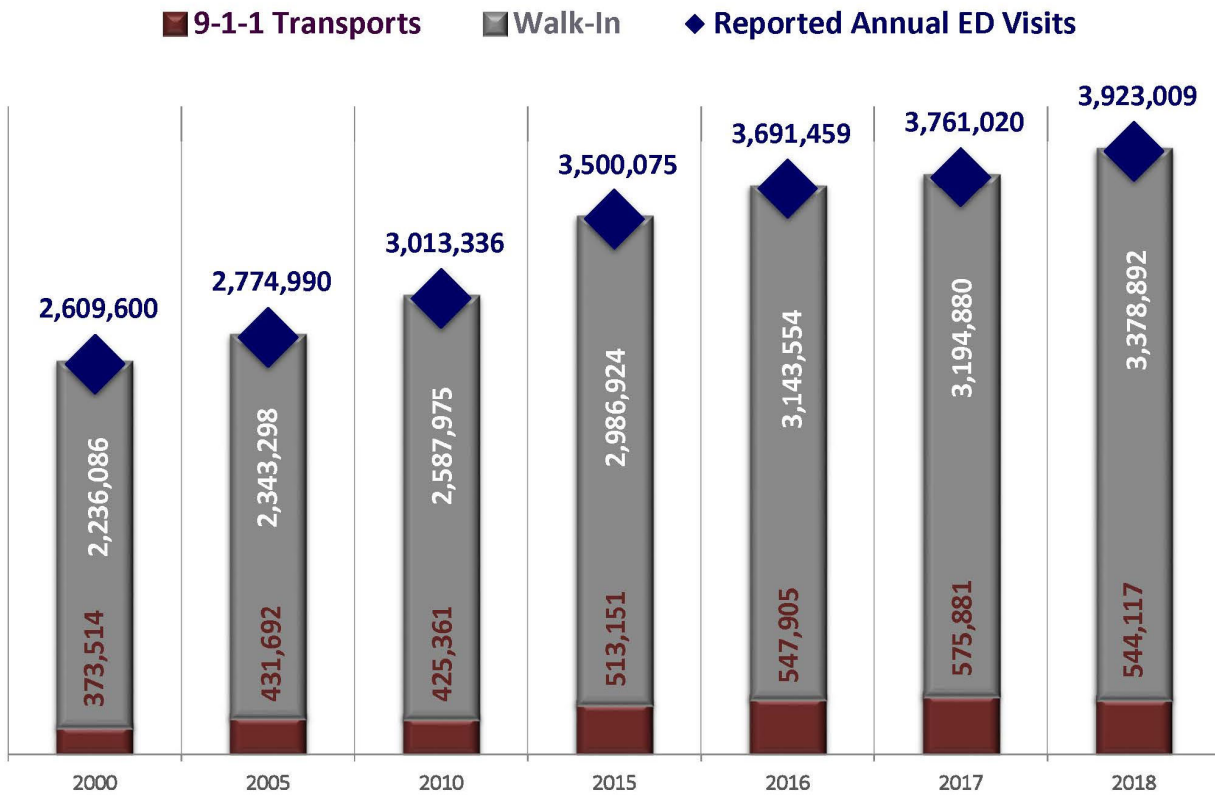


EMS Times: Pediatric (90th Percentile)

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)

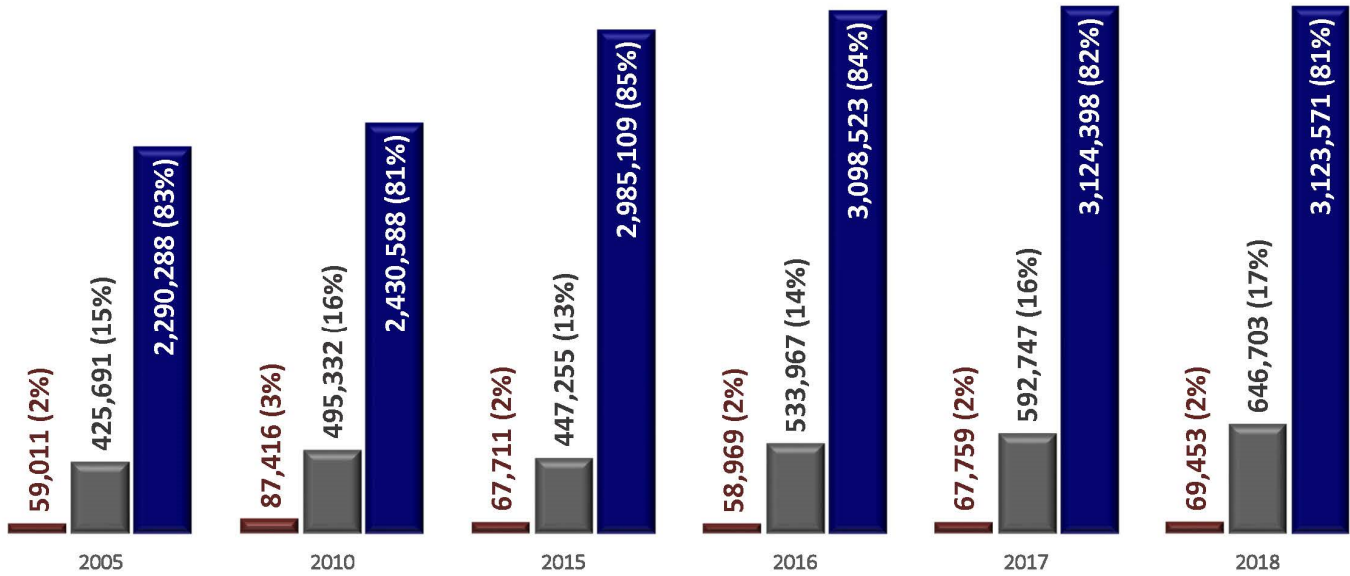


Emergency Department Volume



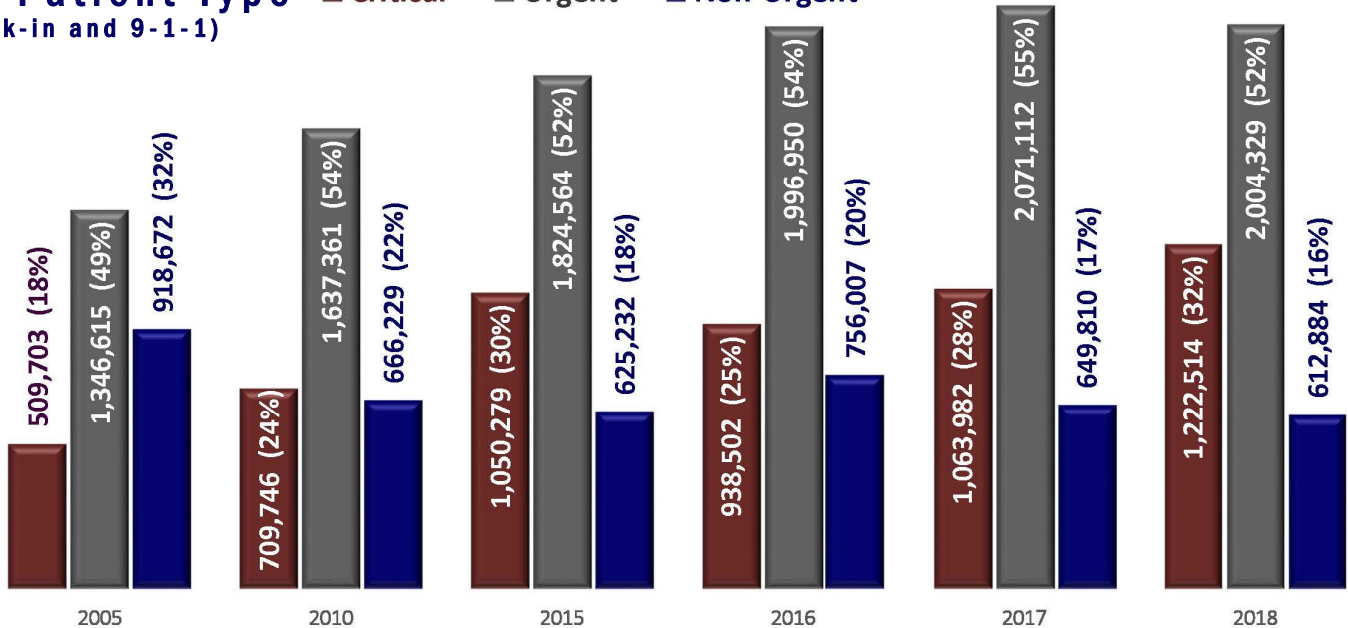
ED Patient Disposition (walk-in and 9-1-1)

- Admitted to Intensive Care Unit
- Admitted to Non-Intensive Care Unit Area
- Discharged from ED/24 hr Observation



ED Patient Type (walk-in and 9-1-1)

- Critical
- Urgent
- Non-Urgent



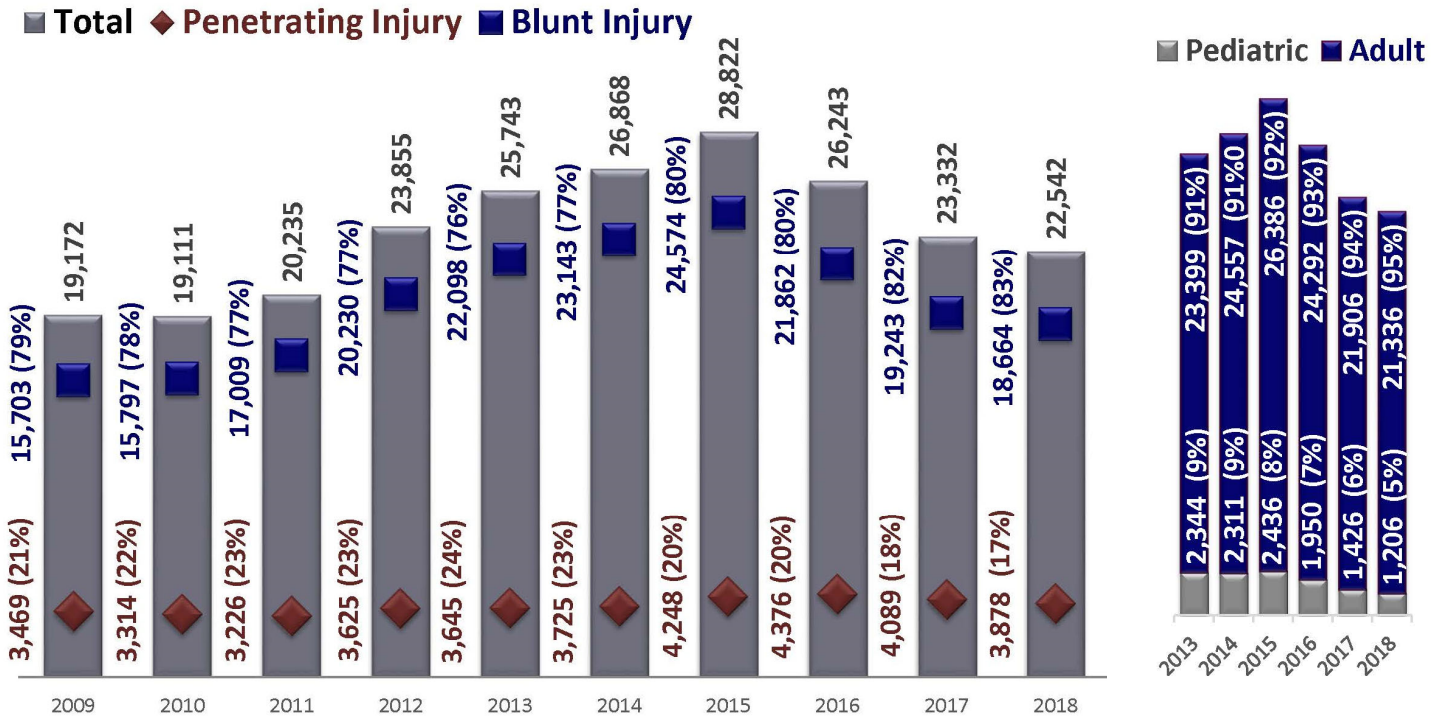
Critical—a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, shooting). Applicable Current Procedural Terminology (CPT) codes for this level of service would be 99284 (detailed history, detailed physical, and medical decision making of moderate complexity) or 99285 (medical decision making of high complexity) or 99291 (critical care, evaluation and management).

Urgent—a patient with an acute injury or illness, loss of life or limb is not an immediate threat to their well-being, or a patient who needs timely evaluation (fracture or laceration). Applicable CPT codes for this level of service would be 99282 (medical decision making of low complexity) or 99283 (medical decision making of moderate complexity).

Non-Urgent—a patient with a non-emergent injury, illness or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the ED (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code for this level of service would be 99281 (straight forward medical decision making).

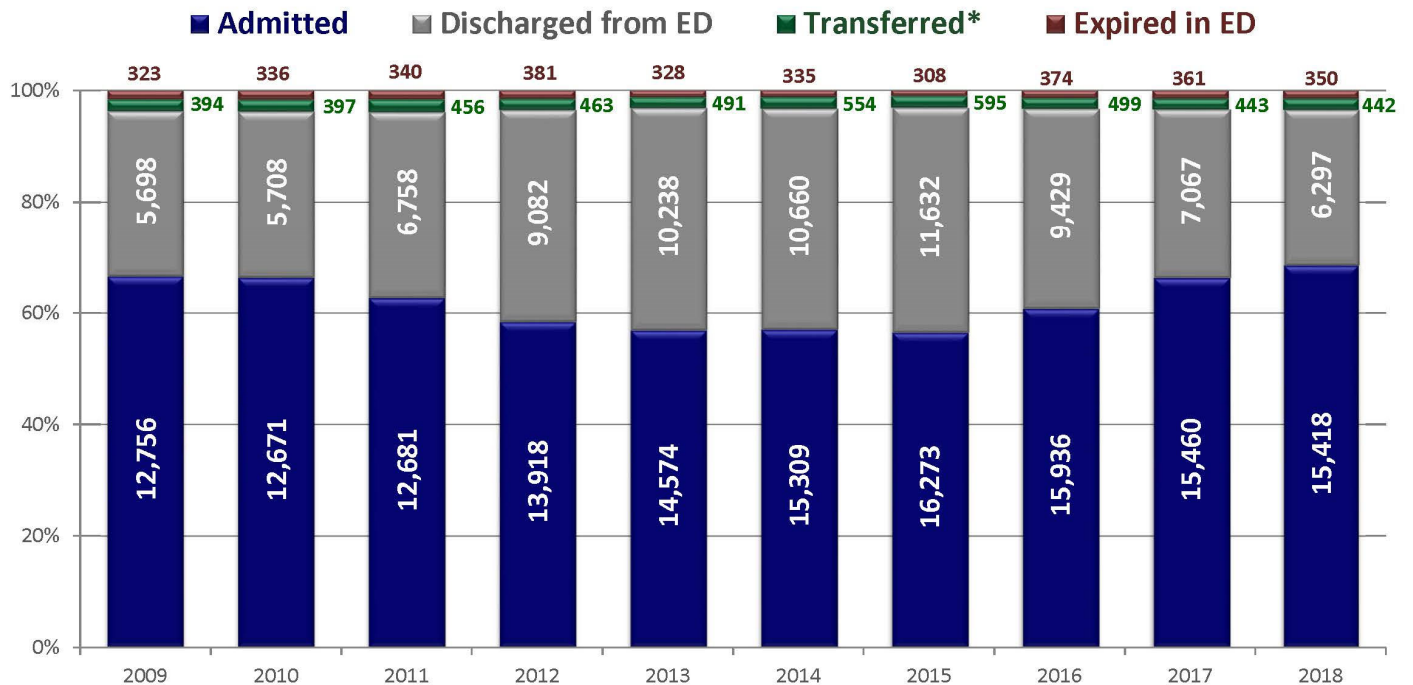


Trauma Center Volume



2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients
 2015: Trauma Center Registry inclusion criteria was reduced.

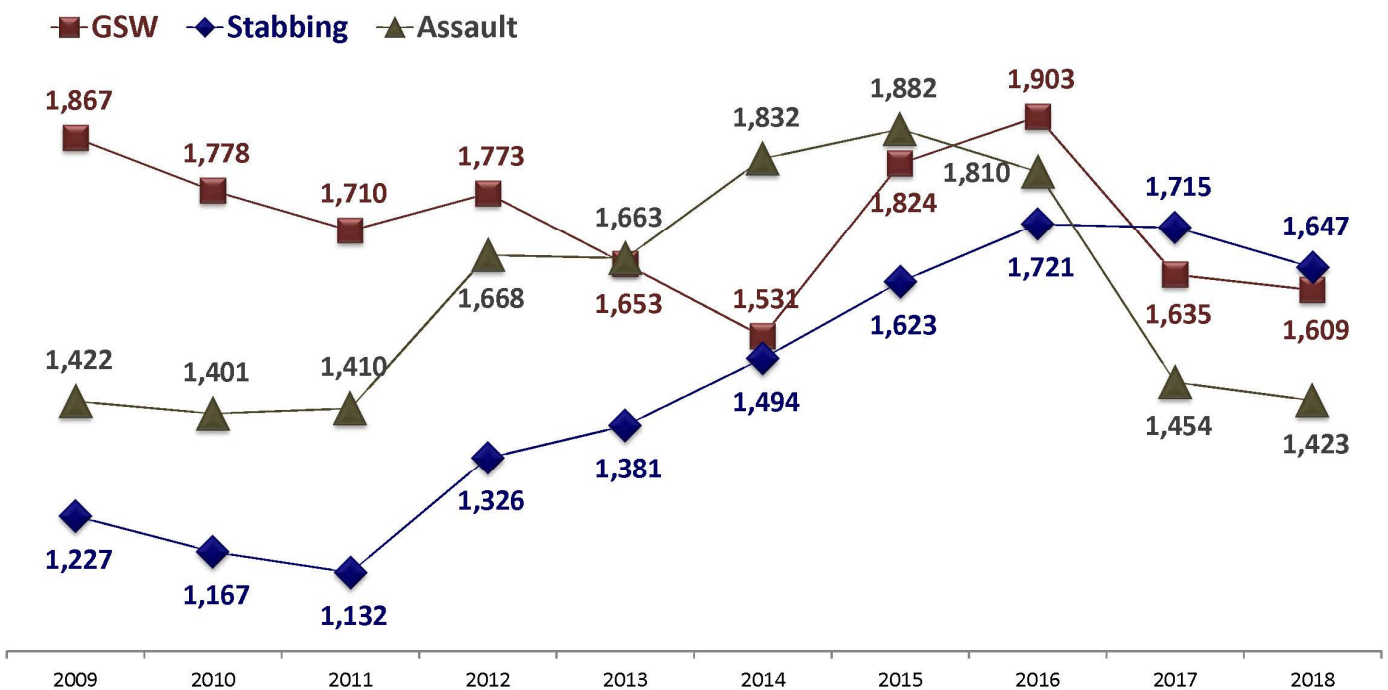
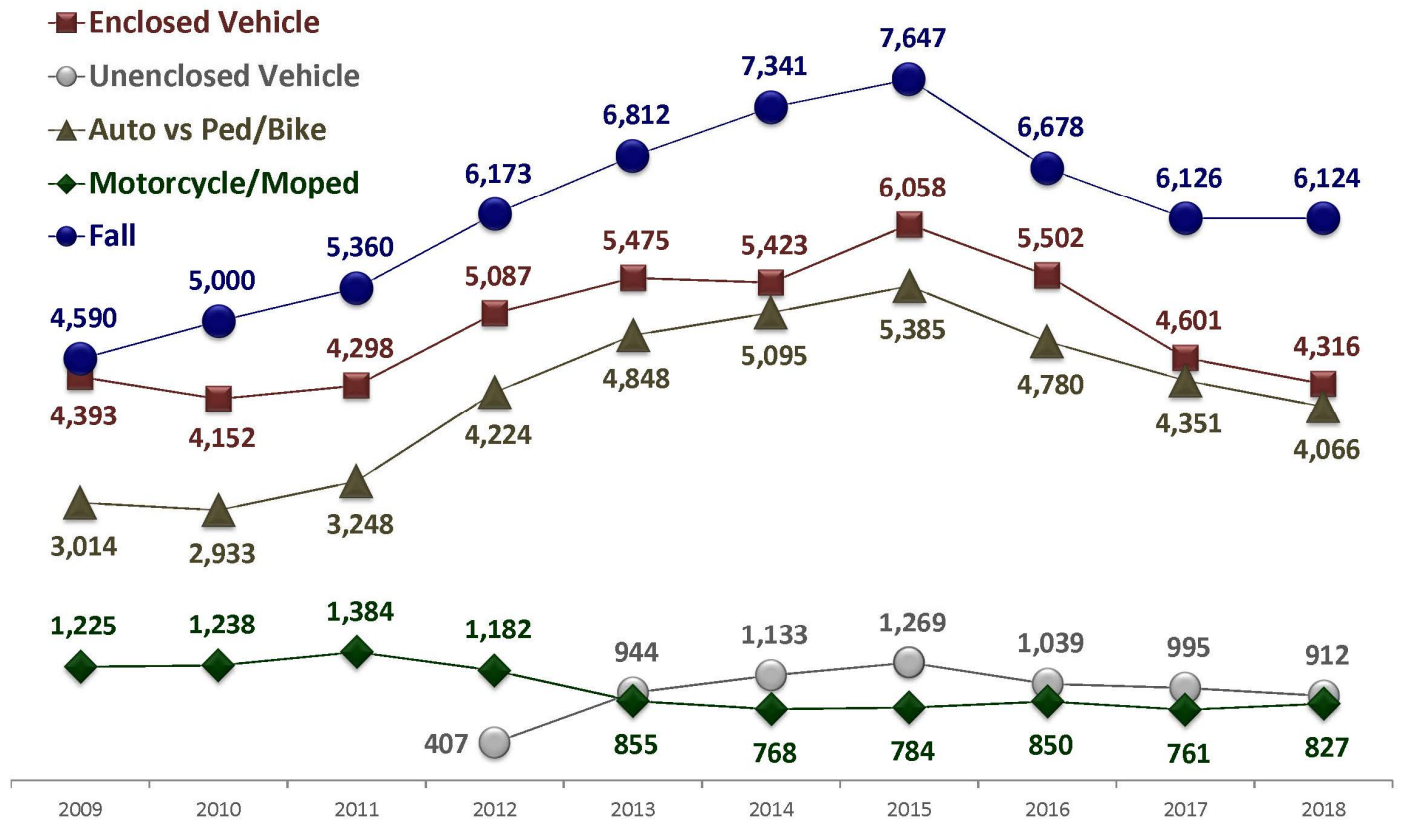
Patient Disposition of Trauma Center Patients



* Transferred to another health facility



Mechanism of Injury: Patients Transported to Trauma Centers

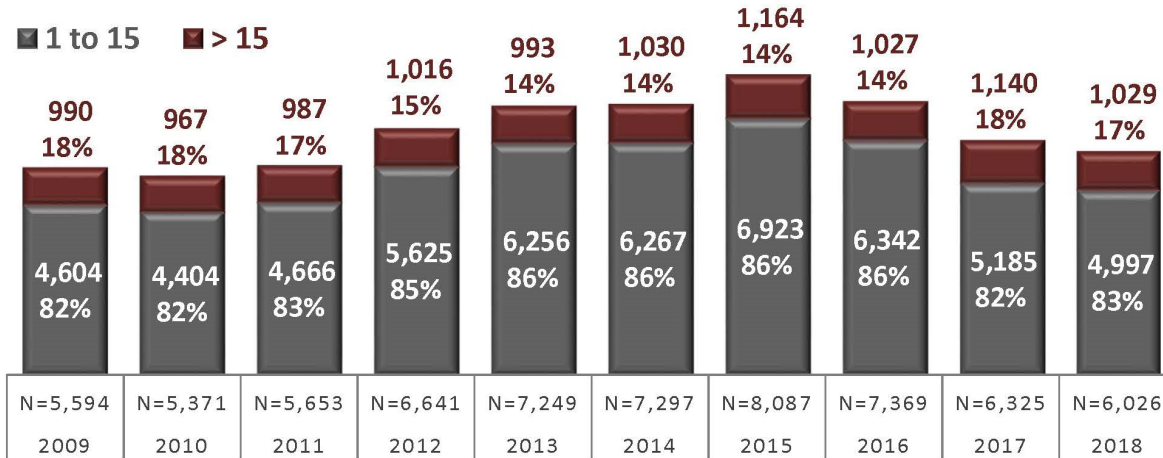




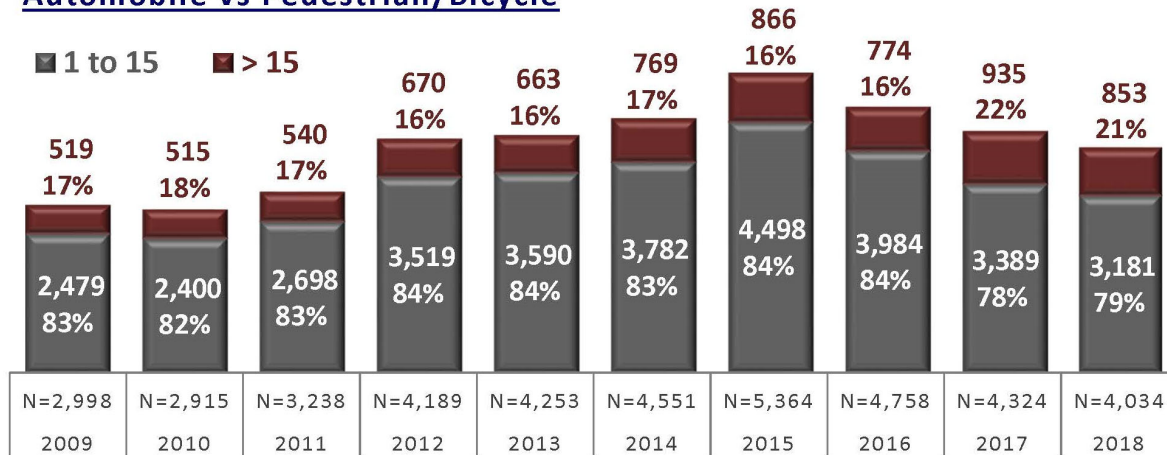
Injury Severity Score by Mechanism of Injury

Injury Severity Score (ISS): Is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

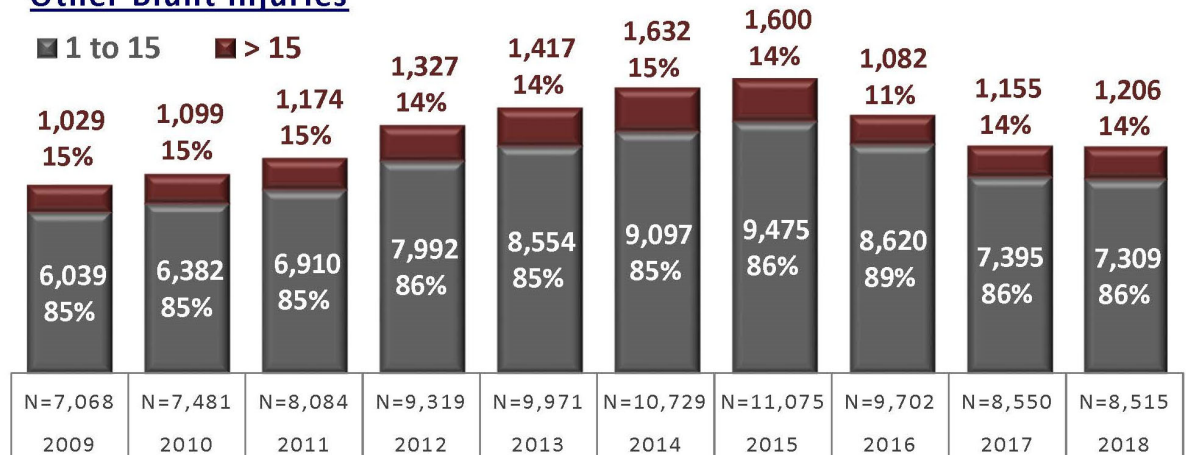
Motor Vehicular Accident



Automobile vs Pedestrian/Bicycle



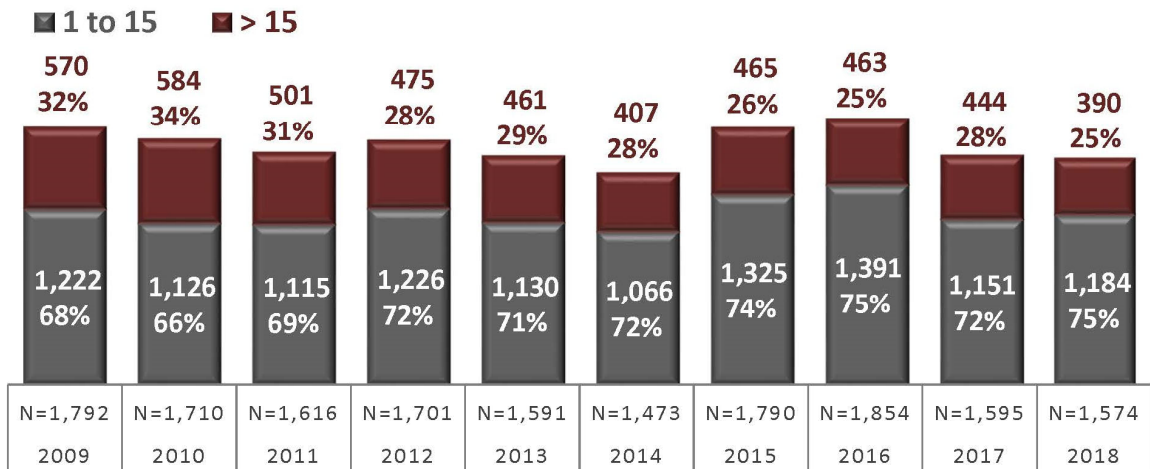
Other Blunt Injuries



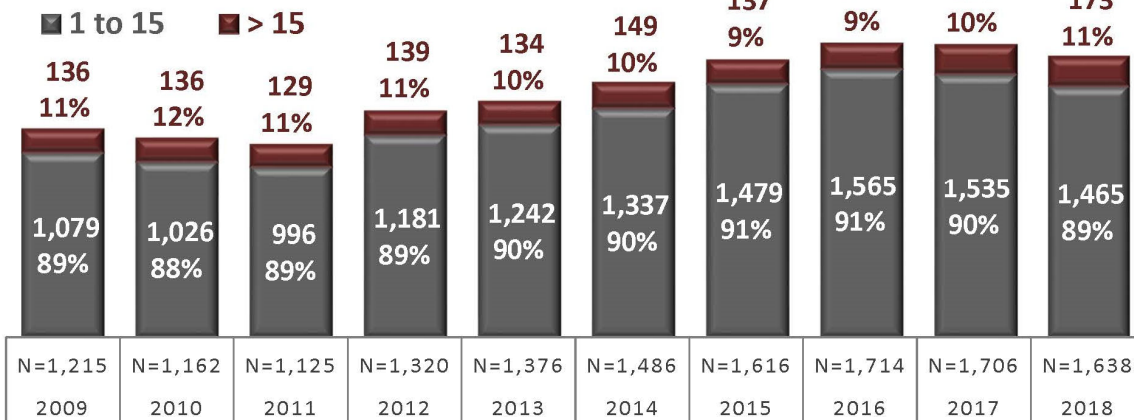


Injury Severity Score by Mechanism of Injury

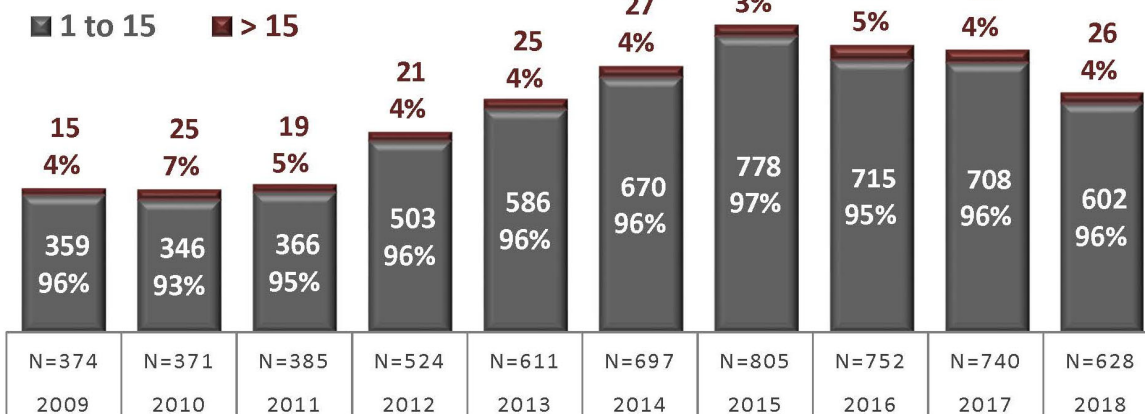
Gunshot Wound



Stab Wound



Other Penetrating Injuries

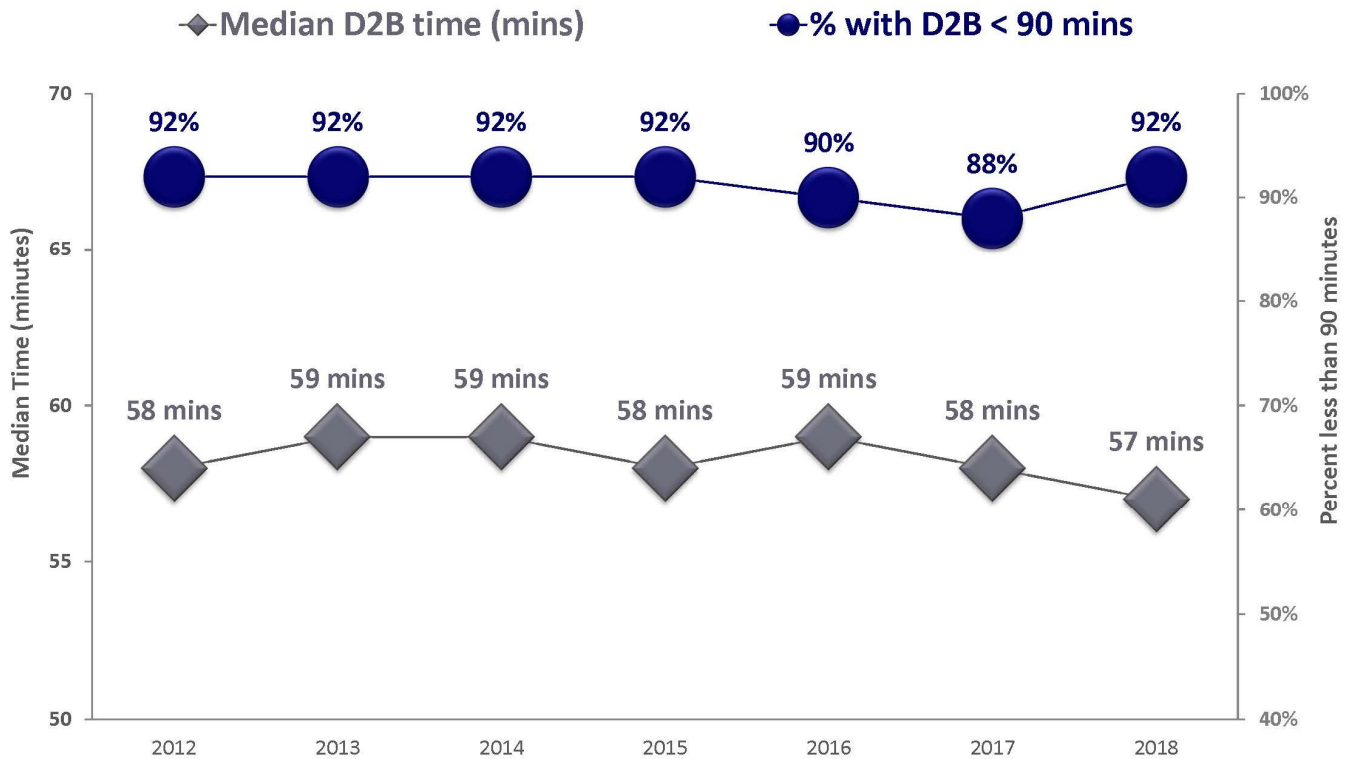




ST-Elevation Myocardial Infarction (STEMI)

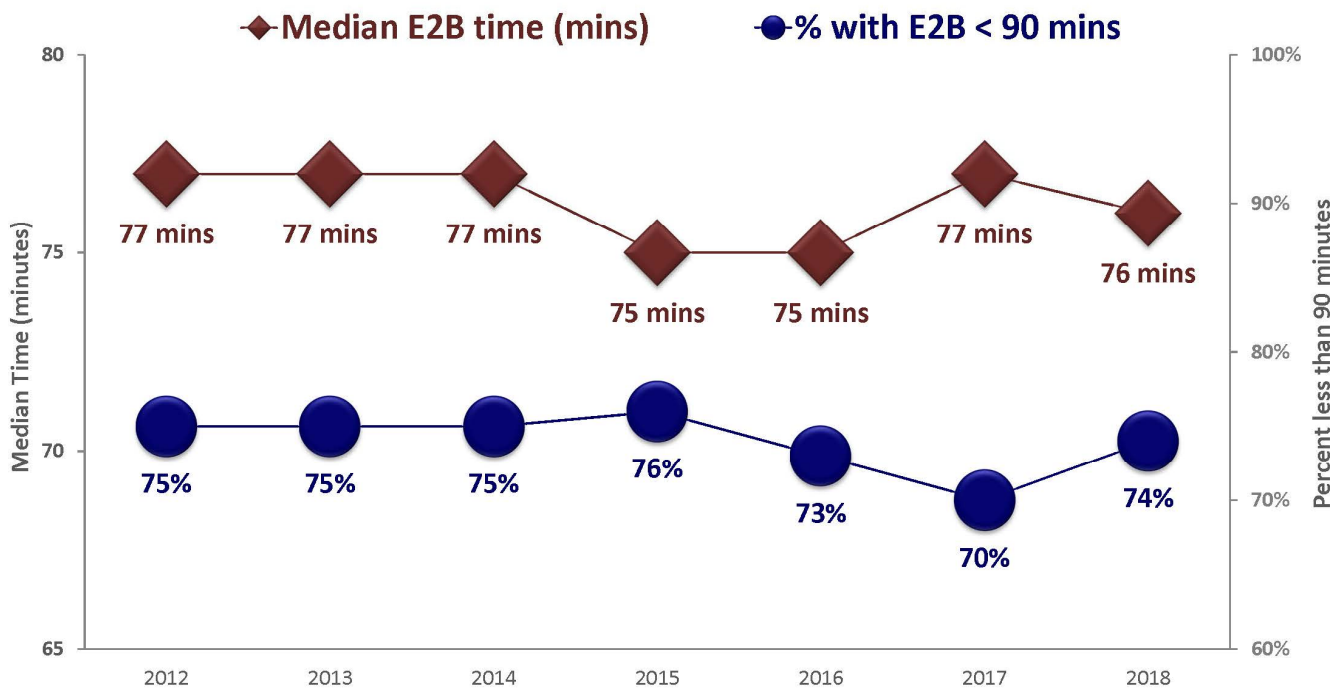
STEMI Receiving Center: Door-to-Balloon (D2B) Time

LA County Standard: 90 minutes 90% of the time



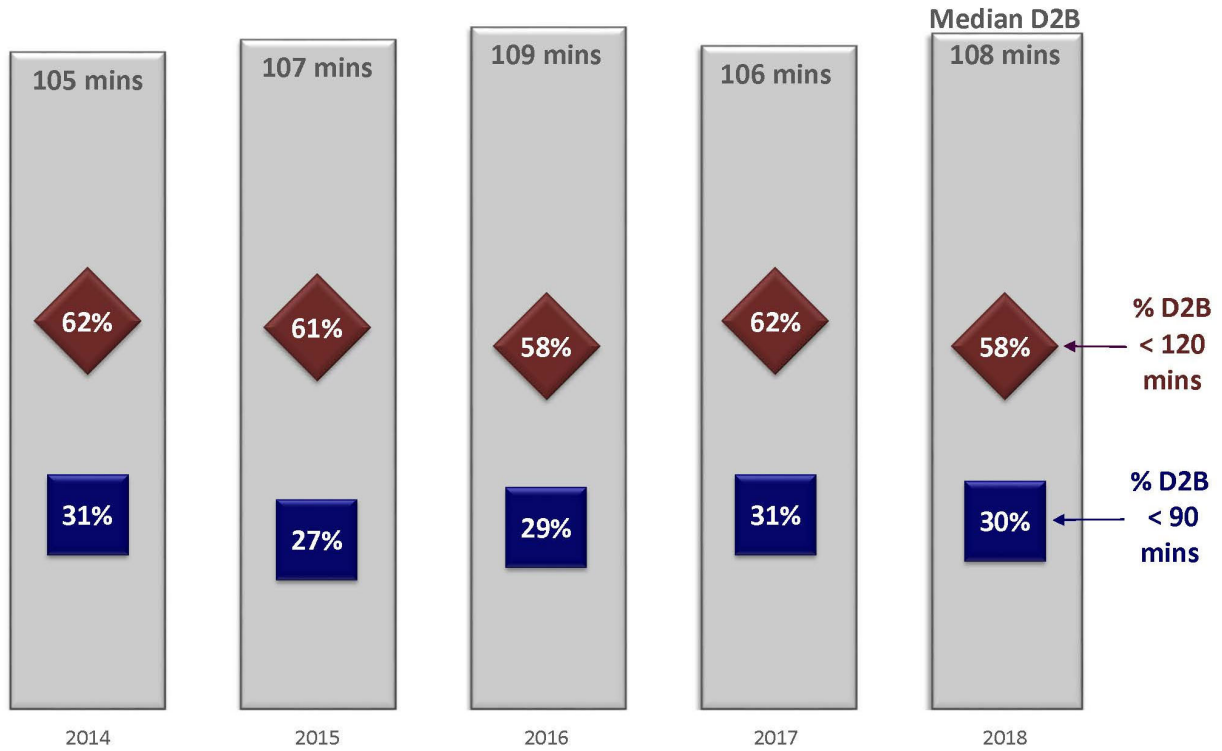
STEMI Receiving Center: EMS Medical Contact-to-Balloon (E2B) Time

LA County Standard: 90 minutes 75% of the time



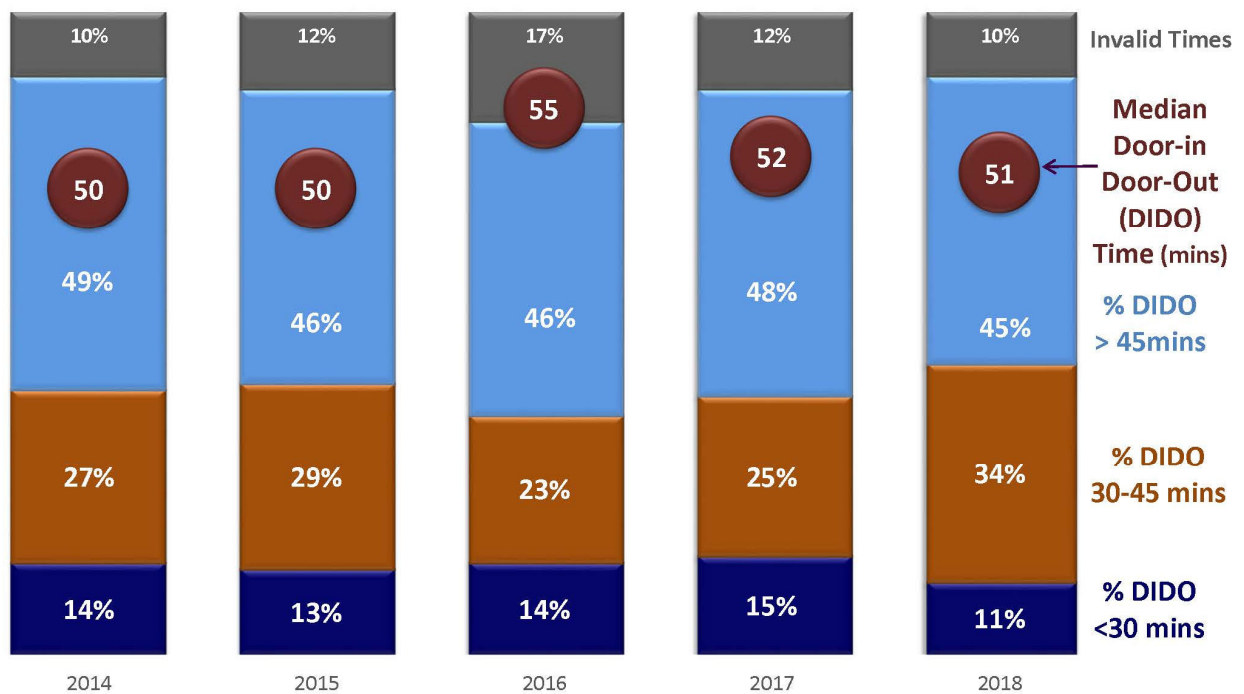


STEMI Referral Facility: Door-to-Balloon (D2B) Time



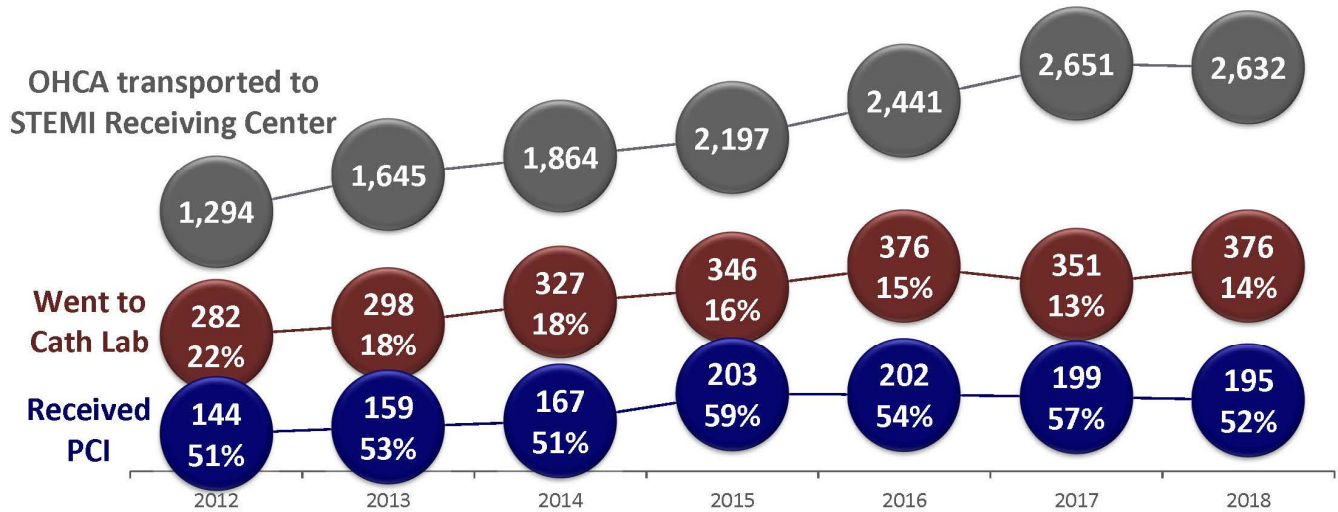
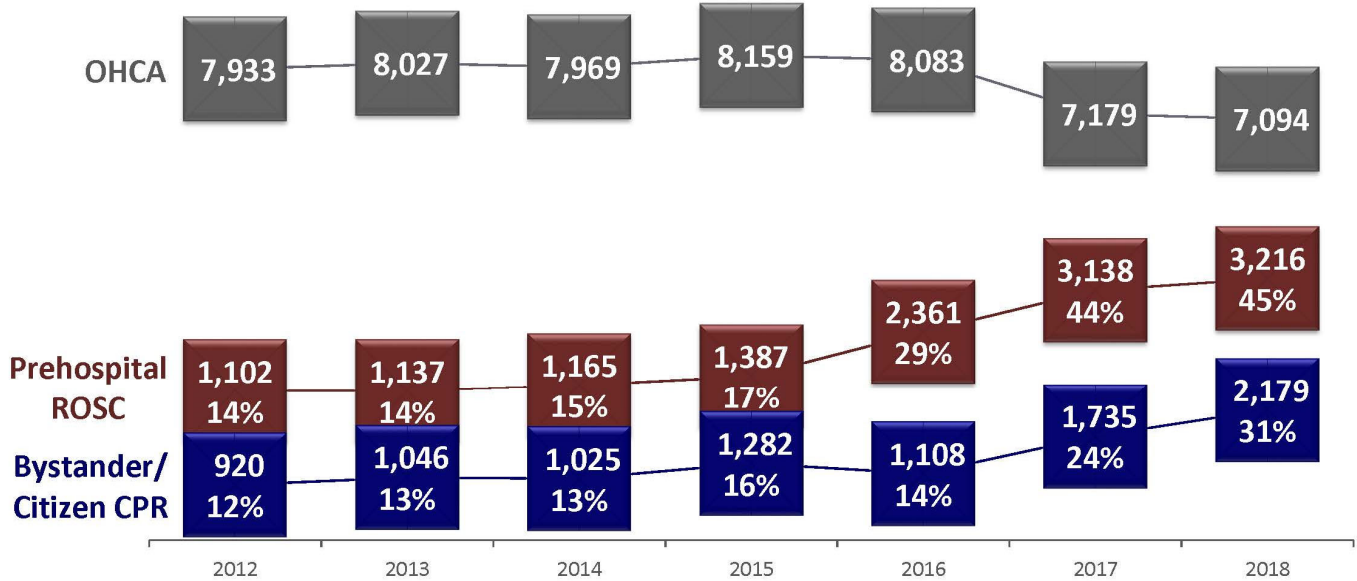
STEMI Referral Facility: Door-In Door-Out (DIDO) Time

LA County Goal: <30 minutes



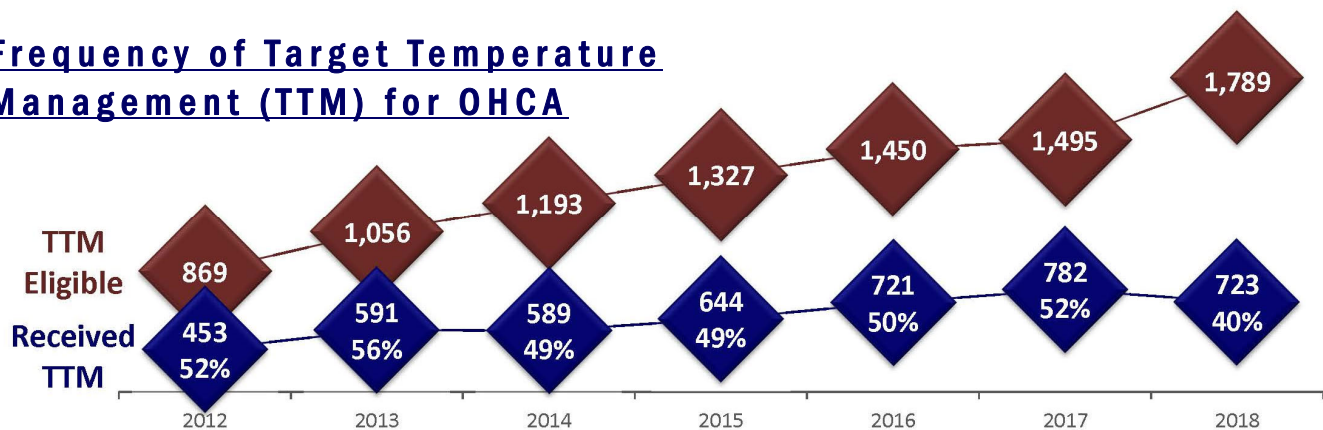


Out of Hospital Cardiac Arrest (OHCA) Return of Spontaneous Circulation (ROSC)



PCI - Percutaneous Coronary Intervention is a procedure used to open or widen a narrowed or block coronary artery to restore blood flow supplying the heart.

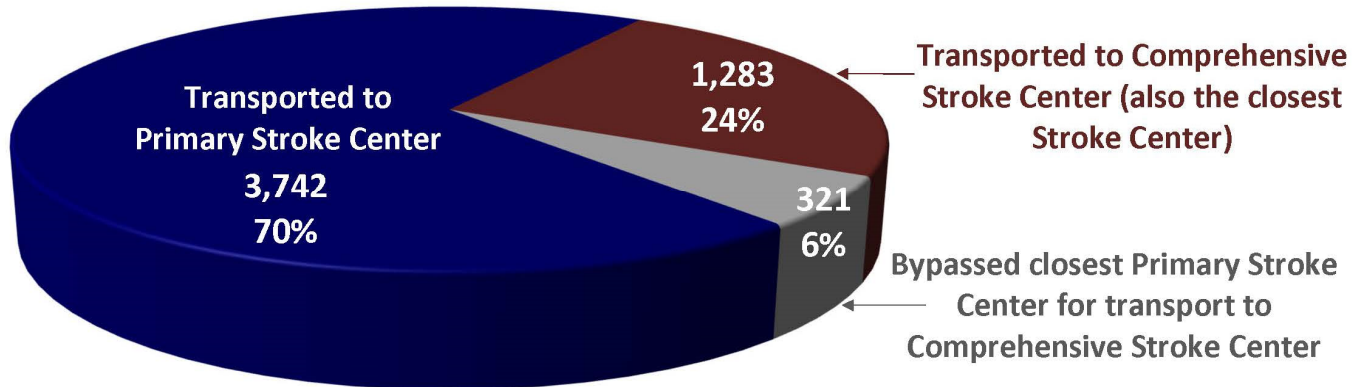
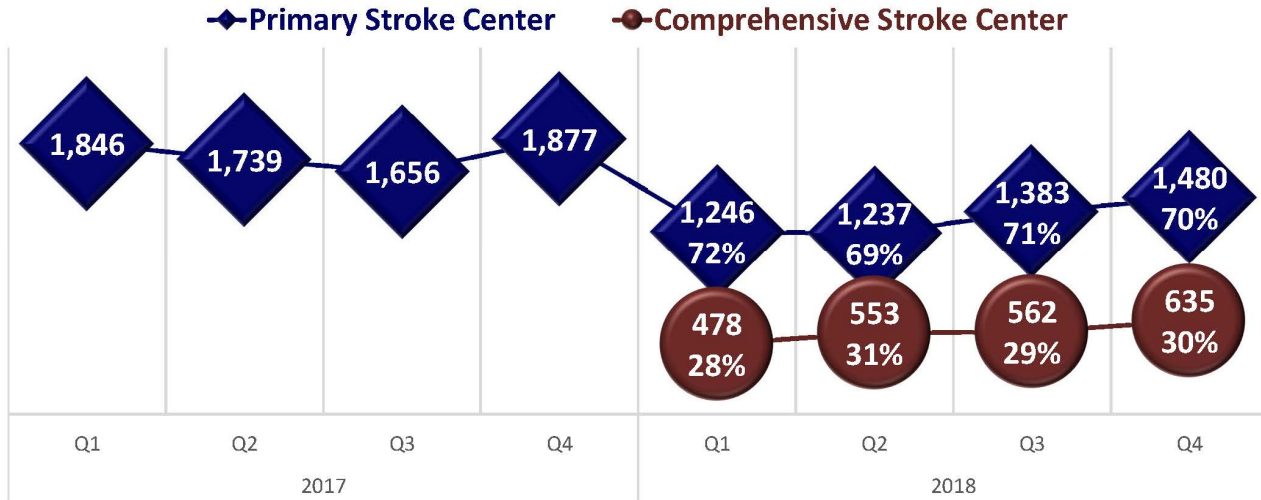
Frequency of Target Temperature Management (TTM) for OHCA





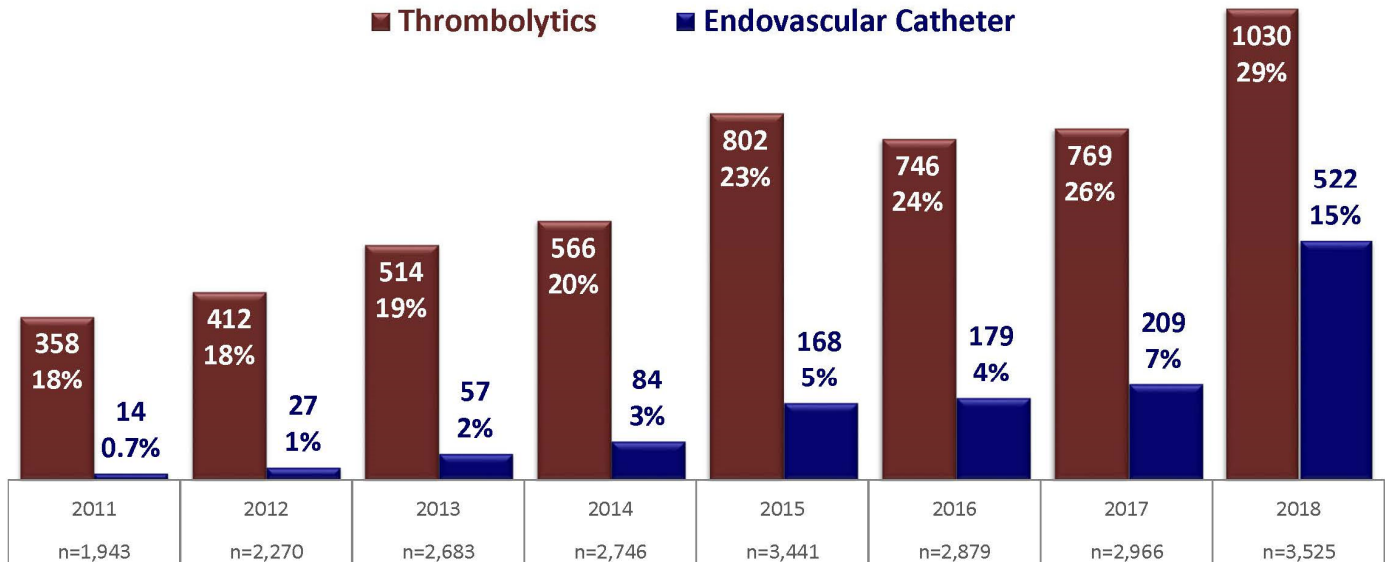
Suspected Stroke Patient Destination

The routing of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.



Treatment—All Ischemic Stroke

■ Thrombolytics ■ Endovascular Catheter






Since the implementation of a two-tiered stroke routing system in Los Angeles County on January 8, 2018, thrombectomy access increased to 93% of the population and the frequency of thrombectomy more than doubled. Interfacility transfers for higher level of care declined.

Comprehensive Stroke Centers Designated by Los Angeles County

- Adventist Health—Glendale
- Cedars Sinai Medical Center
- Dignity Health-Northridge Hospital Medical Center
- Good Samaritan Hospital
- Huntington Hospital
- Kaiser Foundation Hospital—Los Angeles
- Los Alamitos Medical Center (Orange County)
- Los Robles Hospital & Medical Center (Ventura County)
- MemorialCare Long Beach Medical Center
- Methodist Hospital of Southern California
- PIH Health Hospital—Whittier
- Pomona Valley Hospital Medical Center
- Providence Little Company of Mary—Torrance
- Providence Saint John's Health Center
- Providence Saint Joseph Medical Center
- Ronald Reagan UCLA Medical Center
- Saint Jude Medical Center (Orange County)
- Torrance Memorial Medical Center



EMS AGENCY 

To ensure timely, compassionate, and quality emergency and disaster medical services.

10100 Pioneer Boulevard, Ste. 200
 Phone: 562-378-1500
 Web: <http://ems.dhs.lacounty.gov>

EDITORIAL BOARD

- Cathy Chidester, RN, MSN
Director
- Marianne Gausche-Hill, MD
Medical Director
- Nichole Bosson, MD, MPH
Assistant Medical Director
- Kay Fruhwirth, RN, MSN
Assistant Director, Admin. Services

CONTENT, DESIGN & PRODUCTION

- Richard Tadeo, RN, BSN
Assistant Director, EMS Programs
- Michelle Williams, RN, MSN
Chief, Data Systems Management
- Sara Rasnake, RN, BSN
Data Systems Manager



LOS ANGELES COUNTY EMS SYSTEM REPORT

MAY 1, 2021

ISSUE 9

INSIDE THIS ISSUE:

COVID-19 BY SPA	2
EMS VOLUME	4
PROVIDER IMPRESSIONS	6
EMS TIMES	8
EMERGENCY DEPARTMENT	10
TRAUMA SYSTEM	12
STEMI SYSTEM	16
OHCA ROSC	18
STROKE SYSTEM	19

SPECIAL POINTS OF INTEREST:

- EMS Mechanisms of Injury (pages 6 & 7)
- ED Disposition and Patient Type (page 11)
- Injury Severity Scores (pages 14-15)
- Paramedic Base Hospital Contact Volume (page 20)

Message from the Director and Medical Director

We are dedicating this issue of the EMS System Report to Michelle Williams, Chief, Data Systems Management for our agency. Michelle has worked with the EMS Agency for the past 9 years. She has served as the lead of our Data Management Section since 2018. Michelle has been instrumental in moving the EMS Agency and our system to electronic data collection, ensuring data quality and consistency, and educating our providers and hospitals on the importance of quality data to direct our system and patient care.



Cathy Chidester
Director

Michelle worked tirelessly, starting from scratch, to evolve our system from a predominantly pen and paper system to the 100% electronic system we have today. She has worked with each provider agency, hospital and digital system to convert LA County over to an entirely new platform. Her understanding of data management has enabled us to utilize this critical information to make vital decisions and conduct quality improvement and research on behalf of the over 10 million people

who live in and visit our county. She dedicated countless hours this past year collecting and verifying COVID hospital assessment data which was critical to the county's understanding of the pandemic and provided support to policy decisions.

Michelle has recently left our EMS Agency to pursue personal goals. Her talent and drive will be sorely missed. I hope you will join us in wishing Michelle the best in her new endeavors and thanking her for instilling excellence in our EMS program and systems.

This last year has been a challenging one for all of EMS. As the pandemic wanes we honor all those who participated in the response locally and regionally. Data played a critical role in the management of the pandemic and allowed for opportunities for the system to predict surge. Thanks to all for their dedication in caring for our EMS community this last year.



Dr. Marianne Gausche-Hill
Medical Director

2020 System Demographics

70 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 36 STEMI Receiving Centers
- 18 Comprehensive Stroke Centers
- 34 Primary Stroke Centers
- 54 Perinatal Centers
- 44 Hospitals with Neonatal Intensive Care Unit
- 8 SART (Sexual Assault Response Team)
- 13 Disaster Resource Centers

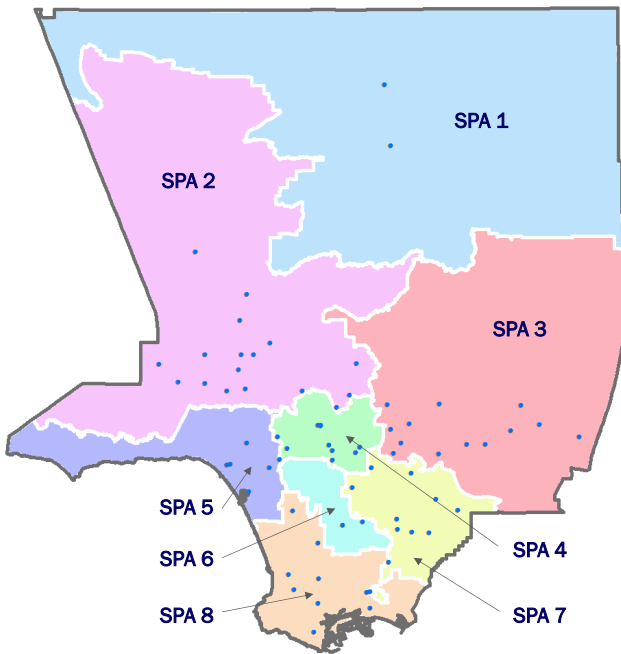
EMS Provider Agencies

- 31 Public Safety EMS Provider Agencies
- 34 Licensed Basic Life Support Ambulance Operators
- 17 Licensed Advanced Life Support Ambulance Operators
- 20 Licensed Critical Care Transport Ambulance Operators
- 6 Licensed Ambulette Operators

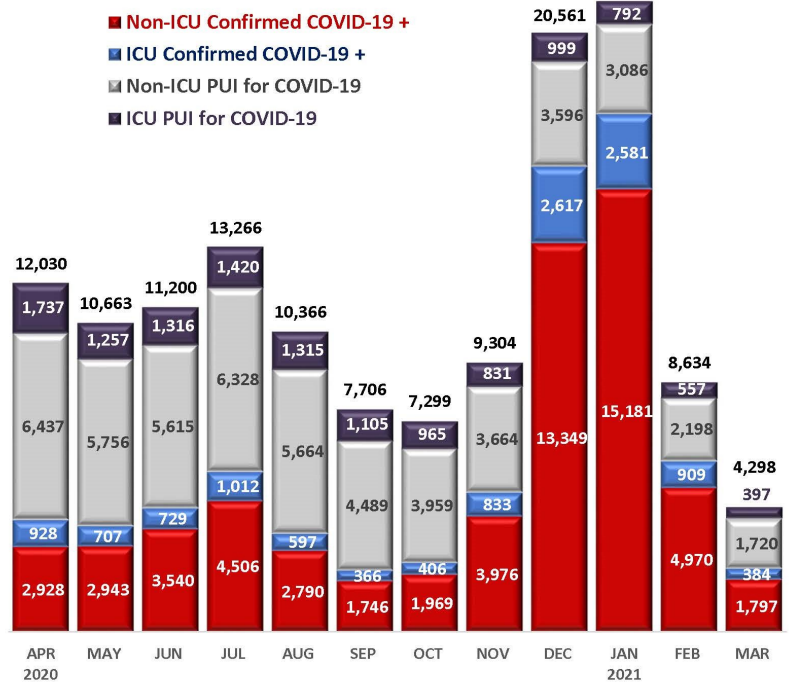
EMS Practitioners

- 4,512 Accredited Paramedics
- 8,123 Certified EMTs by LA Co EMS Agency
- 883 Certified Mobile Intensive Care Nurses

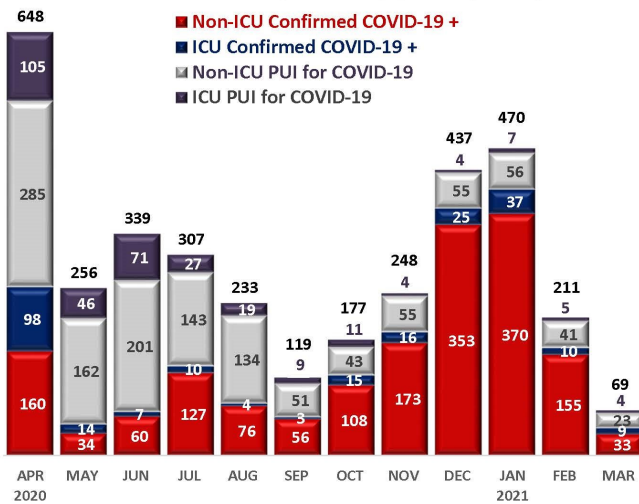
COVID-19 Hospitalizations by Month and by Service Planning Area (SPA) Confirmed and Person Under Investigation (PUI) (Age 15 years and older)



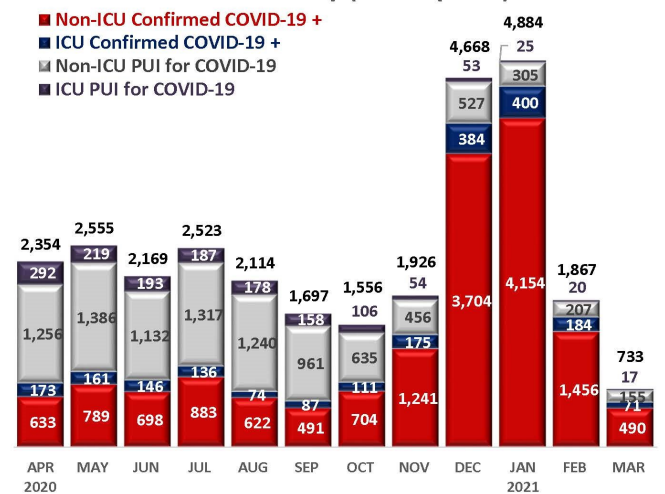
Los Angeles County (70 hospitals)



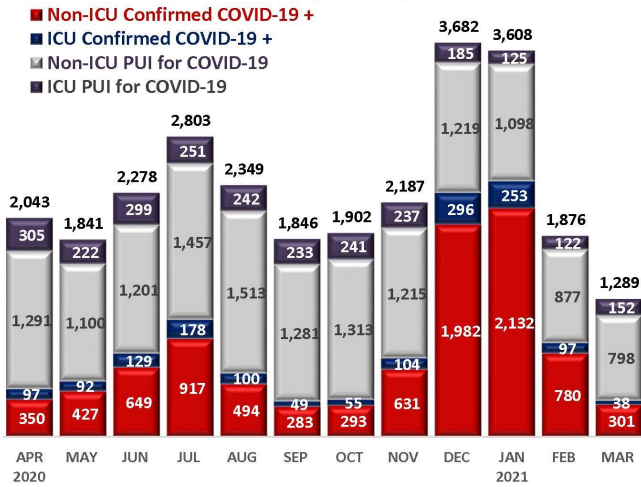
SPA 1 - Antelope Valley (2 hospitals)



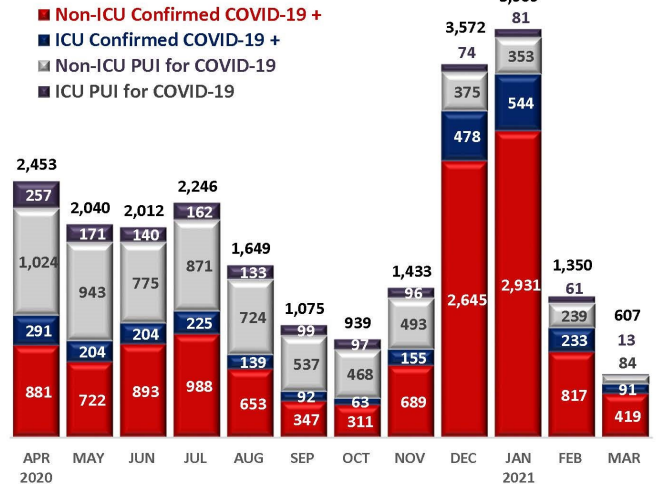
SPA 2 - San Fernando Valley (17 hospitals)



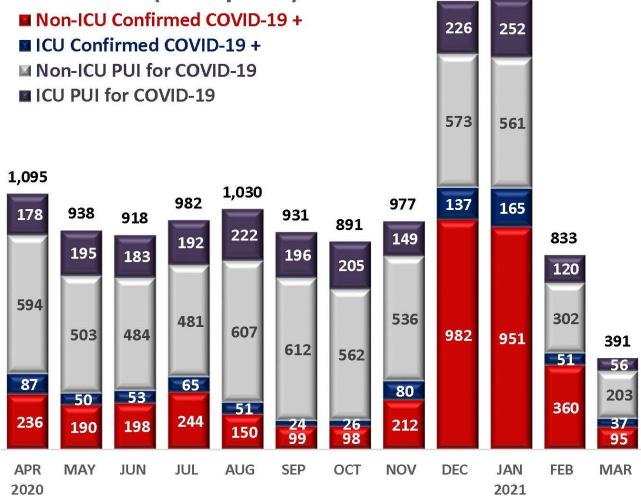
SPA 3 - San Gabriel Valley (13 hospitals)



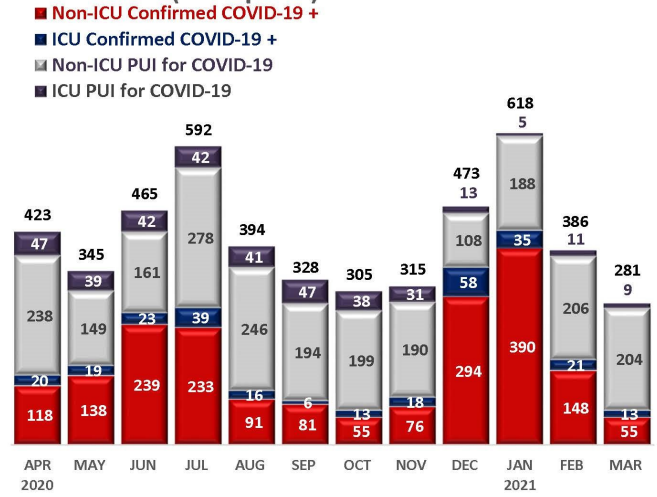
SPA 4 - Metro (11 hospitals)



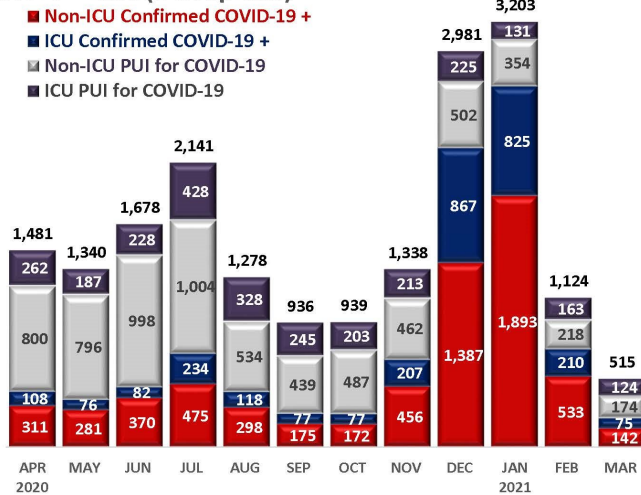
SPA 5 - West (6 hospitals)



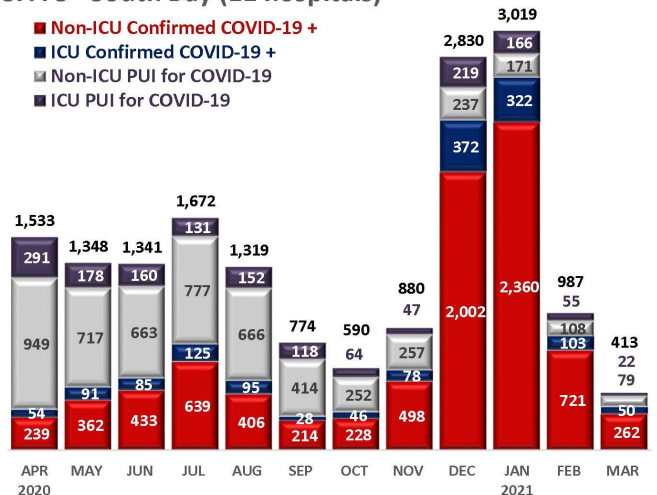
SPA 6 - South (2 hospitals)



SPA 7 - East (8 hospitals)

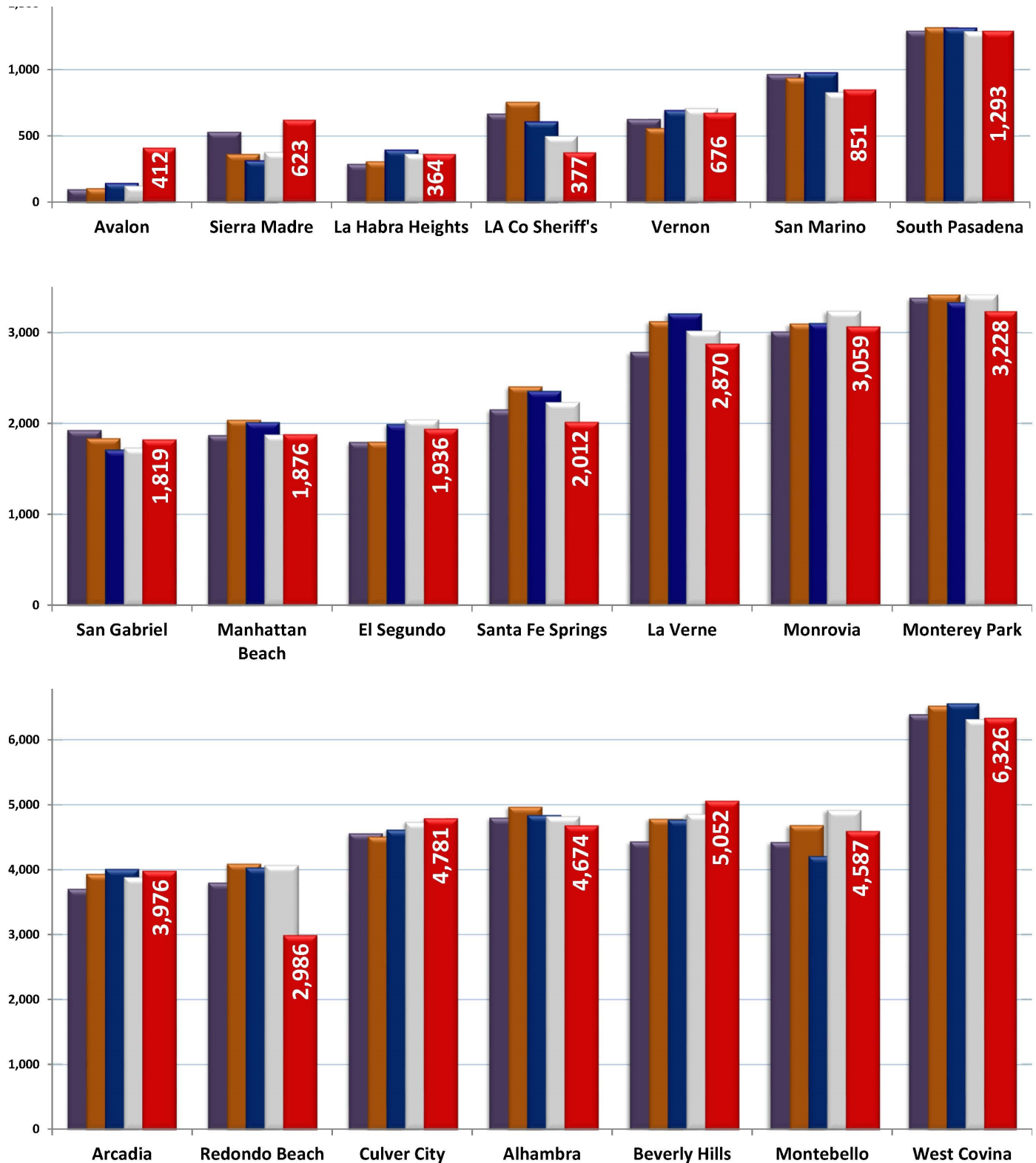


SPA 8 - South Bay (11 hospitals)



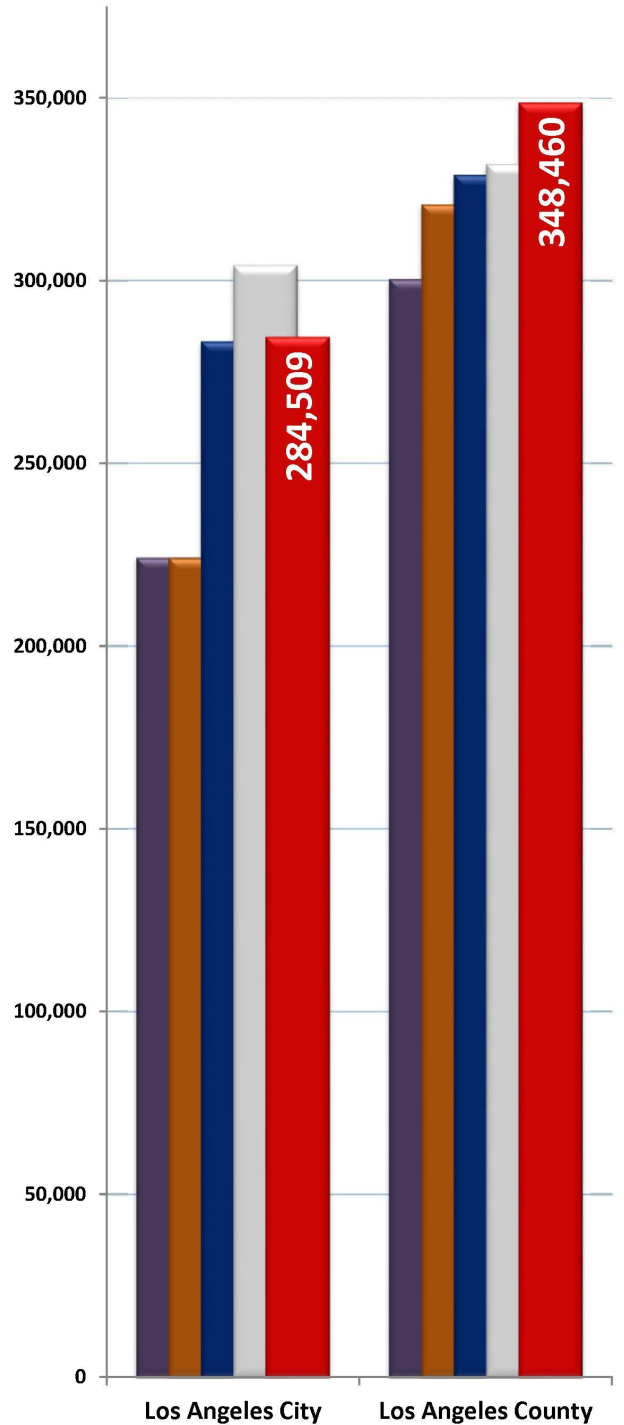
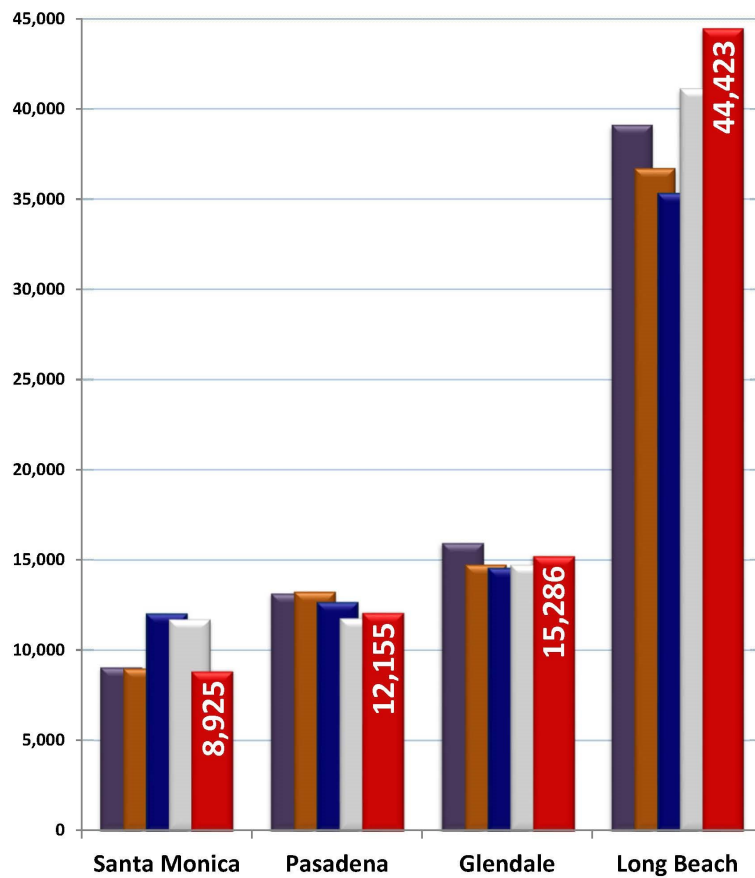
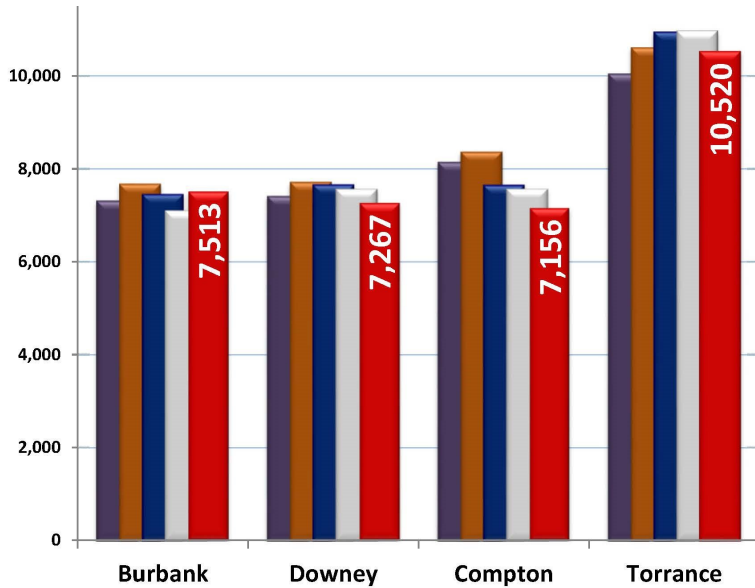
EMS Responses by 9-1-1 Jurisdictional Provider Agency

2015 2016 2017 2018 2019



EMS Responses by 9-1-1 Jurisdictional Provider Agency

■ 2015 ■ 2016 ■ 2017 ■ 2018 ■ 2019



ADULT PROVIDER IMPRESSIONS (TOP 10)	2018	%	2019	%
Traumatic Injury	127,585	16%	112,114	14%
Behavioral / Psychiatric Crisis	59,823	7%	58,874	8%
Weakness - General	57,031	7%	53,333	7%
No Medical Complaint	55,124	7%	47,817	6%
Body Pain - Non-Traumatic	40,734	5%	43,654	6%
Abdominal Pain/Problems	37,592	5%	32,584	4%
Altered Level of Consciousness	31,245	4%	27,743	4%
Syncope / Near Syncope	26,312	3%	24,268	3%
Seizure - Postictal	23,159	3%	19,299	2%
Chest Pain - Suspected Cardiac	21,582	3%	17,947	2%
TOTAL - Top 10 Provider Impressions	480,742	59%	437,633	56%
TOTAL - Adult EMS Responses	819,320		777,556	

ADULT TRANSPORTS (TOP 10)	2018	%	2019	%
Traumatic Injury	83,518	16%	78,521	15%
Weakness - General	44,777	9%	42,942	8%
Behavioral / Psychiatric Crisis	41,367	8%	41,430	8%
Altered Level of Consciousness	34,109	6%	27,293	5%
Abdominal Pain / Problems	33,801	6%	30,062	6%
Body Pain - Non-Traumatic	33,547	6%	37,076	7%
Chest Pain - Suspected Cardiac	20,316	4%	17,411	3%
Syncope / Near Syncope	19,833	4%	19,136	4%
Respiratory Distress - Other	16,386	3%	16,558	3%
Seizure - Postictal	16,355	3%	17,205	3%
TOTAL - Top 10 Adult EMS Transports	344,009	65%	327,634	62%
TOTAL - Adult EMS Transports	526,568		527,233	

ADULT MECHANISMS OF INJURY (TOP 10)	2018	%	2019	%
Fall	45,502	34%	39,706	32%
Motor Vehicle Accident	36,039	27%	38,292	31%
Assault	16,544	12%	13,315	11%
Pedestrian/Bicycle struck by Motor Vehicle	8,561	6%	8,968	7%
Animal Bite	1,913	1%	2,473	2%
Sports / Recreational	2,164	2%	1,940	2%
Motorcycle / Moped Accident	2,378	2%	1,582	1%
Stabbing	1,485	1%	1,573	1%
Gunshot Wound	1,577	1.2%	1,462	1.2%
Accidental Self-Inflicted Injury	1,000	0.8%	1,100	0.9%
TOTAL - Top 10 Adult Mechanisms of Injury	117,163	88%	110,411	88%
TOTAL - Adult Mechanisms of Injury	132,868		125,465	

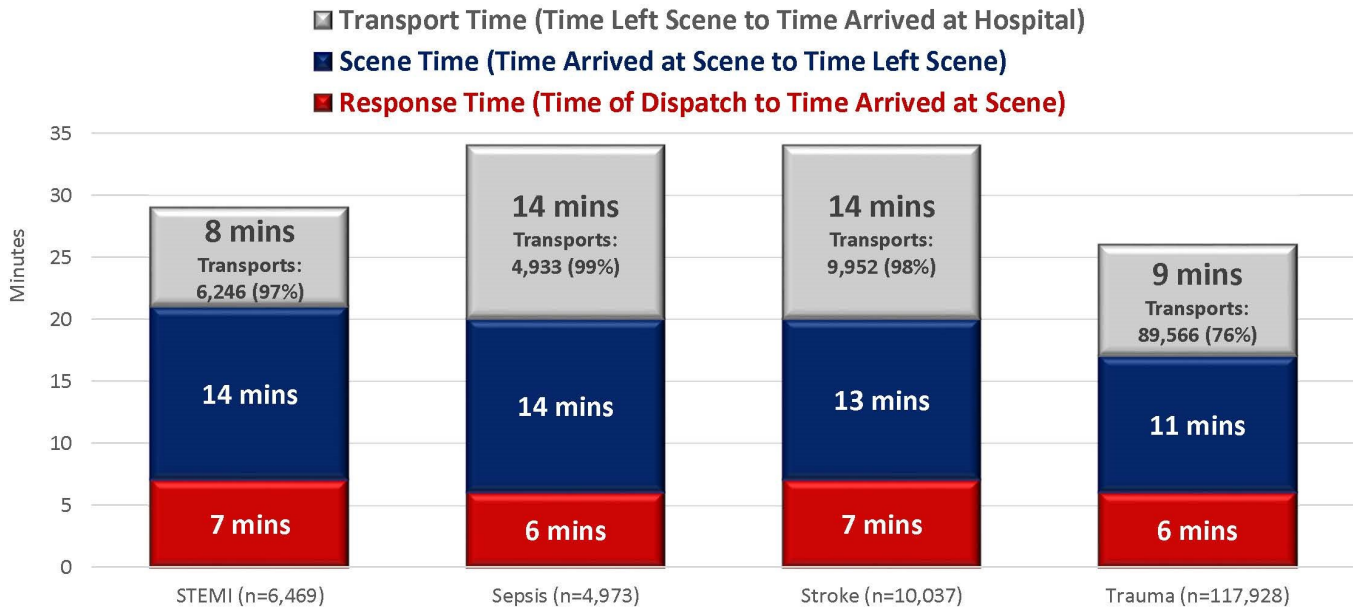
PEDIATRIC PROVIDER IMPRESSIONS (TOP 10)	2018	%	2019	%
Traumatic Injury	8,559	23%	8,234	23%
No Medical Complaint	5,377	15%	4,709	13%
Seizure - Postictal	4,533	12%	4,988	14%
Behavioral / Psychiatric Crisis	1,860	5%	1,827	5%
Cold / Flu	1,690	5%	1,771	5%
Fever	1,531	4%	1,467	4%
Respiratory Distress - Other	1,038	3%	1,050	3%
Respiratory Distress - Bronchospasm	1,026	3%	1,066	3%
Syncope / Near Syncope	989	3%	1,014	3%
Nausea / Vomiting	913	2%	907	3%
TOTAL - Top 10 Pediatric EMS Responses	27,516	75%	27,033	75%
TOTAL - Pediatric EMS Responses	36,919		36,151	

PEDIATRIC TRANSPORTS (TOP 10)	2018	%	2019	%
Traumatic Injury	5,328	22%	5,108	22%
Seizure - Postictal	4,234	18%	4,551	19%
Behavioral / Psychiatric Crisis	1,270	5%	1,166	5%
Fever	1,074	4%	1,023	4%
Cold / Flu	982	4%	947	4%
Respiratory Distress - Bronchospasm	855	4%	890	4%
Respiratory Distress - Other	848	4%	853	4%
Syncope / Near Syncope	784	3%	736	3%
Allergic Reaction	641	3%	636	3%
Seizure - Active	596	2%	567	2%
TOTAL - Top 10 Pediatric EMS Transports	16,612	69%	16,477	70%
TOTAL - Pediatric EMS Transports	24,031		23,517	

PEDIATRIC MECHANISMS OF INJURY (TOP 10)	2018	%	2019	%
Fall	3,215	31%	2,859	28%
Motor Vehicle Accident	2,503	24%	2,882	28%
Sports / Recreational	789	8%	758	7%
Pedestrian/Bicycle struck by Motor Vehicle	728	7%	778	8%
Animal Bite	328	3%	452	4%
Assault	475	5%	449	4%
Accidental Self-Inflicted Injury	133	1%	160	2%
Thermal Burn	93	1%	112	1%
Intentional Self-Inflicted Injury	44	0.4%	33	0.3%
Crush Injury	34	0.3%	29	0.3%
TOTAL - Top 10 Pediatric Mechanisms of Injury	8,342	80%	8,512	84%
TOTAL - Pediatric Mechanisms of Injury	10,416		10,123	

2019 EMS Times: Adult (Median)

LA County EMS Transport Time of ADULT Patients with Provider Impressions STEMI, Stroke, Sepsis and Traumatic Injuries

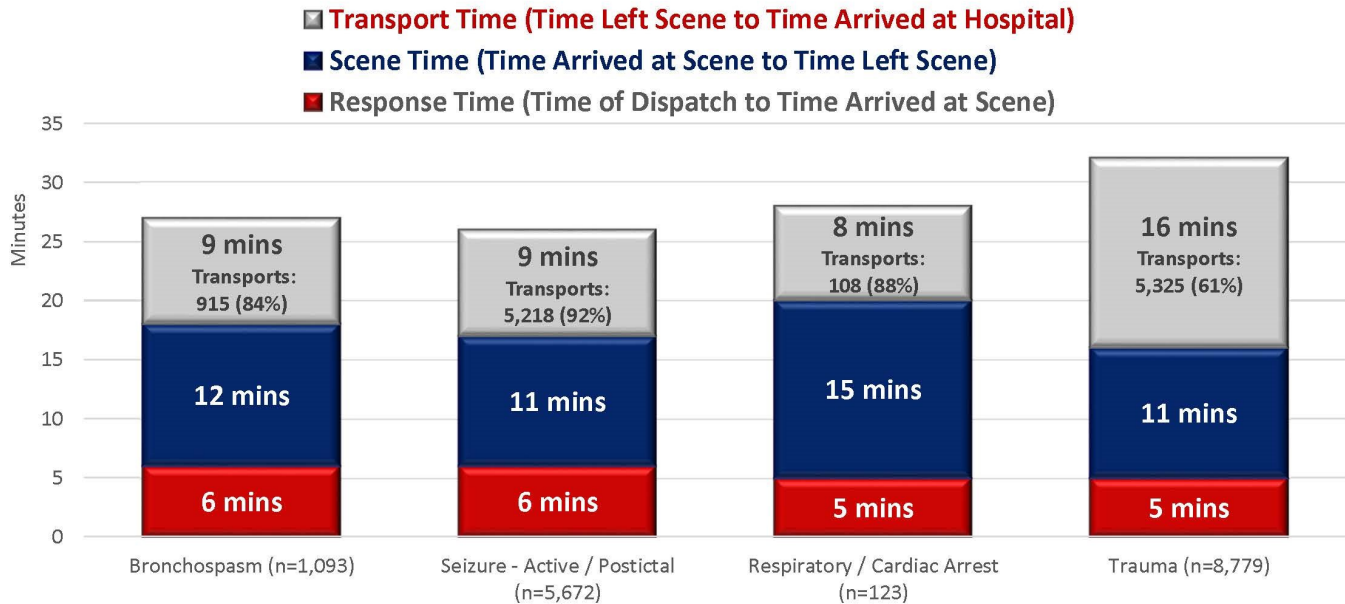


2019 EMS Times (90th Percentile)

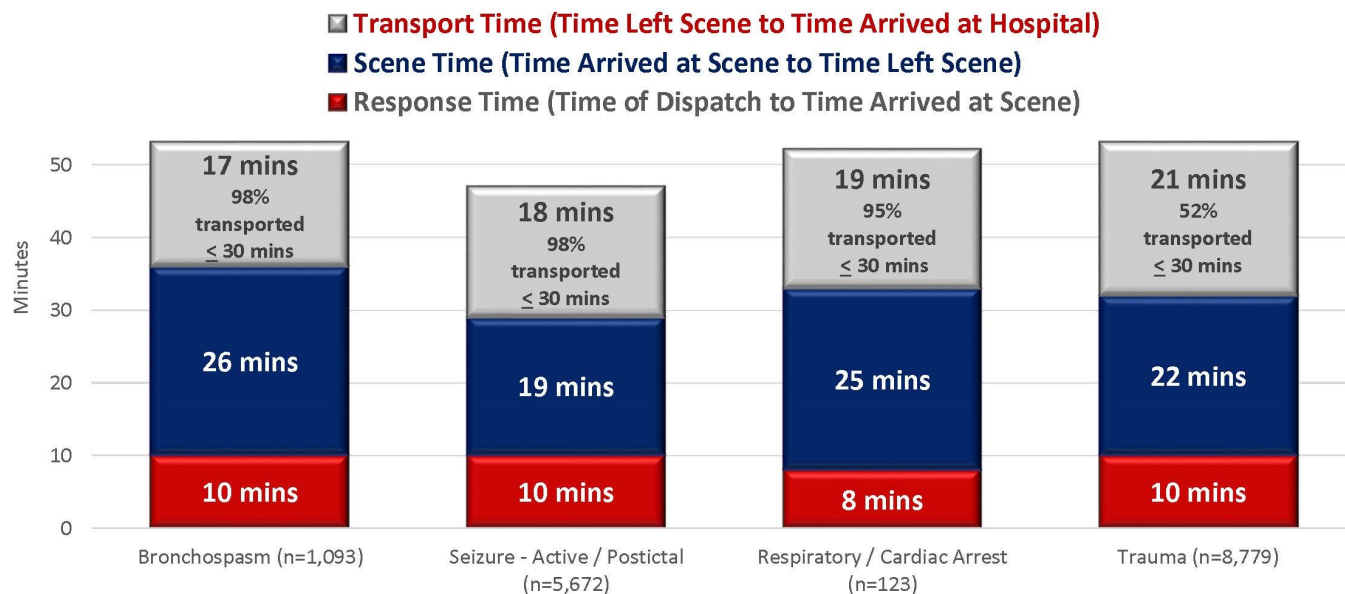


2019 EMS Times: Pediatric (Median)

LA County EMS Transport Time PEDIATRIC Patients with Provider Impressions Bronchospasm, Seizure, Respiratory/Cardiac Arrest and Traumatic Injuries

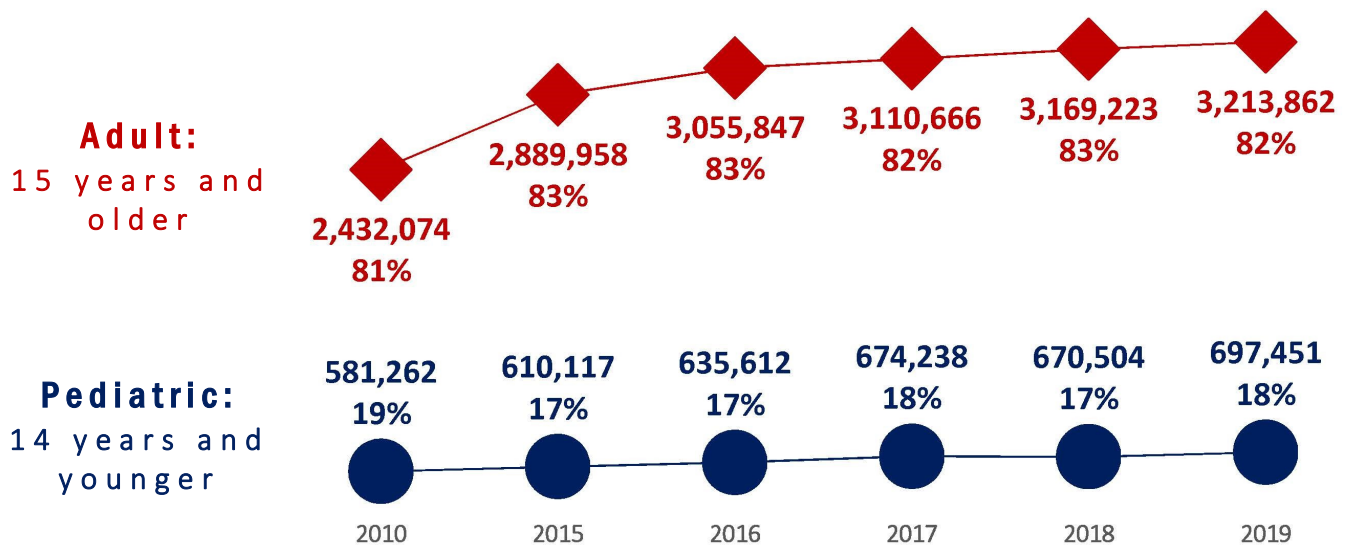
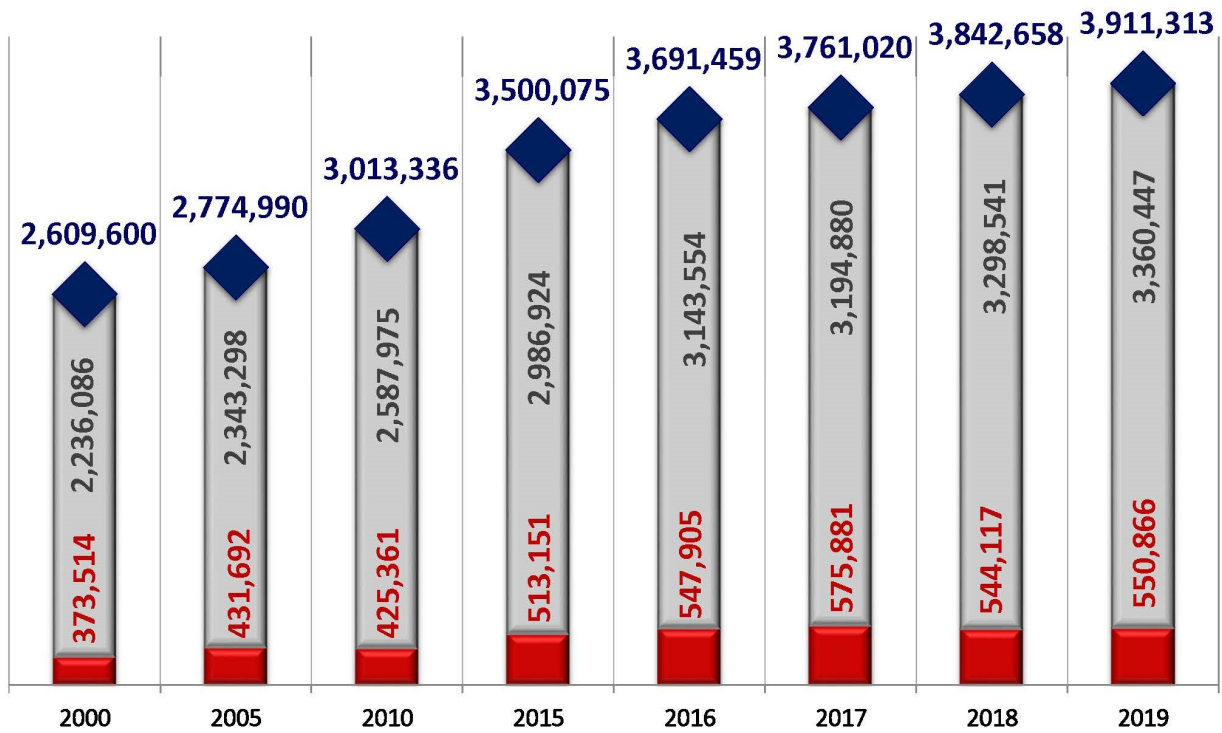


2019 EMS Times: Pediatric (90th Percentile)



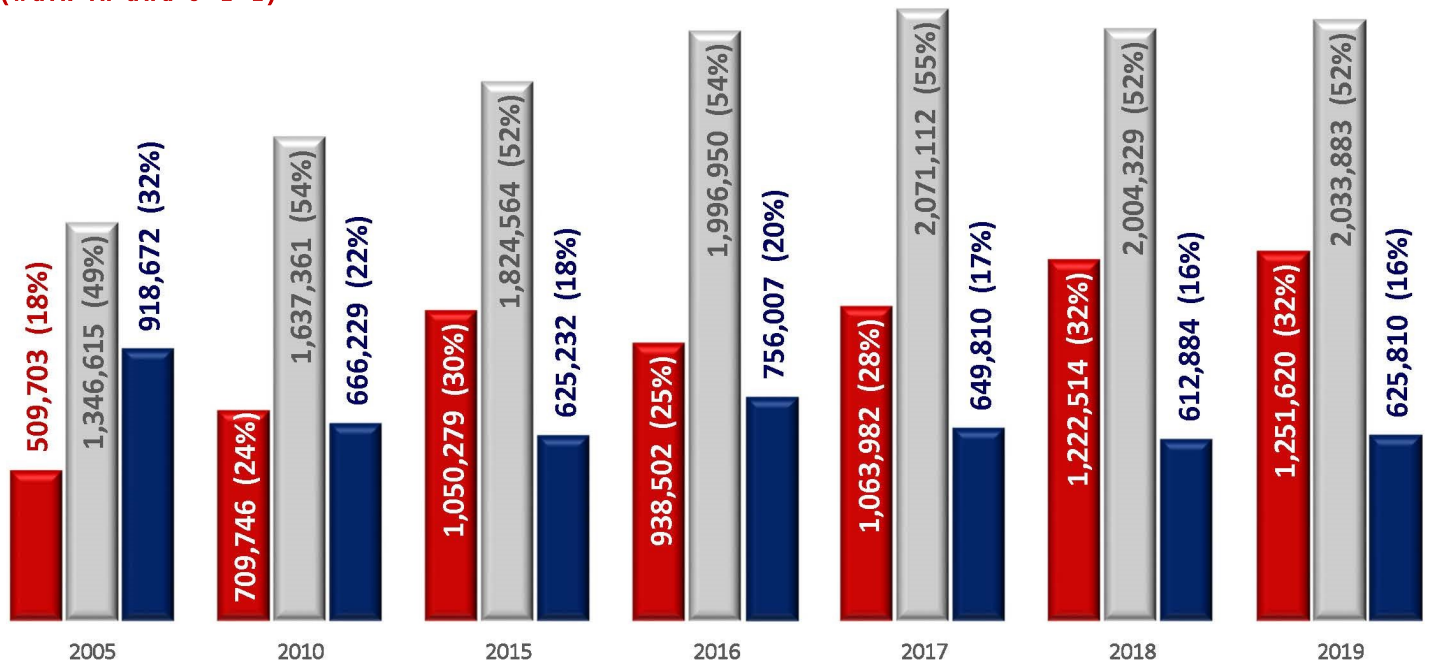
Emergency Department Volume

■ 9-1-1 Transports
 ■ Walk-In
 ◆ Reported Annual ED Visits



ED Patient Type (walk-in and 9-1-1)

■ Critical ■ Urgent ■ Non-Urgent



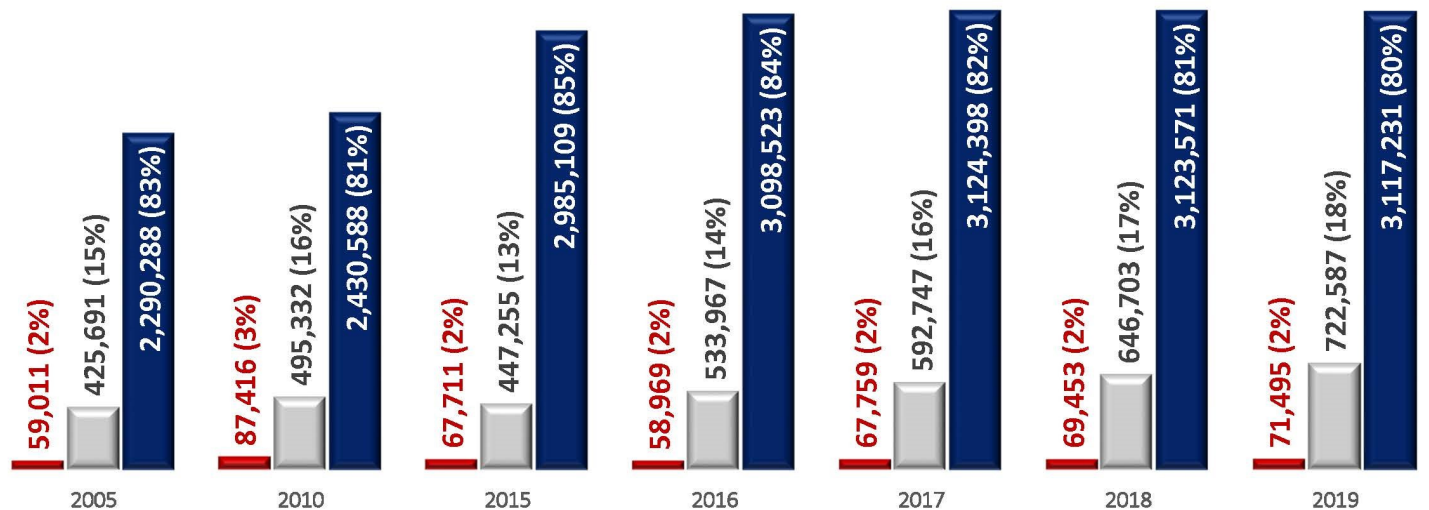
Critical—a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, shooting). Applicable Current Procedural Terminology (CPT) codes for this level of service would be 99284 (detailed history, detailed physical, and medical decision making of moderate complexity) or 99285 (medical decision making of high complexity) or 99291 (critical care, evaluation and management).

Urgent—a patient with an acute injury or illness, loss of life or limb is not an immediate threat to their well-being, or a patient who needs timely evaluation (fracture or laceration). Applicable CPT codes for this level of service would be 99282 (medical decision making of low complexity) or 99283 (medical decision making of moderate complexity).

Non-Urgent—a patient with a non-emergent injury, illness or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the ED (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code for this level of service would be 99281 (straight forward medical decision making).

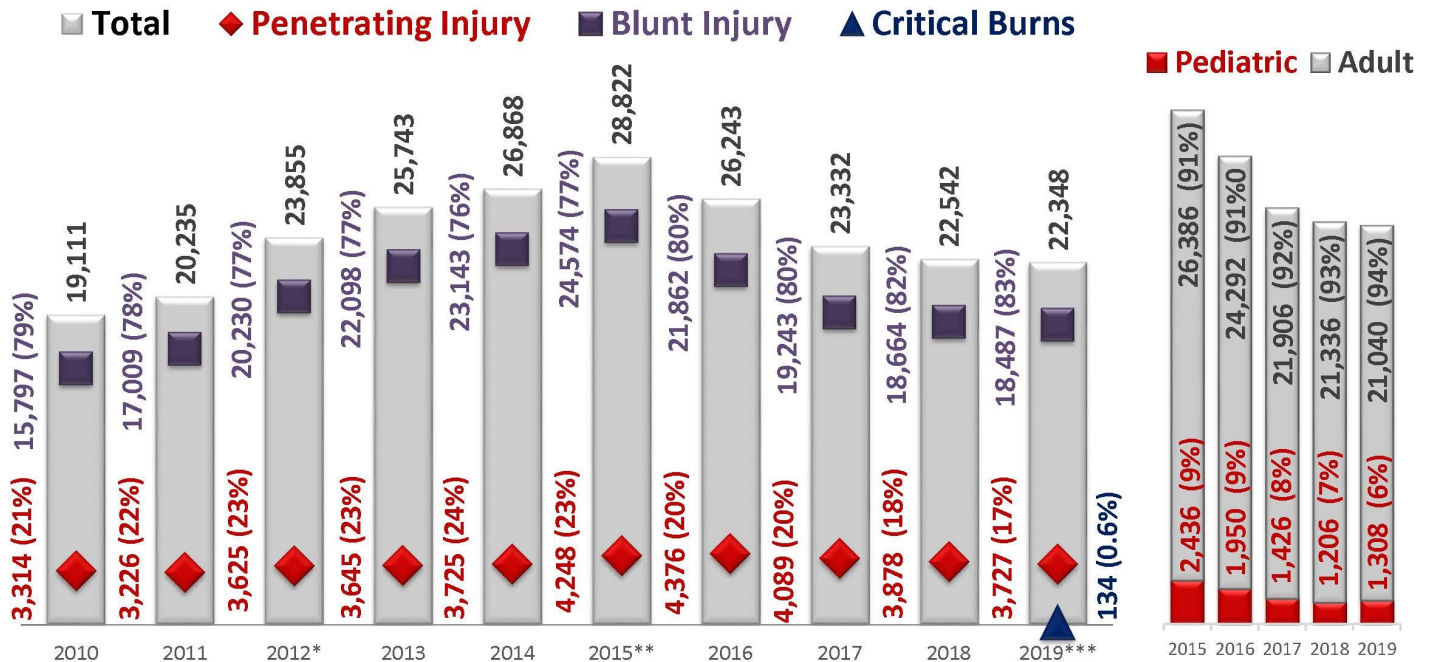
ED Patient Disposition (walk-in and 9-1-1)

■ Admitted to Intensive Care Unit
■ Admitted to Non-Intensive Care Unit Area
■ Discharged from ED/24 hr Observation





Trauma Center Volume

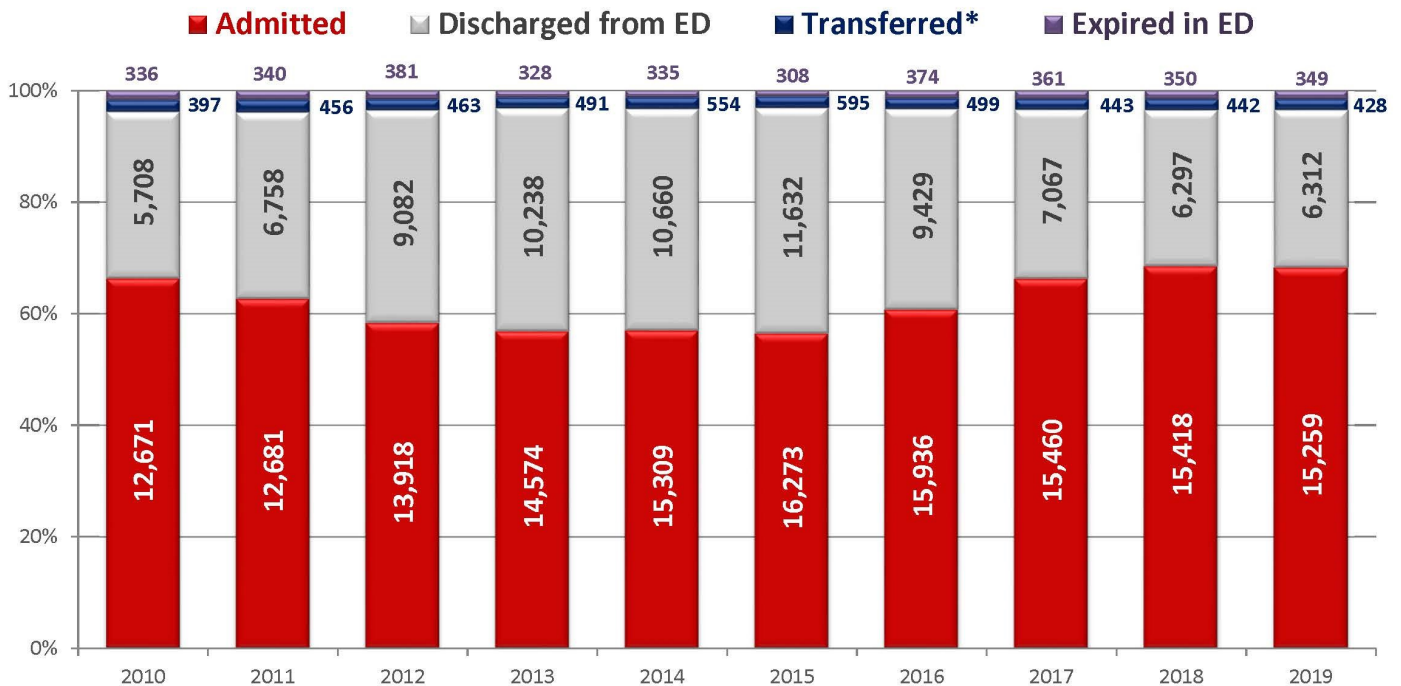


*2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients

**2015: Trauma Center Registry inclusion criteria was reduced.

***2019: Critical Burns added as a Trauma Center Criteria

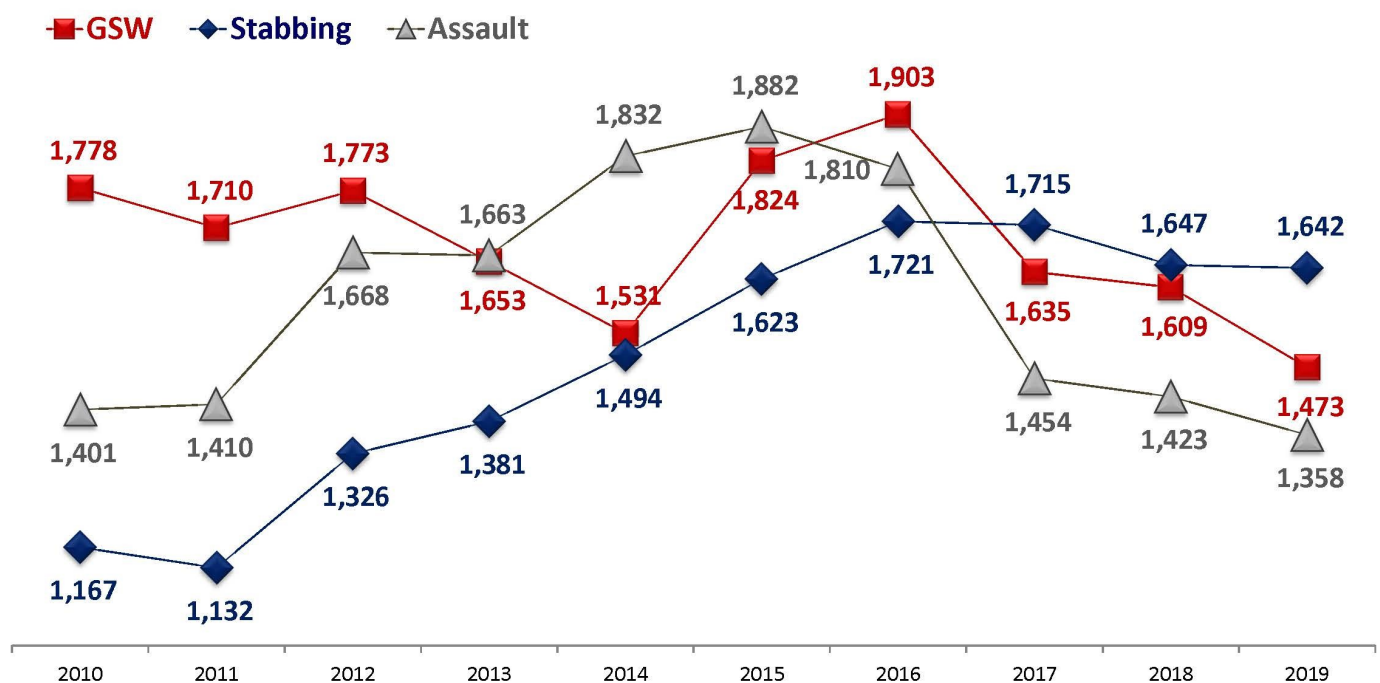
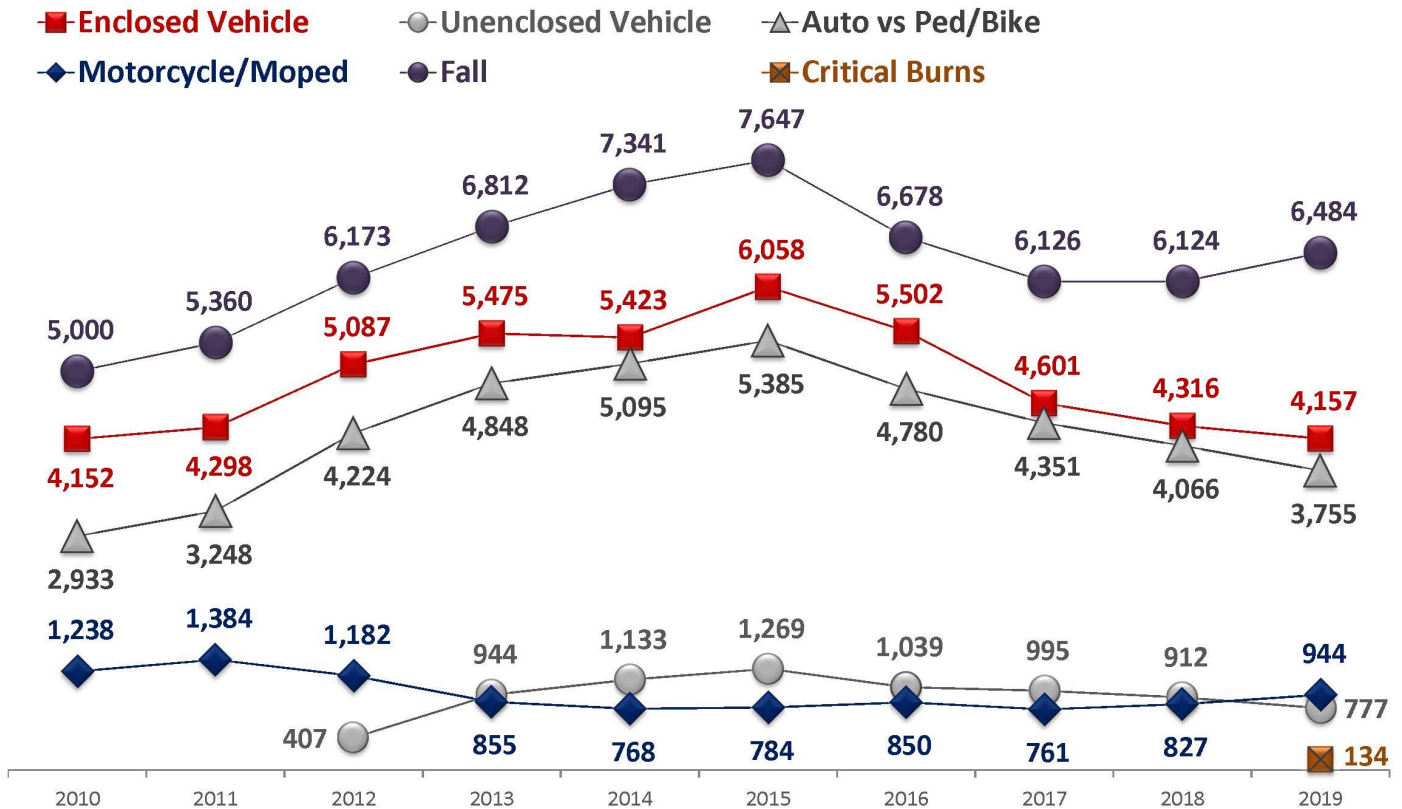
Patient Disposition of Trauma Center Patients



* Transferred to another health facility



Mechanism of Injury: Patients Transported to Trauma Centers





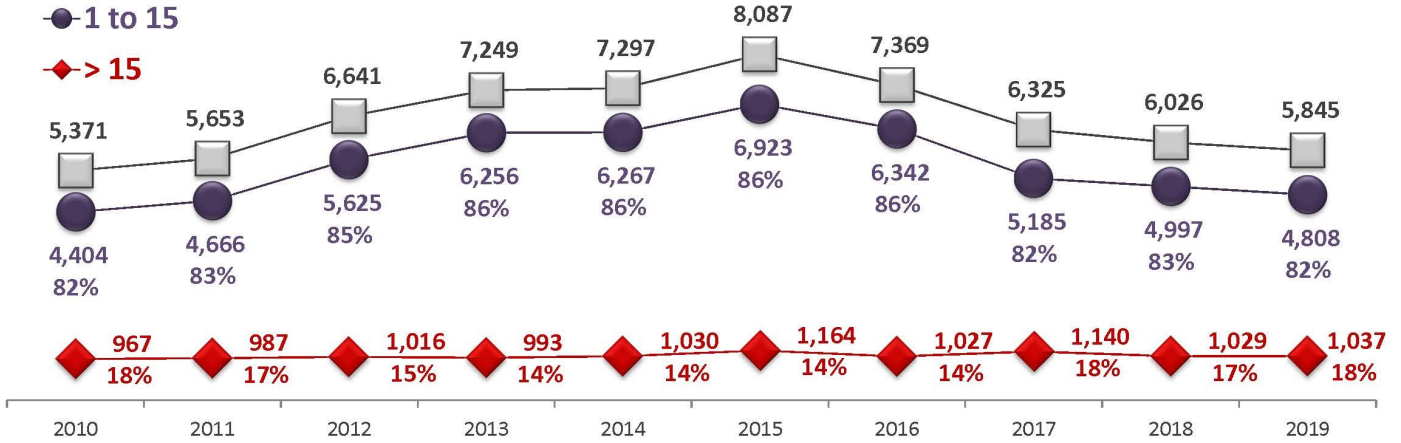
Injury Severity Score by Mechanism of Injury

Injury Severity Score (ISS): Is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

Motor Vehicle Accident

● 1 to 15

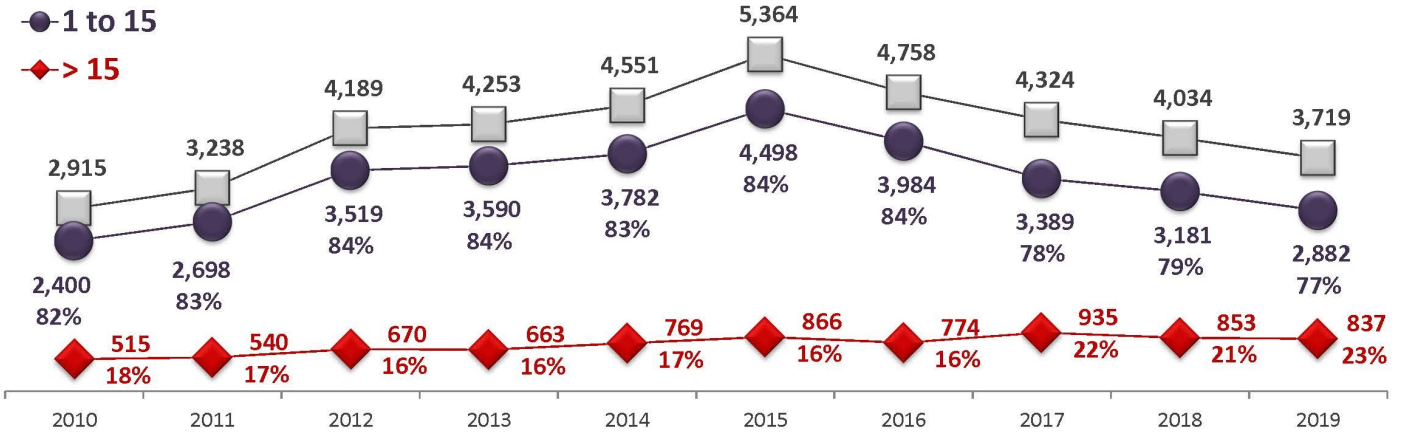
◆ > 15



Automobile vs Pedestrian/Bicycle

● 1 to 15

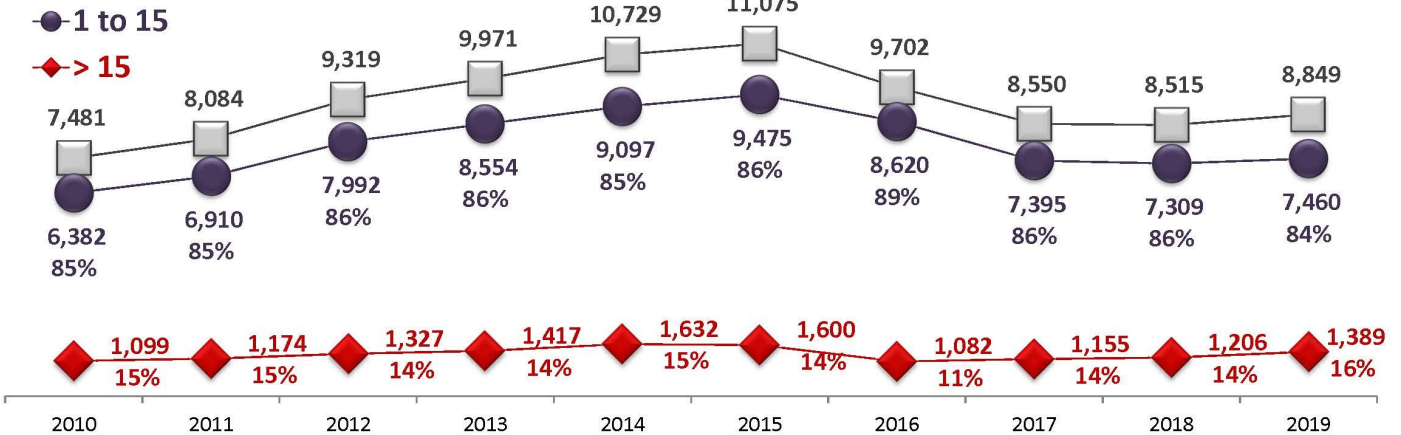
◆ > 15



Other Blunt Injuries

● 1 to 15

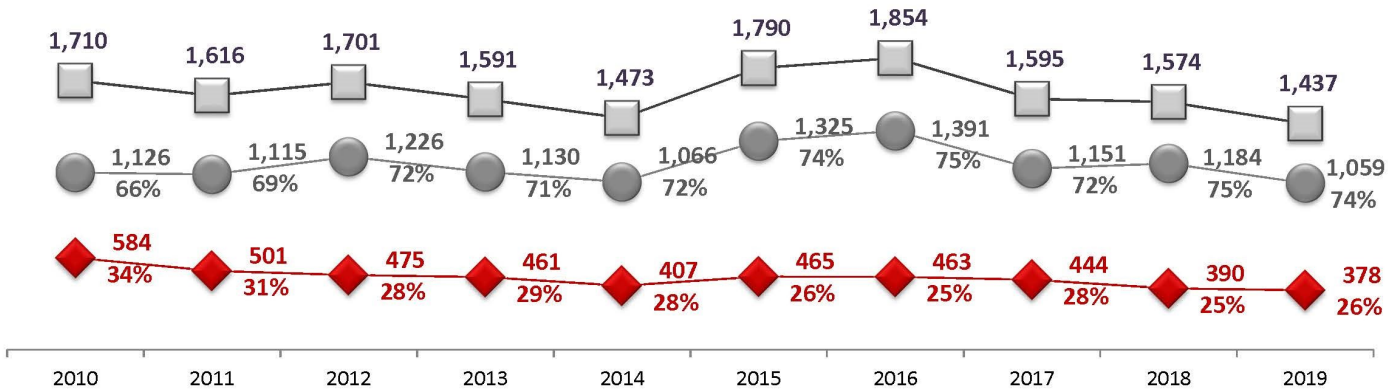
◆ > 15



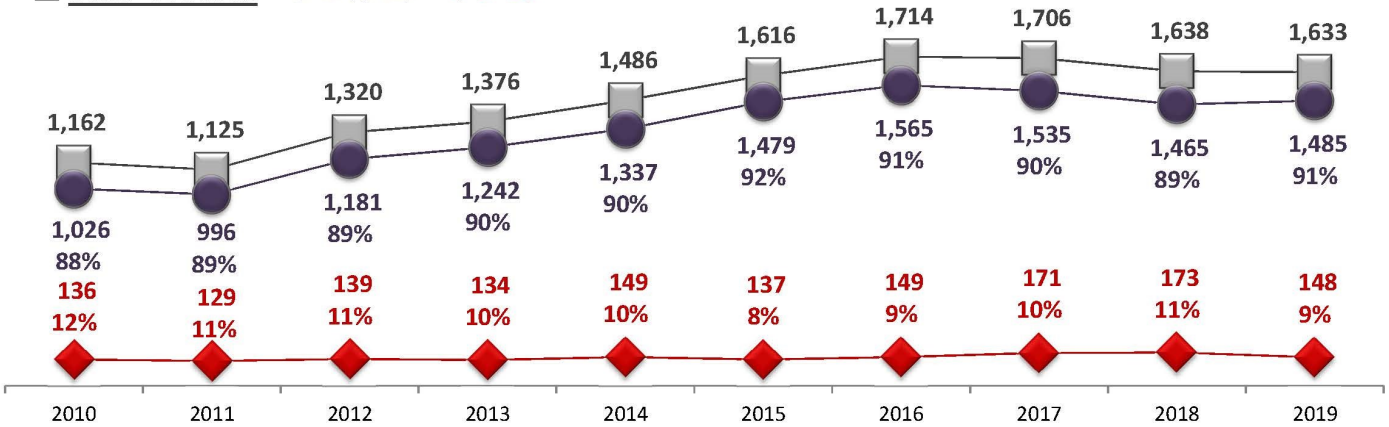


Injury Severity Score by Mechanism of Injury

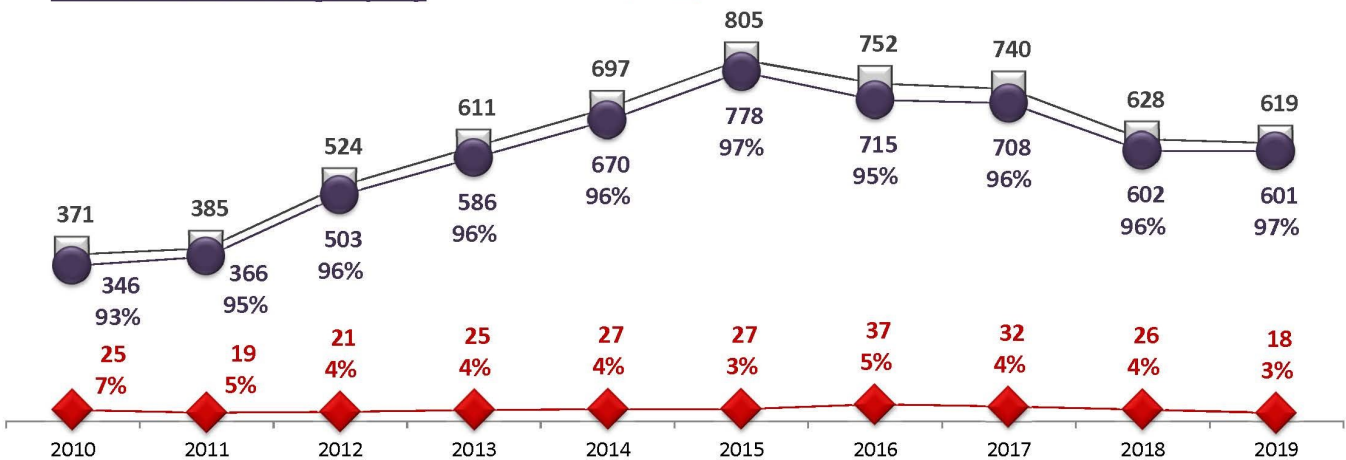
■ Gunshot Wound ● 1 to 15 ◆ > 15



■ Stab Wound ● 1 to 15 ◆ > 15



■ Other Penetrating Injury ● 1 to 15 ◆ > 15



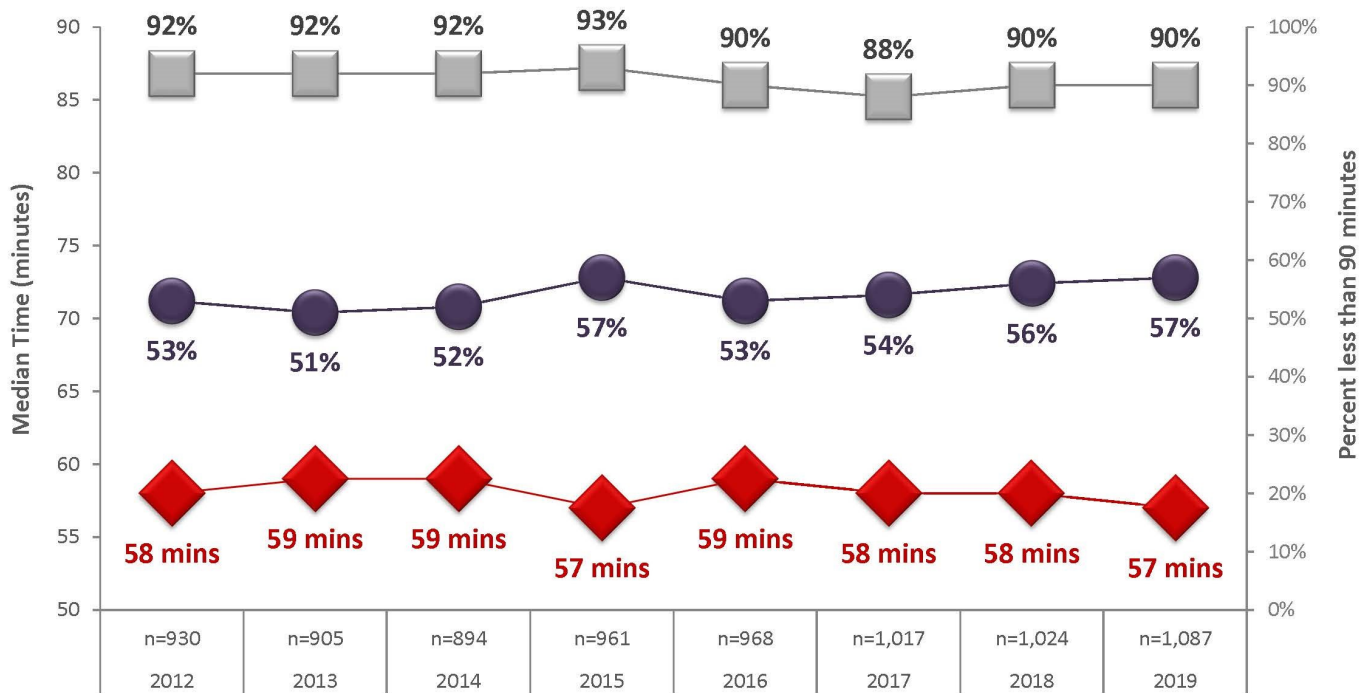


ST-Elevation Myocardial Infarction (STEMI)

STEMI Receiving Center: Door-to-Device (D2B) Time

LA County Target: within 90 minutes 90% of the time and within 60 minutes 75% of the time

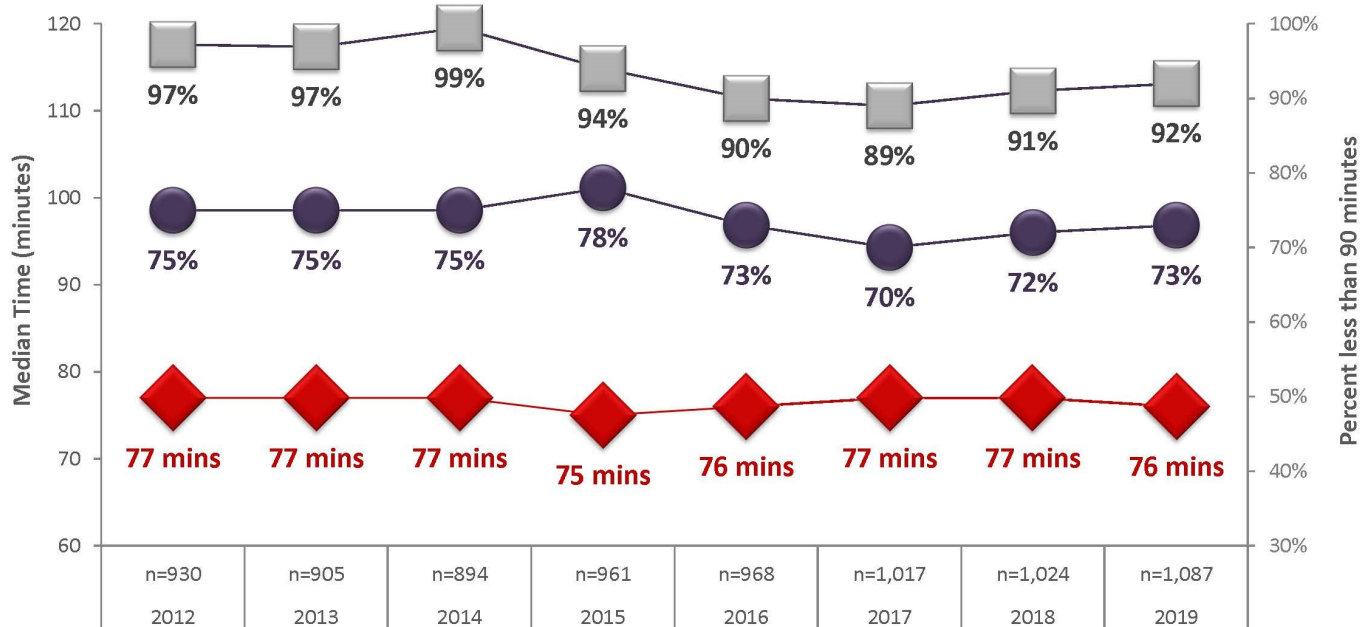
◆ Median D2B time (mins) ◻ % with D2B ≤ 90 mins ● % with D2B ≤ 60 mins



STEMI Receiving Center: EMS Medical Contact-to-Device (E2B) Time

LA County Target: within 120 minutes 90% of the time and within 90 minutes 75% of the time

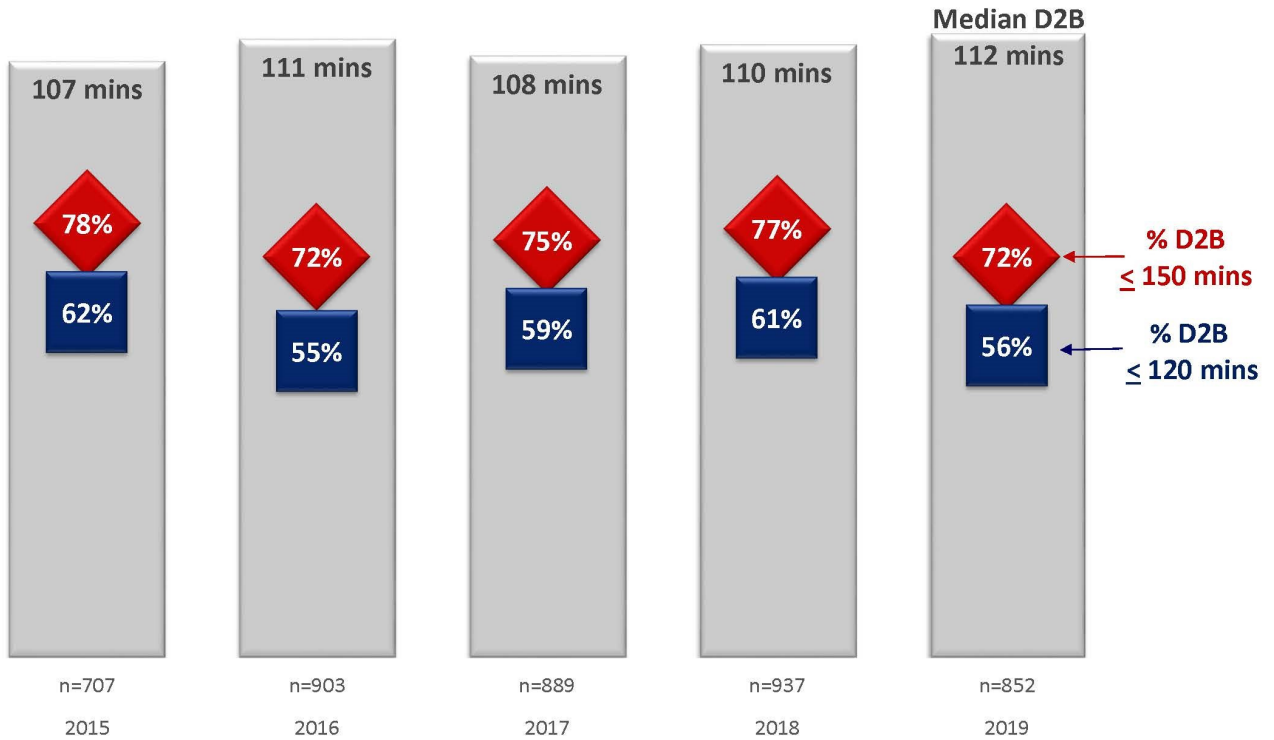
◆ Median E2B time (mins) ◻ % with E2B ≤ 120 mins ● % with E2B ≤ 90 mins





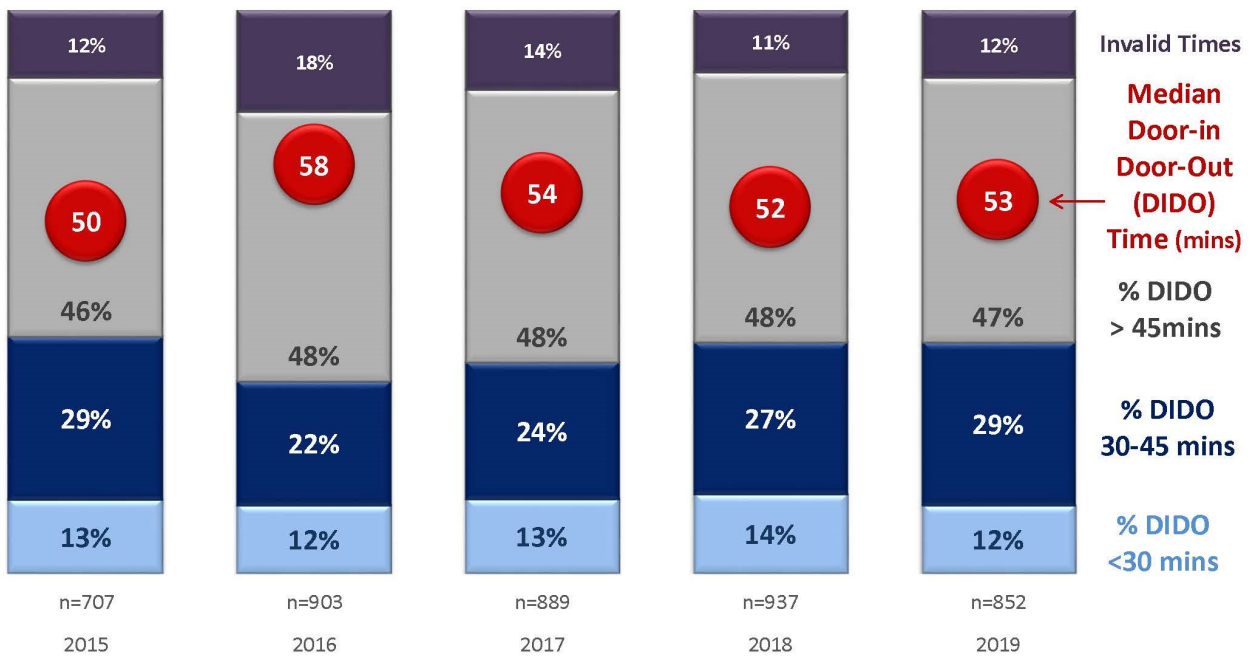
STEMI Referral Facility: Door-to-Device (D2B) Time

LA County Target: within 150 minutes 90% of the time and within 120 minutes 75% of the time



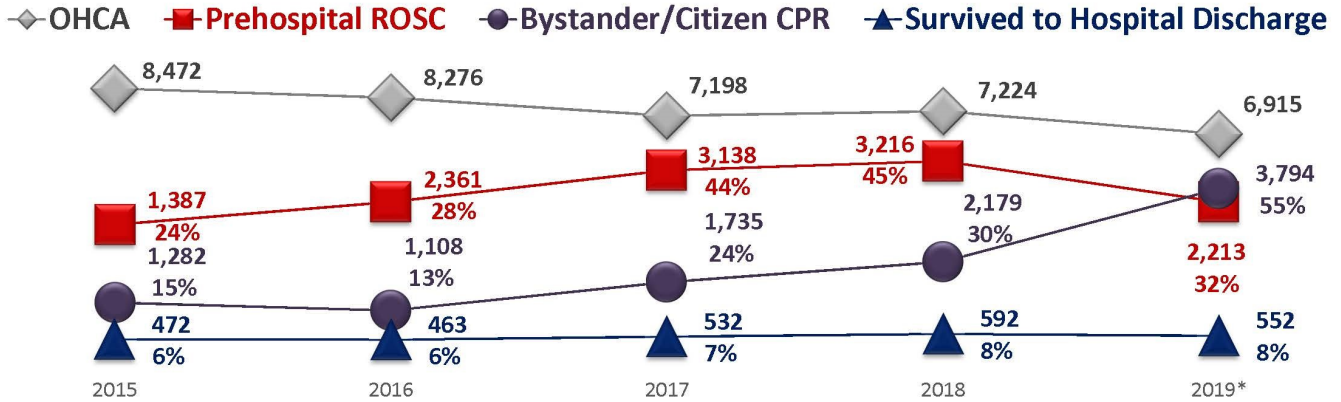
STEMI Referral Facility: Door-in Door-out (DIDO) Time

LA County Target: < 30 minutes

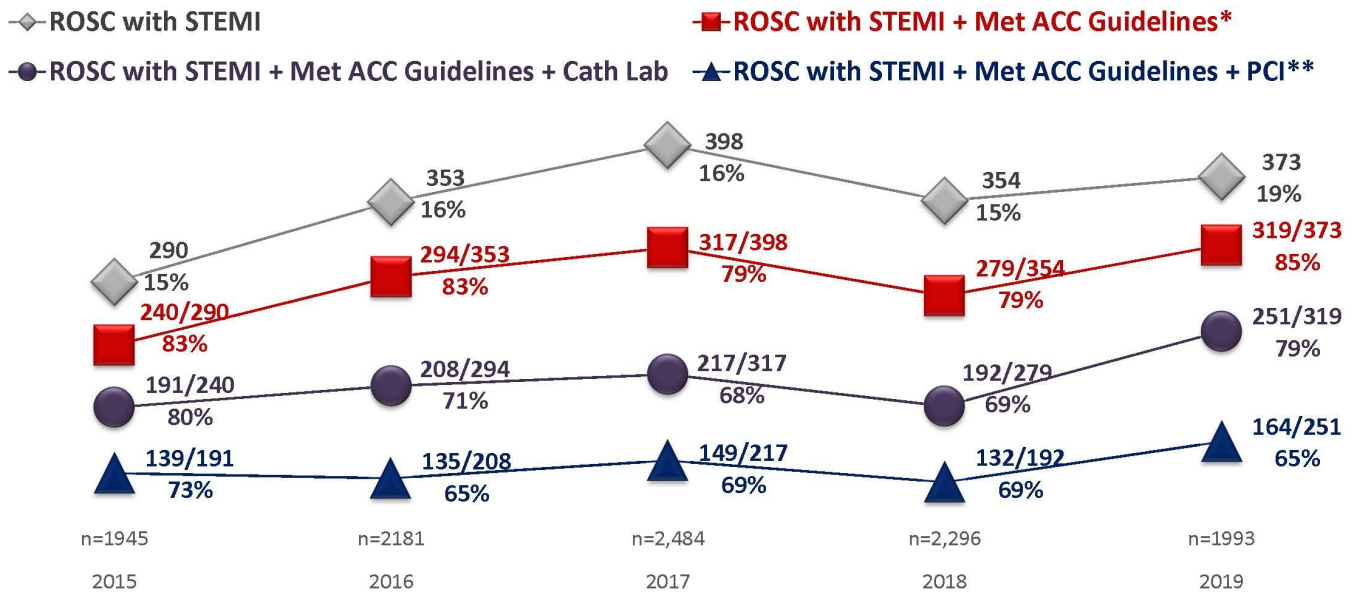




Out of Hospital Cardiac Arrest (OHCA) Return of Spontaneous Circulation (ROSC)

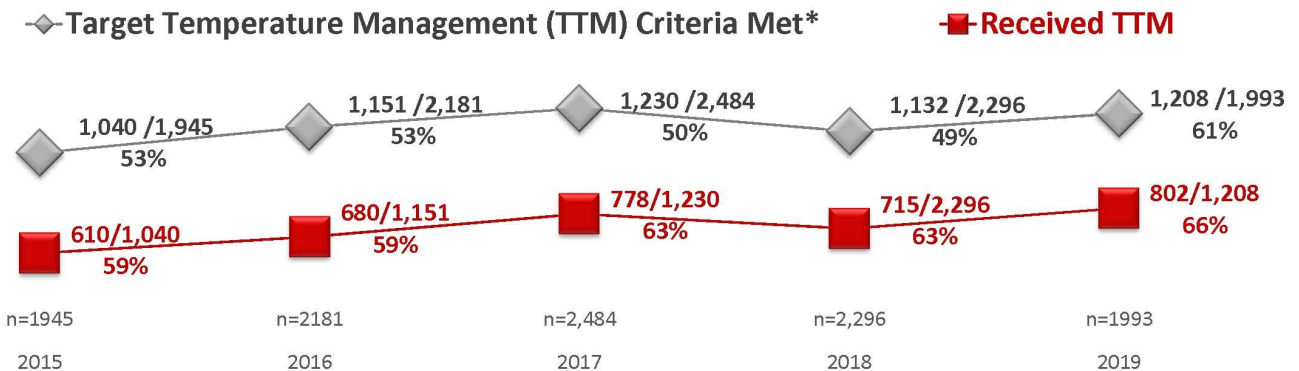


*2019 OHCA population is based on Provider Impression Cardiac Arrest Non-Traumatic, which was fully implemented April 1, 2019. DOAs were excluded. 2015-2018 OHCA population was based on Chief Complaint of Cardiac Arrest.



*ACC Guidelines for coronary angiography include: Age ≥18, pt did not expire, no DNR, no medical condition, treatment not refused and CL available.

**PCI - Percutaneous Coronary Intervention is a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.

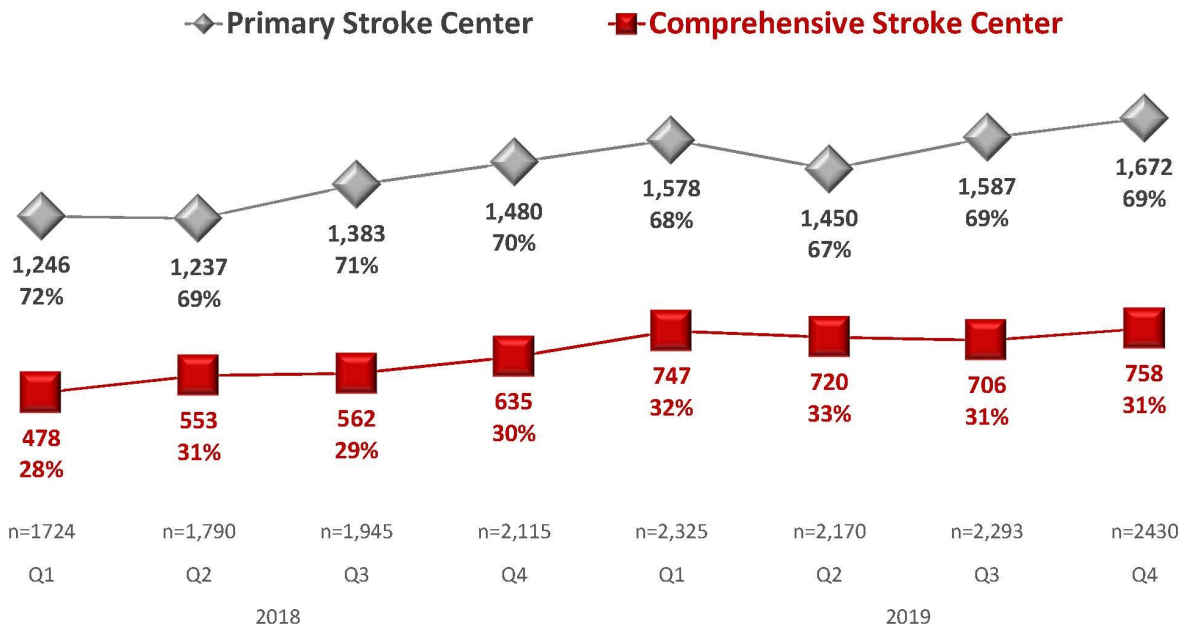


*TTM criteria excludes: died in ED, age <18, awake/responsive, end stage terminal illness, core temp <35 and pre-existing DNR

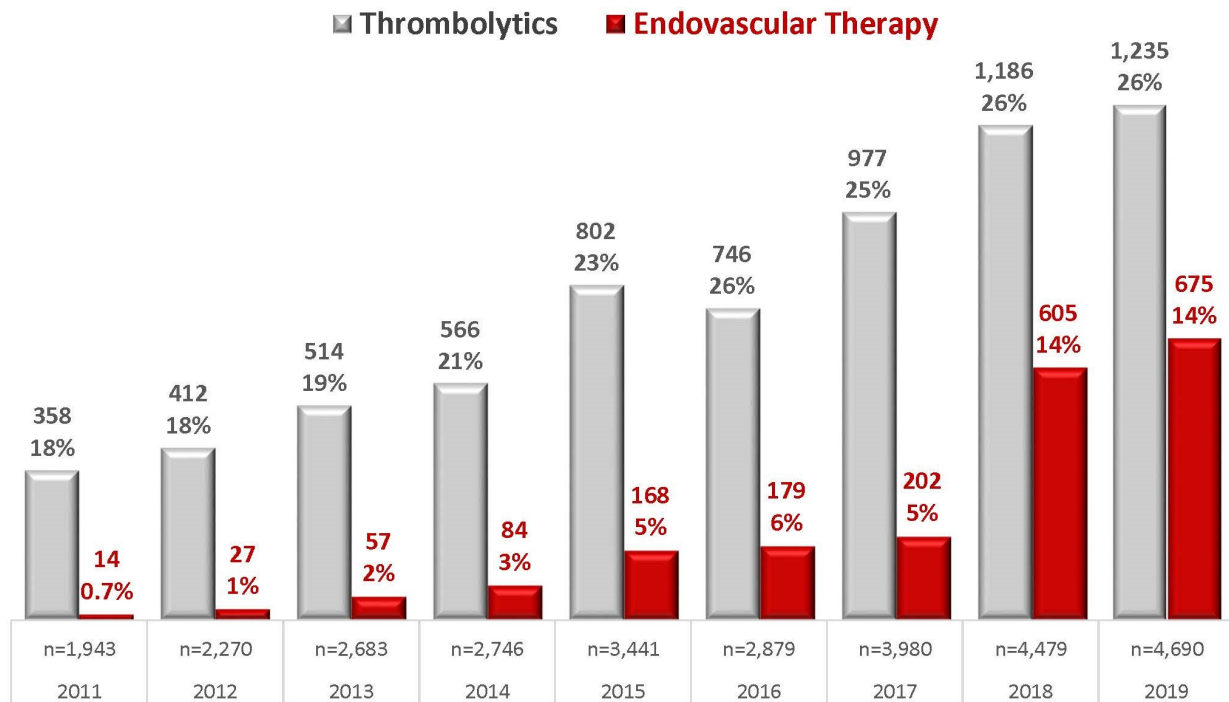


Suspected Stroke Patient Destination

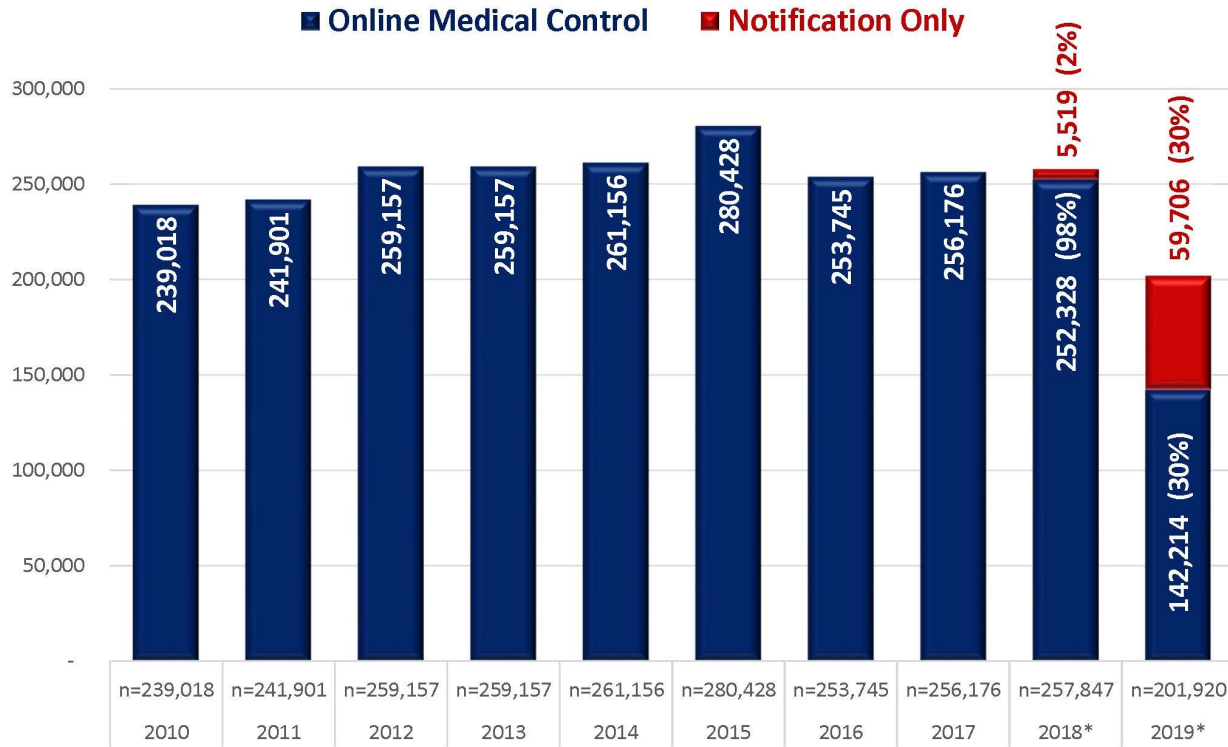
The routing of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.



Treatment—All Ischemic Stroke



Paramedic Base Hospital Contact Volume



* Phased-in implementation of New Treatment Protocols started in July 1, 2018 and was fully implemented in April 1, 2019. The New Treatment Protocols reduced the number of EMS responses requiring online medical control.



EMS STRONG
READY FOR TODAY. PREPARING FOR TOMORROW

EMS AGENCY

To ensure timely, compassionate, and quality emergency and disaster medical services.

10100 Pioneer Boulevard, Ste. 200
Phone: 562-378-1500
Web: <http://ems.dhs.lacounty.gov>

EDITORIAL BOARD

- Cathy Chidester, RN, MSN
Director
- Marianne Gausche-Hill, MD
Medical Director
- Nichole Bosson, MD, MPH
Assistant Medical Director
- Kay Fruhwirth, RN, MSN
Nursing Director

CONTENT, DESIGN & PRODUCTION

- Richard Tadeo, RN, BSN
Assistant Director, EMS Programs
- Michelle Williams, RN, MSN
Chief, Data Systems Management
- Sara Rasnake, RN, BSN
Data Systems Manager

Table 2

System Organization and Management

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT

Reporting Year: **FISCAL YEAR 2019/2020**

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

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

County: Los Angeles County

A. Basic Life Support (BLS)	<u>N/A</u> %
B. Limited Advanced Life Support (LALS)	<u>N/A</u> %
C. Advanced Life Support (ALS)	<u>100</u> %

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

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

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

Implementation of exclusive operating areas (ambulance franchising)	<u>X</u>
Designation of trauma centers/trauma care system planning	<u>X</u>
Designation/approval of pediatric facilities	<u>X</u>
Designation of other critical care centers	<u>X</u>
Development of transfer agreements	<u>X</u>
Enforcement of local ambulance ordinance	<u>X</u>
Enforcement of ambulance service contracts	<u>X</u>
Operation of ambulance service	<u>X</u>
Continuing education	<u>X</u>
Personnel training	<u>X</u>
Operation of oversight of EMS dispatch center	_____
Non-medical disaster planning	_____
Administration of critical incident stress debriefing team (CISD)	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Administration of disaster medical assistance team (DMAT)	_____
Administration of EMS Fund [Senate Bill (SB) 12/612]	<u> X </u>
Other: <u> RDMHS </u>	<u> X </u>
Other: _____	
Other: _____	_____

5. EXPENSES

Salaries and benefits (All but contract personnel)	\$ <u>26,910,529</u>
Contract Services (e.g. medical director)	_____
Operations (e.g. copying, postage, facilities)	_____
Travel (included in S&S expense)	_____
Fixed assets	<u> 170,039 </u>
Indirect expenses (overhead)	_____
Ambulance subsidy	_____
EMS Fund payments to physicians/hospital	<u> 9,352,335 </u>
Dispatch center operations (non-staff)	_____
Training program operations	_____
Other: <u>S&S expense (includes Travel expense)</u>	<u>12,111,687</u>
Other: _____	_____
Other: _____	_____

**estimate final report not completed at time of this submission*

TOTAL EXPENSES \$ 48,544,589

6. SOURCES OF REVENUE

Special project grant(s) [from EMSA] <i>RDMHS</i>	\$ <u> 65,920 </u>
Preventive Health and Health Services (PHHS) Block Grant	_____
Office of Traffic Safety (OTS)	_____
State general fund	_____
County general fund	<u>23,621,442</u>
Other local tax funds (e.g., EMS district)	_____
County contracts (e.g. multi-county agencies)	_____
Certification fees	<u> 689,107 </u>
Training program approval fees	_____
Training program tuition/Average daily attendance funds (ADA)	<u> 385,462 </u>
Job Training Partnership ACT (JTPA) funds/other payments	_____
Base hospital application fees	_____

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

Trauma center application fees	_____
Trauma center designation fees	_____
Pediatric facility approval fees	_____
Pediatric facility designation fees	_____
Other critical care center application fees	<u>108,500</u>
Type: <u>Base Hospital</u>	
Other critical care center designation fees	<u>389,235</u>
Type: <u>Comprehensive Stroke Center</u>	
Ambulance service/Vehicle fees	<u>509,551</u>
Contributions	_____
EMS Fund (SB 12/612 & SB 1773)	<u>9,352,335</u>
Other grants: <u>Homeland Security</u>	<u>75,101</u>
Other fees: <u>Various Other Revenue/Intrafund Transfer</u>	<u>6,831,578</u>
Other (specify): <u>HPP</u>	<u>6,516,358</u>
 TOTAL REVENUE	 \$ <u>48,544,589</u>

*TOTAL REVENUE SHOULD EQUAL TOTAL EXPENSES.
IF THEY DON'T, PLEASE EXPLAIN.*

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

7. Fee structure

 We do not charge any fees

 X Our fee structure is:

First responder certification	\$ _____
EMS dispatcher certification	_____
EMT-I certification	<u>160</u>
EMT-I recertification	<u>120</u>
EMT-defibrillation certification	_____
EMT-defibrillation recertification	_____
AEMT certification	_____
AEMT recertification	_____
EMT-P accreditation	<u>150</u>
EMT-P re-accreditation	<u>50</u>
Mobile Intensive Care Nurse/Authorized Registered Nurse certification	<u>175</u>
MICN/ARN recertification	<u>50</u>
EMT-I training program approval	_____
AEMT training program approval	_____
EMT-P training program approval	_____
MICN/ARN training program approval	_____
Base hospital application	_____
Base hospital designation	<u>12,535</u>
Trauma center application	_____
Trauma center designation	_____
Pediatric facility approval	_____
Pediatric facility designation	_____
Other critical care center application	_____
Type: <u>Comprehensive Stroke Center Fee</u>	<u>21,037</u>
Other critical care center designation	_____
Type: _____	_____
Ambulance service license - New	<u>4,846.17</u>
Ambulance service license – Renewal	<u>2,923.43</u>
Ambulance vehicle permit - New	<u>373.86</u>
Ambulance vehicle permit - Renewal	<u>339.55</u>
Other: Ambulette Operator - New	<u>4,846.17</u>
Other: Ambulette Operator - Renewal	<u>2,923.43</u>
Other: Ambulette Vehicle Permit - New	<u>361.72</u>
Other: Ambulette Vehicle Permit - Renewal	<u>327.41</u>

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (51.55% of Salary)	COMMENTS
EMS Admin./Coord./Director	EMERGENCY MEDICAL SERVICES DIRECTOR	1	108.99	65.17	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMERGENCY MEDICAL SERVICES ASSISTANT DIRECTOR	3	97.16	58.10	
ALS Coord./Field Coord./Trng Coordinator	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	90.57	54.16	
Program Coordinator/Field Liaison (Non-clinical)	EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	1	80.57	48.18	
Trauma Coordinator	SENIOR NURSING INSTRUCTOR	1	49.82	29.79	
Medical Director	CHIEF PHYSICIAN II EMERGENCY MEDICINE	1	190.60	113.98	
Other MD/Medical Consult/Training Medical Director	SENIOR PHYSICIAN EMERGENCY MEDICINE; PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX	2	151.2	90.42	

Disaster Medical Planner	PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX; SENIOR EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	2	85.73	51.27	
Dispatch Supervisor	SUPERVISING AMBULANCE DISPATCHER	2	86.21	51.55	
Medical Planner (not applicable)					
Data Evaluator/Analyst	ASSISTANT NURSING DIRECTOR, ADMINISTRATION				
QA/QI Coordinator	SENIOR NURSING INSTRUCTOR	1	72.93	43.61	
Public Info. & Education Coordinator	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	77.30	46.23	
Executive Secretary	MANAGEMENT SECRETARY III	1	30.50	18.24	
Other Clerical	SENIOR CLERK; INTERMEDIATE CLERK; INTERMEDIATE TYPIST CLERK	6	23.86	14.27	
Data Entry Clerk	INTERMEDIATE TYPIST-CLERK	2	22.36	13.37	
Other	VARIOUS	180	VARIOUS	VARIOUS	

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

Table 3

Staffing/Training



Los Angeles County-Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)



TABLE 3: STAFFING/TRAINING

NOTE: Table 3 is reported by the LEMSA.

	EMT	AEMT	Paramedic	MICN
Total Certified	8423	Not Applicable	Not Applicable	747
Number newly certified this year	1301	Not Applicable	Not Applicable	67
Number recertified this year	3933	Not Applicable	Not Applicable	245
Total number of accredited personnel on July 1 of the reporting year	N/A	Not Applicable	4972	Not Applicable
Number of certification reviews resulting in:				
a) formal investigations	110	Not Applicable		0
b) probation	22	Not Applicable		0
c) suspensions	0	Not Applicable		0
d) revocations	0	Not Applicable		0
e) denials	1	Not Applicable		0
f) denials of renewal	0	Not Applicable		0
g) no action taken	20	Not Applicable		0

1. Early defibrillation:
 - a) Number of EMTs authorized to use AEDs 10896
 - b) Number of public safety AED service provider personnel (non-EMT) 768

2. Do you have an EMR training program: No

Table 4

Communications



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)**



TABLE 4: COMMUNICATIONS

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

1. Number of primary Public Service Answering Points (PSAP)	78
2. Number of secondary PSAPs	6
3. Number of dispatch centers directly dispatching ambulances	37 Private 12 Public
4. Number of EMS dispatch agencies utilizing EMD guidelines	11
5. Number of designated dispatch centers for EMS Aircraft	3
6. Who is your primary dispatch agency for day-to-day emergencies? Department on origin of call: <ul style="list-style-type: none"> • Beverly Hills Police Department • Downey Fire Communication • Los Angeles County Fire • Long Beach Fire Department • Los Angeles Fire Department • Redondo Beach Police Department • Santa Monica Fire Department • South Bay Regional Public Communication Authority • Torrance Police Department • Verdugo Fire Communication • West Covina Police Department 	
7. Who is your primary dispatch agency for a disaster? Los Angeles County Fire District is the Fire Operations Area Coordinator	
8. Do you have an operational area disaster communication system? a. Radio primary frequency 155.340 MHz b. Other methods Landline, cell phones, Internet ReddiNet, satellite phones and amateur radio (HAM)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>c. Can all medical response units communicate on the same disaster communications system?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>d. Do you participate in the Operational Area Satellite Information System (OASIS)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1) Within the operational area?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2) Between operation area and the region and/or state?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Table 5

Response/Transportation

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)**

TABLE 5: RESPONSE/TRANSPORTATION

Note: Table 5 is to be reported by the provider agency.

Early Defibrillation Providers

- Number of EMT-Defibrillation providers Not reported

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes: The following table lists dispatch information for Verdugo Dispatch Center who dispatches the following providers:

Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey Park, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and Vernon

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4:37 min.	Not Applicable	Not Applicable	
Early defibrillation responder	4:37 min	Not Applicable	Not Applicable	
Advanced life support responder	5:06 min.	Not Applicable	Not Applicable	
Transport Ambulance	5:08 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles Fire Department:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:27 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:27 min.	Not Applicable	Not Applicable	
Advanced life support responder	5:49 min.	Not Applicable	Not Applicable	
Transport Ambulance	6:84 min.	Not Applicable	Not Applicable	

The following table list dispatch data for Long Beach Fire Department:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:20 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:20 min.	Not Applicable	Not Applicable	
Advanced life support responder	5:23 min.	Not Applicable	Not Applicable	
Transport Ambulance	8:22 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles County Fire Department (also dispatches La Habra Heights Fire Department, Avalon Fire Department and Los Angeles County Sheriff)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:52 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:40 min.	Not Applicable	Not Applicable	
Advanced life support responder	5:38 min.	Not Applicable	Not Applicable	
Transport Ambulance	Not Applicable	Not Applicable	Not Applicable	

Table 6

System Resources and Operations / Facilities and Critical Care



Los Angeles County – Department of Health Services
**EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)**



TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma Patients:

1. Number of patients meeting trauma triage criteria	22,018
2. Number of major trauma victims transported directly to a trauma center by ambulance	18,170
3. Number of major trauma patients transferred to a trauma center	1,691
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	1,554

Emergency Departments

Total number of emergency departments	70
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	67
4. Number of comprehensive emergency services	2
(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)	

Receiving Hospitals

1. Number of receiving hospitals with written agreements	70
2. Number of base hospitals with written agreements	21

Table 7

System Resources and Operations / Disaster Medical



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)



TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
Fire Department establishes field treatment sites near the incident.
 - b. How are they staffed?
Prehospital Care Personnel.
 - c. Do you have a supply system for supporting them for 72 hours? **Yes** No

2. CISD –

Do you have a CISD provider with 24-hour capability? **Yes** **No**

NOTE: The EMS Agency will coordinate with LA County Department of Mental Health to address mental health and behavioral issues related to disasters. Additionally, there is a software product called PsySTART-R for EMS personnel to self-assess for risk.

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

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? **Yes** No
 - b. At what HazMat level are they trained? **LA County has fire department base HazMat teams trained at the technician and specialist levels and are able to operate in Level A, B and C. Hospital decontamination teams are first receivers and can operate in level C PAPRs.**
 - c. Do you have the ability to do decontamination in an emergency room? **Yes** No
 - d. Do you have the ability to do decontamination in the field? **Yes** No

OPERATIONS

1.	Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure?	Yes	No
2.	What is the maximum number of local jurisdictions EOCs you will need to interact with in a disaster?	1	
3.	Have you tested your MCI Plan this year in a:	Yes	No
	a. real event?	Yes	No
	b. exercise?	Yes	No
4.	List all counties with which you have a written medical mutual aid agreement. <i>(Region I-Orange, Ventura, Santa Barbara, San Luis Obispo, and Region VI-Inyo, Mono, San Bernardino, Imperial and San Diego counties).</i>		
5.	Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response?	Yes	No
6.	Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response?	Yes	No
7.	Are you part of a multi-county EMS system for disaster response?	Yes	No
8.	Are you a separate department or agency?	Yes	No
9.	If not, to whom do you report? LA County Department of Health Services (DHS)		
10.	If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department?	Yes	No

Table 8

Resource Directory / Response, Transportation, Providers



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Alhambra Fire Department **Response Zone:** Alhambra

Address: 301 North First Street **Number of Ambulance Vehicles in Fleet:** 3
Alhambra CA 91801

Phone Number: 626-570-5190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>6,336</u>	Total number of responses	<u>3,014</u>	Total number of transports
<u>6,101</u>	Number of emergency responses	<u>2,896</u>	Number of emergency transports
<u>235</u>	Number of non-emergency responses	<u>118</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** All Town Ambulance, LLC (AT) **Response Zone:** (Countywide – Non-9-1-1)

Address: 7755 Haskell Avenue **Number of Ambulance Vehicles in Fleet:** 27
Van Nuys, California 91406

Phone Number: 877.599.4282 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal		<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	--	---	--

Transporting Agencies

15541 Total number of responses
144 Number of emergency responses
15397 Number of non-emergency responses

15083 Total number of transports
137 Number of emergency transports
14946 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulife Ambulance, Inc. (AB) **Response Zone:** (Countywide – Non-9-1-1)

Address: 6644 Van Nuys Blvd. #B **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 9
Van Nuys, CA, 91405

Phone Number: 877.557.7888 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>11753</u> Total number of LA County responses	<u>9451</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>0</u> Number of LA County emergency transports
<u>11753</u> Number of LA County non-emergency responses	<u>9451</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulnz Health, LLC (AZ) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1907 Border Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 41
Torrance, CA, 90501

Phone Number: 877.311.5555 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 32

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>203363</u> Total number of LA County responses	<u>197440</u> Total number of LA County transports
<u>22</u> Number of LA County emergency responses	<u>8</u> Number of LA County emergency transports
<u>203341</u> Number of LA County non-emergency responses	<u>197432</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambuserve, Inc. (AU) **Response Zone:** (Countywide – Non-9-1-1)

Address: 15105 South Broadway Avenue, Gardena **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 21
(Unincorporated Rosewood), CA, 91401

Phone Number: 310.644.0500 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 16

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

18012	Total number of LA County responses	17472	Total number of LA County transports
120	Number of LA County emergency responses	97	Number of LA County emergency transports
17892	Number of LA County non-emergency responses	17375	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Professional Ambulance (AA) **Response Zone:** (Countywide – Non-9-1-1)

Address: 16945 Sherman Way **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 33
Los Angeles (Van Nuys), CA, 90746

Phone Number: 818.996.2200 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>17892</u> Total number of LA County responses	<u>17356</u> Total number of LA County transports
<u>122</u> Number of LA County emergency responses	<u>82</u> Number of LA County emergency transports
<u>17770</u> Number of LA County non-emergency responses	<u>17274</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Medical Response, Inc. (AR) **Response Zone:** EOA #1

Address: 12634 Satcoy Street South **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 91
North Hollywood, CA, 91605

Phone Number: 626.633.4612 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 75

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>99744</u>	Total number of LA County responses	<u>70815</u>	Total number of LA County transports
<u>75024</u>	Number of LA County emergency responses	<u>46836</u>	Number of LA County emergency transports
<u>24720</u>	Number of LA County non-emergency responses	<u>23979</u>	Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles Provider: Amwest, Inc. Response Zone: (Countywide – Non-9-1-1)
dba: Amwest Ambulance (AW)
Address: 13257 Saticoy Street Number of LA Co. Licensed Ambulance Vehicles in Fleet: 30
North Hollywood, CA, 91605
Phone Number: 818.859.7999 Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day: 19

Written Contract: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Director: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	System Available 24 Hours: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Level of Service: <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT		
---	---	--	---	--	--

Ownership: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	If Public: <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	If Public: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	If Air: <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	Air Classification: <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
---	--	--	--	---

Transporting Agencies

<u>28454</u> Total number of LA County responses	<u>23,719</u> Total number of LA County transports
<u>3320</u> Number of LA County emergency responses	<u>3,077</u> Number of LA County emergency transports
<u>25,134</u> Number of LA County non-emergency responses	<u>20,642</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Antelope Ambulance Service (AN) **Response Zone:** (Countywide – Non-9-1-1)

Address: 42540 North 6th Street East **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 10
Lancaster, CA, 93535

Phone Number: 661.951.1998 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>12582</u> Total number of LA County responses	<u>12216</u> Total number of LA County transports
<u>240</u> Number of LA County emergency responses	<u>180</u> Number of LA County emergency transports
<u>12342</u> Number of LA County non-emergency responses	<u>12036</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Arcadia Fire Department **Response Zone:** L.A. County, Area C

Address: 710 S Santa Anita Avenue **Number of Ambulance Vehicles in Fleet:** 3
Arcadia CA 91006

Phone Number: (626) 574-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>5261</u> Total number of responses	<u>2550</u> Total number of transports
<u>3373</u> Number of emergency responses	<u>2525</u> Number of emergency transports
<u>1888</u> Number of non-emergency responses	<u>25</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Avalon Fire Department **Response Zone:** Catalina Island

Address: 420 Avalon Canyon Road **Number of Ambulance Vehicles in Fleet:** Information Not Provided
Avalon, CA 90704

Phone Number: 310-510-0203, Ext. 205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** Information Not Provided

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

FOLLOWING INFORMATION NOT SUBMITTED
Transporting Agencies

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** City of Beverly Hills Fire Department **Response Zone:** City of Beverly Hills

Address: 445 North Rexford Drive **Number of Ambulance Vehicles in Fleet:** 6 (5 ALS, 1 BLS)
Beverly Hills CA 90210

Phone Number: 310.281.2733 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>4565</u>	Total number of responses	<u>2433</u>	Total number of transports
<u>4565</u>	Number of emergency responses	<u>2433</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Burbank Fire Department **Response Zone:** City of Burbank

Address: 311 E. Orange Grove Avenue **Number of Ambulance Vehicles in Fleet:** 3 frontline & 3 reserves = 6 total
Burbank, CA 91502

Phone Number: 818-238-3473 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>8,690</u>	Total number of responses	<u>4,181</u>	Total number of transports
<u>7,137</u>	Number of emergency responses	<u>2,714</u>	Number of emergency transports
<u>1,553</u>	Number of non-emergency responses	<u>1,467</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** California Medical Response, Inc.
dba: Cal-Med Ambulance (CL) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1557 Santa Anita Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 19
South El Monte, CA, 91733

Phone Number: 562.968.1818 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>13,438</u>	Total number of LA County responses	<u>11,980</u>	Total number of LA County transports
<u>78</u>	Number of LA County emergency responses	<u>53</u>	Number of LA County emergency transports
<u>13,360</u>	Number of LA County non-emergency responses	<u>11,927</u>	Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Care Ambulance Service, Inc. (CA) **Response Zone:** EOA #2, #3, #4 and #5

Address: 12169 Mora Drive **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 125
Santa Fe Springs, CA, 90670

Phone Number: (562) 531-1700 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 80

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>258292</u> Total number of LA County responses	<u>177033</u> Total number of LA County transports
<u>215244</u> Number of LA County emergency responses	<u>135276</u> Number of LA County emergency transports
<u>43048</u> Number of LA County non-emergency responses	<u>41757</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** College Coastal Care, LLC (CO) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1745 Pacific Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 3
Long Beach, CA, 90806

Phone Number: 562.997.2020 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>3915</u> Total number of LA County responses	<u>3837</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>0</u> Number of LA County emergency transports
<u>3915</u> Number of LA County non-emergency responses	<u>3837</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Compton Fire Department **Response Zone:** City of Compton

Address: 201 S. Acacia Ave **Number of Ambulance Vehicles in Fleet:** 0
Compton, CA 90220

Phone Number: 310-605-5670 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>12,449</u> Total number of responses	<u>N/A</u> Total number of transports
<u>12,105</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>344</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Culver City Fire Department **Response Zone:** City of Culver City

Address: 9770 Culver Boulevard **Number of Ambulance Vehicles in Fleet:** 3
Culver City, CA 90232

Phone Number: 3120-253-5900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>4396</u>	Total number of responses	<u>3012</u>	Total number of transports
<u>4396</u>	Number of emergency responses	<u>1756</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>1256</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Downey Fire Department **Response Zone:** Area E

Address: 12222 Paramount Blvd **Number of Ambulance Vehicles in Fleet:** 6 Total (4 Frontline, 2 Reserves)
Downey, CA 90241

Phone Number: 562-622-8674 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4 Total

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>8202</u> Total number of responses	<u>4933</u> Total number of transports
<u>8202</u> Number of emergency responses	<u>2531</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>2402</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** El Segundo Fire Department **Response Zone:** City of El Segundo

Address: 314 Main Street **Number of Ambulance Vehicles in Fleet:** 3
El Segundo, CA. 90245

Phone Number: 310-524-2269 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>2426</u>	Total number of responses	<u>698</u>	Total number of transports
<u>2112</u>	Number of emergency responses	<u>574</u>	Number of emergency transports
<u>314</u>	Number of non-emergency responses	<u>124</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Emergency Ambulance Service (EA) **Response Zone:** (Countywide – Non-9-1-1)

Address: 3200 East Birch Street, Suite A **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 11
Brea, CA, 92821

Phone Number: 714.990.1742 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

182	Total number of LA County responses	176	Total number of LA County transports
20	Number of LA County emergency responses	14	Number of LA County emergency transports
162	Number of LA County non-emergency responses	162	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Explorer-1 Ambulance & Medical Services, LLC (EX) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1040 East Compton Boulevard **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 1
Compton, CA, 90221

Phone Number: 310.537.3971 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>522</u> Total number of LA County responses	<u>512</u> Total number of LA County transports
<u>26</u> Number of LA County emergency responses	<u>14</u> Number of LA County emergency transports
<u>496</u> Number of LA County non-emergency responses	<u>498</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** First Rescue Ambulance, Inc. (FC) **Response Zone:** (Countywide – Non-9-1-1)

Address: 5220 Fourth Street, Unit 18 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 8
Irwindale, CA, 91706

Phone Number: 626.338.2273 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>4838</u> Total number of LA County responses	<u>4698</u> Total number of LA County transports
<u>10</u> Number of LA County emergency responses	<u>8</u> Number of LA County emergency transports
<u>4828</u> Number of LA County non-emergency responses	<u>4690</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** FirstMed Ambulance Services, Inc. (FM) **Response Zone:** (Countywide – Non-9-1-1)

Address: 8630 Tamarack Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 40
Sun Valley, CA, 91352

Phone Number: 818.982.8333 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 29

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>24,816</u> Total number of LA County responses	<u>24,072</u> Total number of LA County transports
<u>223</u> Number of LA County emergency responses	<u>176</u> Number of LA County emergency transports
<u>24,595</u> Number of LA County non-emergency responses	<u>23,896</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Glendale Fire Department **Response Zone:** Area C

Address: 421 Oak Street **Number of Ambulance Vehicles in Fleet:** 11
Glendale, CA 91204

Phone Number: 818-548-6471 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT		
--	--	---	--	--	--

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

17,132 Total number of responses
17,132 Number of emergency responses
0 Number of non-emergency responses

16,782 Total number of transports
16,782 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Go Green Ambulance Corp. (GG) **Response Zone:** (Countywide – Non-9-1-1)

Address: 7111 Winnetka Avenue, Suite #6 **Number of Ambulance Vehicles in Fleet:** 3
Winnetka, (Los Angeles), CA 91306

Phone Number: 818.600.2579 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

3,640 Total number of responses
0 Number of emergency responses
3,640 Number of non-emergency responses

3,640 Total number of transports
0 Number of emergency transports
3,640 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Guardian Ambulance Service (GU) **Response Zone:** (Countywide – Non-9-1-1)

Address: 12121 Barringer St **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 10
South El Monte, CA, 91733

Phone Number: 626.405.8848 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>24168</u> Total number of LA County responses	<u>23443</u> Total number of LA County transports
<u>22</u> Number of LA County emergency responses	<u>15</u> Number of LA County emergency transports
<u>24146</u> Number of LA County non-emergency responses	<u>23428</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Habra Heights Fire Department **Response Zone:** Area E

Address: 1245 N. Hacienda Road **Number of Ambulance Vehicles in Fleet:** 0
La Habra Heights, CA 90631

Phone Number: (562) 694-8283 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

657 Total number of responses
496 Number of emergency responses
161 Number of non-emergency responses

NA Total number of transports
NA Number of emergency transports
NA Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** LA VERNE FIRE DEPARTMENT **Response Zone:** 91750

Address: 2061 THIRD ST **Number of Ambulance Vehicles in Fleet:** 3
LA VERNE, CA 91750

Phone Number: 909 596-5991 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>3610</u>	Total number of responses	<u>1771</u>	Total number of transports
<u>3147</u>	Number of emergency responses	<u>1771</u>	Number of emergency transports
<u>463</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Liberty Ambulance, LLC (LT) **Response Zone:** (Countywide – Non-9-1-1)

Address: 9441 Washburn Road **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 42
Downey, CA, 90242

Phone Number: 562.741.6240 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 27

<p><u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
--	--	---	--

<p><u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
--	---	--	---	--

Transporting Agencies

<u>31295</u>	Total number of LA County responses	<u>30384</u>	Total number of LA County transports
<u>1094</u>	Number of LA County emergency responses	<u>980</u>	Number of LA County emergency transports
<u>30201</u>	Number of LA County non-emergency responses	<u>29404</u>	Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Eastwestproto, Inc.
dba: Lifeline Ambulance (LE) **Response Zone:** (Countywide – Non-9-1-1)

Address: 6605 East Washington Boulevard
Commerce, CA, 90040 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 60

Phone Number: 562.968.1818 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxilliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	---

Transporting Agencies

39224	Total number of LA County responses		38120	Total number of LA County transports
124	Number of LA County emergency responses		175	Number of LA County emergency transports
39100	Number of LA County non-emergency responses		37945	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses			Total number of transports
	Number of emergency responses			Number of emergency transports
	Number of non-emergency responses			Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Long Beach Fire Department **Response Zone:** City of Long Beach

Address: 3205 N. Lakewood Blvd **Number of Ambulance Vehicles in Fleet:** 9 ALS + 5 BLS = 14
Long Beach, CA 90808-1733

Phone Number: (562) 570-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

50,922 Total number of responses
44,150 Number of emergency responses
6,772 Number of non-emergency responses

23,663 Total number of transports
14,695 Number of emergency transports
8,968 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** County of Los Angeles Fire Dept. **Response Zone:** Los Angeles

Address: 1320 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 10 (Air Ambulance Only)
Los Angeles, CA 90063-3294

Phone Number: 213-267-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	--	---

Transporting Agencies

<u>346,598</u> Total number of responses	<u>N/A</u> Total number of transports
<u>346,598</u> Number of emergency responses	<u> </u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Air Ambulance Services

<u>756</u> Total number of responses	<u>560</u> Total number of transports
<u>756</u> Number of emergency responses	<u>560</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles County Sheriff's Dept. **Response Zone:** Los Angeles County

Address: 1060 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 3 Helicopters, 3 Ambulances, 3 ALS Boats
Los Angeles, CA 90062

Phone Number: (323) 881-7800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (Helicopter)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	--	---

Transporting Agencies

<u>123</u> Total number of responses	<u>6</u> Total number of transports
<u>115</u> Number of emergency responses	<u>6</u> Number of emergency transports
<u>8</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>453</u> Total number of responses	<u>335</u> Total number of transports
<u>407</u> Number of emergency responses	<u>274</u> Number of emergency transports
<u>46</u> Number of non-emergency responses	<u>61</u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles Fire Department **Response Zone:** Los Angeles City

Address: 200 N. Main Street **Number of Ambulance Vehicles in Fleet:** 135
Los Angeles, CA 90012

Phone Number: (213) 485-7153 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 135

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	--	--

Transporting Agencies

<u>465,808</u> Total number of responses	<u>199,548</u> Total number of transports
<u>430,979</u> Number of emergency responses	<u>191,095</u> Number of emergency transports
<u>34,829</u> Number of non-emergency responses	<u>8,453</u> Number of non-emergency transports

Air Ambulance Services

<u>1,138</u> Total number of responses	<u>42</u> Total number of transports
<u>1,138</u> Number of emergency responses	<u>42</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Filyrn Corp. dba: Lynch EMS (LY) **Response Zone:** (Countywide – Non-9-1-1)

Address: 2950 East La Jolla Street **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 27
Anaheim, CA, 92806

Phone Number: 800.347.3262 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 20

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>2572</u> Total number of LA County responses	<u>2496</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>0</u> Number of LA County emergency transports
<u>2572</u> Number of LA County non-emergency responses	<u>2496</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Manhattan Beach Fire Dept. **Response Zone:** Area G

Address: 400 15th Street **Number of Ambulance Vehicles in Fleet:** 2
Manhattan Beach, CA. 90266

Phone Number: 310-802-5203 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>2211</u>	Total number of responses	<u>1412</u>	Total number of transports
<u>2211</u>	Number of emergency responses	<u>792</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>620</u>	Number of non-emergency transports

Air Ambulance Services

<u>N/A</u>	Total number of responses	<u>N/A</u>	Total number of transports
<u>N/A</u>	Number of emergency responses	<u>N/A</u>	Number of emergency transports
<u>N/A</u>	Number of non-emergency responses	<u>N/A</u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Mauran Ambulance Service, Inc. (MA) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1211 1st Street **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 6
San Fernando, CA, 91340

Phone Number: 818.365.3182 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>11680</u> Total number of LA County responses	<u>11225</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>12</u> Number of LA County emergency transports
<u>11680</u> Number of LA County non-emergency responses	<u>11213</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Medcoast Ambulance Service (MT) **Response Zone:** (Countywide – Non-9-1-1)

Address: 14325 Iseli Road **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 19
Santa Fe Springs, CA, 90670

Phone Number: 866.926.9990 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 13

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

22176	21531
Total number of LA County responses	Total number of LA County transports
44	34
Number of LA County emergency responses	Number of LA County emergency transports
22132	21497
Number of LA County non-emergency responses	Number of LA County non-emergency transports

Air Ambulance Services

N/A	
Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedReach, Inc. (MR) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1303 Kona Drive **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 15
Compton, CA, 90220

Phone Number: 800.788.3440 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>28922</u> Total number of LA County responses	<u>28080</u> Total number of LA County transports
<u>289</u> Number of LA County emergency responses	<u>210</u> Number of LA County emergency transports
<u>28633</u> Number of LA County non-emergency responses	<u>27870</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedResponse, Inc. (MI) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1907 Border Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 12
Torrance, CA, 90501

Phone Number: 818.982.3500 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 9

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

43831	Total number of LA County responses	42972	Total number of LA County transports
0	Number of LA County emergency responses	0	Number of LA County emergency transports
43831	Number of LA County non-emergency responses	42972	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monrovia Fire & Rescue **Response Zone:** City of Monrovia

Address: 141 E. Lemon Avenue **Number of Ambulance Vehicles in Fleet:** 0
Monrovia, CA 91016

Phone Number: (626) 256-8181 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>3249</u> Total number of responses	<u>NA</u> Total number of transports
<u>3249</u> Number of emergency responses	<u>NA</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>NA</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Montebello FD **Response Zone:** 5

Address: 600 N. Montebello **Number of Ambulance Vehicles in Fleet:** 0
Montebello, CA 90640

Phone Number: _____ **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>4267</u>	Total number of responses	<u>3059</u>	Total number of transports
<u>3059</u>	Number of emergency responses	<u>1844</u>	Number of emergency transports
<u>1208</u>	Number of non-emergency responses	<u>1215</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monterey Park Fire Department **Response Zone:** San Gabriel Valley

Address: 350 W. Newmark Avenue **Number of Ambulance Vehicles in Fleet:** 2
Monterey Park, Calif 91754

Phone Number: (626) 307-1423 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>4794</u> Total number of responses	<u>2576</u> Total number of transports
<u>3856</u> Number of emergency responses	<u>2570</u> Number of emergency transports
<u>938</u> Number of non-emergency responses	<u>6</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles County **Provider:** Pasadena Fire Department **Response Zone:** City of Pasadena

Address: 215 N. Marengo Avenue Ste. 195 **Number of Ambulance Vehicles in Fleet:** 5- Ambulances
Pasadena, CA 91101

Phone Number: 626.744.4655 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5- Ambulances

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>37,520</u>	Total number of responses	<u>9,058</u>	Total number of transports
<u>36,248</u>	Number of emergency responses	<u>7,334</u>	Number of emergency transports
<u>1,272</u>	Number of non-emergency responses	<u>1,724</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Premier Medical Transportation (PE) **Response Zone:** (Countywide – Non-9-1-1)

Address: 260 North Palm Street, Suite 200 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 67
Brea, CA, 92821

Phone Number: 888.353.9556 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 50

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>13597</u>	<u>13331</u>
Total number of LA County responses	Total number of LA County transports
<u>54</u>	<u>33</u>
Number of LA County emergency responses	Number of LA County emergency transports
<u>13543</u>	<u>13298</u>
Number of LA County non-emergency responses	Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u>	
Total number of responses	Total number of transports
Number of emergency responses	Number of emergency transports
Number of non-emergency responses	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** PRN Ambulance, Inc. (PN) **Response Zone:** (Countywide – Non-9-1-1)

Address: 8928 Sepulveda Boulevard **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 78
Los Angeles (North Hills), CA, 91343

Phone Number: 800.347.3262 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 63

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

64,015	Total number of LA County responses	62,760	Total number of LA County transports
410	Number of LA County emergency responses	342	Number of LA County emergency transports
63,605	Number of LA County non-emergency responses	62,418	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** REACH Air Medical Services, LLC (RE) **Response Zone:** (Countywide)

Address: 8880 Cal Center Drive, Suite 125 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 4
Sacramento, CA 95826

Phone Number: 916.921.4000 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	--	---

Transporting Agencies

N/A Total number of LA County responses
 Number of LA County emergency responses
 Number of LA County non-emergency responses

N/A Total number of LA County transports
 Number of LA County emergency transports
 Number of LA County non-emergency transports

Air Ambulance Services

200 Total number of responses
200 Number of emergency responses
0 Number of non-emergency responses

135 Total number of transports
135 Number of emergency transports
0 Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Redondo Beach Fire Department **Response Zone:** City of Redondo Beach

Address: 401 S. Broadway **Number of Ambulance Vehicles in Fleet:** 2 Squads
Redondo Beach, CA., 90277

Phone Number: (310) 318-0663 x 4337 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2 Squads

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

7,231 Total number of responses
7,231 Number of emergency responses
0 Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Royalty Ambulance Services (RY) **Response Zone:** (Countywide – Non-9-1-1)

Address: 13235 North San Fernando Road, Bldg. 6 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 22
Los Angeles, CA, 90065

Phone Number: 877.703.6111 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

14344	Total number of LA County responses	13932	Total number of LA County transports
49	Number of LA County emergency responses	33	Number of LA County emergency transports
14295	Number of LA County non-emergency responses	13899	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Gabriel Fire Dept **Response Zone:** City of San Gabriel

Address: 1303 S. San Gabriel Blvd **Number of Ambulance Vehicles in Fleet:** 2
San Gabriel, CA 91776

Phone Number: (626) 308-2880 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

1811 Total number of responses
1811 Number of emergency responses
0 Number of non-emergency responses

1152 Total number of transports
1152 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Marino Fire Department **Response Zone:** C

Address: 2200 Huntington Drive **Number of Ambulance Vehicles in Fleet:** 2
San Marino, CA 91108

Phone Number: 626-300-0735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>1029</u> Total number of responses	<u>636</u> Total number of transports
<u>1029</u> Number of emergency responses	<u>636</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Fe Springs Fire Rescue **Response Zone:** Santa Fe Springs

Address: 11300 Greenstone Avenue **Number of Ambulance Vehicles in Fleet:** 0
Santa Fe Springs CA 90670

Phone Number: 562-944-9713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

2191 Total number of responses
2191 Number of emergency responses
0 Number of non-emergency responses

NA Total number of transports
NA Number of emergency transports
NA Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Monica Fire Department **Response Zone:** City of Santa Monica

Address: 333 Olympic Drive **Number of Ambulance Vehicles in Fleet:** 4
Santa Monica, CA 90401

Phone Number: 310-458-8652 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

15,918 Total number of responses
15,213 Number of emergency responses
705 Number of non-emergency responses

NA Total number of transports
NA Number of emergency transports
NA Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Sierra Madre Fire Department **Response Zone:** 41

Address: 242 W Sierra Madre Blvd **Number of Ambulance Vehicles in Fleet:** 2
Sierra Madre, CA 91024

Phone Number: (626) 355-3611 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

637 Total number of responses
637 Number of emergency responses
0 Number of non-emergency responses

509 Total number of transports
509 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** South Pasadena Fire (SP) **Response Zone:** _____

Address: 817 Mound Avenue **Number of Ambulance Vehicles in Fleet:** 2
South Pasadena, CA 91030

Phone Number: (626)403-7300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
--	--	---	---

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>1488</u> Total number of responses	<u>584</u> Total number of transports
<u>1488</u> Number of emergency responses	<u>501</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>83</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Dibiassi, Inc. dba: Symbiosis (SO) **Response Zone:** (Countywide – Non-9-1-1)

Address: 5365 Alhambra Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 8
Los Angeles, CA, 90032

Phone Number: 888.214.5263 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>4111</u> Total number of LA County responses	<u>3912</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>0</u> Number of LA County emergency transports
<u>4111</u> Number of LA County non-emergency responses	<u>3912</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Torrance Fire Department **Response Zone:** City of Torrance

Address: 1701 Crenshaw Boulevard **Number of Ambulance Vehicles in Fleet:** 2
Torrance, CA 90501

Phone Number: (310) 781-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input checked="" type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input type="checkbox"/> IFT			

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

14809 Total number of responses
12461 Number of emergency responses
2348 Number of non-emergency responses

NA Total number of transports
NA Number of emergency transports
NA Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
_____ Number of emergency responses
_____ Number of non-emergency responses

_____ Total number of transports
_____ Number of emergency transports
_____ Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Trinity Ambulance and Medical Transportation (TR) **Response Zone:** (Countywide – Non-9-1-1)

Address: 8205 Somerset Boulevard **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 4
Paramount, CA, 90723

Phone Number: 888.677.1003 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0 (Company is licensed but not operating in 19/20) Company is currently out of business.

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
--	--	---	--

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

0	Total number of LA County responses	0	Total number of LA County transports
0	Number of LA County emergency responses	0	Number of LA County emergency transports
0	Number of LA County non-emergency responses	0	Number of LA County non-emergency transports

Air Ambulance Services

N/A	Total number of responses		Total number of transports
	Number of emergency responses		Number of emergency transports
	Number of non-emergency responses		Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Viewpoint Ambulance, Inc. (VA) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1341 North Miller Street, Suite 209 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 32
Anaheim, CA, 92806

Phone Number: 888.202.6500 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 22

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>28023</u> Total number of LA County responses	<u>27858</u> Total number of LA County transports
<u>87</u> Number of LA County emergency responses	<u>65</u> Number of LA County emergency transports
<u>27936</u> Number of LA County non-emergency responses	<u>27793</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Vital Care Ambulance, Inc. (VI) **Response Zone:** (Countywide – Non-9-1-1)

Address: 1480 Colorado Boulevard #135 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 6
Los Angeles CA, 90041

Phone Number: 323.747.1072 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>2889</u> Total number of LA County responses	<u>2688</u> Total number of LA County transports
<u>0</u> Number of LA County emergency responses	<u>0</u> Number of LA County emergency transports
<u>2889</u> Number of LA County non-emergency responses	<u>2688</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Skori, Inc. dba: West Coast Ambulance (WE) **Response Zone:** (Countywide – Non-9-1-1)

Address: 647 West Avenue L-14 **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 18
Lancaster, CA, 93534

Phone Number: 818.880.0556 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
			<input checked="" type="checkbox"/> IFT			

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>15,150</u> Total number of LA County responses	<u>14,913</u> Total number of LA County transports
<u>12</u> Number of LA County emergency responses	<u>8</u> Number of LA County emergency transports
<u>15,138</u> Number of LA County non-emergency responses	<u>14,905</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** West Covina Fire Department **Response Zone:** West Covina

Address: 1444 W. Garvey Ave. South **Number of Ambulance Vehicles in Fleet:** 3 (In-Service) 2 (Reserve)
West Covina, Ca 91790

Phone Number: (626) 939-8824 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	--	--	---	--

Transporting Agencies

<u>6010</u>	Total number of responses	<u>3210</u>	Total number of transports
<u>6010</u>	Number of emergency responses	<u>1713</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>1497</u>	Number of non-emergency transports

Air Ambulance Services

<u> </u>	Total number of responses	<u> </u>	Total number of transports
<u> </u>	Number of emergency responses	<u> </u>	Number of emergency transports
<u> </u>	Number of non-emergency responses	<u> </u>	Number of non-emergency transports

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**

ANNUAL UPDATE 2020 (Fiscal Year 2019-2020)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Westmed / McCormick Ambulance (WM) **Response Zone:** EOA #6, #7, #8 and #9

Address: 2020 South Central Avenue **Number of LA Co. Licensed Ambulance Vehicles in Fleet:** 88
Compton, CA, 90220

Phone Number: 310.837.0102 **Average Number of LA Co. Licensed Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 60

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input checked="" type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
--	---	---	---	--

Transporting Agencies

<u>124106</u> Total number of LA County responses	<u>79570</u> Total number of LA County transports
<u>109214</u> Number of LA County emergency responses	<u>65124</u> Number of LA County emergency transports
<u>14892</u> Number of LA County non-emergency responses	<u>14446</u> Number of LA County non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **PUBLIC PROVIDER AGENCY DIRECTORY**

REFERENCE NO. 401

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Alhambra Fire Department 301 North First Street Alhambra, California 91801 (626) 570-5190 http://www.cityofalhambra.org	AH	Public	X	X	X	
Arcadia Fire Department 710 South Santa Anita Avenue Arcadia, California 91006 (626) 574-5112 http://www.ci.arcadia.ca.us	AF	Public	X	X	X	
Avalon Fire Department P.O. Box 707 Avalon, California 90704 (310) 510-0203 http://www.cityofavalon.com/	AV	Public	X			
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, California 90210 (310) 281-2700 www.beverlyhills.org	BH	Public	X	X	X	
Burbank Fire Department 311 East Orange Grove Avenue Burbank, California 91502 (818) 238-3473 www.burbankfire.us	BF	Public	X	X	X	
Compton Fire Department 201 South Acacia Avenue Compton, California 90220 (310) 605-5670 www.comptoncity.org	CM	Public	X	X		
Culver City Fire Department 9770 Culver Boulevard Culver City, California 90232 (310) 253-5900 www.culvercity.org	CC	Public	X	X	X	

EFFECTIVE 03-31-97
 REVISED: 01-23-2020
 SUPERSEDES: 01-01-2020

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Downey Fire Department 11111 Brookshire Avenue Downey, California 90241 (562) 904-7301 www.downeyca.org	DF	Public	X	X	X	
El Segundo Fire Department 314 Main Street El Segundo, California 90245 (310) 524-2395 www.elsegundo.org/depts/fire	ES	Public	X	X	X	
Glendale Fire Department 421 Oak Street Glendale, California 91204 (818) 548-4812 www.glendalefire.org	GL	Public	X	X	X	
La Habra Heights Fire Department 1245 North Hacienda Boulevard La Habra Heights, California 90631 (562) 694-8283 http://www.la-habra-heights.org/	LH	Public	X	X		
La Verne Fire Department 2061 Third Street La Verne, California 91750 (909) 596-5991 www.ci.la-verne.ca.us	LV	Public	X	X	X	
Long Beach Fire Department 3205 Lakewood Boulevard Long Beach, California 90808 (562) 570-2500 http://www.longbeach.gov/fire/	LB	Public	X	X	X	Boat
Los Angeles Fire Department 200 North Main St Los Angeles, California 90012 (213) 485-7153 www.lafd.org	CI	Public	X	X	X	EMS Aircraft Service Bicycle Units ALS Boat

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Los Angeles County, Department of Parks and Recreation – Lake Lifeguards 32132 Castaic Lake Road Castaic, California 91384 (805) 257-4050 www.fire.lacounty.gov	PA	Public				Castaic Lake, Frank G. Bonelli Regional Park and Santa Fe Dam Response Only
Los Angeles County Fire Department, Lifeguard Division 2300 Ocean Front Walk Venice, California 90291 (310) 939-7203 www.fire.lacounty.gov	CF	Public	X	X	X	Operate under LACoFD EMS Division Marina del Rey Boat Catalina Baywatch Avalon and Isthmus
Los Angeles County Fire Department, EMS Division 5801 South Eastern Avenue Los Angeles, California 90040 (323) 838-2212 www.fire.lacounty.gov	CF	Public	X	X	X	EMS Aircraft Service
Los Angeles County Sheriff's Department - ESD 1060 North Eastern Avenue Los Angeles, California 90063 (323) 881-7800 www.lasd.org	CS	Public	X	X		EMS Aircraft Service ALS Boat
Manhattan Beach Fire Department 400 15th Street Manhattan Beach, California 90266 (310) 802-5203 www.ci.manhattan-beach.ca.us	MB	Public	X	X	X	
Monrovia Fire Department 415 South Ivy Avenue Monrovia, California 91016 (626) 256-8100 www.ci.monrovia.ca.us	MF	Public	X	X	X	
Montebello Fire Department 600 North Montebello Boulevard Montebello, California 90640 (323) 887-4510 http://www.cityofmontebello.com/	MO	Public	X	X	X	

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Monterey Park Fire Department 320 West Newmark Avenue Monterey Park, California 91754 (626) 307-1270 http://www.ci.monterey-park.ca.us/	MP	Public	X	X	X	
Pasadena Fire Department 215 North Marengo Avenue, Suite 195 Pasadena, California 91101 (626) 744-4655 www.ci.pasadena.ca.us	PF	Public	X	X	X	Bicycle Units Polaris Carts
Redondo Beach Fire Department 401 South Broadway Street Redondo Beach, California 90277 (310) 318-0663 www.redondo.org/depts/fire	RB	Public	X	X	X	
San Gabriel Fire Department 1303 South Del Mar Avenue San Gabriel, California 91776 (626) 308-2880 www.sangabrielcity.com	SG	Public	X	X	X	
San Marino Fire Department 2200 Huntington Drive San Marino, California 91108 (626) 300-0735 http://www.cityofsanmarino.org/fire.htm	SA	Public	X	X		
Santa Fe Springs Fire Rescue 11300 Greenstone Avenue Santa Fe Springs, California 90670 (562) 944-9713 http://www.santafesprings.org/	SS	Public	X	X	X	
Santa Monica Fire Department 333 Olympic Drive Santa Monica, California 90401 (310) 458-8651 www.santamonicafire.org	SM	Public	X	X	X	

PROVIDER NAME ADDRESS PHONE	PROV CODE	TYPE OF PROVIDER	BLS	ALS	ASSESSMENT UNITS	SPECIAL SERVICES
Sierra Madre Fire Department 232 West Sierra Madre Boulevard Sierra Madre, California 91024 (626) 355-1401 http://www.cityofsierramadre.com/	SI	Public	X	X	X	
South Pasadena Fire Department 817 Mound Avenue South Pasadena, California 91030 (626) 403-7300 www.ci.south-pasadena.ca.us	SP	Public	X	X	X	
Torrance Fire Department 1701 Crenshaw Boulevard Torrance, California 90501 (310) 781-7000 www.ci.torrance.ca.us	TF	Public	X	X	X	
U.S. Forest Service 110 North Wabash Glendora, California 91741 (626) 335-1251 http://www.fs.usda.gov/angeles	FS	Public				
Vernon Fire Department 4305 Santa Fe Avenue Vernon, California 90058 (323) 583-4821 www.cityofvernon.org	VF	Public	X	X		
West Covina Fire Department 1444 West Garvey Avenue West Covina, California 91790 (626) 939-8824 www.westcov.org	WC	Public	X	X	X	

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **LICENSED AMBULANCE AND EMS AIRCRAFT OPERATORS**

REFERENCE NO. 401.1

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
All Town Ambulance, LLC 13812 Saticoy Street Panorama City, CA 91401 877.599.4282 www.alltownambulance.com	AT		X	X	X	877.599.4282	
AmbuLife Ambulance, Inc. 6644 Van Nuys Blvd. #B Van Nuys, CA 91405 877.557.7888	AB		X			877.557.7888	
Ambulnz Health, Inc. (Formerly Impulse Ambulance) 1151 South Boyle Avenue Los Angeles, CA 90023 818.982.3500 www.ambulnz.com	AZ		X	X	X	877.311.5555	
Ambulnz Health, Inc. dba MedResponse 1151 South Boyle Avenue Los Angeles, CA 90023 818.982.3500 www.ambulnz.com	MI		X	X	X	888.633.3333	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
AmbuServe Inc., 15105 S. Broadway Avenue Gardena, CA 90248 310.644.0500 www.ambuserveambulance.com	AU		X	X	X	310.644.0500	
American Medical Response Los Angeles County Division 12634 Saticoy Street South North Hollywood, CA 91605 626.633.4612 www.amr.net	AR	EOA 1	X	X	X	877.808.2100	
American Professional Ambulance Corp. 16945 Sherman Way Van Nuys, CA 90746 818.996.2200 www.apa-ems.com	AA		X		X	888.703.3500	
AmWest, Inc. dba AmWest Ambulance 7650 Lankershim Blvd. North Hollywood, CA 91605 818.859.7999 www.AmwestAmbulance.com	AW		X	X	X	818.859.7999	
Antelope Ambulance Service 42540 N. 6 th Street East Lancaster, CA 93535 (661) 951-1998 www.antelopeamb.com	AN		X	X		661.951.1998	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 714.288.3800 www.careambulance.net	CA	EOA 2, 3, 4, 5	X	X	X	562.531.1700 626.449.2273 323.469.1234 310.777.0389	
California Medical Response, Inc. dba Cal-Med Ambulance 1557 Santa Anita Avenue South El Monte, CA 91733 562.968.1818 www.calmedambulance.com/	CL		X		X	562.968.1818	
College Coastal Care, LLC 1745 Pacific Avenue Long Beach, CA 90806 562.997.2020	CO		X			562.997.2020	
DiBiassi, Inc., dba Southern California Ambulance 5365 Alhambra Avenue Los Angeles, CA 90032 888.214.5263 www.socalambu.com/	SO		X			888.214.5263	
EastWestProto, Inc. LifeLine Ambulance 1120 South Maple Avenue Montebello, CA 90640 800.700.9344 www.lifeline-ems.com/	LE		X		X	800.700.9344	Currently allowed to operate as a CCT provider pending CCT application approval.

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Emergency Ambulance Service, Inc. 3200 East Birch Street, Suite A Brea, CA 92821 714.990.1742 www.emergencyambulance.com	EA		X		X	800.400.0689	
Explorer 1 Ambulance and Medical Services, LLC. 1040 E. Compton Blvd. Compton, CA 90221 310.53.3971 www.explorer1ambulance.com	EX		X			310.537.3971	
FirstMed Ambulance Services, Inc. 8630 Tamarack Avenue Sun Valley, CA 91352 818.982.8333 www.firstmedambulance.com	FM		X	X	X	800.608.0311	
First Rescue Ambulance, Inc. 5220 Fourth Street, Unit 18 Irwindale, CA 91706	FC		X			626.338.2273	
Guardian Ambulance Service 12121 Barringer St. South El Monte, CA 91733 626.405.8848 www.guardianambulance.org	GU		X	X		626.405.8848	
Liberty Ambulance Service 9441 Washburn Road Downey, CA 90242 562.741.6230 http://libertyambulance.com	LT		X	X	X	562.741.6230	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Filyn Corporation dba Lynch EMS 2950 East La Jolla Street Anaheim, CA 92806 800.347.3262 www.lynychambulance.com	LY		X			800.347.3262	
Mauran Ambulance Service 1211 First Street San Fernando, CA 91430 818.365.3182 www.mauranambulance.com	MA		X			866.926.9990	
MedCoast Ambulance Service 14325 Iseli Road Santa Fe Springs, CA 90670 866.926.9990 www.medcoastambulance.com	MT		X		X	866.926.9990	
MedReach Ambulance 1303 Kona Drive Rancho Dominguez, CA 90220 310.781.9395 www.medreachambulance.com	MR		X			800.788.3440	
Premier Medical Transport, Inc. 260 North Palm Street, Suite 200 Brea, CA 92821 888.353.9556 www.premiermedicaltransport.com	PE		X			888.353.9556	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
PRN Ambulance, Inc. 8928 Sepulveda Boulevard North Hills, CA 91343 323.888.7750 www.prnambulance.com	PN		X	X	X	866.776.4262	Provides ambulette (van) transportation also.
Rescue Services International, Ltd. dba Medic-1 Ambulance 12806 Schabarum Avenue Irwindale, CA 91706-2074 https://rsiamb.com	RR		X	X	X	800.814.1160	
Royalty Ambulance Services, Inc. 13235 N. San Fernando Road, Bldg. 6 Los Angeles, CA 90065 818.550.5833 www.royaltyambulance.com	RY		X	X	X	877.703.6111	
Symons Ambulance 3115 Palisades Drive Corona, CA 92880 909.880.2979 www.symonsambulance.com	SY		X	X	X	909.880.2979	
Trinity Ambulance and Medical Transportation, LLC 8205 Somerset Boulevard Paramount, CA 90723 562.677.1000	TR		X			888.677.1003	
Viewpoint Ambulance, Inc. 1341 N. Miller Street, Suite 209 Anaheim, CA 92806 www.viewpointambulance.com	VA		X			888.202.6500	

AMBULANCE OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
West Coast Ambulance, Inc. 647 West Avenue L-14 Lancaster, CA 93534 800.880.0556 www.westcoastambulance.org	WE		X	X	X	800.880.0556	Provides ambulette (van) transportation also.
Westmed Ambulance, Inc. dba McCormick Ambulance Service 2020 South Central Avenue Compton, CA 90220-5302 www.mccormickambulance.com	WM	EOA 6, 7, 8, 9 City of Santa Monica City of Torrance	X	X		888.349.8944	

EMS AIRCRAFT OPERATORS							
PROVIDER NAME ADDRESS TELEPHONE	PROV CODE	PRIMARY 911 TRANSPORT	BLS	ALS	CRITICAL CARE TRANSPORT	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
REACH Air Medical Services, LLC 451 Aviation Boulevard, Suite 101 Santa Rosa, CA 95403 707.324.2400 www.reachair.com	RE		X	X		707.303.4970 800.338.4045	EMS Aircraft Provider RN/Paramedic Staffed

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: LICENSED AMBULETTE OPERATORS

REFERENCE NO. 401.2

NAME	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Ambiance Medical Transport, Inc. 11100 Sheldon Street Sun Valley, CA 91352 (818) 955-5757 http://www.ambiancetrans.com/	(855) 880-0001	Van (ambulette) transportation only
Medtrans, Inc. 345 S. Woods Ave., Suite 104 Los Angeles, CA 90022 (323) 780-9500	(323) 780-9500	Van (ambulette) transportation only
Memorial Medical Transport, Inc. 4525 Atherton Street Long Beach, CA 90815 (562) 599-0688 http://callmmt.com	(562) 599-0688	Van (ambulette) transportation only
PRN Ambulance, Inc. 8928 Sepulveda Blvd. North Hills, CA 91343 (323) 888-7750 www.prnambulance.com	(866) 776-4262	Van transportation available
SMS Transportation Services, Inc. 865 South Figueroa Street, Ste. 2750 Los Angeles, CA 90017-2627 https://www.smstransportation.net/	(310) 527-9200	Van (ambulette) transportation only

EFFECTIVE DATE: 8-18-11
REVISED: 12-05-19
SUPERSEDES: 12-11-17

NAME	DISPATCH NUMBER	SPECIAL SERVICES/NOTES
Southern California Ambulance 5365 Alhambra Avenue Los Angeles, CA 90032 (888) 214-5263 https://www.socalambu.com/	(888) 214-5263	Van transportation available
West Coast Ambulance, Inc. 6739 Victoria Ave. Los Angeles, CA 90043 (800) 880-0556 www.westcoastambulance.org	(800) 880-0556	Van transportation available

Table 9

Resource Directory / Facilities



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)



Table 9 – RESOURCE DIRECTORY – Facilities

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2019-2020**

Facility: Adventist Health – Glendale
Address: 1509 East Wilson Terrace
Glendale, CA 91206

Telephone Number: (818) 409-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Adventist Health – White Memorial
Address: 1720 Cesar Chavez Avenue
Los Angeles, CA 90033

Telephone Number: (323) 268-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Alhambra Hospital
Address: 100 South Raymond Avenue
Alhambra, CA 91801

Telephone Number: (626) 570-1606

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Antelope Valley Hospital
Address: 1600 West Avenue J
Lancaster, CA 93534

Telephone Number: (661) 949-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹² No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	--	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
Montebello, CA 90640

Telephone Number: (323) 726-1222

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³ EDAP¹⁴ PICU¹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Catalina Island Medical Center
Address: 100 Falls Canyon Road
Avalon, CA 90704

Telephone Number: (310) 510-0700

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Medical Center
Los Angeles, CA 90048

Telephone Number: (310) 855-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP²⁰ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU²¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Cedars-Sinai Marina Del Rey Hospital **Telephone Number:** (310) 823-8911
Address: 4650 Lincoln Boulevard
Marina Del Rey, CA 90291

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²² EDAP²³ PICU²⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
²³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
²⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
Inglewood, CA 90301

Telephone Number: (310) 673-4660

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁵ EDAP²⁶ PICU²⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Children’s Hospital Los Angeles
Address: 4650 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 660-2450

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center²⁸ EDAP²⁹ PICU³⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
Norwalk, CA 90650

Telephone Number: (562) 868-3751

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center³¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP³² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU³³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: College Medical Center
Address: 2776 Pacific Avenue
Long Beach, CA 90806

Telephone Number: (562) 595-1911

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Community Hospital of Huntington Park
Address: 2623 E. Slauson Ave
Huntington Park, CA 90023

Telephone Number: (323) 538-1931

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁷ EDAP³⁸ PICU³⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-California Hospital **Telephone Number:** (213) 748-2411
 Medical Center
Address: 1401 South Grand Avenue
 Los Angeles, CA 90015

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴⁰ EDAP⁴¹ PICU⁴²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
 Glendale, CA 91204

Telephone Number: (818) 502-1900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴³ EDAP⁴⁴ PICU⁴⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁴⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁴⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-Northridge Hospital **Telephone Number:** (818) 885-8500
 Medical Center
Address: 18300 Roscoe Boulevard
 Northridge, CA 91328

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP⁴⁷ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁴⁸ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁴⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁴⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-St. Mary Medical Center
Address: 1050 Linden Avenue
Long Beach, CA 90813

Telephone Number: (562) 491-9000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁴⁹ EDAP⁵⁰ PICU⁵¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁴⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
Los Angeles, CA 90023

Telephone Number: (323) 268-5514

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁵² EDAP⁵³ PICU⁵⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁵² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Emanate Health – Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
Glendora, CA 91749

Telephone Number: (626) 963-8411

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁵⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁵⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁵⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

⁵⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Emanate Health Inter-Community Hospital
Address: 210 West San Bernardino Road
Covina, CA 91723

Telephone Number: (626) 331-7331

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁵⁸ EDAP⁵⁹ PICU⁶⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁵⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Emanate Health Queen of the Valley Hospital
Address: 1115 South Sunset Avenue
West Covina, CA 91790

Telephone Number: (626) 962-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁶¹ EDAP⁶² PICU⁶³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁶¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
Encino, CA 91436

Telephone Number: (818) 995-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁶⁴ EDAP⁶⁵ PICU⁶⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁶⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
Monterey Park, CA 91754

Telephone Number: (626) 573-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁶⁷ EDAP⁶⁸ PICU⁶⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁶⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Blvd
Los Angeles, CA 90017

Telephone Number: (213) 977-2121

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷⁰ EDAP⁷¹ PICU⁷²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁷⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Greater El Monte Community Hospital
Address: 1701 Santa Anita Avenue
South El Monte, CA 91733

Telephone Number: (626) 579-7777

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁷³ EDAP⁷⁴ PICU⁷⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

⁷³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Henry Mayo Newhall Hospital
Address: 23845 West McBean Parkway
Valencia, CA 91355

Telephone Number: (661) 253-8000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷⁶ EDAP⁷⁷ PICU⁷⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁷⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
Los Angeles, CA 90027

Telephone Number: (323) 413-3000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁷⁹ EDAP⁸⁰ PICU⁸¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁷⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Huntington Hospital
Address: 100 West California Boulevard
Pasadena, CA 91105

Telephone Number: (626) 397-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸² EDAP⁸³ PICU⁸⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Baldwin Park
Address: 1011 Baldwin Park Boulevard
Baldwin Park, CA 91706

Telephone Number: (626) 851-1011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸⁵ EDAP⁸⁶ PICU⁸⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Downey Medical Center
Address: 9333 Imperial Highway
Downey, CA 90242

Telephone Number: (562) 920-3023

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁸⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁸⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁹⁰ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁸⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Los Angeles
Address: 4867 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 783-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁹¹ EDAP⁹² PICU⁹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁹¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Panorama City
Address: 13652 Cantara Street
Panorama City, CA 91402

Telephone Number: (818) 375-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center⁹⁴ EDAP⁹⁵ PICU⁹⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
--	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

⁹⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-South Bay
Address: 25825 South Vermont Avenue
Harbor City, CA 90710

Telephone Number: (310) 325-5111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁹⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁹⁸ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁹⁹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁹⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-West Los Angeles
Address: 6041 Cadillac Avenue
Los Angeles, CA 90034

Telephone Number: (323) 857-2000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰⁰ EDAP¹⁰¹ PICU¹⁰²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Woodland Hills
Address: 5601 De Soto Avenue
Woodland Hills

Telephone Number: (818) 719-2000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰³ EDAP¹⁰⁴ PICU¹⁰⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
Torrance, Ca 90502

Telephone Number: (310) 222-2345

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰⁶ EDAP¹⁰⁷ PICU¹⁰⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹⁰⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
Sylmar, CA 91342

Telephone Number: (818) 364-1555

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁰⁹ EDAP¹¹⁰ PICU¹¹¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹⁰⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹¹¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: LAC+USC Medical Center
Address: 1200 North State Street
Los Angeles, CA 90033

Telephone Number: (310) 226-2600

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center¹¹² EDAP¹¹³ PICU¹¹⁴	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Lakewood Regional Medical Center
Address: 3700 East South Street
Lakewood, CA 90712

Telephone Number: (562) 531-2550

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹¹⁵ EDAP¹¹⁶ PICU¹¹⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Los Angeles Community Hospital at Norwalk
Address: 13222 Bloomfield Avenue
Norwalk, CA 90650

Telephone Number: (562) 863-4763

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹¹⁸ EDAP¹¹⁹ PICU¹²⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹¹⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Martin Luther King Jr Community Hospital
Address: 1680 East 120th Street
Los Angeles, CA 90059

Telephone Number: (424) 388-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹²¹ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹²² <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹²³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹²¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
Gardena, CA 90247

Telephone Number: (310) 532-4200

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹²⁴ EDAP¹²⁵ PICU¹²⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹²⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: MemorialCare Long Beach Medical Center
Address: 2801 Atlantic Avenue
 Long Beach, CA 90806

Telephone Number: (562) 933-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹²⁷ EDAP¹²⁸ PICU¹²⁹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹²⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹²⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹²⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Methodist Hospital of Southern California
Address: 300 West Huntington Drive
Arcadia, CA 91007

Telephone Number: (626) 898-8000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³⁰ EDAP¹³¹ PICU¹³²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹³⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
Panorama City, CA 91402

Telephone Number: (818) 787-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹³³ EDAP¹³⁴ PICU¹³⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹³³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
Monterey Park, CA 91754

Telephone Number: (626) 570-9000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³⁶ EDAP¹³⁷ PICU¹³⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Olympia Medical Center
Address: 5900 West Olympic Boulevard
Los Angeles, CA 90036

Telephone Number: (310) 657-5900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³⁹ EDAP¹⁴⁰ PICU¹⁴¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pacifica Hospital of the Valley
Address: 9449 San Fernando Road
Sun Valley, CA 91352

Telephone Number: (818) 767-3310

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴² EDAP¹⁴³ PICU¹⁴⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁴² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁴⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
Palmdale, CA 93551

Telephone Number: (661) 940-1498

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴⁵ EDAP¹⁴⁶ PICU¹⁴⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁴⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Downey **Telephone Number:** (562) 904-5000
Address: 11500 Brookshire Avenue
Downey, CA 90241

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴⁸ EDAP¹⁴⁹ PICU¹⁵⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁴⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹⁴⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹⁵⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Whittier
Address: 12401 East Washington Boulevard
Whittier, CA 90602

Telephone Number: (562) 698-0811

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁵¹ EDAP¹⁵² PICU¹⁵³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁵¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pomona Valley Hospital Medical Center **Telephone Number:** (909) 623-8715
Address: 1768 North Garey Avenue
Pomona, CA 91767

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁵⁴ EDAP¹⁵⁵ PICU¹⁵⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁵⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Cedars-Sinai Tarzana
 Medical Center

Address: 18321 Clark Street

 Tarzana, CA 91356

Telephone Number: (818) 881-0800

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁵⁷ EDAP¹⁵⁸ PICU¹⁵⁹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁵⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
Mission Hills, CA 91345

Telephone Number: (818) 365-8051

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁶⁰ EDAP¹⁶¹ PICU¹⁶²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁶⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center – San Pedro
Address: 1300 West Seventh Street
 San Pedro, CA 90732

Telephone Number: (310) 832-3311

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶³ EDAP¹⁶⁴ PICU¹⁶⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁶³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center – Torrance
Address: 4101 Torrance Boulevard
 Torrance, CA 90503

Telephone Number: (310) 540-7676

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶⁶ EDAP¹⁶⁷ PICU¹⁶⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁶⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint John's Health Center **Telephone Number:** (310) 829-5511
Address: 2121 Santa Monica Boulevard
Santa Monica, CA 90404

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶⁹ EDAP¹⁷⁰ PICU¹⁷¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁶⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint Joseph Medical Center
Address: 501 South Buena Vista Street
Burbank, CA 91505

Telephone Number: (818) 843-5111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁷² EDAP¹⁷³ PICU¹⁷⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁷² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Ronald Regan UCLA Medical Center
Address: 757 Westwood Plaza
Los Angeles, CA 90095

Telephone Number: (310) 825-9111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁷⁵ EDAP¹⁷⁶ PICU¹⁷⁷	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	---

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

¹⁷⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Dimas Community Hospital
Address: 1350 West Covina Boulevard
San Dimas, CA 91773

Telephone Number: (909) 599-6811

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁷⁸ EDAP¹⁷⁹ PICU¹⁸⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁷⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
San Gabriel, CA 91776

Telephone Number: (626) 289-5454

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸¹ EDAP¹⁸² PICU¹⁸³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁸¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Santa Monica-UCLA Medical Center
Address: 1250 16th Street
Santa Monica, CA 90404

Telephone Number: (310) 319-4000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸⁴ EDAP¹⁸⁵ PICU¹⁸⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁸⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Sherman Oaks Hospital
Address: 4929 Van Nuys Boulevard
Sherman Oaks, CA 91403

Telephone Number: (818) 981-7111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸⁷ EDAP¹⁸⁸ PICU¹⁸⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁸⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Southern California Hospital at Culver City
Address: 3828 Delmar Terrace
Culver City, CA 90231

Telephone Number: (310) 836-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center¹⁹⁰ EDAP¹⁹¹ PICU¹⁹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

¹⁹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
Lynwood, CA 90262

Telephone Number: (310) 900-8900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁹³ EDAP¹⁹⁴ PICU¹⁹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
Torrance, CA 90505

Telephone Number: (310) 325-9110

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center¹⁹⁶ EDAP¹⁹⁷ PICU¹⁹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: USC Verdugo Hills Hospital
Address: 1812 Verdugo Boulevard
Glendale, CA 91208

Telephone Number: (818) 790-7100

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁹⁹ EDAP²⁰⁰ PICU²⁰¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁰¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Valley Presbyterian Hospital
Address: 15107 Vanowen Street
Van Nuys, CA 91405

Telephone Number: (818) 782-6600

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

Pediatric Critical Care Center²⁰² EDAP²⁰³ PICU²⁰⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

²⁰² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
West Hills, CA 91307

Telephone Number: (818) 676-4000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center²⁰⁵ EDAP²⁰⁶ PICU²⁰⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²⁰⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Whittier Hospital Medical Center
Address: 9080 Colima Road
Whittier, CA 90605

Telephone Number: (562) 945-3561

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁰⁸ EDAP²⁰⁹ PICU²¹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁰⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus Urgent Care Center @Martin
Luther King, Jr. Community Hospital
Address: 12021 Wilmington Avenue, Bldg. 10, Lot B
Los Angeles, CA 90059

Telephone Number: (562) 295-4617

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	---	---

Pediatric Critical Care Center²¹¹ EDAP²¹² PICU²¹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
---	---	---	--

<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

²¹¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus Harbor-UCLA Medical Center
 Urgent Care Center

Address: 1000 Carson Street, Bldg. 2 South

 Torrance, CA 90502

Telephone Number: (424) 405-5888

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²¹⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²¹⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²¹⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Exodus-Eastside Urgent Care Center
Address: 1920 Marengo Street
Los Angeles, CA 90605

Telephone Number: (323) 276-6402

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Behavior Health Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²¹⁷ EDAP²¹⁸ PICU²¹⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²¹⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: David L. Murphy Sobering Center
Address: 640 Maple Street
Los Angeles, CA 90014

Telephone Number: (213) 395-7705

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency <input checked="" type="checkbox"/> Sobering Center	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²²⁰ EDAP²²¹ PICU²²²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²²⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²²¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²²² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Adventist Health Glendale 1509 East Wilson Terrace Glendale, CA 91206 (818) 409-8000	GWT	X			X	X	X	X	X	X		X	
Adventist Health - White Memorial 1720 Caesar Chavez Avenue Los Angeles, CA 90033 (323) 268-5000	WMH			PMC	X	X	X	X	X				Service Area
Alhambra Hospital 100 South Raymond Avenue Alhambra, CA 91801 (626) 570-1606	ACH												
Antelope Valley Hospital 1600 West Avenue J Lancaster, CA 93534 (661) 949-5000	AVH	X	Level II		X	X	X	X	X			X	SART Center
Beverly Hospital 309 West Beverly Boulevard Montebello, CA 90640 (323) 726-1222	BEV				X	X	X	X	X				
Catalina Island Medical Center 100 Falls Canyon Road Avalon, CA 90704 (310) 510-0700	AHM												
Cedars Sinai Medical Center 8700 Beverly Boulevard Los Angeles, CA 90048 (310) 855-5000	CSM	X	Level I Pediatric Level II	PTC PMC	X	X	X	X	X	X		X	
Cedars Sinai Marina Del Rey Hospital 4650 Lincoln Boulevard Marina Del Rey, CA 90291 (310) 823-8911	DFM												
Centinela Hospital Medical Center 555 East Hardy Street Inglewood, CA 90301 (310) 673-4660	CNT				X	X	X		X				Service Area
Children's Hospital Los Angeles 4650 Sunset Boulevard Los Angeles, CA 90027 (323) 660-2450	CHH		Pediatric Level I ONLY	PTC PMC	X		X					X	

EFFECTIVE: 03-31-97
REVISED: 01-10-20
SUPERSEDES: 07-15-19

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Coast Plaza Hospital 13100 Studebaker Road Norwalk, CA 90650 (562) 868-3751	CPM								X				
College Medical Center 2776 Pacific Avenue Long Beach, CA 90806 (562) 595-1911	PLB												
Community Hospital of Huntington Park 2623 E. Slauson Ave. Huntington Park, CA 90023 (323) 583-1931	CHP												
Dignity Health-California Hospital Medical Center 1401 South Grand Avenue Los Angeles, CA 90015 (213) 748-2411	CAL	X	Level II		X	X	X		X			X	
Dignity Health-Glendale Memorial Hospital and Health Center 1420 South Central Avenue Glendale, CA 91204 (818) 502-1900	GMH				X	X	X	X	X				
Dignity Health-Northridge Hospital Medical Center 18300 Roscoe Boulevard Northridge, CA 91328 (818) 885-8500	NRH	X	Level II Pediatric Level II	PTC PMC	X	X	X	X	X	X		X	SART Center Approved for Law Enforcement ONLY
Dignity Health-St. Mary Medical Center 1050 Linden Avenue Long Beach, CA 90813 (562) 491-9000	SMM	X	Level II		X	X	X	X	X			X	
East Los Angeles Doctors Hospital 4060 East Whittier Boulevard Los Angeles, CA 90023 (323) 268-5514	ELA					X							
Emanate Health Foothill Presbyterian Hospital 250 South Grand Avenue Glendora, CA 91749 (626) 963-8411	FPH											X	
Emanate Health Inter-Community Hospital 210 West San Bernardino Road Covina, CA 91723 (626) 331-7331	ICH							X					

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Emanate Health Queen of the Valley Hospital 1115 South Sunset Avenue West Covina, CA 91790 (626) 962-4011	QVH	X			X	X	X		X				SART Center
Encino Hospital Medical Center 16237 Ventura Boulevard Encino, CA 91436 (818) 995-5000	ENH				X				X				
Garfield Medical Center 525 North Garfield Avenue Monterey Park, CA 91754 (626) 573-2222	GAR					X	X	X	X				
Good Samaritan Hospital 1225 Wilshire Blvd. Los Angeles, CA 90017 (213) 977-2121	GSH					X	X	X	X	X		X	Service Area
Greater El Monte Community Hospital 1701 Santa Anita Avenue South El Monte, CA 91733 (626) 579-7777	GEM					X							
Henry Mayo Newhall Hospital 23845 West McBean Parkway Valencia, CA 91355 (661) 253-8000	HMN	X	Level II		X	X	X	X	X			X	
Hollywood Presbyterian Medical Center 1300 North Vermont Avenue Los Angeles, CA 90027 (323) 413-3000	QOA					X	X	X	X			X	
Huntington Hospital 100 West California Boulevard Pasadena, CA 91105 (626) 397-5000	HMH	X	Level II		X	X	X	X	X	X		X	
Kaiser Foundation Hospital – Baldwin Park 1011 Baldwin Park Boulevard Baldwin Park, CA 91706 (626) 851-1011	KFA					X	X		X				
Kaiser Foundation Hospital - Downey 9333 Imperial Highway Downey, CA 90242 (562) 920-3023	KFB					X	X		X				

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Kaiser Foundation Hospital - Los Angeles 4867 Sunset Boulevard Los Angeles, CA 90027 (323) 783-4011	KFL					X	X		X	X			
Kaiser Foundation Hospital – Panorama City 13652 Cantara Street Panorama City, CA 91402 (818) 375-2000	KFP					X	X		X				
Kaiser Foundation Hospital – South Bay 25825 South Vermont Avenue Harbor City, CA 90710 (310) 325-5111	KFH					X	X		X				
Kaiser Foundation Hospital- West Los Angeles 6041 Cadillac Avenue Los Angeles, CA 90034 (323) 857-2000	KFW					X	X		X				
Kaiser Foundation Hospital – Woodland Hills 5601 De Soto Avenue Woodland Hills, CA 91367 (818) 719-2000	KFO					X	X		X				
LAC Harbor-UCLA Medical Center 1000 West Carson Street Torrance, CA 90502 (310) 222-2345	HGH	X	Level I Pediatric Level II	PTC PMC	X	X	X	X				X	SART Center for DCFS only
LAC Olive View Medical Center 14445 Olive View Drive Sylmar, CA 91342 (818) 364-1555	OVM				X	X	X					X	SART Center for DCFS only
LAC + USC Medical Center 1200 North State Street Los Angeles, CA 90033 (323) 226-2622	USC	X	Level I Pediatric Level II	PTC PMC	X	X	X	X	X		X	X	Hyperbaric Chamber- Catalina Isthmus SART Center
Lakewood Regional Medical Center 3700 S. Street Lakewood, CA 90712 (562) 531-2550	DHL							X	X				
Los Angeles Community Hospital at Norwalk 13222 Bloomfield Avenue Norwalk, CA 90650 (562) 863-4763	NOR												

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Martin Luther King, Jr. Community Hospital 1680 East 120 th Street Los Angeles, CA 90059 (424) 388-8000	MLK					X							SART Center for DCFS only
Memorial Hospital of Gardena 1145 West Redondo Beach Boulevard Gardena, CA 90247 (310) 532-4200	MHG					X			X				
MemorialCare Long Beach Medical Center 2801 Atlantic Avenue Long Beach, CA 90806 (562) 933-2000	LBM	X	Level II Pediatric Level II	PTC PMC	X	X	X	X	X	X		X	SART Center Approved for Law Enforcement ONLY
Methodist Hospital of Southern California 300 West Huntington Drive Arcadia, CA 91007 (626) 898-8000	AMH	X			X	X	X	X	X	X			
Mission Community Hospital 14850 Roscoe Boulevard Panorama City, CA 91402 (818) 787-2222	MCP								X				
Monterey Park Hospital 900 South Atlantic Boulevard Monterey Park, CA 91754 (626) 570-9000	MPH					X							
Olympia Medical Center 5900 West Olympic Boulevard Los Angeles, CA 90036 (310) 657-5900	MID												
Pacifica Hospital of the Valley 9449 San Fernando Road Sun Valley, CA 91352 (818) 767-3310	PAC												
Palmdale Regional Medical Center 38600 Medical Center Drive Palmdale, CA 93551 (661) 382-5000	LCH							X	X				
PIH Health Hospital-Downey 11500 Brookshire Avenue Downey, CA 90241 (562) 904-5000	DCH				X	X			X				
PIH Health Hospital - Whittier 12401 East Washington Boulevard Whittier, CA 90602 (562) 698-0811	PIH	X			X	X	X	X	X	X		X	SART Center

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Pomona Valley Hospital Medical Center 1798 North Garey Avenue Pomona, CA 91767 (909) 623-8715	PVC	X	Level II		X	X	X	X	X	X			SART Center
Providence Holy Cross Medical Center 15031 Rinaldi Street Mission Hills, CA 91345 (818) 365-8051	HCH	X	Level II		X	X	X	X	X	X		X	
Providence Little Company of Mary Medical Center - San Pedro 1300 West Seventh Street San Pedro, CA 90732 (310) 832-3311	SPP				X	X			X				SART Center
Providence Little Company of Mary Medical Center - Torrance 4101 Torrance Boulevard Torrance, CA 90503 (310) 540-7676	LCM	X			X	X	X	X	X	X			
Providence Saint John's Health Center 2121 Santa Monica Blvd. Santa Monica, CA 90404 (310) 829-5511	SJH					X	X	X	X	X			
Providence Saint Joseph Medical Center 501 South Buena Vista Street Burbank, CA 91505 (818) 843-5111	SJS	X			X	X	X	X	X	X		X	
Providence Tarzana Medical Center 18321 Clark Street Tarzana, CA 91356 (818) 881-0800	TRM			PMC	X	X	X	X	X				
Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095 (310) 825-9111	UCL	X	Level I Pediatric Level I	PTC PMC	X	X	X	X	X	X		X	
San Dimas Community Hospital 1350 West Covina Boulevard San Dimas, CA 91773 (909) 599-6811	SDC					X							
San Gabriel Valley Medical Center 438 West La Tunas Drive San Gabriel, CA 91776 (626) 289-5454	SGC					X	X						SART Center Adult EMS patients only

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

HOSPITAL NAME ADDRESS PHONE	HOSP. CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
Santa Monica-UCLA Medical Center 1250 16th Street Santa Monica, CA 90404 (310) 319-4000	SMH				X	X	X	X	X				SART Center
Sherman Oaks Hospital 4929 Van Nuys Boulevard Sherman Oaks, CA 91403 (818) 981-7111	SOC				X				X			X	
Southern California Hospital at Culver City 3828 Delmar Terrace Culver City, CA 90231 (310) 836-7000	BMC												
St. Francis Medical Center 3630 East Imperial Highway Lynwood, CA 90262 (310) 900-8900	SFM	X	Level II		X	X	X	X	X			X	
Torrance Memorial Medical Center 3330 West Lomita Boulevard Torrance, CA 90505 (310) 325-9110	TOR	X			X	X	X	X	X	X	X		
USC Verdugo Hills Hospital 1812 Verdugo Boulevard Glendale, CA 91208 (818) 790-7100	VHH				X	X	X		X			X	
Valley Presbyterian Hospital 15107 Van Owen Street Van Nuys, CA 91405 (818) 782-6600	VPH			PMC	X	X	X	X	X				
West Hills Hospital and Medical Center 7300 Medical Center Drive West Hills, CA 91307 (818) 676-4000	HWH				X	X	X	X	X	X	X		
Whittier Hospital Medical Center 9080 Colima Road Whittier, CA 90605 (562) 945-3561	WHH					X							

Department of Health Services
County of Los Angeles

SUBJECT: **9-1-1 RECEIVING HOSPITAL DIRECTORY**

REFERENCE NO. 501

*** OUT OF COUNTY RECEIVING HOSPITALS ***

HOSPITAL NAME ADDRESS PHONE	HOSP CODE	BASE HOSP.	TRAUMA LEVEL	PTC/ PMC	EDAP	PERINATAL	NICU	SRC	PSC	CSC	BURN	HELIPAD	SPECIAL SERVICES
La Palma Intercommunity Hospital (Orange County) 7901 Walker Street La Palma, CA 90623 (714) 670-7400	LPI				X								
Los Robles Hospital & Medical Center (Ventura County) 215 West Janss Road Thousand Oaks, CA 91360 (805) 497-2727	LRR				X	X	X	X	X	X		X	
Los Alamitos Medical Center (Orange County) 3751 Katella Avenue Los Alamitos, CA 90720 (562) 598-1311	LAG								X	X			
St. Jude Medical Center (Orange County) 101 East Valencia Mesa Drive Fullerton, CA 92635 (714) 871-3280	SJD					X	X	X	X	X			
UC Irvine Medical Center (Orange County) 101 The City Drive, R007E62 Orange, CA 92868 (714) 456-6011	UCI					X	X				X	X	

Table 10

Resource Directory / Approved Training Programs



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL EMS PLAN UPDATE
(Fiscal Year 2019-2020)



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Alhambra Unified School District 1515 W Mission Road Alhambra, CA 91803		Name: Leann Huang Office: 626.943.6993 Fax: 626.308.2585 e-mail: hung_leann@ausd.us
Student Eligibility: Restricted to AUSD student; if space permits will be open to the community members and other high school students	Cost of Program: \$650 for non-students Basic: \$650 Refresher: N/A	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: N/A Refresher: N/A Expiration date: 10/31/2022 Number of courses: N/A Initial training: 0 Refresher: 0
Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536 Failed to provide requested information despite repeated requests		Name: Casey Scudmore Office: 661.722.6300 x6139 Fax: 661.722.6403 e-mail: csudmore@avc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2021 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley Unified High School District CTE 39055 25 th St West Palmdale, CA 93551		Name: Christy Chacon Office: 661.538.0304 x336 Fax: 661.538.0405 e-mail: cchacon@avhsd.org
Student Eligibility: Adult Ed - Open to the public High School – In district students only	Cost of Program: Basic: \$550 (adult ed) High School - Free Refresher: n/a	<u>Program Level:</u> EMT Basic Number of students completing training per year: Initial training: 35 Refresher: 0 Expiration date: 12/31/2022 Number of courses: Initial training: 4 Refresher: n/a

Training Institution Name/Address		Program Director/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel or an adjunct provider of Beverly Hills Fire Dept	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Only Number of students completing training per year: Initial training: n/a Refresher: 88 Expiration date: 03/31/2022 Number of courses: Initial training: n/a Refresher: Cont. Education >12 hours (instructor based)

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Britney Alton Office: 818.238.3453 Fax: e-mail: balton@burbankca.gov
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Only Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 5/31/2021 Number of courses:12 (monthly classes) Initial training: 0 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
California Advancing Pathways for Students (CalAPS) 16703 S Clark Avenue Bellflower, CA 90706		Name: Lisa Azevedo Office: 562.866.9011 x2184 Fax: n/a e-mail: lazevedo@busd.k12.ca.us
Student Eligibility: High school seniors enrolled in the CalAPS program	Cost of Program: Basic: \$0 Refresher: n/a	<u>Program Level:</u> EMT Basic Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 8/31/2022 Number of courses: 0 Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9015 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1099-1295 Refresher: \$210	Program Level: EMT Number of students completing training per year: Initial training: 700-800 Refresher: 88 Expiration date: 2/28/2021 Number of courses: Initial training: 30 Refresher: 4

Training Institution Name/Address		Program Director/Telephone Number
California State University – Dominguez Hills College of Extended and Internal Education 1000 E. Victoria St. Carson, CA 90815		Name: Lynda Wilson, PhD Office: 310.243.3737 Fax: 310.928.7147 e-mail: lwilson@csudh.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1495.00 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 24 Refresher: 0 Expiration date: 05/31/2023 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California State University – Long Beach 6300 State University Drive, Foundation Suite 104 Long Beach, CA 90815		Name: Peter Kreysa Office: 562.985.8839 Fax: 562.985.8449 e-mail: peter.kreysa@csulb.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1495.00 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 53 Refresher: 0 Expiration date: 9/30/2023 Number of courses: Initial training: 3 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Citrus College 1000 West Foothill Blvd Glendora, CA 91741		Name: Cliff Hadsell Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu
Student Eligibility: Open to the general public 18 years of age on or before first day of class. Clean background.	Cost of Program: Basic: \$700.00 Refresher: \$150.00	Program Level: EMT Number of students completing training per year: Initial training: 65 Refresher: 2 Expiration date: 12/31/2021 Number of courses: Initial training: 1 class-Spring/Fall canceled due to COVID Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899 www.canyons.edu/		Name: Patti Haley Office: 661.362.5804 Fax: n/a e-mail: patti.haley@canyons.edu
Student Eligibility: Open to the general public Must be 18 years of age the first day class meets	Cost of Program: Basic: College tuition for 8.0 units (currently \$46/per unit) plus additional college fees (i.e. Parking, ASG) See COC website for additional information. Additional costs for background check (\$48), fire card \$59, Drug test \$59, physical, immunizations, titers, uniforms, and textbooks. Refresher: Currently \$46/unit plus college fees – (2 unit course)	Program Level: EMT Number of students completing training per year: Initial training: 105 Refresher: 20 Expiration date: 3/31/2022 Number of courses: Initial training: 9 Refresher: 2 Out of total number of students
Training Institution Name/Address		Program Director/Telephone Number
Downey Adult School 12340 Woodruff Avenue Downey, CA 90241 Failed to provide requested information despite repeated requests		Name: Mariana Pacheco Office: 562.940.6277 Fax: 562-940-6221 e-mail: mpacheco@das.edu
Student Eligibility: Open to the general public 18 years of age or older High School Diploma	Cost of Program: Basic: \$1,199 Refresher: \$299	Program Level: EMT Number of students completing training per year: Initial training: 63 Refresher: 0 Expiration date: 1/31/2020 Number of courses: Initial training: 3 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: pittmacl@elac.edu or emtlac@gmail.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	Program Level: EMT Basic Number of students completing training per year: Initial training: 22 Refresher: n/a Expiration date: 1/31/2024 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790		Name: Brian Richling Office: 626.472.5136 Fax: n/a e-mail: brichling@esgvrop.org
Student Eligibility: Open to the general public	Cost of Program: Basic: \$5,328 Refresher: ---	Program Level: EMT Number of students completing training per year: Initial training: 35 Refresher: 0 Expiration date: 3/30/2023 Number of courses: 3 Initial training: 35 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Name: Ryan Carey Office: 310-660-3600 (ext. 3616) Fax: 310.660.3106 e-mail: rcarey@elcamino.edu
Student Eligibility: open to general public	Cost of Program: Basic: \$900 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 205 Refresher: 0 Expiration date: 1/31/2024 Number of courses: Initial training: 13 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Name: Abraham Baca Office: 818.240.1000 x3090 Fax: e-mail: abaca@glendale.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: <\$1000 Refresher: <\$100	<u>Program Level:</u> EMT Basic and Refresher Number of students completing training per year: Initial training: 51 Refresher: 4 Expiration date: 1/30/2024 Number of courses: 2 Initial training: 1 Refresher: 1

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Glendale Fire Department 420 Oak Street Glendale, CA 91204 Failed to provide requested information despite repeated requests		Name: Brain Julian Office: Fax: e-mail: bjulian@glendaleca.gov
Student Eligibility: Restricted to City of Glendale Fire Department	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 9/31/2021 Number of courses: Initial training: 0 Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Long Beach City College 4901 East Carson St. Long Beach, CA 90808		Name: Andy Reno Office: 562.570.2547 Fax: e-mail: Andrew.reno@longbeach.gov
Student Eligibility: Open to the general public	Cost of Program: Basic: \$300 (approx.) Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 63 Refresher: 0 Expiration date: 7/31/2023 Number of courses: Initial training: 2 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Long Beach Fire Department 3205 N. Lakewood Blvd Long Beach, CA 90808		Name: Andrew Reno Office: 562.570.2547 Fax: 562.570.2564 e-mail: andrew.reno@longbeach.gov
Student Eligibility: Restricted to Long Beach City employees	Cost of Program: Basic: \$300 (approx.) Refresher: \$N/A	Program Level: EMT Basic and Refresher Number of students completing training per year: 60 Initial training: 0 Refresher: 60 Expiration date: 11/30/2023 Number of courses:4 Initial training: 0 Refresher: 4

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles City Fire Department 1700 Stadium Way Los Angeles, CA 90012		Name: Sean Welch Office: 213.893.9869 Fax: e-mail: sean.welch@lacity.org
Student Eligibility: Restricted to active LAFD members	Cost of Program: Basic: n/a Refresher: no cost to student	Program Level: EMT Refresher only Number of students completing training per year: Initial training: n/a Refresher: 0 Expiration date: 10/31/2023 Number of courses: 0 Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department – EMS Section 1255 Corporate Center Dr Monterey Park, CA 91754		Name: Paula LaFarge Office: 323.267.7173 Fax: e-mail: paula.lafarge@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: no cost to the student Refresher: No cost to the student	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 21 Expiration date: 03/31/2024 Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department - Lifeguard Division 2600 The Strand Manhattan Beach, CA 90266 Failed to provide requested information despite repeated requests		Name: Brian Lanich Office: 310.939.7209 Fax: 310.545.4280 e-mail: brian.lanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguard Division personnel or partner agency personnel in Los Angeles County	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 12/31/2020 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Sheriff’s Department 4700 Ramona Blvd, Room 234 Monterey Park, CA 91754 Failed to provide requested information despite repeated requests		Name: Janet Henderson Office: 818.219.7581 Fax: e-mail: janhende@yahoo.com
Student Eligibility: Los Angeles County Sheriff Department employees	Cost of Program: Basic: n/a Refresher: No cost to student	Program Level: EMT Refresher Number of students completing training per year: Initial training: 0 Refresher: 50 Expiration date: 3/31/2023 Number of courses: Initial training: 0 Refresher: 3

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Harbor College Division of Nursing and Health Sciences 1111 Figueroa Place Wilmington, CA 90744-2397 Failed to provide requested information despite repeated requests		Name: Joan Lockwood Office: 310.233.4362 Fax: 310.233.4683 e-mail: jlockwood@lahc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$900 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 9/30/2022 Number of courses: Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320		Name: Alan R. Cowen Office: 818.947.2982 Fax: e-mail: cowenar@lavc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 57 Refresher: 0 Expiration date: 11/30/2020 Number of courses:4 Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue Walnut, CA 91789		Name: Benjamin Vu Office: 909.274.5786 Fax: e-mail: bvu8@mtsac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: ~\$300 (books and uniform) Refresher: Not offered	Program Level: EMT Basic Number of students completing training per year: Initial training: 142 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 6 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, B28-B Walnut, CA 91789		Name: David Mah Office: 909.274.5051 Fax: e-mail: dmah2@mtsac.edu
Student Eligibility: Application process with Fisdap entrance exam. Pre-requisite EMS-1 1000 EMT Pre-hospital care hours Current EMT license Current CA Ambulance Drivers License Open to the general public	Cost of Program: Basic: \$4329.00 Refresher: N/A	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 15 Refresher: 0 Expiration date: 12/31/2020 Number of courses: 6 Initial training: 6 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345 Failed to provide requested information despite repeated requests		Name: Refugio Rios Office: 818.256.1319 Fax: 818.365.2695 e-mail: rxr1167@lausd.net
Student Eligibility: Open to the general public	Cost of Program: Basic: \$140 Refresher: No Cost to the student	<u>Program Level:</u> EMT Number of students completing training per year: 74 Initial training: 61 Refresher: 13 Expiration date: 10/31/2022 Number of courses: 6 Initial training: 4 Refresher: 2

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County EMS Agency - Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670		Name: Mark Ferguson Office: 562.347.1571 Fax: 562.941.5835 e-mail: maferguson@dhs.lacounty.gov
Student Eligibility: Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements	Cost of Program: Basic: \$1800 Refresher: n/a	Program Level: Paramedic Number of students completing training per year: Initial training: 89 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Pasadena City College 3035 E Foothill Blvd, B-6 Pasadena, CA 91107 Failed to provide requested information despite repeated requests		Name: Barry Jensen Office: 626.585.3062 Fax: e-mail: bjensen4@pasadena.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$332 plus books and materials Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 331 Refresher: 0 Expiration date: 04/30/2024 Number of courses: Initial training: 12 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Pasadena Fire Department 215 N Marengo Avenue #195 Pasadena, CA 91101		Name: Theodor Ecklund Office: 626.793.0074 Fax: 626.356-1327 e-mail: tecklund@cityofpasadena.net
Student Eligibility: Restricted to City of Pasadena Fire Department personnel	Cost of Program: Basic: n/a Refresher: no cost to student	<u>Program Level:</u> EMT Refresher Number of students completing training per year: Initial training: 0 Refresher: 135 Expiration date: 1/31/2022 Number of courses: Initial training: 0 Refresher: 15

Training Institution Name/Address		Program Director/Telephone Number
Rio Hondo Community College 11400 Greenstone Avenue Santa Fe Springs, CA 90670		Name: Scott Jaeggi Office: 562.941.4082 Fax: 562.941.7382 e-mail: sjaegqi@riohondo.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1,400 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 113 Refresher: 0 Expiration date: 3/31/2022 Number of courses: Initial training: 6 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Catherine Borman Office: 310-458-4929 Fax: e-mail: catherine,borman@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: n/a Refresher: not cost to the student	<u>Program Level:</u> EMT Refresher Number of students completing training per year: 8 Initial training: 0 Refresher: 8 Expiration date: 3/31/2022 Number of courses: 1 Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Southern California Regional Occupational Center (SCROC) 2300 Crenshaw Blvd Torrance, CA 90501		Name: Atlas Helaire Office: 310.224.4200 x216 Fax: 310.533.5803 e-mail: drhelaire@scroc.k12.ca.us
Student Eligibility: Open to the general public 1-proof of age 2-proof of HS diploma or GED 3-proof of AHA HCP BLS 4-proof of negative Mantoux test or chest x-ray (tuberculosis)	Cost of Program: Basic: 1100 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 10 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd Torrance, CA 90501		Name: Alec Miller Office: 310.781.7033 Fax: 310.781.7030 e-mail: amiller@torranceca.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: \$0 Refresher: \$0	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 3/31/2022 Number of courses: Initial training: 0 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Emmanuel Godinez Office: 661.726.1911 x143 Fax: 661.726.5158 e-mail: emmanuel.godinez@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$2,612.00 Refresher: \$165.00	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 210 Refresher: 120 Expiration date: 7/31/2024 Number of courses: Initial training: 8 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Emmanuel Godinez Office: 661.726.1911 x143 Fax: 661.951.5158 e-mail: emmanuel.godinez@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$22,896.00 Refresher: n/a	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 60 Refresher: 0 Expiration date: 7/31/2024 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
UCLA Center for Prehospital Care 10990 Wilshire Blvd, Suite 1450 Los Angeles, Ca 90024		Name: Michael Kaduce Office: 310.267-5959 Fax: 310.312.9322 e-mail: mkaduce@mednet.ucla.edu
Student Eligibility: Open to the general public who are 18 years old	Cost of Program: Basic: \$1595 tuition, \$282.43 materials Refresher: \$245 tuition, \$22.50 materials	<u>Program Level:</u> EMT Basic and Refresher Number of students completing training per year: Initial training: 634 Refresher: 402 Expiration date: 10/31/2022 Number of courses: Initial training: 20 Refresher: 12

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
UCLA Paramedic Education 52220 Pacific Concourse Drive, Suite 135 Los Angeles, CA 90045 Failed to provide requested information despite repeated requests		Name: Heather Davis Office: 310.680.1101 Fax: 310.297.2020 e-mail: hdavis@mednet.ucla.edu
Student Eligibility: Open to general public	Cost of Program: Basic: \$10,000 – tradition \$16000 - hybrid Refresher: \$350	Program Level: Paramedic Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
West Coast EMT 1009 Torrance Blvd Redondo Beach, CA 90277		Name: Matt Horan Office: 714-558-9604 Fax: e-mail: matt@westcoastemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$995.00 Refresher: \$275.00	Program Level: EMT Number of students completing training per year: Initial training: 162 Refresher: 0 Expiration date: 7/31/2021 Number of courses: Initial training: 15 Refresher:

Table 11

Resource Directory / Public Dispatch Agencies



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2019-2020)



Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies

Note: Complete information for each facility by County.

Name & Address: OPERATED by LA County Fire Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Primary Contact & Phone Number: Michael Krug Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___93___ EMD ___14___ EMT-D ___ ___ ALS ___ ___ BLS ___ ___ LALS ___ ___ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210		Primary Contact & Phone Number: Dona Noris Communications Manager 310.288.2634	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through Dr Angelique Campen.)</i>	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>4</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal

Name & Address: Downey Fire Dispatch Center, "Downey Dispatch" 12222 Paramount Blvd. Downey, CA 90242		Primary Contact & Phone Number: Tracy Gonzales Fire Communication Supervisor 562.299.5413 Tracy.Gonzales@areaefire.org	
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>11</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Merged with LA County Fire La Verne Police Department 2061 3 rd Street La Verne, CA 91750			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD ___1___ EMT-D ___30___ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			Primary Contact & Phone Number: Tony Ramirez Assistant Fire Chief 323.881.2370 Tony.Ramirez@fire.lacounty.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___93___ EMD ___14___ EMT-D _____ ALS ___97___ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012			Primary Contact & Phone Number: Carlos Calvillo Assistant Fire Chief 213.576.8900 Carlos.Calvillo@lacity.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808			Primary Contact & Phone Number: Dan Cunningham 562.570.9470		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277 310-379-2477			Primary Contact & Phone Number: Jason Kilpatrick Communications Supervisor 310.374.0287 Jason.Kilpatrick@redondo.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 12 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Santa Monica Public Safety Communications 333 Olympic Drive, 2 nd Floor Santa Monica, CA 90401			Primary Contact & Phone Number: Lindsay Call Officer, OEM 310.864-4183 Lindsay.Call@smgov.net		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 20 _____ EMD _____ 4 _____ EMT-D _____ 4 _____ ALS _____ 3 _____ BLS _____ _____ LALS _____ 6 _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250			Primary Contact & Phone Number: Shannon Kauffman 310.973.1802 x102 skauffman@rcc911.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 8 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503			Primary Contact & Phone Number: Karen Farmer 310.618.5673 Kfarmer@torranceca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 14 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204			Primary Contact & Phone Number: Battalion Chief Phil Ambrose 818.548.5668 pambrose@glendaleca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790			Primary Contact & Phone Number: Kim West 626.939.8519 Kim.west@wcpd.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____ Uses Powerphone and their medical director	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 12

Ambulance Zone Summary



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision emergency ambulance transportation services in Emergency Operating Area 1. EOA 1 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 1 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)

Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 2 (City of Monrovia)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Schaefer Ambulance Services through February 22, 2019 Care Ambulance Service temporarily assigned area until an RFP can be conducted Due to default on agreement and Schaefer filing for bankruptcy</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 2.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 3.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 4.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 5.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains Urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6. EOA 6 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 6 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 7. EOA 7 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 7, allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">Emergency Operating Area 8 (City of Redondo Beach)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 8. EOA 8 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 8, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>Emergency Operating Area 9</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 9. EOA 9 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 9, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Alhambra</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Alhambra Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Alhambra has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Arcadia</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Arcadia Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Arcadia has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Beverly Hills</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Beverly Hills Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Beverly Hills has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Burbank</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Burbank Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Burbank has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Culver City</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Culver City Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Culver City has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Downey</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Downey Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Downey has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of El Segundo</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>El Segundo Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>El Segundo has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Hermosa Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Hermosa Beach Fire Department Length of operation prior to 1981 Hermosa Beach entered into an agreement with Los Angeles County Fire Department as of January 1, 2018, for fire protection and ALS services. The City of Hermosa Beach maintained their emergency ambulance transportation service through an agreement with McCormick Ambulance.</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Hermosa Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991, they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits. The City subcontracted with McCormick Ambulance Services to provide emergency ambulance transportation on January 1, 2018.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of La Verne</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">La Verne Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">La Verne has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Long Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Long Beach Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Long Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Los Angeles</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Los Angeles has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Manhattan Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Manhattan Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Monterey Park</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">Monterey Park Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Monterey Park has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Gabriel</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Gabriel has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of San Marino</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">City of San Marino Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">San Marino has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Santa Monica</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Santa Monica Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Santa Monica has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Sierra Madre</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">City of Sierra Madre Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Contains urban, rural and wilderness areas.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of South Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of South Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>South Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of Torrance</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">City of Torrance Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">Torrance has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City’s continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Avalon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Avalon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Avalon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)**



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p align="center">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p align="center">City of West Covina</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p align="center">City of West Covina Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p align="center">West Covina has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p align="center">The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p align="center">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p align="center">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of San Fernando</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Los Angeles Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>San Fernando has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Vernon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>City of Vernon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Vernon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name:</p> <p>Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p>City of Glendale</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p>Glendale Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p>Glendale has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p>The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p>Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p>The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.</p>



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2019-2020)



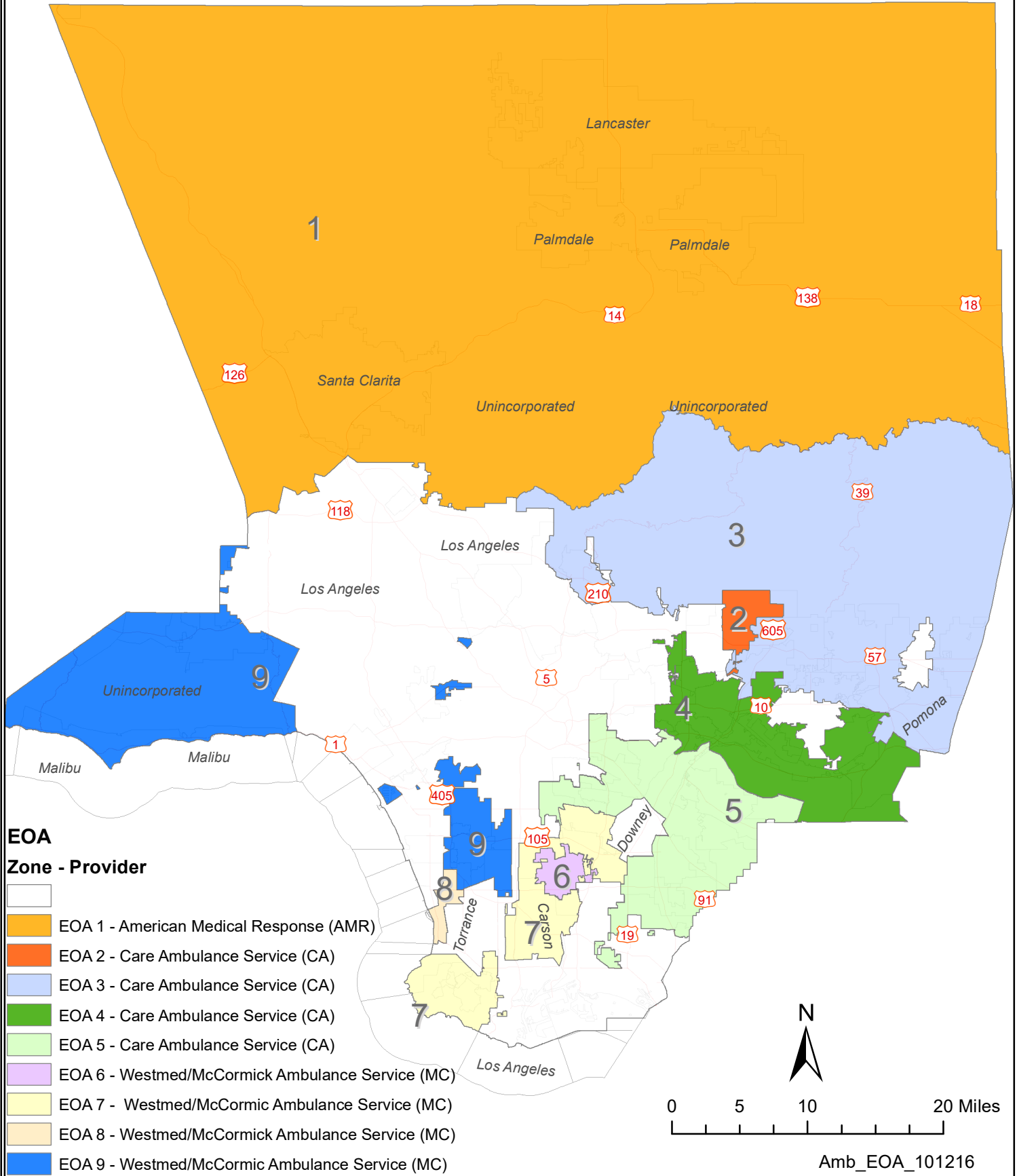
Table 12 – AMBULANCE ZONE SUMMARY FORM

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

<p>Local EMS Agency or County Name: Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title: City of Compton</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: City of Compton</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Following a Request for Proposal process, Los Angeles County entered into an Exclusive Emergency Ambulance Transportation Service Agreement with Westmed Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

LOS ANGELES COUNTY

9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS 2016



EOA
Zone - Provider

- EOA 1 - American Medical Response (AMR)
- EOA 2 - Care Ambulance Service (CA)
- EOA 3 - Care Ambulance Service (CA)
- EOA 4 - Care Ambulance Service (CA)
- EOA 5 - Care Ambulance Service (CA)
- EOA 6 - Westmed/McCormick Ambulance Service (MC)
- EOA 7 - Westmed/McCormick Ambulance Service (MC)
- EOA 8 - Westmed/McCormick Ambulance Service (MC)
- EOA 9 - Westmed/McCormick Ambulance Service (MC)

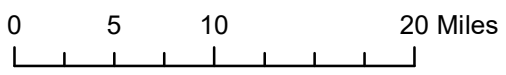


Table 13

LA County EMS Agency, Quality Improvement Plan 2019-2020

Quality Improvement Plan 2019-2020



Los Angeles County
Emergency Medical Services Agency

I. Introduction

Los Angeles County EMS Agency Mission Statement

To advance the health of our communities by ensuring quality emergency and disaster medical services

The Los Angeles County (LAC) Emergency Medical Services (EMS) Agency is responsible for monitoring and implementing regulatory oversight over for one of the largest multijurisdictional EMS systems in the nation. The LAC system utilizes more than 18,000 certified EMS personnel employed by public and private organizations, fire departments, ambulance companies, hospitals, and law enforcement agencies to provide emergency and non-emergency prehospital care to over 10 million residents and visitors.

LAC requires a comprehensive quality improvement (QI) program to provide ongoing system evaluation to maintain quality in day-to-day operations while implementing process improvement strategies to advance patient care delivery that are consistent with best practices and evidence-based medicine. The QI plan provides the written framework for the QI program.

Our system utilizes a multidisciplinary collaborative approach to drive improvement. It is educational, not punitive by design to encourage the exchange of information to enhance patient safety and minimize adverse events. Quality patient care delivery is sustained through ongoing evaluation, timely system feedback and education, in addition to, providing opportunities to acknowledge performance excellence within the system.

The EMS Agency and QI program supports the California EMS Authority (EMSA) in the development, implementation, and reporting of statewide core measures.

The LAC EMS QI plan is written in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 12: *Emergency Medical Services System Quality Improvement* and is consistent with the State of California *Emergency Medical Services System Quality Improvement Program Model Guidelines* and *EMSA 166, Appendix E, EMS Core Quality Measures*.

II. Structure and Organizational Description

A. Organizational Description [Link to Org Chart](#)

B. QI Structure – The LAC EMS Agency QI Program utilizes an integrated process that incorporates all EMS system stakeholders to develop, implement, and support QI activities. The committees described below are the structure that supports the QI Program.

1. **EMS Agency QI Team** – The EMS QI Team is the guiding body for EMS QI Program activities. The EMS Agency QI Team meetings are convened as needed to support the QI system needs. Members include, but are not limited to, the following representatives:

EMS Agency Medical Director
EMS Agency Director
EMS Agency Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
System EMS QI Coordinator
Chief Prehospital Care Operations
Chief Hospital Programs
Chief Data Management
Additional EMS Agency staff, when needed

Responsibilities of the EMS Agency QI Team include the following:

- Cooperate with EMSA in carrying out the responsibilities of the EMS QI Program in accordance with the Quality Improvement Program Model Guidelines and EMS Core Quality Measures.
- Collaborate with EMSA in the development and implementation of statewide EMS performance indicators.
- Maintain and support local QI/Advisory committees to incorporate input from EMS system participants for the development, implementation, evaluation, and monitoring on local and statewide measures.
- Facilitate and support the development of training and educational programs as they relate to action plans and other QI activities.
- Convene and facilitate Research Collaborative Committees to assist with evaluating performance and developing strategies to improve regionalized specialty care systemwide.
- Make recommendations for the development and revision of the LAC EMS Agency policies and Treatment Protocols that are consistent with best practices and evidence-based medicine.
- Serve as a resource to support QI among all programs and appropriate stakeholder groups.
- Publish an annual data report and provide ongoing reports to the EMS community.
- Review and update the LAC EMS QI Program as needed.

2. **Base Hospital / 9-1-1 Provider Agency QI Committee**

Meetings are held quarterly; members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency System EMS QI Coordinator
Designated EMS Agency staff
Prehospital Care Coordinators from each Base Hospital
Paramedic Coordinator and /or Fire Department Nurse Educator from each
9-1-1 Provider Agency
Ad hoc members/representatives:
 Pediatric Liaison Nurse from EDAP
 Air Operations Provider Agency
 Emergency Medical Dispatch
 Private (non-911) Provider Agency QI Committee

3. **Private Non 9-1-1 Provider Agency QI Committee**

Meetings are held every four months; members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Non 9-1-1 BLS/ALS/CCT provider agencies
Ad hoc members/representatives:
 Approved paramedic training programs
 Approved EMT training programs
 9-1-1 Provider Agency
 Emergency Medical Dispatch

4. **Trauma Hospital Advisory Committee (THAC) - QI Sub-Committee**

THAC meetings are held every other month to address trauma care in LAC. For QI meeting purposes, THAC QI is divided into three sub-committees each covering a region of the county. The QI sub-committees meet quarterly and report back to THAC. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency Trauma Program Manager and designated staff
Trauma Medical Director (surgeon) from each designated Trauma Center
Trauma Center Program Manager (RN) from each designated Trauma Center
TAG members, as needed



5. **Medical Advisory Council (MAC)**

MAC Meetings are held quarterly to assist the EMS Agency Medical Director in carrying out regulatory responsibilities, provide recommendations on written treatment guidelines, policies and procedures that are consistent with best practices and evidence-base medicine. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS Agency Physician Specialist(s)
System EMS Agency QI Coordinator
Designated EMS Agency staff
Medical Directors from each Base Hospital
Medical Directors from each Provider Agency
Representatives:
Trauma Hospital physician
Association Prehospital Care Coordinators
9-1-1- Receiving Hospital physician

6. **ST Elevation Myocardial Infarction (STEMI) Receiving Center (SRC)/
Advisory Committee**

SRC/ROSC program QI meetings are divided into four regions. Meetings are held biannually, at a minimum, to maintain and improve program quality appropriate to the SRC system. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
Paramedic Training Institute Medical Director
EMS Agency SRC Program Manager
Designated EMS Agency staff
Medical Director from each SRC
9-1-1 Provider Agency Paramedic



7. **Stroke Center Advisory/QI Committee**

Stroke program meetings are held biannually, at minimum, to maintain and improve quality of stroke care delivery. The EMS Agency implemented Comprehensive Stroke Center (CSC) designation in early 2018. CSC hospital designation includes Thrombectomy Capable Stroke Centers (TSC) and CSCs. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Physician Specialist



EMS Agency Stroke Program Coordinator
Designated EMS Agency Staff
Medical Directors from each designated stroke center
Stroke Coordinators from each designated stroke center

8. Pediatric Advisory Committee (PedAC)

The PedAC meets quarterly to provide expert oversight and address QI needs specific to pediatric patients. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director/Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Pediatric Physician Specialist
EMS Agency EDAP Program Manager
Designated EMS Agency staff
Pediatric Liaison Nurse from each region
EDAP Medical Director from each EDAP region
Pediatric Medical Center (PMC) Medical Director from each PMC region
Pediatric Medical Center (PMC) Coordinator from each PMC
Medical Director and a Program Manager from a Pediatric Trauma Center



9. Data Collaborative/Research Collaborative

The data collaborative workgroup members include physician specialists, program medical directors and managers, designated program representatives, and other subject matter experts as needed. The primary purpose is to utilize the EMS Agency data to evaluate, provide recommendations, and develop quality initiatives to improve the delivery of care within our local regional programs and support EMS research through publication. The current Data Collaborative/Research Collaborative include: STEMI, Stroke, Trauma, and Pediatric .[Link to Publications](#)

10. EMS Commission Advisory Committees

The advisory committee meetings are held every other month with exception to the Education Advisory Committee (EAC). EAC meetings are convened ad hoc under the direction of the Committee Chair. Each advisory committee's membership represents the constituent groups as outlined in the EMS Commission bylaws. The EMS Commission Advisory Committee membership includes the following:

Base Hospital Advisory Committee (BHAC)
Provider Agency Advisory Committee (PAAC)
Data Advisory Committee (DAC),
Education Advisory Committee (EAC)

11. Innovation, Technology and Advancement Committee (ITAC)

ITAC is designed to evaluate innovative technologies and provide recommendations to the EMS Agency Medical Director and Director regarding implementation and oversight on new products, pharmacological interventions,

and novel equipment. ITAC recommendations are shared with EMS system stakeholders and published on the EMS Agency website.

[Link to Ref. No. 205, ITAC Policy](#) [Link to Ref. No. 205.1, ITAC Recommendations](#)

Meetings will be held quarterly or as directed by the Chair; members include, but are not limited to:

EMS Agency Director of Education and Innovation
Medical Advisory Council, (3) Physician Representatives
PAAC Representative/Alternate
BHAC Representative/Alternate
PedAC Representative/Alternate
Primary Training Program, Paramedic and EMT
Subject matter experts and EMS Agency staff, as needed

III. **Data Management**

A. **Data Collection**

The EMS Agency obtains information through a variety of methods that include the following sources: electronic data exchange, hard copy review, internal and external customer surveys, and program reviews (audits). Data collection is primarily conducted via the Trauma and Emergency Medicine Information System (TEMIS), Lancet Technology Innovative Data Solutions by ESO. The TEMIS database assists the EMS Agency in evaluating, monitoring, and coordinating all EMS system components, as well as meet state data collection requirements.

All public 9-1-1 and Exclusive Operating Area provider agencies utilize an electronic patient care record (ePCR) platform. Private (non-9-1-1) provider agencies, paramedic base hospitals and trauma centers utilizing paper PCR capture the required data elements using an approved electronic platform and standard paper forms (EMS Report Form, Base Hospital Form and Trauma Patient Summary Form). All paramedic base hospitals and trauma centers conduct data entry on site. The data is uploaded automatically to a dedicated File Transfer Protocol (FTP) site every 24 hours.

Other mechanisms by which the EMS Agency obtains data include direct data input to the LA STEMI and LA Stroke databases by the designated SRC and stroke hospitals. Stroke data is also downloaded from the *Get With The Guidelines (GWTG)* Patient Management Tool. Helicopter EMS (HEMS) data is submitted to the EMS Agency on a quarterly basis from the three HEMS providers in LA County. The EMS Agency continues to work on the process of incorporating the STEMI, Stroke and HEMS data into TEMIS. Systemwide data collection on hospital diversion, bed availability, and surge capacity are collected via ReddiNet.

The Public Safety Agency Data Registry allows public safety agencies approved for naloxone administration to enter data directly into the data registry. Each public safety agency may utilize the data registry to generate reports on their own agency to assist in the quality improvement process required for program approval. The EMS Agency oversees the data and will provide aggregate system reports.



B. **Data Validation**

Data submitted to the EMS Agency databases undergoes an extensive data quality review and clean up through the following mechanisms:

1. EMS Agency data entry personnel conduct monthly peer review data audits. Identified errors are corrected and overall data entry performance is included in the data entry personnel's periodic performance evaluation report.
2. EMS provider agencies utilizing electronic data collection are required to validate their data using the EMS Agency's published EMS Data Validator before submission to the FTP site. The EMS Agency conducts a secondary validation before final upload to TEMIS. Data that fails validation is rejected and sent back to the EMS Provider for correction.
3. Annual data audits are conducted by the EMS Agency for each EMS Provider Agency. A corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
4. Data clean up reports are generated by the EMS Agency on a quarterly basis for Paramedic Base Hospitals and Trauma Centers. In general, a corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
5. Documentation reports are routinely developed and disseminated in the quality improvement committees for evaluation and education on the application of the data dictionary and data standards to improve reliability.

C. **Data Submission**

1. The EMS Agency ensures timely data collection and submission from base and trauma hospitals through written agreements.
2. Data collection requirements for other specialty care centers are prescribed in the specific specialty care center Standards and local policies.

3. EMS provider agency data collection requirements are governed by local policies. Submission of required data to the EMS Agency is highly dependent upon organizational resources (method of data collection/

ePCR vendor) and size (personnel/volume of EMS responses). The EMS Agency has established policies and procedures specific to submission of electronic patient care data. However, provider agencies experience vendor-related problems that cause significant delays in data submission to the EMS Agency. The EMS Agency and EMS community continue to work together on improving data collection and submission as the system transitions to the CEMISIS data requirements.
4. The LA County Trauma Center Programs participate in the American College of Surgeons Trauma Quality Improvement Program (TQIP) and are members of the LA County TQIP Collaborative. Collaborative system-level TQIP reports allow us to compare our system performance to national results and impart opportunities for system-wide QI projects.
5. EMS providers may be required to submit self-reported data utilizing Excel spreadsheets for the following reasons:
 - a. Non-911 (interfacility) transports are not entered into TEMIS.
 - b. Base hospitals and public 911 provider agencies may be required to submit data on prospective QI projects when the required data cannot be accessed through the EMS Agency databases.
 - c. Provider agencies approved for a pilot project with an expanded local scope of practice requiring data not captured in the EMS Agency databases.
 - d. The EMS Agency is joining the Cardiac Arrest Registry to Enhance Survival (CARES) with data entry into CARES database beginning January 2021 for system benchmarking.

D. Data Utilization

1. The EMS Agency utilizes the TEMIS, LA STEMI, LA Stroke, and GWTG databases for both statewide core measures and local system reports. The local reports are utilized for daily operations such as performance and contract monitoring, system audits, policy revision, and QI activities. The databases are also used to provide the information needed to analyze the potential impact of hospital diversions and closures.
2. Self-reported data utilizing Excel spreadsheets are utilized, when needed for private non-9-1-1 provider agency QI projects and evaluating performance and ensuring safety when new medications, treatment and/or devices are implemented into the system.

3. Public Safety Data Registry was implemented in May 2020 and will initially be utilized to evaluate the utilization of naloxone administered by approved public safety agencies. The plan is to expand the data registry to collect additional data regarding other field care provided by public safety agencies (i.e., tourniquet application and AED).

E. Limitations

1. **Separate Databases:** The existence of multiple databases is not ideal for timely reporting. Multiple data entry and data abstraction are conducted on the same patient. Data analysis is resource-intensive when data elements are found in the various databases.
2. **Multiple System Participants:** Data validation and transmission is complex as more EMS provider agencies move toward utilizing various ePCR software applications. Changes to the reporting standards often require additional time and expense.
3. **Data Quality:** Current methods of data capture require extensive data audits. Cleanup is needed to ensure valid and reliable data.
4. **Data Use Agreement (DUA):** Meaningful evaluation of system performance is highly dependent on the collaboration amongst the participants, consensus on how data will be collected and utilized. Currently, the EMS Agency is only able to share a limited dataset with the EMS Authority without a DUA in place. A DUA would allow for an open and full exchange of data that can be used to expand the evaluation of system performance and improve delivery of care.

IV. Quality Indicators

A. Utilization of Provider Impression/New Treatment Protocols

The new adult and pediatric Treatment Protocols (TP) utilizing Provider Impression (PI) codes were implemented in 2018 with systemwide transition complete in April 2019. The EMS Public 9-1-1 Provider Agency and Base Hospital QI Committee assist the EMS Agency in evaluating the transition. Reference 1373, Medical Control Guideline: Treatment Protocol Quality Improvement Fallout Data Dictionary is a comprehensive tool developed to assist with standardizing the QI process. [Link to Ref. No. 1373, TP QI Fallout Data Dictionary](#)

B. Ambulance Patient Offload Time (APOT)

The EMS Agency continues to work with the system participants to collect data using the Standardize Methods for Collecting and Reporting APOT data adopted by the EMS Authority. A workgroup has been convened to assist the EMS Agency in policy development to provide guidance in reducing 911 patient offload time. Members include representatives from the following organizations: Hospital Association of Southern California, Los Angeles County Ambulance Association, Emergency Nurses Association, Los Angeles County Professional Fire Fighter's union, public (9-1-1) and private (non-911) provider agencies, and base hospitals.

C. EMSA Core Quality Measures

The EMS Agency historically has participated in statewide data submission to CEMIS and continues to actively participate in statewide data collection through the submission of core measure data outlined in EMSA #166, EMS Quality Improvement Program Guidelines/Core Quality Measures. To ensure reliable and valid data, the EMS Agency will continue to update our data dictionary and provide training/feedback to EMS personnel on documentation of the core measure data elements with the exception of ambulance response times by zones. The LAC EMS system is not designed to collect data by zones. Alternatively, systemwide ambulance response times are collected and reported.

D. COVID-19

Early 2020 the EMS Agency implemented Reference No.1245, Potential COVID-19 Patients and Reference No. 845, Treat and Refer for Mild Respiratory Illness During the COVID-19 Outbreak to guide treatment and transport decisions during the emerging pandemic. This required a change in our system performance indicators to evaluate the delivery of care for potential COVID-19 patients.. A dedicated webpage was established to enable timely access to current information on COVID-19 related hospital and prehospital data, PPE distribution, and educational resources. Additionally, the EMS Agency implemented weekly Zoom conference calls, led by the Medical Director, to provide the EMS community with information and updates on clinical and operational aspects that impact the delivery of prehospital care. [Link to COVID Resources and Updates](#)

E. Local Performance Indicators

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Personnel	Continuous	Number of Emergency Medical Technician certifications that result in disciplinary action, ongoing tracking for variance	Prehospital Emergency Personnel System Information (PEPSI)	Certification and Program Approvals
Documentation	Quarterly	Number of base hospitals compliant with mandatory data fields documented Link to Base Hospital Documentation Manual - Required Data Fields	Base TEMIS DB	Hospital Programs/ Data Management

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Documentation	Quarterly	Percentage of (new) adult and pediatric TP compliance by 9-1-1 provider agencies and base hospitals – 2019, Q1 2020	*Self-reported	Prehospital Care Operations/ System QI
	Weekly	Starting Q2 2020 COVID - 19 Provider Impressions of concern and the Treatment Protocol 1245 Utilization / Compliance		Data available upon request
COVID-19 Data	Weekly	Link to COVID-19 Data Reports	EMS DB and self-reported	Data Management
Clinical Care and Patient Outcomes	Quarterly	Time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 min; reported 90 percentile	STEMI-DB	SRC/ROSC Program Link to LAC EMS System Report
	Quarterly	Percentage of suspected stroke patients transported to the Primary Stroke Center and Comprehensive Stroke Center	Stoke DB	Stroke Program
Skills Competency	Quarterly	Utilization of Provider Impressions	EMS TEMIS	Prehospital Operations/ System QI Data available upon request
Transportation/ Facilities	Annually	Trauma Center volume systemwide	Trauma and EMS TEMIS DB	Data Management Link to LAC EMS System Report
	Annually	Volume of patients transported by 9-1-1 from acute care hospitals by PI		

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Public Education and Prevention	Quarterly	Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR (future metric)	EMS TEMIS DB	Prehospital Care Operations
	Annually	Number of citizens trained during the annual SideWalk “hands-only” CPR Program (Due to the pandemic, 2020-21 SideWalk CPR will be virtual and tracked through YouTube)	*Self-reported	
Risk Management	Quarterly	Percentage of compliance with Ref. 834, “treat and release” on scene by public 9-1-1 provider agencies	*Self-reported	Prehospital Care Operations /System QI Data available upon request

*Self-reported utilizing a standardized reporting method

V. Prehospital Research

Research provides an evidence base to support prehospital medical treatments and interventions. The EMS Agency actively supports prehospital research through the Research Data Collaboratives. [Link to EMS System Publications](#)

VI. Evaluation of System Indicators

- A. The System EMS QI Coordinator and designated staff prepare reports on system performance indicators to be utilized by the QI Team, Advisory Committees, and EMS Commission to ensure systemwide evaluation.
- B. Under the direction of the EMS Agency Medical Director, the EMS Agency QI Team will analyze system reports generated by each EMS Agency section responsible for reporting on current performance indicators and EMS Authority Core Measures.
- C. Presentations on performance indicators will be prepared in the most appropriate format to allow for ease of interpretation of data. Formats most commonly utilized include line charts, bar graphs, flowcharts, and data tables.

VII. Action to Improve

- A. The EMS Agency, under the direction of the Los Angeles County Department of Health Services, utilizes the FOCUS PDSA model for performance improvement.



1. **F**ind a process to improve; improvement needs are identified by the EMS Agency QI Team in collaboration with the TAG, QI and Advisory groups.
2. **O**rganize the process utilizing the team most familiar with the process related to the system process identified.
3. **C**larify current knowledge of the process by collecting information and reviewing current trends.
4. **U**nderstand capabilities and causes for variations in processes by utilizing brainstorming techniques and fishbone diagrams or flowcharts.
5. **S**elect a strategy or process for improvement that will most likely reduce or eliminate the causes for variation in performance.
6. **P**lan, determine objectives and develop plan in agreement with system participants.
7. **D**o, carry out the action according to established plan.
8. **S**tudy findings, the EMS QI Team with system input will analyze the findings, compare with hypothesis, and prepare a summary for a trend report.
9. **A**ct on findings, the EMS QI Team in collaboration with the TAG, QI and Advisory groups will determine performance improvement needs. A Quality Task Force may be chartered if needed, to carry out specific performance improvement plans.

VIII. Training and Education

- A. The effectiveness of the QI process is related to the efficacy of training and educational activities. Due the size and complexity of our system, training and education is accomplished through a variety of mechanisms:
1. **Quality Improvement Committees/Advisory Meetings**
Information needed for improving local system and statewide performance is disseminated to committee members for training and education of providers responsible for direct patient care.

2. **EMS Update**

Under the direction of Dr. Denise Whitfield, the EMS Agency staff, Paramedic Training Institute, and system stakeholders develop and implement the mandatory annual EMS Update that address educational and training needs related to performance improvement. The EMS Update 2020 format was changed to an on-line format utilizing a learning management system.

3. **EMS Data Report**

The EMS Agency publishes an annual data report that provides valuable feedback to the EMS community and citizens of Los Angeles on system demographics and performance. [Link to LAC EMS System Report](#)

4.  **EMERGI PRESS**

The Emergi-Press is a web-based EMS educational forum located on the EMS Agency website. Educational material includes, ECG of the month video learning modules, and cases from the field that are posted monthly with availability to earn continuing education credit. Additionally, the Emergi-Press utilizes Updates from The Medical Director to communicate pertinent information to EMS personnel and stakeholders regarding system issues. [Link to Emergi-Press, current and past](#)

B. The EMS Agency QI Team and other advisory groups review policies and procedures to insure consistency with the EMSA and LAC EMS QI plan.

C. Once a performance improvement plan has been successfully implemented, the EMS Agency will post all policies and system updates to its website to allow timely access by all EMS participants.

VIII. **Update/Summary**

The QI plan was updated to reflect the changes in our plan and performance measures. Year 2020 required the EMS Agency to focus efforts on evaluating COVID-19 related Provider Impressions, utilization of Treatment Protocol Reference No. 1245, Potential COVID-19 Patient, Reference No.834, Patient Refusal of Treatment or Transport, and Reference No. 845, Treat and Refer for Mild Respiratory Illness During the COVID-19 Outbreak. An ad hoc committee with community partners was convened to evaluate the EMS Agency data and improve prehospital care for patients not transported. The QI plan is submitted to EMSA for review and published on the EMS Agency website for review by the EMS participants and system stakeholders.

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of Emergency Medical Technician certifications that result in disciplinary action	Indicator revised to track number of EMT certifications that result in disciplinary action annually. See LAC EMS Plan for report.	Continue to monitor for variance	Office of Certification and Accreditation

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of pts transported on a backboard when SMR is utilized	This indicator is on hold due to the implementation and evaluation of the new TPs - continue on hold for COVID related activities	TEMIS	System QI
Number of 91-1 provider agencies compliant with documentation of mandatory data fields Number of base hospitals compliant with documentation of mandatory data fields	In addition to the mandatory fields, the EMS Agency continues to work with the provider agencies on core measure data documentation through ongoing programs reviews and data audits.	Continue monitor and provide feedback to the EMS public 9-1-1 provider agencies & base hospitals	Hospital and Prehospital Programs/Data Management
Percentage of EMS PCR with PI = STRK with mLAPSS + and LAMS documented Volume of suspected stroke patients transported to the PSC and CSC	Data available upon request. Issue with mapping LAMS data resolved. Link to LAC EMS System Report	Continue to monitor and provide feedback to community partners Continue to monitor	Prehospital Operations Data Management
90 percentile for time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 minutes	Link to LAC EMS System Report Ongoing collaboration with system partners to reduce STEMI Referral Center door-in door-out.	Continue to monitor and provide feedback to system partners	SRC/ROSC Program
Percent of pts with PI = AGDE receiving midazolam PI =PSYC added	Data available upon request; systemwide education was provided in EMS Update 2019	Feedback provide to system participant, continue to monitor	System QI/Prehospital Operations

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Volume of patients transported by 911 from acute care hospitals, by chief complaint</p>	<p>Revised indicator to top 10 PIs, EMS 911 transports for adult and pediatric patients Link to System Report</p> <p>Additionally, evaluate top 5 PIs used by 911 provider agencies; self-reported reports. Data available upon request</p>	<p>Continue to monitor and provide feedback to EMS and base hospitals</p>	<p>Hospital Programs Prehospital Care Operations</p>
<p>Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR</p>	<p>Link to LAC EMS System Report</p>	<p>Continue to monitor and provide feedback</p>	<p>Prehospital Care Operations</p>
<p>Number of citizens trained during the annual SideWalk “hands-only” CPR Program</p>	<p>The SideWalk CPR program trained >5,000 LA County residents and visitors in 2019; additionally, the EMS Agency assisted LAC DPH in reaching their goal to train 100,000 citizens in hands-only CPR</p> <p>The EMS Agency developed a video to provide virtual hands-only CPR training that can be accessed by through YouTube</p>	<p>Annual Program</p>	<p>System QI/Prehospital Care Operations</p>
<p>Percentage of “treat and release” on scene by public 9-1-1 provider agencies</p>	<p>Due to the revision of Ref. No. 834, Patient Refusal of Treatment or Transport, this indicator was changed to measure percentage of patients treated by EMS/released on scene w/o AMA; data available upon request. 834 task force convened in 2020 to revise policy</p>	<p>834 task force convened in 2020 to revise policy</p>	<p>EMS Agency</p>