



2025 ANNUAL REPORT

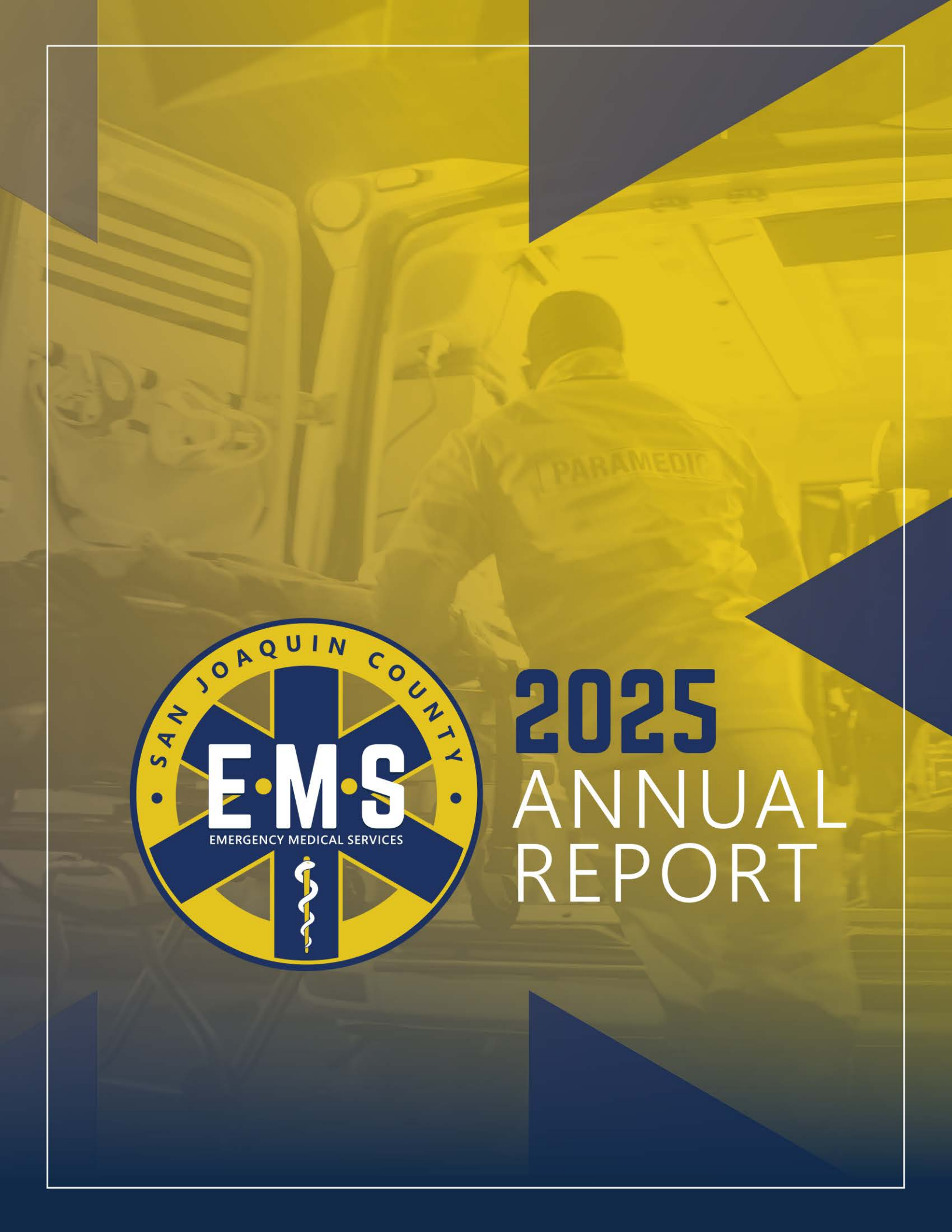




Table of Contents

Executive Summary and Message from the Medical Director	2
About SJCEMSA	3
Certifications, Accreditations, & Authorizations - EMS Personnel	4
SJCEMSA EMS Award of Excellence	4
Non-Emergency Ambulance Providers	5
Call Types for Service	5
Emergency Medical Responders - Fire Department / Districts.....	6
Air Ambulance Providers	7
Emergency Ambulance Providers	7
Hospital/Receiving Center Designations	8
Ambulance Patients Offload Delays.....	9
EMS Specialty Care – Stroke / Trauma / STEMI.....	10-11
Disaster & Emergency Preparedness.....	12
Other 2024 Activities & Accomplishments	13-14
Looking Ahead – 2025 Goals.....	14

Executive Summary

In 2025, the San Joaquin County Emergency Medical Services Agency (SJCEMSA) and the county's EMS System achieved significant progress in operational efficiencies. Key accomplishments included a substantial reduction in ambulance patient offload times, resulting in more ambulances being available for emergency response. This improvement followed eighteen months of coordinated efforts and policy adjustments with local hospitals. Additionally, after three years of thorough assessment and planning, SJCEMSA successfully implemented an EMS system redesign by awarding the emergency ambulance and dispatch service agreement to the local partnership of CENCAL and AMR, securing reliable emergency ambulance services for the next 5-10 years. SJCEMSA also integrated new data management software to support evidence-based decision-making.

SJCEMSA anticipates continued productivity and advancements in the coming year and thanks all EMS system stakeholders for their engagement and cooperation to make these improvements in our EMS system.



Jared Bagwell
EMS Director

Message from the Medical Director

Over the past eight years serving as the Medical Director for the San Joaquin County Emergency Medical Services Agency (SJCEMSA), our foundational commitment has always been delivering exceptional patient care rooted in evidence-based medicine. However, this past year marked a major evolutionary milestone for our agency. Moving beyond traditional, passive Continuous Quality Improvement (CQI) measures, this year we introduced integrating clinical Key Performance Indicators (KPIs) directly into our ambulance contracts. This shifts our system away from generic, compliance-driven metrics and intentionally binds contractual performance to meaningful, evidence-based patient outcomes and hospital continuity. Our focus is on implementing clinical advancements that we continue to actively track and build upon. Through the CARES registry, we continue to see outstanding survival outcomes for out-of-hospital cardiac arrests, and we continue to evaluate possible interventions to push these numbers even higher. Simultaneously, our STEMI Receiving Centers (SRCs) have maintained a long-standing record of excellent cardiac care, with door-to-balloon times routinely surpassing national benchmarks. Alongside these cardiac milestones, we have witnessed the profound maturation of our regional trauma system—a long-term evolution I am immensely proud of, representing years of dedicated clinical collaboration coming to full fruition. On the operational front, mitigating Ambulance Patient Offload Delays (APOD) was a major achievement this past year, driven by intense collaboration with both our hospital partners and prehospital providers. To ensure we were driving meaningful change, SJCEMSA focused heavily on clarifying the door-to-offload metric to guarantee the collection of high-quality data. Our team conducted hands-on ambulance triage observations at every hospital throughout the year, providing direct feedback and identifying systemic bottlenecks. Backed by weekly data reports distributed system-wide, we have seen dramatic drops in Ambulance Patient Offload Times (APOT) across all facilities, with many now hovering around 20 minutes. Most notably, our two highest-volume hospitals achieved an incredible reduction of over 50%. Building on this operational momentum, we also worked hand-in-hand with our SRC and Trauma Center physicians to streamline the Interfacility Transfer (IFT) process. Understanding these patients require time sensitive interventions, many of the traditional documentation required for IFTs have been minimized to expedite the movement of our most critically ill and injured patients while actively monitoring these transfers to ensure seamless system performance.

Looking forward, SJCEMSA is positioned to leverage this new data-driven framework. Moving into the future, we will use these contract KPIs and our data infrastructure to drive the system even further. By deepening our engagement with key stakeholders, cultivating regional partnerships, and maintaining a strict culture of clinical accountability, we will continue to advance the standard of care and optimize survival outcomes for our community.



Katherine Shafer, MD
EMS Medical Director



About SJCEMSA

The San Joaquin EMS Agency, a department within the San Joaquin County Health Care Services Agency, is responsible for the planning, implementation, and evaluation of the emergency medical services (EMS) system in San Joaquin County. SJCEMSA monitors and enforces more than 25 contracts and agreements for the provisions of advanced life support (ALS) emergency ambulance services, ALS and basic life support (BLS) non-emergency ambulance services, ALS and BLS first response services, base hospital medical direction, receiving hospital services, trauma services, specialty care centers, EMS training programs, and other services. This includes implementing and evaluating the County's trauma plan and other specialty care systems including oversight of San Joaquin General Hospital's performance as a designated level II trauma center and the St. Joseph's Medical Center and Dameron Hospital as STEMI (cardiac) centers.

In addition to contract monitoring and enforcement, SJCEMSA serves as the lead for all Continuous Quality Improvement (CQI) activities throughout the EMS system including the approval of dispatch, provider and hospital CQI programs; leading peer-to-peer CQI activities; managing individual and provider performance improvement plans; and investigating and tracking sentinel events, unusual occurrences, citizen complaints, and EMS personnel formal investigations. SJCEMSA maintains an on-call EMS Duty Officer, 24-hours a day/ seven days a week to respond to mutual aid requests, coordinate disaster medical operations, and to assist hospitals and providers in managing the EMS system. SJCEMSA, in cooperation with Public Health Services, serves as the lead agency for medical disaster response with the EMS Administrator serving as the County's Medical Health Operational Area Coordinator.

SJCEMSA oversees the Hospital Preparedness Program grant which provides funds for disaster planning in targeted areas including: healthcare system preparedness and recovery, emergency operation coordination, information sharing, medical surge and medical volunteer management.

Certifications, Accreditations, & Authorizations

SJCEMSA has established policies for issuing certifications, accreditations, and authorization to EMS personnel that provide emergency medical services care to the sick and injured residents and visitors in San Joaquin County.

EMS Personnel	2025 Applications Processed	Total Personnel
EMS Dispatcher Authorization	50	87
Emergency Medical Responder Certification	16	26
Emergency Medical Technician Certification	532	882
Paramedic Accreditation	262	385
Mobile Intensive Care Nurse Authorization	37	70
Paramedic Preceptor Authorization	6	53
Paramedic Accreditation Officer Authorization	1	8

Source: SJCEMSA / Authority: California Health and Safety Code – Division 2.5. Emergency Medical Services • 1797.210, 1797.220, 1798 et seq



SJCEMSA EMS Award of Excellence

Captain Jeremy Bishop

2025 San Joaquin County EMS Award of Excellence Recipient

Recipients of this award are recognized for their efforts and dedication to improving the EMS system in San Joaquin County, being a mentor and supporter of other EMS system participants, providing valuable education and feedback to the EMS system, and a commitment to helping other in our community.

Captain Jeremy Bishop is recognized by his peers and other leaders in San Joaquin County for his ability to offer guidance and foster a culture of continuous learning. Captain Bishop’s dedication has exemplified the successful planning, instruction, and documentation of quarterly EMS Tower Drills for all Stockton Fire Department. These sessions covered essential topics like Zoll training, Tranexamic Acid applications, respiratory emergencies, and EPCR documentation, ensuring that EMS responders are well-equipped to handle critical situations effectively.

Captain Bishop had been with the Stockton Fire Department for more than 27 years. During his time with Stockton Fire Department Captain Bishop spearheaded the EMS Challenge Coin program, which acknowledges outstanding EMS delivery—particularly in cardiac arrest outcomes. Captain Bishop has strengthened recognition efforts by collaborating with SJCEMSA and initiating a trial program to track patient neurological outcomes, hosting multiple ceremonies to honor dedicated crews. Further, Captain Bishop streamlined EMS reporting by leading the project to optimize Surface Go Tablets, ensuring more efficient EPCR completion for Stockton Fire Department.

Non-Emergency Ambulance Providers

San Joaquin County Ambulance Ordinance 4563 and the EMS system allow for non-emergency ambulance providers to be permitted to provide different levels of service. These providers enhance the system to allow for patients to be transferred and transported to higher levels of care or alternative care/treatment without taking emergency ambulances away from providing care to the 9-1-1 system.

Non-Emergency Ambulance Transport Providers	2025 Transports	Level of Service
AlphaOne Ambulance Medical Services	2,107	BLS, NTL, SCT
Amwest Ambulance	4,208	ALS, BLS, SCT
Bay Medic Transportation	5,934	BLS, SCT
Citizens Medical Response, LLC	1,631	BLS
<u>NORCAL Ambulance</u>	<u>15,416</u>	<u>ALS, BLS, NTL, SCT</u>
ProTransport-1, LLC	837	BLS, SCT

Source: SJCEMSA

Level of Service:

- Basic Life Support (BLS) - two-person minimum staffing with one emergency medical technician (EMT) attendant and one EMT driver.
- Advanced Life Support (ALS) - two-person minimum staffing with one paramedic attendant and one EMT driver.
- Critical Care Transport (CCT) - three-person minimum staffing with an authorized registered nurse attendant and two EMTs (one driver and one attendant).
- Neonatal Transport (NTL) - Meets criteria per SJCEMSA Policy No. 4411, Authorization to Conduct Neonatal Transport.
- Specialty Care Transport (SCT) - a two-person minimum staffing with one authorized registered nurse attendant and one EMT.

Emergency Medical Responders

Peace officers and firefighters are often referred to as first responders. At the scene of an emergency, they are sometimes the first to provide emergency medical care to the sick and injured. Peace officers and firefighters have at a minimum, training for Public Safety First Aid and CPR; however, some have high levels of training.

In San Joaquin County, we have agreements with fire departments/districts to provide Basic Life Support (BLS) or Advanced Life Support (ALS). BLS services are provided by EMT's and ALS services are provided by paramedics.

First Responder Agency	2025 EMS Response	Level of Service
Clements Rural Fire District	212*	BLS
Collegeville Fire District	980	BLS
Defense Logistics Agency	47	ALS
Escalon Consolidated Fire Protection District	735	BLS
Farmington Fire District	112	BLS
French Camp-McKinley Fire District	1,212	BLS
Lathrop-Manteca Fire Protection District	2,354*	BLS / ALS
Liberty Rural Fire Protection District	222	BLS
Linden-Peters Fire District	444	BLS
Lodi Fire Department	6,043	BLS /ALS
Manteca Fire Department	7,805	BLS
Mokelumne Rural County Fire District	510	BLS
Montezuma Fire Protection District	630*	BLS
Mountain House Fire Department	605	BLS
Ripon Consolidated Fire District	1,390*	ALS
South San Joaquin County Fire Authority	6,247	ALS
Stockton Fire Department	32,669	ALS
Thornton Fire District	195	BLS
Waterloo-Morada Fire District	1,275	BLS
Woodbridge Fire District	1,038	BLS

Source: Fire Departments and Fire Districts and *SJCEMSA. / **Authority:** California Health and Safety Code – Division 2.5. Emergency Medical Services • 1797.200, 1797.204, 1797.206 et seq, 1798 et seq

Air Ambulance Providers

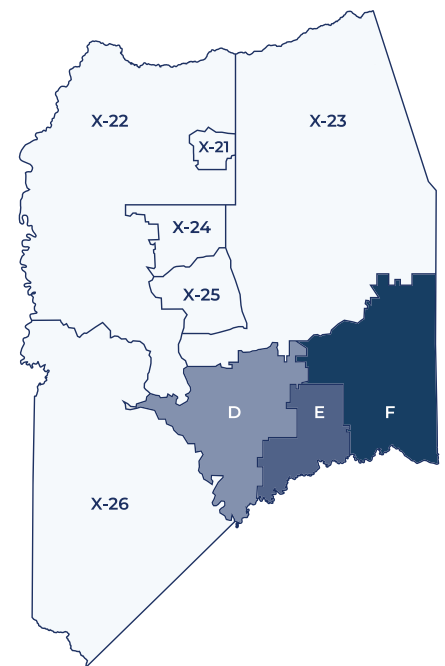
Air ambulances are permitted and available in San Joaquin County to provide air transportation from a facility (hospital) to a higher level of care or specialty care facility. In addition, they can respond to the scene of an emergency.

Air Ambulance Providers	Inter-Facility Transport	Scene Transport
REACH / CALSTAR	310	20
Standford Life Flight	28	0

Source: SJCEMSA / **Authority:** San Joaquin County Ambulance Ordinance 4563 • California Health and Safety Code – Division 2.5. Emergency Medical Services 1797.220; 1798 et seq

Emergency Ambulance Providers

San Joaquin County has established four (4) zones for emergency ambulance services. This system design allows for exclusive operating areas in those zones. Services for zone X is provided by American Medical Response. Zone D is serviced by Manteca District Ambulance Services. Zone E is serviced by Ripon Consolidated Fire Districts. Zone F is serviced by Escalon Community Ambulance.

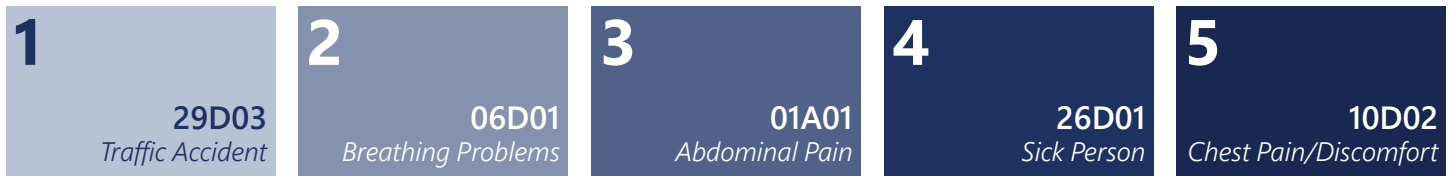


Emergency Ambulance Providers	2025 Responses	2025 Transports	Percentage of Responses Transported	Zone
American Medical Response	85,826	66,837	78%	X
Escalon Community Ambulance	1,121	770	69%	F
Manteca District Ambulance Services	12,108	9,383	77%	D
Ripon Consolidated Fire District	1,641	1,134	69%	E

Source: SJCEMSA / **Authority:** San Joaquin County Ambulance Ordinance 4563 • California Health and Safety Code – Division 2.5. Emergency Medical Services • 1797.200, 1797.204, 1797.206 et seq, 1798 et seq

Emergency Medical Services Activation

The top five (5) reasons that 9-1-1 is activated in San Joaquin County for a medical response.



Source: SJCEMSA

Hospital / Receiving Center Designations

SJCEMSA is granted authority through California Health and Safety Code and California Code of Regulation to administer the Local EMS system, which includes designation of General Acute Care Hospitals as receiving hospitals for all patients arriving by ambulance in San Joaquin County. In addition, hospitals that provide specialized care in Stroke, Trauma, and Cardiac services are approved by SJCEMSA for designation of specialty care services. SJCEMSA develops and oversees the Stroke, Trauma, and STEMI system of care in SJC.

SJCEMSA Policy No. 5201, Medical Patient Destination, allows for patients to choose to be transported to a hospital in San Joaquin County, Sacramento County, or Stanislaus County hospital to receive emergency medical care. 94% of the patients are transported to a hospital in San Joaquin County by choice or by medical necessity.

Below is the table that indicates the specialty care designations awarded the seven (7) hospitals within San Joaquin County.

Specialty Care Designation

Hospital	Trauma	Base	STEMI	Stroke	2025 Transports Received	90th Percentile Off-Load
Adventist Health Lodi Memorial Hospital				X	9,363	0:35:32
Dameron Hospital			X	X	8,645	0:34:17
Doctor's Hospital Manteca				X	4,861	0:26:02
Kaiser Permanente Hospital Manteca				X	4,649	0:25:00
San Joaquin General Hospital	X	X		X	13,784	0:35:10
St. Joseph's Medical Center			X	X	27,340	0:40:03
Sutter-Tracy Community Hospital				X	4,659	0:32:05

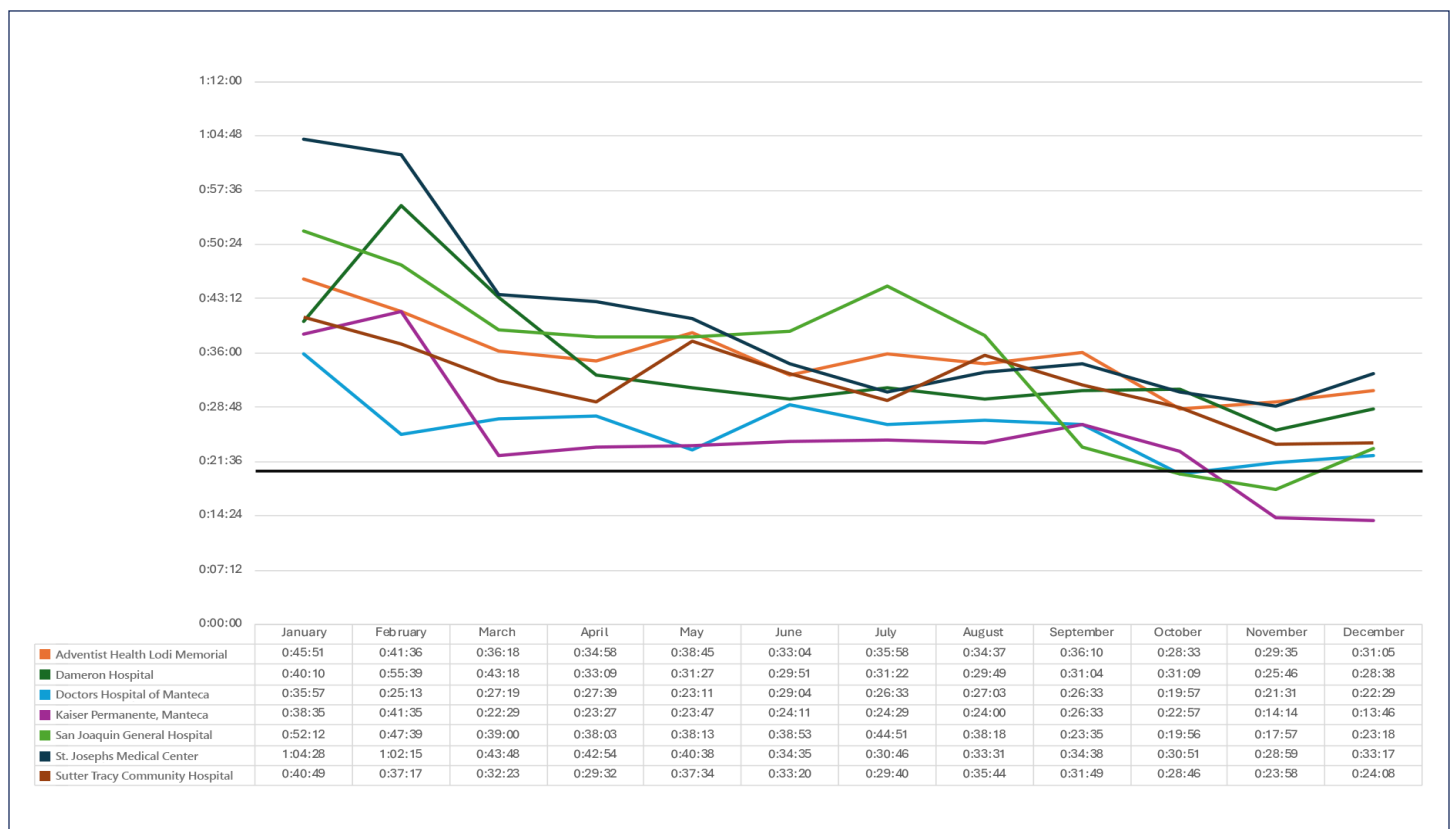
Source: SJCEMSA / Authority: Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172; California Code of Regulations, Title 22, Division 9, Chapter 6.

Ambulance Patients Offload Delays

Receiving hospitals are obligated pursuant to the federal Emergency Medical Treatment and Active Labor Act (EMTALA) to promptly provide each patient arriving at the receiving hospital with an appropriate medical screening examination and necessary stabilizing treatment for emergency medical conditions and labor within the hospital's capability and capacity. SJCEMSA has determined that 20 minutes is the maximum time an ambulance should wait at any emergency department to be transferred to a hospital bed.

In 2025, SJCEMSA worked with stakeholders on the Ambulance Patient Offload Delay (APOD) subcommittee with three objectives: 1) Identify and review current transfer of care practices and identify ways to improve education and accuracy, 2) Identify and review barriers and efficiencies to hospital throughput, and 3) Identify local solutions to reduce ambulance patient offload delays greater than twenty (20) minutes.

SJCEMSA along with the designated receiving center hospitals located in San Joaquin County have been working diligently to improve APOD.



2025 Ambulance Patient Offload Delays by Hospital

EMS Specialty Care

Primary Stroke Centers (PSC)

All seven (7) hospitals in San Joaquin County are designated as Primary Stroke Centers (PSC) and have met the requirements as set forth in SJCEMSA Policy No. 4811, [Primary Stroke Center Designation](#). Stroke alerts prepare PSCs to receive patients suffering from suspected stroke symptoms and allow for quicker diagnostic procedures, improving patient outcomes.

SJCEMSA implemented policies adopting time standards that have proven to improve patient outcomes from the American Heart Association (AHA)/American Stroke Association (ASA).

Stroke System of Care Measures	Goal Time	SJC Average Time
EMS First Medical Contact to Thrombolytics "FMC to Needle"	≤ 1:30:00	1:18:19
Hospital arrival to Thrombolytics "Door to Needle"	≤ 0:60:00	0:54:10
Hospital Arrival to CT Scan "Door to CT"	≤ 0:25:00	0:12:11

Source: AHA Get with the Guidelines Stroke Registry / **Authority:** Health and Safety Code, Division 2.5, Section 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 6.

Level II Trauma Center

San Joaquin General Hospital is designated by SJCEMSA as a Level II Trauma Center. They have met all the standards and requirements of a level II trauma center as set forth by SJCEMSA Policy No. 4712, [Level II Trauma Center Standards](#), and the American College of Surgeons Committee on Trauma (ACS-COT).

Major Trauma Transports 2025	
Blunt Trauma	2,109
Penetrating Trauma	259
Burn Trauma	39
	TOTAL 2,407

Source: SJGH / **Authority:** Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172; California Code of Regulations, Title 22, Division 9, Chapter 6.

EMS Specialty Care (Continued)

STEMI Receiving Centers (SRC)

“STEMI” means ST Segment Elevation Myocardial Infarction and refers to a clinical syndrome defined by symptoms of myocardial infarction in association with ST-segment elevation on electrocardiogram. SJCEMSA has designated both Dameron Hospital and St. Joseph’s Medical Center as STEMI Receiving Centers (SRC). Both hospitals have been evaluated and met the requirements set by SJCEMSA Policy 4801, [STEMI Receiving Center Designation](#).

The American Heart Association has set time standards that lead to the best patient outcomes. In addition, SJCEMSA has implemented policies to ensure patients have early and rapid care.

STEMI System of Care Measures	Goal Time	SJC Average Time
EMS First Medical Contact to PCI	≤ 1:30:00	1:27:02
Hospital arrival to PCI	≤ 1:30:00	0:58:54

Source: AHA Get with the Guidelines CAD STEMI Registry / **Authority:** Health and Safety Code, Division 2.5, Section 1797.67, 1797.88, 1797.220, 1798, and 1798.170; California Code of Regulations, Title 22, Division 9, Chapter 6.

“PCI” or “Percutaneous Coronary Intervention” means a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart, usually done on an emergency basis for a STEMI patient

In 2025, 89.19% of STEMI patients transported that receive PCI survive.



Disaster & Emergency Preparedness

SJCEMSA coordinates medical and health mutual aid, as the Medical Health Operational Area Coordinator (MHOAC) in accordance with California Health and Safety Code 1797.153.

In addition, SJCEMSA manages the Federal Hospital Preparedness Program (HPP) Grant and chairs the San Joaquin Operational Area Healthcare Coalition. San Joaquin Operational Area Healthcare Coalition's purpose is to improve and sustain the healthcare preparedness capabilities within San Joaquin County by providing a forum for multi-agency coordination; joint emergency preparedness planning, training and exercising; as well as information and resource sharing.

The coalition is comprised of 237 healthcare facilities, providers, public and private medical and health agencies/organizations, public safety agencies, non-government agencies, and other community partners operating within the geographic boundaries of San Joaquin County.

The San Joaquin Operational Area Healthcare Coalition is made up of three distinct functional groups:

- Medical/Health Multi-Agency Coordination Group (Med MAC)
- Emergency Preparedness Committee (EPC)
- Healthcare Coalition Memorandum of Understanding Signatories (MOU)

In 2025, SJCEMSA, in collaboration with the Emergency Preparedness Committee, prioritized the enhancement of policies and the expansion of training opportunities. The Health Care Coalition continued its focus on chemical and radiological response readiness, as well as Incident Command training, to strengthen the capabilities of both first responders and healthcare receivers. A major highlight of the program was the completion of the Med Net Radio Project. Through this initiative, all hospitals, including the Disaster Control Facility, received upgraded radios, improving communication reliability and coordination among response partners.

Additionally, SJCEMSA received a supplemental HPP H5N1 grant for the Health Care Coalition. This funding supported efforts to expand and reinforce response programs for hospitals, community clinics, and pre-hospital care providers in preparation for a potential Ebola outbreak in the United States.

Several hospitals also joined the National Disaster Medical System and participated in the Ultimate Caduceus Exercise, which provided the opportunity to collaborate with federal partners in receiving military patients during disaster scenarios.

Volunteer Management

SJCEMSA manages 777 registered volunteers in the San Joaquin Unit of the California Disaster Healthcare Volunteers (DHV). All deployed volunteers are provided with state funded workers' compensation protection, in accordance with the California Disaster Service Workers Volunteers Program

Other 2025 Activities & Accomplishments

Month	Activity and Accomplishment
January	<ul style="list-style-type: none"> • Approved Lathrop Manteca Fire District Station 34 for ALS services. • Conducted Ham Radio Communications Exercise. • Participated in Statewide Disaster Healthcare Volunteers (DHV) System Drill.
February	<ul style="list-style-type: none"> • Permitted new non-emergency ambulance provider - AlphaOne Ambulance Medical Services. • Conducted a Response to a Radiological Dispersal Device (RDD)- Overview and Implementation for the First 100 Minutes Guidance (PER-348) Training. • Conducted a Hospital Radiological First Receivers: Detecting Radioactive Contamination (PER-370) Training. • Conducted a Ham Cram Training.
March	<ul style="list-style-type: none"> • Conducted a Medical Counter Measures: Point of Dispensing (POD), Planning and Response (MGT-319) Training. • Conducted a Personal Protective Measures for Biological Events (PER-320) Training. • Initiated the Hospital Med Net Radio Replacement Project.
April	<ul style="list-style-type: none"> • Released San Joaquin County Emergency Medical Services System Assessment developed by Healthcare Strategists. • Participated in Statewide DHV System Drill. • Kaiser Manteca helipad decommissioned effective 4/30/2025.
May	<ul style="list-style-type: none"> • SJC Board of Supervisors EMS Week Proclamation. • Awarded Stockton Fire Department Captain Jeremy Bishop the SJCEMSA EMS Award of Excellence. • Released RFP 24-32 Exclusive Operating Area Providers for Emergency Ambulance Services for Emergency Medical Services Agency. • Conducted Medical Response and Surge Exercise.
June	<ul style="list-style-type: none"> • Conducted an ICS-300 Intermediate Incident Command System for Expanding Incidents Training. • Conducted a Health Care Coalition Cyber Risk Assessment Workshop.
July	<ul style="list-style-type: none"> • Began Trial Study - EMT administration of Ondansetron (Zofran). • Participated in Ultimate Caduceus Full Scale Exercise (Federal Partners). • Conducted Ham Radio Communications Exercise. • Participated in Statewide DHV System Drill.

Other 2025 Activities & Accomplishments

(Continued)

Month	Activity and Accomplishment
August	<ul style="list-style-type: none">• SJCEMSA Emergency Medical Responder Course with Farmington Fire District (8 participants).• Conducted an ICS-300 Intermediate Incident Command System for Expanding Incidents Training.
September	<ul style="list-style-type: none">• Conducted Ham Cram Training.
October	<ul style="list-style-type: none">• Participated in Statewide DHV System Drill.
November	<ul style="list-style-type: none">• Conducted an ICS-400: Advanced Incident Command System for Complex Incidents Training.
December	<ul style="list-style-type: none">• Awarded Letter of Commendation for November 29, 2025, EMS services provided.

Looking Ahead - 2026 Goals

In 2026 SJCEMSA Goals include:

1. Bolster all data sources and promote data sharing with the stakeholders.
2. Continuing advancing to a partnership with Delta College for a Paramedic Training Program.
3. Participating in system training and events.
4. Establishing Nurse Navigation at 911 dispatch.
5. Publishing emergency ambulance RFP and selection of EOA provider.



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— COUNTY —

www.sjgov.org/ems