

Thursday, August 13, 2026

0900 – 1100

**Robert Cabral Agriculture Center
2101 E. Earhart Ave, Stockton CA 95206
Assembly Room 2**

SJC EMS ADVISORY COMMITTEE

AGENDA

- I. CALL TO ORDER/INTRODUCTIONS
- II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:
 - a. Review and approval of February 2026, EMS Advisory Committee meeting minutes
- III. OLD BUSINESS:
 - a. Paramedic Training Program Update
 - b. Emergency Ambulance and Dispatch Service Transition Update
 - i. IFT Open Market
 - c. 2026-2027 EMS Projects Update
 - i. First Pass Integration
 - ii. Transport to Alternative Destinations (TAD)
 - iii. Mobile Crisis Response Integration
 - iv. Learning Management System (LMS)
 - v. Nurse Navigation System (NN)
- IV. NEW BUSINESS:
 - a. New Membership and purpose of EMS Advisory Info
 - b. EMS Annual Report Presentation
 - c. New MD Recruitment Info
 - d. Maddy Fund requests Info
 - e. Establish EOA Contract Compliance subcommittee Info
- V. EMS SYSTEM PROGRAMS / REPORTS:
 - a. Ambulance Patient Offload Times (APOT)
 - i. 2026 APOT YTD Presentation
 - b. Specialty Care Systems Reports

- i. 2025 Specialty Care Reports Presentation
- c. CQI
 - i. CQI Update Presentation

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

VII. NEXT MEETING:

- a. The next regularly scheduled EMS Advisory Committee meeting is scheduled for November 12, 2026.

VIII. ADJOURNMENT

Attachments:

EMS Advisory Committee Meeting minutes – February 12, 2026 – Draft
2025 EMS Annual Report
2026 APOT Year to Date
2025 CARES Specialty Summary and Report
CQI Update

EMS Advisory Committee

Thursday, February 12, 2026, at 0900

MINUTES

Members	Membership Representing	Present	Absent
Jared Bagwell (Co-Chair)	SJCEMSA	X	
Dr. Katherine Shafer (Co-Chair)	SJCEMSA	X	
Charla Barney	ED RN – Base Hospital - SJGH	X	
Cheryl Heaney-Ordez	ED RN – Receiving Hospital – St. Joseph’s Medical Center	X	
Erica Lowry	ED RN – Receiving Hospital – Sutter Tracy Community Hospital	X	
Daniel Iniguez	EOA emergency ambulance provider – American Medical Response		X
Vanessa Herrero	EOA emergency ambulance provider – Escalon Community Ambulance	X	
John Andrews	EOA emergency ambulance provider – Manteca District Ambulance	X	
Pat Burns	EOA emergency ambulance provider – Ripon Fire Ambulance	X	
Lenard Gutierrez	Representative of an ALS fire dept./district – Stockton Fire Department	X	
Todd Rausser	Representative of a BLS fire dept./district – Liberty Fire	X	

Vince Stroup	Paramedic Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance		X
Lucas Mejia	EMT Non Fire-based ALS emergency ambulance providers – Manteca District Ambulance		X
Eric DeHart	Fire-based emergency ambulance provider – Ripon Fire	X	
Rich Silva	Emergency Medical Dispatcher - VRECC		X
Leo Conn	Law Enforcement – San Joaquin County Sheriff		X
Alternate Members			
Raeann Pfann	San Joaquin General Hospital		X
Rebecca Luz	VRECC	X	
Kyle Naes	American Medical Response	X	
George McKelvie	Manteca District Ambulance		X
Jeremy Abundiz	Ripon Fire Department		X
Jennifer Flowers	Sutter Tracy Community Hosp.		X
EMS Agency Staff	Title	Present	Absent
Christine Tualla	EMS Analyst	X	
Matthew Esposito	EMS Coordinator	X	
Paul Harper	Pre Hospital Care Coordinator		X
Nasir Khan	Specialty Care Coordinator	X	
Jeff Costa	Specialty Care Coordinator	X	
Leon Brown	EMS Analyst	X	
Sophany Bodine	EMS Analyst	X	

Anita Tenscher	Office Technician Coordinator		X
Guests			
Anna Trindade	Emergency Medical Dispatcher – SFD ECD	X	

Meeting called to order at 0905 by Co-Chair EMS Director Jared Bagwell.

I. CALL TO ORDER/ INTRODUCTIONS:

- a. Committee member introductions.

II. APPROVAL OF PAST EMS ADVISORY COMMITTEE MEETING MINUTES:

- a. J. Bagwell asked committee to review minutes from November EMS Advisory Committee meeting. Chief Dehart moved to approve minutes from the last advisory committee meeting, J. Andrews seconded. No objections from Committee.

III. OLD BUSINESS:

- a. Paramedic Training Program: Committee members were updated on progress of the SJCEMSA / Delta College paramedic training program partnership. SJCEMSA working on MOU and accreditations with Delta and will have the first cohort of 18 beginning Fall of 2027.
- b. Emergency Ambulance and Dispatch Services: Committee members were updated on the status of the award to CENCAL for emergency ambulance and dispatch services to commence May 1, 2026. Committee members were updated on some of the changes to the EMS system as a result of the new agreement including an “open market” for BLS, ALS, and CCT IFT.

IV. NEW BUSINESS:

- a. Policy Review: Committee members were updated on the final draft of policies that were out for stakeholder comments for the 2025-2026 cycle. Policies will take effect May and July of 2026.
 - i. Policy No. 2540, Paramedic Accreditation
 - ii. Policy No. 2540B, Paramedic Accreditation & Skills Verifications Task Form
 - iii. Policy No. 2541A, Paramedic Infrequently Used Skills Competency Verification
 - iv. Policy No. 6341, Ambulance Patient Offload Times
 - v. Policy No. 6620, Continuous Quality Improvement Program
 - vi. Policy No. 6630, Continuous Quality Improvement Committee
 - vii. Policy No. 7020, Disaster Control Facility
 - viii. Policy No. 7040, Multi Casualty Incident Policy

- ix. Policy No. 1400, EMS Advisory Committee
- x. Policy No. 2700, Locally Issued Authorization Review Process
- xi. Policy No. 4712, Level II Trauma Center Standards
- xii. Policy No. 5210, Major Trauma Triage Criteria
- xiii. Policy No. 6102, EMS Unusual Occurrence Reporting Process
- xiv. Policy No. 6720, Trauma Data Management
- xv. Policy No. 7001, On Call EMS Duty Officer Notification
- b. EMS Week 2026: Committee members were advised of EMS week activities and encouraged to share for EMS system coordination.
- c. 2026-2027 EMS Projects: Committee members were updated on the following projects to be completed over the next couple of years:
 - i. First Pass Integration
 - ii. Transport to Alternative Destinations
 - iii. Mobile Crisis Response Integration
 - iv. Trauma and STEMI/Stroke Symposium
 - v. Learning Management System
 - vi. Nurse Navigation Services

V. EMS SYSTEM PROGRAM/REPORTS:

- a. Ambulance Patient Offload Times (APOT): Committee members were presented with ambulance patient offload time comparisons from 2024 and 2025 and reminded of new APOT standard moving from 20 to 25 minutes.
- b. Specialty Care Systems Update: Committee members were updated on the SJCEMSA redesignation process for STEMI and Stroke in 2027.
- c. CQI: Committee members were presented with Air Ambulance utilization for 2025. Vanessa Hererro suggested monitoring heat maps of requested locations for auto dispatch.

VI. ANNOUNCEMENTS/GOOD OF THE ORDER:

- a. MDA – John Andrews provided updates to MDA’s leadership changes
- b. AMR – Kyle Naes provided operational updates. Lodi and Tracy will have stations for AMR ambulances, and 8 additional field supervisors will be added.
- c. Sutter Tracy – Erica Lowry provided operational updates. There has been an uptick in the ED census. “Operation Hot Potato” is implemented to help reduce APOTs.
- d. SJGH – Charla Barney stated that CDPH is at the hospital this week. No significant findings to report.
- e. St. Joseph’s – Cheryl Heaney stated the ED census is up. Pediatric unit is near completion. There is ongoing construction. Parking will be a challenge due to all of the construction on the east and north end of the ED.
- f. Stockton Fire – “CENCAL Update” – Leonard Gutierrez
 - i. Stated they are sending supervisors to ICS training.

- ii. Working on increasing staff.
- iii. A fire academy just started.
- iv. Retention program by increasing incentive wages

VII. NEXT MEETING:

- a. The next regularly scheduled meeting is scheduled for May 13, 2026.

VIII. ADJOURNMENT:

Meeting adjourned 1110.

DRAFT



2025 ANNUAL REPORT



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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

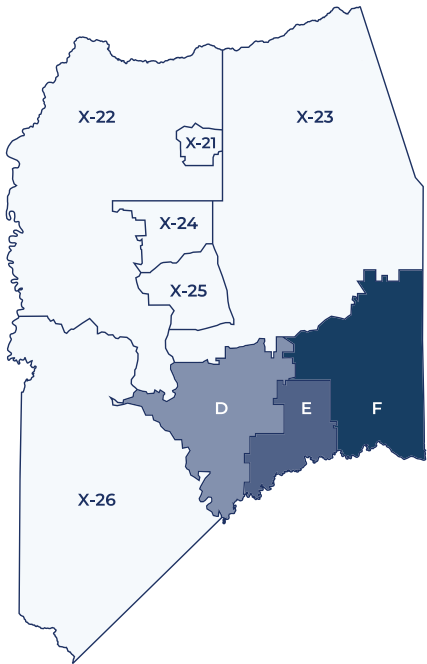
Air ambulances are permitted and available in San Joaquin County to provide air transportation from a facility (hospital) to a higher level of care or specialty care facility. In addition, they can respond to the scene of an emergency.

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.

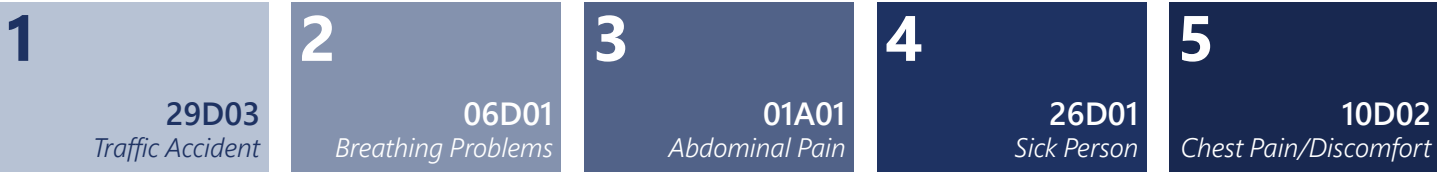


Emergency Ambulance Providers	2025 Responses	2025 Transports	Percentage of Responses Transported	Zone
American Medical Response	85,826	66,837	78%	X
Escalon Community Ambulance	1,121	770	69%	F
Manteca District Ambulance Services	12,108	9,383	77%	D
Ripon Consolidated Fire District	1,641	1,134	69%	E

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

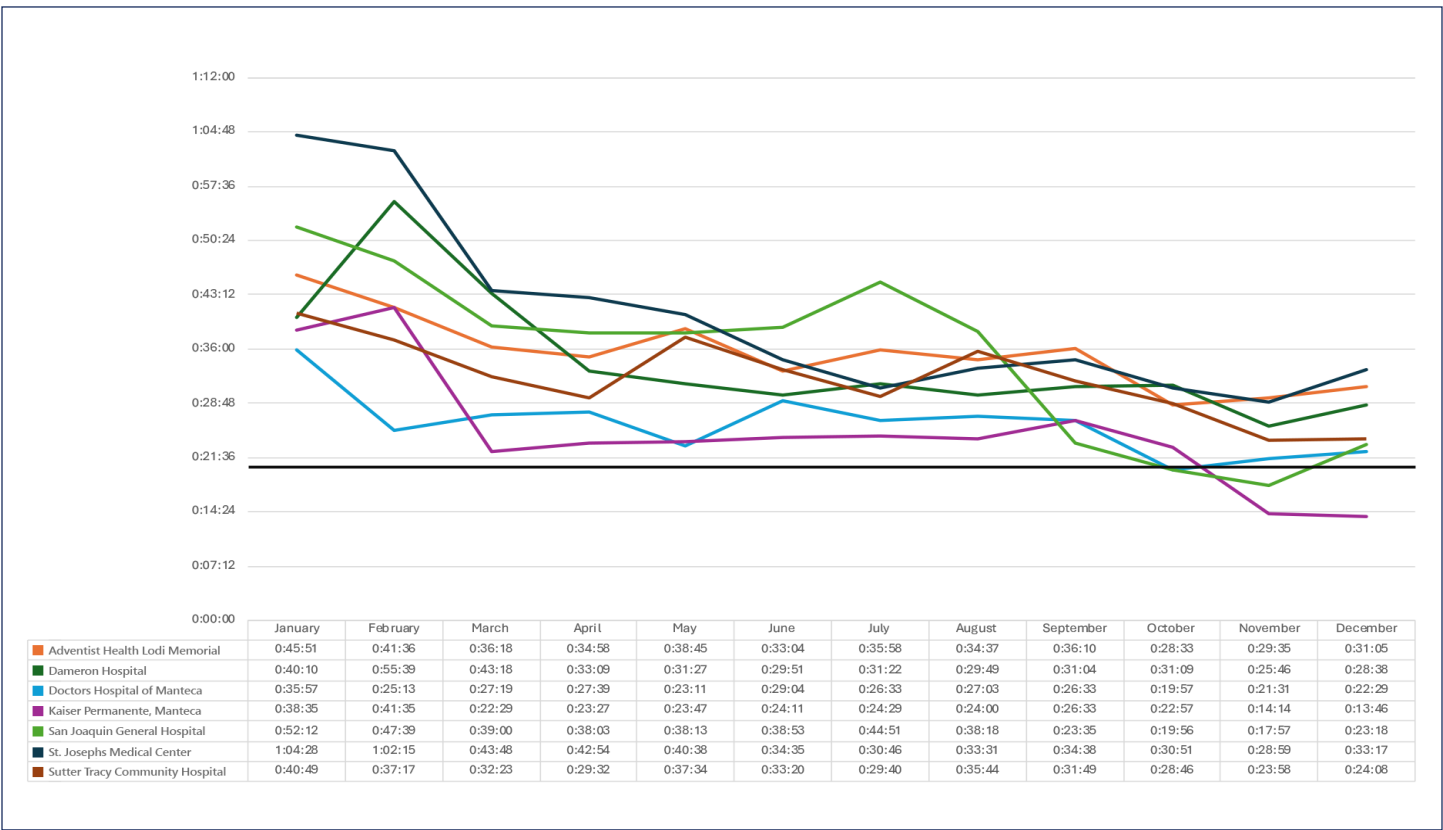
Source: SJCEMSA / Authority: Health and Safety Code, Division 2.5, Sections 1797.67, 1797.88, 1797.220, 1798, 1798.162, 1798.163, 1798.164, 1798.165, 1798.168, 1798.170, and 1798.172; California Code of Regulations, Title 22, Division 9, Chapter 6.

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	• 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	• 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	• 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	• 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	• 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	• Conducted an ICS-300 Intermediate Incident Command System for Expanding Incidents Training. • Conducted a Health Care Coalition Cyber Risk Assessment Workshop.
July	• 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

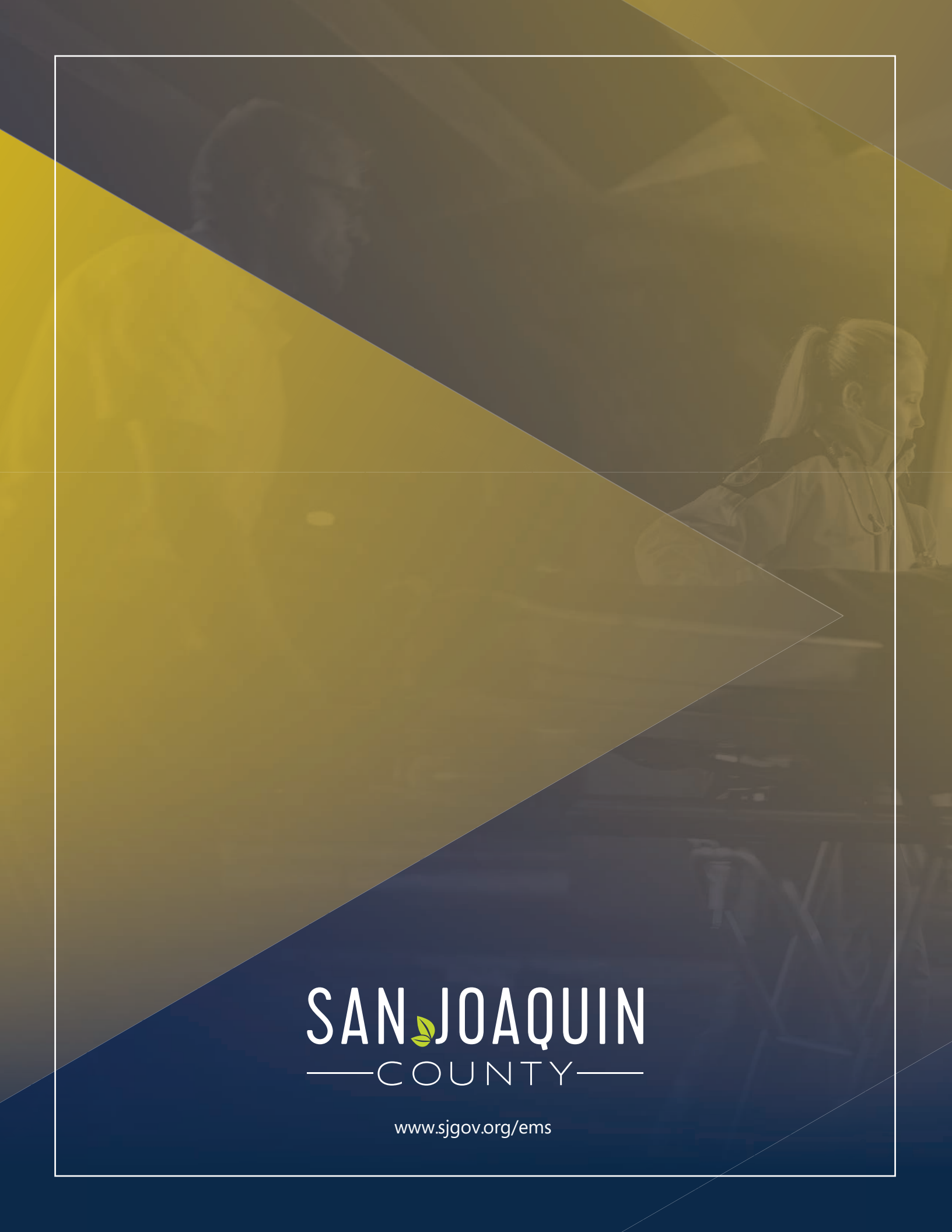
(Continued)

Month	Activity and Accomplishment
August	• SJCEMSA Emergency Medical Responder Course with Farmington Fire District (8 participants). • Conducted an ICS-300 Intermediate Incident Command System for Expanding Incidents Training.
September	• Conducted Ham Cram Training.
October	• Participated in Statewide DHV System Drill.
November	• Conducted an ICS-400: Advanced Incident Command System for Complex Incidents Training.
December	• 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.



SAN JOAQUIN

—COUNTY—

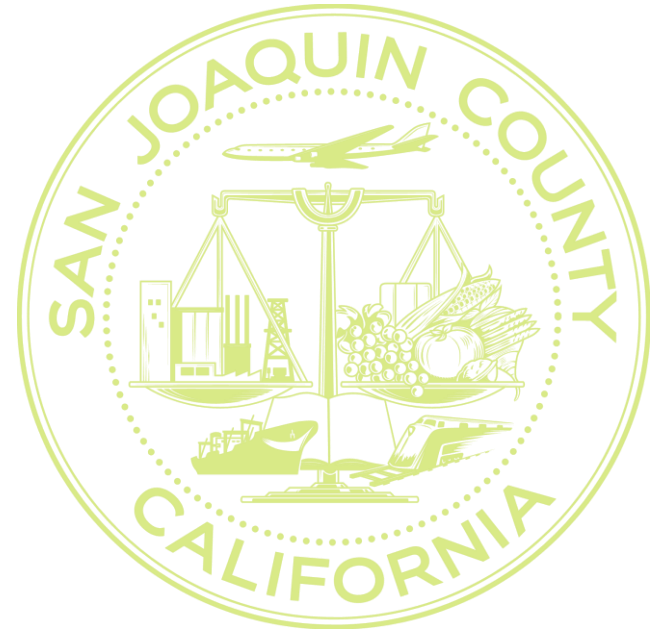
www.sjgov.org/ems



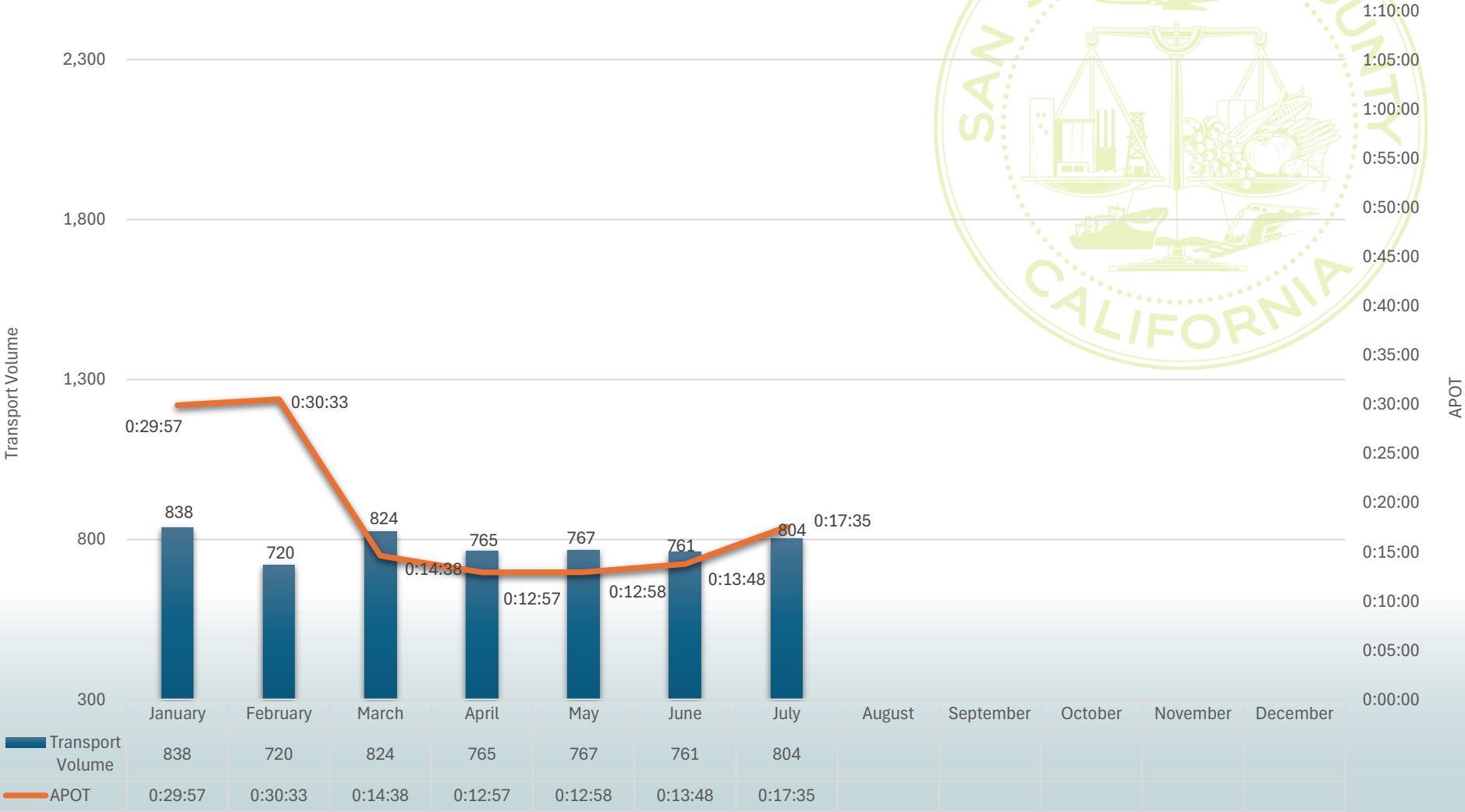
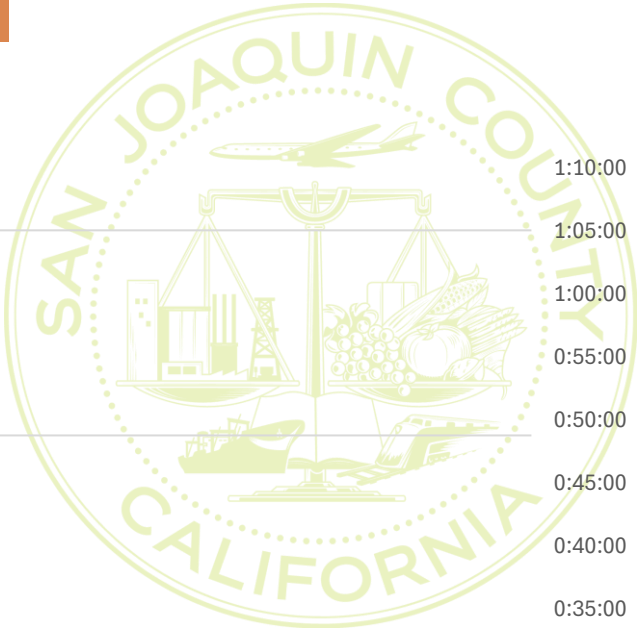
Greatness grows here.

APOT/APOD Report YTD

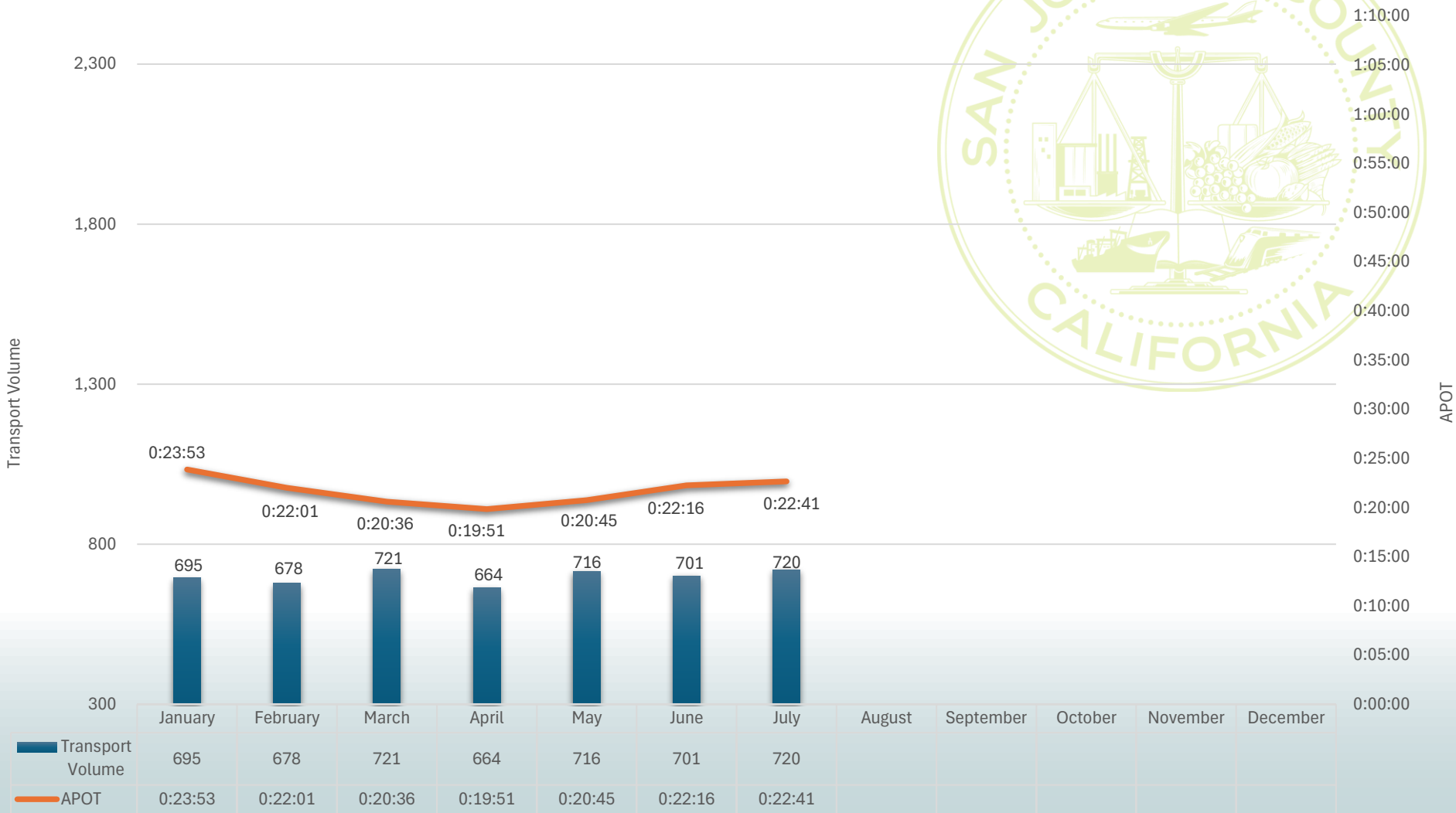
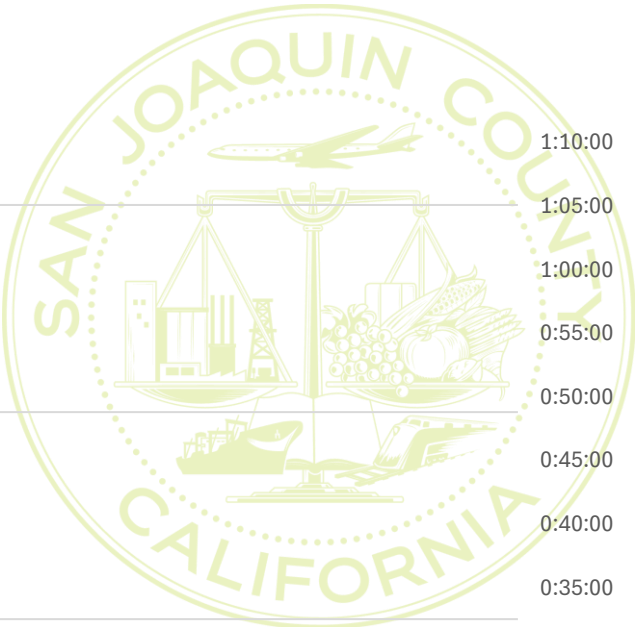
Update EMS Advisory – August 13, 2026



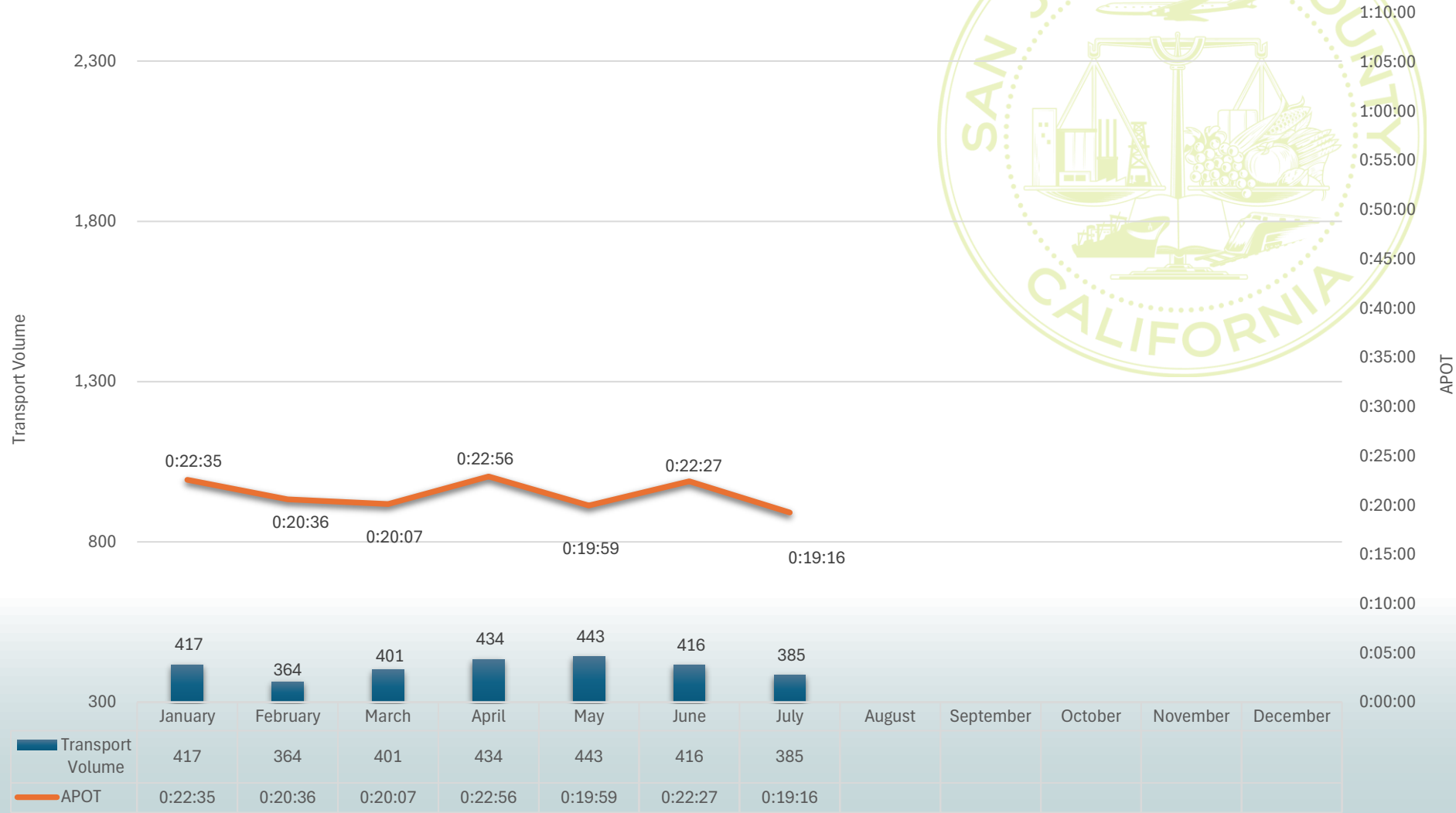
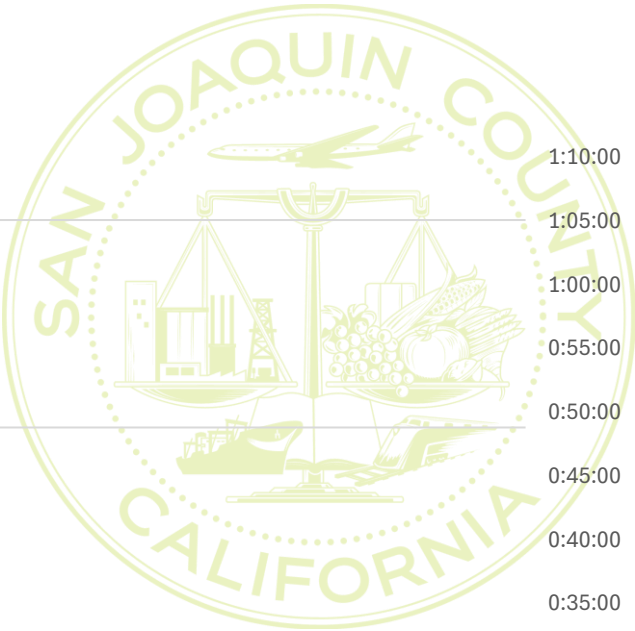
Adventist Health Lodi Memorial



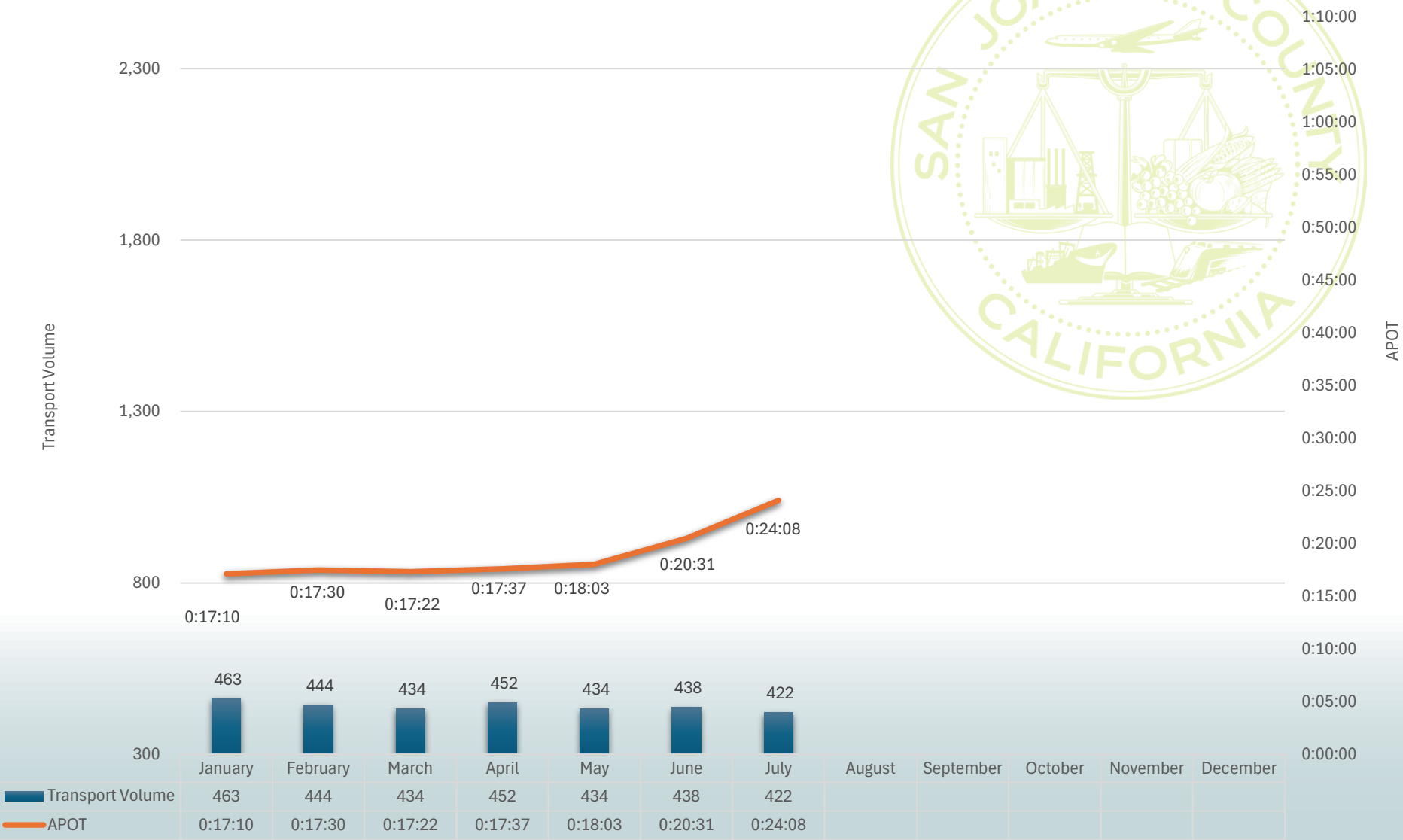
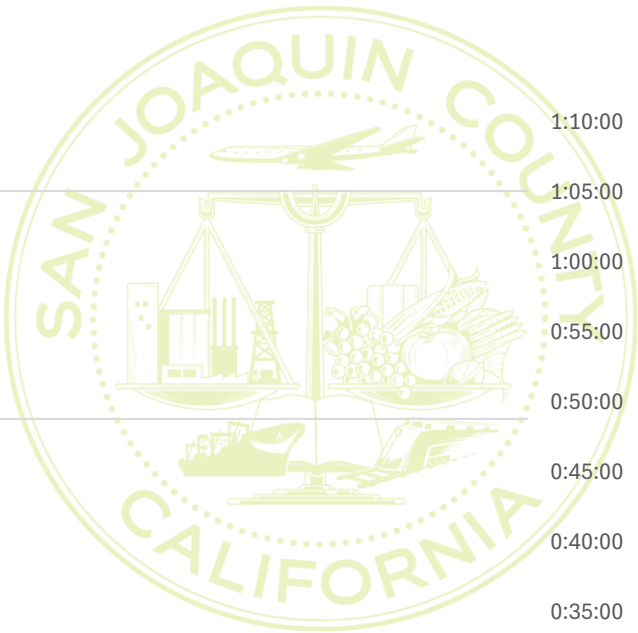
Dameron Hospital



Doctors Hospital of Manteca



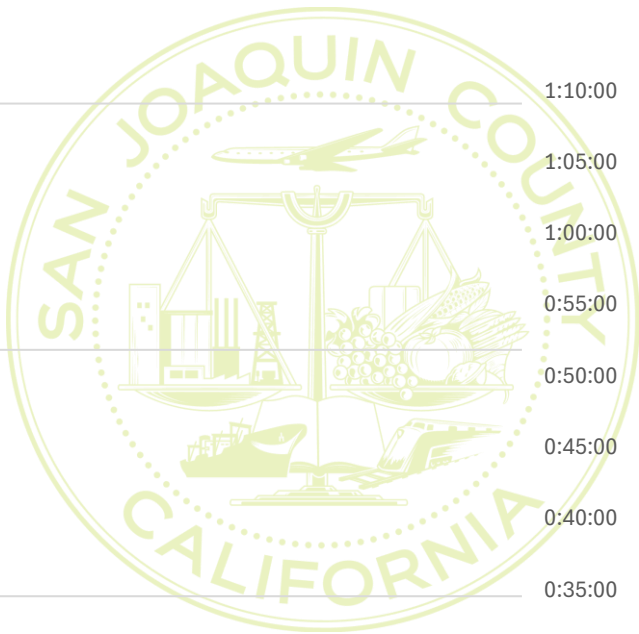
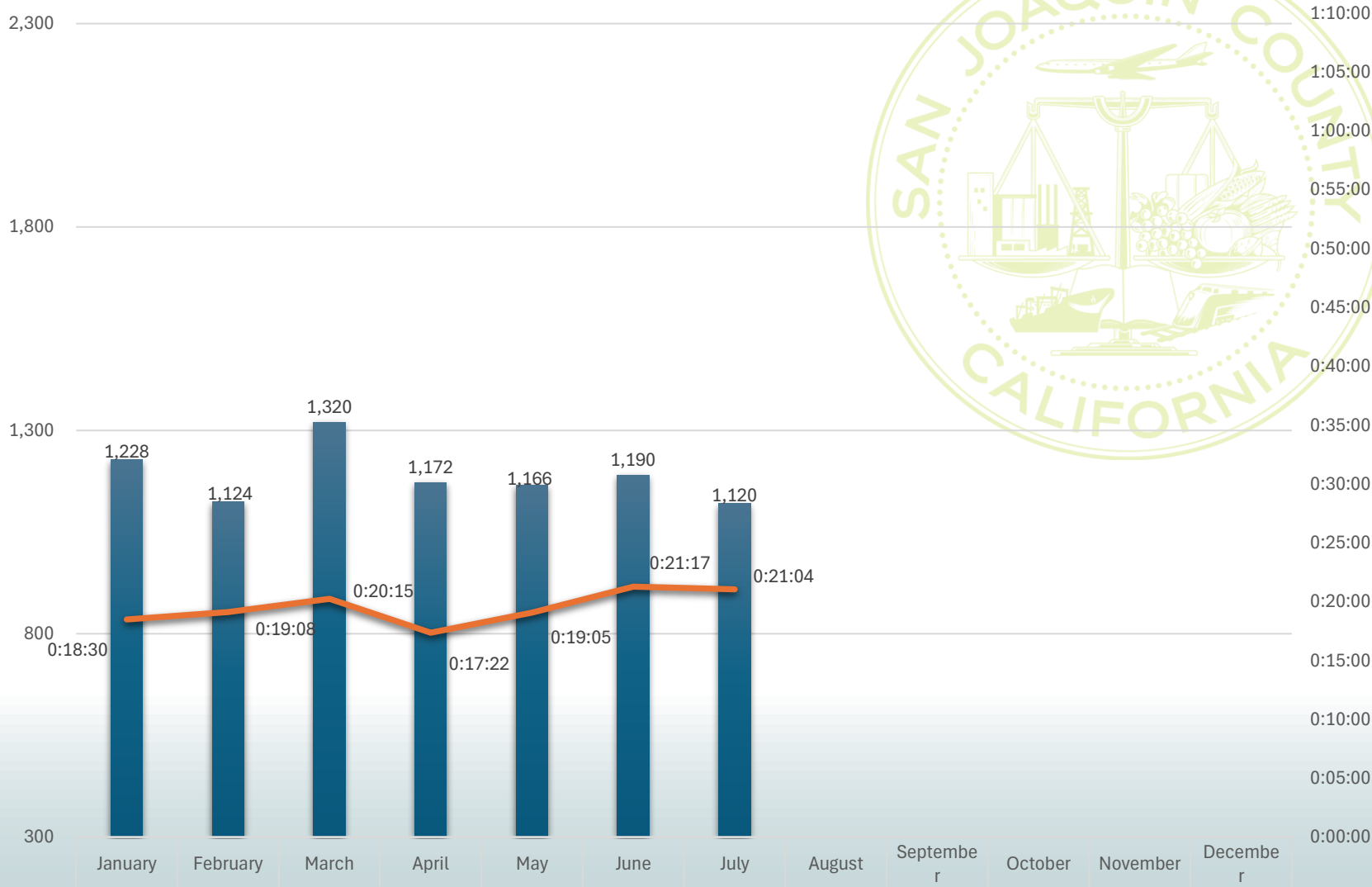
Kaiser Permanente, Manteca



San Joaquin General Hospital

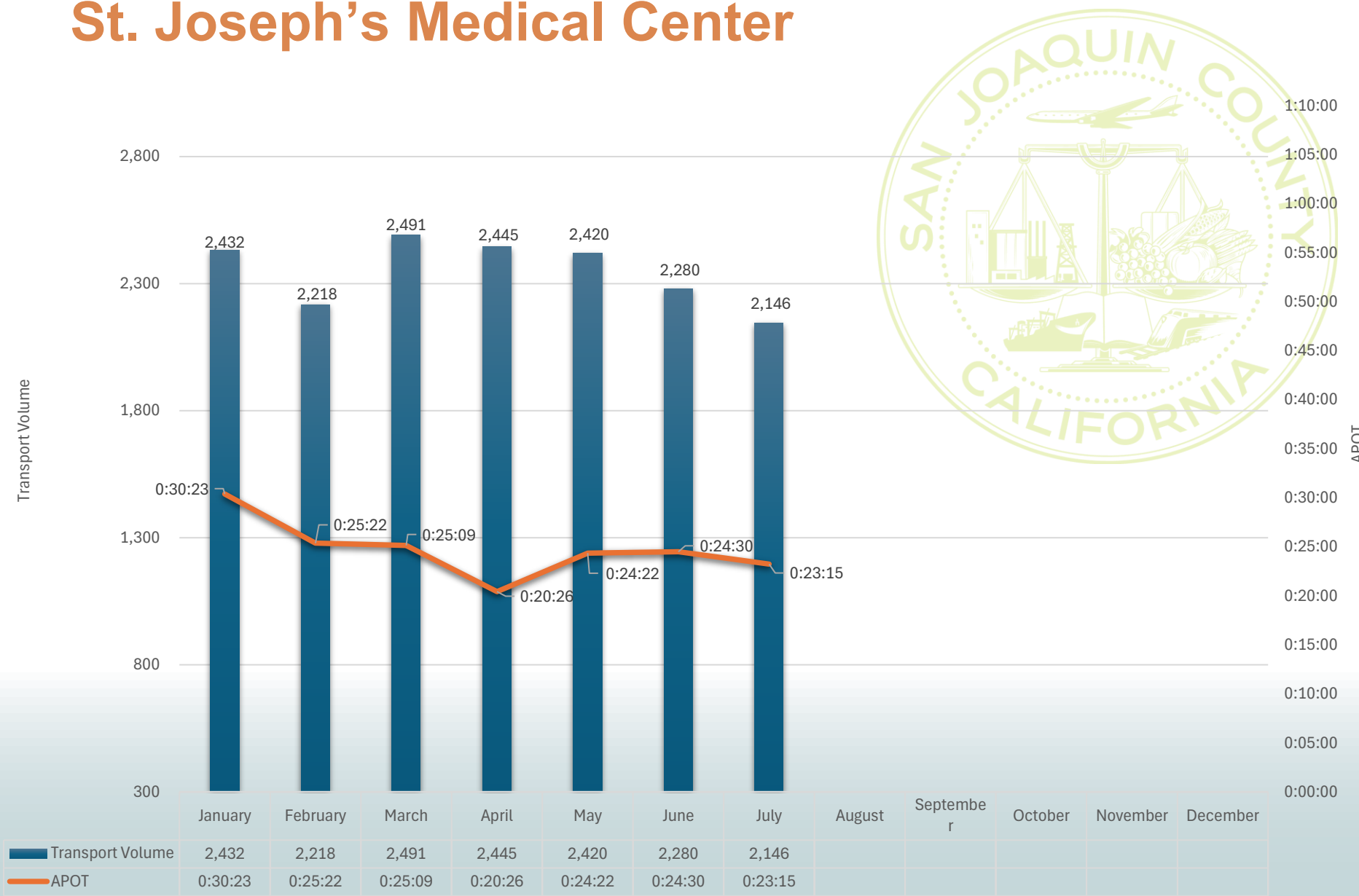
Transport Volume

Transport Volume
APOT

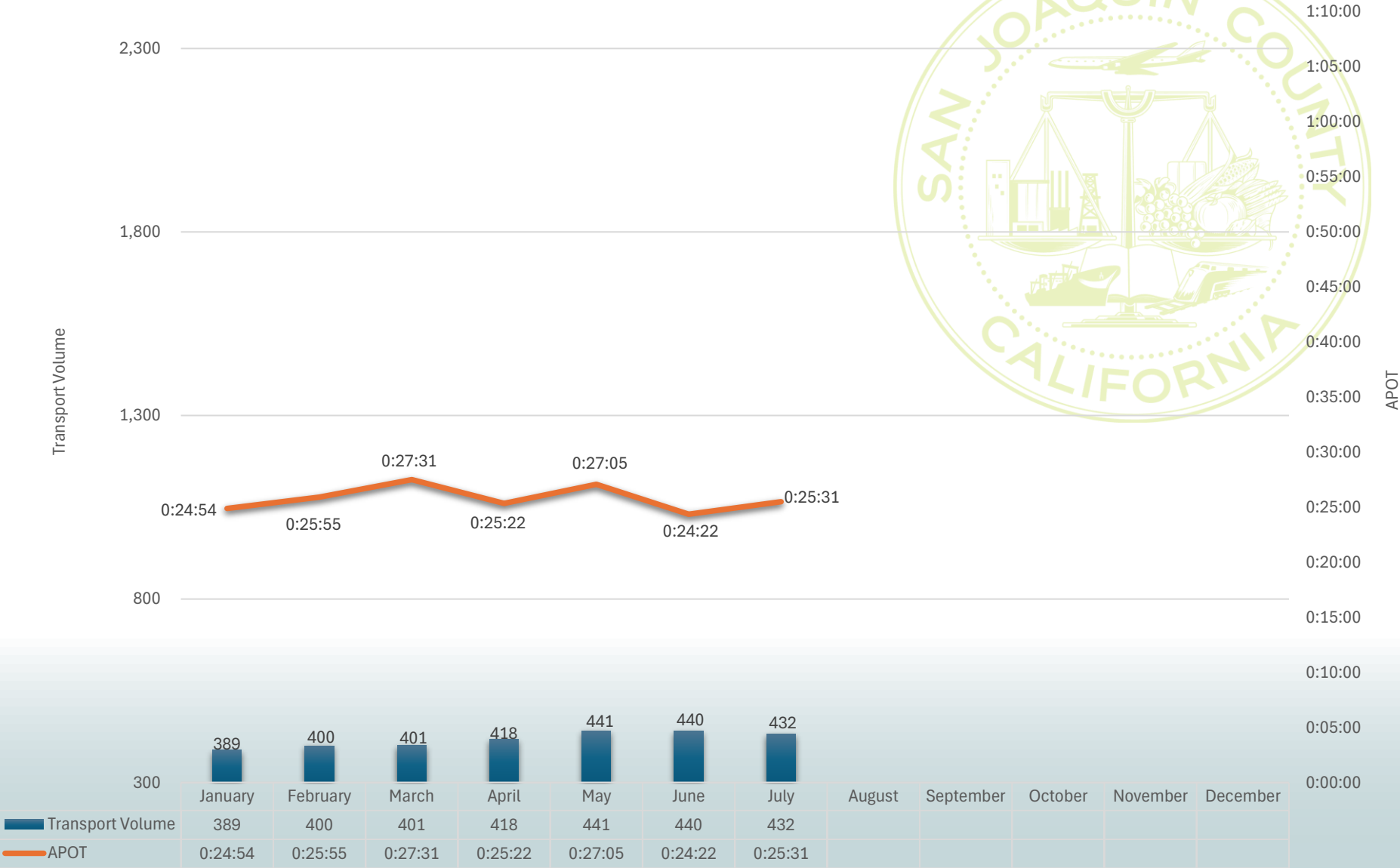
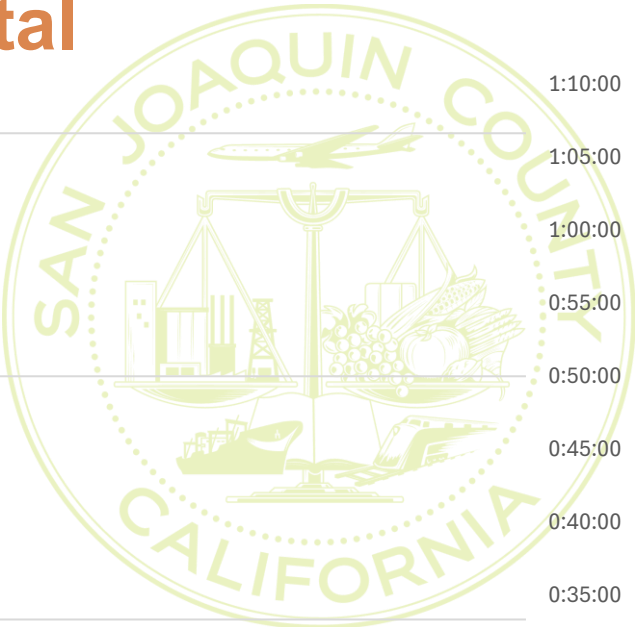


APOT

St. Joseph's Medical Center



Sutter Tracy Community Hospital





DATE: August 13, 2026

TO: All Interested Parties

FROM: Nasir M. Khan, RN
EMS Specialty Care Coordinator

SUBJECT: Cardiac Arrest Registry to Enhance Survival (CARES) Report for 2025

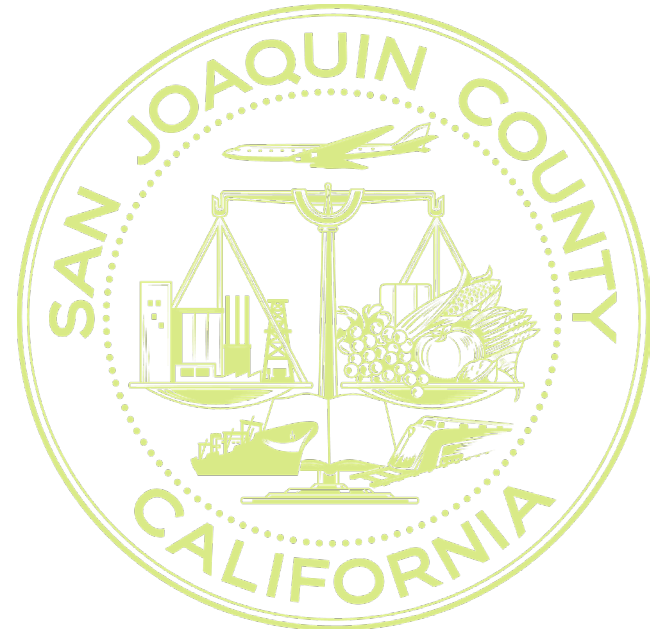
CARES is a collaborative data collection and analysis that represents approximately fifty-one (51) percent of the United States population and consists of data from more than 2,300 EMS agencies and over 2,500 hospitals nationwide. The goal of CARES is to improve patient survival from sudden cardiac death. CARES uses Utstein style reporting, which is a standardized reporting of processes and outcomes, using clear definitions and performance indicators for quality improvement and analysis.

In 2025, San Joaquin County Emergency Medical Services Agency's (SJCEMSA) EMS System experienced on average fourteen (14) medical cardiac arrests each week. According to the CARES data, San Joaquin County's (SJC) Utstein cardiac arrest patient survival rate (patients that were witnessed by bystander and found in a shockable rhythm) to hospital discharge was 36.8%. San Joaquin County outperformed both the State of California's Utstein survival rate of 32.2% and the National Utstein survival rate of 33.2%. San Joaquin County's Utstein Bystander survival rate (which includes patients that received bystander interventions such as CPR and or AED) of 23.7% fell short of the State of California's Utstein Bystander survival rate of 34.7% and the National Utstein Bystander survival rate of 37.0%.

In summary, San Joaquin County's EMS system (prehospital, hospital, and specialty care) provides exceptional care as evidenced by the Utstein cardiac arrest patient survival rate (36.8%) continuing to exceed that of the State (32.2%) and the National (33.2%).



Greatness grows here.



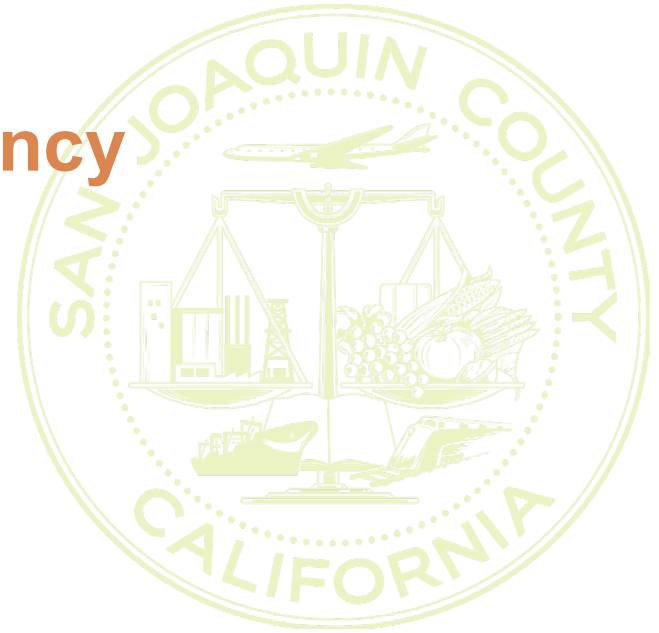
San Joaquin County EMS Agency

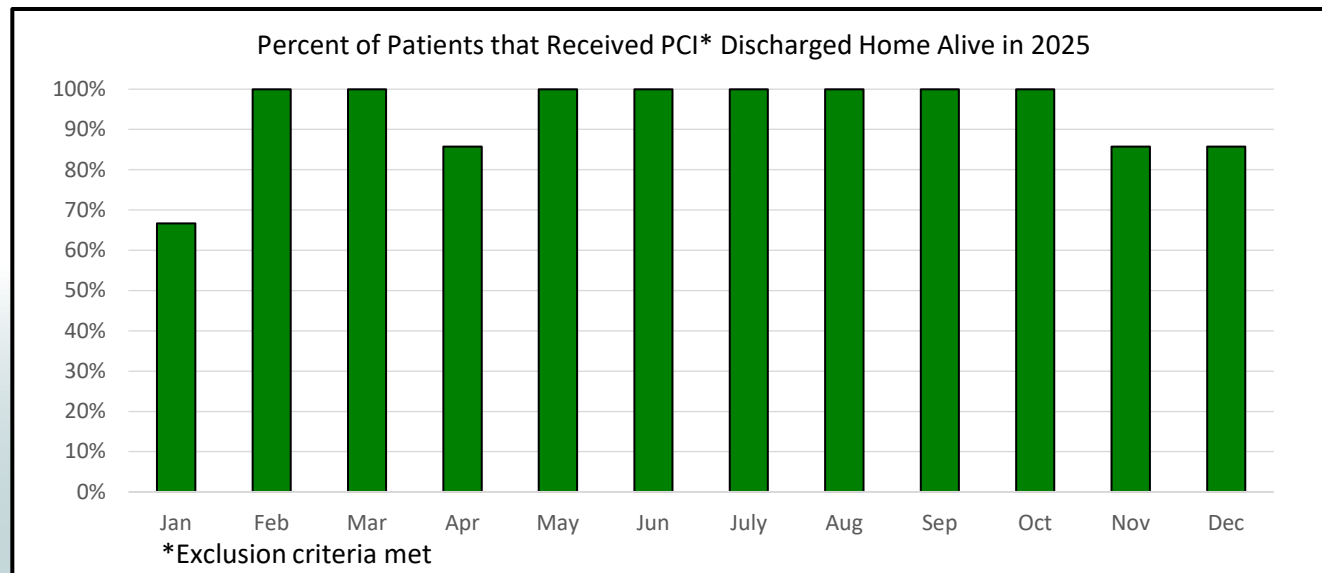
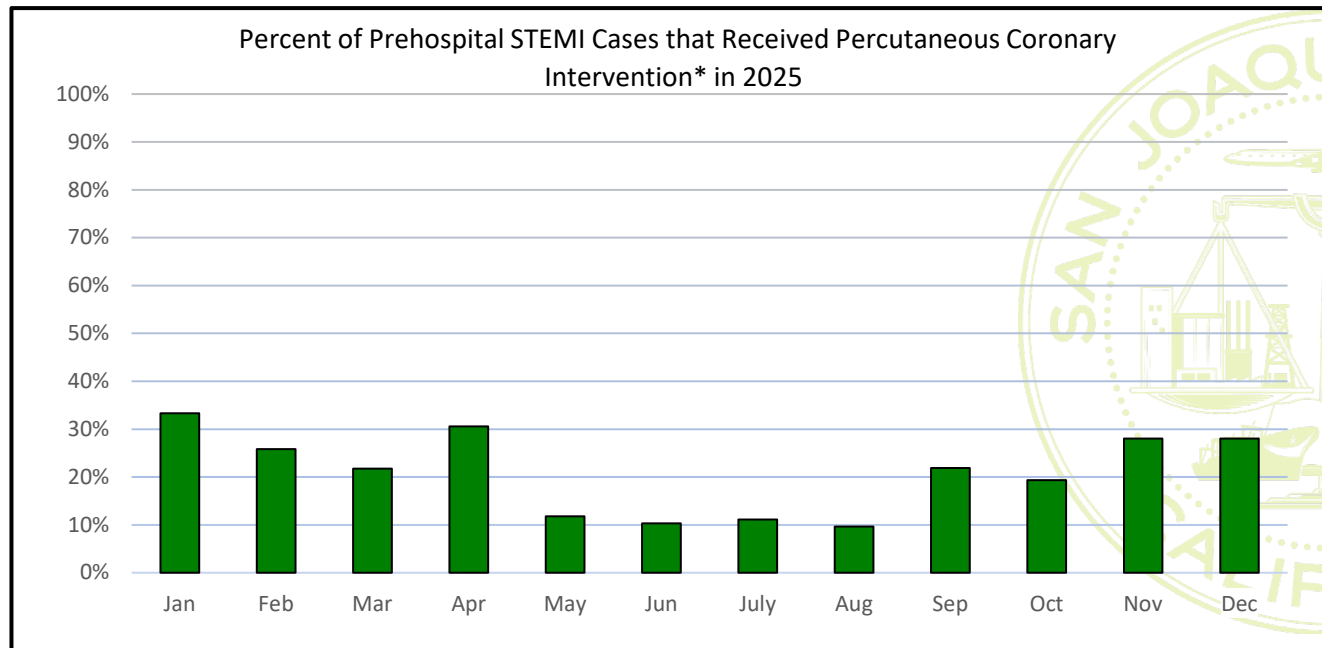
August 13, 2026

Specialty Systems of Care Report

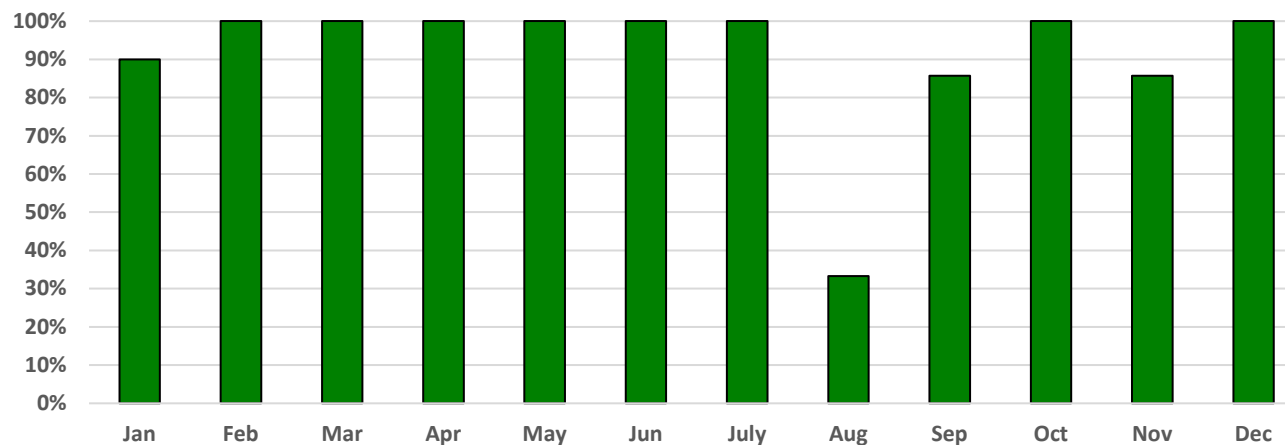
San Joaquin County EMS Agency

- **STEMI Systems of Care Report 2025**

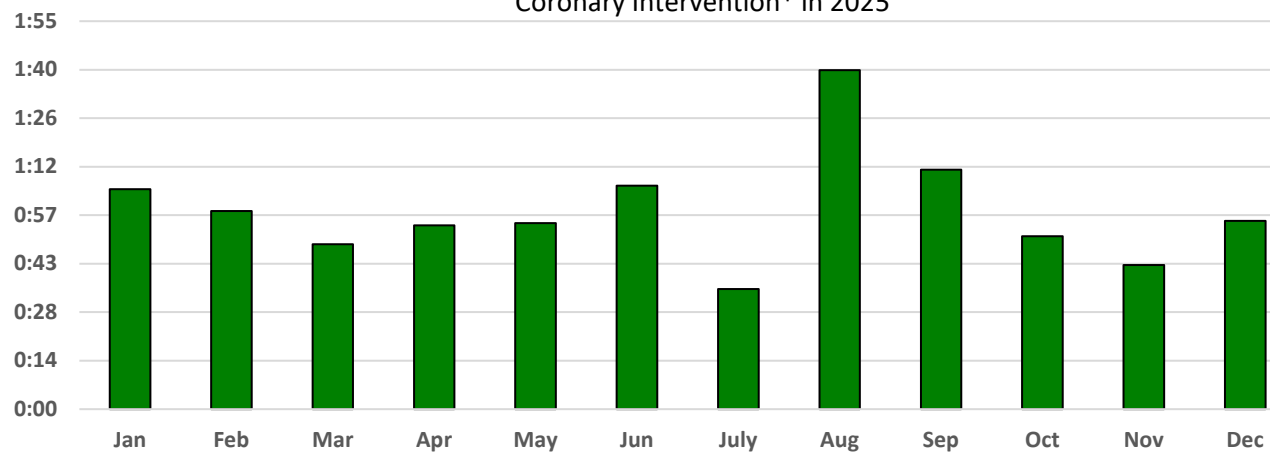


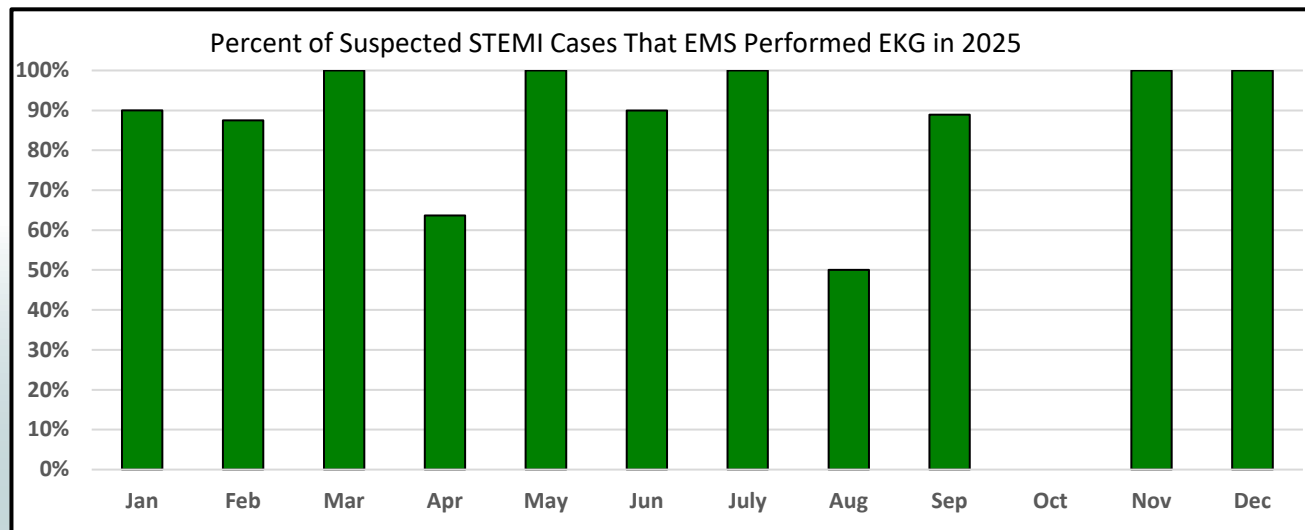
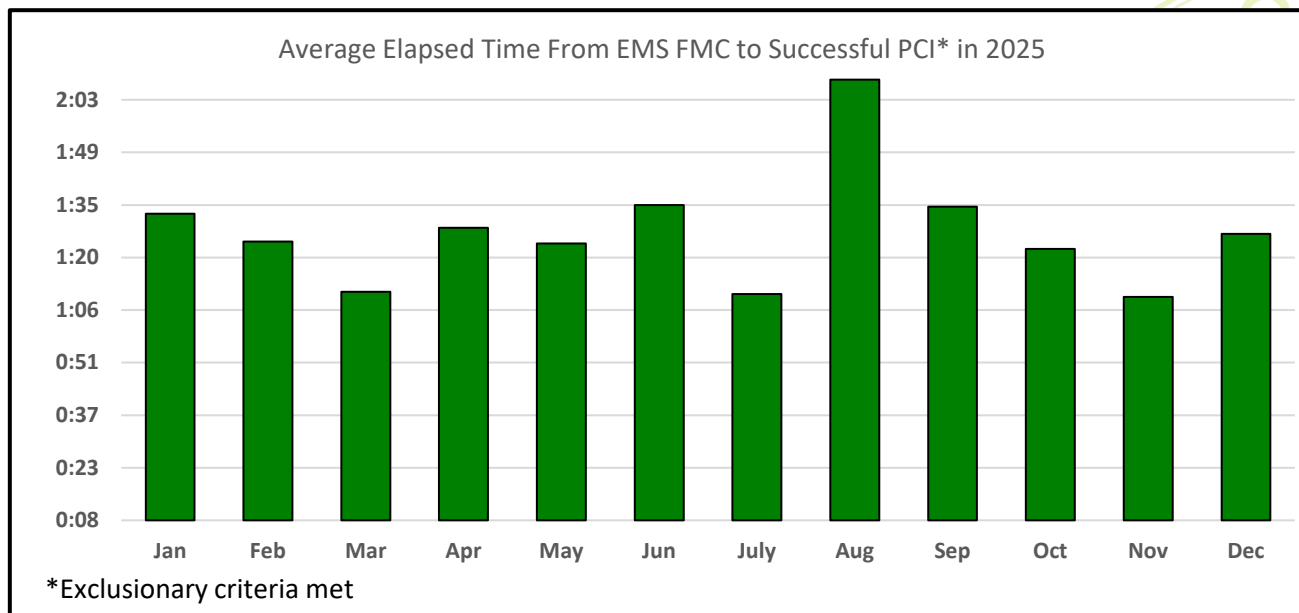


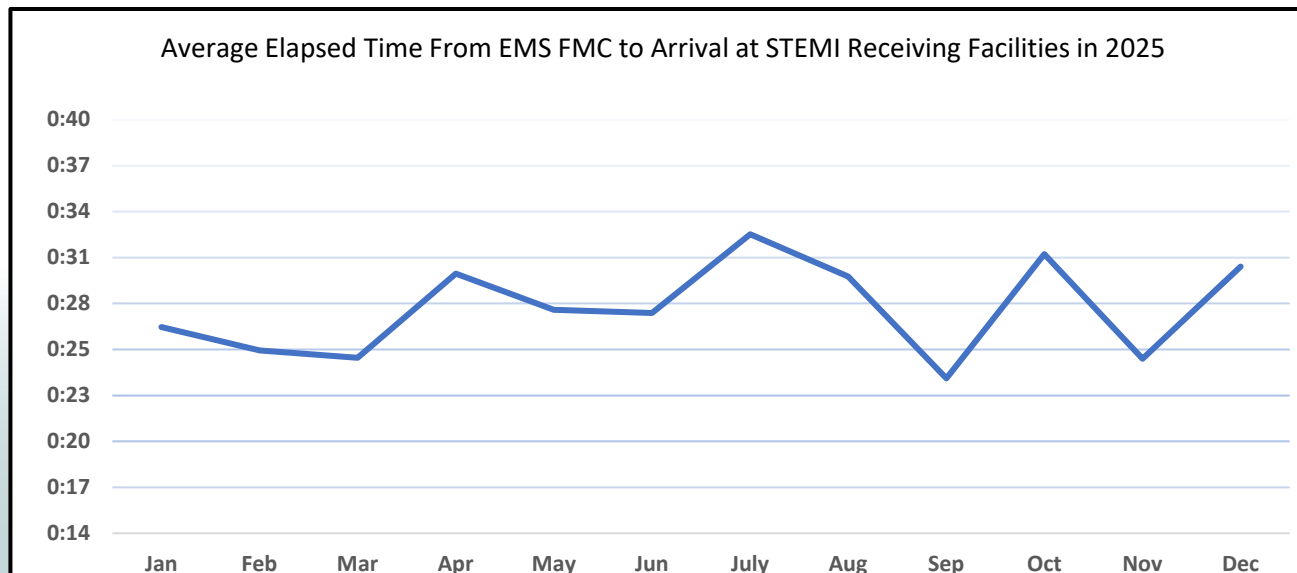
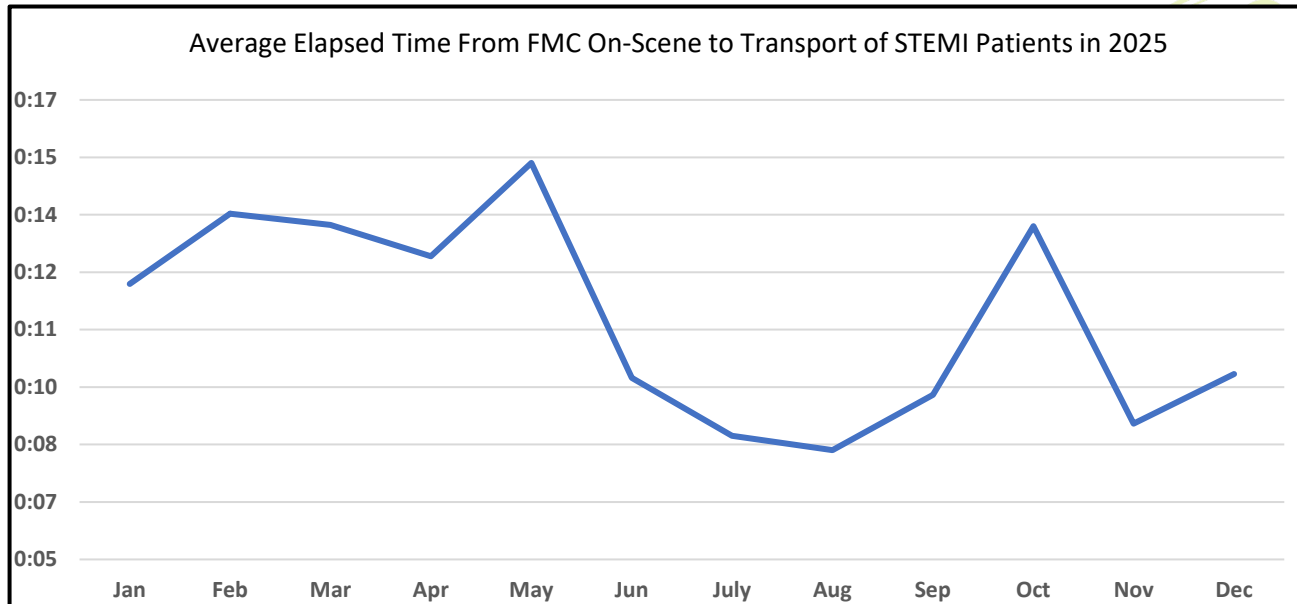
Percent of STEMI Patients that Received PCI* within Ninety (90) Minutes From Arrival at STEMI Receiving Facilities in 2025



Average Elapsed Time From Arrival at STEMI Receiving Center to Receiving Percutaneous Coronary Intervention* in 2025

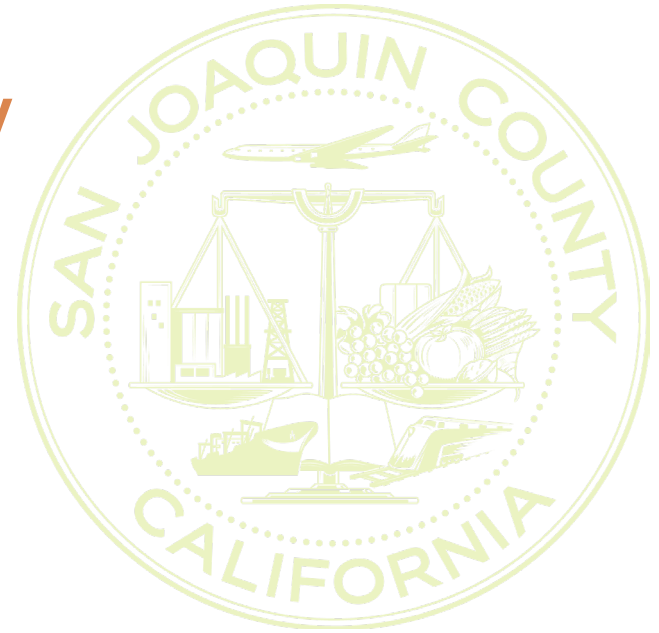




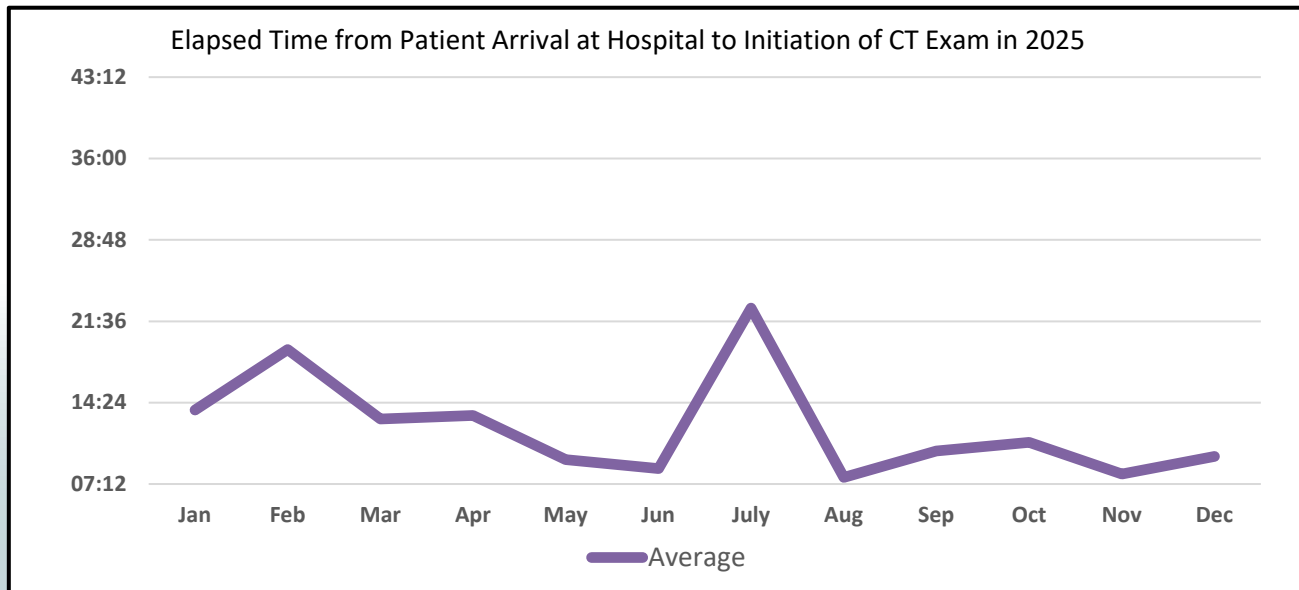
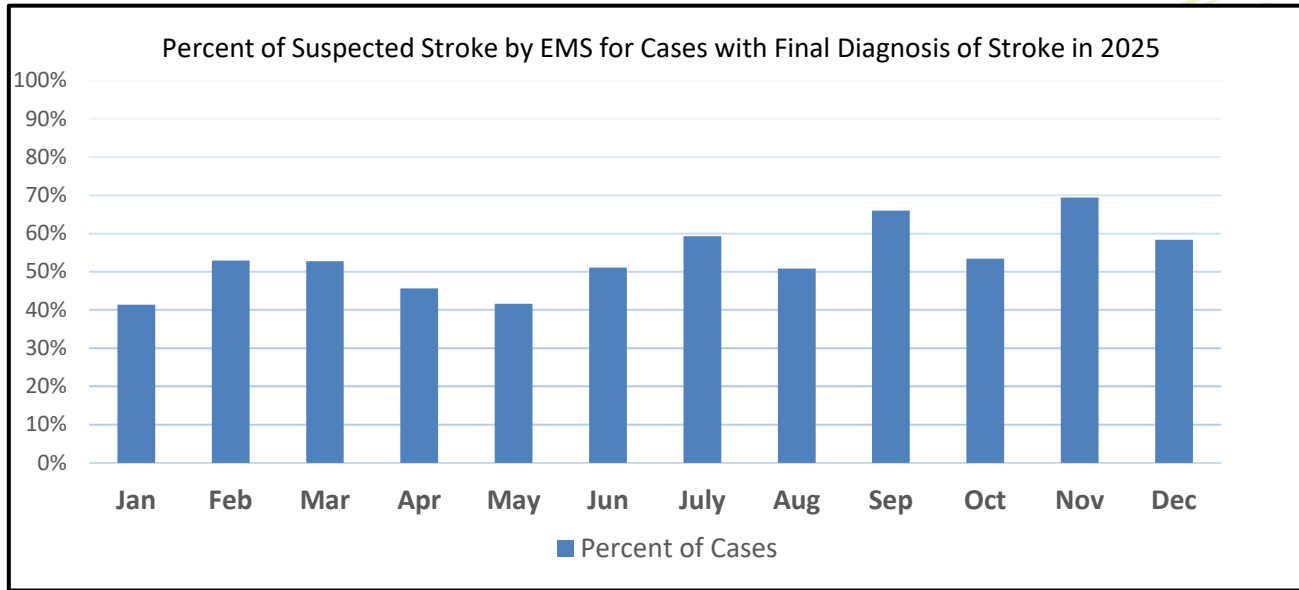


San Joaquin County EMS Agency

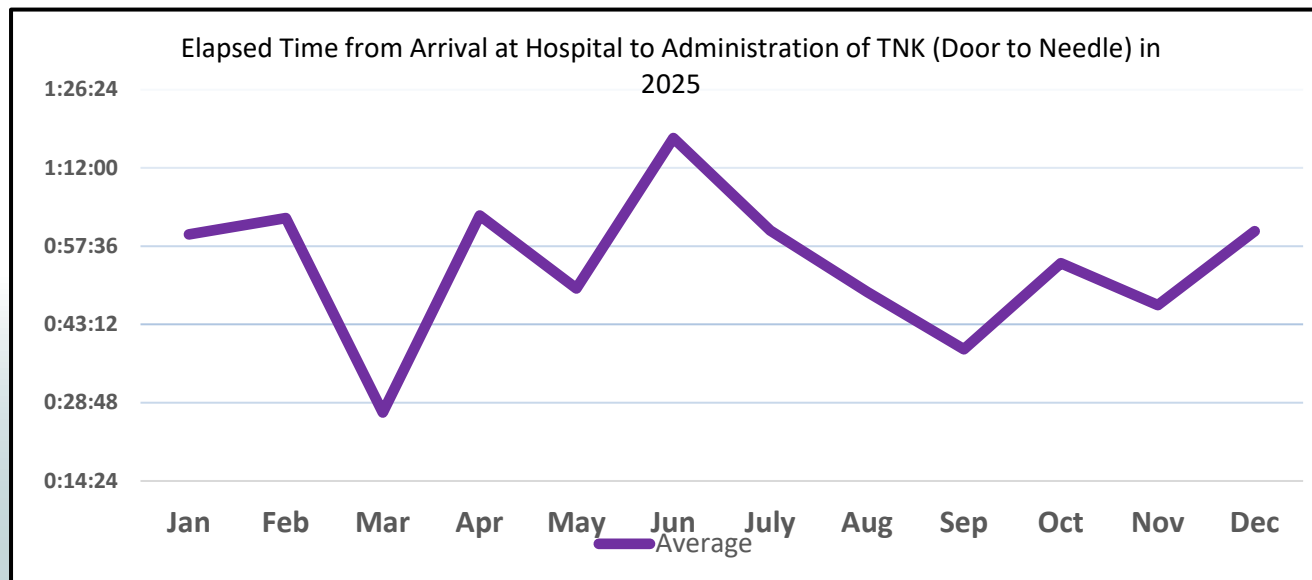
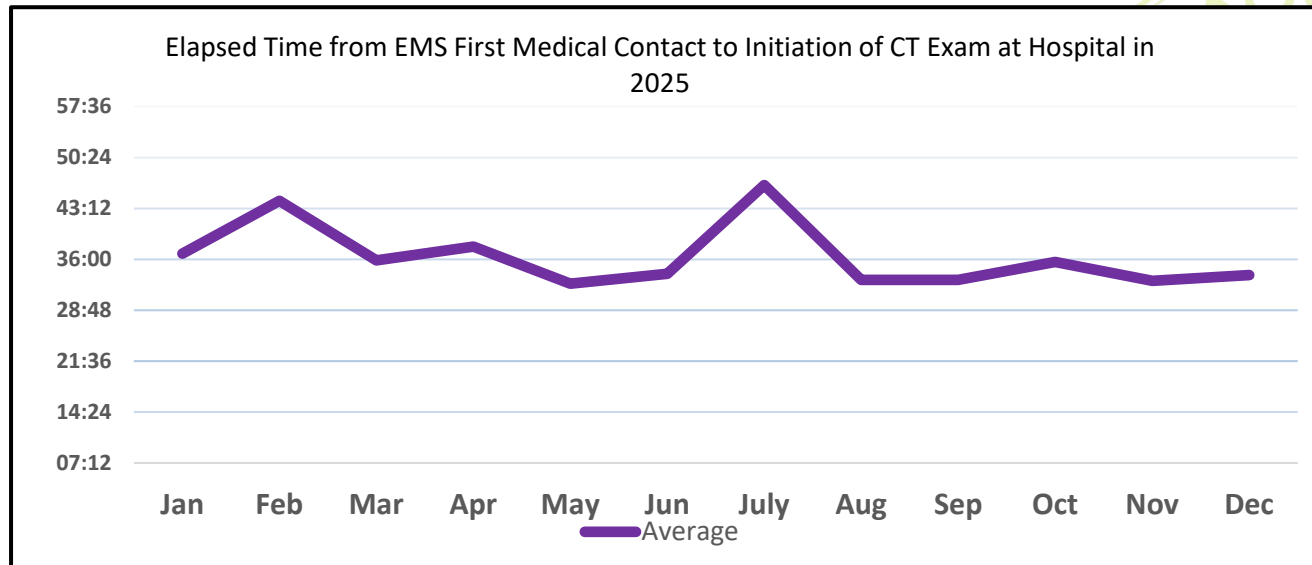
- **Stroke Systems of Care Report 2025**



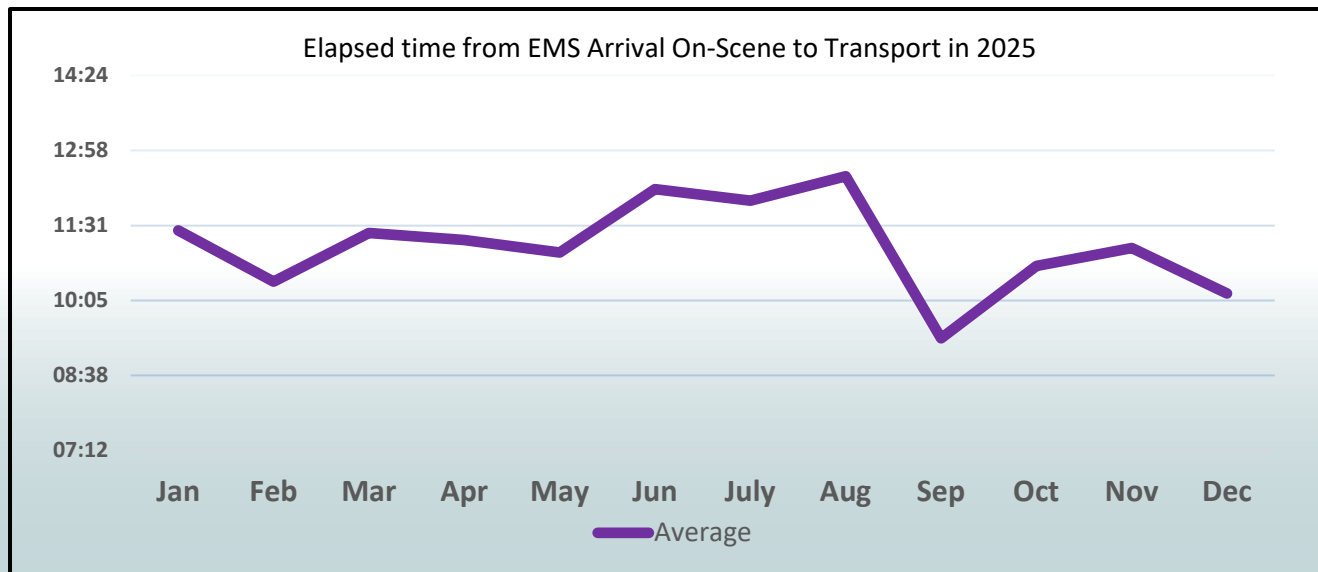
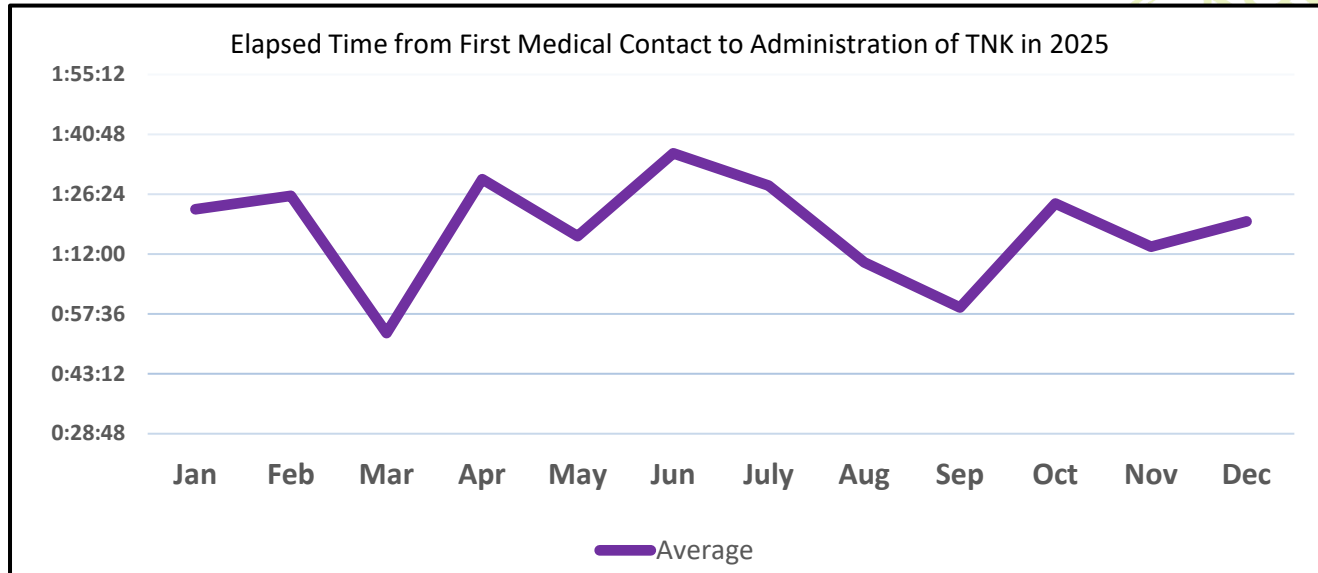
San Joaquin County Emergency Medical Services Agency 2025 Stroke Report

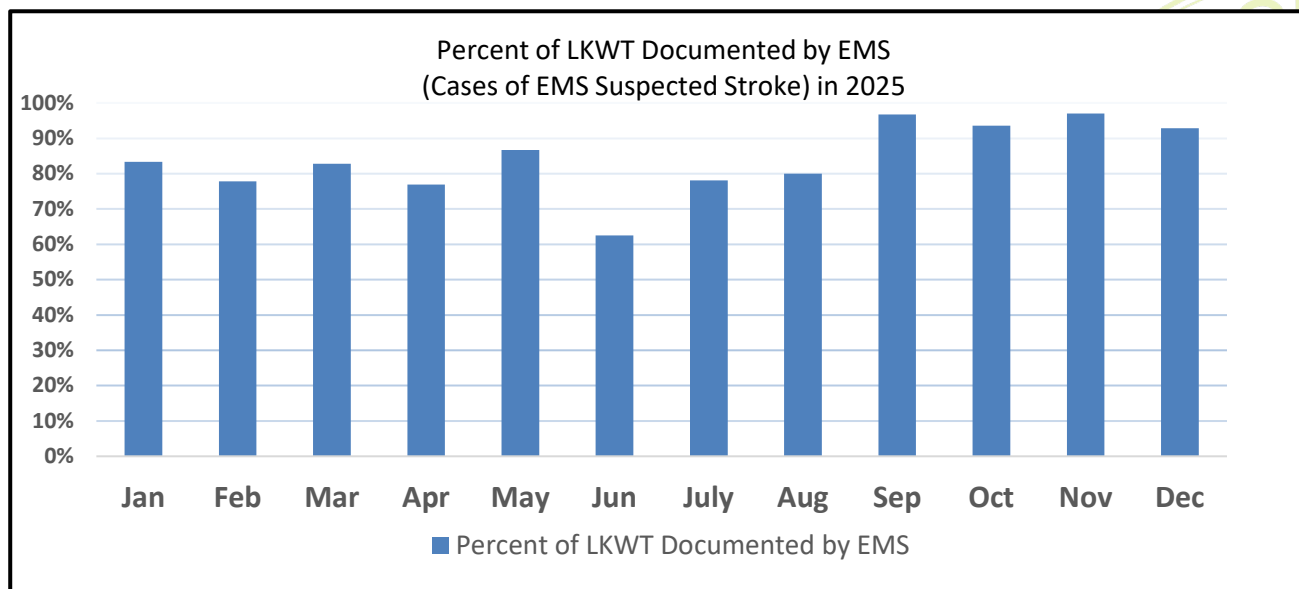


San Joaquin County Emergency Medical Services Agency 2025 Stroke Report



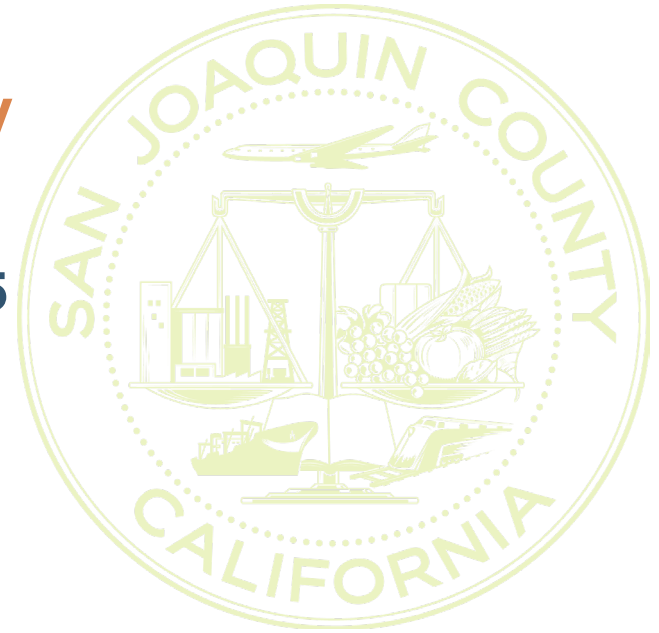
San Joaquin County Emergency Medical Services Agency 2025 Stroke Report



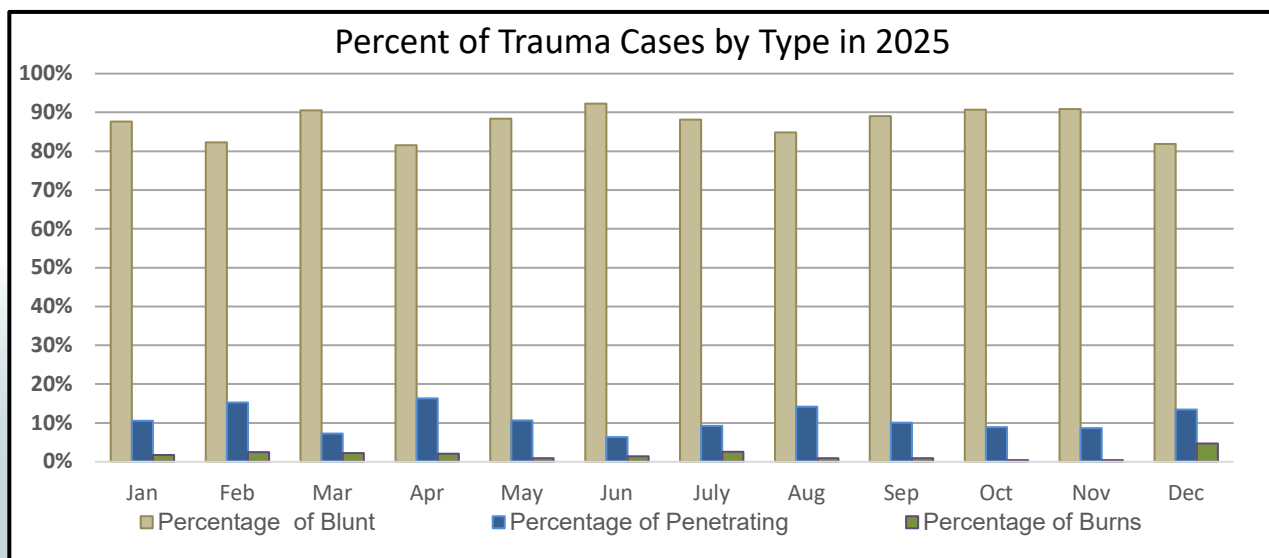


San Joaquin County EMS Agency

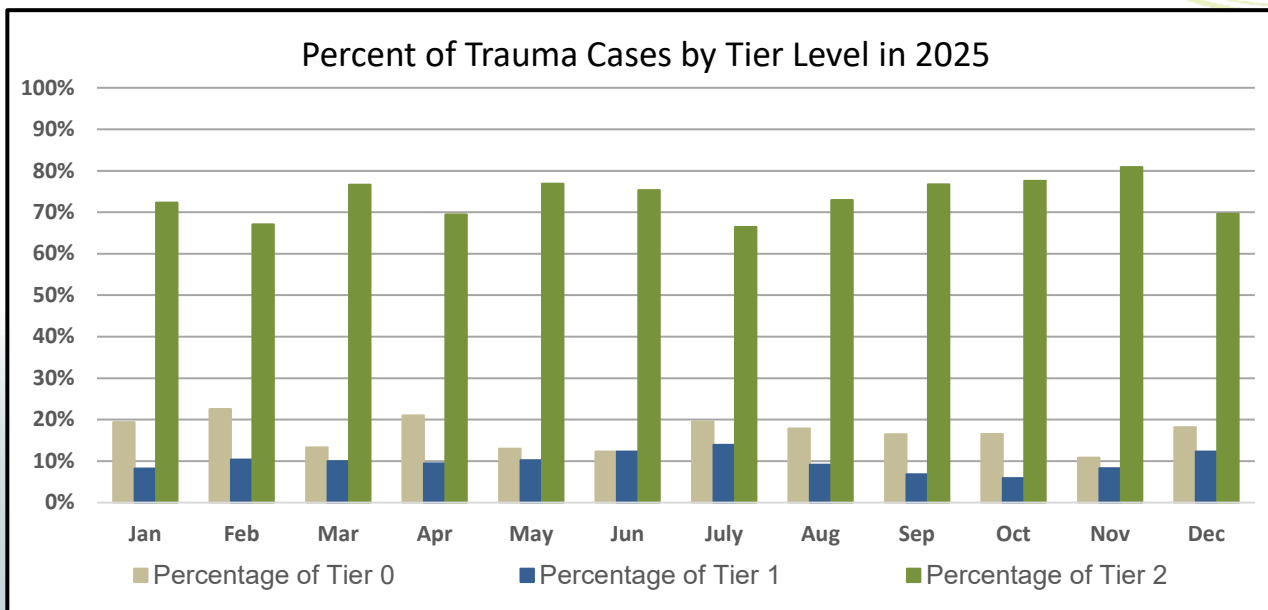
- **Trauma Systems of Care Report 2025**



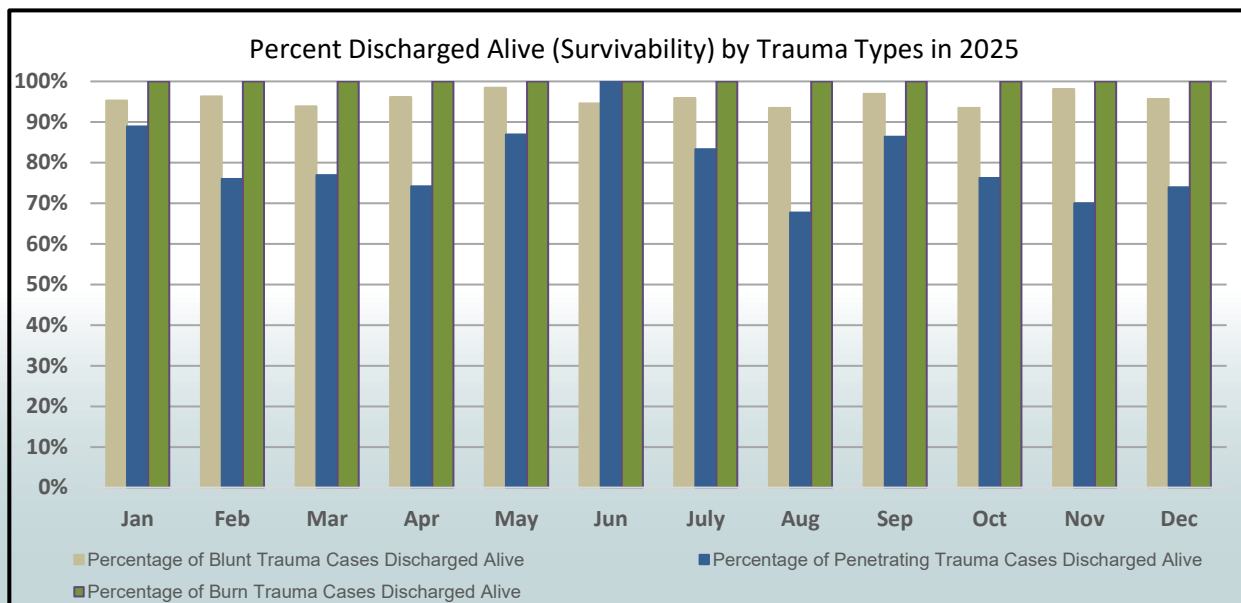
Percent of Trauma Cases by Type in 2025							
Month	Trauma Cases Total	Blunt Trauma Cases	Percentage of Blunt	Penetrating Trauma Cases	Percentage of Penetrating	Burn Trauma Cases	Percentage of Burns
Jan	170	149	87.6%	18	10.6%	3	1.8%
Feb	164	135	82.3%	25	15.2%	4	2.4%
Mar	180	163	90.6%	13	7.2%	4	2.2%
Apr	190	155	81.6%	31	16.3%	4	2.1%
May	216	191	88.4%	23	10.6%	2	0.9%
Jun	219	202	92.2%	14	6.4%	3	1.4%
July	194	171	88.1%	18	9.3%	5	2.6%
Aug	218	185	84.9%	31	14.2%	2	0.9%
Sep	219	195	89.0%	22	10.0%	2	0.9%
Oct	236	214	90.7%	21	8.9%	1	0.4%
Nov	230	209	90.9%	20	8.7%	1	0.4%
Dec	171	140	81.9%	23	13.5%	8	4.7%



Percent of Trauma Cases by Tier Level in 2025							
Month	Trauma Cases Total	Tier 0 Cases	Percentage of Tier 0	Tier 1 Cases	Percentage of Tier 1	Tier 2 Cases	Percentage of Tier 2
Jan	170	33	19.4%	14	8.2%	123	72.4%
Feb	164	37	22.6%	17	10.4%	110	67.1%
Mar	180	24	13.3%	18	10.0%	138	76.7%
Apr	190	40	21.1%	18	9.5%	132	69.5%
May	216	28	13.0%	22	10.2%	166	76.9%
Jun	219	27	12.3%	27	12.3%	165	75.3%
July	194	38	19.6%	27	13.9%	129	66.5%
Aug	218	39	17.9%	20	9.2%	159	72.9%
Sep	219	36	16.4%	15	6.8%	168	76.7%
Oct	236	39	16.5%	14	5.9%	183	77.5%
Nov	230	25	10.9%	19	8.3%	186	80.9%
Dec	171	31	18.1%	21	12.3%	119	69.6%



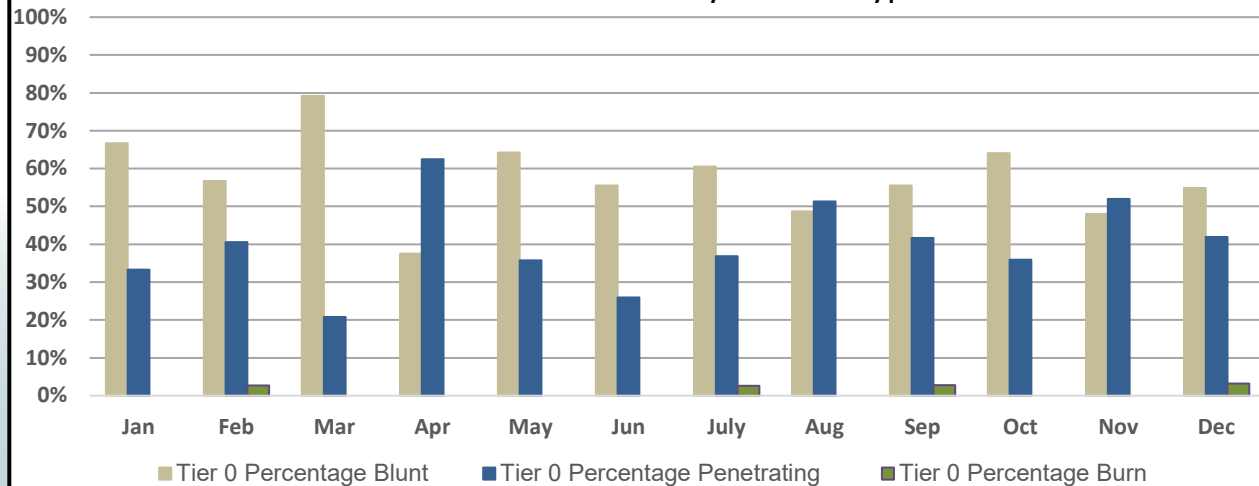
Percent Discharged Alive (Survivability) by Trauma Types in 2025				
Month	Total Percent of Trauma Cases Discharged Alive	Percentage of Blunt Trauma Cases Discharged Alive	Percentage of Penetrating Trauma Cases Discharged Alive	Percentage of Burn Trauma Cases Discharged Alive
Jan	94.71%	95.3%	88.9%	100.0%
Feb	93.29%	96.3%	76.0%	100.0%
Mar	92.78%	93.9%	76.9%	100.0%
Apr	92.63%	96.1%	74.2%	100.0%
May	97.22%	98.4%	87.0%	100.0%
Jun	95.43%	94.6%	100.0%	100.0%
July	95.36%	95.9%	83.3%	100.0%
Aug	91.28%	93.5%	67.7%	100.0%
Sep	96.80%	96.9%	86.4%	100.0%
Oct	81.36%	93.5%	76.2%	100.0%
Nov	96.09%	98.1%	70.0%	100.0%
Dec	93.57%	95.7%	73.9%	100.0%



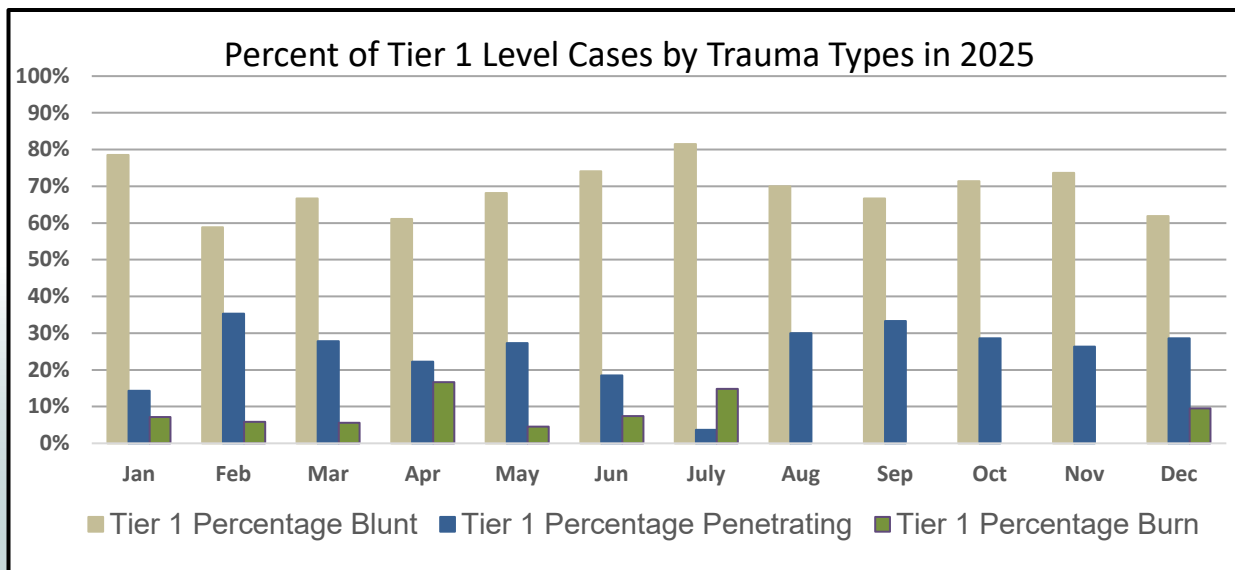
Percent of Tier 0 Level Cases by Trauma Types in 2025

Month	Tier 0 Trauma Cases	Tier 0 Blunt	Tier 0 Percentage Blunt	Tier 0 Penetrating	Tier 0 Percentage Penetrating	Tier 0 Burn	Tier 0 Percentage Burn
Jan	33	22	66.7%	11	33.3%	0	0.0%
Feb	37	21	56.8%	15	40.5%	1	2.7%
Mar	24	19	79.2%	5	20.8%	0	0.0%
Apr	40	15	37.5%	25	62.5%	0	0.0%
May	28	18	64.3%	10	35.7%	0	0.0%
Jun	27	15	55.6%	7	25.9%	0	0.0%
July	38	23	60.5%	14	36.8%	1	2.6%
Aug	39	19	48.7%	20	51.3%	0	0.0%
Sep	36	20	55.6%	15	41.7%	1	2.8%
Oct	39	25	64.1%	14	35.9%	0	0.0%
Nov	25	12	48.0%	13	52.0%	0	0.0%
Dec	31	17	54.8%	13	41.9%	1	3.2%

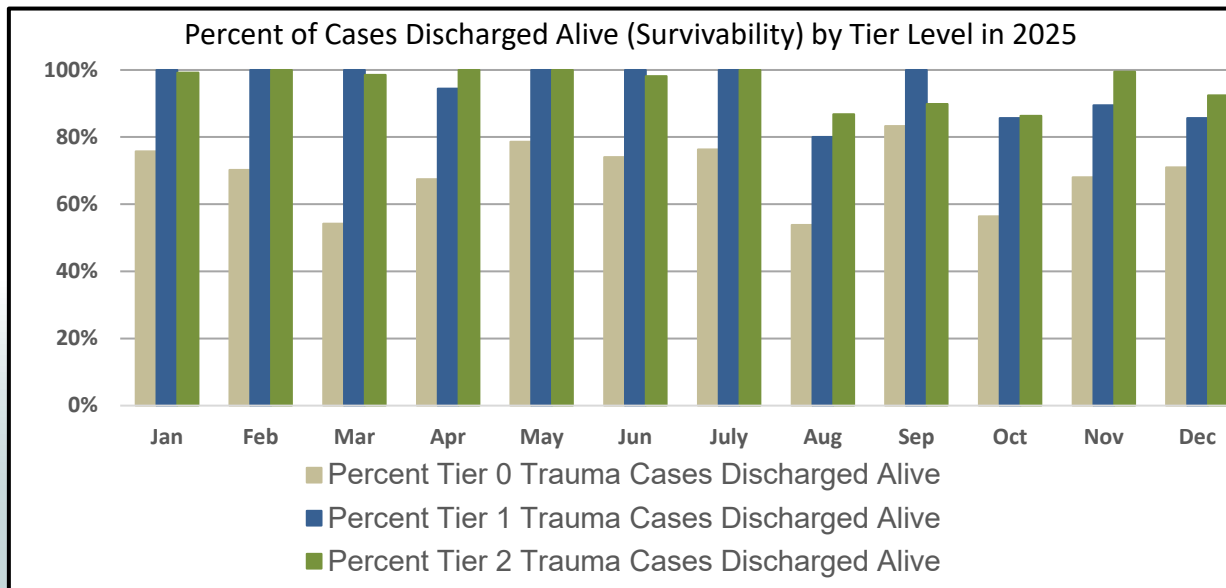
Percent of Tier 0 Level Cases by Trauma Types in 2025



Month	Tier 1 Trauma Cases	Blunt Tier 1	Tier 1 Percentage Blunt	Penetrating Tier 1	Tier 1 Percentage Penetrating	Burn Tier 1	Tier 1 Percentage Burn
Jan	14	11	78.6%	2	14.3%	1	7.1%
Feb	17	10	58.8%	6	35.3%	1	5.9%
Mar	18	12	66.7%	5	27.8%	1	5.6%
Apr	18	11	61.1%	4	22.2%	3	16.7%
May	22	15	68.2%	6	27.3%	1	4.5%
Jun	27	20	74.1%	5	18.5%	2	7.4%
July	27	22	81.5%	1	3.7%	4	14.8%
Aug	20	14	70.0%	6	30.0%	0	0.0%
Sep	15	10	66.7%	5	33.3%	0	0.0%
Oct	14	10	71.4%	4	28.6%	0	0.0%
Nov	19	14	73.7%	5	26.3%	0	0.0%
Dec	21	13	61.9%	6	28.6%	2	9.5%

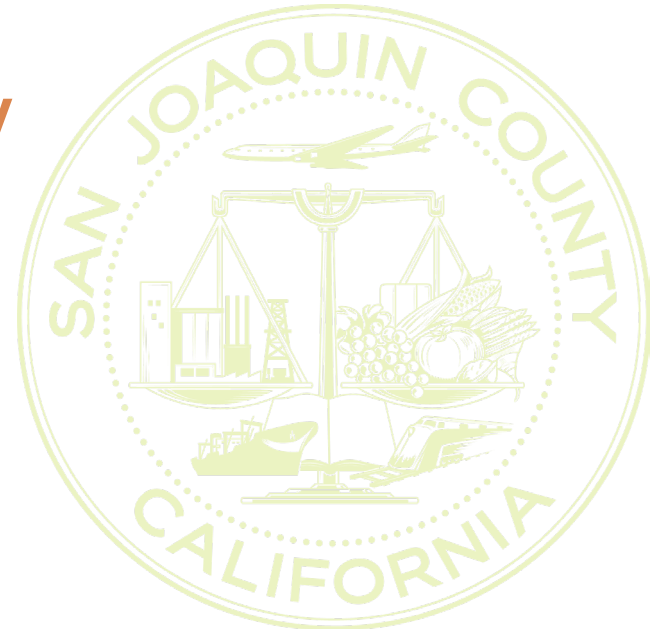


Percent of Cases Discharged Alive (Survivability) by Tier Level in 2025				
Month	Total Percent of Trauma Cases Discharged Alive	Percent Tier 0 Trauma Cases Discharged Alive	Percent Tier 1 Trauma Cases Discharged Alive	Percent Tier 2 Trauma Cases Discharged Alive
Jan	94.71%	75.76%	100.00%	99.19%
Feb	93.29%	70.27%	100.00%	100.00%
Mar	92.78%	54.17%	100.00%	98.55%
Apr	92.63%	67.50%	94.44%	100.00%
May	97.22%	78.57%	100.00%	100.00%
Jun	95.43%	74.07%	100.00%	98.18%
July	95.36%	76.32%	100.00%	100.00%
Aug	91.28%	53.85%	80.00%	86.79%
Sep	96.80%	83.33%	100.00%	89.88%
Oct	81.36%	56.41%	85.71%	86.34%
Nov	96.09%	68.00%	89.47%	99.46%
Dec	93.57%	70.97%	85.71%	92.44%



San Joaquin County EMS Agency

- **CARES Data Report 2025**



2025 SJCEMSA CARES DATA

2025 CARES Data			San Joaquin County Survivability			California Survivability			National Survivability
Utstein			36.8%			32.2%			33.2%
Defined by CARES to include only patients that were witnessed by bystander and found in shockable rhythm.									
Utstein Bystander			23.7%			34.7%			37.0%
Defined by CARES to include only patients that were witnessed by bystander, found in shockable rhythm AND received some bystander intervention (CPR and/or AED).									
Bystander CPR rates			42.9%			42.1%			42.1%
Public AED use			10.1%			10.4%			13.8%
Overall Survival			7.6%			8.3%			10.5%
Inclusion criteria: All Out-of-hospital cardiac arrest patients where resuscitation is attempted by a 911 responder.									
2025 Total Percentages of Non-Traumatic Etiology Cases									
Initial Rhythm	Overall Total	Inclusion Amount	San Joaquin County	Overall Total	Inclusion Amount	California	Overall Total	Inclusion Amount	National
Ventricular Fibrillation / Ventricular Tachycardia	711	97	13.6%	24158	3728	15.4%	149262	27191	18.2%
Percentage of VF/VT Patients Discharged alive	97	30	30.9%	3728	1025	27.5%	27191	7830	28.8%
Percentage of Discharged alive with CPC 1 or 2	30	25	83.3%	1025	907	88.5%	7830	6788	86.7%
Asystole	711	437	61.5%	24158	14033	58.1%	149262	75354	50.5%
Percentage of Asystole Patients Discharged alive	437	9	2.1%	14033	272	1.9%	75354	1869	2.5%
Percentage of Discharged alive with CPC 1 or 2	9	6	66.7%	272	139	51.1%	1869	995	53.2%
Other "ECG" Rhythm	711	177	24.9%	24158	6397	26.5%	149262	46698	31.3%
Percentage of "Other" Patients Discharged alive	177	15	8.5%	6397	710	11.1%	46698	5808	12.4%
Percentage of Discharged alive with CPC 1 or 2	15	13	86.7%	710	512	72.1%	5808	4351	74.9%
Cerebral Performance Category (CPC) scores are an outcome measure for neurological outcome after cardiac arrest. CPC scores of one (1) or two (2) allow for favorable independency without limiting deficits.									

SJCEMSA CARES DATA – MULTIPLE YEARS

SJCEMSA CARES Data	2020 Complete	2021 Complete	2022 Complete	2023 Complete	2024 Complete	2025 Complete	California 2025 Data	National 2025 Data
Overall Survival	5.1%	7.2%	7.1%	7.3%	8.8%	7.6%	8.3%	10.5%

Inclusion criteria: An out-of-hospital cardiac arrest where resuscitation is attempted by a 911 responder (CPR and/or defibrillation). This would also include patients that received an AED shock by a bystander prior to the arrival of 911 responders.

Utstein	31.0%	29.3%	40.6%	41.7%	45.7%	36.8%	32.2%	33.2%
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**** Defined by CARES to include ONLY patients that were witnessed by bystander and found in shockable rhythm ****

Utstein Bystander	26.9%	33.3%	51.3%	45.5%	41.9%	23.7%	34.7%	37.0%
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**** Defined by CARES to include ONLY patients that were witnessed by bystander, found in shockable rhythm AND received some bystander intervention (CPR and/or AED) ****

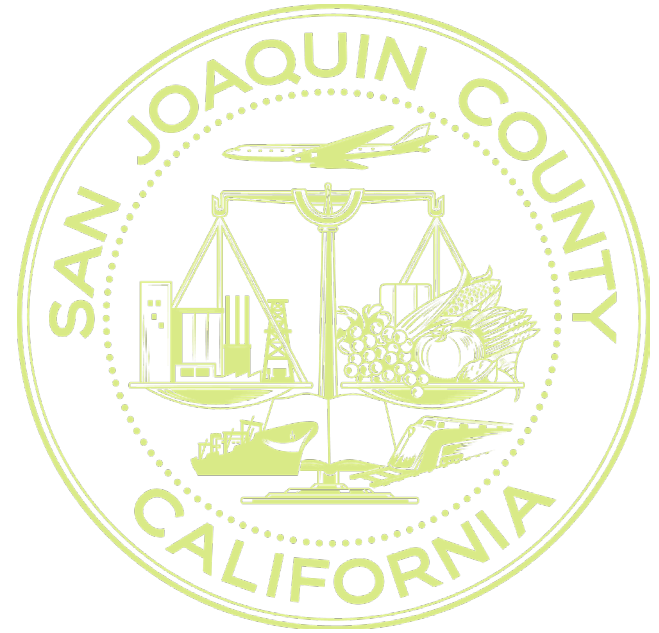
Total Number of Cases Non-Traumatic Etiology	900		977		858		797		701		711		24,158		149,262	
Initial rhythm VF/VT	112	12.4%	114	11.7%	107	12.5%	99	12.4%	97	13.8%	97	13.6%	3728	15.4%	27191	18.2%
Percentage of Discharged alive	24.1%		24.6%		35.5%		30.3%		30.9%		30.9%		27.5%		28.8%	
Initial rhythm Asystole	590	65.6%	663	67.9%	565	65.9%	504	63.2%	432	61.6%	437	61.5%	14033	58.1%	75354	50.5%
Percentage of Discharged alive	0.5%		2.4%		1.4%		2.0%		2.3%		2.1%		1.9%		2.5%	
Initial rhythm Other	198	22.0%	200	20.4%	186	21.7%	194	24.3%	168	23.9%	177	24.9%	6397	26.5%	46698	31.3%
Percentage of Discharged alive	8.1%		13.0%		8.6%		9.3%		12.5%		8.5%		11.1%		12.4%	



Greatness grows here.

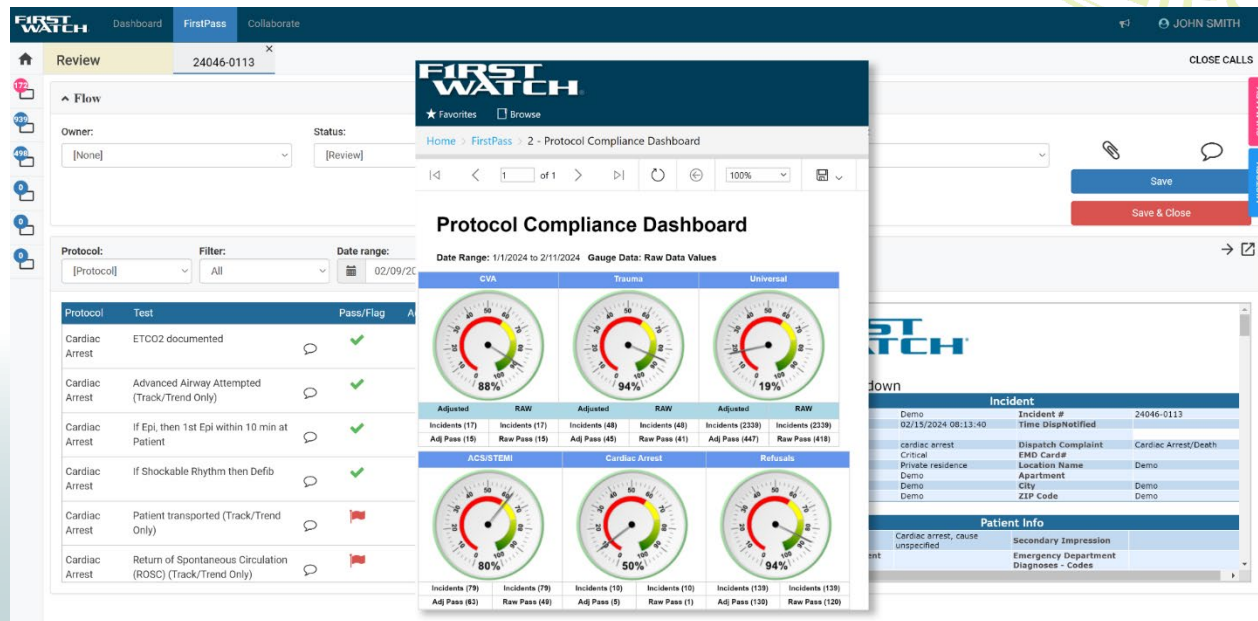
CQI Program Report

EMS Advisory - August 2026

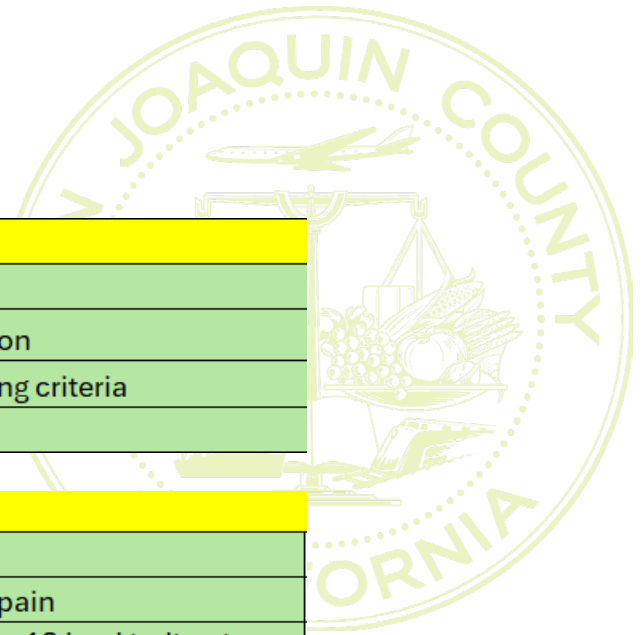


FirstPass

- FirstPass is a clinical quality measurement and protocol monitoring tool designed to alert users to deviations in expected treatments to medical protocols.
- FirstPass provides continuous monitoring of ePCR and other data to quickly identify and provide real-time alerts related to protocol deviations and incomplete “care bundles”.
- The goal is not just quality improvement; it is the quality of care to the patient.



Bundles of Care



Bundle 1- Cardiac Arrest/ROSC Care Bundle

First Pass	Completion of 12 lead ECG with transmission for ROSC patients
First Pass	Deliver shock for shockable rhythms within less than 2 min recognition
First Pass	Vasopressors administered for sustained Adult ROSC patients meeting criteria
First Pass	Successful placement of advanced airway for ROSC patients

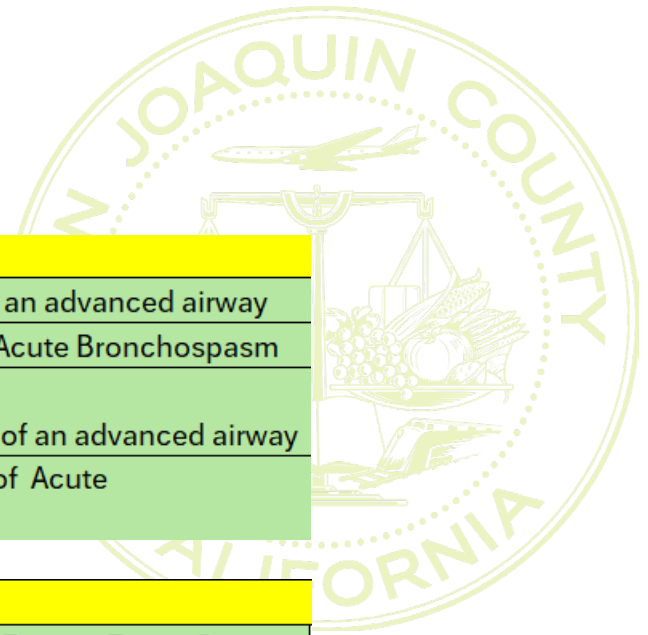
Bundle 2- Acute Coronary Syndrome (ACS/STEMI) Care Bundle

First Pass	Aspirin administration on all STEMI patients
First Pass	12 lead ECG documented for patients with suspected cardiac chest pain
First Pass	Transmission of ECG to STEMI receiving hospital for all patients with a 12 lead indicating STEMI Alert
First Pass	Elapsed on scene time of less than 15 minutes for patients with a 12 lead ECG indicating STEMI Alert

Bundle 3- Stroke Care Bundle

First Pass	Last Known Well Time (LKWT) documented for all patients with primary impression of Stroke
First Pass	Blood Glucose Level documented for all patients with primary impression of Stroke
First Pass	CPSS and Race Score completed and documented on EPCR with primary impression of Stroke
First Pass	Elapsed on scene time of less than 15 minutes for all Stroke alert patients (LKWT < 24 hrs)

Bundles of Care



Bundle 4- Airway and Respiratory Distress Care Bundle

First Pass	Capnography Value and Waveform documented for all patients with an advanced airway
First Pass	SpO2 value documented for all patients with primary impression of Acute Bronchospasm
First Pass	Cormack-Lehane grade documented for all patients with placement of an advanced airway
First Pass	Bronchodilator administration on patients with primary impression of Acute Bronchospasm

Bundle 5- Trauma / Pediatric Care Bundle

First Pass	Elapsed on scene time of ≤ 10 minutes for all patients meeting Major Trauma Triage Criteria both anatomical and physiological
First Pass	Administration of Tranexamic Acid (TXA) for adult patients with blunt or penetrating trauma to the torso and traumatic arrest
First Pass	Documented ventilation rate at 24 breaths per minute for all trauma patients requiring assisted ventilation
First Pass	Pediatric patients (<12 yo) with weight documented on ePCR

FirstPass- Navigating Dashboard

Dashboard
FirstPass
Collaborate

7

64

6

2

6

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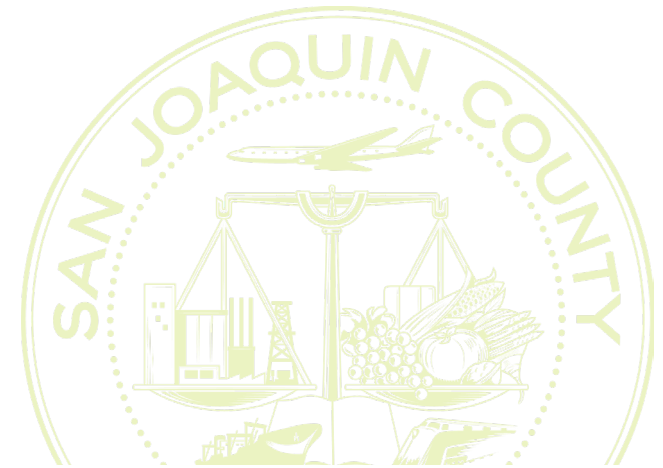
Review

July 17, 2026 - July 23, 2026

Search All Queues
Save View
Reset View

☐	Date/Time	Incident #	Agency	Address/Location	Chief Complaint	Primary Impressi...	Protocol	Destination
☐	7/22/2026 9:57:16 AM	LMD260003043	Lathrop-Manteca	W MOSSDALE RD/15 ONRAMP-MOSSDALE	chest tightness	Angina pectoris, unspecified	Acute Coronary Syndrome (ACS/STEMI)	
☐	7/21/2026 5:44:50 PM	08162831	Manteca Amb	1620 W YOSEMITE AVE	altered mental status	Altered mental status, unspecified	Stroke	Kaiser Permanente, Manteca
☐	7/21/2026 5:02:33 PM	SSJ260000743	South San Joaquin Fire	355 W GRANT LINE RD #335	aloc	Altered mental status, unspecified	Stroke	Sutter Tracy Community Hospital
☐	7/21/2026 3:54:37 PM	STO260030758	Stockton Fire	443 E SONORA ST	none per pt	Cardiac arrest, cause unspecified	Cardiac Arrest/ROSC	St. Joseph's Medical Center of Stockton
☐	7/21/2026 12:59:09 PM	RIP-2026-0000834	Ripon Fire	142 S STOCKTON AVE	Left arm and left leg pain	Mental disorder, not otherwise specified	Trauma / Pediatric	San Joaquin General Hospital
☐	7/18/2026 9:30:29 PM	LMD260002997	Lathrop-Manteca	2938 Rabbit Hollow DR	chest pain	Other chest pain	Acute Coronary Syndrome (ACS/STEMI)	
☐	7/18/2026 12:24:20 AM	STO260030072	Stockton Fire	1032 N LINCOLN ST #18B	Unresponsive	Cardiac arrest, cause unspecified	Cardiac Arrest/ROSC	Dameron Hospital

FirstPass- Flagged Calls



Protocol	Test		Pass/Flag
Stroke	Last Known Well Time (LKWT) documented		
Stroke	If CPSS +, then Race Scale completed and documented.		
Stroke	Scene time <15 mins for all Stroke alert patients.		
Stroke	Blood Glucose Level documented		

FirstPass- Reporting Dashboard

