

June 19, 2007

Los Angeles County Board of Supervisors The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Gloria Molina First District

Yvonne B. Burke Second District

Dear Supervisors:

Zev Yaroslavsky Third District

> Don Knabe Fourth District

APPROVAL OF PARAMEDIC BASE HOSPITAL AND COORDINATED PARAMEDIC COMMUNICATION SYSTEM AGREEMENT, AND MOBILE INTENSIVE CARE NURSE DEVELOPMENT COURSE FEE (All Districts) (3 Votes)

Michael D. Antonovich

IT IS RECOMMENDED THAT YOUR BOARD:

Bruce A. Chernof, MD Director and Chief Medical Officer

> John R. Cochran III Chief Deputy Director

Robert G. Splawn, MD Senior Medical Director

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

- 1. Approve and instruct the Director of Health Services, or his designee, to offer and execute the Paramedic Base Hospital and Coordinated Paramedic Communication System Agreement, substantially similar to Exhibit I, with the eight non-County paramedic base hospitals listed in Attachment B, effective July 1, 2007, through June 30, 2012, with an estimated annual revenue of \$90,920 for the first fiscal year, at no net cost to the County. Exhibit I will be incorporated as Exhibit F into the existing Trauma Center Service Agreement (TSCA) with 10 non-County paramedic base/trauma hospitals and the Memorandum of Understanding (MOUs) with the two County-operated paramedic base/trauma hospitals identified in Attachment B.
- Approve and delegate authority to the Director of Health Services, or his
  designee, through the Emergency Medical Services (EMS) Agency, to
  charge and collect the fees associated with the cost of providing the Mobile
  Intensive Care Nurse (MICN) Development Course, a training program to
  prepare emergency department registered nurses to function as MICNs.

To improve health through leadership, service and education.

#### PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTIONS

The recommended actions will: 1) enable the County to continue to maintain an Advanced Life Support (ALS) system that utilizes Emergency Medical Technician-Paramedics (paramedics) for the delivery of emergency medical care through on-line (radio or telephonic) medical control; and 2) delegate authority to the Director or his designee to allow the EMS Agency to recover its costs for books, printed materials, and instructors associated with providing a MICN Development Course.



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# IMPLEMENTATION OF STRATEGIC PLAN GOALS:

These actions support the County's Strategic Plan Goal No. 1 for Service Excellence by enhancing the quality and availability of emergency medical care services countywide. The Honorable Board of Supervisors June 19, 2007 Page 2

#### FISCAL IMPACT/FINANCING:

There is no net County cost for the Paramedic Base Hospital and Coordinated Paramedic Communication System Agreement. Total estimated revenue for Fiscal Year (FY) 2007-08 is \$90,920, based on the \$11,365 fee paid by each of the eight non-County base hospitals. This fee will increase by an average of 1.7 % per FY.

The estimated cost of providing an MICN Development Course is \$321 per student, for a total of \$6,420. The EMS Agency will charge and collect these fees from the MICN Development Course participants. Each course will train approximately 20 students. At this time, the estimated number of students over the course of a one year period is not known.

Funding and offsetting revenue is included in Health Services Administration's FY 2007-08 Proposed Budget and will be requested in future years.

#### FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

## Paramedic Base Hospital and Coordinated Paramedic Communication System Agreements

Pursuant to the authority granted under the Emergency Medical Services and Prehospital Emergency Medical Care Personnel Act, the County maintains an ALS system that utilizes paramedics for the delivery of emergency medical care. As part of this system base hospitals provide prospective, concurrent and retrospective medical control.

Division 2.5 of the California Health and Safety Code authorizes the local EMS Agency to designate Base Hospitals to provide on-line (radio or telephonic) medical control to paramedics treating patients in the prehospital setting. The number of base hospitals in Los Angeles has declined over time from 37 to the current total of 20. During the term of the existing Base Hospital Agreement, July 1, 2002 through June 30, 2007, the following changes occurred in the base hospital program: the former Martin Luther King, Jr./Drew Medical Center and Beverly Hospital withdrew from the base hospital ALS system, and California Hospital Medical Center and Long Beach Memorial Hospital implemented base hospital services.

The existing TCSA and MOU stipulate that the trauma hospitals must meet established Paramedic Base Hospital Requirements, and this proposed Paramedic Base Hospital Agreement will supersede the existing TCSAs' and MOUs' Paramedic Base Hospital Requirements as Exhibit F.

As approved by the Board on January 30, 2007, the ten non-County and two County paramedic base hospitals that also operate as trauma center hospitals are assessed an all inclusive Trauma Center/Base Hospital fee under terms of the current TCSA and MOU.

The two County-operated paramedic base hospitals, LAC+USC and Harbor/UCLA Medical Centers, also operate under the same programmatic terms of this paramedic base hospital standard agreement as required by the Director of Health Services.

A task force composed of representatives from each of the 20 base hospitals negotiated revisions to the current Agreement and agreed to the proposed changes.

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#### MICN Development Course

The California Code of Regulations, Title 22, requires a base hospital to provide immediate medical direction to paramedic personnel via direct two-way voice communication with field units assigned to the hospital. In Los Angeles County, the majority of on-line medical control is directed by MICNs, registered nurses who have received advanced training to learn paramedic protocols and operate the base radio, and who function pursuant to Section 2725 of the Business and Professions Code. MICNs are responsible for obtaining and interpreting patient assessment information and directing ongoing field care interventions in accordance with the policies, procedures and protocols established by the EMS Agency.

To become a certified MICN, registered nurses working in a base hospital emergency department must complete an MICN Development Course and pass a qualifying examination with a satisfactory score, after which they are authorized by the EMS Agency's Medical Director to provide on-line direction for prehospital advanced life support to paramedics.

Because hospital emergency departments function on a 24 hours-per day, 7 days-per week basis, there is a continuous need at the base hospitals to maintain adequate MICN staffing and ensure that sufficient MICNs will be available to meet future needs. Like the base hospital system itself, the number of MICN development courses has declined over time. At present, only one base hospital has provided the training in the last six months.

To meet the ongoing need for qualified MICN personnel, the EMS Agency plans to develop a standardized course, offer it in a central County facility, and utilize its own instructor staff in conjunction with voluntary assistance from experienced and qualified base hospital Prehospital Care Coordinators.

As part of the course, students will participate in a ride along with a paramedic ambulance and provide hands-on supervised medical direction for ambulances in the field. DHS will obtain waivers and releases from students for any injury to a student from these activities and indemnification and insurance coverage from each student's sponsoring employer for any medical direction or other work performed by the students while enrolled in the program.

A standardized course will reduce variability in instructor methods and ensure consistency in materials, handouts and radio practice skill sessions. Patients, paramedics, base hospitals and the ALS system will benefit from the continuous provision of skilled field care delivered by well-educated MICN staff.

Attachments A, B, and C provide additional information.

County Counsel has reviewed and approved Exhibit I as to use and form.

#### **CONTRACTING PROCESS:**

Not applicable.

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## IMPACT ON CURRENT SERVICES (OR PROJECTS):

The Paramedic Base Hospital and Coordinated Paramedic Communications Agreement will maintain the current level of program services through June 30, 2012. The MICN Development Course is expected to increase the availability of qualified MICN staff required for the EMS system in Los Angeles County.

When approved, this Department requires three signed copies of the Board's action.

Respectfully submitted,

Bruce A. Chernof, M.D.

Director and Chief Medical Officer

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Attachments (3)

c: Chief Administrative Officer
County Counsel
Executive Officer Board of Supe

Executive Officer, Board of Supervisors

#### SUMMARY OF AGREEMENT

#### 1. Type of Service:

This agreement provides for the twenty designated base hospitals to continue provision of on-line (radio or telephonic) medical control to paramedics in the prehospital setting. Along with on-line medical control, data collection, quality improvement and system monitoring will be maintained. The Emergency Medical Services (EMS) Agency will charge and collect the fees associated with the cost of providing the Mobile Intensive Care Nurse (MICN) Development Course, a training program to prepare emergency department registered nurses to function as MICNs.

#### 2. Address and Contact Person:

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#### 3. Term:

The term of the agreement with the base hospitals will be effective July 1, 2007 through June 30, 2012.

#### 4. Financial Information:

There is no net County cost for the Paramedic Base Hospital and Coordinated Paramedic Communication System Agreement. Total estimated revenue for Fiscal Year (FY) 2007-08 is \$90,920, based on the \$11,365 fee paid by each of the eight non-County base hospitals. This fee will increase by an average of 1.7 % per FY.

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Funding and offsetting revenue is included in Health Services Administration's FY 2007-08 Proposed Budget and will be requested in future years.

## 5. Primary Geographic Area to be Served:

Countywide.

# 6. Monitoring and Evaluation:

Department of Health Services EMS Agency

#### 7. Approvals:

Clinical and Medical Affairs: Robert G. Splawn, M.D., Senior Medical Director

Contracts and Grants Division: Cara O'Neill, Chief

County Counsel: Edward A. Morrissey, Senior Deputy

CAO Budget Unit: Latisha Thompson

# NON-COUNTY PARAMEDIC BASE HOSPITALS

- 1. Citrus Valley Medical Center Queen of the Valley
- 2. Glendale Adventist Medical Center
- 3. Methodist Hospital of Southern California
- 4. Pomona Valley Hospital Medical Center
- 5. Presbyterian Intercommunity Hospital
- 6. Providence Little Company of Mary Hospital
- 7. Providence St. Joseph Medical Center
- 8. Torrance Memorial Medical Center

## NON-COUNTY PARAMEDIC BASE /TRAUMA HOSPITALS

- 1. California Hospital Medical Center
- 2. Cedars-Sinai Medical Center
- 3. Henry Mayo Newhall Memorial Hospital
- 4. Huntington Memorial Hospital
- 5. Long Beach Memorial Medical Center
- 6. Northridge Hospital Medical Center
- 7. Providence Holy Cross Medical Center
- 8. St. Francis Medical Center
- 9. St. Mary Medical Center
- 10. UCLA Medical Center

## COUNTY-OPERATED PARAMEDIC BASE /TRAUMA HOSPITALS

- 1. Harbor-UCLA Medical Center
- 2. LAC+USC Medical Center

# ESTIMATED COST PER ATTENDEE FOR MOBILE INTENSIVE CARE NURSE (MICN) DEVELOPMENT COURSE

## Course Materials:

Prehospital Care Manual	\$ 23
Medical Control Guidelines	\$ 38
Paramedic Training Manual	\$ 10
Curriculum	\$ 29 .
Subtotal for Materials	\$100

#### Instructors:

Instructor cost per student \$221

8 hours x 7 days = 56 hours of instruction

56 hours x \$79\* per hour = \$4,424 instructor cost per course

Estimated number of students per course = 20

\$4,424 ÷ 20 students = \$221 instructor cost per student

\* Includes employee salary and benefits based on FY 2005-06 actual rate

Total Cost per Student (Materials and Instructor Costs)

\$321

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