COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 347-1604 FAX (562) 941-5835
http://ems.dhs.lacounty.gov/

DATE: November 15, 2017
TIME: 1:00 – 3:00 PM
LOCATION: Los Angeles County EMS Agency
10100 Pioneer Blvd., EMSC Hearing Room – 1st Floor
Santa Fe Springs, CA 90670

The Commission meetings are open to the public. You may address the
Commission on any agenda item before or during consideration of that item,
and on other items of interest which are not on the agenda, but which are
within the subject matter jurisdiction of the Commission. Public comment is
limited to three (3) minutes and may be extended by Commission Chair as
time permits.
NOTE: Please SIGN IN if you would like to address the Commission.

AGENDA

CALL TO ORDER – Erick Cheung, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

o Mobile Stroke Unit Ribbon Cutting

CONSENT CALENDAR (Commissioners/Public may request that an item
be held for discussion.)

1 MINUTES

September 20, 2017

2 CORRESPONDENCE

2.1 (11-02-2017) Linda Bradley, Chief Executive Officer, Centinela
Hospital Medical Center: Designation as a Primary Stroke Center.
2.2 (10-30-2017) Chief Robert E. Barnes, Bell Gardens Police
Department: Thank you for six (6) years of voluntary service as a
commissioner.
2.3 (10-30-2017) Michael Lang, Fire Chief, Arcadia Fire Department, et
al: 2017 Mission Lifeline Award from the American Heart
Association.
2.4 (10-20-2017) Fax/E-mail Distribution: West Hollywood Halloween
Festival 2017.
2.5 (10-14-2017) Fax/E-mail Distribution: Taste of Soul 2017.
2.6 (10-11-2017) Richard E. Yochum, President/CEO, Pomona Valley
Hospital Medical Center: Shared Trauma Catchment Area.
2.7 (10-05-2017) Martin Serna, Fire Chief, Torrance Fire Department:
Ondansetron Pilot Approved.
3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee – Cancelled
3.3 Education Advisory Committee
3.4 Provider Agency Advisory Committee

4. POLICIES

None to review

5. BUSINESS (Old)

5.1 Community Paramedicine (September 2017)

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
   o LA County Dispatch and Law Enforcement Survey (Draft)

5.3 Ad Hoc Committee (Wall Time/Diversion)
   o EMSA APOT1 and APOT2 Reporting Matrix (attached)

New

5.4 Emergency Medical Services Commission Annual Report (attached)
5.5 EMT Curriculum for Mental Health Report (attached)
5.6 Sexual Assault Response Team (SART) Center Support Letter
5.7 Appointment of Nominating Committee

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR’S REPORT

9. ADJOURNMENT

(To the meeting of January 17, 2018)

Lobbyist Registration: Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the noncompliance exists.
CONSENT CALENDAR

November 15, 2017

1. MINUTES

September 20, 2017

2. CORRESPONDENCE

2.1 (11-02-2017) Linda Bradley, Chief Executive Officer, Centinela Hospital Medical Center: Designation as a Primary Stroke Center.
2.2 (10-30-2017) Chief Robert E. Barnes, Bell Gardens Police Department: Thank you for six (6) years of voluntary service as a commissioner.
2.5 (10-14-2017) Fax/E-mail Distribution: Taste of Soul 2017.
2.6 (10-11-2017) Richard E. Yochum, President/CEO, Pomona Valley Hospital Medical Center: Shared Trauma Catchment Area.

3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee – Cancelled
3.3 Education Advisory Committee
3.4 Provider Agency Advisory Committee

4. POLICIES

None to review
COUNTY OF LOS ANGELES
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September 20, 2017

(Ab) = Absent; (*) = Excused Absence

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd., Santa Fe Springs, CA. 90670. The meeting was called to order at 1:07 PM by Chairman Erick Cheung, M.D. A quorum was present with 14 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:

Self-introductions were made starting with EMSC members and followed by EMS Agency Staff and guests.

Dr. Gausche-Hill, Medical Director, EMS Agency, announced that the National Highway Traffic Safety Administration (NHTSA) has developed a process to look at EMS in the future; the EMS Agenda 2050. In 1995 there was an “EMS Agenda of the future” that was published and served as a
template. NHTSA is looking for feedback from EMS stakeholders in terms of where EMS should be going in the future. The EMS Agency 2050 team will host four public meetings throughout the U.S. where attendees will meet and discuss the future of EMS with the project’s Technical Expert Panel; a group of ten (10) individuals with wide-ranging and diverse experiences within EMS systems and healthcare organizations.

During the meetings, participants will actively engage in conversations and critical thinking exercises to ensure a vision is established that will incorporate a wide range of perspectives. The first meeting will be held in Los Angeles, CA on January 17, 2018. Further information may be obtained at http://emsgaenda2050.org

Dr. Gausche-Hill is serving on the technical expert panel for this NHTSA project.

CONSENT CALENDAR:

Chairman Erick Cheung, M.D., called for approval of the Consent Calendar.

Motion by Commissioner Flashman/Snyder to approve the Consent Calendar, excluding item 4.4 Reference No. 817: Regional Mobile Response Team for further discussion. Motion carried unanimously.

Ms. Cathy Chidester, Director, EMS Agency, reiterated information on the following items from Correspondence:

2.1 Trauma Catchment Boundaries: Pomona Valley Hospital has requested that their trauma catchment area include the Angeles Forest area north of their location. This area is currently covered by Huntington Hospital and most transports are by air ambulance. To evaluate the catchment area in question, Richard Tadeo, Assistant Director, and Ms. Chidester, Director participated in a ride-along with the Sheriff’s Department, which was helpful to the EMS Agency staff to get a better understanding of this area and air transport times. Based on the ride along and data analysis, the EMS Agency has determined that Highway 39 and areas west of Highway 39 remain within Huntington Hospital’s (HMH) trauma catchment area and incident locations east of Highway 39 will be reassigned to PVHMC and added to their catchment area. Of course, pilot discretion will supersede the designated area destination as safety is the first priority. The letter in your agenda has been sent to Huntington Hospital and if they choose to dispute this revision to their catchment area they are afforded “Due Process”, which is defined as a hearing before the EMS Commission who will determine the action to be taken. To date we have not heard what action Huntington Hospital will take.

2.9 Temporary Medication Reduction during Nationwide Drug Shortage: The EMS Agency approved request to temporarily reduce minimum inventory amounts of Epinephrine (0.1mg/mL), Epinephrine (1mg/mL) and Atropine (0.1mg/mL).

Commissioner Hisserich requested clarification on item 4.1, Reference No. 408: Assessment Unit

4.1 Question: What happens if an assessment unit is called and they do not have an ALS unit?

Ms. Chidester responded that all providers have ALS units, no one operates with just assessment units; however, if the assessment unit has called for an ALS
Ambulance, but they feel it would be for the patient’s benefit to transport him/her, they can transport. In Los Angeles County (LA County), in order to be an ALS unit, a configuration of two (2) paramedics or one (1) paramedic and one (1) MICN is needed; an assessment unit has one (1) paramedic only.

Commissioner Uner inquired via e-mail on item 4.2, Reference No. 520: Transfer of Patients from Catalina Island.

4.2 Commissioner Uner recommended for the policy to refer to Private Air Ambulance licensed in LA County instead of identifying a specific company (Mercy Air). Dr. Gausche-Hill was in communication Commissioner Uner and it was agreed to revisit this policy at a later time since he was being deployed to Mexico as part of the response to the earthquake.

Commissioner Hisserich inquired on item 4.3, Reference No. 803: Emergency Medical Technician (EMT) Scope of Practice.

4.3 Question: Would there be any improvement on training for handling behavioral emergencies?

Ms. Chidester responded that Paramedics and EMTs have in their curriculum a number of primary training hours for behavioral training; however, it has been identified that it has been lacking in the number of hours. The curriculum requirements for paramedics and EMT programs are set in State regulations so any requirement of a specific number of hours or topics would need to be taken back to the State to revise the appropriate regulations.

Motion by Commissioner Hisserich/Rodriguez to request a report from either the EMS Agency or Education Advisory Committee on current skills, assessment and management of behavioral emergencies for EMTs required in the primary training programs. Motion carried unanimously.

Ms. Chidester provided information on item 4.4, Reference No. 817: Regional Mobile Response Team, which was held from consent calendar for discussion.

4.4 Reference No. 817 was an existing policy that addressed the Hospital Emergency Response Team (HERT). Most recently, UCLA Medical Center approached the EMS Agency about being interested in operating within the 9-1-1 system with a Mobile Stroke Unit (MSU), as a pilot project, and being attached to a research project on a National level. The MSU has a mobile head CT scanner in it, is staffed with a Nurse, paramedic, a Radiology Technician, and either a neurologist is on board the MSU or there is the capability of transmitting the CT results to the hospital for review. The idea is for the MSU to be attached to the EMS system to be dispatched with the EMS providers to the call where someone is exhibiting signs and symptoms of a stroke. We do not want to interfere with provider’s ambulance Exclusive Operating Areas (EOAs), thus UCLA would need to have an agreement with the provider they will be working with, and to be connected with their dispatch system.

Reference No. 817 was the appropriate policy to incorporate the MSU and the respective requirements because it is identified as an additional type care that is not provided by the 9-1-1 providers. This policy was not taken through the normal chain because UCLA had a short timeline to get the MSU up and running in order to participate in the national research study. UCLA has developed an
agreement with the City of Santa Monica and Santa Monica Fire Department, and began operating as of September 11, 2017.

The Los Angeles County Fire Department (LACoFD) is interested in participating with UCLA and the MSU program. The County Board of Supervisors authorized allocating Measure B funds to cover costs of operating the MSU beyond the operation parameters of the research study. Long Beach, Compton and other areas in LA County and Los Angeles City are also being considered. This policy talks about how the mobile team will be included into the EMS system. Due to the starting time frame and having the need to have other entities look at this policy, approval by the EMS Commission is needed today.

Commissioners Ower/Eckstein were in agreement that just as the HERT always has an Emergency Medicine Physician and a Surgeon as minimum staffing, this policy, when taken back to the committee process, should be edited to address the minimum staffing for the MSU as well.

Commissioner Uner had inquired via e-mail about the equipment list for the HERT having a brand name helmet and the concern that the policy would need to be updated if the helmet would be no longer produced; his suggestion is to use generic or to add “or equivalent”. Dr. Gausche-Hill commented that this was brought up at the Medical Advisory Council meeting where it was opted for the policy to remain, as is, since it is functional and because the revision would be a lengthy process.

Motion by Commissioners Sanossian/Ower to approve consent calendar item 4.4 Reference No. 817: Regional Mobile Response Team, which was held for discussion. Motion carried unanimously.

5. BUSINESS (old)

5.1 Community Paramedicine (September 2017)

Cathy Chidester announced that Los Angeles Fire Department (LAFD) has submitted an application to the State Emergency Medical Services Authority (EMSA) for two (2) pilot projects that consist of transporting patients to alternate destinations including Psychiatric Urgent Care Center and to a Sobering Center. LACoFD submitted their application for a pilot project to transport their patients to an alternate destination including Psychiatric Urgent Care Center. LACoFD’s pilot would be in the Martin Luther King Community Hospital area. Both applications, consisting of three (3) total projects, were submitted with letters of support from the EMS Agency. The curriculum for the required training is being developed.

Commissioner Eckstein, Medical Director, LAFD mentioned he is not certain when the projects will be approved, but EMSA had responded very quickly with additional questions for which responses have been provided.

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report

Kay Fruhwirth, Assistant Director, EMS Agency, reported that she and Ms. Chidester met with the representatives from the Los Angeles Police Chiefs Association including Chief Barnes and three (3) of his fellow Chiefs to talk about the
dispatch of mental health calls (MH) and how to make progress on the recommendations that came out of the Ad Hoc Committee report. The landscape with mental health patients is understood and the role and the interaction with law enforcement has evolved over the last couple years, especially with all the work that is being done at the District Attorney’s Office, the criminal justice trainings, as well as the attention we have brought to it. Additionally, a majority of the Police Departments now have mental health teams comprised of a Sworn Officer and a Clinician from the Department of Mental Health (DMH); some are sharing the MH team between cities and some cities have full time coverage. The Sheriff’s Department, as well as, the Los Angeles Police Department (LAPD) are increasing their MH coverage and now provide 24-hour coverage.

To get a better picture of what actions law enforcement agencies have taken to address MH response by first responders, it was decided to conduct a survey. Additionally, it was discussed that Ms. Fruhwirth would attend the two-day Mental Health Awareness training that patrol officers are attending.

Ms. Chidester requested assistance from the commissioners especially from law enforcement and from a psychiatric expert to form a sub-committee to work on the survey questions. Commissioners Cheung and Bixler volunteered to work with Ms. Chidester and Ms. Fruhwirth.

BUSINESS (New)

5.3 APOT Ad Hoc Committee for (Wall Time / Diversion)

Ms. Chidester reported that Commissioner Snyder chaired the previous Ad Hoc Committee meeting in which there was a discussion centered around the definition for wall time and what the committee and the County agree are reasonable average off-load times. The State EMSA has published twenty (20) minutes as the acceptable APOT but the County can make its own determination of what an appropriate and/or acceptable time to transfer care is. The EMS Agency is discussing how the system’s EMS providers could be empowered to make the determination of putting hospitals on diversion or not transporting to a hospitals that they experience delays in transferring care. EMS providers have more technology and tools available to for their use such as ReddiNet and a good communication between ambulances to make the best destination determinations.

EMSA is interested in receiving the LA County’s wall time data, but it is not consistently collected yet. At this time, the providers are still being trained to put in the time they transfer the care of the patients.

Furthermore, The EMS Agency supports the Emergency Care systems Initiative (ECSI) that is sponsored by Hospital Association of Southern California (HASC), in an effort to address the California’s emergency care system, which now faces Californian’s turning to hospital emergency departments in record numbers. The EMS system continues to work on the statewide definition of wall time by looking into best practices and toolkits and by being able to present data to the State and to the individual hospitals; financial penalties, as practiced in the State of Nevada, are not supported by the EMS system.
Commissioner Lott requested for Mr. Jaime Garcia, Regional Vice-President, HASC, to share how the hospital industry reacts and what the hospital response is on financial penalties.

Mr. Garcia stated that financial penalties for wall time would not solve the problem as the entire system needs to be evaluated. It is necessary to look at ways to improve the continuum of care for individuals – particularly when we look at mental health and ED crowding. We recently launched a pilot program with the Department of Mental Health (DMH) that allows certain non LPS designated facilities to have trained staff to be able to evaluate and triage an individual and place them on or remove a 5150 hold. This can help reduce wall-time, and we are now in the process of looking at engaging three (3) additional hospitals. The goal with DMH is to have ten hospitals throughout the county participate in the two-year pilot. Thus far, this first quarter, positive results in terms of stats obtained from the hospitals, and DMH has actually seen this make a difference in the system. This illustrates an opportunity for us to collaborate together to improve the quality of care for individuals. Simply penalizing a hospital when you don’t have access and community resources isn’t going to solve wall-time.

5.4 Cannabis Data Submission

Ms. Christine Clare, Chief Hospital Programs, EMS Agency provided a presentation on Cannabis Data Submission. Ms. Clare informed attendees that the data presented has not been published; therefore, handouts cannot be provided. She added that the cannabis workgroup meets on a bi-weekly basis to review and discuss the different data submitted by participants and that while the EMS Agency submits data for the entire County, the workgroup data on covers the County’s unincorporated areas only. The committees are under the Chief Executive Office (CEO), which is establishing the cannabis related regulations for the unincorporated areas of the county; each city has the ability to make their own rules regarding the legalization of marijuana. At this time, the EMS Agency gathers data from the trauma database, which contains patients who meet trauma criteria (not all EMS patients), and who are screened for drug use and have a positive result for cannabis. Next year, as the EMs Report forms (patient care record) are revised additional data on suspected cannabis use will be collected. LACoFD is changing their electronic documentation system to gather more information on cannabis and will be submitting it to the EMS Agency before it is submitted system-wide for EMS.

The data is reported to the Board of Supervisors by Service Planning Areas (SPA), as it is gathered, specific data is also provided by patient so that it can be divided by age, gender, etc.

In an analysis done in Colorado, it was found that alcohol use went down when cannabis was legalized.

Currently, while the consumption of cannabis for non-medical reasons, is not legal until January of 2018, law enforcement is taking the approach to not arrest individuals when found to possess marijuana, although it is a misdemeanor.
5.5 **Measure B Advisory Board (MBAB)**

Ms. Chidester announced that to address the motion of the Board of Supervisors to create a MBAB, the EMS Agency has reached out to the entities identified in the motion to designate a representative; one of these entities is the EMS Commission. The request is for the Chair of the EMSC or his/her designee to be a member of the MBAB.

**Commissioner Ower/White moved to have Dr. Cheung represent the EMS Commission on the Measure B Advisory Board Committee. Motion carried unanimously.**

5.6 **Quarterly Update on Trauma Prevention Efforts and Trauma Care Expansion**

Ms. Chidester announced that EMS Agency staff have been working with Department of Public Health (DPH) and providing them with our trauma center data that has information consisting of location and type of trauma, and also working with the trauma hospitals and the trauma prevention programs within LA County, and having DPH assist to augment these programs.

6. **COMMISSIONERS COMMENTS/REQUESTS**

- Commissioner Barnes announced that after six (6) years of service, this is the last meeting he will be attending as a commission member. Chief Barnes also introduced Chief John Incontro, who soon will be appointed to become a member of the EMS Commission.

  On behalf of the EMSC and the EMS staff, Commissioner Cheung extended his warm gratitude to Commissioner Barnes for his service and welcomed Chief John Incontro. Ms. Chidester added that Commissioner Barnes was the first Police Chief to be an EMSC member.

- Commissioner Hisserich shared that a subcommittee of the National EMS Advisory Council (NEMSAC) has promulgated a recommendation that all EMTs be called Paramedics and that the whole field be called Paramedicine. They do specify that if the State law says otherwise, they do not intend to change it, but they will push forward the idea.

7. **LEGISLATION**

Ms. Chidester provided an update on legislative activity using the EMSAAC legislative report. Legislation of interest include:

- **SB 523, Medi-Cal: Emergency Medical Transport Providers: Quality Assurance Fees** This Bill is moving forward and progressing.

- **AB 263, Emergency Medical Services Workers: Rights and Working Conditions** This has become a two-year Bill.

Dr. Gausche-Hill announced the following:

- **SB 443, Pharmacy: Emergency Medical Services Automated Drug Delivery System**
This Bill has passed both houses. Dr. Gausche-Hill thanked Dr. Clayton Kazan, Medical Director, LACoFD, for being instrumental in working with the Board of Pharmacy and garnering support for this bill.

Commissioner Hisserich added:

AB 1250, Counties: Contracts for Personnel Services
This Bill was moved to the suspense file, but it may come back in January 2018 as a two-year Bill. The Bill would affect the county’s ability to contract with private entities to carry out services and lot of Mental Health Agencies are private entities. It was fought very vigorously by private Mental Health agencies and the Board of Supervisors did not support it.

8. DIRECTOR’S REPORT

Annually, the American Heart Association (AHA) gives out the Mission Lifeline Awards. The Awards are based on compliance with achievement measures related to data collection on STEMI patients. This year, as we were applying for the award, we recognized that the data is coming from the Fire Department EMS providers. The Fire Departments and the EMS Agency are recipients of the 2017 Mission Lifeline Gold Award. This is the first award the Fire Departments have received for providing their data.

The EMS Agency wants to recognize Chief Martin Serna, Torrance Fire Department, for putting together an annual data report for the City of Torrance and using that data to impact the health and well-being of his community. Specifically, Torrance’s data showed they have a high volume of falls as a chief complaint and they have a low percentage of cardiac arrests that receive Citizen Cardiopulmonary Resuscitation (CPR) and a low percentage of patients that have return of spontaneous circulation (ROSC). They published a second annual data report this year, and included all that the Fire Department has been working on to address the issues that were identified in their first annual data report. They describe they are partnering with the hospitals, the library and community groups to provide fall prevention programs in the City. Dr. Mitchell Katz, Director, Health Agency, reached out to Supervisor Hahn to share the report. The Board of Supervisors recognized Torrance Fire Department and presented the involved staff with scrolls at the Board meeting on September 19, 2017.

Ms. Chidester announced that the Executive Office of the Board of Supervisors sent out a Commission Manual to all Commissioners. This manual provides a template for commission annual reports to the Board of Supervisors. Using this template the EMS Agency is developing the annual report for FY 16-17 and will bring the report to November 2017 EMSC meeting. Additionally, in reviewing the document there is a statement that the Commission cannot take a position on legislative bills but can make recommendations to the Board of Supervisors.

Dr. Gausche-Hill announced that the EMS Agency was notified by the Department of Public Health (DPH) of a local outbreak of Hepatitis A amongst the homeless population or others at risk. This outbreak is due to person-to-person transmission which can be prevented through the use of PPE and good hand hygiene practices. We have reached out to DPH and looked at the guidance from Center for Disease Control (CDC) relative to safe practices. Given the severity of the outbreak in San Diego County, it is important to reiterate these safe practices. At this time, the plan is
to work together with DPH and provide guidance to first responders relative to Hepatitis A. The EMS Agency website is being updated with links that provide outbreak information and useful recommendations.

A copy of the 6th EMS Agency Annual Data Report, which contains data received from all the EMS providers in LA County, was handed out. Dr. Gausche-Hill provided an overview of the data.

9. **ADJOURNMENT**

The Meeting was adjourned by Chairman, Erick Cheung, MD., at 3:04 PM. The next meeting will be held on November 15, 2017.

**Next Meeting:** Wednesday, November 15, 2017
EMS Agency
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA 90670

Recorded by:
Amelia Chavez
Secretary, Health Services Commission
November 2, 2017

Linda Bradley  
Chief Executive Officer  
Centinela Hospital Medical Center  
555 East Hardy Street  
Inglewood, CA 90301

DESIGNATION AS A PRIMARY STROKE CENTER

Dear Ms. Bradley:

The Emergency Medical Services (EMS) Agency is pleased to announce that Centinela Hospital Medical Center (CNT) has been designated as a Primary Stroke Center (PSC). Effective November 6, 2017, CNT may begin receiving patients who are transported by the 9-1-1 system and meet the criteria outlined in Reference No. 521, Stroke Patient Destination.

The EMS Agency requires each PSC to participate in data submission of all patients transported by 9-1-1 providers and meet the inclusion criteria as stated in the Los Angeles County EMS Agency Stroke Data Definitions.

Please complete and return the attached Confirmation Agreement within 15 days of receipt. Upon return, EMS Agency will sign the Agreement and return the original to your facility.

Congratulations and thank you again for your commitment to the PSC program. If you have any questions, please feel free to contact me at (562) 347-1600 or Lorrie Perez, Stroke Center Coordinator at (562) 347-1655.

Respectfully,

Marianne Gausche-Hill, M.D.  
Medical Director

MGH:Ip  
11-02

Enclosure

c: Director, EMS Agency  
   Emergency Medical Services Commission  
   Medical Director Stroke Program, Centinela Hospital Medical Center  
   Stroke Program Coordinator, Centinela Hospital Medical Center
October 30, 2017

Chief Robert E. Barnes
Bell Gardens Police Department
7100 S. Garfield Avenue
Bell Gardens, CA 90201

Dear Chief Barnes:

On behalf of the Emergency Medical Services (EMS) Agency and the EMS Commission, I would like to thank you for your six (6) years of volunteer service as a commissioner. As the EMS Commission representative for Los Angeles County Chief Association, you provided valuable insight and direction for current and future issues impacting the EMS system.

The impact of your participation on the Commission and the committees will last far into the future. I am confident that the Commission will continue to work on the valuable initiatives that began based on your input and insights and will see these through fruition.

It has been a great pleasure working with you.

Sincerely,

[Signature]

Cathy Childs
Executive Director

CC:ac

c: EMS Commission
October 30, 2017

Michael Lang, Fire Chief
Arcadia Fire Department
710 S. Santa Anita Avenue
Arcadia, CA 91006

Dear Chief Lang:

Enclosed is a certificate recognizing your department as a "2017 Mission Lifeline, Gold" recipient. This award, from the American Heart Association recognizes EMS teams for their vital role in providing timely treatment for ST Elevation Myocardial Infarction (STEMI) patients and celebrating the achievement of the pre-hospital providers and their collaboration with each other and destination hospitals specific to STEMI patient care. Your department is a recipient for meeting achievement measures related to the care of STEMI patients and is based on the data your department collects and submits to the EMS Agency. The Mission: Lifeline is awarded in Bronze, Silver and Gold, with Gold being awarded for meeting the highest standard.

As a Mission Lifeline: Gold awardee your department has demonstrated your commitment to emergency medical services and quality patient care. This award is very significant as our collective system's first award for data collection, interpretation and patient related services.

Congratulations to your department on this achievement and thank you for your leadership and commitment to EMS.

Sincerely,

Cathy Chidester
Director

Enclosure

CC:cc
October 14, 2017

TO:       FAX/E-Mail Distribution
FROM:    Cathy Chidester
              Director
SUBJECT:  TASTE OF SOUL 2017

This is to advise you of the Taste of Soul Event scheduled to take place on Saturday, October 21, 2017 in the City of Los Angeles. The reported event hours are as follows:

- Saturday, October 21st, from 10:00 a.m. to 7:00 p.m.

The estimated number of participants over the course of the day is 250,000. The event will be taking place on Crenshaw Blvd., between Stocker St. and Rodeo Road. During last year’s Taste of Soul there were a total of 9 patients treated at surrounding facilities. This year, event medical treatment stations will be utilized to help reduce the impact of patients to surrounding hospitals.

The Emergency Medical Services (EMS) Agency encourages Emergency Departments in the area to prepare and staff adequately. The Medical Alert Center (MAC) will conduct a Reddi-Net Multi-Casualty Incident (MCI) poll to manage patient destinations. It is imperative that hospitals complete the MCI poll “Victim List” for patient tracking purposes of all event-related patients, including those who may self-transport.

Please ensure that all affected personnel are properly informed in advance. Should you have any questions or need further information, please contact the MAC Supervisor at (562) 941-1037.

CC: rb
Distribution:

Paramedic Coordinator, Los Angeles City Fire Department
Prehospital Care Coordinator, Each Hospital
Emergency Department Director, Kaiser West Los Angeles
Emergency Department Director, Olympia Medical Center
Emergency Department Director, Southern California Hospital at Culver City
Emergency Department Director, Centinela Hospital Medical Center
Emergency Department Director, California Hospital
Emergency Department Director, LAC+USC Medical Center
Emergency Department Director, Good Samaritan Hospital
Emergency Department Director, Saint Vincent Medical Center
Emergency Department Director, Cedars Sinai Medical Center
Emergency Department Director, Kaiser Sunset
Emergency Department Director, Hollywood Presbyterian Hospital
Emergency Department Director, Children’s Hospital Los Angeles
Emergency Department Director, Community Hospital of Huntington Park
Emergency Department Director, Marina Del Rey Hospital
Emergency Department Director, White Memorial Medical Center
Emergency Department Director, Ronald Reagan UCLA
Emergency Department Director, Martin Luther King Jr. Community Hospital
October 20, 2017

TO: FAX/E-Mail Distribution

FROM: Cathy Chidester
Director

SUBJECT: WEST HOLLYWOOD HALLOWEEN CARNAVAL 2017

This is to advise you of the West Hollywood Halloween Carnaval scheduled to take place on Tuesday, October 31, 2017 in the City of West Hollywood. The event will start at 5:00 p.m. and is expected to end at approximately 3:00 a.m. on November 1, 2017. The estimated number of participants is 150,000 to 250,000.

During last year’s Halloween Carnaval there were a total of 21 patients treated at surrounding hospitals. Event medical treatment stations will be used to help minimize the impact to surrounding hospitals. The Emergency Medical Services (EMS) Agency encourages Emergency Departments in the area to prepare and staff adequately. The Medical Alert Center (MAC) will conduct a ReddiNet® Multi-Casualty Incident (MCI) poll to manage patient destinations. It is imperative that hospitals complete the MCI poll “Victim List” for patient tracking purposes of all event-related patients, including those who may self-transport.

In advance, please ensure that all affected personnel are properly informed. Should you have any questions or need further information, please contact the MAC Supervisor at (562) 941-1037.

CC: rj
Distribution:

Paramedic Coordinator, Los Angeles County Fire Department
Prehospital Care Coordinator, Each Hospital
Emergency Department Director, California Hospital Medical Center
Emergency Department Director, Cedars-Sinai Medical Center
Emergency Department Director, Centinela Hospital Medical Center
Emergency Department Director, Children's Hospital of Los Angeles
Emergency Department Director, Encino Hospital Medical Center
Emergency Department Director, Glendale Adventist Med. Center/Adventist Health
Emergency Department Director, Glendale Memorial Hospital and Health Center
Emergency Department Director, Good Samaritan Hospital
Emergency Department Director, Hollywood Presbyterian Medical Center
Emergency Department Director, Kaiser Foundation Hospital – Panorama City
Emergency Department Director, Kaiser Foundation Hospital – Sunset
Emergency Department Director, Kaiser Foundation Hospital – West Los Angeles
Emergency Department Director, LAC+USC Medical Center
Emergency Department Director, Marina Del Rey Hospital
Emergency Department Director, Olympia Medical Center
Emergency Department Director, Providence Saint Joseph Medical Center
Emergency Department Director, Providence Saint John's Health Center
Emergency Department Director, Ronald Reagan – UCLA Medical Center
Emergency Department Director, Saint Vincent Medical Center
Emergency Department Director, Santa Monica/UCLA Medical Center
Emergency Department Director, Sherman Oaks Hospital
Emergency Department Director, Southern California Hospital at Culver City
Emergency Department Director, Valley Presbyterian Hospital
Emergency Department Director, White Memorial Medical Center/Adventist Health
October 11, 2017

Richard E. Yochum, President/CEO
Pomona Valley Hospital Medical Center
1798 North Garey Avenue
Pomona, CA 91767

Mr. Yochum:

SHARED TRAUMA CATCHMENT AREA

The EMS Agency is in receipt of your letter dated September 21, 2017 requesting a time audit for all trauma center criteria patients transported from the trauma catchment area shared between LAC+USC Medical Center (USC) and Pomona Valley Hospital Medical Center (PVC) from April 1, 2017 through September 30, 2017. While the EMS Agency recognizes that PVC wishes to ensure that patients are being transported to the closest trauma center by time, the ultimate transport decision is the responsibility of the field paramedic caring for the trauma patient.

Due to a multitude of factors, traffic and construction being just two, the provider is responsible for determining the most accessible trauma center for the patient. The EMS Agency does not have the ability to retrospectively evaluate each individual case as the circumstances around transport are fluid at the time of the incident.

The EMS Agency has conferred with Los Angeles County Fire Department (CF), as they transport the majority of patients from this shared area, to determine any difficulties or problems with the current trauma destination policies for USC and PVC. CF did not identify any recurring problems or issues with the destination policies. Their ultimate goal is to transport and transfer care to the most accessible receiving trauma center as quickly as possible.

We are confident that the paramedics are using technology to continuously assess traffic patterns and make destination decisions based upon which trauma center they can get to fastest, to ensure the patient receives the definitive care expeditiously. CF management has confirmed that paramedics strive to limit the time spent in the back of an ambulance with a seriously injured patient.

CF administration has assured the EMS Agency that their paramedics are complying with the trauma destination policies for USC and PVC. If PVC has specific incidents where PVC feels a seriously injured trauma patient was transported to USC in error, please provide specific details so that the EMS Agency can conduct a case review.

If you have any questions or need additional information, please contact me or Christy Preston, Trauma Program Manager at (562) 347-1660 or cpreston@dhs.lacounty.gov

Sincerely,

Cathy Chidester
Director

CC: RT: cac
10-01

c: Trauma Medical Director, Pomona Valley Hospital and Medical Center
Trauma Program Manager, Pomona Valley Hospital and Medical Center
October 5, 2017

Martin Serna, Fire Chief
Torrance Fire Department
1701 Crenshaw Boulevard
Torrance, CA 90501

Dear Chief Serna:

ONDANSETRON PILOT APPROVED

This is to inform you that Torrance Fire Department (TF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for a pilot study evaluating the administration of ondansetron for nausea and/or vomiting in patients not requiring base hospital contact transported by basic life support personnel.

The approved quality improvement process required for implementation and evaluation of the pilot will be reviewed during your annual Program Review or as deemed necessary by the EMS Agency. Additionally, TF may be required to report and provide outcome data on the status of the pilot to the EMS Agency Medical Advisory Council for purposes of peer review and system evaluation.

Please contact me at (562) 347-1600 or Susan Mori at (562) 347-1681 for any questions or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
10-09

c: Director, EMS Agency
   Medical Director, TF
   EMS Director, TF
   Paramedic Coordinator, TF
   EMS Nurse, TF
1. CALL TO ORDER:  The meeting was called to order at 1:05 P.M. by Chairperson Mark Eckstein, M.D.

2. APPROVAL OF MINUTES:  The June 14, 2017, meeting minutes were approved as submitted.

M/S/C (Burgess/Sepke)

3. INTRODUCTIONS/ANNOUNCEMENTS:
   - Self-Introductions were made by all.
   - Lucy Hickey and her team will be participating in the Breast Cancer Awareness Walk on October 22, 2017, please offer your support.
4. REPORTS & UPDATES:

4.1 Base Hospital Agreement (R. Tadeo)

The Base Hospital Agreement is currently on the first year extension with the option to extend an additional year. Negotiations for a new agreement may begin in early 2018 if there are substantive changes that need to be made. The one issue raised regarding the agreement is the requirement for Base Hospital Meetings. The EMS Agency will re-evaluate this requirement and come back to the group with some recommendations.

4.2 Treatment Protocols (R. Tadeo)

The draft Treatment Protocols for the pilot project have been completed and training began in October with Burbank Fire, Pasadena Fire, Providence St. Joseph, and Huntington Memorial Hospital. The start date for the pilot project is scheduled for early December and will continue for a period of three months. Data from base forms and feedback from MICN’s will be collected during the pilot project to guide with education, training, and the required documentation of Treatment Protocols.

4.3 Ambulance Patient Offload Times (APOT) (R. Tadeo)

The APOT work group has made progress in defining “start” and “stop” times. The State definitions have been adopted, state time will be documented once the provider ambulance has parked in the ambulance bay and the stop time will be document once the patient has been offloaded onto hospital equipment. Providers will be responsible for documenting times. Lengthy discussion ensued regarding accurate documentation of offload times, acceptable “wall times”, and hospital diversions as a result of excessive wall time.

4.4 Comprehensive Stroke System (Dr. Gausche-Hill)

Request for Application (RFA) was released at the end of September. Applications were due back at the beginning of October. Feedback has been provided to all applicants and we are moving forward with the designation of the Comprehensive Stroke Centers (CSC). Re-routing of stroke patients to designated CSC’s will begin early 2018.

Although the primary responsibility to transfer complex stroke patients from a Primary Stroke Center (PSC) to a CSC, for higher level of care, is the responsibility of the sending hospital, the CSC’s are being required to have a transportation agreement with a private ambulance company with the appropriate level of transport medical personnel, and must be available at the CSC within 60 minutes. Utilization of the 9-1-1 system to conduct interfacility transports of stroke patients is not acceptable.

4.5 EMS Update 2018 (R. Tadeo)

EMS update is estimated to begin in mid-2018, the planning phase will begin once the Treatment Protocol project has concluded. Lengthy discussion ensued regarding implementation date of Treatment Protocols, lack of understanding of provider impression by the providers, and adequate training time of Treatment Protocols.
5. UNFINISHED BUSINESS:

No unfinished business

6. NEW BUSINESS:

6.1 Reference No. 520, Transport of Patients From Catalina Island

M/S/C (Crews/Verga-Gates)

6.2 Reference No. 520.1

M/S/C (Crews/Verga-Gates)

6.3 Reference No. 817, Regional Mobile Response Teams

Revisions for Reference No. 817, Regional Mobile Response Team were reviewed, with the following recommendations.

- Reference No. 817 should be divided into two references, with Ref. No. 817 remaining as Hospital Emergency Response Team (HERT). The Mobile Stroke Unit (MSU), and all reference to the MSU, should be allocated as a reference in the 500 series.
- Page 3, Policy 1, A. 5, to read as follows: The Team Leader will determine the ultimate size and composition of the team based upon the magnitude, nature of the incident, and limitations and availability of resources for transportation to the incident.

7. OPEN DISCUSSION:

In depth conversation ensued regarding IFT of critical trauma patients. Patients which require lifesaving drips or are on a mechanical ventilator and receiving sedation and paralytics must be transported with a CCT team. Each hospital should have a policy in place to support the transport of this type of patient.

8. NEXT MEETING: BHAC's next meeting is scheduled for December 13, 2017, at the EMS Agency @ 1:00 P.M.

ACTION: Meeting notification, agenda, and minutes to be distributed electronically prior to the meeting.

ACCOUNTABILITY: Lorrie Perez

9. ADJOURNMENT: The meeting was adjourned at 2:15 P.M.
EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, October 11, 2017 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

DATA ADVISORY COMMITTEE
DARK FOR OCTOBER 2017

To ensure timely, compassionate and quality emergency and disaster medical services.
1. CALL TO ORDER - C. Snyder, Chair called the meeting to order at 10:15 a.m.

2. APPROVAL OF MINUTES - October 19, 2016 and August 16, 2017 minutes approved by committee

3. INTRODUCTIONS AND ANNOUNCEMENTS

4. REPORTS & UPDATES

   4.1 California Prehospital Program Directors (CPPD) (Hirsch)
   No report

   4.2 California Council of EMS Educators (C²E²) (Karras)
   No report

   4.3 Association of Prehospital Care Coordinators (APCC) (Candal)
   No report

   4.4 California Association of Nurses and EMS Professionals (CALNEP) (Dolan)
   No report

   4.5 Disaster Training Unit (Hickey)
   Statewide Disaster Drill November 16th

   4.6 EMS Quality Improvement Report (Mori)
   LEMSA CQI Coordinators working on best practices conference. Will update once further details are available. Expected capacity will be for about 70 attendees. B. Larmon is developing template EMT training for aspirin, naloxone, epinephrine auto-injector and glucometer to meet regulatory requirements.
4.7 EMS Update (Hickey)
2018 training may be delayed due to a pilot program with Pasadena and Burbank Fire Departments

4.8 EMT (Lockwood)
EMT Forum will be held on November 14, 2017. Updated skills will be provided on a thumb drive and posted on the website in the near future.

4.9 Treatment Protocols (Hickey)
Discussed in conjunction with item 4.7

5. UNFINISHED BUSINESS

6. NEW BUSINESS

7. OPEN DISCUSSION
    J. Hirsch requested the four paramedic training programs in Los Angeles County meet in advance of the anticipated revision of State paramedic program regulations. The process for regulation revision, constituency participation and public comment were briefly discussed. MSAC would be willing to host the meeting live and with conference calling.
    K. Fruhwirth discussed the designation of Comprehensive Stroke Centers by January 2018. Plans are to submit for approval from the Board of Supervisors in December 2017.
    S. Jaegui expressed interest in EMT program directors and staff meeting to discuss program administration and management. Committee continued last meeting's discussion regarding conducting presentations relevant to education such as lessons learned, training issues, exam development, etc. Discussed whether meeting separately or combined in the EMT curriculum meeting in 2018 versus following EAC which may increase participation. Discussion to be continued at the next meeting.

8. ADJOURNMENT - The meeting adjourned at 11:17 a.m. Next meeting: Wednesday, December 20, 2017 at 10:00 a.m.
CALL TO ORDER: Chair, Commissioner David White called meeting to order at 1:04 p.m.

1. APPROVAL OF MINUTES (Berkuta/Leasure) August 16, 2017 minutes were approved as written.

2. INTRODUCTIONS / ANNOUNCEMENTS

3. REPORTS & UPDATES

3.1 EMS Update 2018 (Richard Tadeo)

- Treatment Protocols: Pilot studies for the new Treatment Protocols are planned to begin on December 4, 2017. This 2-3 month pilot program will involve two fire departments and two base hospitals.
- Prehospital personnel from Burbank Fire Department and MICNs from Providence St. Joseph Medical Center have started education of the new protocols in October; and
prehospital personnel from Pasadena Fire Department and MICNs from Huntington Hospital will begin their education in November 2017.

- System-wide implementation of the new Treatment Protocols was planned to begin in July 2018, utilizing EMS Update 2018. However, the EMS Agency felt that the program may need to be postponed until August or September 2018; Committee feedback is requested.
- This topic will be brought back to Committee in December for further discussion and comments.

3.2 Drug Shortages (Marianne Gausche-Hill, MD)

- There continues to be a nationwide drug shortage of Epinephrine 0.1mg/ml, Atropine Sulfate, Calcium Chloride, Sodium Bicarbonate; and most recently, Morphine Sulfate.
- In attempts to meet your needs during this shortage, providers are encouraged to:
  - Contact other pharmaceutical vendors for availability
  - Reduce unit PAR levels
  - Transfer partial stock to busier unit(s)
  - Reach out to neighboring private ambulance companies for loan
- Dilution of Epinephrine 0.1mg/mL (to create a mixture equivalent to Epinephrine 0.1mg/mL) is least preferred and providers needing to dilute should notify the EMS Agency Medical Director; at which point the EMS Agency will provide a letter that explains the dilution process.
- Compounding of medications were found not to be practical for pre-hospital use due to the high cost per unit, a very short shelf-life (30-days) and having very few compounding pharmacies that are capable of making “sterile” products for intravenous use.
- FDA Approved Extension of Expiration Dates – providers wishing to utilize expired medications that are approved by the FDA, should notify the EMS Agency’s Medical Director prior to implementation.
- Once shortage is resolved, all expired medications must be properly disposed and the minimum inventory amounts must return according to inventory policies.

3.3 Hepatitis A Outbreak (Marianne Gausche-Hill, MD)

- Los Angeles County continues to experience an outbreak of Hepatitis-A (HEP A), mainly in the homeless and drug abuse population.
- Los Angeles County Department of Public Health (DPH) has recommended that all EMS and law enforcement personnel receive the HEP A vaccination.
- Last week, the Governor of California declared a Public Health Emergency in the State of California, which has allowed the EMS Agency to submit a request to the State EMS Authority (EMSA) for local, Optional Scope of Practice, which would allow paramedics in Los Angeles County to vaccinate their colleagues. This application is in process.
- DPH has also asked the EMS Agency to obtain approval from EMSA, allowing paramedics to vaccinate the public. After a lengthy discussion, this Committee showed interest in moving forward. However, Committee Chair has asked that this topic be presented at the next Los Angeles Area Fire Chiefs Association (LAAFCA) meeting and to possibly have the EMS Agency partner with a fire department that would assist with moving this project forward.
- If there are any further comments or suggestions, please contact Marianne Gausche-Hill, MD, at MGausche-Hill@dhs.lacounty.gov.

3.4 Comprehensive Stroke Center – Implementation Plan (Richard Tadeo)

The EMS Agency is in the final stages of reviewing applications for Comprehensive Stroke Center (CSC) designation. The EMS Agency anticipates Board of Supervisor’s approval for CSC designation on December 12, 2017. If approved, implementation will be on January 4, 2018 and providers affected by this change will be notified approximately 2 weeks prior to this start date.
3.5 Pediatric Color Code – Mobile Application (Marianne Gausche-Hill, MD)

Upcoming new Treatment Protocols will include adult standardized formulary to calculate adult medication dosages, similar to the pediatric standardized formulary found in Reference No. 1309, Color Code Drug Doses – L.A. County Kids.

Survey Monkey: The EMS Agency is conducting an online survey about the paramedic’s experience with pediatric medication dosing before and after the new pediatric standardized formulary found in Reference No. 1309. Each paramedic working for a 911 public provider agency in Los Angeles County is asked to participate in this voluntary, 4-minute survey. The final results of the survey will be shared with you and the EMS community.

You can access the survey at the following link:
https://www.surveymonkey.com/r/LA_County_Kids_Drug_Doses

Please contact the lead researcher, Dr. Bosson (nbasson@dhs.lacounty.gov), with any questions you may have about this study.

Mobile Application: The EMS Agency received funding to develop a mobile application (App) that will give the user, real-time access to all Los Angeles County Treatment Protocols. This App would also allow easy access to any related items pertaining to the Protocols. Once completed, the EMS Agency will be asking for volunteers to test the App and provide valuable feedback.

3.6 EMT Regulations Implementation (Lucy Hickey)

The EMS Agency will be conducting a presentation on the new EMT Regulations that went into effect July 1, 2017. This presentation will take place at the EMS Agency on November 14, 2017. Target audience include: EMT training / skills personnel and CE providers. Since space is limited, please RSVP to Lucy Hickey, ladams@dhs.lacounty.gov

4. UNFINISHED BUSINESS

No unfinished business.

5. NEW BUSINESS

5.1 Reference No. 817, Regional Mobile Response Teams (Richard Tadeo)

Policy reviewed and Tabled until further revisions by the EMS Agency. Will be brought back to next PAAC on December 20, 2017.

TABLED: Reference No. 817, Regional Mobile Response Teams.

6. OPEN DISCUSSION:

No open discussion items.

7. NEXT MEETING: December 20, 2017

8. ADJOURNMENT: Meeting adjourned at 2:08 p.m.
SURVEY:
LA COUNTY 9-1-1 RESPONSE TO MENTAL HEALTH AND
SUBSTANCE ABUSE EMERGENCIES

Author: Los Angeles County Emergency Medical Services Commission

The Emergency Medical Services Commission (EMSC) is an advisory body to the Board of Supervisors and the Director of Health Services regarding County policies, programs and standards for emergency medical care services throughout the County. In September 2015, the EMSC established an Ad Hoc Committee to address the significant issues identified by representatives of Fire Departments, EMS, and Law Enforcement personnel in the prehospital care of behavioral emergencies. Key members of the committee included representatives from the Los Angeles Area Police Chiefs Association (LAAPCA).

The committee’s final report, titled “The Ad Hoc Committee on Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report” highlighted nine recommendations for change to the mental health / substance abuse field response, processes of care, and disposition by emergency medical services (EMS) and law enforcement. The report can be found at: http://file.lacounty.gov/SDSInter/dhs/1006550_EMSCAdHocCommitteeReportNovember2016.pdf

One area of focus relates to 9-1-1 dispatch and triage of mental health calls. The EMSC in coordination with the LAAPCA, seeks a more thorough understanding of the challenges that LA County’s law enforcement agencies encounter in 1) dispatching 9-1-1 mental health calls, and 2) responding to mental health emergencies. We also seek input on potential future solutions that could improve the care of such individuals in crisis.

We kindly request that your Agency/Department complete the following survey. The survey is divided into two sections: Section 1 addresses the 9-1-1 dispatch process for mental health related calls. Section 2 addresses the Law Enforcement field response. More than one person may need to be involved in completing the survey.

Deadline to complete the survey: 12/31/17

Please contact EMS Agency staff, Kay Fruhwirth, with any questions or concerns at: kfruhwirth@dhs.lacounty.gov
SURVEY RESPONDENT INFORMATION

Law Enforcement Agency / Department: _________________________________

Dispatch Center for your Agency / Department __________________________

Contact information for person completing Dispatch Section of survey:

Name: _______________________________
Title: _______________________________
Email: _______________________________
Phone: _______________________________

Contact information for person completing Field Response Section of survey:

Name: _______________________________
Title: _______________________________
Email: _______________________________
Phone: _______________________________
SECTION 1: DISPATCH OF 9-1-1 MENTAL HEALTH CALLS

1. What is the estimated number of 9-1-1 calls that your Agency/Department’s dispatch center received in calendar year 2016?

#________

Comments:

2. Does your agency dispatch 9-1-1 calls directly to Law Enforcement (LE) personnel, Emergency Medical Services (EMS) personnel, or Both?
   a. LE
   b. EMS
   c. Both

Comments:

3. Do your dispatchers have a “script” of specific questions they ask callers that would assist them in identifying a call as a mental health emergency?

   ____ Yes    ____ No

Comments:

4. Of the total 9-1-1 calls, please estimate the percentage of 9-1-1 calls that are coded as mental health emergencies:

   _____________%

5. In responding to a 9-1-1 mental health call, estimate the percentage of time that your agency/department deploys LE personnel only, EMS personnel only (either directly or to EMS dispatch), or both LE and EMS (response should total 100%).

   LE only:   _____%
   EMS (or EMS dispatch) only:   _____%
   Both:    _____%

6. For mental health calls, what criteria or triggers would lead your dispatchers to deploy EMS only (or transfer to EMS dispatch)?

Comments:
7. What criteria or triggers would lead your dispatchers to refer the call to BOTH LE and EMS?  
   Comments:

8. Estimate the percentage of 9-1-1 mental health dispatch calls that include the following (can total more than 100%):
   a. Suicidal thoughts, (with no attempt) ____
   b. Suicide attempt ____
   c. Homicidal thoughts or behaviors, or other potentially dangerous behaviors like aggressiveness, agitation ____
   d. Other mental health emergencies with no dangerous behaviors ____
   Comments:

9. If your agency directly employs or contracts with mental health clinicians, a MET/SMART team, or has a special response such as mental health trained officers, does your agency have a protocol that determines when to dispatch such a response?
   ____ Yes  ____ No
   If yes, please describe or provide a copy of your protocol that determines what type of response to send, or describe below:

10. How would you improve the dispatch protocols for 9-1-1 mental health emergencies?
    Comments:
SECTION 2: LAW ENFORCEMENT FIELD RESPONSE TO 9-1-1 MENTAL HEALTH CALLS

1. Does your agency / department have mental health clinicians (such as social workers, psychologists, nurse practitioners, physicians), or a MET/SMART team, embedded in your department and responding to mental health emergencies?

   Yes_____   No______

   If yes, what is their availability?
   Days a week ___________   Hours each day ___________

   If no, what prevents your agency from contracting with Los Angeles County Department of Mental Health for this service?
   _____ Not enough mental health calls to justify the cost
   _____ Not enough funding, even though the service is needed
   _____ Other (describe):

2. Have your sworn officers and/or staff received mental health related trainings in the past 5 years?

<table>
<thead>
<tr>
<th>Training</th>
<th>% of Sworn Staff that attended</th>
<th>% of Other staff that attended</th>
<th>Length of Course (in hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Awareness: Crisis Intervention for First Responders</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ hours</td>
</tr>
<tr>
<td>Mental Health Intervention Training</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ hours</td>
</tr>
<tr>
<td>Crisis Intervention Training</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ hours</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ hours</td>
</tr>
<tr>
<td>Other (list):</td>
<td>_____ %</td>
<td>_____ %</td>
<td>_____ hours</td>
</tr>
</tbody>
</table>

3. What percentage of time do mental health trained officers, clinicians, or a “special response” team (including MET/SMART) respond to 9-1-1 mental health emergencies handled by your agency?

   ____________%

   Comments:
4. For the next two questions please select the number that best represents how much you agree with the statement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>Individuals who are experiencing a 9-1-1 mental health emergency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>would benefit from increased training of officers in managing mental health emergencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals who are experiencing a 9-1-1 mental health emergency</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>would benefit from a response by EMS personnel as opposed to law enforcement, if there is no acute violence or safety issue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Please estimate the final destination and/or outcome of 9-1-1 mental health field encounters (answers should total 100%):

- Psychiatric Urgent Care Centers (Exodus UCC, Oliveview Urgent care, etc…) ______%
- Free standing Psychiatric Hospital ______%
- Psychiatric Emergency Department (e.g. Harbor-UCLA, LAC+USC, or Olive View) ______%
- Other local hospital emergency department ______%
- Jail ______%
- Sobering Center ______%
- Leave at scene ______%
- Other (describe): ______%

6. What are the most significant challenges for your department or agency in responding to mental health emergencies?
Comment:

7. Describe ways that you believe that the overall 9-1-1 mental health emergency response system could be improved:
Comment:
**Ambulance Patient Offload Delay - 2017 Reporting Matrix (Version 05-30-17)**

APOT - 1

**LEMSA:** Los Angeles County EMS Agency  
**APOT Standard:** 30 minutes

**Directions:** List all LEMSA authorized 9-1-1 emergency ambulance receiving Hospitals (add rows as needed). Enter the total 9-1-1 emergency ambulance transports (transport denominator) to the hospital and the 90th percentile patient offload time for that hospital in minutes and seconds (00:00), or you may round to the nearest minute. Enter EMS system aggregate totals at the bottom of each month.

<table>
<thead>
<tr>
<th>Hospital</th>
<th>January Transports</th>
<th>90th Percentile APOT Time</th>
<th>February Transports</th>
<th>90th Percentile APOT Time</th>
<th>March Transports</th>
<th>90th Percentile APOT Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alhambra Hospital</td>
<td>291</td>
<td>19</td>
<td>227</td>
<td>17</td>
<td>206</td>
<td>17</td>
</tr>
<tr>
<td>Methodist Hospital of Southern California</td>
<td>449</td>
<td>25</td>
<td>351</td>
<td>20</td>
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<td>Antelope Valley Hospital</td>
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<td>Southern California Hospital at Culver City</td>
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<tr>
<td>Children's Hospital Los Angeles</td>
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<td>10</td>
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<td>105</td>
<td>10</td>
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<tr>
<td>Community Hospital of Huntington Park</td>
<td>148</td>
<td>51</td>
<td>124</td>
<td>45</td>
<td>115</td>
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<td>Centinela Hospital Medical Center</td>
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<td>652</td>
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<td>Coast Plaza Doctors Hospital</td>
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<td>Cedars Sinai Medical Center</td>
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<td>PIH Health- Downey</td>
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<td>Marina Del Rey Hospital</td>
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</tr>
<tr>
<td>Lakewood Regional Medical Cetner</td>
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<td>37</td>
<td>81</td>
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<tr>
<td>Foothill Presbyterian Hospital</td>
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## Ambulance Patient Offload Delay - 2017 Reporting Matrix (Version 05-30-17)

<table>
<thead>
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<th>Hospital Name</th>
<th>APOT</th>
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<td>EMS数</td>
<td>75%</td>
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<tr>
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**EMS System Total (Aggregate)**

<table>
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<tbody>
<tr>
<td>25,682</td>
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<tr>
<td>22,732</td>
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</tr>
<tr>
<td>23,221</td>
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</table>

**THESE NUMBERS DO NOT INCLUDE LOS ANGELES COUNTY FIRE DEPARTMENT AS THEY HAVE NOT SUBMITTED PATIENT CARE RECORDS FOR THE TIME PERIOD. THE FOLLOWING FIRE DEPARTMENTS SUBMIT LOGICAL AND PRESENT VALUES LESS THAN 75% OF THE TIME: Culver City Fire Department, Long Beach Fire Department, Monrovia Fire Department, Montebello Fire Department, Redondo Beach Fire Department, Santa Monica Fire Department, Santa Fe Springs Fire Department, Torrance Fire Department.**
### Directions: List all LEMSA authorized 9-1-1 emergency ambulance receiving hospitals adding additional rows as needed, then for the indicated month; Utilizing the same denominator from APOT 1 (total 9-1-1 emergency ambulance transports)

#### 1. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 0-60 minutes of arrival at the Hospital Emergency Department

<table>
<thead>
<tr>
<th>Hospital</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Medical Ctr</td>
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<td>1</td>
<td>1</td>
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<tr>
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</table>

#### 2. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 61-120 minutes of arrival at the Hospital Emergency Department

<table>
<thead>
<tr>
<th>Hospital</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Medical Ctr</td>
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<tr>
<td>West Hills Medical Center</td>
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<td>1</td>
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</tr>
<tr>
<td>Westside Medical Ctr</td>
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</table>

#### 3. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 121-180 minutes of arrival at the Hospital Emergency Department

<table>
<thead>
<tr>
<th>Hospital</th>
<th>January</th>
<th>February</th>
<th>March</th>
</tr>
</thead>
<tbody>
<tr>
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### Hospital List

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<th>March</th>
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<tr>
<td>Harbor-UCLA Medical Center</td>
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</tbody>
</table>
Directions: List all LEMSA authorized 9-1-1 emergency ambulance receiving hospitals adding additional rows as needed, then for the indicated month; Utilizing the same denominator from APOT 1 (total 9-1-1 emergency ambulance transports)

1. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department
2. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 21-60 minutes of arrival at the Hospital Emergency Department
3. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 61-120 minutes of arrival at the Hospital Emergency Department
4. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 121-180 minutes of arrival at the Hospital Emergency Department
5. Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care more than 180 minutes after arrival at the Hospital Emergency Department

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<th>March</th>
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</thead>
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<tr>
<td></td>
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<td>transp %</td>
<td>transp %</td>
</tr>
<tr>
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<td>216 4%</td>
<td>216 0.5%</td>
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<tr>
<td>San Dimas Community Hospital</td>
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<td>8 25%</td>
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<tr>
<td>St. Francis Medical Center</td>
<td>205 87%</td>
<td>205 9%</td>
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</tr>
<tr>
<td>San Gabriel Valley Medical Center</td>
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<td>166 0%</td>
</tr>
<tr>
<td>Providence Saint John's Health Center</td>
<td>338 70%</td>
<td>338 25%</td>
<td>338 4%</td>
</tr>
<tr>
<td>Providence Saint Joseph Medical Center</td>
<td>987 83%</td>
<td>987 15%</td>
<td>987 1%</td>
</tr>
<tr>
<td>Santa Monica - UCLA Medical Center</td>
<td>378 80%</td>
<td>378 16%</td>
<td>378 3%</td>
</tr>
<tr>
<td>St. Mary Medical Center</td>
<td>421 92%</td>
<td>421 8%</td>
<td>421 0.7%</td>
</tr>
<tr>
<td>Sherman Oaks Hospital</td>
<td>702 91%</td>
<td>702 8%</td>
<td>702 0.9%</td>
</tr>
<tr>
<td>Providence Little Company of Mary Medical Center - San Pe</td>
<td>386 83%</td>
<td>386 13%</td>
<td>386 2%</td>
</tr>
<tr>
<td>St. Vincent Medical Center</td>
<td>596 67%</td>
<td>596 29%</td>
<td>596 4%</td>
</tr>
<tr>
<td>Torrance Memorial Medical Center</td>
<td>209 83%</td>
<td>209 14%</td>
<td>209 2%</td>
</tr>
<tr>
<td>Providence Tarzana Medical Center</td>
<td>472 89%</td>
<td>472 11%</td>
<td>472 0.2%</td>
</tr>
<tr>
<td>Ronald Reagan UCLA Medical Center</td>
<td>462 85%</td>
<td>462 14%</td>
<td>462 0.4%</td>
</tr>
<tr>
<td>LAC-USC Medical Center</td>
<td>1676 71%</td>
<td>1676 27%</td>
<td>1676 1%</td>
</tr>
<tr>
<td>USC Verdugo Hills Medical Center</td>
<td>238 90%</td>
<td>238 10%</td>
<td>238 4%</td>
</tr>
<tr>
<td>Valley Presbyterian Hospital</td>
<td>539 91%</td>
<td>539 9%</td>
<td>539 0%</td>
</tr>
<tr>
<td>Whitmore Hospital Medical Center</td>
<td>5 80%</td>
<td>5 20%</td>
<td>5 0%</td>
</tr>
<tr>
<td>Adventist Health White Memorial</td>
<td>317 81%</td>
<td>317 17%</td>
<td>317 2%</td>
</tr>
</tbody>
</table>

Totals may not add up equal 100% due to rounding.

THESE NUMBERS DO NOT INCLUDE LOS ANGELES COUNTY FIRE DEPARTMENT AS THEY HAVE NOT SUBMITTED PATIENT CARE RECORDS FOR THE TIME PERIOD

THE FOLLOWING FIRE DEPARTMENTS SUBMIT LOGICAL AND PRESENT VALUES LESS THAN 75% OF THE TIME: Culver City Fire Department, Long Beach Fire Department, Montebello Fire Department, Redondo Beach Fire Department, Santa Monica Fire Department, Santa Fe Springs Fire Department

Torrance Fire Department
ANNUAL REPORT
TO THE
BOARD OF SUPERVISORS

EMERGENCY MEDICAL SERVICES COMMISSION

JULY 1, 2016 – JUNE 30, 2017

Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Telephone No. (562) 347-1500
Fax No. (562) 941-5835
Website: http://ems.dhs.lacounty.gov
EMERGENCY MEDICAL SERVICES COMMISSIONERS

Erick H. Cheung, M.D.
Chairman
Southern California Psychiatric Society

Fire Chief David White
Vice-Chairman
Los Angeles Area Fire Chiefs’ Association

Ellen Alkon, M.D.
The Southern California Public Health Association

Chief Robert E. Barnes
Los Angeles County Police Chiefs’ Association

Lt. Brian S. Bixler
Peace Officers Association of Los Angeles County

Marc Eckstein, M.D.
Los Angeles County Medical Association

John C. Hisserich, Dr. PH.
Public Member
Third Supervisory District

Lydia Lam, M.D.
American College of Surgeons

James Lott, Psy.D.
Public Member
Second Supervisory District

Mr. Robert Ower
Los Angeles County Ambulance Association

Margaret Peterson, Ph.D.
Hospital Association of Southern California

FF/Paramedic Paul Rodriguez
CA State Fire Fighters’ Association

Nerses Sanossian, M.D., FAHA
American Heart Association Western States Affiliate

Carole A. Snyder, RN
Emergency Nurses Association

Mr. Colin Tudor
League of California Cities/L.A. County Division

Mr. Gary Washburn
Public Member
Fifth Supervisory District

Mr. Pajmon Zarrineghbal
Public Member
Fourth Supervisory District

Ms. Cathy Chidester
Executive Director
Director, EMS Agency

Ms. Amelia Chavez
Secretary, Health Services Commission

VACANCIES

Public Member, First Supervisory District

CA Chapter-American College of Emergency Physicians (CAL/ACEP)
MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely compassionate and quality emergency and disaster medical services. The Emergency Medical Services Commission (EMSC) mission complements the County’s mission through improving the quality of life for the people and community of Los Angeles County (LA County).

ROLES AND RESPONSIBILITIES:

The Commission performs the functions defined in Sections 1750 et seq. of the Health and California Safety (H&S) Code.

- Act in an advisory capacity to the Board of Supervisors (Board) and the Director of Health Services (DHS) regarding County policies, programs, and standards for emergency medical care services throughout the County, including paramedic services.
- Establish appropriate criteria for evaluation and conduct continuous evaluations on the basis of these criteria of the impact and quality of emergency medical care services throughout LA County.
- Conduct studies of particular elements of the emergency medical care system as requested by the Board, the Director of DHS or on its own initiative; delineate problems and deficiencies and to recommend appropriate solutions.
- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services.
- Report its findings, conclusions and recommendations to the Board at least every twelve months.
- Review and comment on plans and proposals for emergency medical care services prepared by LA County departments.
- Recommend, when the need arises, that LA County engages independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which cannot be performed by members of the classified service, and for which the LA County otherwise has the authority to contract.
- Advise the Director and the DHS on the policies, procedures, and standards to control the certification of mobile intensive care nurses and paramedics. Advise on proposals of any public or private organization to initiate or modify a program of paramedic services or training.

HISTORICAL BACKGROUND

The EMSC was established by the Board in October 1979 and on April 7, 1981 the Board approved and adopted Ordinance No. 12332, of Title 3 – Advisory Commissions and Committees, Los Angeles County Code, Chapter 3.20, Emergency Medical Services Commission, to establish the Commission in accordance with California H&S Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.

On January 29, 2008, the Board approved amending the subject ordinance to revise the selection of the licensed paramedic representative previously nominated by the California Rescue and Paramedic Association and Paramedic Association be made by the California State Firefighters Association, Emergency Medical Services Committee, as the previous entity had ceased to operate.
On November 1, 2011, the Board, at the request of the EMSC, amended the ordinance to add two Commissioners; a member nominated by the Los Angeles County Police Chief Association (LACPCA) and a member nominated by the Southern California Public Health Association (SCPHA). These additions are beneficial to the EMSC and the LA County and will allow for insightful law enforcement and public health expert input.

FOCUS IN PAST YEARS

- Community Paramedicine Pilot Project in the County (ongoing).
- Physician Services for Indigent Program (PSIP) – Proposed reimbursement rates.
- Transport of 5150 Patients: The EMSC recommended that an Ad Hoc committee be identified to develop a blueprint for addressing behavioral substance abuse emergencies in the prehospital setting.
- Monitor legislation of interest to emergency medical services.
- Long Beach Fire Department’s two-year Rapid Medical Deployment (RMD) pilot project – 1+1 Paramedic staffing.
- Implementation of electronic data using electronic Patient Care Record (ePCR) systems.

SIGNIFICANT OUTCOMES

- Conducted a Public Hearing on September 17, 2014 regarding PSIP proposed reimbursement rate increase for services, FY 2014/2015.
- In January 2015, requested $2.43 million in Measure B funds to be allocated to the EMS Agency to support the expansion of the ePCR use by jurisdictional fire departments and emergency ambulance transportation service providers. The Board approved this request on June 9, 2015. Through a Request for Application process, all 15 applicants were selected and approved to receive funding.
- A Public Hearing was held in conjunction with the September 16, 2015 regular meeting of the EMSC to discuss a proposed PSIP increase of the reimbursement rate for FY 2015/2016.
- Approved the 2014/2015 EMS Annual Report at the September 16, 2015 meeting.
- Recognized key players in the Community Paramedicine pilot project at the November 18, 2015 EMSC meeting; also upon his departure from the EMSC, Commissioner David Austin, representing the Los Angeles County Ambulance Association (LACAA) was honored for his many years of service to the EMSC and the EMS community.
- The EMSC approved development of an Ad Hoc Committee on November 18, 2015, to address the Prehospital Care of Mental Health and Substance Abuse emergencies (The Report).
- Approved the draft Emergency Ambulance Transportation Agreement RFP in concept.
- The EMS Agency drafted an ordinance change to appoint a member of the Southern California Chapter of the American College of Surgeons to replace a member of Los Angeles Surgical Society, which was disbanded. The ordinance change was adopted by the Board on February 11, 2016.

ANNUAL WORK PLAN

UPCOMING GOALS/OBJECTIVES

- Support Community Paramedicine pilot projects;
- Monitor legislation affecting the EMS system;
- Educate stakeholders on EMS issues;
• Provide feedback and support to the EMS Agency as they work on implementing the recommendations developed by the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies, and
• Monitor the progress of the Ad Hoc Ambulance Patient Off-Load Time (APOT) and review and provide feedback to the committee’s recommendations.

PRIOR YEAR ACCOMPLISHMENTS

STATUS

• Monitored progress and results of two Community Paramedicine pilot projects. Both projects concluded in June 2017.
• The EMSC approved The Report of the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergency at the November 16, 2016 meeting. The Report is an analysis of the system and summary of recommendations to improve the system. The report was shared with stakeholders, such as the Sheriff, District Attorney, Public Health, Mental Health, Police Chiefs, Fire Chiefs and the National Alliance on Mental Illness.
• The EMSC reviewed the purpose and function of the Education Advisory Committee (EAC) to determine its relevance and the curriculum for Emergency Medical Technician (EMT) and Paramedics are based on a national standard. In the 1980’s, when the committee was formed, there was not a standardized curriculum; therefore, the focus of the EAC was on program requirements and curriculum development.
• Approved the 2015-2016 Annual Report of the EMSC at the November 16, 2016 meeting.
• EMSC recommended approval of 27 Prehospital Care polices.

ONGOING LONG-TERM PROJECTS

Review and approve EMS Agency Policies.
Work on the implementation of the recommendations made by Ad Hoc Committees.
Approval of transporting 9-1-1 patients to sobering centers and two psychiatric urgent care centers (Alternate Destination).
# LOS ANGELES COUNTY
## EMERGENCY MEDICAL SERVICES AGENCY

### SKILL, ASSESSMENT AND MANAGEMENT OF BEHAVIORAL EMERGENCIES FOR EMERGENCY MEDICAL TECHNICIANS

**REPORT**

## BACKGROUND

The Los Angeles County Emergency Medical Services (EMS) Agency system utilizes two levels of providers, the Emergency Medical Technician (EMT) Basic and the Paramedic.

<table>
<thead>
<tr>
<th>EMT BASIC</th>
<th>PARAMEDIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus is to provide basic emergency medical care and transport for critical and emergent patients who access the EMS system.</td>
<td>An allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the EMS system.</td>
</tr>
</tbody>
</table>

## NATIONAL EMS EDUCATION STANDARDS

California Regulations require EMT and Paramedic training to follow the 2009 National EMS Education Standards for EMS personnel. These standards are approved by the U. S. Department of Transportation National Highway Safety Transportation Association.

<table>
<thead>
<tr>
<th>EMT COURSE HOURS</th>
<th>PARAMEDIC COURSE HOURS</th>
</tr>
</thead>
</table>

### PSYCHIATRIC CONTENT

**Level:** Simple depth/simple breadth  
Basic principles of the mental health system  
Fundamental depth/foundational breadth: Assessment and management of acute psychosis, suicide risk and agitated delirium.

**PSYCHIATRIC CONTENT**

- Same as EMT plus anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis and management.
- Complex depth/comprehensive breadth: acute psychosis and agitated delirium.
- Fundamental depth/foundational breadth: Cognitive disorders, mood disorders, neurotic disorders, substance related disorders/addictive behavior, somatoform disorders, factitious disorders, personality disorders, patterns of violence/abuse/neglect and organic psychoses.
LOS ANGELES COUNTY TRAINING PROGRAM SURVEY

Program Directors of Los Angeles County approved EMT and Paramedic training programs were asked to identify the number of hours covered on “Behavioral Emergencies” in their program.

- **EMT programs** reported a range of 2 to 6 hours on behavioral emergencies and patient scenarios.
- **Paramedic programs** reported a 4 hour lecture on behavioral emergencies and 2-3 hours on patients with special needs plus “simulations” with psychiatric patient scenarios.

EMS Commission Meeting: November 15, 2017
October 31, 2017

The Honorable Janice Hahn  
Fourth Supervisorial District  
822 Kenneth Hahn Hall of Administration  
Los Angeles, California  90012  

Dear Supervisor Hahn:

The Los Angeles County Sheriff’s Department Special Victims Bureau utilizes the knowledge and expertise of Sexual Assault Response Team (SART) Centers in Los Angeles County, and are very appreciative of the level of care and thoroughness that victims of sexual assault receive at SART Centers.

SART exams make a significant difference in our investigations and in prosecuting these types of crimes. Special Victims Bureau detectives have been able to foster relationships through each of these SART Centers and have established an improved coordination of care for victims.

Nurses and physicians who are specially trained in the area of forensics and conducting forensic examinations provide critical evidence and testimony in court. Many of these cases are “pled out” or defendants are convicted based primarily on evidence collected by these specialists.

It is the goal of SART Centers throughout Los Angeles County to counter the experience of sexual assault with a sensitive and competent multidisciplinary response, and to support efforts to restore the well-being to victims, and to bring persons responsible for these horrific acts to justice.

SART Centers play a significant role in promoting public safety in their communities by working in a coordinated team approach. In addition to meeting victims’ needs and enhancing the quality of investigations, SART members can also become involved in educating their communities about the
services that are available for the intervention and prevention of sexual violence.

It is for these reasons the Los Angeles County Sheriff's Department Special Victims Bureau recognizes and fully supports the outstanding services provided by SART Centers throughout Los Angeles County.

Should you have any questions, please contact me at (562) 936-7901.

Sincerely,

JIM McDONNELL, SHERIFF

Carlos A. Marquez, Captain
Special Victims Bureau