



**LOS ANGELES COUNTY  
BOARD OF SUPERVISORS**

**Hilda L. Solis**

First District

**Holly J. Mitchell**

Second District

**Sheila Kuehl**

Third District

**Janice Hahn**

Fourth District

**Kathryn Barger**

Fifth District

**COMMISSIONERS**

**Captain Brian S. Bixler**

Peace Officers Association of LA County

**Diego Caivano, MD, Vice Chair**

LA County Medical Association

**Erick H. Cheung, M.D.**

Southern CA Psychiatric Society

**John Hisserich, Dr. PH.**

Public Member (3<sup>rd</sup> District)

**Lydia Lam, MD, Chair**

American College of Surgeons

**James Lott, PsyD., MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN**

Public Member (4<sup>th</sup> District)

**Garry Olney, DNP**

Hospital Association of Southern CA

**Robert Ower, RN**

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**Chief Carl Povilaitis**

Los Angeles County Police Chiefs' Assn.

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Los Angeles Area Fire Chiefs Association

**Mr. Paul S. Rodriguez**

CA State Firefighters' Association

**Mr. Brian Saeki**

League of Calif. Cities/LA County Division

**Mr. Joe Salas**

Public Member (1<sup>st</sup> District)

**Carole A. Snyder, RN**

Emergency Nurses Association

**Jason Tarpley, MD, Ph.D., FAHA**

American Heart Association

Western States Affiliate

**Atila Uner, MD, MPH**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

Southern California Public Health Assn.

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

(562) 378-1610

[RTadeo@dhs.lacounty.gov](mailto:RTadeo@dhs.lacounty.gov)

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

**COUNTY OF LOS ANGELES EMERGENCY  
MEDICAL SERVICES COMMISSION**

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

(562) 378-1610 FAX (562) 941-5835

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

**DATE:** September 21, 2022

**TIME:** 1:00 – 3:00 PM

**LOCATION:** Zoom Video Conference Meeting

Join Zoom Meeting:

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0b1hkcjZkTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

**Dial by your location (Use any number)**

+1 720 707 2699 US (Denver)

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*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 INPUT YOUR NAME if you would like to address the Commission.

**AGENDA**

**I. CALL TO ORDER – Lydia Lam, Chair**

**Instructions for Zoom:**

- 1) Please use your computer to join the Zoom meeting to see documents.
- 2) Join Zoom meeting by computer (preferable) or phone.
- 3) Input your name when you first join so we know who you are.
- 4) You can join Zoom by one tap mobile dialing.
- 5) Join meeting by landline using any of the “dial by location” numbers and manually entering the Meeting ID and following # prompts.
- 6) Mute and unmute yourself by clicking on the microphone icon at the bottom of computer screen, or \*6 by phone.
- 7) Volume is adjusted by using the little arrow next to the microphone icon.

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

**III. CONSENT AGENDA** (Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.)

**1. MINUTES**

July 20, 2022

**2. COMMITTEE REPORTS**

2.1 Base Hospital Advisory Committee

2.2 Provider Agency Advisory Committee

### **3. POLICIES**

- 3.1 Reference No.518: Decompression Patient Destination
- 3.2 Reference No. 1010: MICN Certification
- 3.3 Reference No. 1011: MICN Field Observation

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## **END OF CONSENT AGENDA**

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### **IV. BUSINESS**

#### **BUSINESS (OLD)**

- 4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
  - 4.1.1 Suicide Risk Screening Tool Pilot Program Approval
- 4.2 Ambulance Patient Offload Time (APOT)
  - 4.2.1 Q2 2022 APOT Report
  - 4.2.2 Reference No. 505: Ambulance Patient Offload Time (APOT)
- 4.3 LA County COVID-19 Update – EMS Agency
- 4.4 EMS Commission Ordinance (Status Update)
- 4.5 Ad Hoc Workgroup: Alameda EMS Corps for LA County

#### **BUSINESS (NEW)**

- 4.6 Public Education on Specialty Care Centers (Tabled from May 18, 2022)
- 4.7 Annual Report Fiscal Year 2021-22
- 4.8 Meeting Date Changes from 3<sup>rd</sup> to 4<sup>th</sup> Wednesday, March 22, and September 27, 2023

### **V. LEGISLATION**

### **VI. EMS DIRECTOR'S AND MEDICAL DIRECTOR'S REPORTS**

#### **CORRESPONDENCE**

- 6.1 (07-26-2022) Distribution: EMS Training Program Approval Manager
- 6.2 (07-27-2022) Marcel Loh: Re-Instatement of STEMI and Cardiac Arrest Receiving Status of Hollywood Presbyterian Medical Center
- 6.3 (08-04-2022) Anish Mahajan, Harbor-UCLA: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.4 (08-04-2022) Thomas M. Priselac, Cedars-Sinai: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.5 (08-04-2022) Paul Viviano, Children's Hospital: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.6 (08-04-2022) Paul Watkins, Dignity Health Northridge: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.7 (08-04-2022) Jorge Orozco, LAC+USC: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.8 (08-04-2022) John Bishop, Memorial Care Long Beach: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.9 (08-04-2022) Johnese Spisso, Ronald Reagan UCLA: Allocation of Pediatric Trauma Center Funding (Richie's Fund) for FY 2021-2022
- 6.10 (08-15-2022) Distribution: Suspension of Service Area Boundaries for Centinela Hospital Medical Center

### **VII. COMMISSIONERS' COMMENTS / REQUESTS**

### **VIII. ADJOURNMENT**

To the meeting of November 16, 2022



# COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

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

(562) 378-1604 FAX (562) 941-5835

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

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**Mr. Gary Washburn**

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## EXECUTIVE DIRECTOR

**Richard Tadeo**

(562) 378-1610

[RTadeo@dhs.lacounty.gov](mailto:RTadeo@dhs.lacounty.gov)

## COMMISSION LIAISON

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

## MINUTES July 20, 2022 Zoom Meeting

<input checked="" type="checkbox"/> Brian S. Bixler	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
<input checked="" type="checkbox"/> Diego Caivano, M.D.	L.A. County Medical Assn.	Nichole Bosson, MD	EMS Asst Med Dir
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Denise Whitfield, MD	EMS Staff
<input checked="" type="checkbox"/> John Hisserich, Dr.PH	Public Member, 3 <sup>rd</sup> District	Jacqui Rifenburg	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Roel Amara	EMS Staff
<input checked="" type="checkbox"/> James Lott, PsyD, MBA	Public Member, 2 <sup>nd</sup> District	Christine Clare	EMS Staff
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 <sup>th</sup> District	Vanessa Gonzalez	EMS Staff
<input checked="" type="checkbox"/> Garry Olney, DNP	Hospital Assn. of So. CA	Adrian Romero	EMS Staff
<input checked="" type="checkbox"/> Robert Ower, RN	LAC Ambulance Association	Andrea Solorio	EMS Staff
<input checked="" type="checkbox"/> Carl Povilaitis	LA County Police Chiefs' Assn.	Christopher Rossetti	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Susan Mori	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Jeffrey Rollman	So. CA Public Health Assn.	Sara Rasnake	EMS Staff
<input type="checkbox"/> *Brian Saeki	League of CA Cities/LA County	David Wells	EMS Staff
<input type="checkbox"/> *Joseph Salas	Public Member, 1 <sup>st</sup> District	Laura Leyman	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	Lily Choi	EMS Staff
<input type="checkbox"/> *Jason Tarpley, M.D.	American Heart Association	Jake Toy	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP	Kelsey Wilhelm, MD	EMS Staff
<input type="checkbox"/> *Gary Washburn	Public Member, 5 <sup>th</sup> District		
<b>GUESTS</b>			
Shelly Trites/Torr Memorial	Matthew Pall/Conejo Health	Mark Gamble/HASC	Jenn Nulty/Torr-FD
Andy Reno/Long Beach FD	Clayton Kazan, MD/LACoFD	Laurie Donegan	Aldrin Fontela
Michael Gibson/EMS Corps	Joe Nakagawa, MD/Torr Memorial Center	David Molyneux/West Coast Ambulance	

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

## I. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) was held via Zoom Video Conferencing due to the California Statewide Safer at Home Order related to the Coronavirus (COVID) pandemic. The meeting was called to order at 1:00 p.m. by Chair Lydia Lam. Roll call was taken by Chair Lam. A quorum was present with 15 Commissioners on the call.

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

Chair Lam welcomed meeting participants, provided instructions for public comments using Zoom, and reported EMSC meetings will continue by teleconference until further notice.

Chair Lam announced that Whittier City Manager, Brian Saeki, was appointed to the EMSC on June 14, 2022, to represent the League of California Cities, Los Angeles (LA) County Division replacing Gloria Molleda.

**III. CONSENT AGENDA – All matters are approved by one motion unless held.**

Chair Lam called for approval of the Consent Agenda and opened the floor for discussion.

Commissioner Atilla Uner requested that Policy Reference No. 411 be held for discussion.

**1. MINUTES**

May 18, 2022 Minutes were approved

**2. COMMITTEE REPORTS**

- 2.1 Base Hospital Advisory Committee (BHAC)
- 2.2 Provider Agency Advisory Committee (PAAC)

**3. POLICIES**

- 3.1 Reference No. 406: Authorization for Paramedic Provider Status
- 3.2 Reference No. 411: Provider Agency Medical Director – Held for Discussion**
- 3.3 Reference No. 422: Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency
- 3.4 Reference No. 840: Medical Support During Tactical Operations

***Motion/Second by Commissioners Ower/Uner to approve the Consent Agenda, excluding Policies 3.2 Reference No. 411: Provider Agency Medical Director, was approved and carried unanimously.***

**Discussion: POLICIES 3.2 Reference No. 411: Provider Agency Medical Director**

Commissioner Uner requested clarification on Reference No. 411, Definition 2 under Provider Agency Medical Director (PAMD), asking if eligibility requirements are limited to emergency physicians or if any physician with significant practice in EMS is eligible, and recommended a comma be added to make it clear. Additional discussion ensued about PAMD licensing and certifications.

Executive Director Richard Tadeo provided clarification on Reference No. 411 and agreed to the recommended changes below.

**Recommended Changes to Reference No. 411 Definition 2:**

- Add coma [,] to current language: “Board eligible...Emergency Medical Services[,] or provide proof of significant practice in EMS”
- Add: “currently licensed in the State of California”
- Add: “certified by American Board of Emergency Medicine (ABEM) as well as American Osteopathic Board of Emergency Medicine (AOBEM)”

***Motion/Second by Commissioners Uner/Ower to approve Policies 3.2 Reference No. 411 with the recommended changes noted above was approved and carried unanimously. The entire Consent Agenda was approved and carried unanimously.***

**END OF CONSENT AGENDA**

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#### **IV. BUSINESS**

##### **BUSINESS (OLD)**

##### **4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies**

Denise Whitfield, MD, EMS Director, Education/Innovation, reported that EMS Update 2022 Part I – Airway Management and Part II – Update in Behavioral Health policies was completed last week. Training is currently ongoing throughout LA County, and the new policies reflecting that training dealing with the management of acutely agitated patients and new policies and the introduction of the medication Olanzapine, will go live October 1, 2022.

Nichole Bosson, MD, EMS Assistant Medical Director, reported that Santa Monica Fire Department (SMFD) is piloting the Suicidal Risk Assessment Program, and based on their experience the Medical Control Guideline for Suicidal Risk Assessment may be rolled out Countywide.

Director Tadeo reported the EMS Agency will reach out to SMFD within three-to-six months and provide preliminary results to the Commission in six months.

Commissioner Erick Cheung requested the follow-up report include:

- 1) What SMFD is tracking in terms of their outcomes and results, and
- 2) How they are evaluating the success of that pilot.

Director Tadeo will provide the Commission a copy of the SMFD pilot approval letter containing the metrics proposed and what was agreed upon with that pilot.

##### **4.2 Ambulance Patient Offload Time (APOT)**

Director Tadeo reported on a new APOT policy, Reference No. 505, that was presented to the APOT workgroup on June 29, 2022. This policy was developed as a formal process to delineate diversion and APOT differences and to engage hospitals in the management of APOT with a corrective action plan to possibly suspend specialty care designation to ensure the safety net of the 9-1-1 system by maintaining public access to emergency ambulance transportation when needed.

Concerns were raised about specialty care designation being suspended for hospitals that have extended APOT and remain unable to mitigate or have progressive demonstration that APOT is being addressed. This was identified as a throughput issue that hospitals need to resolve. It was suggested that hospitals improve their operations in getting bloodwork and imaging results back faster so emergency department (ED) and hospital beds can be cleared sooner. There were opposing concerns that bypassing one STEMI center for another is not good practice, as well as bypassing one STEMI center for the next one 10 minutes away would create more ambulance availability to maintain the safety net of the 9-1-1 system.

Reference No. 505 will go through BHAC and PAAC in August, Hospital Association of Southern California (HASC) Emergency Health Services Committee in September and be brought back to the Commission in September for recommendations.

Director Tadeo will continue meeting with hospitals, 9-1-1 EMS providers, and ambulance transportation providers in those areas with extended APOT.

Commissioner Carole Snyder requested that Commissioners arrange to follow a nurse in a busy ED to assess and reported that the Emergency Nurses Association has concerns with Reference No. 505 as written.

Commissioner Carol Meyer will arrange to follow Commissioner Snyder in the ED.

There was further discussion about ambulance company fines for failure to meet timely responses which were suspended during COVID and reinstated effective June 1, 2022.

Mark Gamble, HASC Chief of Advocacy and Operations, commented that HASC is in discussions about the best way to fix the system and how to solve this crisis in LA County without penalizing the patients.

4.3 LA County COVID-19 Update – EMS Agency

Dr. Bosson reported a current spike in COVID-19 cases with the BA.5 variant, which is the current dominant Omicron variant, and displayed graphs reflecting COVID cases in LA County including respiratory distress and non-traumatic cardiac arrests. It was reported that individuals are not getting as sick with the current variant, but many staff are getting sick which impacts overall staffing.

4.4 EMSC Workplan (Goals/Objectives) for Fiscal Year 2021-22 Annual Report

Video: <https://www.youtube.com/watch?v=wJ-DSSSehVI>

Mr. Michael Gibson, MPA, PCC – Executive Director, Alameda County EMS Corps, gave a presentation on the Alameda County EMS Corps program which started its pilot in 2011 and officially launched in 2013 with all males from underserved communities being trained to become EMTs. This is now co-ed and in its 20<sup>th</sup> program. Out of 279 graduates 250 of them are now working in the field of emergency medicine. It is a five-month program that offers life coaching, wrap-around services, EMT training, and a monthly stipend of \$1000 with plans to increase to \$2000.

LA County previously had a similar EMT program that was implemented through the Workers Education Resources Center with the assistance of the Stentorians. There were three EMT cohort groups, and approximately seven or eight graduates are firefighters today.

Funding for this program is available through Governor Gavin Newsome's \$50 million State initiative for the EMS Corps Program.

A workgroup will be formed with EMS Commissioners and subject matter experts and will work with Mr. Gibson to evaluate instituting a similar program in LA County.

Mr. Gibson will email his PowerPoint presentation to the Commission.

4.5 EMS Commission Membership: Addition of Substance Use Disorder Representative  
Matthew Pall, Conejo Health, requested a Substance Use Disorder seat on the EMS Commission and provided comments on California Bridge funding. California Bridge provides money for every emergency department (ED) to have a substance abuse navigator who provides treatment resources to substance abuse patients to reduce their utilization of ER services.

There was discussion about a single-view seat on a broad-based commission, organization and association structures, the mission of the EMS Agency to deliver

patients to the most appropriate facility, and the use of subject matter experts versus adding a single-view seat to the EMSC.

***Motion/Second by Commissioners Lott/Ower to add a Substance Use Disorder Representative seat to the EMS Commission was a failed motion.***

***Ayes (4): Bixler, Lott, Povilaitis, Rollman***

***Nays (10): Caivano, Cheung, Hisserich, Lamb, Meyer, Ower, Powell, Rodriguez, Snyder, Uner***

***Abstains (0): None***

***Absent during vote (1): Olney***

***Absent: (4): Saeki, Salas, Tarpley, Washburn***

#### **BUSINESS (NEW)**

##### **4.6 Public Education on Specialty Care Centers – Tabled**

Director Tadeo requested to table this item that deals with the differences between how traumatic injuries are reported by the media as transferred to the local hospital, compared to how Stroke transports are reported as to the Stroke Center.

December 2023 will be the 40<sup>th</sup> anniversary of the designation of the first trauma centers and would like to plan a 40<sup>th</sup> celebration for December 2023. The public would benefit from understanding the capabilities of the different hospital facilities.

#### **V. LEGISLATION**

Director Tadeo reported on the following legislation:

- 5.1 Senate Bill No. 443–EMS Dispatch limits the medical authority of the EMS Agency. This Bill was withdrawn. Many LEMSAs and the Board opposed this Bill.

#### **VI. EMS DIRECTOR'S AND MEDICAL DIRECTOR'S REPORT**

Director Tadeo announced the following promotions: Jacqueline Rifenburg was promoted to EMS Assistant Director. In this role she will oversee Administrative Services, the Paramedic Training Institute and Prehospital Certification and Training Program Approvals. David Wells was promoted to Chief of Prehospital Care Operations and Ami Boonjaluksa was promoted to Chief of Hospital Programs.

Dr. Bosson introduced and welcomed EMS Fellow, Dr. Jake Toy, who will be working with the EMS Agency for two years. Dr. Kelsey Wilhelm has completed her EMS Fellowship and will continue working with the EMS Agency, as well as taking on the role of Medical Director with Compton Fire.

There are ongoing medical updates and research in system quality improvement initiatives:

- 1) Pedi-Dose – Pediatric Dose Optimization Study for Status Epilepticus – Initial training was completed with EMS Update. Will begin data collection for this study on October 1, 2022. Will receive notification when we will switch protocols to the standard age-based system dosing after which we will provide additional training and roll out in four months.
- 2) ECMO Pilot – Currently enrolling at UCLA and Cedars Sinai. LAC+USC continues to be an option if within their normal destination area. We will be onboarding MemorialCare Long Beach Medical Center and Long Beach Fire Department within the next three-to-six months as they complete the requirements for the pilot. Currently have 40 patients enrolled. Goal was for 80 patients.



- 3) Mobile Stroke Unit (MSU) Proposal –The Board has requested a proposal to evaluate expanding the MSU program across the County. MSU task force meets regularly to inform and make recommendations for possible expansion. Dr. May Nour at UCLA conducted a geo-mapping study to determine where the concentration of strokes and where possible additional MSUs will be more effective. Dr. Gausche-Hill is spearheading the writeup of the proposal pending - final budgetary information.
- 4) Data Collaboratives – Working on various areas of our specialty care systems and looking at our policies and the impact of different protocol changes on system and patient outcomes. Evaluating impact of COVID on cardiac arrests and STEMI and new data that supports that we have been able to maintain our time to STEMI interventions during COVID. Looking at impacts of COVID and disparities across the county to improve on EMS systems and resilience during times of surge.

Future studies to roll out include:

- 1) Pedi-Part Trial to look at optimal way to manage pediatric airways;
- 2) Supraglottic Airways;
- 3) Stay and Stabilize Study that looks at bundle of care to reduce rearrest; and
- 4) EPIC2 Study to look at Traumatic Brain Injury (TBI) and mitigating secondary insults for TBI.

Public Health's Monkeypox cases to date were reported. Dr. Gausche-Hill's memo on Monkeypox outlines important steps to take and wearing personal protection when in contact with lesions, which is believed to be how it is transmitted. Public Health will have an educational session on September 6, 2022 on Monkeypox, and Dr. Millicent Wilson will help to coordinate the educational session.

Websites referenced in chat:

<https://www.sciencedirect.com/science/article/pii/S2352771422000428>  
<http://publichealth.lacounty.gov/media/monkeypox/>

### **CORRESPONDENCE**

Director Tadeo reported on the following correspondence:

- 6.1 (05-24-2022) Distribution: Monkeypox Advisory
- 6.2 (06-06-2022) EMS Agency Staff: Assistant Nursing Directors – David Wells and Ami Boonjaluksa
- 6.3 (06-07-2022) Distribution: Sidewalk “Hands-Only” Cardiopulmonary Resuscitation (CPR)

### **VII. COMMISSIONERS' COMMENTS / REQUESTS**

None.

### **VIII. ADJOURNMENT:**

Adjournment by Chair Lam at 3:01 p.m.

***Motion/Second by Commissioners Ower/Caivano to adjourn to the meeting of Wednesday, September 21, 2022, was approved and carried unanimously.***



**Next Meeting:** Wednesday, September 21, 2022, 1:00-3:00pm

Join by Zoom Video Conference Call

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0blhhckJzTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

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Dial by your location (Use any number)

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+1 253 215 8782 US (Tacoma)

Recorded by:

Denise Watson

Secretary, Health Services Commission

**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 non-compliance exists.



2.1 COMMITTEE REPORTS  
County of Los Angeles • Department of Health Services  
Emergency Medical Services Agency



# BASE HOSPITAL ADVISORY COMMITTEE MINUTES

August 10, 2022

## MEMBERSHIP / ATTENDANCE (VIA Zoom)

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/>	Carol Meyer, Chair	EMS Commission
<input checked="" type="checkbox"/>	Carole Snyder, RN., Vice Chair	EMS Commission
<input type="checkbox"/>	Atila Under, MD, MPH	EMS Commission
<input checked="" type="checkbox"/>	Lydia Lam, MD	EMS Commission
<input checked="" type="checkbox"/>	Diego Caivano, MD	EMS Commission
<input checked="" type="checkbox"/>	Erick Cheung, MD	EMS Commission
<input checked="" type="checkbox"/>	Garry Olney	EMS Commission
<input checked="" type="checkbox"/>	Paul Rodriguez	EMS Commission
<input checked="" type="checkbox"/>	Jim Lott	EMS Commission
<input checked="" type="checkbox"/>	John Hisserich	EMS Commission
<input type="checkbox"/>	Brian Bixler	EMS Commission
<input checked="" type="checkbox"/>	Robert Ower	EMS Commission
<input checked="" type="checkbox"/>	Rachel Caffey	Northern Region
<input checked="" type="checkbox"/>	Melissa Carter	Northern Region
<input type="checkbox"/>	Charlene Tamparong	Northern Region, Alternate
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region
<input checked="" type="checkbox"/>	Laurie Donegan	Southern Region
<input checked="" type="checkbox"/>	Shelly Trites	Southern Region
<input type="checkbox"/>	Christine Farnham	Southern Region, Alternate
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region
<input checked="" type="checkbox"/>	Susana Sanchez	Western Region, Alternate
<input type="checkbox"/>	Erin Munde	Western Region, Alternate
<input checked="" type="checkbox"/>	Laurie Sepke	Eastern Region
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region
<input type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate
<input checked="" type="checkbox"/>	Lila Mier	County Region
<input checked="" type="checkbox"/>	Emerson Martell	County Region
<input checked="" type="checkbox"/>	Yvonne Elizarraraz	County Region
<input checked="" type="checkbox"/>	Antoinette Salas	County Region
<input checked="" type="checkbox"/>	Shira Schlesinger, MD	Base Hospital Medical Director
<input type="checkbox"/>	Robert Yang, MD	Base Hospital Medical Director, Alternate
<input type="checkbox"/>	Alec Miller	Provider Agency Advisory Committee
<input checked="" type="checkbox"/>	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate
<input checked="" type="checkbox"/>	Erica Candelaria, PCC QVH	Pediatric Advisory Committee Representative
<input checked="" type="checkbox"/>	Heidi Ruff, PCC HMN	PED AC Representative, Alternate
<input type="checkbox"/>	Naomi Leland	MICN Representative
<input type="checkbox"/>	Jennifer Breeher	MICN Representative, Alternate
GUESTS		
		Kristina Crews
		Amar Shah
		Dr. Zach Halpem
		Dr. Clayton Kazan
		Dr. Puneet Gupta
		Dr. Ashley Sanello
		Dr. Jamie Kahn
		Shane Cook
		Yun Son Kim
PREHOSPITAL CARE COORDINATORS		
<input checked="" type="checkbox"/>	Melissa Turpin (SMM)	<input checked="" type="checkbox"/> Travis Fisher (CSM)
<input checked="" type="checkbox"/>	Jessica Strange (SJS)	<input checked="" type="checkbox"/> Lauren Spina (CSM)
<input type="checkbox"/>	Karyn Robinson (GWT)	<input checked="" type="checkbox"/> Coleen Harkins (AVH)
		<input checked="" type="checkbox"/> Katie Bard (CAL)
		<input checked="" type="checkbox"/> Lorna Mendoza (SFM)

1. **CALL TO ORDER:** The meeting was called to order at 1:00 by Carol Meyer, Chair.

2. **APPROVAL OF MINUTES:** The meeting minutes for June 8, 2022, were approved as presented.

**M/S/C (Olney/Burgess)**

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

- Jacqui Rifenburg presented her promotion to Assistant Director and announced the transfer of Jennifer Calderon from Disaster Section to Program Approvals.

4. **REPORTS & UPDATES:**

4.1 EMS Update 2022

Part 2: Behavioral Health Policies and the Introduction of Olanzapine  
Completion of EMS Update Part 2 is October 1, 2022, except for LAFD and LACoFD. Base physicians can review the EMS Update modules and materials on the APS Portal by creating an account or accessing the link on the Share Drive that was provided to all Trainers.

4.2 EmergiPress

The latest issue was released this week, *EMS Interaction with Hospice Patients* and the ECG Rhythm of the month focuses on QT Prolongation.

4.3 ECMO Pilot

The Pilot will continue for another year to reach enrollment. We will continue to route patients to UCLA and Cedars Sinai Hospital if the patient meets ECMO Criteria. For USC, they are receiving ECMO patients only for patients in their catchment area. The ECMO pilot is routing patients with an initial rhythm of refractory V-fib, V-Tach, and three defibrillations to an ECMO Center within 30 minutes and with an on-scene time of 15 minutes or less. The ECMO pilot will continue through July 2023

4.4 Data Collaboratives

Dr. Bosson provided an overview of each of the collaboratives. The collaborative groups meet every quarter to discuss and explore research opportunities, data collection, and opportunities for systems improvement.

*SRC Collaborative:*

*COVID Impact Projects*

- The Journal of Prehospital Emergency Care accepted the publication *Trends in COVID Admissions and its Correlation with Time Sensitive Emergency Response by EMS*.
- We are examining disparities and access to CPR training.
- Out-of-hospital cardiac arrests (OHCA) compared before and during COVID. Reports from other systems demonstrated an increase in cardiac arrest, non-shockable rhythms, and poor outcomes. From these results, we are strategizing ways to make a change that will benefit our system.

*Other Aspects*

- Post Resuscitation Care analysis led by Dr. Toy and Dr. Schlesinger reviews the post-resuscitation care protocols. The study demonstrates the association between early push-dose epinephrine use after ROSC and reduced rearrest rates. Still, it did not confirm the impact of our policy on rearrest rates, which may be due to an incomplete adoption of all the aggressive therapies.

- Collaboration has begun with a researcher from the University of Pittsburgh for a potential trial in California looking at a post ROSC bundle of care to prevent rearrest.

*Stroke Data Collaborative:*

- The Journal of Stroke accepted the publication *Late Time Window Strokes and Frequency of Intervention*.

*Pediatrics*

- Brief, Resolved, Unexplained Events (BRUE) Studies are ongoing at the participating PMC facilities.
- In collaboration with CHLA, the EMS Agency plans to examine pediatric outcomes for OHCA.
- UCSF is looking at a prospective observational study of pediatric stroke patients and management of care. The EMS Agency intends to participate in the study.
- National Pediatric Airway Management Trial is an upcoming trial, and if funded, the EMS Agency plans to participate.

*Trauma Consortium:*

- Southern California Regional Trauma Consortium is currently focusing on imaging pregnant patients and isolated sternal fractures.
- Huntington Hospital is exploring the blood shortage and the change in protocols on outcomes for trauma patients.
- Dr. Inaba is interested in looking at the frequency of complications of needle decompression in the prehospital setting.
- Dr. Whitfield and Dr. Wilhelm are taking the lead on a potential pilot study looking at a device to assist with tension pneumothorax decompression. The plan is to conduct a study with Dr. Inaba that would include both interests.

*Independent*

- *The Non-Transport Quality Improvement Project* led by Dr. Toy will be presented at the American College of Emergency Physicians National Conference with plans to publish the data.

#### 4.5 PediDOSE Study

PediDOSE Study is an NIH (National Institute of Health) funded study that simplifies the midazolam dosing for pediatric seizures by age range instead of weight. On October 1, 2022, we will begin enrolling patients six months to thirteen years of age with a provider impression of SEAC/SEPI. The paramedic will complete the Paramedic Self Report, and the base will complete the Base Station Screener form to ensure enrollment. LAFD and LACoFD will not participate until EMS Update Part 2 is completed on January 1, 2023.

#### 5. OLD BUSINESS:

None

#### 6. NEW BUSINESS:

##### 6.1 Ref. No. 505, Ambulance Patient Offload Time (APOT)

New policy presented. Extensive discussion surrounding the current challenges for both hospitals and providers in relation to offloading patients and extended APOT. A request was made for the policy to be reviewed by California Department of Public Health (CDPH) Hospital Licensing Division to ensure it is not in violation of any of CDPH rules/regulations.

**Action Needed:**

6.2 Ref. No. 518, Decompression Patient Destination

Approved with the recommended changes: the policy change would also be reflected Ref. No. 1225, Treatment Protocol: Submersion.

**M/S/C (Burgess/Kim)**

6.3 Ref. No. 1010, MICN Certification

Approved as presented.

**M/S/C (Schlesinger/Sepke )**

6.4 Ref. No. 1011, MICN Field Observation

Approved as presented.

**M/S/C (Burgess/Trites)**

**Informational Only**

6.5 MICN Statement of CE

The revised document reflects the changes made to Ref. No. 1010 for CE hours that are mandatory for initial and MICN renewal certification and the structured field observation requirements.

**7. OPEN DISCUSSION**

None

**8. NEXT MEETING:** BHAC's next meeting is scheduled for October 12, 2022

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

**ACCOUNTABILITY:** Laura Leyman

**9. ADJOURNMENT:** The meeting was adjourned at 2:45 P.M.



County of Los Angeles  
Department of Health Services  
**EMERGENCY MEDICAL SERVICES COMMISSION**  
**PROVIDER AGENCY ADVISORY COMMITTEE**

**MINUTES**

Wednesday, August 17, 2022

Due to the ongoing COVID-19 pandemic and to comply with the Health Officer's Order on Social Distancing, this meeting was conducted via ZOOM conference call-in. General public and Committee Members' attendance was verified by presence of name on the participant list. Quorum was reached and the meeting continued.

**MEMBERSHIP / ATTENDANCE****MEMBERS**

- ☒ Robert Ower, Chair
- ☒ Kenneth Powell, Vice-Chair
- ☐ Jeffrey Rollman
- ☒ Paul Rodriguez
- ☐ Brian Bixler
- ☒ John Hisserich
- ☐ James Lott
- ☐ Carl Povilaitis
  
- ☒ Sean Stokes
  - ☐ Justin Crosson
- ☒ Keith Harter
  - ☐ Clayton Kazan, MD
- ☒ Todd Tucker
  - ☒ Jeff Tsay
- ☐ Kurt Buckwalter
  - ☒ Ryan Jorgenson
- ☒ Wade Haller
  - ☒ Andrew Reno
- ☒ Alec Miller
  - ☒ Jennifer Nulty
- ☒ Doug Zabalski
  - ☐ Tyler Dixon
  - ☐ Matthew Potter
- ☒ Julian Hernandez
  - ☒ Tisha Hamilton
- ☒ Rachel Caffey
  - ☒ Jenny Van Slyke
- ☐ Andrew Respicio
  - ☒ Paul Voorhees
- ☒ Maurice Guillen
  - ☐ Scott Buck
- ☒ Tabitha Cheng, MD
  - ☐ Tiffany Abramson, MD
- ☐ Andrew Lara
  - ☐ Gary Cevello
- ☒ Michael Kaduce
  - ☐ Scott Jaeggi
- ☒ Scott Atkinson
  - ☒ David Phillip

**ORGANIZATION**

EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
  
Area A (Rep to Medical Council)  
Area A, Alt.  
Area B  
Area B, Alt. (Alt. Rep to Medical Council)  
Area C  
Area C, Alt.  
Area E  
Area E, Alt.  
Area F  
Area F, Alt.  
Area G (Rep to BHAC)  
Area G, Alt. (Rep to BHAC, Alt.)  
Area H  
Area H, Alt.  
Area H, Alt. (Rep to DAC)  
Employed Paramedic Coordinator  
Employed Paramedic Coordinator, Alt.  
Prehospital Care Coordinator  
Prehospital Care Coordinator, Alt.  
Public Sector Paramedic Coordinator  
Public Sector Paramedic, Alt.  
Private Sector Paramedic  
Private Sector Paramedic, Alt.  
Provider Agency Medical Director  
Provider Agency Medical Director, Alt.  
Private Sector Nurse Staffed Ambulance Program  
Private Sector Nurse Staffed Ambulance Program, Alt.  
EMT Training Program  
EMT Training Program, Alt.  
Paramedic Training Program  
Paramedic Training Program, Alt.

**EMS AGENCY STAFF (Virtual)**

Richard Tadeo  
Nicole Bosson, MD  
Christine Clare  
Ami Boonjaluksa  
Lily Choi  
Elaine Forsyth  
Laurie Lee-Brown  
Sandra Montero  
Karen Rodgers  
Andrea Solorio  
Denise Watson  
Marianne Gausche-Hill, MD  
Denise Whitfield, MD  
Jacqueline Rifenburg  
Jennifer Calderon  
Aldrin Fontela  
Natalie Greco  
Laura Leyman  
Sara Rasnake  
Priscilla Romero  
Gary Watson  
Christine Zaiser

**PUBLIC ATTENDEES (Virtual)**

(See Page 2)

**PUBLIC ATTENDEES (Virtual)**

Angelica Loza-Gomez, MD	Area FDs Medical Director
Anthony Hildebrand	Downey FD
Aspen Di-Illolo	Monterey Park FD
Austin Prince	
Brad Godinez	Redondo Beach FD
Brian Fong, MD	
Britney Alton	Burbank FD
Carissa Kinkor	Liberty Ambulance
Caroline Jack	Beverly Hills FD
Catherine Borman	Santa Monica FD
Christina Eclarina	LA County Public Health
Cody Cubak	
Cory Fedele	
Curtis Edgley	
Dan Zimmerman	LACoFD
Daniel Graham	Liberty Ambulance
David Konieczny	McCormick Ambulance
Drew Bernard, MD	Emergency Ambulance
Eddie Barnum	
Edmond St. Cyr	Burbank FD
Erich Eckstedt	Downey FD
Gustavo Aguirre	LACoFD
Ilse Wogau	LACoFD
James Weinstein	Beverly Hills FD
Jason Hanson	Pasadena FD
Jason Hosea	Long Beach FD
Jennifer Breeher	Alhambra FD
Jessie Castillo	
Jodi Nevandro	Santa Monica FD
Joe Nakagawa, MD	McCormick & Hawthorne PD
Jonathon Dibley	Downey FD
Josh Parker	PRN Ambulance
Juan Espinoza	Cal-Med Ambulance
Katie Ward	La Habra Heights FD
Kelsey Wilhelm, MD	Compton FD
Kristina Crews	LACoFD
Les Bronte	
Luis Manjariez	Glendale FD
Manish Shah, MD	
Marc Cohen, MD	Medical Director, Multiple FDs
Marianne Newby	UCLA Center for Prehospital Care
Mario Ienni	Monterey Park FD
Nanci Medina	Los Angeles FD
Ned Heiman	LACoFD
Nicholas Amsler	
Paula La Farge	LACoFD
Philip Apparis	San Gabriel FD
Punet Gupta, MD	LACoFD
Ralph Weissenberger	
Rich Garcia	
Robert Aragon	Cal-Med Ambulance
Roger Braum	Culver City FD
Roger Yang, MD	Pasadena FD
Ryan Cortina	Burbank FD
Ryan Weddle	
Saman Kashani, MD	LACoFD
Samuel Stratton, MD	Redondo Beach FD
Scott Henderson	Pasadena FD
Scott Topiol	LACoFD
Sean Sowerby	Downey FD
Shane Cook	LACoFD
Sheryl Gradney	LACoFD
Terrance McGregor	
William Mix	LACoFD
Yun Son Kim	LACoFD



**1. CALL TO ORDER:** Committee Vice-Chair, Kenneth Powell, called meeting to order at 1:00 p.m.

**2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

**2.1 EMS Agency Staff Changes** (*Richard Tadeo*)

Jacqueline Rifenburg has been appointed Assistant Director of the EMS Agency; overseeing Certification and Training Program Approvals; Paramedic Training Institute; and Administrative Services.

**2.2 Centinela Hospital Medical Center (CNT)** (*Richard Tadeo*)

To assist with CNT's extended APOT times, CNT's service area boundaries have been suspended effective August 15, 2022, Notification has been sent to all providers.

**3. APPROVAL OF MINUTES (Tucker / Zabiliski)** June 22, 2022 minutes were approved as written.

**4. REPORTS & UPDATES**

**4.1 COVID-19 Update** (*Marianne Gausche-Hill, MD*)

Provider Impression trending charts were reviewed, indicating that the number of respiratory distress- other complaints are decreasing and nearing the pre-pandemic levels.

**4.2 Monkeypox Update** (*Marianne Gausche-Hill, MD*)

- Due to the Monkeypox concern in Los Angeles County, a memorandum was recently sent to all providers, providing a reminder to wear personal protective equipment while working with patients.
- If a patient is suspected of having Monkeypox, the provider should be wearing a gown, gloves, mask and eye protection.
- A flow chart from Los Angeles Public Health was reviewed titled "Monkeypox Exposure for Healthcare Providers".
- On September 6, 2022 Los Angeles County Public Health will be presenting a 1-hour virtual educational forum, titled "Monkeypox Outbreak". This forum will begin immediately following the Pediatric Advisory Committee meeting.
- Providers who have received prior approval from the EMS Agency to administer the influenza vaccine, may administer both the influenza and Monkeypox vaccine. Any questions regarding administration of vaccines, should be directed to the EMS Agency, prior to implementing.

**4.3 PediDOSE Trial** (*Marianne Gausche-Hill, MD*)

- Insight was provided on this (National Institute of Health) trial, which will evaluate age-based dosing of midazolam (anti-seizure medication) in order to reduce the need for redosing but also reduce complications.
- Education was already included in EMS Update 2022 and all public providers will begin this trial on October 1, 2022. Exception: Los Angeles Fire Department and Los Angeles County Fire Department, will begin January 1, 2023.
- The EMS Agency will send out a memorandum to all providers and hospitals, reminding of the trial.

**4.4 Data Collaboratives** (*Nichole Bosson, MD*)

- STEMI/OHCA Data Collaborative
  - Manuscript has been submitted to the Journal of Prehospital Emergency Care on the correlation between COVID-19 surges and provider responses to time sensitive emergencies (Out of Hospital Cardiac Arrest [OHCA], ST-Elevated Myocardial Infarction [STEMI], Stroke, and Trauma).
- Stroke Data Collaborative
  - Manuscript has received preliminary acceptance outlining the 24-hour routing of patients to a Primary or Comprehensive Stroke Center, who present with acute stroke symptoms and have Los Angeles Motor Score (LAMS) of 5.
  - A future project includes the review of collected stroke data to explore the impact of the stroke system on stroke center volumes and outcomes.
  - Will be collaborating with the pediatric specialists to review pediatric strokes.
- Pediatric Collaborative Group
  - Continue looking at understanding pediatric OHCA, ongoing BRUE study, PEDI-Dose and PEDI-PART.
- Trauma Collaborate Group
  - Future project includes reviewing pneumothorax and potential adverse events related to needle thoracostomy.

#### 4.5 ECMO Pilot (Nichole Bosson, MD)

- Implemented in July 2020, this pilot continues to enroll patients.
- Ronald Reagan UCLA Medical Center and Cedars Sinai Medical Center continues to accept patients who meet the ECMO Pilot's criteria.
- In the fall of this year, MemorialCare Long Beach Medical Center and Long Beach Fire Department, will join the pilot.

#### 4.6 EMS Update 2022 (Denise Whitfield, MD)

- This year's EMS Update is nearing completion with a deadline of October 1, 2022.
- There have been providers experiencing some technical issues with their electronic platform, but all have been resolved. If there are any further concerns, please contact the EMS Agency.

#### 4.7 ITAC Update (Denise Whitfield, MD)

Committee met on August 1, 2022, and the following products were under review:

- SAM ThoroSite – a anatomical landmark guide for needle thoracostomy insertion. Those interested in piloting this product should contact Dr. Whitfield at [dwhitfield@dhs.lacounty.gov](mailto:dwhitfield@dhs.lacounty.gov).
- SAM Pelvic Sling II – currently being reviewed internally.
- ExG 12 Lead ECG – reduces the amount of artifact during an ECG recording. Committee will review once product receives FDA approval.

#### 4.8 EmergiPress (Denise Whitfield, MD)

The August 2022 CE opportunity is available on the EMS Agency's website.

## 5. UNFINISHED BUSINESS

There was no unfinished business.

## **6. NEW BUSINESS**

### **6.1** Reference No. 505, Ambulance Patient Offload Time (APOT) *(Richard Tadeo)*

Policy was reviewed as Information Only. Recommendations were received and policy tabled until further review is complete by various subcommittees.

**TABLED: Reference No. 505, Ambulance Patient Offload Time (APOT)**

### **6.2** Reference No. 518, Decompression Emergencies/Patient Destination *(Richard Tadeo)*

Policy reviewed and approved as written.

**M/S/C (Zabilski / Van Slyke) Approve: Reference No. 518, Decompression Emergencies/Patient Destination**

## **7. OPEN DISCUSSION**

### **7.1** Pedi-PART Study *(Nichole Bosson, MD)*

- Dr. Bosson introduced Henry Wang, MD, from Ohio State University, who presented information on Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART), a future prehospital trial
- After the presentation, Dr. Wang initiated an open forum with attendees. Several paramedics from various fire departments, participated in the question/answer session.

### **7.2** Request to add PAAC Position *(Alec Miller)*

- Chief Miller requested to add a representative from CAL-NEP (California Nurse & EMS Professional) a subgroup of the California (Fire) Chief's Association, onto this Committee.
- In following The Brown Act, this request will be placed on the next Committee agenda to allow for motions.

## **8. NEXT MEETING: October 19, 2022**

## **9. ADJOURNMENT:** Meeting adjourned at 3:11 p.m.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES(EMT, PARAMEDICS, MICN)  
REFERENCE NO. 518SUBJECT: **DECOMPRESSION EMERGENCIES/  
PATIENT DESTINATION**

---

PURPOSE: To provide a procedure for transporting patients with potential decompression emergencies to the most appropriate and accessible medical facility.

## PRINCIPLES:

1. Provider Agency, Base Hospital and the Medic Alert Center shall follow the procedures outlined in the sections specific to their role.
2. Patient destination for patients with decompression emergencies shall be determined by the hyperbaric chamber physician on-call with an exception as specified in Policy I.D.

## POLICY:

- I. Responsibilities of the Provider Agency:
  - A. Contact assigned base hospital for any patient suspected of having a decompression emergency.
  - B. Obtain dive incident history of the patient and dive partner, if possible. This includes:
    1. Maximum dive depth
    2. Time spent at depth
    3. Rate of ascent
    4. Number of dives
    5. Surface interval
    6. Gas(es) used
  - C. Coordinate patient transportation to the appropriate receiving facility.

Transportation of patients with potential decompression emergencies may involve the United States Coast Guard (USCG) helicopter which does not include paramedic level staffing. In some circumstances, the USCG helicopter may be able to accommodate a Los Angeles County paramedic to accompany the patient to the receiving facility. If this is not possible and rapid transport is in the best interest of the patient, care may be transferred from the paramedics handling the call to the USCG medical personnel.

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EFFECTIVE: 02-01-88  
REVISED: 09-06-22 DRAFT  
SUPERSEDES: 04-01-21

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APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

- 
- D. In rare instances, EMTs may determine destination to the Catalina Hyperbaric Chamber when ALS level of care is not immediately available in remote locations (e.g., offshore oil and gas platforms), and patient is found either unconscious, apneic, pulseless, or exhibiting symptoms of suspected decompression illness due to premature ascent and failure to complete required underwater decompression stops. In such cases, notification shall be made by the on-scene personnel (or notification relayed by US Coast Guard directly to the Catalina Hyperbaric Chamber) as follows:
1. Catalina Hyperbaric Chamber at (310) 510-1053
  2. Los Angeles County Baywatch Isthmus lifeguard paramedics (if not already aware of the incident)
  3. Medical Alert Center (MAC)
- E. Retrieve patient's dive equipment (e.g., dive computer, regulator, tank, buoyancy compensator, gauges and weight belt) and transport with patient. If the transporting unit cannot accommodate the equipment, the provider agency shall take custody of it and notify the receiving facility of the dive equipment location.

As a general rule, the integrity of the dive equipment should be maintained and not tampered with except by investigating authorities.

II. Responsibilities of the Base Hospital Physician or Mobile Intensive Care Nurse (MICN):

- A. Contact the Medical Alert Center (MAC) by dialing the general number (866) 940-4401; select Option 1 for emergency or consultation. The MAC will arrange a call between the hyperbaric chamber physician on call and the base hospital. If the hyperbaric physician has not responded within 10 minutes, the base hospital should re-contact the MAC.
- B. Provide medical orders for patient care.
- C. In consultation with the hyperbaric chamber physician on call (arranged through the MAC), determine if the patient should be transported directly from the incident location to a hyperbaric chamber or to the most accessible receiving facility (MAR). The following guidelines should be considered for any patient with a history of recent underwater compressed gas use:
  1. Transport to a MAC-listed hyperbaric chamber (Immediate):
    - a. Unconscious, or
    - b. Apneic, or
    - c. Pulseless; or
    - d. Premature ascent with reported failure to complete any required underwater decompression stop(s) (omitted decompression) with or without symptoms.

2. Transport to a MAC-listed hyperbaric chamber or the MAR after consultation with the hyperbaric chamber physician (Emergent):
  - a. Any neurological symptoms, or
  - b. Severe dyspnea, or
  - c. Chest discomfort
3. Transport to the MAR with potential secondary transfer to a hyperbaric chamber after consultation with the hyperbaric chamber physician (Non-Emergent):
  - a. Delayed symptoms after flying, or
  - b. Delayed minor symptoms after 24 hours
4. Patient destination for patients with decompression emergencies shall be determined by the hyperbaric chamber physician on call.

III. Responsibilities of the MAC:

- A. Contact the hyperbaric chamber physician on call at LAC+USC Medical Center and arrange communications between the physician and the base hospital directing the call. If there has been no response from the LAC+USC hyperbaric physician within 10 minutes, the MAC will call the next hyperbaric physician on the list.
- B. Following consultation with the hyperbaric physician on call, determine which hyperbaric chamber is most appropriate to the needs of the patient. Factors to be considered include distance; altitude; weather; ETA of available transportation; the limitations of various aircraft; and the condition of the patient.
- C. Inform the appropriate receiving facility of the patient's condition and ETA.
- D. Coordinate the hyperbaric chamber personnel's transportation to the chamber.
- E. Coordinate secondary transfers from the receiving facility as needed.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**  
Ref. No. 506, **Trauma Triage**  
Ref. No. 516, **Return of Spontaneous Circulation (ROSC) Patient Destination**  
Ref. No. 814, **Determination/Pronouncement of Death in the Field**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **MOBILE INTENSIVE CARE NURSE  
(MICN) CERTIFICATION**REFERENCE NO. 1010

---

PURPOSE: To outline the requirements for Los Angeles County Mobile Intensive Care Nurse (MICN) certification and recertification.

AUTHORITY: Health and Safety Code, Division 2.5, Chapter 2, Sections 1797.56, 1797.58, 1797.63 and Chapter 3, Article 5, Section 1797.175; California Code of Regulations, Title 22, Division 9, Sections 100168 – 100170

## DEFINITIONS:

**Mobile Intensive Care Nurse (MICN):** A registered nurse authorized by the Medical Director of the local Emergency Medical Services (EMS) agency to provide prehospital advanced life support (ALS) or issue instructions to prehospital emergency personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines.

**Base Hospital:** Hospital responsible for directing the advanced life support system and prehospital care system assigned to it by the local EMS agency.

## PRINCIPLES:

1. An MICN is only certified to practice within Los Angeles County if authorized by the Medical Director of the Los Angeles County EMS Agency.
2. Recertification application with approval from sponsoring agency and all applicable documentation must be received 30 days prior to certification expiration to ensure continuous certification. Continuing education (CE) must be completed during the current certification cycle to satisfy the requirements for recertification. CE completed during the month which the current certificate expires may be applied to the next recertification application if not used to meet the CE requirements for the current renewal.
3. CE hours for nationally recognized classes, including but not limited to, Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Emergency Nursing Pediatric Course (ENPC), Trauma Nursing Core Course (TNCC), and Advanced Trauma Care for Nurses (ATCN) will be accepted as part of the required renewal CEs based on the hours on the Board of Registered Nursing issued certificate of completion.
4. In the case of lapsed certification, only CE completed within the twenty-four (24) months prior to application for recertification shall apply to meet the requirements for recertification.
5. Certification/recertification as an MICN shall be for two (2) years from the last day of the month in which all requirements are completed and the certification was issued. When

EFFECTIVE DATE: 03-01-86

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REVISED: 01-01-20

SUPERSEDES: 04-01-19

APPROVED: \_\_\_\_\_

Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency



recertification requirements are met prior to the expiration date, the certification date will be the first day after the expiration of the current certification cycle.

6. Upon successful completion of all certification requirements, the Los Angeles County EMS Agency shall issue an MICN certification card with the bearer's name, certification number, effective date, expiration date, and signature of the EMS Agency Medical Director.
7. In the event that an MICN is employed by more than one approved agency, a primary sponsor must be designated. All other agencies must be designated as secondary sponsors. The EMS Agency must be notified in writing of all sponsorship changes by submitting required data on the change of status/data update form to the Office of Certification.

POLICY:

I. Eligibility for MICN Certification

- A. Licensed as a registered nurse (RN) in the United States for a period of not less than one (1) year and currently licensed in California.
- B. Employment equivalent to one (1) year full-time (36-40 hours/week) within the last three (3) years as a RN in a critical care area; six (6) months of which must be in the emergency department of an acute care hospital.
- C. Current American Heart Association (AHA) or American Red Cross (ARC) certification as an ACLS provider or instructor.

II. Initial MICN Certification

- A. Meet the professional licensure and experience requirements as specified in Section I.
- B. Be sponsored by one of the following agencies approved to utilize MICNs in Los Angeles County:
  1. Base hospital
  2. EMS Agency
  3. Paramedic training program
  4. Paramedic provider agency
- C. Complete an approved Los Angeles County MICN Development Course.
- D. Complete a minimum of eight (8) hours field observation with a Los Angeles County ALS unit, and observe and document at least one (1) ALS patient assessment that results in an ALS transportation to a 9-1-1 receiving hospital and/or a base hospital contact.
- E. Application Process:

1. Completed Los Angeles County EMS Agency MICN Application and the established fee.
2. Letter of Recommendation signed by the sponsoring facility/agency medical director, department supervisor, and prehospital care coordinator or equivalent.
3. Documentation of a valid California RN license.
4. Documentation of current AHA/ARC certification as an ACLS provider or instructor.
5. Documentation of MICN Candidate Field Observation.
6. Copy of MICN Development Course completion certificate.

F. Certifying Examination Process

1. All professional licensure and experience requirements must be met prior to the candidate taking the MICN certification examination. Certification application and documentation must be received at least ten (10) working days before the scheduled examination. Upon receipt of all required documents, the MICN candidate must pass the certifying examination within one (1) year of completing the MICN Development Course.
2. A candidate who fails the MICN certification examination may retake the examination one time only. Retake exams may be taken after seven (7) days but within thirty (30) days of the initial exam. Failure to appear for the examination will be considered as an examination failure for purposes of retesting.
3. A candidate who fails the retake examination must repeat the entire certification process which includes repeating the MICN Development Course.

G. Radio Internship

Upon successful completion of the MICN certification examination, the MICN candidate must complete a radio internship within six (6) months. A radio internship consists of a minimum of ten (10) base hospital ALS runs under the direct supervision of a certified MICN or base hospital physician.

1. Radio internship requires a minimum of one (1) ALS run in each of the following categories:
  - a. Neurology to include provider impressions of Altered Level of Consciousness, Seizure, or Stroke.
  - b. Respiratory to include provider impressions of Respiratory Distress or Respiratory Arrest.

- c. Trauma to include provider impressions of Crush Injury/Syndrome or Traumatic Injury that meets Trauma Center criteria or guidelines.
  - d. Cardiovascular to include provider impression of Cardiac Arrest.
  - e. Cardiovascular to include provider impressions of Cardiac Chest Pain or Cardiac Dysrhythmia.
  - f. General Medical to include provider impression of Shock or Hypotension.
  - g. Pediatric patient with any provider impression.
2. If after fifteen (15) satisfactory ALS runs, the candidate has not met all category requirements, run categories may be simulated.
  3. A performance evaluation will be completed for each ALS run or simulation and a final written Radio Internship Evaluation based on the Los Angeles County Performance Evaluation Standards must be completed and submitted to the Office of Certification.
  4. The prehospital care coordinator shall submit a letter of explanation when the MICN candidate fails to complete the radio internship within six (6) months of the certification examination. If an extension is requested, the projected date of completion must be stated. Extensions may only be granted after review by the Office of Prehospital Certification. In no case may the radio internship exceed one (1) year from the date of the certification examination.
  5. An MICN candidate failing to meet the radio internship requirements will be eligible for certification only after successfully repeating the entire certification process, which includes repeating the MICN Development Course.

### III. MICN Certification by Challenge

#### A. Eligibility Requirements:

1. Licensed as a RN in California.
2. Employed and sponsored by one of the agencies approved to utilize MICNs in Los Angeles County as specified in Section II.B.
3. Current AHA/ARC certification as an ACLS provider or instructor.
4. Complete a minimum of eight (8) hours field observation with a Los Angeles County ALS unit and observe and document at least one (1) ALS patient assessment with a base hospital contact.

#### B. Application Process:

1. Completed Los Angeles County EMS Agency MICN Application and the established fee.
2. Letter of Recommendation signed by the sponsoring facility/agency medical director, department supervisor, and prehospital care coordinator or equivalent.
3. Documentation of a valid California RN license.
4. Documentation of current or previous MICN certification.
5. Documentation of current AHA/ARC certification as an ACLS provider or instructor.
6. Documentation of MICN Candidate Field Observation.

C. Examination Process

Pass the written certification examination as specified in Section II.F.1-3.

D. Radio Internship

Complete a radio internship as specified in Section II.G.1-5.

IV. Recertification

A. Eligibility Requirements for Continuous Certification

1. Certified as a Los Angeles County MICN.
2. Maintain continuous licensure as a RN in California.
3. Maintain continuous AHA/ARC certification as an ACLS provider or instructor.
4. Maintain sponsorship as specified in Section II.B.1-4.
5. Complete a minimum of forty (40) hours of EMS continuing education (CE) every two (2) years (certification cycle).

It is the responsibility of each recertification candidate to maintain documentation of his/her own continuing education hours, not the CE provider. Credit may be received **no more than twice** for attending the same educational session during the same certification cycle.

EMS CE topics related to emergency and prehospital care include:

- a. Field Care Audits - Review of base hospital audio tapes and/or written patient care records totaling a minimum of twelve (12) hours.

- b. Structured Field Experience – Field observation is mandatory for new MICN candidates and at initial renewal. Following the initial renewal, field observations is optional or at the discretion of the Prehospital Care Coordinator (PCC). field observation totaling a minimum of four (4) hours to a maximum of eight (hours), which must be documented on a MICN Recertification Field Observation CE Documentation form (Los Angeles County EMS Continuing Education Program Manual).
    - c. Restricted CE - A maximum of fifty percent (50%) of required CE hours can be issued to an individual per certification cycle as follows:
      - i. Teaching an approved CE course, EMT, AEMT, Paramedic training program, or MICN Development course.
      - ii. Clinical precepting of EMS personnel.
      - iii. Courses related to indirect patient care or medical operations.
      - iv. Media-based/serial productions that are not instructor based.
      - v. Employers sponsoring an MICN may further restrict continuing education hours in specific categories to meet their requirements for a recertification candidate.
  - 6. Complete all mandatory Los Angeles County EMS programs.
  - 7. Submit the following at least 30 days prior to certification expiration date:
    - a. Completed Los Angeles County EMS Agency MICN Application with the established fee.
    - b. Completed MICN Statement of Continuing Education.
- B. Eligibility Requirements for Certification Lapse of Less Than Six (6) Months
  - 1. Meet all recertification requirements as specified in Section IV.A.1-7.
  - 2. Complete an additional four (4) hours of Field Care Audits.
- C. Eligibility Requirements for Certification Lapse of Six (6) Months or More, But Less Than Twelve (12) Months
  - 1. Meet all recertification requirements as specified in Section IV.A.1-7.
  - 2. Complete an additional twelve (12) hours of CE, four (4) hours must be additional Field Care Audits.

3. Pass the Los Angeles County MICN Accreditation written examination.
  4. Complete a radio internship as specified in Section II.G.1-5.
- D. Eligibility Requirements for Certification Lapse of Twelve (12) Months or More, But Less Than Twenty-four (24) Months
1. Meet all recertification requirements as specified in Section IV.A.1-7.
  2. Complete an additional twelve (12) hours of CE, four (4) hours must be additional Field Care Audits.
  3. Pass the MICN certification examination as specified in Section II.F.1-3.
  4. Complete a radio internship as specified in Section II.G.1-5.
- E. Eligibility Requirements for Certification Lapse of Twenty-four (24) Months or More
- Candidate is no longer eligible for recertification. Individual shall meet all initial certification requirements as specified in Section II.A-G.
- F. Eligibility Requirements for Recertification of Reservists Deployed for Active Duty
- An individual who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States, whose Los Angeles County MICN certificate expires during the time the individual is on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, may be given an extension of the renewal of the individual's MICN certificate for up to six (6) months from the date of the individual's deactivation/release from active duty in order to meet the renewal requirements for the individual's MICN certificate upon compliance with the following provisions:
1. Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from duty.
  2. Complete a Los Angeles County EMS Agency MICN Application and pay the established fee.
  3. Demonstrate current holder and submit copies of:
    - a. Licensure as a RN in California
    - b. AHA/ARC certification as an ACLS provider or instructor
  4. Complete all mandatory Los Angeles County EMS programs.
  5. Be employed and sponsored as specified in Section II.B.1-4.

6. Upon receipt and verification of the above items by the EMS Agency, the individual shall complete and submit the following requirements for renewal of their MICN certificate by the date specified; otherwise the individual shall complete requirements in accordance with Section III.
  - a. Complete a minimum of forty (40) hours of EMS CE as specified in Section IV.A.5.
  - b. Completed MICN Statement of Continuing Education.
  - c. CE completed by the individual thirty (30) days prior to the current renewal certificate issued through the six (6) month extension of fulfilling requirements for renewal shall be valid.
  - d. Complete a radio internship as specified in Section II.G.1-5.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 1011, **Mobile Intensive Care Nurse (MICN) Field Observation**  
Ref. No. 1013, **EMS CE Provider Approval and Program Requirements**

**Sample Letter of Recommendation**  
**MICN Certification Application**  
**MICN Candidate Field Observation Documentation**  
**MICN Radio Internship Evaluation**  
**MICN Radio Internship Performance Evaluation Standards**  
**MICN Statement of Continuing Education**  
**MICN Field Observation Form**  
**MICN Field Observation Evaluation**



SUBJECT: **MOBILE INTENSIVE CARE NURSE (MICN)  
FIELD OBSERVATION**

REFERENCE NO. 1011

PURPOSE: To establish the functions and responsibilities of the MICN/MICN candidate while participating in field observation for EMS continuing education (CE) credit or completion of certification requirements.

AUTHORITY: California Health and Safety Code, Division 2.5, Chapter 2, Sections 1797.56, 1797.175; California Code of Regulations, Title 22, Chapters 4 and 11

DEFINITIONS:

**Mobile Intensive Care Nurse (MICN):** A registered nurse authorized by the Medical Director of the local EMS agency to provide prehospital advanced life support or issue instructions to prehospital emergency personnel within an EMS system according to standardized procedures developed by the local EMS agency consistent with statewide guidelines.

POLICY:

- I. Field observation is mandatory for new MICN candidates and at initial renewal. Following the initial renewal, field observation is optional or at the discretion of the Prehospital Care Coordinator (PCC).
- II. Field observation is an extension of the MICN's responsibilities, providing first-hand knowledge of how Los Angeles County treatment and legal protocols are applied in the prehospital setting.
- III. The EMS CE program director or clinical director will work with the individual MICN/MICN candidate to determine the field observation schedule, which includes a pre-discussion and agreeing on the objectives to be addressed during the field observation.
- IV. The MICN/MICN candidate will be covered by the sponsoring agency's Workman's Compensation and malpractice insurance or other similar coverage.
- V. The MICN/MICN candidate will dress in a professional and sensible manner, including wearing their employee identification badge.
- VI. The primary function of the MICN/MICN candidate is to observe Paramedic operations. The MICN/MICN candidate is not to become involved in patient care activities. The MICN/MICN candidate may only participate in patient care activities in the following circumstances:
  - A. At the request of the Paramedic(s), within the California Registered Nurse scope of practice.
  - B. When the MICN/MICN candidate observes a life-threatening situation not recognized by the Paramedic(s), e.g., when an unsafe drug or dosage is going to be administered or when a serious or life threatening problem is overlooked in the patient's assessment.
  - C. When a MICN participates or intervenes in the care of a patient the MICN's name and certification number shall be recorded on the EMS Report Form. If the

individual performing the field observation is an MICN candidate, their name and RN license number shall be recorded.

VII. Field Observation Documentation and Credit

A. To assure credit for performing the field observation:

1. The MICN Recertification Field Observation CE Documentation form shall be signed and dated by the Paramedic with their Accreditation number.
2. Results of experience for each objective shall be documented in detail in the results of experience box or on a separate sheet of paper.
3. Complete the Field Observation Preceptor Evaluation form.
4. Submit completed forms to the sponsoring agency's EMS CE program director or clinical director for review.

B. MICN Candidate

1. Candidate shall observe a minimum of one (1) ALS patient assessment that results in an ALS transportation to a 9-1-1 receiving hospital and/or a base hospital contact to observe the full continuum of care.
2. MICN Candidate Field Observation Documentation form shall be used from the forms section of the Agency web page.

C. MICN

1. The following signatures and documentation are required on the MICN Recertification Field Observation CE Documentation form and shall serve as proof of completion used for certification/recertification purposes.
  - a. MICN signature
  - b. Paramedic name, signature, and Accreditation number
  - c. EMS CE Program Director or Clinical Director signature
  - d. Documentation of "time in" and "time out"
2. MICN Recertification Field Observation Documentation form shall be used from the forms section of the Agency web page.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification/Recertification**

Ref. No. 1013, **EMS Continuing Education (CE) Provider Approval and Program Requirements**

Los Angeles County EMS Continuing Education Program Manual



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

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*To advance the health of our  
communities by ensuring  
quality emergency and  
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**Health Services**  
**<http://ems.dhs.lacounty.gov>**

May 16, 2022

Wally Ghurabi, Medical Director  
Santa Monica Fire Department  
333 Olympic Drive  
Santa Monica, California 90401

**CERTIFIED**

Dear Dr. Ghurabi,

**SUICIDE RISK SCREENING TOOL PILOT PROGRAM APPROVAL**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has approved Santa Monica Fire Department (SM) for the implementation of the Suicide Risk Screening Tool pilot. The following are the required data for tracking and quarterly reporting to the EMS Agency:

- Number of contacts with the Provider Impression PSYC
- Number of contacts with the Suicide Risk Screening Tool utilized
- Number of contacts unable to utilize the Suicide Risk Screening Tool and rationale
- Number of contacts meeting low, moderate and high-risk criteria
- Number of contacts not transported meeting Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release on Scene
- Number of moderate or high-risk contacts NOT meeting Reference No. 834 including:
  - o Not transported with/without an AMA (against medical advice)
  - o Requiring law enforcement for involuntary hold
- Number contacts with care/transport transferred to the Department of Mental Health (DMH) Therapeutic Van team and SM Community Response Unit (CRU)
- Outcome for patients transferred to DMH including:
  - o Transport to mental health clinic/PUCC
  - o Transport to other destination (e.g. social service resource)
  - o Release on scene due patient treatment/resolution
  - o Recontact 911/SM for transport to ED
- Outcome for patients transferred to the CRU including:
  - o Treat and refer in place/AMA
  - o Transport to a PUCC/ED
- Number of rekindles requiring ALS intervention and/or transport to the ED within 6 hours; if this exceeds 5% at any time report to the EMS Agency within 72 hours

**In addition to the above requirements, please report all sentinel events within 24 hours of occurrence.**

The quarterly reports are due thirty (30) days after the end of each quarter and should be addressed to me at [MGausche-Hill@dhs.lacounty.gov](mailto:MGausche-Hill@dhs.lacounty.gov) (cc Susan Mori at [sumori@dhs.lacounty.gov](mailto:sumori@dhs.lacounty.gov)).

Sincerely,

Marianne Gausche-Hill, M.D.  
Medical Director

MGH:CC:sm  
05-08

- c. Director, EMS Agency  
Fire Chief, Santa Monica Fire Department  
EMS Director, Santa Monica Fire Department

**AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL****Time Period April 1, 2022 through June 30, 2022****APOT Standard: within 30 minutes, 90% of the time**

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2022								% of Time on Diversion*
				</=30 mins		30-60 mins		60-120 mins		>120 mins		
ANTELOPE VALLEY - NEWHALL REGION												
Antelope Valley Hospital	5,776	2,643	46%	1,783	67%	595	23%	203	8%	62	2%	10%
Palmdale Regional Medical Center	3,369	1,540	46%	887	58%	369	24%	195	13%	89	6%	8%
Henry Mayo Newhall Hospital	3,492	1,622	46%	1,253	77%	316	19%	47	3%	6	0.4%	5%
ANTELOPE VALLEY TOTAL	12,637	5,805	46%	3,923	68%	1,280	22%	445	8%	157	3%	8% AVG
SAN FERNANDO VALLEY REGION												
Dignity Health-Northridge Hospital Medical Center	2,493	2,485	100%	2,061	83%	328	13%	92	4%	4	0.2%	26%
West Hills Hospital and Medical Center	1,618	1,441	89%	1,121	78%	243	17%	73	5%	4	0.3%	30%
Kaiser Foundation - Woodland Hills	513	457	89%	349	76%	76	17%	26	6%	6	1%	54%
Encino Hospital Medical Center	404	404	100%	389	96%	11	3%	3	0.7%	1	0.2%	2%
Providence Cedars-Sinai Tarzana Medical Center	1,332	1,312	98%	1,086	83%	188	14%	36	3%	2	0.2%	13%
LAC Olive Medical Center	678	668	99%	577	86%	69	10%	17	3%	5	0.7%	50%
Pacifica Hospital of the Valley	697	697	100%	649	93%	42	6%	6	0.9%			10%
Kaiser Foundation - Panorama City	796	796	100%	694	87%	94	12%	8	1%			29%
Providence Holy Cross Medical Center	1,560	1,541	99%	1,446	94%	82	5%	12	0.8%	1	0.1%	37%
Mission Community Hospital	863	862	100%	805	93%	54	6%	3	0.3%			7%
Valley Presbyterian Hospital	1,390	1,390	100%	1,314	95%	66	5%	10	0.7%			24%
Sherman Oaks Hospital	1,301	1,300	100%	1,173	90%	105	8%	22	2%			4%
Providence Saint Joseph Medical Center	2,853	2,779	97%	2,378	86%	372	13%	48	2%	1	0.04%	4%
Adventist Health Glendale	2,076	2,031	98%	1,546	76%	268	13%	165	8%	52	3%	15%
Dignity Health-Glendale Memorial Hosp. and Health Ct	1,092	1,089	100%	971	89%	88	8%	27	2%	3	0.3%	19%
USC Verdugo Hills Medical Center	671	518	77%	393	76%	84	16%	33	6%	8	2%	46%
SAN FERNANDO VALLEY TOTAL	20,337	19,770	97%	16,952	86%	2,170	11%	581	3%	87	0.4%	23% AVG
SAN GABRIEL VALLEY REGION												
Huntington Hospital	2,877	2,391	83%	2,005	84%	249	10%	103	4%	34	1%	58%
Alhambra Hospital	827	824	100%	796	97%	25	3%	3	0.4%			11%
San Gabriel Valley Medical Center	1,140	824	72%	664	81%	90	11%	48	6%	22	3%	18%
USC Arcadia Hospital	2,127	1,343	63%	820	61%	310	23%	169	13%	44	3%	59%
Greater El Monte Community Hospital	1,572	701	45%	448	64%	176	25%	66	9%	11	2%	27%

\* total may not equal 100% due to rounding.

Los Angeles County Emergency Medical Services Agency

# **AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL**

**Time Period April 1, 2022 through June 30, 2022**

APOT Standard: within 30 minutes, 90% of the time

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2022								% of Time on Diversion*
				</=30 mins		30-60 mins		60-120 mins		>120 mins		
Garfield Medical Center	735	593	81%	545	92%	33	6%	10	2%	5	0.8%	17%
Monterey Park Hospital	331	267	81%	252	94%	12	4%	2	0.7%	1	0.4%	5%
Kaiser Foundation Hospital - Baldwin Park	1,467	677	46%	367	54%	205	30%	78	12%	27	4%	63%
Emanate Health Inter-Community Hospital	1,498	771	51%	405	53%	233	30%	107	14%	26	3%	41%
Emanate Health Queen of the Valley Hospital	2,604	1,446	56%	866	60%	324	22%	179	12%	77	5%	28%
Emanate Health Foothill Presbyterian Hospital	1,916	866	45%	389	45%	269	31%	152	18%	56	6%	20%
San Dimas Community Hospital	850	408	48%	264	65%	86	21%	45	11%	13	3%	4%
Pomona Valley Hospital Medical Center	5,439	2,663	49%	1,478	56%	825	31%	295	11%	65	2%	8%
SAN GABRIEL VALLEY TOTAL	23,383	13,774	59%	9,299	68%	2,837	21%	1,257	9%	381	3%	28% AVG
EAST REGION												
Beverly Hospital	1,335	633	47%	395	62%	170	27%	65	10%	3	0.5%	17%
Whittier Hospital Medical Center	1,167	517	44%	353	68%	105	20%	44	9%	15	3%	0.7%
PIH Health Whittier Hospital	4,135	1,788	43%	798	45%	713	40%	238	13%	39	2%	9%
PIH Health Downey Hospital	1,972	1,386	70%	967	70%	245	18%	140	10%	34	2%	24%
Kaiser Foundation Hospital - Downey	1,792	973	54%	343	35%	249	26%	227	23%	154	16%	82%
Los Angeles Community Hospital at Norwalk	438	205	47%	130	63%	46	22%	18	9%	11	5%	6%
Coast Plaza Hospital	1,093	534	49%	261	49%	155	29%	76	14%	42	8%	8%
Lakewood Regional Medical Center	1,805	1,050	58%	496	47%	218	21%	193	18%	143	14%	16%
EAST REGION TOTAL	13,737	7,086	52%	3,743	53%	1,901	27%	1,001	14%	441	6%	20% AVG
METRO REGION												
Dignity Health-California Hospital Medical Center	1,404	1,403	100%	922	66%	329	23%	124	9%	28	2%	48%
PIH Health Good Samaritan Hospital	2,058	2,054	100%	1,529	74%	450	22%	66	3%	9	0.4%	41%
Adventist Health White Memorial	876	639	73%	458	72%	113	18%	57	9%	11	2%	0.7%
Community Hospital of Huntington Park	2,232	1,187	53%	363	31%	466	39%	279	24%	79	7%	4%
East Los Angeles Doctors Hospital	1,324	692	52%	472	68%	144	21%	67	10%	9	1%	0.3%
LAC+USC Medical Center	4,879	4,601	94%	3,590	78%	845	18%	151	3%	15	0.3%	22%
Children's Hospital Los Angeles	264	257	97%	244	95%	11	4%	1	0.4%	1	0.4%	2%
Hollywood Presbyterian Medical Center	1,515	1,508	100%	1,075	71%	326	22%	91	6%	16	1%	15%
Kaiser Foundation Hospital - Los Angeles	465	441	95%	275	62%	122	28%	38	9%	6	1%	60%

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 08-17-2022

Los Angeles County Emergency Medical Services Agency

# **AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL**

**Time Period April 1, 2022 through June 30, 2022**

APOT Standard: within 30 minutes, 90% of the time

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2022								% of Time on Diversion*
				</=30 mins		30-60 mins		60-120 mins		>120 mins		
Cedars Sinai Medical Center	3,415	2,921	86%	1,758	60%	779	27%	335	11%	49	1.7%	32%
METRO REGION TOTAL	18,432	15,703	85%	10,686	68%	3,585	23%	1,209	8%	223	1.4%	23% AVG
WEST REGION												
Southern California Hospital at Culver City	916	907	99%	556	61%	252	28%	83	9%	16	2%	10%
Kaiser Foundation Hospital - West Los Angeles	1,410	1,299	92%	890	69%	286	22%	108	8%	15	1%	45%
Cedars Sinai Marina Del Rey Hospital	1,583	1,359	86%	875	64%	355	26%	111	8%	18	1%	28%
Providence Saint John's Health Center	1,595	1,337	84%	1,033	77%	203	15%	87	7%	14	1%	11%
Santa Monica - UCLA Medical Center	610	440	72%	356	81%	43	10%	27	6%	14	3%	42%
Ronald Reagan UCLA Medical Center	1,221	1,145	94%	1,001	87%	117	10%	24	2%	3	0.3%	77%
WEST REGION TOTAL	7,335	6,487	88%	4,711	73%	1,256	19%	440	7%	80	1%	36% AVG
SOUTH REGION												
Centinela Hospital Medical Center	3,852	2,658	69%	1,061	40%	986	37%	432	16%	179	7%	4%
Memorial Hospital of Gardena	2,416	1,857	77%	1,360	73%	351	19%	122	7%	24	1%	11%
Martin Luther King, Jr. Community Hospital	1,981	1,321	67%	743	56%	407	31%	152	12%	19	1%	16%
St. Francis Medical Center	3,627	1,983	55%	878	44%	544	27%	417	21%	144	7%	2%
LAC Harbor-UCLA Medical Center	3,006	2,020	67%	1,477	73%	345	17%	153	8%	45	2%	26%
Kaiser Foundation Hospital - South Bay	1,072	745	69%	405	54%	195	26%	110	15%	35	5%	47%
Torrance Memorial Medical Center	2,871	1,846	64%	937	51%	538	29%	322	17%	49	3%	20%
Providence Little Company of Mary Med. Ctr.-Torrance	2,046	1,452	71%	902	62%	343	24%	146	10%	61	4%	17%
Providence Little Company of Mary Med. Ctr.-San Pedro	1,952	1,330	68%	770	58%	368	28%	155	12%	37	3%	17%
College Medical Center	802	773	96%	623	81%	81	10%	47	6%	22	3%	27%
Dignity Health-St. Mary Medical Center	2,071	2,061	100%	1,528	74%	360	17%	147	7%	26	1%	36%
MemorialCare Long Beach Medical Center	2,411	2,089	87%	1,625	78%	255	12%	120	6%	89	4%	57%
Catalina Island Medical Center	65	64	98%	64	100%							N/A
SOUTH REGION TOTAL	28,172	20,199	72%	12,373	61%	4,773	24%	2,323	12%	730	4%	23% AVG
ALL HOSPITALS	124,033	88,844	72%	61,687	69%	17,802	20%	7,256	8%	2,099	2%	23% AVG

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 08-17-2022

COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME (APOT)**

REFERENCE NO. 505

Sections highlighted in yellow is new language; Sections not highlighted currently exist in other policies.

**PURPOSE:** To establish a policy for the safe and rapid transfer of patient care responsibilities from emergency medical services (EMS) personnel to emergency department (ED) medical personnel.

**AUTHORITY:** California Health and Safety Code, Division 2.5 Sections 1797.120, 1797.225

**DEFINITIONS:**

**Ambulance patient offload time (APOT):** Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED assumes responsibility for the care of the patient. The APOT Standard in Los Angeles County is within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

**PRINCIPLES:**

1. Hospitals have the responsibility to ensure policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS personnel within 30 minutes of arrival at the ED.
2. Extended APOT is a healthcare system and hospital throughput issue. Extended APOT negatively impacts EMS providers' ability to respond to subsequent 9-1-1 calls resulting in delayed response times and may affect public safety and patient outcomes.
3. Each hospital shall have a policy and a multidisciplinary team-based approach to ensure the ability of the facility to remain open to accept patients arriving by ambulance in the ED.
4. Hospitals that have extended APOT should assign appropriate personnel to remain with patients while waiting for an ED treatment bay in order to release EMS personnel back to the community.
5. As per the Emergency Medical Treatment & Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.
6. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT which has been adopted by Los Angeles County.

EFFECTIVE DATE: 05-04-2208-25-22 DRAFT

PAGE 1 OF 5

REVISED:

SUPERSEDES:

APPROVED:

\_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

7. The accurate documentation by EMS professionals of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

POLICY:

I. Responsibilities of Hospital ED Personnel to Mitigate Extended APOT

- A. Immediately acknowledge EMS patient arrival and provide visual assessment; receive verbal patient report as soon as possible upon arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the ED to await urgent or emergency care.
- B. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 30 minutes of arrival at the ED.
- C. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS personnel can temporarily wait while hospital's patient remains on the ambulance gurney.
- D. Inform the ambulance transport crew of the anticipated time for the offload of the patient.
- E. For extended APOT, provide information to the onsite supervisor of EMS personnel regarding the steps that are being taken by the hospital to resolve extended APOT.
- F. Notify the Nursing Supervisor/Administrator on Duty that the ED is experiencing extended APOT and request assistance with patient throughput challenges.

II. Responsibilities of EMS Personnel to Mitigate Extended APOT

- A. Upon arrival at ED, EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).
- B. Provide a verbal patient report to assigned ED staff, transfer patient to hospital equipment as directed by ED staff.

~~C.A. Document the "facility equipment time" on the electronic patient care record (ePCR) to capture the time patient care is transferred to ED personnel.~~

~~D.A. Notify EMS Supervisor if Provider ALS Diversion Threshold is met as defined in Ref. No. 503.1.~~

E.C. If the APOT estimate is  $\geq 30$  minutes, and the patient meets **ALL** criteria listed below, EMS personnel will inform the appropriate ED staff (e.g., charge nurse) that the patient will be offloaded in the waiting room. EMS personnel shall provide a transfer of care report to the appropriate ED staff (e.g., triage nurse).

- 1. Age 18 years or older; or pediatric patients if accompanied by an adult
- 2. Normal mental status (GCS 15)
- 3. Normal vital signs per Ref. No. 1380 for adults
  - SBP  $\geq 90$ mmHg



- HR 60-100
- RR 12-20
- O2 Saturation ≥94% on room air
- Or per Ref. No. 1309 for pediatrics

4. Ambulatory with steady gait without assistance (as appropriate for age)
5. Without suicidal ideation or suspected substance abuse and not on psychiatric hold (i.e., 5585 (pediatric), 5150 (adult))
6. No chest pain, syncope, or acute neurologic symptoms (e.g., focal weakness, dizziness/vertigo)

D. Document the “facility equipment time” on the electronic patient care record (ePCR) to capture the time patient care is transferred to ED personnel.

E. Notify EMS Supervisor if Provider ALS Diversion Threshold is met as defined in Ref. No. 503.1.

### III. Responsibilities of the EMS Agency

- A. The EMS Agency will routinely analyze and report APOT data. Hospitals that do not meet the APOT Standard will be notified and may be requested to develop a corrective action plan.
- B. At any given time, the EMS Agency via the Medical Alert Center (MAC) will establish phone notification with hospital administration in instances wherein 3 or more ambulance transport crew are waiting to offload for time periods of 30 minutes or more.
- C. After an evaluation of a hospital’s status and regional/system resources, the EMS Agency via the MAC may place a hospital on Specialty Care Center Diversion (e.g., Trauma, STEMI, Stroke) in addition to ED ALS and/or ED BLS Diversion in instances wherein the APOT is estimated to exceed 2 hours.
- D. In instances whereby extended APOT threatens public health and safety by preventing EMS response to emergency medical incidents, the EMS Agency, with appropriate notification to hospital, may authorize EMS personnel to inform ED medical personnel that they are transitioning patient care and immediately offloading a patient to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition provided the patient meets **ALL the following criteria listed in II.E. and:**

1. Normal vital signs

2. Alert and oriented

3. No ALS intervention in place

4. ~~Is not on a Welfare and Institutions Code (WIC) 5150, 5585~~

In these instances, EMS personnel shall make every attempt to notify ED Charge Nurse that they must immediately return to service. EMS personnel ~~may use the written EMS report shall provide a verbal~~ for transfer of care ~~report to~~ if ED

medical personnel ~~are unavailable to take a verbal report.~~

- E. Procedure ~~to suspending Specialty Care Center Designation for~~ requesting corrective action plan from hospitals that have persistent delays in APOT

Month	Action 1	Audit Result	Action 2
1 <sup>st</sup>	EMS Agency audits Hospital's compliance with APOT Standard.	Hospital <del>does not</del> <u>meet the 90% compliance threshold for offloading ambulance patients within 30 minutes consistently demonstrate prolonged APOT and EMS Providers have consistently requested to place Hospital on ALS and/or BLS Diversion</u>	EMS Agency notifies hospital's ED Director, via email or telephone, of audit results, requests corrective action plan and assists in determining solutions.
2 <sup>nd</sup>	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital fails to <del>meet the</del> <u>compliance threshold demonstrate incremental improvement in APOT.</u>	EMS Agency sends a written notice to Hospital's ED Director notifying them of the audit results and their non-compliance.
		Hospital <del>implements</del> <u>corrective action plan and meets the compliance threshold demonstrates improvement in APOT.</u>	Monitor to ensure Hospital maintains <del>threshold</del> <u>compliance improvement in APOT.</u>
3 <sup>rd</sup>	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to <del>meet the compliance</del> <u>threshold demonstrate incremental improvement in APOT.</u>	EMS Agency notifies Hospital's CEO in writing of audit results and request a corrective action plan be submitted within 15 calendar days.
		Hospital <del>meets</del> <u>the implements corrective action plan and compliance threshold demonstrates improvement in APOT.</u>	Monitor to ensure Hospital maintains <del>threshold</del> <u>compliance improvement in APOT.</u>
4 <sup>th</sup>	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to <del>meet the compliance</del> <u>threshold demonstrate incremental improvement in APOT.</u>	Within 15 days of the EMS Agency's receipt of Hospital's corrective action plan, a written approval or request additional modifications to the plan.
		Hospital <del>meets the</del> <u>compliance threshold implements corrective action plan and demonstrates improvement in APOT.</u>	Monitor to ensure Hospital maintains <del>threshold</del> <u>compliance improvement in APOT.</u>

Month	Action 1	Audit Result	Action 2
5 <sup>th</sup>	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to meet the compliance threshold demonstrate incremental improvement in APOT.	Monitor to determine Hospital's compliance. EMS will request modification to Hospital's corrective action plan.
		Hospital meets the compliance threshold implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains threshold compliance improvement in APOT.
6 <sup>th</sup>	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to meet the compliance threshold demonstrate incremental improvement in APOT	The EMS Agency will suspend Hospital's Specialty Care Designation (i.e., STEMI, Stroke, etc.) for a specified period not to exceed 6 months See Policy III.F.
		Hospital's compliance threshold improves.	Monitor to ensure Hospital's compliance threshold continues to improve Hospital maintains improvement in APOT.

**F.** Failure of a hospital to comply with the APOT Standard 6 months after suspension of Specialty Care Center Designation will result in the withdrawal of Specialty Care Center Designation implement corrective action plan to improve APOT six months after initial request from EMS to implement corrective action plan may result in additional action from the EMS Agency, which may include but not limited to:

1. Reduction in 9-1-1 transports to hospital
2. Temporary suspension of Specialty Care Center Designation
3. Others as identified

## CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting

Base recommendation: have CDPH review the policy



4.7 BUSINESS (NEW)

**COUNTY OF LOS ANGELES  
EMERGENCY MEDICAL SERVICES COMMISSION**

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

(562) 378-1604 FAX (562) 941-5835

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

September 21, 2022

TO: Supervisor Holly J. Mitchell, Chair  
Supervisor Hilda L. Solis  
Supervisor Sheila Kuehl  
Supervisor Janice Hahn  
Supervisor Kathryn Barger

FROM: Richard Tadeo  
Executive Director, Emergency Medical Services Commission

SUBJECT: **EMERGENCY MEDICAL SERVICES COMMISSION  
ANNUAL REPORT – FISCAL YEAR 2021-22**

The attached Annual Report of the Emergency Medical Services (EMS) Commission for Fiscal Year 2021-22 is being submitted in compliance with the Los Angeles County Code Title 3, Chapter 3.20, Section 3.20.070.5.

The EMS Commission is comprised of 19 Commissioners that represent emergency medical services associations and professional affiliates, five are public members representing each Supervisorial District, and one member represents the cities in Los Angeles County. During this reporting period, the Commission varied between 18-19 commissioners as transitions were made.

The EMS Commission meetings are held on the third Wednesday of every odd month from 1:00 p.m. to 3:00 p.m. at the EMS Agency in Santa Fe Springs. As a result of the Coronavirus pandemic, these meetings continue to be held by Zoom Video Conferencing since May 20, 2020 and will continue until the Board of Supervisors provides different instructions.

Please feel free to contact me at (562) 378-1610 or [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov); or you may contact Denise Watson, Commission Liaison, at (562) 378-1606 or [dwatson@dhs.lacounty.gov](mailto:dwatson@dhs.lacounty.gov).

RT:DW

Attachment

c: Christina R. Ghaly, M.D., Director of Health Services  
Hal F. Yee, Jr., M.D., Ph.D., Chief Deputy Director, Clinical Affairs, DHS  
Ed Morrissey, County Counsel  
Celia Zavala, Executive Officer, Board of Supervisors  
Health Deputies, Board of Supervisors  
EMS Commissioners

**LOS ANGELES COUNTY  
BOARD OF SUPERVISORS**

**Hilda L. Solis**

First District

**Holly J. Mitchell**

Second District

**Sheila Kuehl**

Third District

**Janice Hahn**

Fourth District

**Kathryn Barger**

Fifth District

**COMMISSIONERS**

**Captain Brian S. Bixler**

Peace Officers Association of LA County

**Diego Caivano, MD, Vice-Chair**

LA County Medical Association

**Erick H. Cheung, MD**

Southern CA Psychiatric Society

**John Hisserich, Dr.PH.**

Public Member (3<sup>rd</sup> District)

**Lydia Lam, MD, Chair**

American College of Surgeons

**James Lott, PsyD, MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN**

Public Member (4<sup>th</sup> District)

**Robert Ower, RN**

LA County Ambulance Association

**Garry Olney, DNP**

Hospital Association of Southern CA

**Chief Carl Povilaitis**

Los Angeles County Police Chiefs' Assn.

**Chief Kenneth Powell**

Los Angeles Area Fire Chiefs Association

**Mr. Paul S. Rodriguez**

CA State Firefighters' Association

**Brian Saeki**

League of Calif. Cities/LA County Division

**Mr. Joseph Salas**

Public Member (1<sup>st</sup> District)

**Carole A. Snyder, RN**

Emergency Nurses Association

**Jason Tarpley, MD**

American Heart Association

Western States Affiliate

**Atila Uner, MD, MPH**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

Southern California Public Health Assn.

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

(562) 378-1610

[RTadeo@dhs.lacounty.gov](mailto:RTadeo@dhs.lacounty.gov)

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

**Los Angeles County  
Emergency Medical Services Commission  
Annual Report to the Board of Supervisors  
Fiscal Year 2021–22**



**Los Angeles County  
Department of Health Services  
Emergency Medical Services Agency  
10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, California 90670  
Phone: (562) 378-1500 / Fax: (562) 941-5835  
<http://ems.dhs.lacounty.gov>**



**LOS ANGELES COUNTY BOARD OF SUPERVISORS**

Holly J. Mitchell, Chair  
Second District



Hilda L. Solis  
First District

Sheila Kuehl  
Third District

Janice Hahn  
Fourth District

Kathryn Barger  
Fifth District



**MESSAGE FROM EMS AGENCY DIRECTOR / EMSC EXECUTIVE DIRECTOR RICHARD TADEO, RN, BSN**



Dear Commissioners,

During this fiscal year, the Emergency Medical Services (EMS) Agency has seen many administrative changes and faced major strains on our health care system. However, as the result of working together for the common goal of serving the residents of LA County and maintaining the safety net to ensure the best possible care, we were able to make significant accomplishments this year which is noted throughout this current annual report.

I would like to take this opportunity to thank each one of you for your continued support in the efforts of the LA County EMS Agency to move the emergency medical and disaster care systems forward on behalf of the Board of Supervisors, and to protect the interest of the residents of Los Angeles County through updating and creating policies and training paramedics to ensure there is a safety net for each person in our LA County communities. With the dedication of your time, support, professional insight and judgment, participation, and continued commitment, we have been able to make tremendous strides in advancing the emergency medical care system to our providers, ambulance companies, paramedics, and certainly our nearly 10 million residents in LA County.

I would also like to thank Cathy Chidester, former EMS Director/EMSC Executive Director, who retired from County service in January 2022. Her leadership over the years has been invaluable and we wish her well in her retirement.

And, to the Honorable Board of Supervisors, I would like to personally thank you for entrusting us with the mission to provide compassionate and quality emergency and disaster medical care to our County. It has been, and remains, a sincere pleasure to work with each of you and to serve as the EMS Agency Director and Executive Director for the Commission and residents of LA County. I am proud to be a part of one of the best health care systems in the nation, and I look forward to our continued work together and all that we are able to accomplish in the upcoming years.

Sincerely,

Richard Tadeo, RN, BSN  
EMS Director / EMSC Executive Director

## 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's (EMSC) mission complements the County's mission through improving the quality of life for the people and communities of Los Angeles County (LA County).

## HISTORICAL BACKGROUND

The EMSC was established by the Board of Supervisors (Board) in October 1979. 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 Health and Safety Code Division 2.5 Sections:

- 1797.270 – Emergency Medical Care Committee Formation
- 1797.272 – Emergency Medical Care Committee Membership
- 1797.274 – Emergency Medical Care Committee Duties
- 1797.276 – Emergency Medical Care Committee Annual Report

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 (CRPA), be made by the California State Firefighters' Association Emergency Medical Services Committee because CRPA ceased operations.

On November 1, 2011, in consultation with the Department of Health Services, the EMSC amended the Ordinance to add two commission seats. One member to be nominated by the Los Angeles County Police Chiefs' Association (LACPCA), and the second to be nominated by the Southern California Public Health Association (SCPHA). These seats are beneficial to the EMSC and the County by allowing for expert input by law enforcement and public health. With this amendment, the addition of two commission seats increased the number of commissioners from 17 to 19.

## MEMBERSHIP

The EMSC is currently comprised of 19 commissioners who are non-County employees acting in an advisory capacity to the Board of Supervisors and the Director of Health Services. They advise on matters related to emergency medical care and practices, EMS policies, programs and standards including paramedic services throughout the County of Los Angeles. There is an Executive Director and a Commission Liaison who are County employees and serve as staff on the Commission.

## ABOUT THE COMMISSION

The Emergency Medical Services Commission serves the residents of Los Angeles County in an advisory capacity to the Board of Supervisors and the Director of LA County Department of Health Services. The EMSC performs the functions of the Emergency Medical Care Committee as defined in Sections 1750 et seq. of the Health and Safety Code and includes the following duties:

- Act in an advisory capacity 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, including paramedic services
- Monitor studies of particular elements of the emergency medical care system or its initiatives as requested by the Board and/or the Director of DHS, and delineates problems and deficiencies and recommends appropriate solutions
- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services



- Report findings, conclusions, and recommendations to the Board at least every twelve months
- Review and comment on submitted plans and proposals for emergency medical care services
- Recommend, when the need arises, that LA County engage independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which members of the classified service cannot perform, and for which LA County otherwise has the authority to contract
- Advise the Director on policies, procedures and standards that affect the certification/accreditation of mobile intensive care nurses and paramedics
- Advise the Director on proposals of any public or private organization to initiate or modify a program of paramedic services or training
- Arbitrate differences in the field of paramedic services and training between all sectors of the community including, but not limited to, county agencies, municipalities, public safety agencies, community colleges, hospitals, private companies, and physicians
- Conduct public hearings as necessary

### EMERGENCY MEDICAL SERVICES COMMISSION MEETINGS

EMS Commission meetings are public meetings governed by the Ralph M. Brown Act and are held on the third Wednesday of every odd month, beginning with January as month one. Meetings are held at the EMS Agency located at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, California 90670. Based on Executive Orders N25-20 and N29-20 signed by Governor Gavin Newsome in March of 2020, and the County's Board of Supervisors' requirement for no in-person meetings during the pandemic, the EMS Commission meetings were held by Zoom Teleconferencing throughout this Fiscal Year 2021-22. As State and County restrictions for public meetings remain in place, the EMS Commission will continue with Zoom meetings until further directed by the Board of Supervisors.

#### Regular Meetings in FY 2021-22

July 21, 2021	September 15, 2021	November 17, 2021
January 19, 2022	March 16, 2022	May 18, 2022

### ANNUAL WORKPLAN – GOALS AND OBJECTIVES FOR FY 2022-23

The EMS Commission's goals and objectives for Fiscal Year 2022-23 align with the County's mission, vision, and strategic priorities through focused emphasis and recommendations on policies, procedures and best practices that support emergency medical systems of care and paramedic training, and maintain the safety net for the residents, communities, and visitors of Los Angeles County.

#### Goals and Objectives:

- Monitor APOT and support efforts to decrease ambulance patient offload times (APOT) and mitigate ambulance patient offload delays (APOD). Support collaborative efforts of EMS constituents to identify through put issues that contribute to APOD
- Support the implementation of ambulance offload teams to assist hospitals with extreme APOD
- Support disaster planning with emphasis on broader regional disaster plans
- Focus on resource allocation for ambulance strike teams and advise on deployment of these resources
- Support EMT/paramedic training programs that serve the underserved communities. Support efforts to create equity, diversity, inclusion, and anti-racism within the EMS system of care. Recommend ad hoc group and monitor progress on State EMS Authority funding for LA County EMS Corps Program
- Integrate private ambulance providers into Hospital Preparedness Program
- Review current transportation safety policy to include use of lights and sirens as operational and medical treatment indications/contra-indications and adverse effects
- Review and recommend policies and directives for adoption by the EMS Agency
- Continue to review current policies and make recommendations to determine best practices for emergency medical care system



- Maintain awareness of the EMS Agency's COVID-19 response activities related to supporting the hospitals and EMS providers and data collection/analysis
- Support monitoring efforts related to pharmaceutical and medical supply shortages and support mitigating strategies implemented by the EMS Agency
- Invite subject matter experts who provide information and training in the field of emergency medical care
- Review and recommend best practices to assist other counties with limited resources and/or determine the appropriate response when local resources may not be available
- Monitor State and Federal legislation affecting the EMS system
- Advise and recommend topics for EMS education. Advise on the impact of emergency medical care policies related to paramedic and EMT services and training
- Continue moving forward and implement recommendations from the September 2016 Ad Hoc committee report on the *Prehospital Care of Mental Health and Substance Use Emergencies* through:
  - Monitor new protocols and Medical Control Guidelines for management of agitated patients – pharmacologic and non-pharmacologic
  - Continue to monitor, support, and make policy recommendations to standardized criteria for dispatching fire and law to behavioral health calls
  - Monitor and recommend implementation of Suicide Risk Screening protocols and pilot program
- Support the EMS Agency's efforts to ensure timely and accurate data submission from all EMS providers and specialty care centers
- Support the Measure B Advisory Board and ensure constituent groups are aware of the Measure B allocation process of the un-allocated Measure B funds
- Support the monitoring of the Emergency Ambulance Transportation Agreements which expire in 2027
- Monitor the progress of the State EMS Authority on changes to Chapter 5

#### ONGOING LONG-TERM PROJECTS

- *Prehospital Care of Mental Health and Substance Abuse Emergencies*: Continue to address the recommendations made in the EMSC ad hoc committee's report of September 2016, and implement as addressed, including evaluating and understanding the interaction between law enforcement and EMS providers in response to patients with behavioral health emergencies
- Monitor legislation of interest to emergency medical services and the Board
- Support education efforts for Bystander, Hands-Only CPR training (Sidewalk CPR)
- Support the EMS Agency in efforts to ensure that individuals seen and assessed within the 9-1-1 system are transported to the appropriate destination that is best suited to meet their needs, i.e., sobering centers, emergency departments, and psychiatric urgent care centers
- Monitor and support 9-1-1 ambulance transport readiness through supporting the APOT Ad Hoc Committee's recommendations to decrease ambulance patient offload times
- Monitor and support EMS pilot and trial studies to improve the delivery of emergency medical care and transportation
- Monitor the progress of the State EMS Authority on drafting changes to Chapter 13

#### ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR 2021-22

- Approved the FY 2021-22 EMSC Annual Report at the September 21, 2022 meeting
- Data Advisory Committee was disbanded as a standing meeting and will be ad hoc as needed
- Established new EMSC goals and objectives
- Recommended Ordinance Changes to the Los Angeles County Ordinance, Chapter 3.20: Emergency Medical Services Commission Section 3.20.040: Composition – Pending
- Recommended establishment of an ad hoc workgroup to advance the September 2016 *Prehospital Care of Mental Health and Substance Abuse Emergencies* Report recommendations. Supported the establishment of an ad hoc workgroup to address behavioral health and psychiatric crisis treatment protocols on restraints and policies for

agitated patient with pharmacologic management component of Olanzapine oral disintegrating tabs were included in EMS Update 2022

- Endorsed use of the First Watch system for real-time capturing of APOT
- Approved Ordinance change for nominating association for paramedic representation be changed from California State Firefighter's Association (CSFA) to California Professional Firefighters (CPF)
- Endorsed language changes in the EMSC Ordinance to include a nexus to works in or practices in Los Angeles County
- Monitored psychiatric urgent care and alternate transport numbers, volumes, and outcomes of transports
- Endorsed and monitored EMS pilot projects and systems enhancement tools (ECMO, First Watch, igel, etc.)
- Monitored legislation related to EMS and Board priorities
- Approved new Chair and Vice Chair selections for 2022
- Approved Bylaws Amendments
- Approved Commissioner selection for EMSC Measure B Advisory Board Representation and approved nominating committee and standing committee selections
- Recommended approval of Prehospital Care Policy Reference Numbers:
  - 201: Medical Management of Prehospital Care
  - 202: Prehospital Care Policy Development and Revision
  - 205: Innovation, Technology, and Advancement Committee (ITAC)
  - 227: Dispatch Pre-Arrival Instructions
  - 302: 9-1-1 Receiving Hospital Standards
  - 414: Specialty Care Transport Provider
  - 419: Prehospital EMS Aircraft Operations
  - 503: Guidelines for Hospitals Requesting Diversion of ALS/BLS Patient
  - 503.1: Diversion Request Requirements for Emergency Department Saturation
  - 503.2: Diversion Request Quick Reference Guide
  - 517: Private Provider Agency Transport/Response Guidelines
  - 521: Stroke Patient Destination
  - 620: EMS Quality Improvement Program
  - 703: ALS Unit Inventory
  - 703.1: Private Provider Non-9-1-1 ALS Unit Inventory
  - 704: Assessment Unit Inventory
  - 706: ALS EMS Aircraft Inventory
  - 713: Respiratory Care Practitioner Staffed Specialty Care Transport Unit Inventory
  - 719: Fireline Emergency Technician-Paramedic (FEMP) Inventory
  - 802: Emergency Medical Technician Scope of Practice
  - 807: Medical Control During Hazardous Material Exposure
  - 814: Determination/Pronouncement of Death in the Field
  - 815: Honoring Prehospital Do Not Resuscitate Orders. Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-in-Dying Drug)
  - 816: Physician at the Scene
  - 834.1: Patient Refusal of Treatment/Transport and Treat and Release at Scene Quick Reference Guide
  - 836: Communicable Disease Exposure and Testing
  - 838: Application of Patient Restraints
  - 1124: Disaster Preparedness Exercise/Drills
  - 1208: Agitated Delirium
  - 1208-P: Agitated Delirium – Pediatric

- 1209: Behavioral/Psychiatric Crisis
- 1209-P: Behavioral/Psychiatric Crisis – Pediatric
- 1307: Medical Control Guideline: Care of the Patient with Agitation
- 1307.1: Medical Control Guideline: Flow Chart for Initial Approach to Scene Safety
- 1307.2: Medical Control Guideline: Verbal De-escalation (Eraser Mnemonic)
- 1307.3: Medical Control Guideline: Common Etiologies of Agitation, Field Presentation, Likelihood Verbal De-escalation
- 1317.32: Medical Control Guideline: Drug Reference Olanzapine
- Reviewed the following legislation:
  - AB 1721 – Mutual aid seismic retrofitting – current language that would negatively impact and bypass the Medical Health Operational Area Coordinator is part of the Bill that is being stricken
  - AB 1770 – Rodriguez Bill on ambulance patient offload time – pulled by the author
  - AB 2130 – EMS Training – adds an additional 20 minutes of training regarding human trafficking
  - AB 2260 – Trauma kits are proposed that do not involve the local EMS agency medical directors, and some equipment can be detrimental if applied by a lay-person
  - Mobile Stroke Unit Bill is being debated on the Appropriations floor
  - AB 389 – Grayson Bill – Ambulance Services – current 9-1-1 Emergency Ambulance Transportation Agreements expire in 2027. EMS Agency staff will work on the next request for proposal (RFP) beginning in 2023 so the contracts are in place when current contracts expire
  - AB 2117 – Gipson Bill – relates to the Mobile Stroke Unit
  - AB 988 – National Referral Line – allows 9-8-8 as mental health crisis hotline
  - AB 7 – Private Ambulance Companies to provide bulletproof vests and safety equipment for ambulance employees

**EMERGENCY MEDICAL SERVICES COMMISSIONERS**



Captain Brian Bixler  
Peace Officers Association

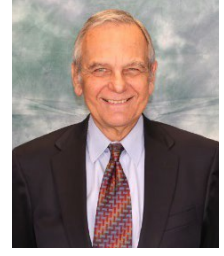


Diego Caivano, MD,  
Vice-Chair-2022  
LA County Medical Association



Erick H. Cheung, MD, PhD  
Southern California Psychiatric  
Society

Photo Not Available



John C. Hisserich, DrPH  
Public Member  
Third Supervisorial District



Lydia Lam, MD,  
Chair-2022  
American College of Surgeons



James Lott, PsyD  
Public Member  
Second Supervisorial District



Carol Meyer, RN  
Public Member  
Fourth Supervisorial District



Ms. Gloria Molleda  
League of California Cities  
Los Angeles County Division



Garry Olney, DNP  
Hospital Association of Southern  
California



Robert Ower, RN  
Los Angeles County Ambulance  
Association



Chief Kenneth Powell  
Los Angeles Area Fire Chiefs'  
Association



Paul S. Rodriguez, Chair-2021  
Firefighter/Paramedic  
California State Firefighters'  
Association



Jeffrey Rollman, MPH  
Southern California Public Health  
Association



Joseph Salas, Vice-Chair 2021  
Public Member  
First Supervisorial District

Photo Not Available



Carole A. Snyder, RN  
Emergency Nurses Association



Atilla Uner, MD, MPH  
California Chapter – American  
College of Emergency  
Physicians (CAL-ACEP)



Mr. Gary Washburn  
Public Member  
Fifth Supervisorial District

Jason Tarpley, MD, PhD, FAHA  
American Heart Association  
Western States Affiliate



Cathy Chidester, RN, MSN  
EMS Director - Retired 1/2022  
EMSC Executive Director



Richard Tadeo, RN, BSN  
EMS Director - 3/2022  
EMSC Executive Director



Denise Watson, BSB  
Secretary, HS Commission  
EMSC Liaison



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Director

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Medical Director

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Santa Fe Springs, CA 90670

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Fax: (562) 941-5835

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July 26, 2022

TO: All Los Angeles County EMS Training Programs

FROM: Jacqueline Rifenburg   
Assistant Director, EMS Agency

**SUBJECT: EMS TRAINING PROGRAM APPROVAL MANAGER**

It is my pleasure to announce that Jennifer Calderon has accepted a lateral transfer to the Senior Nursing Instructor position in the Certification and Program Approvals Programs section of the EMS Agency. In her new role, Jennifer's primary duties will be to oversee the Approval of EMS Education programs in the County. Additionally, she will be the primary contact for all complaints and requests for investigations that come into the EMS Agency and oversee the EMS Agency's EMS and BRN CE.

Jennifer has been working in the Disaster Services section and previously worked in the Program Approvals section of the EMS Agency.

Jennifer has shown tremendous growth and leadership in her five (5) here at the Agency and will continue to be a valuable asset to the Program Approvals section as well as the EMS Agency as whole.

Please join me in welcoming Jennifer back to Program Approvals.

c: Director, EMS Agency



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July 27, 2022

Marcel Loh  
Chief Executive Officer  
Hollywood Presbyterian Medical Center  
1300 N. Vermont Avenue  
Los Angeles, CA 90027

**CERTIFIED**

Dear Mr. Loh:

**STEMI RECEIVING CENTER (SRC) SPECIALTY CENTER DIVERSION**

The basis of SRC designation is that the hospital will provide 24-hour, 7 days per week, year-round capabilities. While the Emergency Medical Services (EMS) Agency is aware of the current staffing issues that are affecting all hospitals throughout the County, it is critical that processes are put in place to ensure compliance with the EMS Agency's SRC Specialty Care Center Designation Agreement. From the period of January 15, 2022 through March 7, 2022, Hollywood Presbyterian (QOA) consistently utilized STEMI diversion due to lack of interventional cardiologist coverage. As a result, the EMS Agency temporarily suspended QOA's SRC designation on March 9, 2022.

As of July 25, 2022, the EMS Agency received interventional cardiologist schedules for July 2022 and August 2022 from QOA, evidencing adequate staffing for interventional cardiology. Therefore, the EMS Agency will resume QOA's STEMI and non-traumatic cardiac arrest services on August 1, 2022.

The EMS Agency is requesting interventional cardiology on-call schedules be submitted monthly, one week before the beginning of the on-call month, for a period of 6 months, beginning with the September 2022 on-call schedule. Inability to provide 24/7 coverage may result in QOA being placed on provisional SRC designation status and/or removal of SRC designation.

If you have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at [ABoonjaluksa2@dhs.lacounty.gov](mailto:ABoonjaluksa2@dhs.lacounty.gov) or (562) 378-1596.

Sincerely,

Richard Tadeo  
Director

RT:lc  
07-26

c: Medical Director, EMS Agency  
SRC Medical Director, Hollywood Presbyterian Medical Center  
SRC Program Manager, Hollywood Presbyterian Medical Center  
(All of the above via e-mail)





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August 4, 2022

Anish Mahajan  
Chief Executive Officer  
LAC Harbor-UCLA Medical Center  
1000 W. Carson Street  
Torrance, CA 90502

Dear Dr. Mahajan:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. A journal voucher in the amount of **\$10,844.00** (No. JVCT-HS-P22SFH13-05) was issued to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

Richard Tadeo  
Director

RT:lp  
08-03

c: Expenditure Management, Department of Health Services  
Trauma Director, LAC Harbor-UCLA Medical Center  
Trauma Program Manager, LAC Harbor-UCLA Medical Center  
(All above via e-mail)



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August 4, 2022

Thomas M. Priselac  
Chief Executive Officer  
Cedars-Sinai Medical Center  
8700 Beverly Boulevard  
Los Angeles, CA 90048

Dear Mr. Priselac:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. A warrant in the amount of **\$10,884.00** (No. TS0031846029) was issued and mailed directly to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

Richard Tadeo  
Director

RT:lp  
08-02

c: Expenditure Management, Department of Health Services  
Trauma Director, Cedars-Sinai Medical Center  
Trauma Program Manager, Cedars-Sinai Medical Center  
(All above via e-mail)



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August 4, 2022

Paul Viviano  
President/CEO  
Children's Hospital Los Angeles  
4650 W. Sunset Boulevard  
Los Angeles, CA 90027

Dear Mr. Viviano:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. An electronic fund transfer in the amount of **\$10,884.00** (No.GE202206295386453) was issued to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

  
Richard Tadeo  
Director

RT:lp  
08-01

c: Expenditure Management, Department of Health Services  
Trauma Director, Children's Hospital Los Angeles  
Trauma Program Manager, Children's Hospital Los Angeles  
(All above via e-mail)



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August 4, 2022

Paul Watkins  
President  
Dignity Health – Northridge Hospital Medical Center  
18300 Roscoe Boulevard  
Northridge, CA 91328

Dear Mr. Watkins:


**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. An electronic fund transfer in the amount of **\$600,000.00** (No. GE202206305388372) was issued to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

  
Richard Tadeo  
Director

RT:lp  
08-05

c: Expenditure Management, Department of Health Services  
Trauma Director, Dignity Health – Northridge Hospital Medical Center  
Trauma Program Manager, Dignity Health – Northridge Hospital  
Medical Center  
(All above via e-mail)



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August 4, 2022

Jorge Orozco  
Chief Executive Officer  
LAC+USC Medical Center  
1200 N. State Street  
Los Angeles, CA 90033

Dear Mr. Orozco:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. A journal voucher in the amount of **\$10,844.00** (No. JVCT-HS-P22SFH13-06) was issued to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

Richard Tadeo  
Director

RT:lp  
08-07

c: Expenditure Management, Department of Health Services  
Trauma Director, LAC+USC Medical Center  
Trauma Program Manager, LAC+USC Medical Center  
(All above via e-mail)



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6.8 CORRESPONDENCE

August 4, 2022

John Bishop  
Chief Executive Officer  
MemorialCare Long Beach Medical Center  
2801 Atlantic Avenue  
Long Beach, CA 90806

Dear Mr. Bishop:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. A warrant in the amount of **\$10,884.00** (No.TS0031846032) was issued and mailed directly to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

  
Richard Tadeo  
Director

RT:lp  
08-04

c: Expenditure Management, Department of Health Services  
Trauma Director, MemorialCare Long Beach Medical Center  
Trauma Program Manager, MemorialCare Long Beach Medical Center  
(All above via e-mail)



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August 4, 2022

Johnese Spisso  
Chief Executive Officer  
Ronald Reagan UCLA Medical Center  
757 Westwood Plaza  
Los Angeles, CA 90095

Dear Ms. Spisso:

**ALLOCATION OF PEDIATRIC TRAUMA CENTER FUNDING (RICHIE'S FUND)  
FOR FISCAL YEAR 2021-2022**

The Board of Supervisors approved the Memorandum of Agreement for Trauma Center Provisions for Reimbursement authorizing the distribution of California Health and Safety Code, Division 2.5, Chapter 2.5, Section 1797.98a(e), (Richie's Fund) from collections through June 30, 2021. A warrant in the amount of **\$10,884.00** (No. TS0031846026) was issued and mailed directly to your facility by the Auditor Controller's Office on June 30, 2022.

Within six (6) months of receipt of these funds, the Emergency Medical Services (EMS) Agency is requesting documentation be provided to substantiate appropriate use of expenditures to augment pediatric services.

If you have any questions or need additional information, please contact Lorrie Perez, Trauma System Program Manager, at (562) 378-1655, or Jacqueline Rifenburg, Assistant Director, at (562) 378-1640.

Sincerely,

Richard Tadeo  
Director

RT:lp  
08-06

c: Expenditure Management, Department of Health Services  
Trauma Director, Ronald Reagan UCLA Medical Center  
Trauma Program Manager, Ronald Reagan UCLA Medical Center  
(All above via e-mail)



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August 15, 2022

TO: Distribution

**VIA E-MAIL**

FROM: Richard Tadeo  
Director, EMS Agency

SUBJECT: **SUSPENSION OF SERVICE AREA BOUNDARIES FOR  
CENTINELA HOSPITAL MEDICAL CENTER**

**Effective immediately**, the service area boundaries for Centinela Hospital Medical Center (CNT) are suspended. Patient destination will be based on Ref. No. 502, Patient Destination. Diversion requests for patients requiring advanced life support (ALS) level of care shall comply with Ref. No. 503, Guidelines for Hospital Requesting Diversion of ALS Patient and Ref. No. 503.1, Hospital Diversion Request Requirements for Emergency Department Saturation. CNT may now request diversion of ALS patients directly utilizing the ReddiNet® system.

If you have any questions or concerns, feel free to contact me at (562) 378-1610 or Christine Clare, Nursing Director EMS Programs at (562) 378-1661.

RT:cc

Distribution: Medical Director, EMS Agency  
Medical Alert Center  
EMS Commission  
ReddiNet®  
Fire Chief, Los Angeles County Fire Department  
Paramedic Coordinator, Los Angeles County Fire Department  
Fire Chief, Los Angeles Fire Department  
Paramedic Coordinator, Los Angeles Fire Department  
Fire Chief, El Segundo Fire Department  
Paramedic Coordinator, El Segundo Fire Department  
Operations Manager, McCormick Ambulance Service  
Prehospital Care Coordinator, LAC Harbor-UCLA Medical Center  
Prehospital Care Coordinator, Ronald Reagan UCLA Medical Center  
Prehospital Care Coordinator, Providence Little Company of Mary Medical Center – Torrance  
Prehospital Care Coordinator, Dignity Health California Hospital Medical Center  
Prehospital Care Coordinator, LAC+USC Medical Center  
CEO, Centinela Hospital Medical Center  
ED Director, Centinela Hospital Medical Center