



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
ANNUAL UPDATE 2019
(Fiscal Year 2017-2018)



EXECUTIVE SUMMARY

Health and Safety Code, Division 2.5, Section 1797.254, requires the Emergency Medical Services (EMS) Agency to submit an EMS Plan to the State EMS Authority and follow it with annual updates thereafter. Attached is the Los Angeles County FY 2017-2018 Annual Update which provides the required information on the status of our system and the EMS Agency's progress toward meeting long-range goals.

Communications:

The EMS Agency continues to be an active participant and voting member of the governing body of the Los Angeles Regional Interoperable Communications System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication system with unwavering focus on the needs of the public safety professional. It was designed and built to serve law enforcement, fire service, and health service professionals (first responders) throughout Los Angeles County.

With over 80 public safety agencies with approximately 34,000 first-responders, and encompassing a sprawling terrain of over 4,060 square miles that approximately 10 million people call home, the Los Angeles region seeks a modern interoperable public safety broadband network that allows multiple agencies to respond to the widest possible variety of emergencies. The LA-RICS Authority (JPA) is proposing to deploy a 700 MHz public safety mobile broadband network across all of Los Angeles County, featuring almost 300 wireless 700 MHz public safety broadband sites utilizing new and existing infrastructure, fixed microwave backhaul rings, and 100-miles of high-capacity fiber backbone. The network would enable computer-aided dispatch, rapid law-enforcement queries, real-time video streaming, medical telemetry, patient tracking, geographic information systems services for first responders, and many other broadband-specific applications.

LA-RICS is working closely with First-Net, a nationwide first responder network authority to ensure coordination with the broadband network on a national level for public safety/first responders.

Data:

Efforts to incorporate the STEMI and stroke databases into a combined database with the three (3) core EMS Agency databases (EMS, base hospital, and trauma center) continue. To further enhance reporting and access capability, the EMS Agency continues to explore opportunities to improve TEMIS, such as a web-based solution.

Of the ~700,000 EMS responses in the County, over 95% of patient care records are now collected through an electronic patient care report. The EMS Agency continues to work with the remaining provider agency to implement electronic data collection.

The EMS Agency began negotiations with the State EMS Authority (EMSA) for a data use agreement. The EMS Agency is also in the process of developing an export that will allow for the submission of EMS data to the EMSA, the anticipated completion date is in FY 2018-2019.

Sidewalk CPR:

The EMS Agency Sidewalk CPR annual program is held during National CPR and AED Awareness Week. On June 1, 2017, in collaboration with the American Heart Association and community partners, over 5,000 citizens received training on “hands-only” cardiopulmonary resuscitation (CPR). This is a system-wide community effort with many of the fire departments, hospitals, and ambulance companies providing valuable public education in this life-saving technique to improve bystander CPR response for victims of sudden cardiac arrest.

Exclusive Operating Areas (EOA) for 9-1-1 transportation:

After an extensive competitive bidding process for EOAs was completed. The nine (9) EOAs in Los Angeles County were awarded to the following ambulance companies to provide 9-1-1 transportation services as follows:

- **EOA 1:** Santa Clarita Valley, Antelope Valley (3 cities, 46 unincorporated areas)
Awarded to: American Medical Response, Inc. (AR) as Agreement #H-707043.
- **EOA 2:** City of Monrovia
Schaefer Ambulance Services, Inc. (SC) as Agreement #H-707291
- **EOA 3:** East County, Pomona Valley (11 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 4:** San Gabriel Valley (10 incorporated cities, 10 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 5:** Southeast County, Gateway Cities (19 cities, 12 unincorporated areas)
Care Ambulance Service, Inc. (CA) as Agreement #H-707284
- **EOA 6:** City of Compton
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 7:** South Bay Cities (9 incorporated cities, 12 unincorporated areas)

Westmed/McCormick Ambulance (WM) as Agreement #H-707042

- **EOA 8:** City of Redondo Beach
Westmed/McCormick Ambulance (WM) as Agreement #H-707042
- **EOA 9:** West County (10 incorporated cities, 31 unincorporated areas)
Westmed/McCormick Ambulance (WM) as Agreement #H-707042

EMS System Data Report:

Our 7th issue of the annual *EMS System Data Report* was presented in December, 2018. The goals of the system-wide data report include:

- Provide EMS data to our system participants, and in doing so encourage them to recognize the importance of their data in managing our system.
- Highlight data gaps and their impact on our ability to make data driven decisions and to properly evaluate the quality of patient care provided.
- Demonstrate how the EMS system design parallels the healthcare needs of the community in addressing the leading causes of death and disability (heart attack, stroke, and trauma) as reported by Public Health.

A copy of the *EMS System Data Report* is included in the documents submitted with this annual update.

Los Angeles County Disaster Health Care Coalition (HCC)

The HCC was established in October 2013 to coordinate strategic planning activities amongst healthcare facilities in various healthcare delivery sectors, public health agencies, other government entities and community partners to prepare for, respond to, and recover from emergencies and other incidents that impact the public's health.

LA County's HCC has an advisory committee with representatives from acute care hospitals, community health centers, long-term care facilities, dialysis centers, ambulatory surgery centers, home health/hospice agencies, EMS providers, volunteer organizations, and government agencies that support Emergency Support Function 8 (ESF 8) functions. The advisory committee is co-chaired by the LA County EMS Agency and Department of Public Health and meets three times per year to facilitate:

- Strategic planning
- Identification of gaps and mitigation strategies
- Operational planning and response
- Information sharing for improved situational awareness
- Resource coordination and management

In 2017/2018, LA County's HCC membership was comprised of:

Acute Care Hospitals	81
Ambulatory Surgical Centers	100
Community Health Centers	60

Dialysis Centers	147
EMS Providers	40
Federally Qualified Health Centers	13
Home Health Agencies	114
Public Health Departments	3
Skilled Nursing Facilities	213
LAC Department of Mental Health	
LAC Emergency Medical Services Agency	
LAC Office of Emergency Management	
Los Angeles City Emergency Management Division	
Community Clinic Association of Los Angeles County	
Hospital Association of Southern California	
Los Angeles County Medical Association	
American Red Cross – Greater LA Chapter	
International Medical Corps	

Annual EMS Update:

EMS Update 2017 was from May 1, 2017 through July 31, 2017. All active paramedics and Mobile Intensive Care Nurses (MICNs) in LAC are required to attend EMS Update on an annual basis. The educational content is developed by LAC EMS Agency staff in collaboration with representatives from LAC Base Hospitals and Provider Agencies.

EMS Update is presented by Base Hospital and Provider Agency educators to EMS personnel. There were 4180 licensed/accredited paramedics and 857 certified Mobile Intensive Care Nurses (MICNs) educated in the following topics:

- Provider Impression
- Critical Decision Making
- Shock/Hypotension
- Psychiatric Crisis and Agitated Delirium
- BRUE
- Seizures
- Stroke/CVA
- Crush Injury/Crush Syndrome

FACILITY / PROVIDER CHANGES:

STROKE SYSTEM CHANGES:

On September 11, 2017, Ronald Reagan UCLA Medical Center in conjunction with Santa Monica Fire Department, implemented a Mobile Stroke Unit pilot program for patients within the city of Santa Monica, meeting specific criteria as part of the “Benefits of Stroke Treatment Delivered Using a Mobile Stroke Unit” national research trial. On January 8, 2018, in conjunction with Los Angeles County Fire Department, this service was expanded to other areas within the County.

On January 8, 2018, the Los Angeles County EMS Agency began a 2-tiered destination system for stroke patients. Patients with a Los Angeles Motor Score of 4 or 5 are now transported to a Comprehensive Stroke Center (CSC) (which for L.A. County means the facility is thrombectomy-capable and may have 24/7 neurosurgical capabilities) if the transport time is thirty minutes or less. At the time of implementation, there were 13 CSCs which L.A. County providers transport to:

- Cedars Sinai Medical Center
- Glendale Adventist Medical Center
- Good Samaritan Hospital
- Huntington Hospital
- Los Alamitos Medical Center (Orange County)
- Long Beach Memorial Medical Center
- Los Robles Hospital and Medical Center (Ventura County)
- Methodist Hospital of Southern California
- PIH Health Hospital – Whittier
- Providence Little Company of Mary – Torrance
- Providence St. Joseph Medical Center
- Ronald Reagan UCLA Medical Center
- St. Jude Medical Center (Orange County)

Additional Stroke Centers designated as CSC by L.A. County for the reporting period are:

- Dignity Health – Northridge Hospital Medical Center (February 2018)
- Kaiser Foundation Hospital – Los Angeles (Sunset) (February 2018)
- Pomona Valley Hospital Medical Center (February 2018)
- Santa Monica – UCLA Medical Center (May 2018)

Additional Primary Stroke Centers designated for the reporting period are:

- Santa-Monica – UCLA Medical Center (July 2017)
- Centinela Hospital Medical Center (November 2017)
- Beverly Hospital (January 2018)

San Gabriel Valley Medical Center withdrew as a primary stroke center (October 2017).

See enclosed map for the designated stroke hospitals.

In March 2018, Memorial Hospital of Gardena was removed as an Emergency Department Approved for Pediatrics (EDAP) and was no longer designated as a service area hospital for L.A. County.

In April 2018, a public hearing was held regarding the potential closure of Community Medical Center of Long Beach (LBC). On June 25, 2018, LBC closed to 9-1-1 ambulance traffic and the facility was completely closed on July 3, 2018.

Licensed Ambulance Operators (total of 37) licensed companies, new providers are indicated in **BOLD**. Reference No. 401.1, Licensed Ambulance Operators, is included with the documents submitted for the following providers:

- Adult Medical Transportation, Inc.
- All Town Ambulance, LLC
- AmbuServe Inc. dba Shoreline Ambulance
- **Ambulife Ambulance, Inc.**
- **Ambulnz Health, LLC**
- American Medical Response, Inc.
- American Professional Ambulance, Corp.
- Americare Medservices, Inc. dba Americare Ambulance Service
- Amwest, Inc. dba Amwest Ambulance
- Antelope Ambulance Service, Inc.
- Care Ambulance Service, Inc.
- **California Medical Response, Inc.**
- **DiBiassi, Inc dba: Southern California Ambulance**
- **Eastwestproto, Inc. Lifeline Ambulance**
- Emergency Ambulance Service, Inc.
- Explorer-1 Ambulance, Inc.
- Filyn Corporation, Inc. dba Lynch EMS
- Firstmed Ambulance Service, Inc.
- **First Rescue Ambulance, Inc.**
- Guardian Ambulance Service, Inc.
- Liberty Ambulance Service, Inc.
- Mauran Ambulance Service, Inc.
- MedCoast Medservice, Inc. dba Medcoast Ambulance Service
- MedReach, Inc.
- MedResponse, Inc.
- PRN Ambulance, Inc.
- **Premier Medical Transport, Inc.**
- Rescue One Ambulance, Inc.
- Rescue Services International, Ltd. dba Medic-1 Ambulance
- Royalty Ambulance Services, Inc.
- Schaefer Ambulance Services, Inc.
- **Star Medical Transportation, Inc.**
- Symons Emergency Specialties, Inc. dba Symons Ambulance
- Trinity Ambulance and Medical Transportation, LLC
- **Viewpoint Ambulance, Inc.**
- West Coast Ambulance, Inc.
- Westmed Ambulance, Inc. dba McCormick Ambulance



Los Angeles County – Department of Health Service
EMERGENCY MEDICAL SERVICES PLAN
2018
(Fiscal Year 2017-2018)



TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Agency Administration:						
1.01	LEMSA Structure		X			
1.02	LEMSA Mission		X			
1.03	Public Input		X			
1.04	Medical Director		X			
Planning Activities:						
1.05	System Plan		X			
1.06	Annual Plan Update		X			
1.07	Trauma Planning*		X			
1.08	ALS Planning*		X			
1.09	Inventory of Resources		X			
1.10	Special Populations		X			
1.11	System Participants		X			
Regulatory Activities:						
1.12	Review & Monitoring		X			
1.13	Coordination		X			
1.14	Policy & Procedures Manual		X			
1.15	Compliance w/Policies		X			
System Finances:						
1.16	Funding Mechanism		X			
Medical Direction:						
1.17	Medical Direction*		X			
1.18	QA/QI		X			
1.19	Policies, Procedures, Protocols		X			

TABLE 1: MINIMUM STANDARDS

A. SYSTEM ORGANIZATION AND MANAGEMENT (continued)

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
1.20	DNR Policy		X			
1.21	Determination of Death		X			
1.22	Reporting of Abuse		X			
1.23	Interfacility Transfer		X			
Enhanced Level: Advanced Life Support						
1.24	ALS Systems		X			
1.25	On-Line Medical Direction		X			
Enhanced Level: Trauma Care System:						
1.26	Trauma System Plan		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
1.27	Pediatric System Plan		X			
Enhanced Level: Exclusive Operating Areas:						
1.28	EOA Plan		X			

B. STAFFING/TRAINING

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Local EMS Agency:						
2.01	Assessment of Needs		X			
2.02	Approval of Training		X			
2.03	Personnel		X			
Dispatchers:						
2.04	Dispatch Training	X				
First Responders (non-transporting):						
2.05	First Responder Training		X			
2.06	Response		X			
2.07	Medical Control		X			

TABLE 1: MINIMUM STANDARDS

Transporting Personnel:						
2.08	EMT-I Training		X			
Hospital:						
2.09	CPR Training		X			
2.10	Advanced Life Support		X			
Enhanced Level: Advanced Life Support:						
2.11	Accreditation Process		X			
2.12	Early Defibrillation		X			
2.13	Base Hospital Personnel		X			

C. COMMUNICATIONS

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Communications Equipment:						
3.01	Communication Plan*		X			
3.02	Radios		X			
3.03	Interfacility Transfer*		X			
3.04	Dispatch Center		X			
3.05	Hospitals		X			
3.06	MCI/Disasters		X			
Public Access:						
3.07	9-1-1 Planning/Coordination		X			
3.08	9-1-1 Public Education		X			
Resource Management:						
3.09	Dispatch Triage		X			
3.10	Integrated Dispatch		X			

TABLE 1: MINIMUM STANDARDS

D. RESPONSE/TRANSPORTATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
4.01	Service Area Boundaries*		X			
4.02	Monitoring		X			
4.03	Classifying Medical Requests		X			
4.04	Prescheduled Responses		X			
4.05	Response Time*		X			
4.06	Staffing		X			
4.07	First Responder Agencies		X			
4.08	Medical & Rescue Aircraft*		X			
4.09	Air Dispatch Center		X			
4.10	Aircraft Availability*		X			
4.11	Specialty Vehicles*		X			
4.12	Disaster Response		X			
4.13	Intercounty Response*		X			
4.14	Incident Command System		X			
4.15	MCI Plans		X			
Enhanced Level: Advanced Life Support:						
4.16	ALS Staffing		X			
4.17	ALS Equipment		X			
Enhanced Level: Ambulance Regulation:						
4.18	Compliance		X			
Enhanced Level: Exclusive Operating Permits:						
4.19	Transportation Plan		X			
4.20	“Grandfathering”		X			
4.21	Compliance		X			
4.22	Evaluation		X			

TABLE 1: MINIMUM STANDARDS

E. FACILITIES/CRITICAL CARE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
5.01	Assessment of Capabilities		X			
5.02	Triage & Transfer Protocols*		X			
5.03	Transfer Guidelines*		X			
5.04	Specialty Care Facilities*		X			
5.05	Mass Casualty Management		X			
5.06	Hospital Evacuation*		X			
Enhanced Level: Advanced Life Support:						
5.07	Base Hospital Designation*		X			
Enhanced Level: Trauma Care System:						
5.08	Trauma System Design		X			
5.09	Public Input		X			
Enhanced Level: Pediatric Emergency Medical and Critical Care System:						
5.10	Pediatric System Design		X			
5.11	Emergency Departments		X			
5.12	Public Input		X			
Enhanced Level: Other Specialty Care Systems:						
5.13	Specialty System Design		X			
5.14	Public Input		X			

TABLE 1: MINIMUM STANDARDS

F. DATA COLLECTION/SYSTEM EVALUATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
6.01	QA/QI Program		X			
6.02	Prehospital Records		X			
6.03	Prehospital Care Audits		X			
6.04	Medical Dispatch		X			
6.05	Data Management System*		X			
6.06	System Design Evaluation		X			
6.07	Provider Participation		X			
6.08	Reporting		X			
Enhanced Level: Advanced Life Support:						
6.09	ALS Audit		X			
Enhanced Level: Trauma Care System:						
6.10	Trauma System Evaluation		X			
6.11	Trauma Center Data		X			

G. PUBLIC INFORMATION AND EDUCATION

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
7.01	Public Information Materials		X			
7.02	Injury Control		X			
7.03	Disaster Preparedness		X			
7.04	First Aid & CPR Training		X			

TABLE 1: MINIMUM STANDARDS

H. DISASTER MEDICAL RESPONSE

		Does not currently meet standard	Meets minimum standard	Meets recommended guidelines	Short-range plan	Long-range plan
Universal Level:						
8.01	Disaster Medical Planning*		X			
8.02	Response Plans		X			
8.03	HazMat Training		X			
8.04	Incident Command System		X			
8.05	Distribution of Casualties*		X			
8.06	Needs Assessment		X			
8.07	Disaster Communications*		X			
8.08	Inventory of Resources		X			
8.09	DMAT Teams		X			
8.10	Mutual Aid Agreements*		X			
8.11	CCP Designation*		X			
8.12	Establishment of CCPs		X			
8.13	Disaster Medical Training		X			
8.14	Hospital Plans		X			
8.15	Interhospital Communications		X			
8.16	Prehospital Agency Plans		X			
Enhanced Level: Advanced Life Support:						
8.17	ALS Policies		X			
Enhanced Level: Specialty Care Systems:						
8.18	Specialty Center Roles		X			
Enhanced Level: Exclusive Operating Areas/Ambulance Regulations:						
8.19	Waiving Exclusivity		X			



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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Table 1 – STANDARDS – Changes Made on a Standard

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2017-2018**

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
2.04 Dispatch Training	<p>Public safety answering point (PSAP) operators with medical responsibility shall have emergency medicine orientation and all medical dispatch personnel (both public and private) shall receive emergency medical dispatch training in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p> <p>RECOMMENDED GUIDELINES: Public safety answering point PSAP operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) should be trained and tested in accordance with the EMS Authority's Emergency Medical Dispatch Guidelines.</p>			X	<p>Approximately 95% of the Fire Departments providing Emergency Medical Services are dispatched by Fire Dispatch and provide pre-arrival instructions. 9-1-1 calls are routinely transferred from the PSAP to Fire Dispatch.</p> <p>The LEMSA has policies in place for dispatching of Emergency Medical Services. Last fiscal year, the EMS Agency developed "Template" pre-arrival instructions covering many of the medical, trauma, and environmental chief complaints. These templates were developed through a collaborative effort with representation from the twelve (12) 9-1-1 dispatch centers in Los Angeles County. These templates were cross referenced with each dispatch centers individual protocols to ensure that the most up-to-date pre-arrival instructions are being provided.</p>	<p>Transition the one Fire Departments utilizing police dispatch to either approved pre-arrival instructions or transition to a fire based dispatch center with existing pre-arrival instructions.</p> <p>The LEMSA plans on routinely (semi-annually at a minimum) meeting with the 9-1-1 dispatching centers.</p>

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
3.01 Communications Plan	<p>The local EMS agency shall plan for EMS communications. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting advanced life support responders, and acute care facilities and shall coordinate the use of frequencies with other users.</p> <p>RECOMMENDED GUIDELINES: The local EMS agency's communication plan should consider the availability and use of satellites and cellular telephones.</p>	X			<p>CURRENT STATUS: 21 Base Stations and 52 paramedic provider agencies, which account for nearly 600 paramedic units, have access to 9 medical channels. Medical channels are assigned to the hospital base station. Communication assignments have been developed and implemented. Hospital base stations are assigned a primary channel and, in most cases, a backup frequency.</p> <p>LEMSA communication standards require 90% coverage, 90% of the time. The standard is maintained by the installation of local base stations at the hospital site and remote base stations at strategically placed sites to overcome communication problems caused by terrain. LEMSA has installed and maintains 11 remote base stations on the mainland and 3 remote base stations on Catalina Island.</p> <p>V-MED 28 radio frequencies replaced our previously used Hospital Emergency Administrative Radio (HEAR). This frequency is installed in nearly 100% of all ALS vehicles (combination transport and non-transport) and 75% of the BLS vehicles, the majority of which are privately owned ambulances which respond as a secondary transporter.</p>	To develop and implement written agreements with all paramedic receiving hospitals

Table 1 – Standards – Changes Made on a Standard

Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>100% of the healthcare facilities (hospitals) have V-MED28.</p> <p>The Rapid Emergency Digital Data Interface Network (ReddiNet) is installed in 100% of the acute care hospitals (9-1-1 Receiving hospitals), over 100 community clinics, and 44 long-term care facilities. The terminal is also installed at the Operations Control Division for Los Angeles City Fire Department, allowing access to all of their ALS field units. Los Angeles County has upgraded ReddiNet from a microwave format to an internet-based system which has greatly improved system access.</p> <p>The County Wide Integrated Radio System (CWIRS) is installed at all Los Angeles County hospitals, comprehensive health centers, and ambulatory care centers. Cellular telephone communication and radio are the primary communications tools utilized by field personnel to make base station contact.</p> <p>Currently, the LEMSA is an active participant, and voting member of the governing body of the Los Angeles Regional Interoperable Communication System (LA-RICS) Board of Directors. LA-RICS' mission is to provide the finest mission-critical communication</p>	

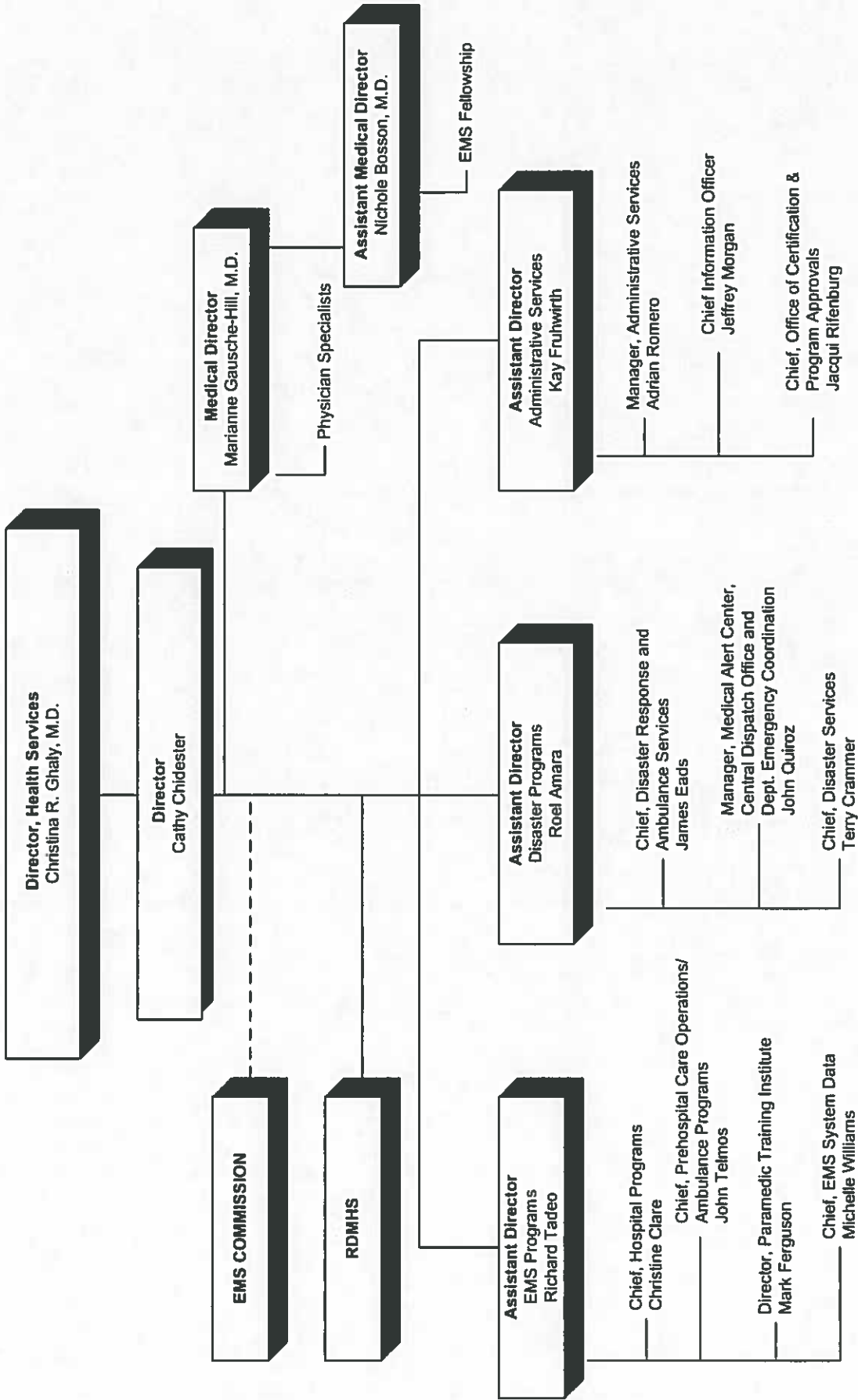
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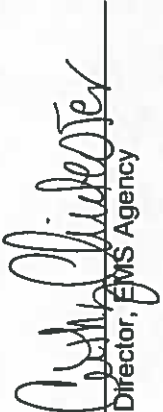
Standard	Minimum Standards	Meets Minimum Requirement	Short Range (one year or less)	Long Range (more than one year)	Progress	Objective
					<p>system with unwavering focus on the needs of the public safety professionals, designed and built to serve law enforcement, fire services, and health services professionals (1st responders) throughout Los Angeles County. LA-RICS completed the design and is currently in the installation process.</p> <p>COORDINATION WITH OTHER EMS AGENCIES: Los Angeles County is a subscriber in the Medical Interoperability Channel (155.340 MHz) which is designed to provide communications for mutual aid in the event of a large casualty producing event. Secondary V-MED 28 frequency (155.2 letters and 80MHz) is exclusively by Orange County is monitored and available for coordination with Orange County.</p>	



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY

ORGANIZATIONAL CHART




 Director, EMS Agency


 Director, Health Services

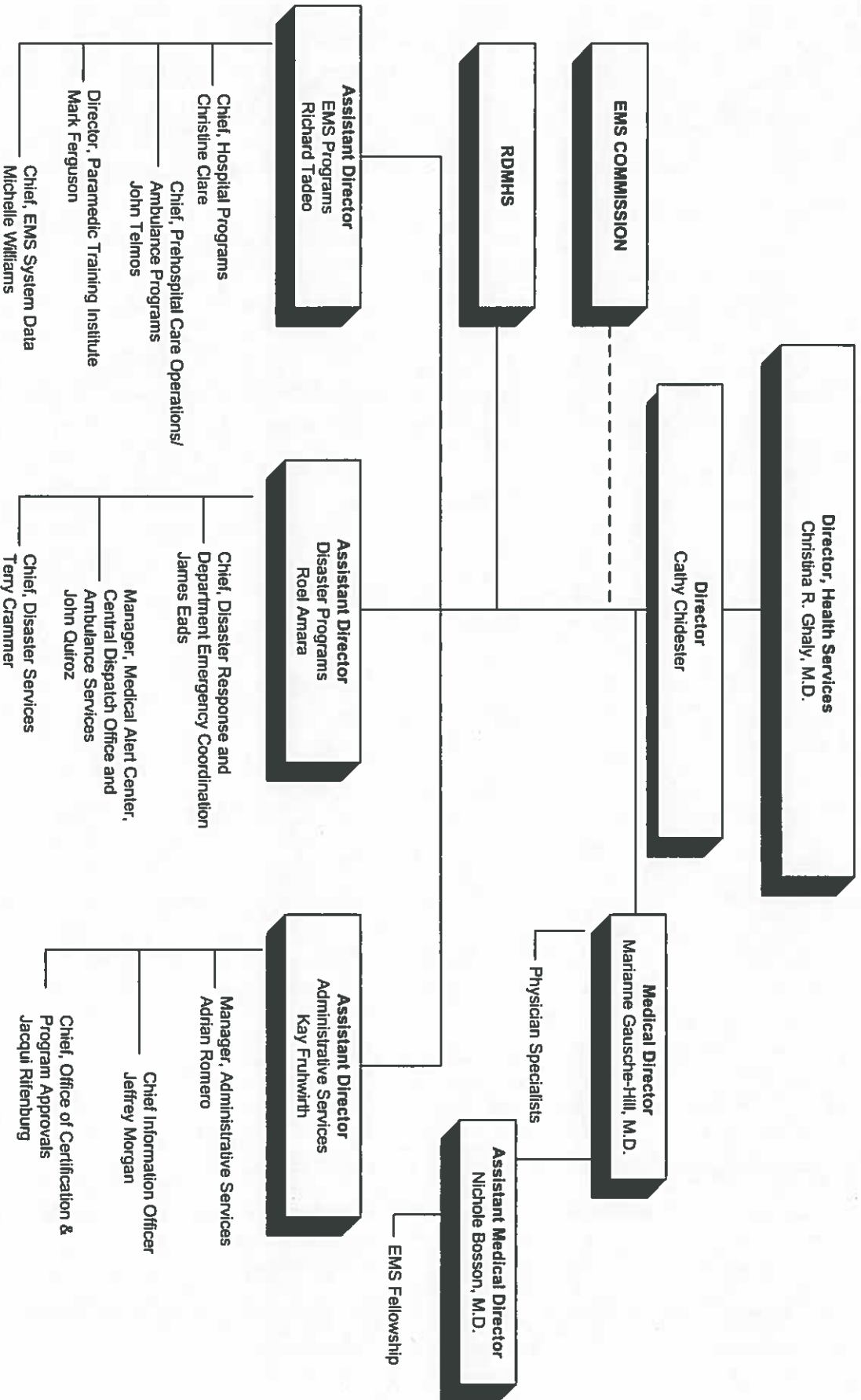
Approved by: Christina R. Ghaly, M.D.

Approved by: Cathy Chidester



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY

ORGANIZATIONAL CHART



Approved by: Cathy Chidester

Director, EMS Agency

Approved by: Christina R. Ghaly, M.D.

Director, Health Services

TABLE 2: SYSTEM ORGANIZATION AND MANAGEMENT (cont.)

CATEGORY	ACTUAL TITLE	FTE POSITIONS (EMS ONLY)	TOP SALARY BY HOURLY EQUIVALENT	BENEFITS (51.55 % of Salary)	COMMENTS
EMS Admin./Coord./Director	EMERGENCY MEDICAL SERVICES DIRECTOR	1	97.29	48.39	
Asst. Admin./Admin. Asst./Admin. Mgr.	EMERGENCY MEDICAL SERVICES ASSISTANT DIRECTOR	3	84.33	41.94	
ALS Coord./Field Coord./Trng Coordinator	SENIOR EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	1	74.07	36.84	
Program Coordinator/Field Liaison (Non-clinical)	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	82.44	41.01	
Trauma Coordinator	SENIOR NURSING INSTRUCTOR	1	68.57	34.11	
Medical Director	CHIEF PHYSICIAN II EMERGENCY MEDICINE	1	176.74	87.91	
Other MD/Medical Consult/Training Medical Director	SENIOR PHYSICIAN EMERGENCY MEDICINE; PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX	2	139.23	69.25	

Disaster Medical Planner	PHYS SPEC EMERGENCY MEDICINE NON MEGAFLEX; SENIOR EMERGENCY MEDICAL SYSTEMS PROGRAM HEAD	2	6.50	3.23	
Dispatch Supervisor	NURSE MANAGER; SUPERVISING AMBULANCE DISPATCHER	2	78.47	39.03	
Medical Planner (not applicable)					
Data Evaluator/Analyst	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	74.07	39.03	
QA/QI Coordinator	SENIOR NURSING INSTRUCTOR	1	69.93	34.78	
Public Info. & Education Coordinator	ASSISTANT NURSING DIRECTOR, ADMINISTRATION	1	116.53	57.96	
Executive Secretary	MANAGEMENT SECRETARY III	1	25.10	12.48	
Other Clerical	SENIOR CLERK; INTERMEDIATE CLERK; INTERMEDIATE TYPIST CLERK	4	22.50	11.19	
Data Entry Clerk	INTERMEDIATE TYPIST-CLERK	3	20.39	10.14	
Other	VARIOUS	174	VARIOUS	VARIOUS	

Include an organizational chart of the local EMS agency and a county organization chart(s) indicating how the LEMSA fits within the county/multi-county structure.



Los Angeles County-Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
2018 (Fiscal Year 2017-18)



TABLE 3: STAFFING/TRAINING

Reporting Year: FY 2017/2018

NOTE: Table 3 is to be reported by agency.

	EMT	AEMT	Paramedic	MICN
Total Certified	8105	Not Applicable	Not Applicable	831
Number newly certified this year	1715	Not Applicable	Not Applicable	67
Number recertified this year	2327	Not Applicable	Not Applicable	283
Total number of accredited personnel on July 1 of the reporting year	N/A	Not Applicable	4294	Not Applicable
Number of certification reviews resulting in:				
a) formal investigations	150	Not Applicable	0	0
b) probation	18	Not Applicable	0	0
c) suspensions	0	Not Applicable	0	0
d) revocations	6	Not Applicable	0	0
e) denials	0	Not Applicable	0	0
f) denials of renewal	2	Not Applicable	0	0
g) no action taken	99	Not Applicable	0	0

1. Early defibrillation:
 - a) Number of EMTs authorized to use AEDs 11304
 - b) Number of public safety AED service provider personnel (non-EMT) 3824

2. Do you have an EMR training program No

TABLE 4: COMMUNICATIONS

Note: Table 4 is to be answered for each county.

County: **LOS ANGELES**

Reporting Year: **FISCAL YEAR 2017/2018**

- | | |
|--|---|
| 1. Number of primary Public Service Answering Points (PSAP) | <u>78</u> |
| 2. Number of secondary PSAPs | <u>6</u> |
| 3. Number of dispatch centers directly dispatching ambulances | <u>37 Private</u>
<u>12 Public</u> |
| 4. Number of EMS dispatch agencies utilizing EMD guidelines | <u>11</u> |
| 5. Number of designated dispatch centers for EMS Aircraft | <u>3</u> |
| 6. Who is your primary dispatch agency for day-to-day emergencies?
Department on origin of call: <ul style="list-style-type: none">• Beverly Hills Police Department• Downey Fire Communication• Los Angeles County Fire• La Verne Police Department• Long Beach Fire Department• Los Angeles Fire Department• Redondo Beach Police Department• Santa Monica Fire Department• South Bay Regional Public Communication Authority• Torrance Police Department• Verdugo Fire Communication• West Covina Police Department | |
| 7. Who is your primary dispatch agency for a disaster?
Los Angeles County Fire District is the Fire Operations Area Coordinator | |
| 8. Do you have an operational area disaster communication system? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Radio primary frequency
155.340 MHz | |
| b. Other methods
Landline, cell phones, Internet ReddiNet, satellite phones and amateur radio (HAM) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Can all medical response units communicate on the same disaster communications system? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

- d. Do you participate in the Operational Area Satellite Information System (OASIS)? Yes No
- e. Do you have a plan to utilize the Radio Amateur Civil Emergency Services (RACES) as a back-up communication system? Yes No
- 1) Within the operational area? Yes No
- 2) Between operation area and the region and/or state? Yes No
-



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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TABLE 6: SYSTEM RESOURCES AND OPERATIONS - Facilities/Critical Care

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Year 2017-2018**

NOTE: Table 6 is to be reported by agency.

Trauma

Trauma Patients:

1. Number of patients meeting trauma triage criteria	18,509
2. Number of major trauma victims transported directly to a trauma center by ambulance	15,039
3. Number of major trauma patients transferred to a trauma center	1,716
4. Number of patients meeting trauma triage criteria who weren't treated at a trauma center	489

Emergency Departments

Total number of emergency departments	73
1. Number of referral emergency services	0
2. Number of standby emergency services	1
3. Number of basic emergency services	70
4. Number of comprehensive emergency services	2
(LAC+USC Medical Center and Ronald Reagan UCLA Medical Center)	

Receiving Hospitals

1. Number of receiving hospitals with written agreements	72
2. Number of base hospitals with written agreements	21

TABLE 5: RESPONSE/TRANSPORTATION

Reporting Year: **FISCAL YEAR 2017/2018**

Note: Table 5 is to be reported by agency.

Early Defibrillation Providers

- 1. Number of EMT-Defibrillation providers Not reported

SYSTEM STANDARD RESPONSE TIMES (90TH PERCENTILE)

Enter the response times in the appropriate boxes: **The following table lists dispatch information for Verdugo Dispatch Center who dispatches the following providers: Alhambra, Arcadia, Burbank, Glendale, Monrovia, Montebello, Monterey Park, Pasadena, San Gabriel, San Marino, Sierra Madre, South Pasadena, and Vernon**

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	4:33 min.	Not Applicable	Not Applicable	
Early defibrillation responder	4:33 min	Not Applicable	Not Applicable	
Advanced life support responder	5:31 min.	Not Applicable	Not Applicable	
Transport Ambulance	5:39 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles Fire Department:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:48 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:48 min.	Not Applicable	Not Applicable	
Advanced life support responder	5:57 min.	Not Applicable	Not Applicable	
Transport Ambulance	6:38 min.	Not Applicable	Not Applicable	

The following table list dispatch dates for Long Beach Fire Department:

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:28 min.	Not Applicable	Not Applicable	
Early defibrillation responder	5:28 min,	Not Applicable	Not Applicable	
Advanced life support responder	5:28 min.	Not Applicable	Not Applicable	
Transport Ambulance	7:16 min.	Not Applicable	Not Applicable	

The following table lists dispatch data for Los Angeles County Fire Department (also dispatches La Habra Heights Fire Department, Avalon Fire Department and Los Angeles County Sheriff)

	METRO/URBAN	SUBURBAN/ RURAL	WILDERNESS	SYSTEMWIDE
BLS and CPR capable first responder	5:05 min.	Not Applicable	Not Applicable	
Early defibrillation responder	6:14 min.	Not Applicable	Not Applicable	
Advanced life support responder	6:06 min.	Not Applicable	Not Applicable	
Transport Ambulance	Not Applicable	Not Applicable	Not Applicable	



Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
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TABLE 7: SYSTEM RESOURCES AND OPERATIONS - Disaster Medical

EMS System: **County of Los Angeles**

Reporting Year: **Fiscal Years 2017-2018**

SYSTEM RESOURCES

1. Casualty Collections Points (CCP)
 - a. Where are your CCPs located?
Fire Department establishes field treatment sites near the incident.
 - b. How are they staffed?
Prehospital Care Personnel.
 - c. Do you have a supply system for supporting them for 72 hours? **Yes No**

2. CISD –

Do you have a CISD provider with 24 hour capability? **Yes No**

NOTE: The EMS Agency will coordinate with LA County Department of Mental Health to address mental health and behavioral issues related to disasters.

3. Medical Response Team*
 - a. Do you have any team medical response capability **Yes No NKA**
 - b. For each team, are they incorporated into your local response plan? **Yes No NKA**
 - c. Are they available for statewide response? **Yes No NKA**
 - d. Are they part of a formal out-of-state response system? **Yes No NKA**

4. Hazardous Materials
 - a. Do you have any HazMat trained medical response teams? **Yes No**
 - b. At what HazMat level are they trained? **LA County has fire department base HazMat teams trained at the technician and specialist levels and are able to operate in Level A, B and C. Hospital decontamination teams are first receivers and can operate in level C PAPRs.**
 - c. Do you have the ability to do decontamination in an emergency room? **Yes No**

d. Do you have the ability to do decontamination in the field? **Yes** No

OPERATIONS

1. Are you using a Standardized Emergency Management System (SEMS) that incorporates a form of Incident Command System (ICS) structure? **Yes** No

2. What is the maximum number of local jurisdiction EOCs you will need to interact with in a disaster? 1

3. Have you tested your MCI Plan this year in a:
 a. real event? **Yes** No
 b. exercise? **Yes** No

4. List all counties with which you have a written medical mutual aid agreement.
1(Region I-Orange, Ventura, Santa Barbara, San Luis Obispo, and Region VI-Inyo, Mono, San Bernardino, Imperial and San Diego counties).

5. Do you have formal agreements with hospitals in your operational area to participate in disaster planning and response? **Yes** No

6. Do you have formal agreements with community clinics in your operational areas to participate in disaster planning and response? **Yes** No

7. Are you part of a multi-county EMS system for disaster response? Yes **No**

8. Are you a separate department or agency? Yes **No**

9. If not, to whom do you report?
LA County Department of Health Services (DHS)

10. If your agency is not in the Health Department, do you have a plan to coordinate public health and environmental health issues with the Health Department? **Yes** No



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN**



ANNUAL UPDATE 2018 (Fiscal Year 2017-2018)

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** American Professional Ambulance **Response Zone:** LA County

Address: 16945 Sherman Way **Number of Ambulance Vehicles in Fleet:** 26
Van Nuys, CA 91406

Phone Number: 888-703-3500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 18

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input type="checkbox"/> ALS	<input type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

24834 Total number of responses
0 Number of emergency responses
24834 Number of non-emergency responses

22932 Total number of transports
0 Number of emergency transports
22932 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** AmbuLife Ambulance, Inc **Response Zone:** N/A

Address: 6644 Van Nuys Blvd. #B **Number of Ambulance Vehicles in Fleet:** 12
Van Nuys, CA 91405

Phone Number: (877) 557-7888 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

11855 Total number of responses
0 Number of emergency responses
11855 Number of non-emergency responses

10331 Total number of transports
0 Number of emergency transports
10331 Number of non-emergency transports

Air Ambulance Services

 Total number of responses
 Number of emergency responses
 Number of non-emergency responses

 Total number of transports
 Number of emergency transports
 Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Arcadia Fire Department **Response Zone:** City of Arcadia

Address: 710 S Santa Anita Ave **Number of Ambulance Vehicles in Fleet:** 2
Arcadia CA 91006

Phone Number: (626) 574-5100 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

3939 Total number of responses
3939 Number of emergency responses
0 Number of non-emergency responses

2878 Total number of transports
2878 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Fiscal Year – 2017-1018

County: Los Angeles **Provider:** Alhambra Fire Department **Response Zone:** Alhambra

Address: 301 North First Street **Number of Ambulance Vehicles in Fleet:** 2
Alhambra, CA 91801

Phone Number: 626/570-5190 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>5257</u> Total number of responses	<u>4129</u> Total number of transports
<u>5183</u> Number of emergency responses	<u>4129</u> Number of emergency transports
<u>74</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Antelope Ambulance Service **Response Zone:** All

Address: 42540 N. 6th Street East **Number of Ambulance Vehicles in Fleet:** 10

Lancaster, CA 93535

Phone Number: 661-951-1998 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

9,372 Total number of responses
4,362 Number of emergency responses
5,010 Number of non-emergency responses

8,325 Total number of transports
4,010 Number of emergency transports
4,315 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

Reporting Year: **FISCAL YEAR 2017/2018**

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Los Angeles **Provider:** American Medical Response **Response Zone:** 1- Antelope Valley / Santa Clarita Valley

Address: 1055 W Ave. J
Lancaster, Ca. 93534 **Number of Ambulance Vehicles in Fleet:** 84

Phone Number: 661-945-9310 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 30

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input checked="" type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input checked="" type="checkbox"/> CCT	<input type="checkbox"/> Water
					<input checked="" type="checkbox"/> IFT	

<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>86,172</u> Total number of responses	<u>66,538</u> Total number of transports
<u>64,141</u> Number of emergency responses	<u>46,780</u> Number of emergency transports
<u>21,164</u> Number of non-emergency responses	<u>19,758</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** AmbuServe Ambulance **Response Zone:** Los Angeles county

Address: 15105 S. Broadway **Number of Ambulance Vehicles in Fleet:** 26
Gardena Ca 90248

Phone Number: 310-644-0500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 11

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>18,616</u> Total number of responses	<u>18,245</u> Total number of transports
<u>233</u> Number of emergency responses	<u>228</u> Number of emergency transports
<u>18,383</u> Number of non-emergency responses	<u>18,017</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Avalon Fire Department **Response Zone:** SPA-8

Address: PO Box 707 Avalon, Ca 90704 **Number of Ambulance Vehicles in Fleet:** 2
420 Avalon Canyon Rd.
Avalon, Ca 90704

Phone Number: 310 510-0203 x205 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

698 Total number of responses
692 Number of emergency responses
6 Number of non-emergency responses

608 Total number of transports
596 Number of emergency transports
12 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** AMWest Ambulance **Response Zone:** Los Angeles County

Address: 7650 Lankershim Blvd **Number of Ambulance Vehicles in Fleet:** 32
North Hollywood, CA 91605

Phone Number: 818-859-7999 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 25

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

21,000 Total number of responses
3,750 Number of emergency responses
17,250 Number of non-emergency responses

20,000 Total number of transports
3,250 Number of emergency transports
16,750 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Ambulnz Health **Response Zone:** _____

Address: 1151 South Boyle **Number of Ambulance Vehicles in Fleet:** 90
Boyle Heights, CA 90023

Phone Number: (877) 311-5555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 24

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxilliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>106,802</u> Total number of responses	<u>82,932</u> Total number of transports
<u>53</u> Number of emergency responses	<u>118</u> Number of emergency transports
<u>106,749</u> Number of non-emergency responses	<u>82,814</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Burbank Fire **Response Zone:** City of Burbank

Address: 311 E. Orange Grove **Number of Ambulance Vehicles in Fleet:** 3
Burbank, California

Phone Number: 818-238-3473 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>9041</u> Total number of responses	<u>5800</u> Total number of transports
<u>9041</u> Number of emergency responses	<u>5800</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: **FISCAL YEAR 2017/2018**

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Los Angeles **Provider:** City of Beverly Hills Fire Department **Response Zone:** City of Beverly Hills

Address: 445 North Rexford Drive **Number of Ambulance Vehicles in Fleet:** 6 (5 ALS, 1 BLS)
Beverly Hills CA 90210

Phone Number: 310.281.2700 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7579 Total number of responses
7540 Number of emergency responses
39 Number of non-emergency responses

4868 Total number of transports
766 Number of emergency transports
4102 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Care Ambulance Service **Response Zone:** EOA 3, 4, & 5

Address: 1517 W Braden Ct **Number of Ambulance Vehicles in Fleet:** 264
Orange, CA 92868

Phone Number: 714-288-3800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 180

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

191,868 Total number of responses
182,910 Number of emergency responses
8,958 Number of non-emergency responses

142,907 Total number of transports
135,035 Number of emergency transports
7,872 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8: Resource Directory

Reporting Year: Fiscal Year 2017/2018

Response/Transportation/Providers

Note: Table 8 is to be completed for each provider by county. Make copies as needed.

County: Los Angeles **Provider:** Culver City Fire Department **Response Zone:** Culver City

Address: 9770 Culver Boulevard **Number of Ambulance Vehicles in Fleet:** 5
Culver City, CA 90232

Phone Number: 310-253-5900 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4892</u> Total number of responses	<u>3533</u> Total number of transports
<u>4892</u> Number of emergency responses	<u>1599</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>1934</u> Number of non-emergency transports

Air Ambulance Services

<u>0</u> Total number of responses	<u>0</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles County Fire Department **Response Zone:** Los Angeles

Address: 1320 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 8 (Air Ambulance Only)
Los Angeles, CA 90063-3294

Phone Number: 213-267-7000 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

320,622 Total number of responses
320,622 Number of emergency responses
NA Number of non-emergency responses

NA Total number of transports
NA Number of emergency transports
NA Number of non-emergency transports

Air Ambulance Services

924 Total number of responses
924 Number of emergency responses
NA Number of non-emergency responses

909 Total number of transports
909 Number of emergency transports
NA Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Compton Fire Department **Response Zone:** City of Compton

Address: 201 S. Acacia Avenue **Number of Ambulance Vehicles in Fleet:** 0
Compton, CA 90220

Phone Number: (310) 605-6278 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>12,218</u> Total number of responses	<u>0</u> Total number of transports
<u>11,933</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>285</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Los Angeles County Sheriff's Department **Response Zone:** Los Angeles County

Address: 1060 N. Eastern Avenue **Number of Ambulance Vehicles in Fleet:** 3 Helicopters, 3 Ambulances, 3 ALS Boats

Los Angeles CA 90063

Phone Number: 323-881-7800 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1 (Helicopter)

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u>			
			<input checked="" type="checkbox"/> Transport	<input checked="" type="checkbox"/> ALS	<input checked="" type="checkbox"/> 9-1-1	<input checked="" type="checkbox"/> Ground
			<input type="checkbox"/> Non-Transport	<input type="checkbox"/> BLS	<input type="checkbox"/> 7-Digit	<input checked="" type="checkbox"/> Air
				<input type="checkbox"/> LALS	<input type="checkbox"/> CCT	<input checked="" type="checkbox"/> Water
					<input type="checkbox"/> IFT	

<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input checked="" type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>120</u>	Total number of responses	<u>2</u>	Total number of transports
<u>117</u>	Number of emergency responses	<u>2</u>	Number of emergency transports
<u>3</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>537</u>	Total number of responses	<u>417</u>	Total number of transports
<u>501</u>	Number of emergency responses	<u>233</u>	Number of emergency transports
<u>36</u>	Number of non-emergency responses	<u>184</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Downey Fire Department **Response Zone:** City of Downey

Address: 12222 Paramount Boulevard **Number of Ambulance Vehicles in Fleet:** 4 BLS, 1 Reserve = 5 Total
Downey, CA 90242

Phone Number: (562) 622-8674 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4 BLS

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

9021 Total number of responses
9021 Number of emergency responses
0 Number of non-emergency responses

6189 Total number of transports
3146 Number of emergency transports
3043 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Emergency Ambulance Service, Inc. **Response Zone:** N/A

Address: 3200 E. Birch Street, Suite A **Number of Ambulance Vehicles in Fleet:** 15
Brea, CA 92821
Phone Number: 714-990-1331 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 10

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3,753</u> Total number of responses	<u>3,675</u> Total number of transports
<u>5</u> Number of emergency responses	<u>3</u> Number of emergency transports
<u>3,748</u> Number of non-emergency responses	<u>3,672</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** El Segundo Fire Department **Response Zone:** City of El Segundo

Address: 314 Main Street **Number of Ambulance Vehicles in Fleet:** 3
El Segundo, Ca. 90245

Phone Number: 310-524-2269 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

2619 Total number of responses
2551 Number of emergency responses
68 Number of non-emergency responses

1172 Total number of transports
782 Number of emergency transports
390 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** First Rescue Ambulance **Response Zone:** _____

Address: 15705 Arrow Hwy. Suite 2 **Number of Ambulance Vehicles in Fleet:** 5
Irwindale CA 91706

Phone Number: 626-338-2273 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 4

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

4,876 Total number of responses
0 Number of emergency responses
4,876 Number of non-emergency responses

4,338 Total number of transports
0 Number of emergency transports
4,338 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Glendale Fire Department **Response Zone:** Area C

Address: 421 Oak Street **Number of Ambulance Vehicles in Fleet:** 11
Glendale, CA 91204

Phone Number: (818) 548-6471 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>19,408</u> Total number of responses	<u>10,974</u> Total number of transports
<u>18,765</u> Number of emergency responses	<u>6,636</u> Number of emergency transports
<u>643</u> Number of non-emergency responses	<u>4,338</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Long Beach Fire Department **Response Zone:** City of Long Beach

Address: 3205 N. Lakewood Blvd **Number of Ambulance Vehicles in Fleet:** 9 ALS + 5 BLS = 14
Long Beach, CA 90808-1733

Phone Number: (562) 570-2500 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 14

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

50,913 Total number of responses
43,736 Number of emergency responses
7,177 Number of non-emergency responses

25,093 Total number of transports
15,015 Number of emergency transports
10,078 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Habra Heights Fire Department **Response Zone:** City of LaHabra Heights

Address: 1245 N. Hacienda Road **Number of Ambulance Vehicles in Fleet:** 0
La Habra Heights, CA 90631

Phone Number: (562) 694-8283 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>591</u> Total number of responses	<u>0</u> Total number of transports
<u>591</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers-2018

County: Los Angeles **Provider:** Liberty Ambulance **Response Zone:** All LA County

Address: 9441 Washburn Rd **Number of Ambulance Vehicles in Fleet:** 62
Downey Ca. 90242

Phone Number: 562-741-6230 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 45

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>36,813</u> Total number of responses	<u>35,868</u> Total number of transports
<u>414</u> Number of emergency responses	<u>298</u> Number of emergency transports
<u>36,399</u> Number of non-emergency responses	<u>35,570</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** La Verne Fire Department **Response Zone:** La Verne, CA

Address: 2061 Third Street **Number of Ambulance Vehicles in Fleet:** 3
La Verne, CA 91750

Phone Number: 909 596-5991 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>3628</u>	Total number of responses	<u>1471</u>	Total number of transports
<u>3164</u>	Number of emergency responses	<u>1471</u>	Number of emergency transports
<u>464</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Lynch EMS **Response Zone:** _____

Address: 2950 E. La Jolla St **Number of Ambulance Vehicles in Fleet:** 28
Anaheim, CA 92806

Phone Number: 714-632-0225 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2194 Total number of responses
272 Number of emergency responses
1922 Number of non-emergency responses

2091 Total number of transports
253 Number of emergency transports
1838 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Mauran Ambulance Service, Inc. **Response Zone:** _____

Address: 1211 First St **Number of Ambulance Vehicles in Fleet:** 8
San Fernando, CA, 91340

Phone Number: 818-365-3182 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

2,725 Total number of responses
0 Number of emergency responses
2,725 Number of non-emergency responses

2,679 Total number of transports
0 Number of emergency transports
2,679 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Manhattan Beach Fire Department **Response Zone:** City of Manhattan Bch

Address: 400 15th Street **Number of Ambulance Vehicles in Fleet:** 2
Manhattan Beach, CA. 90266

Phone Number: 310-802-5203 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1955</u> Total number of responses	<u>1347</u> Total number of transports
<u>1955</u> Number of emergency responses	<u>743</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>604</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monrovia Fire & Rescue **Response Zone:** City of Monrovia

Address: 141 E. Lemon Avenue **Number of Ambulance Vehicles in Fleet:** 0
Monrovia, CA 91016

Phone Number: (626) 256-8181 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>4181</u> Total number of responses	<u>0</u> Total number of transports
<u>4181</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedResponse Ambulance **Response Zone:** _____

Address: 1151 South Boyle **Number of Ambulance Vehicles in Fleet:** 3
Boyle Heights, CA 90023

Phone Number: (877) 311-5555 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2,056</u> Total number of responses	<u>1,820</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>2,056</u> Number of non-emergency responses	<u>1,820</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Montebello Fire Department **Response Zone:** _____

Address: 600 N Montebello Blvd. **Number of Ambulance Vehicles in Fleet:** 0
Montebello, CA 90640

Phone Number: (323)887-4517 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** N/A

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

7,000 Total number of responses
6,500 Number of emergency responses
500 Number of non-emergency responses

4,000 Total number of transports
3,400 Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Monterey Park Fire Department **Response Zone:** City of Monterey Park

Address: 350 W. Newmark Avenue **Number of Ambulance Vehicles in Fleet:** 2
Monterey Park, CA 91754

Phone Number: (626) 307-1270 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>5068</u> Total number of responses	<u>3157</u> Total number of transports
<u>4846</u> Number of emergency responses	<u>2261</u> Number of emergency transports
<u>222</u> Number of non-emergency responses	<u>896</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** MedReach Ambulance Service **Response Zone:** Los Angeles Co.

Address: 1303 Kona Drive **Number of Ambulance Vehicles in Fleet:** 23
Rancho Dominguez, CA 90220

Phone Number: _____ **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 8

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>23,469</u> Total number of responses	<u>17,221</u> Total number of transports
<u>1,186</u> Number of emergency responses	<u>10</u> Number of emergency transports
<u>22,283</u> Number of non-emergency responses	<u>17,211</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Pasadena Fire Department **Response Zone:** City of Pasadena

Address: 215 N. Marengo Avenue, Suite 195 **Number of Ambulance Vehicles in Fleet:** 11
Pasadena, CA 91101

Phone Number: 626-744-4655 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>19,483</u> Total number of responses	<u>11,906</u> Total number of transports
<u>18,678</u> Number of emergency responses	<u>11,878</u> Number of emergency transports
<u>805</u> Number of non-emergency responses	<u>28</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** PRN Ambulance **Response Zone:** LA County

Address: 8928 Sepulveda Blvd. **Number of Ambulance Vehicles in Fleet:** 87
North Hills, CA 91343

Phone Number: 866.766.4262 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 43

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>77,154</u> Total number of responses	<u>64,847</u> Total number of transports
<u>1,221</u> Number of emergency responses	<u>780</u> Number of emergency transports
<u>75,933</u> Number of non-emergency responses	<u>64,067</u> Number of non-emergency transports

Air Ambulance Services

<u>0</u> Total number of responses	<u>0</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Redondo Beach Fire Department **Response Zone:** City of Redondo Beach

Address: 401 S. Broadway **Number of Ambulance Vehicles in Fleet:** 2 (Non-transporting Ambulances)
Redondo Beach, CA 90277

Phone Number: _____ **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 2 (Non-transporting Ambulances)

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input checked="" type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>5108</u> Total number of responses	<u>0</u> Total number of transports
<u>5108</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** REACH AIR MEDICAL SERVICES **Response Zone:** N/A

Address: 10676 Sherman Way **Number of Ambulance Vehicles in Fleet:** 1
Burbank, CA 91505

Phone Number: (818) 855-1351 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input checked="" type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

Air Ambulance Services

103 Total number of responses
103 Number of emergency responses
0 Number of non-emergency responses

96 Total number of transports
96 Number of emergency transports
0 Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Rescue Services International, Ltd. **Response Zone:** Los Angeles county

Address: 12806 Schabarum Ave Ste A **Number of Ambulance Vehicles in Fleet:** 21
Irwindale CA, 91706

Phone Number: 626-385-0440 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>16,343</u> Total number of responses	<u>15,961</u> Total number of transports
<u>103</u> Number of emergency responses	<u>97</u> Number of emergency transports
<u>16,240</u> Number of non-emergency responses	<u>15,864</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Royalty Ambulance Service **Response Zone:** _____

Address: 3235 N. San Fernando Road, #6 **Number of Ambulance Vehicles in Fleet:** 20
Los Angeles, CA 90065

Phone Number: (818) 550-5833 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 12

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

15448 Total number of responses
0 Number of emergency responses
15448 Number of non-emergency responses

12917 Total number of transports
0 Number of emergency transports
12917 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

N/A Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Marino Fire Department **Response Zone:** Area C

Address: 2200 Huntington Drive **Number of Ambulance Vehicles in Fleet:** 2
San Marino, CA 91108

Phone Number: 626-300-0735 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2006</u>	Total number of responses	<u>985</u>	Total number of transports
<u>2006</u>	Number of emergency responses	<u>765</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>220</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** San Gabriel Fire Department **Response Zone:** City of San Gabriel

Address: 1303 S. Del Mar Ave **Number of Ambulance Vehicles in Fleet:** 3
San Gabriel, CA. 91776

Phone Number: (626) 308-2880 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2997</u> Total number of responses	<u>1842</u> Total number of transports
<u>2970</u> Number of emergency responses	<u>1821</u> Number of emergency transports
<u>27</u> Number of non-emergency responses	<u>21</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Sierra Madre Fire Department **Response Zone:** City of Sierra Madre

Address: 242 W Sierra Madre Blvd **Number of Ambulance Vehicles in Fleet:** 2
Sierra Madre, CA 91024

Phone Number: (626) 355-3611 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

775 Total number of responses
775 Number of emergency responses
0 Number of non-emergency responses

557 Total number of transports
557 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Monica Fire Department **Response Zone:** _____

Address: 333 Olympic Drive **Number of Ambulance Vehicles in Fleet:** 2 Rescue Ambulances;
Santa Monica, CA 90401 6 Paramedic Engines

Phone Number: 319-458-4929 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** As above

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>12,289</u> Total number of responses	<u>0</u> Total number of transports
<u>12,289</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Southern California Ambulance **Response Zone:** Los Angeles County

Address: 5363 Alhambra Avenue **Number of Ambulance Vehicles in Fleet:** 9
Los Angeles, CA 90032

Phone Number: (866) 728-3548 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 6

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>5734</u> Total number of responses	<u>4899</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>5734</u> Number of non-emergency responses	<u>4899</u> Number of non-emergency transports

Air Ambulance Services

<u> </u> Total number of responses	<u> </u> Total number of transports
<u> </u> Number of emergency responses	<u> </u> Number of emergency transports
<u> </u> Number of non-emergency responses	<u> </u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** South Pasadena Fire Department **Response Zone:** City of South Pasadena

Address: 817 Mound Avenue **Number of Ambulance Vehicles in Fleet:** 1
South Pasadena, CA 91030

Phone Number: 626-403-7300 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>1583</u> Total number of responses	<u>1026</u> Total number of transports
<u>1583</u> Number of emergency responses	<u>1026</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Santa Fe Springs Fire Rescue **Response Zone:** Santa Fe Springs

Address: 11300 Greenstone Avenue **Number of Ambulance Vehicles in Fleet:** 0
Santa Fe Springs, CA 90670

Phone Number: 562-944-9713 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 0

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>2227</u>	Total number of responses	<u>0</u>	Total number of transports
<u>2227</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Air Ambulance Services

<u>0</u>	Total number of responses	<u>0</u>	Total number of transports
<u>0</u>	Number of emergency responses	<u>0</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>0</u>	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Symons Emergency Specialties, Inc. **Response Zone:** _____

Address: 18592 Cajon Boulevard **Number of Ambulance Vehicles in Fleet:** 9
San Bernardino, CA 92407

Phone Number: (909) 880-2979 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input checked="" type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>417</u> Total number of responses	<u>386</u> Total number of transports
<u>0</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>417</u> Number of non-emergency responses	<u>386</u> Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses	_____ Total number of transports
_____ Number of emergency responses	_____ Number of emergency transports
_____ Number of non-emergency responses	_____ Number of non-emergency transports

Table 8: RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Torrance Fire Department **Response Zone:** Torrance

Address: 1701 Crenshaw Blvd. **Number of Ambulance Vehicles in Fleet:** 8
Torrance, CA 90501

Phone Number: 310-781-7018 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 5

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input checked="" type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

<u>11,292</u> Total number of responses	<u>0</u> Total number of transports
<u>11,292</u> Number of emergency responses	<u>0</u> Number of emergency transports
<u>0</u> Number of non-emergency responses	<u>0</u> Number of non-emergency transports

Air Ambulance Services

<u>N/A</u> Total number of responses	<u>N/A</u> Total number of transports
<u>N/A</u> Number of emergency responses	<u>N/A</u> Number of emergency transports
<u>N/A</u> Number of non-emergency responses	<u>N/A</u> Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** Vernon Fire Department **Response Zone:** City of Vernon

Address: 4305 Santa Fe Ave. **Number of Ambulance Vehicles in Fleet:** 2
Vernon, Ca. 90058

Phone Number: (323) 583-8811 Ext. 287 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 1

<u>Written Contract:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT
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<u>Ownership:</u> <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	<u>If Public:</u> <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

784 Total number of responses
784 Number of emergency responses
0 Number of non-emergency responses

435 Total number of transports
435 Number of emergency transports
0 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** West Covina Fire Department **Response Zone:** West Covina

Address: 1444 W. Garvey South **Number of Ambulance Vehicles in Fleet:** 3 Frontline (2 Reserve)
West Covina, CA 91790

Phone Number: (626) 939 - 8824 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 3

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Medical Director:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>System Available 24 Hours:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Level of Service:</u></p> <p><input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input type="checkbox"/> IFT</p>
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<p><u>Ownership:</u></p> <p><input checked="" type="checkbox"/> Public <input type="checkbox"/> Private</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:</p>	<p><u>If Public:</u></p> <p><input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal</p>	<p><u>If Air:</u></p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing</p>	<p><u>Air Classification:</u></p> <p><input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue</p>
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Transporting Agencies

<u>6584</u>	Total number of responses	<u>4122</u>	Total number of transports
<u>6584</u>	Number of emergency responses	<u>3827</u>	Number of emergency transports
<u>0</u>	Number of non-emergency responses	<u>295</u>	Number of non-emergency transports

Air Ambulance Services

_____	Total number of responses	_____	Total number of transports
_____	Number of emergency responses	_____	Number of emergency transports
_____	Number of non-emergency responses	_____	Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** West Coast Ambulance **Response Zone:** _____

Address: 647 W. Avenue L-14 **Number of Ambulance Vehicles in Fleet:** 16
Lancaster, CA 93534

Phone Number: (800) 880-0556 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 15

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input type="checkbox"/> ALS <input type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain: _____	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

6780 Total number of responses
0 Number of emergency responses
6780 Number of non-emergency responses

5577 Total number of transports
0 Number of emergency transports
5577 Number of non-emergency transports

Air Ambulance Services

_____ Total number of responses
 _____ Number of emergency responses
 _____ Number of non-emergency responses

_____ Total number of transports
 _____ Number of emergency transports
 _____ Number of non-emergency transports

Table 8 – RESOURCE DIRECTORY – Response/Transportation/Providers

County: Los Angeles **Provider:** McCormick Ambulance **Response Zone:** _____

Address: 2020 S. Central Ave **Number of Ambulance Vehicles in Fleet:** 89

Compton, CA 90220

Phone Number: 310-219-1779 **Average Number of Ambulances on Duty At 12:00 p.m. (noon) on Any Given Day:** 60

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Medical Director:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>System Available 24 Hours:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Level of Service:</u> <input checked="" type="checkbox"/> Transport <input checked="" type="checkbox"/> ALS <input checked="" type="checkbox"/> 9-1-1 <input checked="" type="checkbox"/> Ground <input type="checkbox"/> Non-Transport <input checked="" type="checkbox"/> BLS <input checked="" type="checkbox"/> 7-Digit <input type="checkbox"/> Air <input type="checkbox"/> LALS <input type="checkbox"/> CCT <input type="checkbox"/> Water <input checked="" type="checkbox"/> IFT
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<u>Ownership:</u> <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	<u>If Public:</u> <input type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other Explain:	<u>If Public:</u> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> District <input type="checkbox"/> Federal	<u>If Air:</u> <input type="checkbox"/> Rotary <input type="checkbox"/> Fixed Wing	<u>Air Classification:</u> <input type="checkbox"/> Auxiliary Rescue <input type="checkbox"/> Air Ambulance <input type="checkbox"/> ALS Rescue <input type="checkbox"/> BLS Rescue
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Transporting Agencies

135336 Total number of responses
133840 Number of emergency responses
1496 Number of non-emergency responses

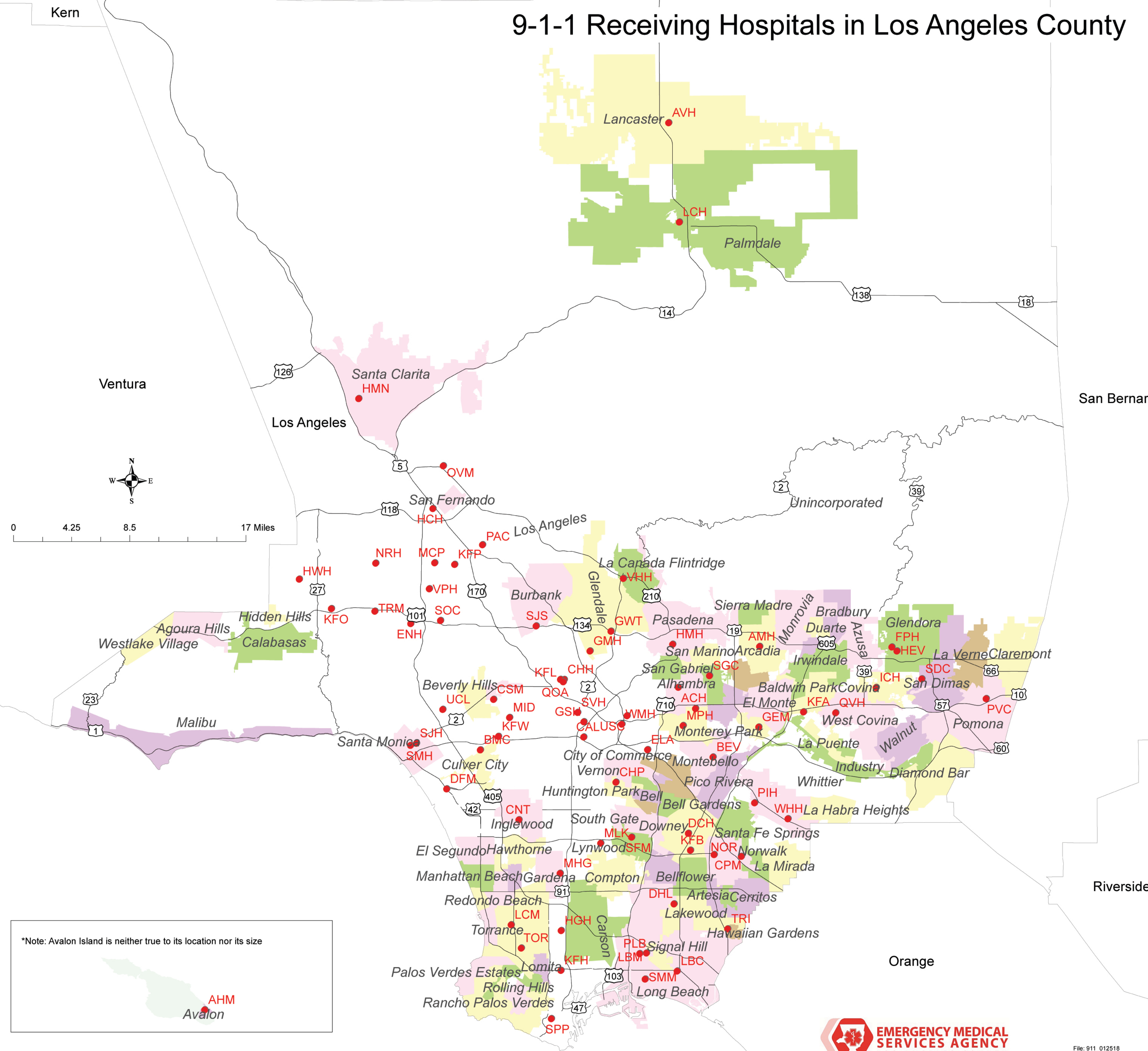
95567 Total number of transports
94598 Number of emergency transports
969 Number of non-emergency transports

Air Ambulance Services

N/A Total number of responses
N/A Number of emergency responses
N/A Number of non-emergency responses

N/A Total number of transports
N/A Number of emergency transports
N/A Number of non-emergency transports

9-1-1 Receiving Hospitals in Los Angeles County



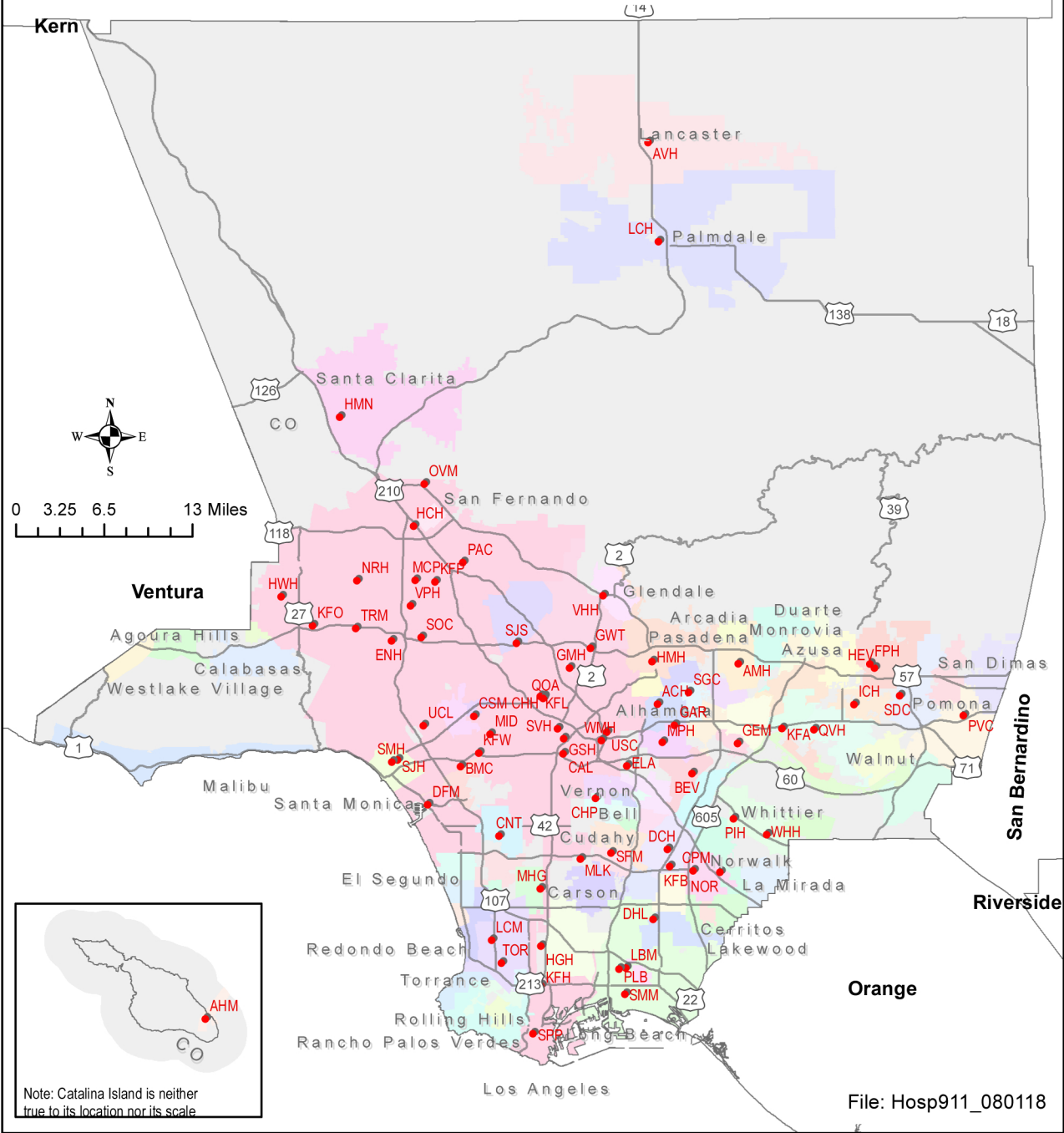
Code	Name
ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	Dignity Health-California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CHP	Community Hospital of Huntington Park
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	Cedars Sinai Medical Center
DCH	PIH Health Hospital - Downey
DFM	Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
ELA	East Los Angeles Doctors Hospital
ENH	Encino Hospital Medical Center
FPH	Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health-Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HEV	Glendora Community Hospital
HGH	LAC Harbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
ICH	Citrus Valley Medical Center - Inter-Community Campus
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFH	Kaiser Foundation Hospital - South Bay
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LBC	Community Hospital Long Beach
LBM	Long Beach Memorial Medical Center
LCH	Palmdale Regional Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King Jr. Community Hospital
MPH	Monterey Park Hospital
NOR	Los Angeles Community Hospital at Norwalk
NRH	Dignity Health-Northridge Hospital Medical Center
OVM	LAC Olive View-UCLA Medical Center
PAC	Pacifica Hospital of the Valley
PIH	PIH Health Hospital - Whittier
PLB	College Medical Center
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SDC	San Dimas Community Hospital
SFM	St. Francis Medical Center
SGC	San Gabriel Valley Medical Center
SJH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	Dignity Health-St. Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
SVH	St. Vincent Medical Center
TOR	Torrance Memorial Medical Center
TRI	Gardens Regional Hospital & Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WHH	Whittier Hospital Medical Center
WMH	Adventist Health White Memorial

*Note: Avalon Island is neither true to its location nor its size



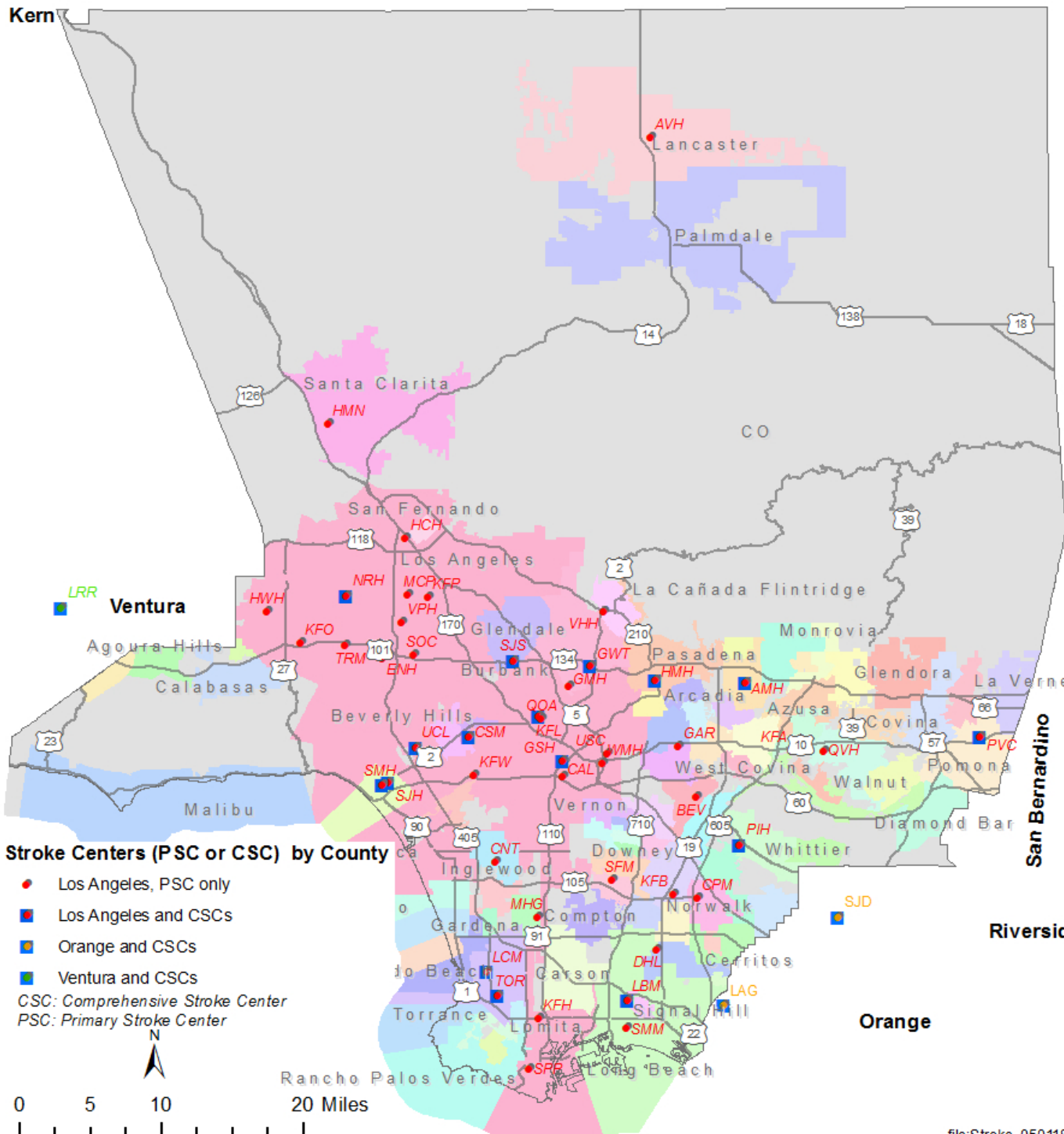
LOS ANGELES COUNTY 9-1-1 RECEIVING CENTERS

Effective As of July 3, 2018



Code	Name
ACH	Alhambra Hospital Medical Center
AHM	Catalina Island Medical Center
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
BMC	Southern California Hospital at Culver City
CAL	Dignity Health-California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CHP	Community Hospital of Huntington Park
CNT	Centinel Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	Cedars Sinai Medical Center
DCH	PIH Health Hospital - Downey
DFM	Marina Del Rey Hospital
DHL	Lakewood Regional Medical Center
ELA	East Los Angeles Doctors Hospital
ENH	Encino Hospital Medical Center
FPH	Foothill Presbyterian Hospital
GAR	Garfield Medical Center
GEM	Greater El Monte Community Hospital
GMH	Dignity Health-Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HEV	Glendora Community Hospital
HGH	LAC Harbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
ICH	Citrus Valley Medical Center - Inter-Community Campus
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFH	Kaiser Foundation Hospital - South Bay
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LBM	Long Beach Memorial Medical Center
LCH	Palmdale Regional Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
MID	Olympia Medical Center
MLK	Martin Luther King Jr. Community Hospital
MPH	Monterey Park Hospital
NOR	Los Angeles Community Hospital at Norwalk
NRH	Dignity Health-Northridge Hospital Medical Center
OVM	LAC Olive View-UCLA Medical Center
PAC	Pacific Hospital of the Valley
PIH	PIH Health Hospital - Whittier
PLB	College Medical Center
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SDC	San Dimas Community Hospital
SFM	St. Francis Medical Center
SGC	San Gabriel Valley Medical Center
SJH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	Dignity Health-St. Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
SVH	St. Vincent Medical Center
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WVH	Whittier Hospital Medical Center
WMH	Adventist Health - White Memorial

File: Hosp911_080118



Effective As of May 1, 2018

Code	Name
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
CAL	California Hospital Medical Center
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
ENH	Encino Hospital Medical Center
GAR	Garfield Medical Center
GMH	Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFH	Kaiser Foundation Hospital - South Bay
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LAG	Los Alamitos Medical Center
LBM	Long Beach Memorial Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LRR	Los Robles Hospital & Medical Center
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
NRH	Northridge Hospital Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SFM	St. Francis Medical Center
SJD	St. Jude Medical Center
SIH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	St. Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WMH	Adventist Health White Memorial

*Blue color record is Comprehensive Stroke Center



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2018
(Fiscal Years 2017-2018)**



Table 9 – RESOURCE DIRECTORY – Facilities

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Years 2017-2018**

Facility: Adventist Health – White Memorial
Address: 1720 Cesar Chavez Avenue
Los Angeles, CA 90033

Telephone Number: (323) 268-5000

<p><u>Written Contract:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Service:</u></p> <p><input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency</p>	<p><u>Base Hospital:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Burn Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>Pediatric Critical Care Center¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>Trauma Center:</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><u>If Trauma Center what level:</u></p> <p><input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV</p>
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<p><u>STEMI Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>Stroke Center:</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
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¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Alhambra Hospital
Address: 100 South Raymond Avenue
Alhambra, CA 91801

Telephone Number: (626) 570-1606

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴ EDAP⁵ PICU⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Antelope Valley Hospital
Address: 1600 West Avenue J
Lancaster, CA 93534

Telephone Number: (661) 949-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷ EDAP⁸ PICU⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Beverly Hospital
Address: 309 West Beverly Boulevard
Montebello, CA 90640

Telephone Number: (323) 726-1222

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰ EDAP¹¹ PICU¹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Catalina Island Medical Center
Address: 100 Falls Canyon Road
Avalon, CA 90704

Telephone Number: (310) 510-0700

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU¹⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Cedars Sinai Medical Center
Address: 8700 Beverly Medical Center
Los Angeles, CA 90048

Telephone Number: (310) 855-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶ EDAP¹⁷ PICU¹⁸	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Centinela Hospital Medical Center
Address: 555 East Hardy Street
Inglewood, CA 90301

Telephone Number: (310) 673-4660

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹ EDAP²⁰ PICU²¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Children’s Hospital Los Angeles
Address: 4650 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 660-2450

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP²³ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU²⁴ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Citrus Valley Medical Center-Inter-Community
Campus

Address: 210 West San Bernardino Road
Covina, CA 91723

Telephone Number: (626) 331-7331

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP²⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU²⁷ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Citrus Valley Medical Center-Queen of the Valley Campus
Address: 1115 South Sunset Avenue
 West Covina, CA 91790

Telephone Number: (626) 962-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁸ EDAP²⁹ PICU³⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Coast Plaza Doctors Hospital
Address: 13100 Studebaker Road
Norwalk, CA 90650

Telephone Number: (562) 868-3751

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center³¹ EDAP³² PICU³³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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³¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: College Medical Center
Address: 2776 Pacific Avenue
Long Beach, CA 90806

Telephone Number: (562) 595-1911

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁴ EDAP³⁵ PICU³⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

³⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Community Hospital of Huntington Park
Address: 2623 E. Slauson Ave
Huntington Park, CA 90023

Telephone Number: (323) 538-1931

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center³⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
EDAP³⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II
PICU³⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

³⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

³⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

³⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Community Hospital of Long Beach
Address: 1720 Termino Avenue
Long Beach, CA 90804

Telephone Number: (562) 498-1000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴⁰ EDAP⁴¹ PICU⁴²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁴⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁴² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-California Hospital **Telephone Number:** (213) 748-2411
 Medical Center
Address: 1401 South Grand Avenue
 Los Angeles, CA 90015

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁴³ EDAP⁴⁴ PICU⁴⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁴³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁴⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁴⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-Glendale Memorial Hospital and Health Center
Address: 1420 South Central Avenue
 Glendale, CA 91204

Telephone Number: (818) 502-1900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴⁶ EDAP⁴⁷ PICU⁴⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level III <input type="checkbox"/> Level II <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
⁴⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
⁴⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Dignity Health-Northridge Hospital **Telephone Number:** (818) 885-8500
 Medical Center
Address: 18300 Roscoe Boulevard
 Northridge, CA 91328

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁴⁹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP⁵⁰ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁵¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁴⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁵¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Dignity Health-St. Mary Medical Center
Address: 1050 Linden Avenue
Long Beach, CA 90813

Telephone Number: (562) 491-9000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁵² EDAP⁵³ PICU⁵⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁵² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: East Los Angeles Doctors Hospital
Address: 4060 East Whittier Boulevard
Los Angeles, CA 90023

Telephone Number: (323) 268-5514

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁵⁵ EDAP⁵⁶ PICU⁵⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁵⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁵⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Encino Hospital Medical Center
Address: 16237 Ventura Boulevard
Encino, CA 91436

Telephone Number: (818) 995-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁵⁸ EDAP⁵⁹ PICU⁶⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁵⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁵⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Foothill Presbyterian Hospital
Address: 250 South Grand Avenue
Glendora, CA 91749

Telephone Number: (626) 963-8411

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁶¹ EDAP⁶² PICU⁶³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

⁶¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶² Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶³ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Garfield Medical Center
Address: 525 North Garfield Avenue
Monterey Park, CA 91754

Telephone Number: (626) 573-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁶⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP⁶⁵ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No PICU⁶⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁶⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Glendale Adventist Medical Center
Address: 1509 East Wilson Terrace
Glendale, CA 91206

Telephone Number: (818) 409-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁶⁷ EDAP⁶⁸ PICU⁶⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁶⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁶⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁶⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Glendora Community Hospital
Address: 150 W. Route 66
Glendora, CA 91740

Telephone Number: (626) 335-0231

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷⁰ EDAP⁷¹ PICU⁷²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁷⁰ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷¹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷² Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Good Samaritan Hospital
Address: 1225 Wilshire Blvd
Los Angeles, CA 90017

Telephone Number: (213) 977-2121

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷³ EDAP⁷⁴ PICU⁷⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷³ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁴ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁵ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Greater El Monte Community Hospital
Address: 1701 Santa Anita Avenue
South El Monte, CA 91733

Telephone Number: (626) 579-7777

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷⁶ EDAP⁷⁷ PICU⁷⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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⁷⁶ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁷⁷ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁷⁸ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Henry Mayo Newhall Hospital
Address: 23845 West McBean Parkway
Valencia, CA 91355

Telephone Number: (661) 253-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁷⁹ EDAP⁸⁰ PICU⁸¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁷⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁸¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Hollywood Presbyterian Medical Center
Address: 1300 North Vermont Avenue
Los Angeles, CA 90027

Telephone Number: (323) 413-3000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁸² EDAP⁸³ PICU⁸⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁸² Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸³ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸⁴ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Huntington Hospital
Address: 100 West California Boulevard
Pasadena, CA 91105

Telephone Number: (626) 397-5000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁸⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP⁸⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU⁸⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁸⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁶ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁸⁷ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Baldwin Park
Address: 1011 Baldwin Park Boulevard
Baldwin Park, CA 91706

Telephone Number: (626) 851-1011

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁸⁸ EDAP⁸⁹ PICU⁹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁸⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁸⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Downey Medical Center
Address: 9333 Imperial Highway
Downey, CA 90242

Telephone Number: (562) 920-3023

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁹¹ EDAP⁹² PICU⁹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁹¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

⁹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Los Angeles
Address: 4867 Sunset Boulevard
Los Angeles, CA 90027

Telephone Number: (323) 783-4011

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center⁹⁴ EDAP⁹⁵ PICU⁹⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

⁹⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁶ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Panorama City
Address: 13652 Cantara Street
Panorama City, CA 91402

Telephone Number: (818) 375-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center⁹⁷ EDAP⁹⁸ PICU⁹⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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⁹⁷ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

⁹⁸ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

⁹⁹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Kaiser Foundation-South Bay
Address: 25825 South Vermont Avenue
Harbor City, CA 90710

Telephone Number: (310) 325-5111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰⁰ EDAP¹⁰¹ PICU¹⁰²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-West Los Angeles
Address: 6041 Cadillac Avenue
Los Angeles, CA 90034

Telephone Number: (323) 857-2000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁰³ EDAP¹⁰⁴ PICU¹⁰⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁰³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Kaiser Foundation-Woodland Hills
Address: 5601 De Soto Avenue
Woodland Hills

Telephone Number: (818) 719-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰⁶ EDAP¹⁰⁷ PICU¹⁰⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁰⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁰⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁰⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Harbor-UCLA Medical Center
Address: 1000 West Carson Street
Torrance, Ca 90502

Telephone Number: (310) 222-2345

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁰⁹ EDAP¹¹⁰ PICU¹¹¹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁰⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC Olive View Medical Center
Address: 14445 Olive View Drive
Sylmar, CA 91342

Telephone Number: (818) 364-1555

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹¹² EDAP¹¹³ PICU¹¹⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹¹² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹¹³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: LAC+USC Medical Center
Address: 1200 North State Street
Los Angeles, CA 90033

Telephone Number: (310) 226-2600

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center¹¹⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP¹¹⁶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU¹¹⁷ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹⁵ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹¹⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Lakewood Regional Medical Center
Address: 3700 East South Street
Lakewood, CA 90712

Telephone Number: (562) 531-2550

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹¹⁸ EDAP¹¹⁹ PICU¹²⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹¹⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹¹⁹ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

¹²⁰ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: Los Angeles Community Hospital at Norwalk
Address: 13222 Bloomfield Avenue
Norwalk, CA 90650

Telephone Number: (562) 863-4763

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹²¹ EDAP¹²² PICU¹²³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹²¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Long Beach Memorial Medical Center
Address: 2801 Atlantic Avenue
Long Beach, CA 90806

Telephone Number: (562) 933-2000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹²⁴ EDAP¹²⁵ PICU¹²⁶	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹²⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Marina Del Rey Hospital
Address: 4650 Lincoln Boulevard
 Marina Del Rey, CA 90291

Telephone Number: (310) 823-8911

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹²⁷ EDAP¹²⁸ PICU¹²⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹²⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹²⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹²⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Martin Luther King Jr Community Hospital
Address: 1680 East 120th Street
Los Angeles, CA 90059

Telephone Number: (424) 388-8000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹³⁰ EDAP¹³¹ PICU¹³²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹³⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Memorial Hospital of Gardena
Address: 1145 West Redondo Beach Boulevard
Gardena, CA 90247

Telephone Number: (310) 532-4200

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³³ EDAP¹³⁴ PICU¹³⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Methodist Hospital of Southern California
Address: 300 West Huntington Drive
Arcadia, CA 91007

Telephone Number: (626) 898-8000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³⁶ EDAP¹³⁷ PICU¹³⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹³⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹³⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Mission Community Hospital
Address: 14850 Roscoe Boulevard
Panorama City, CA 91402

Telephone Number: (818) 787-2222

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹³⁹ EDAP¹⁴⁰ PICU¹⁴¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹³⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Monterey Park Hospital
Address: 900 South Atlantic Boulevard
Monterey Park, CA 91754

Telephone Number: (626) 570-9000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁴² EDAP¹⁴³ PICU¹⁴⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁴² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Olympia Medical Center
Address: 5900 West Olympic Boulevard
Los Angeles, CA 90036

Telephone Number: (310) 657-5900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴⁵ EDAP¹⁴⁶ PICU¹⁴⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁴⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁴⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁴⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pacifica Hospital of the Valley
Address: 9449 San Fernando Road
Sun Valley, CA 91352

Telephone Number: (818) 767-3310

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁴⁸ EDAP¹⁴⁹ PICU¹⁵⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁴⁸ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁴⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Palmdale Regional Medical Center
Address: 38600 Medical Center Drive
Palmdale, CA 93551

Telephone Number: (661) 940-1498

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁵¹ EDAP¹⁵² PICU¹⁵³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁵¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Pomona Valley Hospital Medical Center **Telephone Number:** (909) 623-8715
Address: 1768 North Garey Avenue
Pomona, CA 91767

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁵⁴ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No EDAP¹⁵⁵ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU¹⁵⁶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁵⁴ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*
¹⁵⁵ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*
¹⁵⁶ Meets California *Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Downey
Address: 11500 Brookshire Avenue
Downey, CA 90241

Telephone Number: (562) 904-5000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁵⁷ EDAP¹⁵⁸ PICU¹⁵⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

¹⁵⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁵⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁵⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: PIH Health Hospital-Whittier
Address: 12401 East Washington Boulevard
Whittier, CA 90602

Telephone Number: (562) 698-0811

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁶⁰ EDAP¹⁶¹ PICU¹⁶²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁶⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Holy Cross Medical Center
Address: 15031 Rinaldi Street
Mission Hills, CA 91345

Telephone Number: (818) 365-8051

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶³ EDAP¹⁶⁴ PICU¹⁶⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center San Pedro
Address: 1300 West Seventh Street
 San Pedro, CA 90732

Telephone Number: (310) 832-3311

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶⁶ EDAP¹⁶⁷ PICU¹⁶⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁶⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁶⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Little Company of Mary Medical Center Torrance
Address: 4101 Torrance Boulevard
 Torrance, CA 90503

Telephone Number: (310) 540-7676

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁶⁹ EDAP¹⁷⁰ PICU¹⁷¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁶⁹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁰ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷¹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint John's Health Center **Telephone Number:** (310) 829-5511
Address: 2121 Santa Monica Boulevard
Santa Monica, CA 90404

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁷² EDAP¹⁷³ PICU¹⁷⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁷² Meets EMSA Pediatric Critical Care Center (PCCC) Standards
¹⁷³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards
¹⁷⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Saint Joseph Medical Center
Address: 501 South Buena Vista Street
Burbank, CA 91505

Telephone Number: (818) 843-5111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁷⁵ EDAP¹⁷⁶ PICU¹⁷⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁷⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁷⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Providence Tarzana Medical Center
Address: 18321 Clark Street
Tarzana, CA 91356

Telephone Number: (818) 881-0800

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁷⁸ EDAP¹⁷⁹ PICU¹⁸⁰	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁷⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁷⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Ronald Regan UCLA Medical Center
Address: 757 Westwood Plaza
Los Angeles, CA 90095

Telephone Number: (310) 825-9111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input type="checkbox"/> Basic Emergency <input checked="" type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁸¹ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No EDAP¹⁸² <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PICU¹⁸³ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Trauma Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>If Trauma Center what level:</u> <input checked="" type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁸¹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

¹⁸² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Dimas Community Hospital
Address: 1350 West Covina Boulevard
San Dimas, CA 91773

Telephone Number: (909) 599-6811

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁸⁴ EDAP¹⁸⁵ PICU¹⁸⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁸⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: San Gabriel Valley Medical Center
Address: 438 West La Tunas Drive
San Gabriel, CA 91776

Telephone Number: (626) 289-5454

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁸⁷ EDAP¹⁸⁸ PICU¹⁸⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁸⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁸⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁸⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Santa Monica-UCLA Medical Center
Address: 1250 16th Street
Santa Monica, CA 90404

Telephone Number: (310) 319-4000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹⁰ EDAP¹⁹¹ PICU¹⁹²	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹⁰ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹¹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹² Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Sherman Oaks Hospital
Address: 4929 Van Nuys Boulevard
Sherman Oaks, CA 91403

Telephone Number: (818) 981-7111

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹³ EDAP¹⁹⁴ PICU¹⁹⁵	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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¹⁹³ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁴ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁵ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Southern California Hospital at Culver City
Address: 3828 Delmar Terrace
Culver City, CA 90231

Telephone Number: (310) 836-7000

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center¹⁹⁶ EDAP¹⁹⁷ PICU¹⁹⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Stroke Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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¹⁹⁶ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

¹⁹⁷ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

¹⁹⁸ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: St. Francis Medical Center
Address: 3630 East Imperial Highway
Lynwood, CA 90262

Telephone Number: (310) 900-8900

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center¹⁹⁹ EDAP²⁰⁰ PICU²⁰¹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

¹⁹⁹ Meets EMSA *Pediatric Critical Care Center (PCCC) Standards*

²⁰⁰ Meets EMSA *Emergency Departments Approved for Pediatrics (EDAP) Standards*

²⁰¹ Meets California Children Services (CCS) *Pediatric Intensive Care Unit (PICU) Standards*

TABLE 9: FACILITIES

Facility: St. Vincent Medical Center
Address: 2131 West 3rd Street
Los Angeles, CA 90057

Telephone Number: (213) 484-7111

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁰² EDAP²⁰³ PICU²⁰⁴	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input checked="" type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²⁰² Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰³ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁴ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Torrance Memorial Medical Center
Address: 3330 West Lomita Boulevard
Torrance, CA 90505

Telephone Number: (310) 325-9110

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Burn Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Pediatric Critical Care Center²⁰⁵ EDAP²⁰⁶ PICU²⁰⁷	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²⁰⁵ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁶ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²⁰⁷ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: USC Verdugo Hills Hospital
Address: 1812 Verdugo Boulevard
Glendale, CA 91208

Telephone Number: (818) 790-7100

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²⁰⁸	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>		
EDAP²⁰⁹	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II
PICU²¹⁰	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²⁰⁸ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²⁰⁹ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁰ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Valley Presbyterian Hospital
Address: 15107 Vanowen Street
Van Nuys, CA 91405

Telephone Number: (818) 782-6600

<u>Written Contract:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Service:</u> <input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<u>Base Hospital:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Burn Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Pediatric Critical Care Center²¹¹ EDAP²¹² PICU²¹³	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>If Trauma Center what level:</u> <input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV
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<u>STEMI Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>Stroke Center:</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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²¹¹ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹² Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹³ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: West Hills Hospital and Medical Center
Address: 7300 Medical Center Drive
West Hills, CA 91307

Telephone Number: (818) 676-4000

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Pediatric Critical Care Center²¹⁴ EDAP²¹⁵ PICU²¹⁶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

²¹⁴ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁵ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁶ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards

TABLE 9: FACILITIES

Facility: Whittier Hospital Medical Center
Address: 9080 Colima Road
Whittier, CA 90605

Telephone Number: (562) 945-3561

<u>Written Contract:</u>	<u>Service:</u>	<u>Base Hospital:</u>	<u>Burn Center:</u>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Referral Emergency <input type="checkbox"/> Standby Emergency <input checked="" type="checkbox"/> Basic Emergency <input type="checkbox"/> Comprehensive Emergency	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Pediatric Critical Care Center²¹⁷ EDAP²¹⁸ PICU²¹⁹	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Trauma Center:</u>	<u>If Trauma Center what level:</u>
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Level I <input type="checkbox"/> Level II <input type="checkbox"/> Level III <input type="checkbox"/> Level IV

<u>STEMI Center:</u>	<u>Stroke Center:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

²¹⁷ Meets EMSA Pediatric Critical Care Center (PCCC) Standards

²¹⁸ Meets EMSA Emergency Departments Approved for Pediatrics (EDAP) Standards

²¹⁹ Meets California Children Services (CCS) Pediatric Intensive Care Unit (PICU) Standards





Los Angeles County Trauma Centers

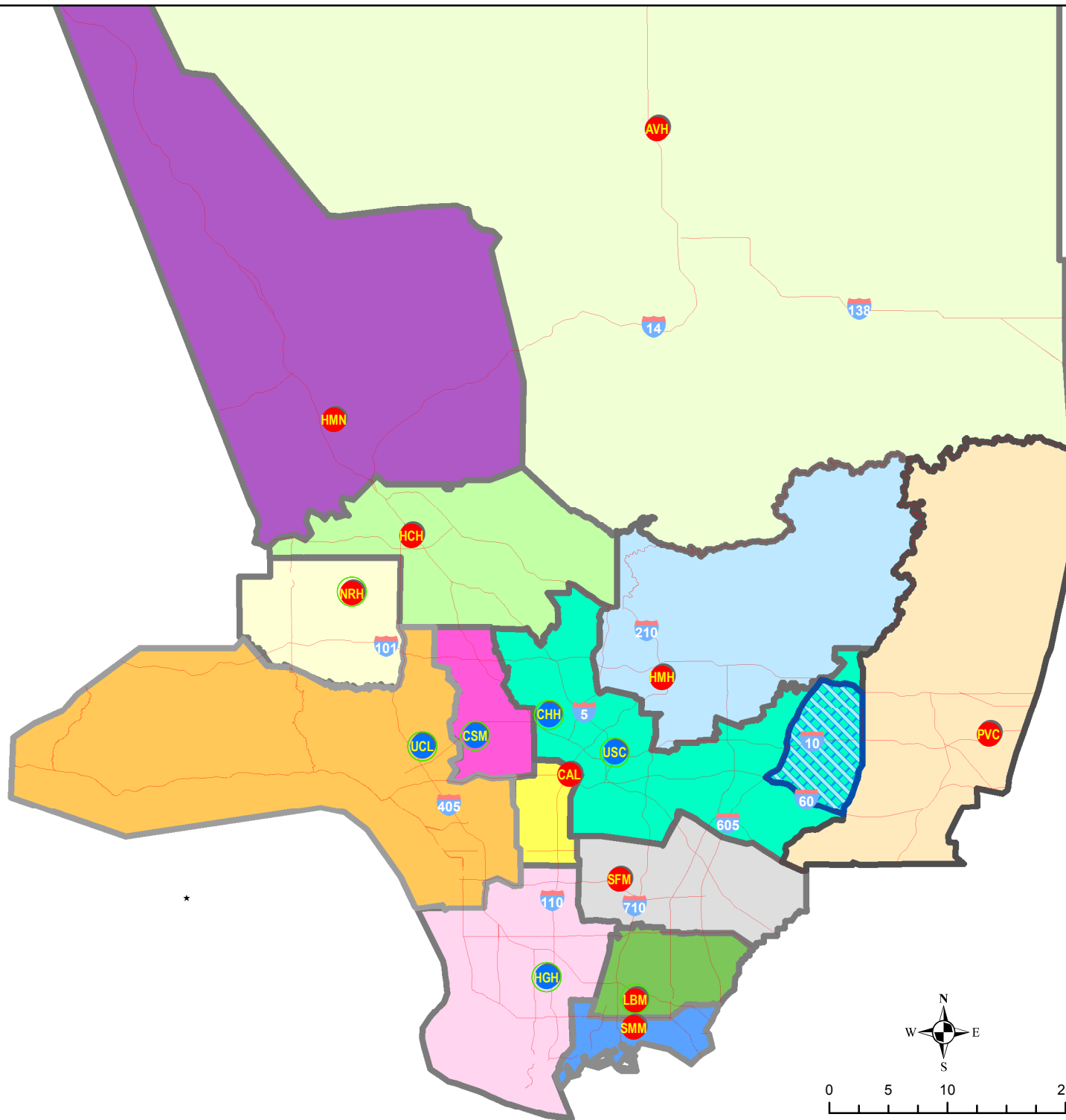
Trauma Centers As of 2017

Code	Name
AVH	Antelope Valley Hospital
CAL	California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CSM	Cedars Sinai Medical Center
HCH	Providence HolyCross Medical Center
HGH	LAC Harbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
LBM	Long Beach Memorial Medical Center
NRH	Northridge Hospital Medical Center
PVC	Pomona Valley Hospital Medical Center
SFM	Saint Francis Medical Center
SMM	Saint Mary Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center

TRAUMA012017

Trauma Centers

-  LEVEL I/PTC
-  LEVEL II
-  LEVEL II/PTC
-  PVC_USC_shared





Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE
(Fiscal Year 2018-2019)



Table 11 – RESOURCE DIRECTORY – Public Dispatch Agencies

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2018-2019**

Note: Complete information for each facility by county. Make copies as needed.

Name & Address: Avalon Fire Department P.O. Box 707 Avalon, CA 90704		Primary Contact & Phone Number: Michael Krug Fire Chief 310.510.0203 x205	
Written Contract: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: ___97___ EMD ___14___ EMT-D _____ ALS _____ BLS _____ LALS _____ Other
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ___	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Beverly Hills Police Department 464 North Rexford Drive Beverly Hills CA 90210			Primary Contact & Phone Number: Dona Noris Communications Manager 310.288.2634		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input type="checkbox"/> no <i>(Note: BHPD Dispatch utilizes PowerPhone as its EMS product and receives oversight through Dr Angelique Campen.)</i>	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 13 EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Culver City Fire Department- MERGED WITH SBRCC 9770 Culver Boulevard Culver City, CA 90232			Primary Contact & Phone Number:		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D 49 ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Downey Fire Dispatch Center, “Downey Dispatch” 12222 Paramount Blvd. Downey, CA 90242			Primary Contact & Phone Number: Tracy Gonzales Fire Communication Supervisor 562.299.5413 Tracy.Gonzales@areaefire.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: <u>10</u> EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: La Verne Police Department 2061 3 rd Street La Verne, CA 91750			Primary Contact & Phone Number: SUPERViSOR Rebekah Biederman 909.596.1913		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 2 _____ EMD _____ 1 _____ EMT-D _____ 30 _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain:____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Los Angeles County Fire Department 1320 N. Eastern Avenue Los Angeles, CA 90063			Primary Contact & Phone Number: Chris Bundesen Assistant Fire Chief 323.881.2370 Chris.Bundesen@fire.lacounty.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 97 _____ EMD _____ 14 _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Name & Address: Los Angeles Fire Department – Metro Fire Communications 500 E. Temple Street Los Angeles, CA 90012			Primary Contact & Phone Number: Carlos Calvillo Assistant Fire Chief 213.576.8900 Carlos.Calvillo@lacity.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ 86 _____ EMD _____ EMT-D _____ 33 ALS _____ 53 _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Fire District <input type="checkbox"/> Federal		

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Long Beach Fire Disaster Prep Communications 2990 Redondo Avenue Long Beach, CA 90808			Primary Contact & Phone Number: Dan Cunningham 562.570.9470		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Redondo Beach Police/Fire Communications Center 401 Diamond Street Redondo Beach, CA 90277 310-379-2477			Primary Contact & Phone Number: Jason Kilpatrick Communications Supervisor 310.374.0287 Jason.Kilpatrick@redondo.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD ___2___ EMT-D _____ ALS _____ BLS _____ LALS ___11___ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Santa Monica Public Safety Communications 333 Olympic Drive, 2 nd Floor Santa Monica, CA 90401			Primary Contact & Phone Number: Lindsay Call Officer, OEM 310.864-4183 Lindsay.Call@smgov.net		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: South Bay Regional Public Communications Authority 4440 W. Broadway Hawthorne, CA 90250			Primary Contact & Phone Number: Shannon Kauffman 310.973.1802 x102 skauffman@rcc911.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503			Primary Contact & Phone Number: Lieutenant CHRIS ROOSEN 310.618.5673 croosen@torranceca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ 12 Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Name & Address: Verdugo Fire Communications Center 421 Oak Street Glendale, CA 91204			Primary Contact & Phone Number: Battalion Chief Brian Murphy 818.548.5668 bmurphy@glendaleca.gov		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Medical Director: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private		If Public: <input checked="" type="checkbox"/> Fire <input type="checkbox"/> Law <input type="checkbox"/> Other explain: ____	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District

Table 11 – Resource Directory – Dispatch Agencies

Name & Address: West Covina Fire Department 1444 W. Garvey Avenue West Covina, CA 91790			Primary Contact & Phone Number: Kim West 626.939.8519 Kim.west@wcpd.org		
Written Contract: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<input checked="" type="checkbox"/> Day-to-day <input checked="" type="checkbox"/> Disaster	Number of Personnel Providing Services: _____ EMD _____ EMT-D _____ ALS _____ BLS _____ LALS _____ Other		
Ownership: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	Medical Director: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	If Public: <input checked="" type="checkbox"/> Fire <input checked="" type="checkbox"/> Law <input type="checkbox"/> Other explain: _____ Uses Powerphone and their medical director	If Public: <input checked="" type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District	If Public: <input type="checkbox"/> City <input type="checkbox"/> Fire District



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES PLAN
ANNUAL UPDATE 2018**



Table 10 – RESOURCE DIRECTORY – Approved Training Programs

EMS System: **Los Angeles County**

Reporting Year: **Fiscal Year 2017-18**

Training Institution Name/Address		Program Director/Telephone Number
Alhambra Unified School District 1515 W Mission Road Alhambra, CA 91803		Name: Leann Huang Office: 626.943.6990 Fax: 626.308.2585 e-mail: hung_leann@ausd.us
Student Eligibility: Open to the general public 18 years of age and older	Cost of Program: Basic: \$300 Refresher: N/A	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 13 Refresher: 0 Expiration date: 10/31/2022 Number of courses: Initial training: 1 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley College 3041 West Avenue K Lancaster, CA 93536		Name: Jeff Stephens Office: 661.722.6300 x6139 Fax: 661.722.6403 e-mail: jstephens@avc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$535 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 35 Refresher: 0 Expiration date: 12/31/2021 Number of courses: Initial training: 8 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Antelope Valley Unified High School District CTE 39055 25 th St West Palmdale, CA 93551		Name: Christy Chacon Office: 661.538.0304 x336 Fax: 661.538.0405 e-mail: cchacon@avhdsd.org
Student Eligibility: Adult Ed - Open to the public High School – In district students only	Cost of Program: Basic: \$550 High School - Free Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 120 Refresher: 0 Expiration date: 12/31/2023 Number of courses: Initial training: 4 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Beverly Hills Fire Department 445 North Rexford Drive Beverly Hills, CA 90210		Name: Sean Stokes Office: 310.281.2733 Fax: 310.278.2449 e-mail: sstokes@beverlyhills.org
Student Eligibility: Restricted to Beverly Hills Fire Department personnel or an adjunct provider of Beverly Hills Fire Dept	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: 87 Expiration date: 13/31/2022 Number of courses: Initial training: 0 Refresher: 1

Training Institution Name/Address		Program Director/Telephone Number
Burbank Fire Department 311 E. Orange Grove Avenue Burbank, CA 91502		Name: Susan Hayward Office: 818.238.3453 Fax: 818.238.3483 e-mail: shayward@burbankca.gov
Student Eligibility: Restricted to Burbank Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 5/31/2021 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California Advancing Pathways for Students (CalAPS) 16703 S Clark Avenue Bellflower, CA 90706		Name: Lisa Azevedo Office: 562.866.9011 x2184 Fax: n/a e-mail: lazevedo@busd.k12.ca.us
Student Eligibility: High school seniors enrolled in the CalAPS program	Cost of Program: Basic: \$0 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 8 Refresher: 0 Expiration date: 8/31/2022 Number of courses: Initial training: 1 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
California Institute of EMT 2669 Myrtle Avenue, #201 Long Beach, CA 90755		Name: Matthew Goodman Office: 562.989.1520 Fax: 562.989.9015 e-mail: admin@ciemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1095/1158 Refresher: \$180-210	Program Level: EMT Number of students completing training per year: Initial training: 700 Refresher: 120 Expiration date: 2/28/2021 Number of courses: Initial training: 32 Refresher: 6

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
California State University – Long Beach 6300 State University Drive, Foundation Suite 104 Long Beach, CA 90815		Name: Peter Kreysa Office: 562.985.8111 Fax: 562.985.4414 e-mail: peter.kreysa@csulb.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$unk Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 6/30/2019 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Citrus College 1000 West Foothill Blvd Glendora, CA 91741		Name: Cliff Hadsell Office: 626.914.8755 Fax: 626.914.8724 e-mail: chadsell@citruscollege.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$322 plus textbook Refresher: \$150	Program Level: EMT Number of students completing training per year: Initial training: 70 Refresher: 0 Expiration date: 12/31/2021 Number of courses: Initial training: 4 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355-1899 www.canyons.edu/		Name: Patti Haley Office: 661.362.5804 Fax: n/a e-mail: patti.haley@canyons.edu
Student Eligibility: Open to the general public Must be 18 years of age the first day class meets	Cost of Program: Basic: College tuition for 8.0 units (currently \$46/per unit) plus additional college fees (i.e. Parking, ASG) See COC website for additional information. Additional costs for background check (\$48), fire card \$59, Drug test \$59, physical, immunizations, titers, uniforms, and textbooks. Refresher: Currently \$46/unit plus college fees – (2 unit course)	Program Level: EMT Number of students completing training per year: Initial training: 140 Refresher: 16 Expiration date: 3/31/2022 Number of courses: Initial training: 9 Refresher: 1
Training Institution Name/Address		Program Director/Telephone Number
Downey Adult School 12340 Woodruff Avenue Downey, CA 90241		Name: Mariana Pacheco Office: 562.940.6277 Fax: 562-940-6221 e-mail: mpacheco@das.edu
Student Eligibility: Open to the general public 18 years of age or older High School Diploma	Cost of Program: Basic: \$1,199 Refresher: \$299	Program Level: EMT Number of students completing training per year: Initial training: 63 Refresher: 0 Expiration date: 1/31/2020 Number of courses: Initial training: 3 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
East Los Angeles College 1301 Avenida Cesar Chavez Monterey Park, CA 91754		Name: Cheryl Pittman Office: 323.267.3793 Fax: 323.265.8619 e-mail: pittmacl@elac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 120 Refresher: 0 Expiration date: 1/31/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
East San Gabriel Valley ROP and Technical Center 1501 West Del Norte Street West Covina, CA 91790		Name: Brian Richling Office: 626.472.5156 Fax: 626.472.5148 e-mail: brichling@esgvrop.org
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: unk	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 4/30/2019 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
El Camino College 16007 Crenshaw Blvd. Torrance, CA 90506		Name: Ryan Carey Office: 310-660-3616 Fax: 310.660.3106 e-mail: rcarey@elcamino.edu
Student Eligibility: Open to El Camino enrolled students BLS for Healthcare Provider Background check	Cost of Program: Basic: unk Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 9/30/2019 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Glendale Community College 1500 N. Verdugo Road Glendale, CA 91208		Name: Richard Hayne Office: 818.240.1000 x5838 Fax: e-mail: hayne.richard@gmail.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$46/unit Refresher: \$46/unit	Program Level: EMT Number of students completing training per year: Initial training: 160 Refresher: 0 Expiration date: 1/30/2020 Number of courses: Initial training: 2 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Glendale Fire Department 420 Oak Street Glendale, CA 91204		Name: Vince Rifino Office: 818.550.5632 Fax: 818.409.7111 e-mail: vrifino@glendaleca.gov
Student Eligibility: Restricted to City of Glendale Fire Department	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 9/31/2021 Number of courses: Initial training: 0 Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Long Beach City College 4901 East Carson St. Long Beach, CA 90808		Name: Sean Parker Office: 562.714.0165 Fax: e-mail: sparker@lbcc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 11/30/2019 Number of courses: Initial training: unk Refresher:

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Long Beach Fire Department 3205 N. Lakewood Blvd Long Beach, CA 90808-1733		Name: Joanne Dolan Office: 562.570.2547 Fax: 562.570.2564 e-mail: joanne.dolan@longbeach.gov
Student Eligibility: Restricted to Long Beach City employees	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: unk Refresher: unk Expiration date: 11/30/2019 Number of courses: Initial training: unk Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Fire Department 1700 Stadium Way, Room 100 Los Angeles, CA 90012		Name: Stacy Gerlich Office: 213.893.9869 Fax: 213.473.4203 e-mail: stacy.gerlich@lacity.org
Student Eligibility: Restricted to Los Angeles Fire Department personnel and certain City of Los Angeles employees that maintain EMT certification.	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 6/30/2019 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department – EMS Section 1255 Corporate Center Dr Monterey Park, CA 91754		Name: Paula LaFarge Office: 213.220.2430 Fax: e-mail: paula.lafarge@fire.lacounty.gov
Student Eligibility: Restricted to Los Angeles County Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 134 Refresher: 0 Expiration date: 3/31/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Fire Department - Lifeguard Division 2600 The Strand Manhattan Beach, CA 90266		Name: Brian Lanich Office: 310.939.7209 Fax: 310.545.4280 e-mail: brian.lanich@fire.lacounty.gov
Student Eligibility: Los Angeles County Fire Department Lifeguard Division personnel or partner agency personnel in Los Angeles County	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 12/31/2020 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County Sheriff’s Department 4700 Ramona Blvd, Room 234 Monterey Park, CA 91754		Name: Janet Henderson Office: 818.219.7581 Fax: e-mail: janhende@yahoo.com
Student Eligibility: Los Angeles County Sheriff Department employees	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 88 Expiration date: 3/31/2019 Number of courses: Initial training: 0 Refresher: 7

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Harbor College Division of Nursing and Health Sciences 1111 Figueroa Place Wilmington, CA 90744-2397		Name: Lynn Yamakawa Office: 310.233.4362 Fax: 310.233.4683 e-mail: yamakawalm@lahc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$900 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 9/30/2022 Number of courses: Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles Valley College 5800 Fulton Avenue Valley Glen, CA 91320		Name: Alan R. Cowen Office: 818.947.2982 Fax: e-mail: cowenar@lavc.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$368 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 110 Refresher: 0 Expiration date: 11/30/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789		Name: David Mah Office: 909.274.6218 Fax: 909.274.2027 e-mail: dmah2@mtsac.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$600 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 74 Refresher: 0 Expiration date: 12/31/2017 Number of courses: Initial training: 6 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Mt. San Antonio College 1100 North Grand Avenue, Room 28A-101E Walnut, CA 91789		Name: Raymond Mosack Office: 909.274.5747 Fax: 909.274.2027 e-mail: rmosack@mtsac.edu
Student Eligibility: Open to the general public EMT Certification 1200 hours of EMT experience Pass physical exam, drug screen and background Complete EMS 1 and EMS 2	Cost of Program: Basic: \$4500.00 Refresher: N/A	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: unk Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
North Valley Occupational Center 11450 Sharp Avenue Mission Hills, CA 91345		Name: Refugio Rios Office: 818.256.1319 Fax: 818.365.2695 e-mail: rxr1167@lausd.net
Student Eligibility: Open to the general public	Cost of Program: Basic: \$140 Refresher: N/A	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 50 Refresher: 0 Expiration date: 10/31/2022 Number of courses: Initial training: 3 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Los Angeles County EMS Agency - Paramedic Training Institute 10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670		Name: Mark Ferguson Office: 562.347.1571 Fax: 562.941.5835 e-mail: maferguson@dhs.lacounty.gov
Student Eligibility: Open to the general public Must be enrolled at El Camino College Contact PTI for additional requirements	Cost of Program: Basic: \$unk Refresher: n/a	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 4 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Pasadena City College 3035 E Foothill Blvd, B-6 Pasadena, CA 91107		Name: Barry Jensen Office: 626.585.3062 Fax: e-mail: bjensen4@pasadena.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: unk Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 4/30/2020 Number of courses: Initial training: unk Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Pasadena Fire Department 215 N Marengo Avenue #195 Pasadena, CA 91101		Name: Jason Hansen Office: 626.793.0074 Fax: 626.356.1327 e-mail: jhansen@cityofpasadena.net
Student Eligibility: Restricted to City of Pasadena Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 1/31/2022 Number of courses: Initial training: 0 Refresher: unk

Training Institution Name/Address		Program Director/Telephone Number
Professional Career Development Center 420 Date St Montebello, CA 90640		Name: Office: Fax: e-mail:
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1700 Refresher: \$350	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 0 Expiration date: 8/31/2022 Number of courses: Initial training: 0 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Rio Hondo Community College 11400 Greenstone Avenue Santa Fe Springs, CA 90670		Name: Scott Jaeggi Office: 562.941.4082 Fax: 562.941.7382 e-mail: sjaeggi@riohondo.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1000 Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 120 Refresher: 0 Expiration date: 3/31/2022 Number of courses: Initial training: 5 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Santa Monica Fire Department 333 Olympic Drive Santa Monica, CA 90401		Name: Jodi Nevandro Office: 310.458.4929 Fax: 310.458.8650 e-mail: jodi.nevandro@smgov.net
Student Eligibility: Restricted to Santa Monica Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 0 Refresher: 55 Expiration date: 3/31/2022 Number of courses: Initial training: 0 Refresher: 1

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
Southern California Regional Occupational Center (SCROC) 2300 Crenshaw Blvd Torrance, CA 90501		Name: Atlas Helaire Office: 310.224.4216 Fax: 310.320.1029 e-mail: drhelaire@scroc.k12.ca.us
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1000 Materials not included Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 34\6 Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: 2 Refresher: 0

Training Institution Name/Address		Program Director/Telephone Number
Torrance Fire Department 1701 Crenshaw Blvd Torrance, CA 90501		Name: Mike Hansen Office: 310.781.7033 Fax: e-mail: mhansen@torranceca.gov
Student Eligibility: Restricted to Torrance Fire Department personnel	Cost of Program: Basic: n/a Refresher: n/a	Program Level: EMT Number of students completing training per year: Initial training: 0 Refresher: unk Expiration date: 3/31/2022 Number of courses: Initial training: 0 Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Aaron Aumann Office: 661.726.1911 x143 Fax: 661.726.5158 e-mail: aaron.aumann@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$1300 Refresher: \$165	<u>Program Level:</u> EMT Number of students completing training per year: Initial training: 1060 Refresher: 70 Expiration date: 7/31/2020 Number of courses: Initial training: 8 Refresher: 12

Training Institution Name/Address		Program Director/Telephone Number
University of Antelope Valley 44055 Sierra Hwy Lancaster, CA 93534		Name: Aaron Aumann Office: 661.726.1911 x143 Fax: 661.951.5158 e-mail: aaron.aumann@uav.edu
Student Eligibility: Open to the general public	Cost of Program: Basic: \$15,950 Refresher: n/a	<u>Program Level:</u> Paramedic Number of students completing training per year: Initial training: 45 Refresher: 0 Expiration date: 7/31/2020 Number of courses: Initial training: 4 Refresher: 0

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
UCLA Center for Prehospital Care 1083 Gayle Avenue Los Angeles, CA 90024		Name: Michael Kaduce Office: 310.312.9316 Fax: 310.312.9322 e-mail: mkaduce@mednet.ucla.edu
Student Eligibility: Open to the general public who are 18 years old	Cost of Program: Basic: \$1495 Refresher: \$195	Program Level: EMT Number of students completing training per year: Initial training: 623 Refresher: 308 Expiration date: 10/31/2022 Number of courses: Initial training: 22 Refresher: 12

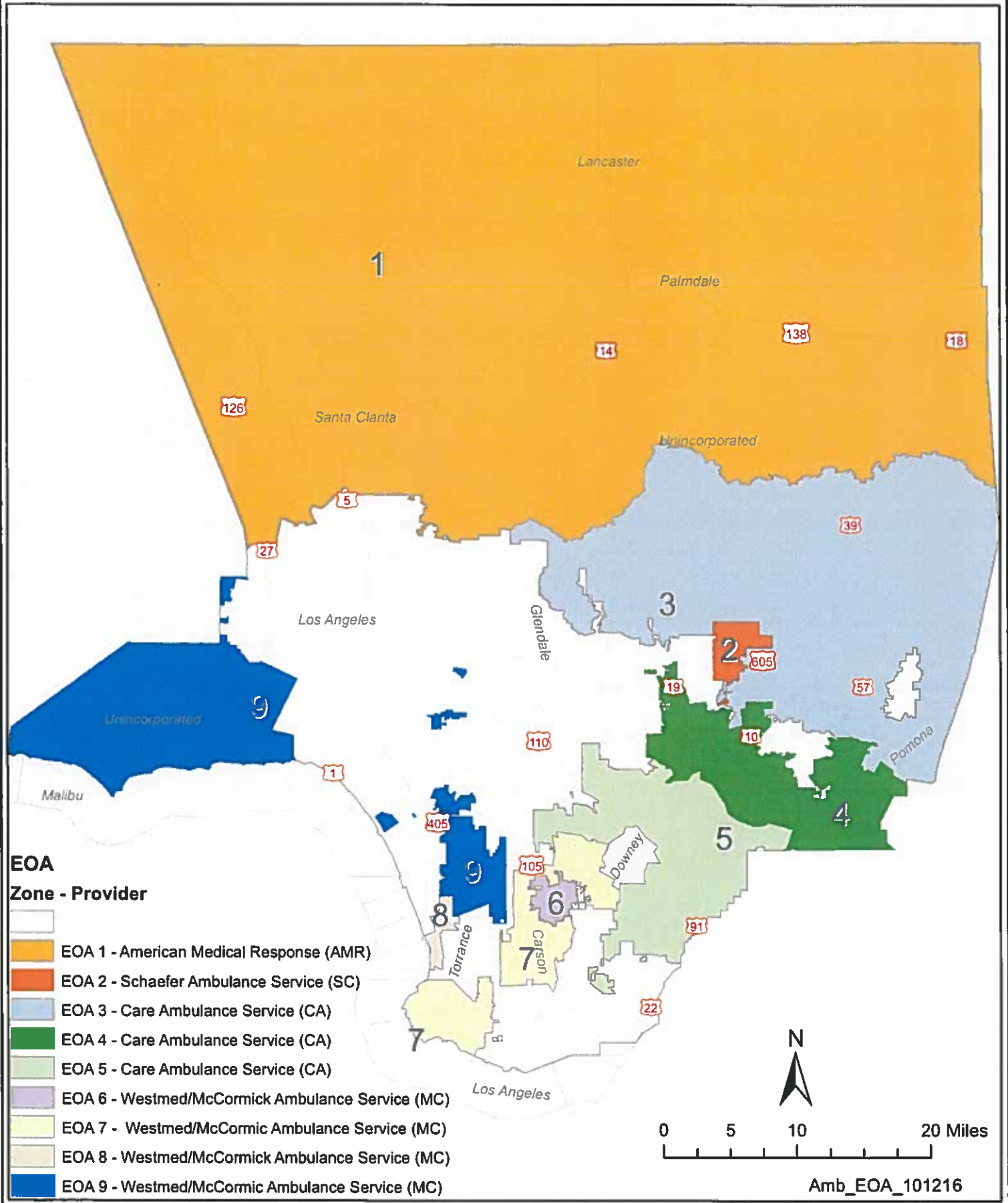
Training Institution Name/Address		Program Director/Telephone Number
UCLA Paramedic Education 52220 Pacific Concourse Drive, Suite 135 Los Angeles, CA 90045		Name: Heather Davis Office: 310.680.1101 Fax: 310.297.2020 e-mail: hdavis@mednet.ucla.edu
Student Eligibility: Open to general public	Cost of Program: Basic: \$10,000 – tradition \$16000 - hybrid Refresher: \$350	Program Level: Paramedic Number of students completing training per year: Initial training: unk Refresher: 0 Expiration date: 12/31/2020 Number of courses: Initial training: unk Refresher: unk

Table 10 – RESOURCE DIRECTORY – Approved Training Programs

Training Institution Name/Address		Program Director/Telephone Number
West Coast EMT 1009 Torrance Blvd Redondo Beach, CA 90277		Name: Matt Horan Office: 714-558-9604 Fax: e-mail: matt@westcoastemt.com
Student Eligibility: Open to the general public	Cost of Program: Basic: \$950 Refresher: \$275	Program Level: EMT Number of students completing training per year: Initial training: 100 Refresher: 12 Expiration date: 7/31/2021 Number of courses: Initial training: 11 Refresher: 1

Training Institutions noted by yellow highlight failed to provide the requested information after repeated requests.

LOS ANGELES COUNTY 9-1-1 AMBULANCE EXCLUSIVE OPERATING AREAS 2016



**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 1</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">American Medical Response of Southern California</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision emergency ambulance transportation services in Emergency Operating Area 1. EOA 1 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 1 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 2 (City of Monrovia)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Schaefer Ambulance Services</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Schaefer Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 2.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
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AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 3</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 3.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
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In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 4</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 4.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
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AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 5</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Care Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 5.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 6</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmend/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains Urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6. EOA 6 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 6 allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 7</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 7. EOA 7 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 7, allowing for an effective date of July 1, 2017 – June 30, 2027.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 8 (City of Redondo Beach)</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 8. EOA 8 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 8, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">Emergency Operating Area 9</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban area only. See Attached Map.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">Following a Request For Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with American Medical Response of Southern California on January 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 9. EOA 9 was a non-contested zone and the EMS Authority approved implementing this zone effective January 1, 2017. In order to have all 9 EOA Agreements expire on the same ten year cycle (contested EOAs were approved as of July 1, 2017), the EMS Authority authorized amending the term of EOA 9, allowing for an effective date of July 1, 2017 – June 30, 2027</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from January 1, 2017 and amended to July 1, 2017 through June 30, 2027.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Alhambra</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Alhambra Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Alhambra has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Alhambra had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Alhambra Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Arcadia</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Arcadia Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Arcadia has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Arcadia had provided continuous emergency ambulance services prior to 1981. On May 16, 1992 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Arcadia Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Beverly Hills</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Beverly Hills Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Beverly Hills has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Beverly Hills City of Arcadia had provided continuous emergency ambulance services prior to 1981. On April 2, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Beverly Hills Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Burbank</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Burbank Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Burbank has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Burbank had provided continuous emergency ambulance services prior to 1981. On May 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Burbank Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Culver City</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Culver City Fire Department</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Culver City has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Culver City had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Culver City Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Downey</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Downey Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Downey has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Downey had provided continuous emergency ambulance services prior to 1981. On January 8, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Downey Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of El Segundo</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">El Segundo Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">El Segundo has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of El Segundo had provided continuous emergency ambulance services prior to 1981. On September 3, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of El Segundo Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Hermosa Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Hermosa Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Hermosa Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Hermosa Beach had provided continuous emergency ambulance services prior to 1981. On June 19, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Hermosa Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of La Verne</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">La Verne Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">La Verne has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of La Verne had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of La Verne Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Long Beach</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Long Beach Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Long Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">City of Long Beach had provided continuous emergency ambulance services prior to 1981. On July 3, 1990 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Long Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Los Angeles</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Los Angeles City Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Los Angeles has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">City of Los Angeles had provided continuous emergency ambulance services prior to 1981. On August 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Manhattan Beach</p>
<p>Name of Current Provider(s): <small>Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</small></p> <p style="text-align: center;">Manhattan Beach Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Manhattan Beach has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): <small>Include intent of local EMS agency and Board action.</small></p> <p style="text-align: center;">Manhattan Beach had provided continuous emergency ambulance services prior to 1981. On April 30, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): <small>Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</small></p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): <small>If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</small></p> <p><small>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</small></p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Manhattan Beach Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Monterey Park</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Monterey Park Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Monterey Park has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Monterey Park had provided continuous emergency ambulance services prior to 1981. In 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code Section 1797.224, as the City of Monterey Park Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Pasadena had provided continuous emergency ambulance services prior to 1981. On April 23, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Pasadena has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Gabriel</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Gabriel Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Gabriel has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of San Gabriel had provided continuous emergency ambulance services prior to 1981. On August 20, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Gabriel Fire Department has provided service without a change in scope of manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Marino</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of San Marino Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Marino has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of San Marino had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of San Marino Fire Department has provided service without a change in scope of manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Santa Monica</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Santa Monica Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Santa Monica has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Santa Monica had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Santa Monica Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Sierra Madre</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Sierra Madre Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Contains urban, rural and wilderness areas.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Sierra Madre had provided continuous emergency ambulance services prior to 1981. On December 17, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Sierra Madre Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of South Pasadena</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of South Pasadena Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">South Pasadena has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of South Pasadena had provided continuous emergency ambulance services prior to 1981. On July 25, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 2798.224, as the City of South Pasadena Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Torrance</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Torrance Fire Department Length of operation prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Torrance has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Torrance had provided continuous emergency ambulance services prior to 1981. On August 27, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Torrance Fire Department has provided service without a change in scope or manner prior to 1981.</p>

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Avalon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Avalon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Avalon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Avalon entered into an agreement for the provision of ambulance services with LA County prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA County for the continued provision of ambulance services for the City of Avalon as well as the unincorporated area of Catalina Island.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers “Emergency Ambulance” 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Avalon Fire Department has provided service without a change in scope or manner prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of West Covina</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of West Covina Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">West Covina has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of West Covina had provided continuous emergency ambulance services prior to 1981. On July 23, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of West Covina has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of San Fernando</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Los Angeles Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">San Fernando has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of San Fernando entered into an agreement for the provision of emergency ambulance service with LA City prior to 1981. They have since entered into an <i>Evergreen Agreement</i> with LA City covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Agreement is applicable under Health and Safety Code 1797.224, as the City of Los Angeles has provided service without a change in scope or manner since prior to 1981. The Agreement is automatically renewed for five-year periods until either party gives the other a least six months notice prior to the termination date of its desire to terminate or amend the Agreement.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Vernon</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">City of Vernon Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Vernon has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Vernon had provided continuous emergency ambulance services prior to 1981. On November 26, 1991 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service. If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ended. The agreement is applicable under Health and Safety Code 1797.224, as the City of Vernon has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

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<p>Local EMS Agency or County Name:</p> <p style="text-align: center;">Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title:</p> <p style="text-align: center;">City of Glendale</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea.</p> <p style="text-align: center;">Glendale Fire Department Length of service prior to 1981</p>
<p>Area or subarea (Zone) Geographic Description:</p> <p style="text-align: center;">Glendale has urban area only.</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action.</p> <p style="text-align: center;">The City of Glendale had provided continuous emergency ambulance services prior to 1981. On March 16, 1993 they entered into an <i>Evergreen Agreement</i> with LA County covering the City's continued provision of emergency ambulance service within its corporate limits.</p>
<p>Type of Exclusivity, "Emergency Ambulance", "ALS", or "LALS" (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p> <p style="text-align: center;">Exclusivity covers "Emergency Ambulance" 9-1-1 calls only.</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): If grandfathered, pertinent facts concerning changes in scope and manner of service. Description of current provider including brief statement of uninterrupted service with no changes to scope and manner of service to zone. Include chronology of all services entering or leaving zone, name or ownership changes, service level changes, zone area modifications, or other changes to arrangements for service.</p> <p>If competitively-determined, method of competition, intervals, and selection process. Attach copy/draft of last competitive process used to select provider or providers.</p> <p style="text-align: center;">The Emergency Ambulance Service Agreement was achieved by grandfathering and is open-ender. The agreement is applicable under Health and safety Code 1797.224, as the City of Glendale Fire Department has provided service without a change in scope or manner since prior to 1981.</p>

**Los Angeles County – Department of Health Services
EMERGENCY MEDICAL SERVICES
(Fiscal Year 2017-2018)
AMBULANCE ZONE SUMMARY FORM**

In order to evaluate the nature of each area or subarea, the following information should be compiled for each zone individually. Please include a separate form for each exclusive and/or nonexclusive ambulance zone.

<p>Local EMS Agency or County Name: Los Angeles County</p>
<p>Area or subarea (Zone) Name or Title: City of Compton</p>
<p>Name of Current Provider(s): Include company name(s) and length of operation (uninterrupted) in specified area or subarea. Westmed/McCormick Ambulance Service</p>
<p>Area or subarea (Zone) Geographic Description: City of Compton</p>
<p>Statement of Exclusivity, Exclusive or non-Exclusive (HS 1797.6): Include intent of local EMS agency and Board action. Non-Exclusive Following a Request for Proposal process, Los Angeles County entered into an Emergency Ambulance Transportation Service Agreement with Care Ambulance Service on July 1, 2017 for the provision of emergency ambulance transportation services in Emergency Operating Area 6.</p>
<p>Type of Exclusivity, “Emergency Ambulance”, “ALS”, or “LALS” (HS 1797.85): Include type of exclusivity (Emergency Ambulance, ALS, LALS, or combination) and operational definition of exclusivity (i.e., 911 calls only, all emergencies, all calls requiring emergency ambulance service, etc.).</p>
<p>Method to achieve Exclusivity, if applicable (HS 1797.224): Request for Proposal, competitive bidding process was utilized to award EOAs. The Emergency Ambulance Transportation Services Agreement is effective from July 1, 2017 through June 30, 2027.</p>

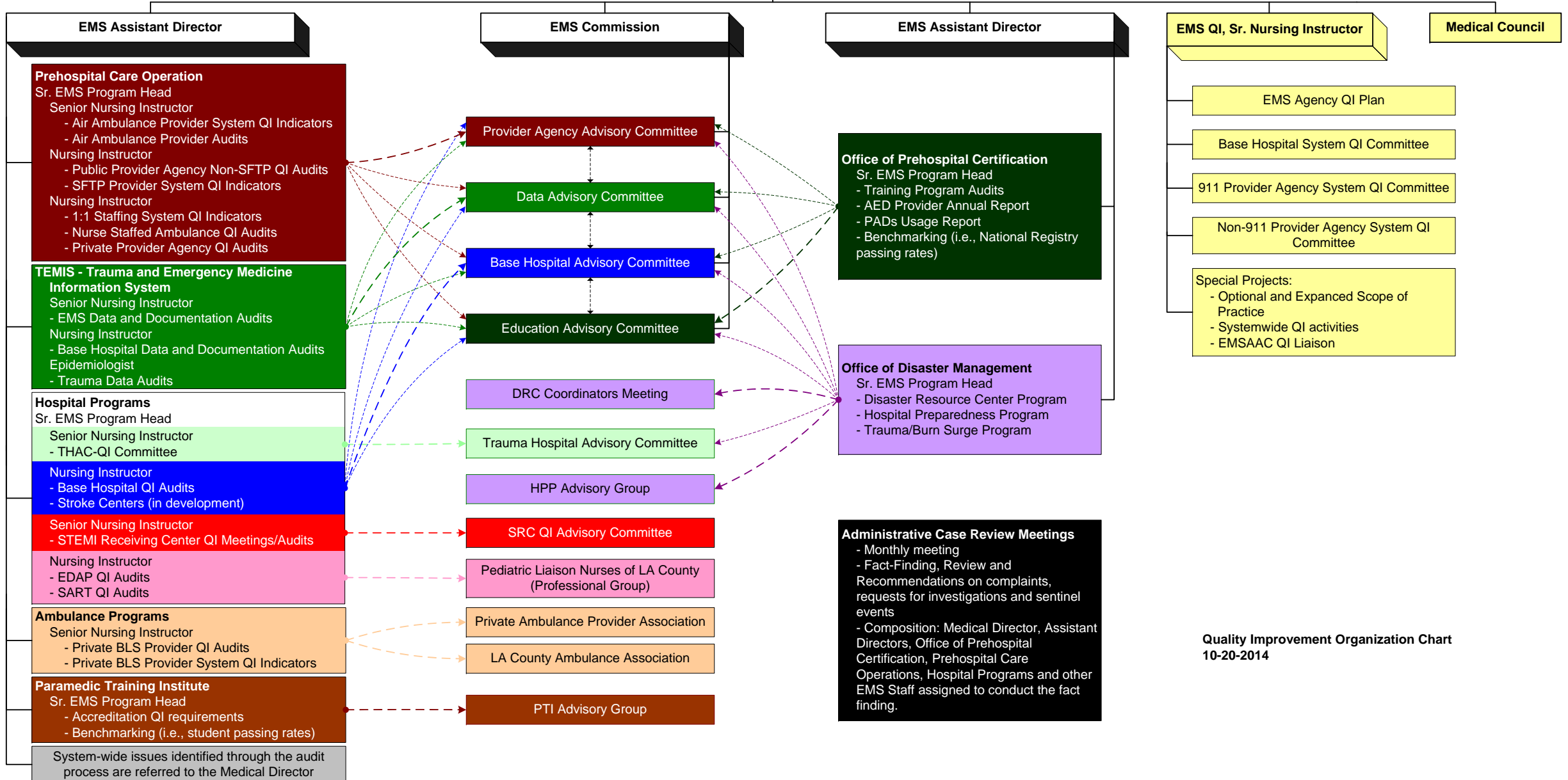


LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



EMS Medical Director

EMS Agency QI Team
Director, Medical Director, Assistant Directors



Quality Improvement Organization Chart
10-20-2014

SUBJECT: **INNOVATION, TECHNOLOGY AND ADVANCEMENT
COMMITTEE (ITAC)**

REFERENCE NO. 205

PURPOSE: To describe the composition and function of an Innovation, Technology and Advancement Committee (ITAC) that will advise the Emergency Medical Services Agency (EMS) Director and Medical Director on instituting new products, introducing innovative technologies, and providing oversight for the implementation of novel equipment.

POLICY:

I. Committee Activities

Functions of the ITAC shall include, but not limited to, the following:

- A. Provide operation insights for the use of new products.
- B. Perform evidence based literature review regarding technologies new to Los Angeles County.
- C. Develop standardized policy and recommendations for the implementation of new innovations, technologies and products used in Los Angeles County.
- D. Provide recommendations to the EMS Agency Director and Medical Director regarding new technologies.

II. Meeting Frequency

The Committee will meet quarterly on "as needed" basis (additional meetings may be held as determined by the chair).

III. Committee Membership Structure

- A. Membership is aimed to provide broad areas of expertise to address operational functionality, appropriate scientific review, and practical policy development for the use of new technologies
 - 1. Chaired by the EMS Agency
 - 2. Three physician representatives from the Medical Council (Ref. No. 204)
 - 3. Representative from Provider Agency Advisory Committee (Ref. No. 207)


EFFECTIVE DATE: 05-01-19

PAGE 1 OF 2

REVISED:

SUPERSEDES:

APPROVED:



Director, EMS Agency



Medical Director, EMS Agency

4. Representative from Base Hospital Advisory Committee (Ref. No. 207)
 5. Representative from Pediatric Advisory Committee (Ref. No. 216)
 6. Representative from a Primary EMT Training Program
 7. Representative from a Primary Paramedic Training Program
- B. The Committee may elect to invite Subject Matter Experts to provide operational, technical and financial information on an “as needed” basis.

CROSS REFERENCES

Prehospital Care Manual:

Ref. No. 204, **Medical Council**

Ref. No. 207, **EMS Commission Advisory Committees**

Ref. No. 216, **Pediatric Advisory Committee**

**Medical Control Guideline: TREATMENT PROTOCOL QUALITY IMPROVEMENT
FALLOUT DATA DICTIONARY**

DEFINITION:

Fallout: a deviation from an established standard.

PRINCIPLES:

1. An EMS QI program incorporating the Treatment Protocols is essential to effectively evaluate the quality of prehospital care as well as the efficiency in providing emergency medical services.
2. A collaborative relationship between Base Hospitals and EMS Provider Agencies is necessary for a comprehensive and effective quality improvement (QI) program.
3. Base Hospitals and EMS Provider Agencies shall evaluate the appropriate utilization of the Treatment Protocols based on the fallout outlines below.

GUIDELINES:

I. EMS PROVIDER AGENCY

1. ALL TREATMENT PROTOCOLS
 - a. Provider Impression (PI)
 - Primary PI not documented
 - Primary PI clinically incorrect
 - Secondary PI not documented when appropriate
 - b. Treatment Protocol (TP)
 - Designated TP for PI not used
 - Secondary TP for secondary PI not used when appropriate
 - c. Airway (AW)
 - Adult - Unresponsive requiring Bag-Mask-Ventilation (BMV) and oropharyngeal airway not used
 - Advanced airway (ET tube, King LTS-D) not used for ineffective BMV (age >12 years)
 - Capnography not used for any positive pressure ventilation
 - Positive pressure ventilation required and not performed
 - d. Oxygen (O₂) (O₂)
 - Does not receive O₂ and O₂ sat <94% (<88% COPD), unless newborn or pediatric congenital heart disease
 - Meets criteria for high flow O₂ and patient does not receive
 - Receives O₂ and O₂ sat >94% and patient does not meet criteria for high flow O₂
 - Pediatric – Newborn or pediatric congenital heart disease receive inappropriate O₂ as per MCG 1302

- e. Pain (PN)
 - Pain level not recorded
 - Pain score ≥ 7 and pain not addressed
 - Pain treated and not reassessed
 - Incorrect dose of pain medication administered
 - f. Base Contact (BA)
 - Base contact not made when specified by Ref. No. 1200.1 or by specific protocol used
 - g. Receiving Hospital Notification (NT)
 - No notification to receiving hospital as per Ref. No. 1200.1
 - h. Transport (TS)
 - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1
 - i. Destination (DS)
 - Failure to transport to a specialty center when indicated
 - Transport to the wrong specialty center; includes Trauma Center, STEMI Receiving Center, Perinatal Center, Emergency Department Approved for Pediatrics, Pediatric Medical Center, Primary Stroke Center and Comprehensive Stroke Center.
 - Transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time
 - j. Documentation (DO)
 - Erroneous Provider Impression or Treatment Protocol documentation due to data entry error alone
 - k. Color Code Drug Doses (DD)
 - Pediatric – for children ≤ 14 years weight (kg) and Color Code not documented
 - Pediatric – for children ≤ 14 years weight (kg) or Color Code incorrect
 - l. Fluid Administration (FL)
 - Adult – Normal Saline 1L not administered for poor perfusion or other protocol-specific indication (unless contraindicated because of pulmonary edema or multi-system trauma patient)
 - Pediatric – Normal Saline 20mL/kg not administered for poor perfusion or other protocol-specific indication
 - Patient not reassessed after each Normal Saline 250mL and fluids continued
 - m. Ondansetron (ON)
 - Pediatric – Ondansetron 4mg ODT given to patient < 4 years old
 - Not administered when indicated
2. TP 1202 / 1202-P – GENERAL MEDICAL
As per “All Treatment Protocols”
3. TP 1203 / 1203-P – DIABETIC EMERGENCIES
- a. Glucose (GL)

-
- Blood glucose not checked
 - b. Low Blood Glucose (LG)
 - Blood glucose < 60 and not treated
 - 4. TP 1204 / 1204-P – FEVER / SEPSIS
As per “All Treatment Protocols”
 - 5. TP 1205 / 1205-P – GI/GU EMERGENCIES
As per “All Treatment Protocols”
 - 6. TP 1206 / 1206-P – MEDICAL DEVICE MALFUNCTION
As per “All Treatment Protocols”
 - 7. TP 1207 / 1207-P – SHOCK / HYPOTENSION
 - a. Vascular Access (VA)
 - Vascular access not attempted for patient
 - Intraosseous line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375
 - b. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
 - c. Fluid Administration (FL)
 - Any universal fallout as specified above
 - Additional Normal Saline 1L for adults or 20mL/kg for pediatrics not administered for persistent poor perfusion after initial NS infusion (unless contraindicated or withheld by Base order)
 - d. Push-Dose Epinephrine (PD)
 - Base contact not made to discuss or Push-Dose Epinephrine not initiated for persistent poor perfusion or poor perfusion with pulmonary edema
 - 8. TP 1208 / 1208-P – AGITATED DELIRIUM
 - a. Sedation (SE)
 - Adult – Midazolam not administered in patient requiring restraints or for provider safety
 - Pediatric – Base contact not made to discuss Midazolam administration in patients requiring restraints or for provider safety
 - Pediatric – Midazolam administered without Base order
 - Midazolam administered in patient not meeting criteria (not requiring restraints or not agitated with 2 or more of confusion, diaphoresis, tactile fever, tachycardia)
 - 9. TP 1209 / 1209-P – BEHAVIORAL / PSYCHIATRIC CRISIS
 - a. Sedation (SE)
 - Midazolam not administered in patient requiring restraints or for provider safety
 - Midazolam administered in patient not meeting criteria (not requiring restraints for patient or provider safety)
 - Midazolam administered without Base order

10. TP 1210 / 1210-P – CARDIAC ARREST

- a. Scene (SD)
 - Patient transported prior to at least 20 minutes of on-scene resuscitation
- b. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375
- c. Capnography (WC)
 - Waveform capnography is not used throughout resuscitation
- d. Defibrillation (DF)
 - Adult – Defibrillation biphasic at 200J not performed immediately for shockable rhythm
 - Pediatric – Defibrillation at 2J/kg not performed immediately for shockable rhythm
 - Pediatric – Repeat defibrillation at 4J/kg not performed when indicated
 - Defibrillation performed for non-shockable rhythm
- e. Epinephrine (EP)
 - Epinephrine administered prior to defibrillation x 2 for shockable rhythm
 - Epinephrine not administered after defibrillation x 2 for shockable rhythm
 - Epinephrine not administered for PEA/Asystole
- f. Amiodarone (AM)
 - Amiodarone not administered for persistent or recurrent V-Fib/V-Tach without pulses
 - Amiodarone administered for rhythm besides persistent V-Fib/V-Tach without pulses
- g. 12-Lead ECG (EC)
 - 12-Lead ECG not performed after Return of Spontaneous Circulation (ROSC) per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- h. Fluid Administration (FL)
 - Normal Saline not administered for PEA/Asystole
 - Normal Saline not administered for SBP <90 after ROSC
- i. Push-Dose Epinephrine (PD)
 - Adult – Push-dose epinephrine not administered for SBP <90mmHg after 250mL Normal Saline for ROSC
 - Pediatric – Push-dose epinephrine not administered for SBP <70mmHg after Normal Saline 20mL/kg for ROSC

11. TP 1211 – CARDIAC CHEST PAIN

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated

- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- c. Aspirin (AS)
 - Aspirin not administered for alert patient (unless documented that patient is allergic to Aspirin/has contraindication to receiving Aspirin)
 - Aspirin administered to a pediatric patient
- d. Nitroglycerin (NG)
 - Nitroglycerin given for SBP <100mmHg
 - Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
 - Nitroglycerin given without assessing for sexually enhancing drugs
 - Nitroglycerin not given despite chest pain and no documentation as to why withheld
 - Nitroglycerin given to a pediatric patient

12. TP 1212 / 1212P – CARDIAC DYSRHYTHMIA – BRADYCARDIA

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- c. Chest Compressions (CC)
 - Pediatric - Chest compressions not performed for pulse <60bpm with persistent poor perfusion after O₂ and BMV
 - Pediatric - Chest compressions continued after pulse >60bpm
- d. Epinephrine (EP)
 - Pediatric – Epinephrine administered without O₂ and BMV/airway management for poor perfusion
 - Pediatric – Epinephrine not administered for persistent poor perfusion after O₂ and BMV
 - Pediatric – Epinephrine not administered at correct dose
- e. Atropine (AT)
 - Adult – Atropine not administered for poor perfusion (unless immediate Transcutaneous Pacing (TCP) is indicated and initiated)
 - Pediatric – Atropine not administered for suspected AV Block or increased vagal tone (unless immediate TCP indicated and initiated)
- f. Transcutaneous Pacing (TCP) (TC)
 - TCP not initiated for HR ≤ 40 with continued poor perfusion as per MCG 1365

13. TP 1213 / 1213-P – CARDIAC DYSRHYTHMIA – TACHYCARDIA

- a. Cardiac Monitoring (CM)

- Cardiac Monitoring not initiated

- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented

- c. Valsalva (VL)
 - Valsalva not attempted for supraventricular tachycardia (SVT)/narrow complex with adequate perfusion

- d. Adenosine (AD)
 - Adenosine not administered for SVT/narrow complex with adequate perfusion when Valsalva fails
 - Adenosine not administered for SVT/narrow complex in alert patient with poor perfusion
 - Adenosine not administered for Wide-Complex Regular Monomorphic Tachycardia with adequate perfusion
 - Adenosine dosing incorrect for poor perfusion
 - Adenosine given for Wide-Complex Irregular tachycardia

- e. Synchronized Cardioversion (SC)
 - Synchronized Cardioversion not performed for SVT/narrow complex with persistent poor perfusion
 - Synchronized Cardioversion not performed for SVT/narrow complex with ALOC
 - Synchronized Cardioversion not performed for Wide-Complex Regular Monomorphic Tachycardia with poor perfusion if adenosine fails and IV not immediately available
 - Synchronized Cardioversion not performed for Wide-Complex Irregular Tachycardia with poor perfusion

14. TP 1214 – PULMONARY EDEMA / CHF

- a. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg and no contraindications)
 - CPAP administered to patient with contraindications

- b. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated

- c. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375

- d. Nitroglycerin (NG)
 - Nitroglycerin not administered
 - Nitroglycerin given for SBP <100mmHG
 - Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
 - Nitroglycerin given without assessing for sexually enhancing drugs

-
- Nitroglycerin dose incorrect for SBP
 - e. Albuterol (AL)
 - Albuterol not given for patient with wheezing despite CPAP
15. TP 1215 / 1215-P – CHILDBIRTH MOTHER
- a. Vascular Access (VA)
 - Vascular Access attempt delays transport
 - b. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - c. Fundal Massage (FM)
 - Fundal massage not performed after placenta delivery
 - d. Destination (DS)
 - Incorrect transport destination based on gestational age
16. TP 1216-P – NEWBORN / NEONATAL RESUSCITATION
- a. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - b. Vascular Access (VA)
 - Vascular Access not attempted for a child who does not respond to initial resuscitation and BMV
 - Vascular Access attempt delays transport
 - c. Chest Compressions (CC)
 - Chest compressions not performed for pulse <60bpm after BMV for 30 seconds
 - Chest compressions continued after pulse >60bpm
 - d. Epinephrine (EP)
 - Epinephrine not administered for <60bpm once chest compressions begun
 - Epinephrine not administered at correct dose
17. TP 1217 / 1217-P – PREGNANCY COMPLICATION
- a. Vascular Access (VA)
 - Vascular Access not attempted
 - Vascular Access attempt delays transport
 - b. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - c. Abnormal Delivery (AB)
 - Abnormal delivery not managed per protocol
18. TP 1218 / 1218-P – PREGNANCY LABOR

As per "All Protocols"

19. TP 1219 / 1219-P – ALLERGY

- a. Epinephrine (EP)
 - Epinephrine not administered for anaphylaxis
 - Epinephrine not administered at correct dose
 - Epinephrine not administered every 10min x 2 for persistent symptoms
 - Epinephrine administered by incorrect route
 - More than 3 doses of epinephrine administered
- b. Vascular Access (VA)
 - Vascular Access not attempted for patient with anaphylaxis
 - Intraosseous Line not attempted when Intravenous Line cannot be established in patients in anaphylactic shock
 - Intraosseous Line placed without indication as per MCG 1375
- c. Albuterol (AL)
 - Albuterol not given for patient with wheezing

20. TP 1220 / 1220-P – BURNS

- a. Clothing (CL)
 - Clothing (jewelry) not removed from affected area
- b. Burn Management (BM)
 - Burn type not identified
 - Burn not managed by protocol for type
- c. Warming Measures (WM)
 - Measures not taken to keep patient warm

21. TP 1221 / 1221-P – ELECTROCUTION

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Clothing (CL)
 - Clothing (jewelry) not removed from affected area

22. TP 1222 / 1222-P – HYPERTHERMIA (ENVIRONMENTAL)

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Cooling Measures (CO)
 - Cooling measures not initiated

23. TP 1223 / 1223-P – HYPOTHERMIA / COLD INJURY

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated

- b. Warming Measures (WM)
 - Warming measure not initiated

24. TP 1224 / 1224-P – STINGS / VENOMOUS BITES

- a. Venomous Bite (VB)
 - Bite not managed by protocol for type

25. TP 1225 / 1225-P – SUBMERSION

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Warming Measures (WM)
 - Warming measures not initiated

26. TP 1226 / 1226-P – ENT / DENTAL EMERGENCIES

- a. Control Bleeding (CB)
 - Bleeding control with direct pressure not attempted when indicated
- b. Tooth Avulsion (TA)
 - Avulsed tooth not placed in Normal Saline

27. TP 1227 – Omitted

28. TP 1228 / 1228-P – EYE PROBLEM

- a. Shield Eye (SH)
 - Globe rupture suspected and eye not shielded
- b. Burn Management (BM)
 - Burn type not identified
 - Chemical burn not irrigated with Normal Saline 1L
 - Thermal burn not covered with dry dressing
- c. Ondansetron (ON)
 - Ondansetron not administered to nauseated patient with suspected globe rupture

29. TP 1229 / 1229-P – ALOC

- a. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- b. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated as per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375
- c. Glucose (GL)
 - Blood Glucose not checked

- d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - Adult – mLAPSS not performed when GCS is adequate for patient cooperation
 - Pediatric – Neurological exam not performed/documented

30. TP 1230 / 1230-P – DIZZINESS / VERTIGO

- a. Glucose (GL)
 - Blood Glucose not checked
- b. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - Adult – mLAPSS not performed for vertigo
 - Pediatric – Neurological exam not performed/documented

31. TP 1231 / 1231-P – SEIZURE

- a. Midazolam (MD)
 - Midazolam not administered for active seizure
 - Midazolam dose incorrect
 - Midazolam frequency incorrect
- b. Glucose (GL)
 - Blood Glucose not checked for persistent ALOC

32. TP 1232 / 1232-P – STROKE / CVA / TIA

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Vascular Access (VA)
 - Vascular Access not attempted for patients with Los Angeles Motor Score (LAMS) 4 or 5
- c. Glucose (GL)
 - Blood Glucose not checked
- d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - mLAPSS not performed
 - mLAPSS not documented
- e. Los Angeles Motor Score (LAMS) (LA)
 - LAMS not performed for positive mLAPSS
 - LAMS not documented for positive mLAPSS
- f. Last Known Well Time (LK)
 - Last Known Well Time not documented

33. TP 1233 / 1233-P – SYNCOPE / NEAR SYNCOPE

- a. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- b. 12-Lead ECG (EC)

- 12-Lead ECG not performed as per MCG 1308
- 12-Lead ECG paramedic interpretation not documented
- 12-Lead ECG software interpretation not documented

34. TP 1234 / 1234-P – AIRWAY OBSTRUCTION

- Obstructed Airway (OA)
 - > 1 year old - abdominal thrusts not performed in conscious patient who is unable to speak
 - < 1 year old – back blows/chest thrusts not performed in conscious patient
 - Chest compressions not initiated on patient that loses consciousness
 - Laryngoscopy not performed to visualize potential obstruction if chest compressions fail to dislodge foreign body
 - Visible foreign body removal not attempted with McGill forceps if laryngoscopy performed
- Unmanageable Airway (UA)
 - Immediate MAR transport not initiated
- Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- Epinephrine (EP)
 - Epinephrine neb not administered for stridor with respiratory distress
 - Epinephrine IM not administered for visible airway/tongue swelling
 - Epinephrine not administered at correct dose
 - Epinephrine not administered by correct route for indication
 - Epinephrine not administered at correct frequency
 - Epinephrine neb administered more than 2 times
- Tracheostomy Management (TM)
 - Suctioning not attempted
 - Inner cannula not removed and cleaned if present
 - Tracheostomy not removed and replaced when indicated

35. TP 1235-P – BRUE

- Cardiac Monitoring (CM)
- Cardiac monitoring not initiated

36. TP 1236 / 1236-P – INHALATION INJURY

- Remove from Environment (RE)
 - Patient not removed from environment for ongoing exposure
- Epinephrine (EP)
 - Epinephrine neb not administered for stridor with respiratory distress
 - Epinephrine not administered at correct dose
 - Epinephrine not administered at correct frequency
 - Epinephrine neb administered more than 2 times
- Albuterol (AL)
 - Albuterol not given for patient with wheezing/bronchospasm

- d. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
 - CPAP administered to patient with contraindications

37. TP 1237 / 1237-P – RESPIRATORY DISTRESS

- a. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
 - CPAP administered to patient with contraindications
- b. Albuterol (AL)
 - Albuterol not given for patient with wheezing
- c. Epinephrine (EP)
 - Epinephrine IM not administered for deteriorating respiratory status despite albuterol
 - Epinephrine not administered at correct dose
- d. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335

38. TP 1238 / 1238-P – CARBON MONOXIDE EXPOSURE

- a. Remove from Environment (RE)
 - Patient not removed from environment for ongoing exposure

39. TP 1239 / 1239-P – DYSTONIC REACTION

- a. Diphenhydramine (DP)
 - Dystonic reaction not recognized
 - Diphenhydramine not administered

40. TP 1240 / 1240-P – HAZMAT

- a. Clothing (CL)
 - Clothing not removed
- b. Decontaminate (DC)
 - Decontamination not performed as indicated
- c. Irrigation (IR)
 - Eyes not flushed when indicated
 - Eye not irrigated with at least 1L Normal Saline
- d. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated

- e. Nerve Agent Exposure (NA)
 - DuoDote not administered per protocol
- f. Organophosphate Exposure (OG)
 - Atropine not administered as indicated per protocol
- g. Radiologic Exposure (RA)
 - Detection device not utilized for suspected contamination
 - Cause of contamination not determined (if contamination confirmed)
 - Treatment not initiated for life threatening conditions in conjunction with decontamination (treatment delayed for decontamination)

41. TP 1241 / 1241-P – OVERDOSE / POISONING / INGESTION

- a. Naloxone (NL)
 - Naloxone not administered for hypoventilation/apnea in suspected opiate overdose
 - Incorrect dose used for administration route
- b. Glucose (GL)
 - Blood Glucose not checked
- c. Antidote (AE)
 - Correct antidote not administered when available for suspected exposure

42. TP 1242 / 1242-P – CRUSH INJURY / SYNDROME

- a. Hospital Emergency Response Team (HERT) (HT)
 - HERT not activated for anticipated prolonged entrapment (>30 minutes) or when otherwise indicated
- b. Vascular Access (VA)
 - Vascular Access not attempted
 - No discussion with base for Intraosseous Line if unable to establish Intravenous Line
 - Intraosseous Line placed without indication as per MCG 1375
- c. Fluid Administration (FL)
 - Adult – Normal Saline not administered as soon as possible prior to release
 - Adult – Less than 2L Normal Saline administered (unless contraindicated or hospital arrival prior to completion)
 - Pediatric – Normal Saline 20mL/kg not administered as soon as possible and prior to release
 - Pediatric – greater than 40mL/kg Normal Saline administered without base order
 - Patient not assessed after each Normal Saline 250mL and fluids continued unless contraindicated
- d. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- e. Warming Measures (WM)
 - Measures not taken to keep patient warm

- f. Hyperkalemia (HK)
 - Calcium Chloride not administered when evidence of hyperkalemia
 - Sodium Bicarbonate not administered when evidence of hyperkalemia
 - Albuterol not administered when evidence of hyperkalemia
 - Medications administered at wrong dose and/or route
- g. Crush Syndrome (CS)
 - Potential for Crush Syndrome not identified
 - Calcium Chloride not administered when risk for crush syndrome
 - Sodium Bicarbonate not administered when risk for crush syndrome
 - Albuterol not administered when risk for crush syndrome
 - Medications administered at wrong dose and/or route
 - Medications administered at wrong time (not administered just prior to release of entrapment)

43. TP 1243 / 1243-P – TRAUMATIC ARREST

- a. Scene (SD)
 - Patient transport delay
- b. Control Bleeding (CB)
 - Bleeding control not attempted when indicated
 - Tourniquet not applied when indicated as per MCG 1370
- c. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335
- d. Defibrillation (DF)
 - Adult - Defibrillation biphasic at 200J not performed immediately for shockable rhythm
 - Pediatric – Defibrillation not performed immediately for shockable rhythm as per MCG 1309
 - Defibrillation performed for non-shockable rhythm
- e. Spinal Motion Restriction (SMR) (SR)
 - Backboard used solely for purpose of SMR
 - Transport delayed for SMR
- f. Vascular Access (VA)
 - Vascular Access not attempted
 - Intraosseous Line not attempted when Intravenous Line cannot be established as per MCG 1375
 - Transport delayed for vascular access
- g. Fluid Administration (FL)
 - Normal Saline not administered by rapid infusion
 - Less than 2L Normal Saline initiated

44. TP 1244 / 1244-P – TRAUMATIC INJURY

- a. Scene (SD)
 - Patient transport delayed

- b. Control Bleeding (CB)
 - Bleeding control not attempted when indicated
 - Tourniquet not applied when indicated as per MCG 1370
- c. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335
- d. Spinal Motion Restriction (SMR) (SR)
 - Backboard used solely for the purpose of SMR
 - Transport delayed for SMR
 - SMR not performed when indicated as per MCG 1360
 - SMR performed when not indicated and potentially harmful as per MCG 1360
 - Alert patient not rolled off backboard for transport (unless safety concern)
- e. Ondansetron (ON)
 - Ondansetron not administered to nauseated patient with suspected traumatic brain injury

II. BASE HOSPITAL

1. ALL BASE CONTACTS

- a. Provider Impression (PI)
 - Primary PI in discussion with paramedics is clinically incorrect and/or not supported with documented data
 - Primary PI not documented
 - Secondary PI not documented when appropriate
- b. Treatment Protocol (TP)
 - Designated TP for PI not used
 - Secondary TP for secondary PI not used when appropriate
 - Base hospital orders deviate from treatment protocol standards without documented clinical rationale
- c. Critical Interventions
 - i. Synchronized Cardioversion (SC)
 - Inappropriate cardioversion (indication, energy, timing)
 - Cardioversion not ordered when indicated
 - ii. Push-Dose Epinephrine (PD)
 - Inappropriate administration of push-dose epinephrine (indication, dose, timing)
 - Push-dose epinephrine not ordered when indicated
 - iii. Transcutaneous Pacing (TCP) (TC)
 - Inappropriate administration of TCP (indication, settings, timing)
 - TCP not ordered when indicated
 - iv. Fluid Administration (FL)
 - Inappropriate fluid administration for patient condition

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- Fluids not ordered when indicated or inadequate volume of fluids ordered
 - v. Pain (PN)
 - Inappropriate pain management treatment (indication, dose, frequency)
 - Pain management not ordered when indicated
 - d. Transport (TS)
 - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1 (i.e. inappropriate BLS downgrade)
 - e. Destination (DS)
 - Not directing transport to a specialty center when indicated
 - Directing transport to the wrong specialty center; includes Trauma Center, Perinatal Center, STEMI Receiving Center, Primary and Comprehensive Stroke Centers, Emergency Department Approved for Pediatrics and Pediatric Medical Center.
 - Directing transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time
 - f. Termination of Resuscitation (TR)
 - Cardiac Resuscitation terminated without meeting Ref. 814 criteria
 - Cardiac arrest transported when meets Ref. 814 criteria and judgement for transport not described

LA County EMS System Publications

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<https://www.ncbi.nlm.nih.gov/pubmed/24830831>



EMS QI Base Hospital/Public 9-1-1 Provider Agency Committee
Quality Improvement Work Product



Provider Agency Report: Provider Impression = Stoke/TIA, mLAPSS /LAMS

July - December 2017						
PA	N = PI Stroke/TIA	mLAPSS Doc	%	mLAPSS +	LAMS Doc	%
AH	32	30	94%	14	14	100%
AF	28	27	96%	12	12	100%
BH	28	24	86%	10	10	100%
BF	69	67	97%	23	23	100%
CC	23	23	100%	10	10	100%
CI						
CF						
CM	41	29	71%	12	12	100%
DF	72	62	86%	28	28	100%
ES	15	15	100%	8	8	100%
GL	121	113	93%	65	65	100%
LH	102	81	79%	32	31	97%
LB	9	8	89%	4	4	100%
LV	21	21	100%	11	11	100%
MB	26	25	96%	9	9	100%
MF	28	25	89%	8	8	100%
MO	14	12	86%	4	4	100%
MP	27	26	96%	13	13	100%
PF	128	123	96%	43	43	100%
RB	26	26	100%	7	7	100%
SA	9	5	56%	2	2	100%
SG	22	20	91%	13	13	100%
SI	2	1	50%	0	0	
SM	65	60	92%	33	33	100%
SP	8	8	100%	4	4	100%
SS	24	24	100%	8	8	100%
TF	78	68	87%	33	31	94%
VF	4	3	75%	1	1	100%
WC	76	72	95%	24	24	100%
Total	1098	998	91%	431	428	99%



EMS QI Base Hospital/Public 9-1-1 Provider Agency Committee
Quality Improvement Work Product



Provider Agency Report: Provider Impression = Stoke/TIA, mLAPSS /LAMS

January - March 2018						
PA	N = PI Stroke/TIA	mLAPSS Doc	%	mLAPSS +	LAMS Doc	%
AH	15	14	93%	6	6	100%
AF	15	13	87%	2	2	100%
BH	10	9	90%	4	4	100%
BF	35	35	100%	16	16	100%
CC	17	16	94%	5	5	100%
CI						
CF						
CM	17	15	88%	6	6	100%
DF	40	37	93%	11	11	100%
ES	9	8	89%	1	1	100%
GL	58	55	95%	21	21	100%
LH	0					
LB	75	62	83%	27	27	100%
LV	19	19	100%	4	4	100%
MB	16	16	100%	6	6	100%
MF	8	8	100%	1	1	100%
MO	15	15	100%	5	5	100%
MP	13	12	92%	7	7	100%
PF	51	47	92%	17	17	100%
RB	11	11	100%	6	3	50%
SA	8	6	75%	4	4	100%
SG	14	14	100%	11	11	100%
SI	3	2	67%	1	1	100%
SM	25	25	100%	11	11	100%
SP	6	5	83%	3	3	100%
SS	6	6	100%	1	1	100%
TF	53	47	89%	15	15	100%
VF	2	2	100%	0		
WC	21	21	100%	11	11	100%
Total	562	520	93%	202	199	99%



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

LOS ANGELES COUNTY EMS SYSTEM REPORT

DECEMBER 1, 2018

ISSUE 7

INSIDE THIS ISSUE:

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Message from the Director and Medical Director

We are pleased to present the 2018 Emergency Medical Services (EMS) System Data Report. Each successive report reflects the commitment of our EMS Agency, EMS providers and hospitals to quality patient care. As our data reporting system has matured and all of our EMS Advanced Life Support (ALS) providers have adopted electronic data capturing, we are able to expand the use of our data in publications and research.



Cathy Chidester
Director

The EMS Agency has engaged in projects with the Department of Public Health and California EMS Authority, utilizing our data, not only to improve quality of care but to assist in preventing injury.

As our use of information technology capability progresses, we will be working on several critical goals; receiving the outcomes of all patients who have been transported to any designated 9-1-1 receiving facility and connecting with our health information exchange partners to demonstrate the ability of paramedics to receive patient information and in turn transmit the emergency medical care data directly to the receiving hospital's medical record.

For several years, we have been working with our EMS Provider Agencies and hospitals to improve

bystander cardiopulmonary resuscitation (CPR) rates in Los Angeles County through our Side-walk CPR Program. In June 2018, we trained over 5,000 Los Angeles citizens in CPR and spearheaded additional training in California for an overall total of over 11,000 California residents trained.

We implemented a two-tiered Comprehensive Stroke system in order to provide greater access to the public for these critical interventions for stroke. In 2018 alone through the designation of 19 Comprehensive Stroke Centers, we have increased access to these interventions within 30 minutes of



Dr. Marianne Gausche-Hill
Medical Director

presentation from 40% of the public to 93%.

Our other specialty programs continue to serve the needs of our public through our standards which ensures polices and procedures, specialized equipment, availability of critical specialist and staff who can care for critical pediatric patients, adults and pediatric trauma patients, laboring mothers,

and victims of sexual assault, patients suffering heart attack, and those in cardiac arrest.

Many thanks to our EMS Agency staff and the leadership of Dr. Nichole Bosson, Assistant Medical Director, and Richard Tadeo, Assistant Director, for not only their work on this report but for the daily efforts in managing and ensuring the data quality for the system.

SPECIAL POINTS OF INTEREST:

- EMS Responses by Month is on page 5
- ED Disposition and Patient Type are on page 9
- Injury Severity Scores are on pages 12-13
- D2B and E2B Times are on page 15

2018 System Demographics

72 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 36 STEMI Receiving Centers
- 19 Comprehensive Stroke Centers
- 31 Primary Stroke Centers
- 62 Perinatal Centers
- 49 Hospitals with Neonatal Intensive Care Unit
- 8 SART (Sexual Assault Response Team) Centers
- 13 Disaster Resource Centers

EMS Provider Agencies

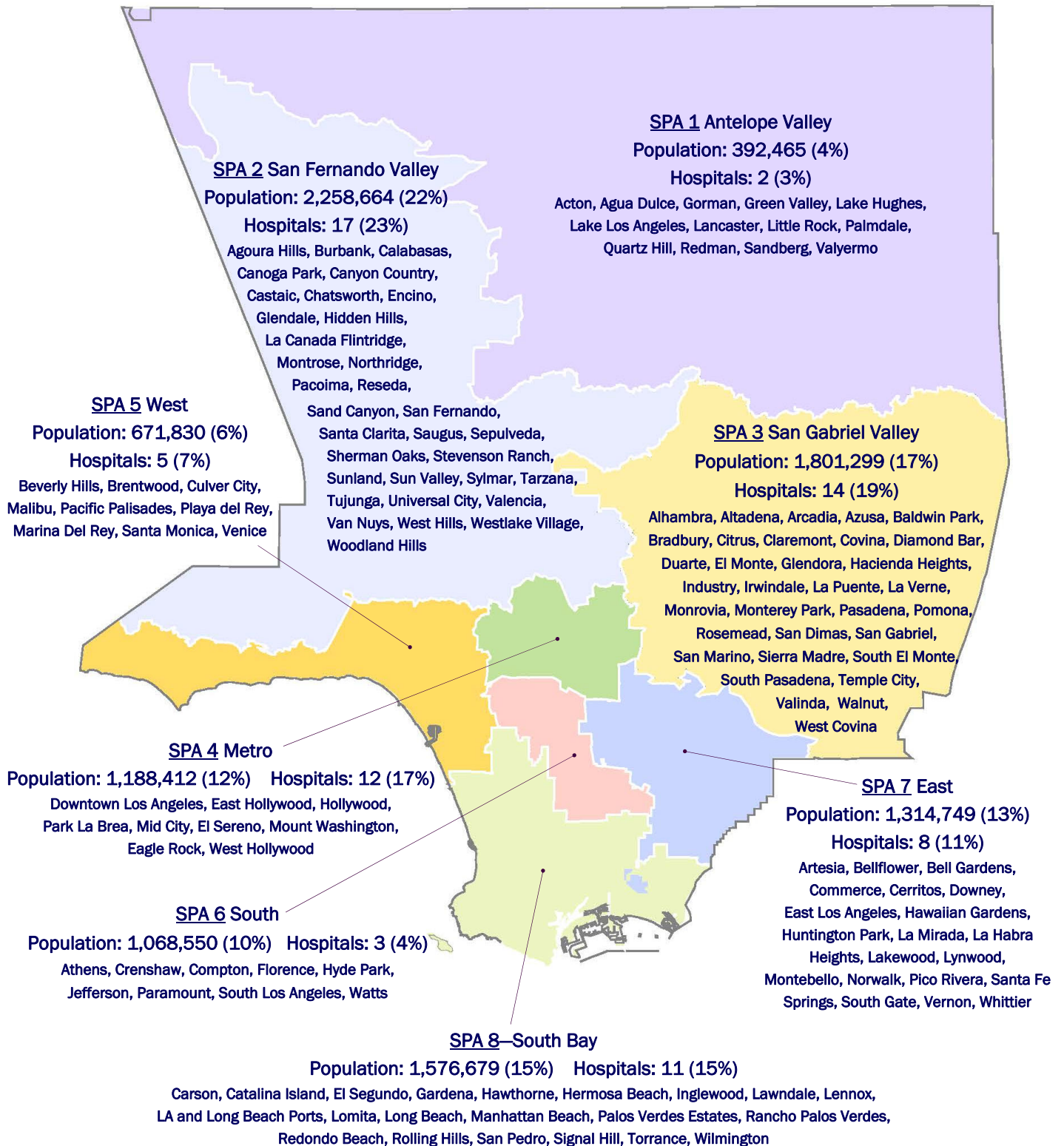
- 32 Public Safety EMS Provider Agencies
- 33 Licensed Basic Life Support Ambulance Operators
- 16 Licensed Advanced Life Support Ambulance Operators
- 15 Licensed Critical Care Transport Ambulance Operators
- 5 Licensed Ambulette Operators

EMS Practitioners

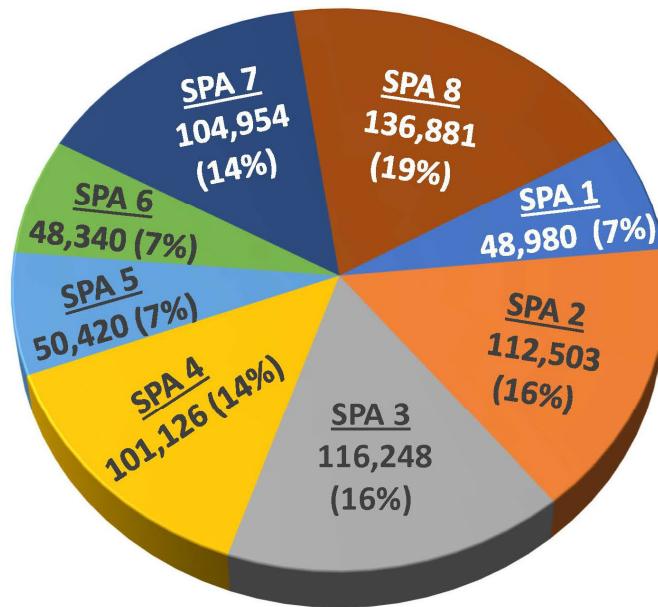
- 4,287 Accredited Paramedics
- 8,168 Certified EMTs by LA Co EMS Agency
- 853 Certified Mobile Intensive Care Nurses

EMS Data by Service Planning Area (SPA)

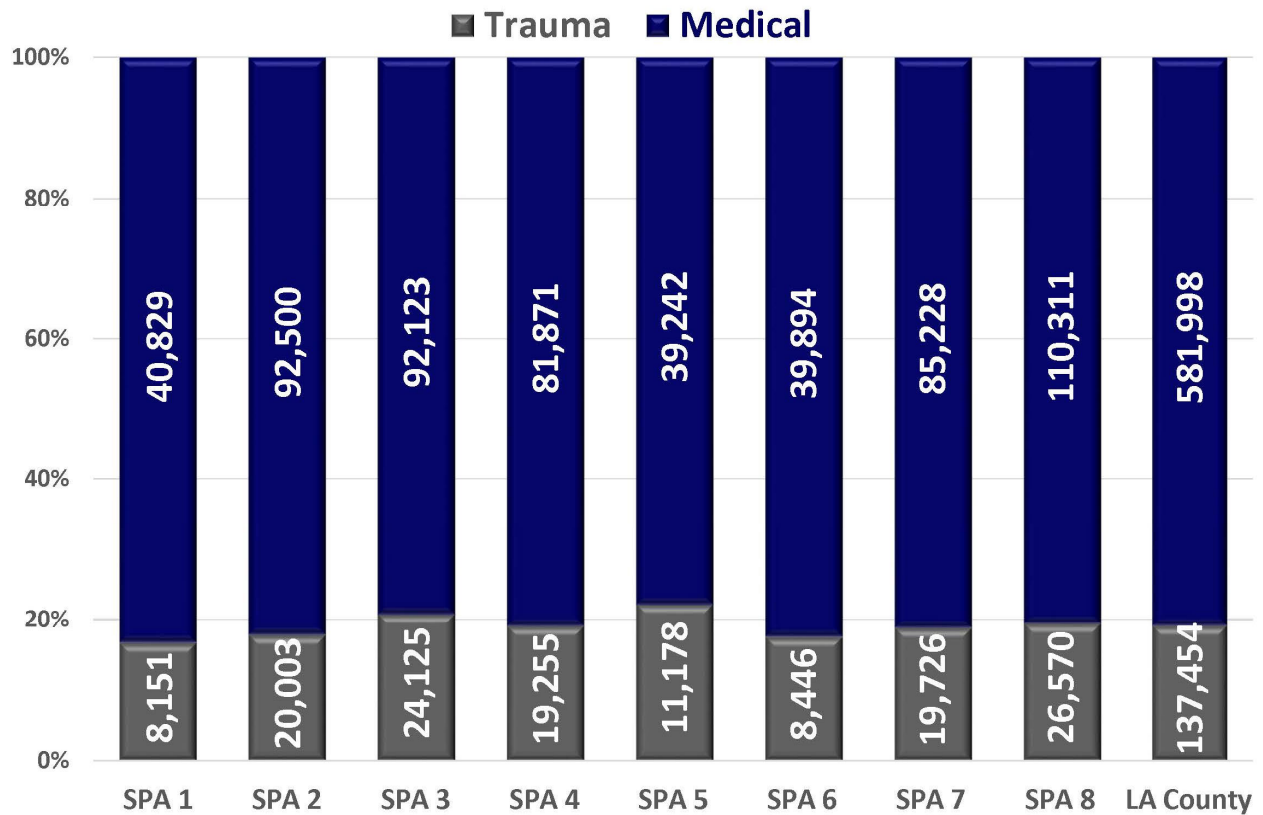
Los Angeles County Estimated Population (2017) = 10,272,648



EMS Responses FY 2016-2017 = 719,452



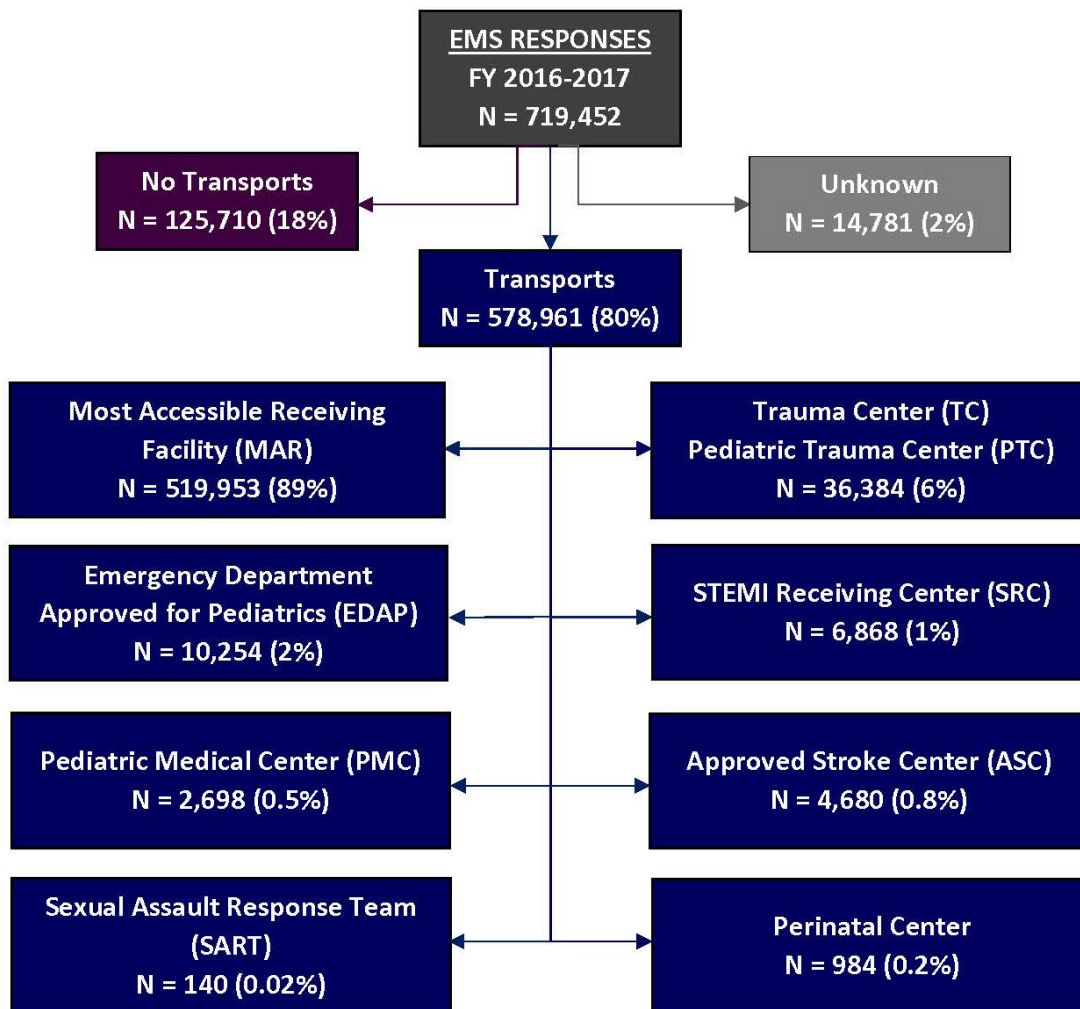
EMS Responses By Chief Complaint FY 2016-2017



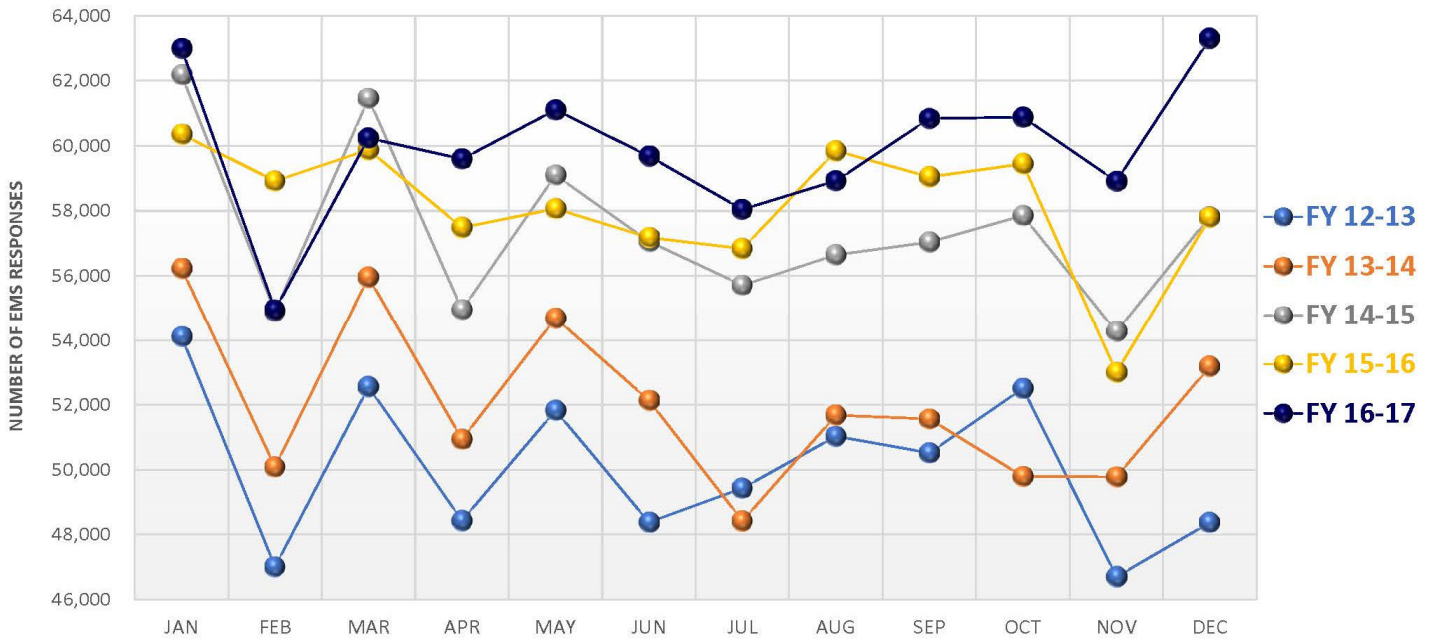
EMS Transports by Age

FY 2016-2017	Age in Years							Unk	Total	%
	< 1	1-8	9-14	15-35	36-55	56-75	>75			
EMS Responses	4,894	16,658	12,114	157,199	162,052	179,928	141,978	44,629	719,452	
Medical	4,428	12,486	7,606	111,401	129,746	153,207	120,331	42,793	581,998	81%
Trauma	466	4,172	4,508	45,798	32,306	26,721	21,647	1,836	137,454	19%
Medical										
Transported	3,631	10,016	5,838	91,835	113,351	134,855	104,471	5,392	469,389	81%
Not Transported	667	2,205	1,530	16,979	13,986	15,643	14,084	36,807	101,901	18%
Unknown	130	265	238	2,587	2,409	2,709	1,776	594	10,708	2%
Trauma										
Transported	404	3,107	3,201	34,191	25,653	22,575	19,184	1,215	109,530	80%
Not Transported	53	905	1,074	9,970	5,702	3,431	2,057	610	23,802	17%
Unknown	9	160	233	1,637	951	715	406	11	4,122	3%

EMS Transports Destinations



EMS Responses by Month



EMS Transports by Provider Agency FY 2016-2017

EMS Provider (n = Number of EMS Responses) | Number of Transports (% = Number of Transports/Number of Responses)

Avalon (n=135)	132 (82%)	Redondo Beach (n=4,121)	2,990 (71%)
La Habra Heights (n=332)	237 (74%)	Culver City (n=4,579)	3,253 (72%)
Sierra Madre (n=332)	252 (78%)	Montebello (n=4,585)	3,103 (64%)
Vernon (n=619)	426 (72%)	Beverly Hills (n=4,802)	2,758 (58%)
LA County Sheriff (n=740)	320 (74%)	Alhambra (n=4,888)	3,085 (64%)
San Marino (n=997)	752 (75%)	West Covina (n=6,501)	4,112 (63%)
Hermosa Beach (n=1,045)	710 (66%)	Downey (n=7,544)	6,009 (80%)
South Pasadena (n=1,283)	840 (68%)	Burbank (n=7,613)	4,590 (64%)
San Gabriel (n=1,764)	1,355 (73%)	Compton (n=7,947)	5,988 (73%)
El Segundo (n=1,909)	1,137 (55%)	Torrance (n=10,749)	8,858 (81%)
Manhattan Beach (n=2,015)	1,353 (67%)	Santa Monica (n=11,334)	6,947 (79%)
Santa Fe Springs (n=2,383)	1,861 (80%)	Pasadena (n=13,298)	10,528 (77%)
Monrovia (n=3,021)	2,253 (73%)	Glendale (n=14,754)	10,733 (69%)
La Verne (n=3,240)	1,559 (54%)	Long Beach (n=35,444)	27,006 (69%)
Monterey Park (n=3,423)	2,457 (68%)	LA City (n=218,947)*	215,583 (98%)
Arcadia (n=3,937)	2,848 (71%)	LA County (n=332,021)	243,848 (73%)

*Minimal data on patients who were not-transported.

Top 5 Reasons for EMS Response (All Ages)

SPA 1

Antelope Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	6	6	189	802	1,509	1,033	343	72	3,960	27%
Other Pain	6	20	69	330	876	1,293	824	42	3,460	23%
Abdominal Pain	5	7	40	345	951	985	565	29	2,927	20%
Shortness of Breath	46	84	85	84	186	828	972	12	2,297	16%
Chest Pain	-	-	19	64	382	1,001	610	10	2,086	14%
Grand Total	63	117	402	1,625	3,904	5,140	3,314	165	14,730	
% (age)	0.4%	1%	3%	11%	27%	35%	22%	1%		

SPA 2

San Fernando Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	26	37	67	605	1,552	2,137	4,589	22	9,035	24%
Weak/Dizzy	6	30	52	251	880	2,119	5,042	20	8,400	22%
Shortness of Breath	46	98	103	113	397	1,491	5,023	12	7,283	19%
Abdominal pain	2	16	53	467	1,741	2,081	2,074	26	6,460	17%
Chest Pain	-	3	16	103	722	2,411	3,028	10	6,293	17%
Grand Total	80	184	291	1,539	5,292	10,239	19,756	90	37,471	
% (age)	0.2%	0.5%	1%	4%	14%	27%	53%	0.2%		

SPA 3

San Gabriel Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	5	6	212	1,309	2,822	2,137	908	155	7,554	22%
Extremity Injury	9	63	420	1,123	1,782	1,646	2,463	86	7,592	22%
Weak/Dizzy	9	13	71	221	664	1,480	4,384	60	6,902	20%
Altered LOC	8	30	40	317	748	1,401	3,682	182	6,408	19%
Other Pain	12	24	96	420	1,159	1,765	2,159	97	5,732	17%
Grand Total	43	136	839	3,390	7,175	8,429	13,596	580	34,188	
% (age)	0.1%	0.4%	2%	10%	21%	25%	40%	2%		

SPA 4

Metro Area

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	32	50	67	859	2,303	2,386	2,907	63	8,667	26%
Abdominal Pain	3	15	81	810	2,459	2,467	1,644	9	7,488	22%
Chest Pain	-	5	14	142	977	2,716	2,239	9	6,102	18%
Weak/Dizzy	13	8	35	210	876	2,017	2,809	13	5,981	18%
Shortness of Breath	63	120	112	140	442	1,649	3,023	9	5,558	16%
Grand Total	111	198	309	2,161	7,057	11,235	12,622	103	33,796	
% (age)	0.3%	0.6%	1%	6%	21%	33%	37%	0.3%		

Top 5 Reasons for EMS Response (continuation)

SPA 5

West

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Extremity Injury	2	20	163	582	1,132	911	1,209	50	4,069	25%
Altered LOC	2	14	23	381	727	681	1,427	19	3,274	20%
Weak/Dizzy	4	4	20	106	362	684	2,049	8	3,237	20%
No Apparent Injury	10	14	17	97	194	208	393	2,144	3,077	19%
Behavioral	5	4	50	420	1,015	708	370	25	2,597	16%
Grand Total	23	56	273	1,586	3,430	3,192	5,448	2,246	16,254	
% (age)	0.1%	0.3%	2%	10%	21%	20%	34%	14%		

SPA 6

South

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	7	7	154	726	1,544	1,039	298	96	3,871	26%
Abdominal Pain	1	11	59	458	1,067	1,114	637	52	3,399	23%
Other Pain	6	15	87	314	708	1,182	785	71	3,168	21%
Altered LOC	6	17	24	119	428	687	864	85	2,230	15%
Weak/Dizzy	8	3	25	88	326	756	967	27	2,200	15%
Grand Total	28	53	349	1,705	4,073	4,778	3,551	331	14,868	
% (age)	0.2%	0.4%	2%	11%	27%	32%	24%	2%		

SPA 7

East

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	13	8	302	1,655	3,351	2,261	746	306	8,642	28%
Other Pain	8	28	102	513	1,304	2,173	1,960	204	6,292	21%
Abdominal Pain	6	13	79	597	1,530	1,623	1,349	146	5,343	17%
Altered LOC	7	23	39	278	673	1,274	2,601	282	5,177	17%
Weak/Dizzy	7	6	50	215	586	1,484	2,729	99	5,176	17%
Grand Total	41	78	572	3,258	7,444	8,815	9,385	1,037	30,630	
% (age)	0.1%	0.3%	2%	11%	24%	29%	31%	3%		

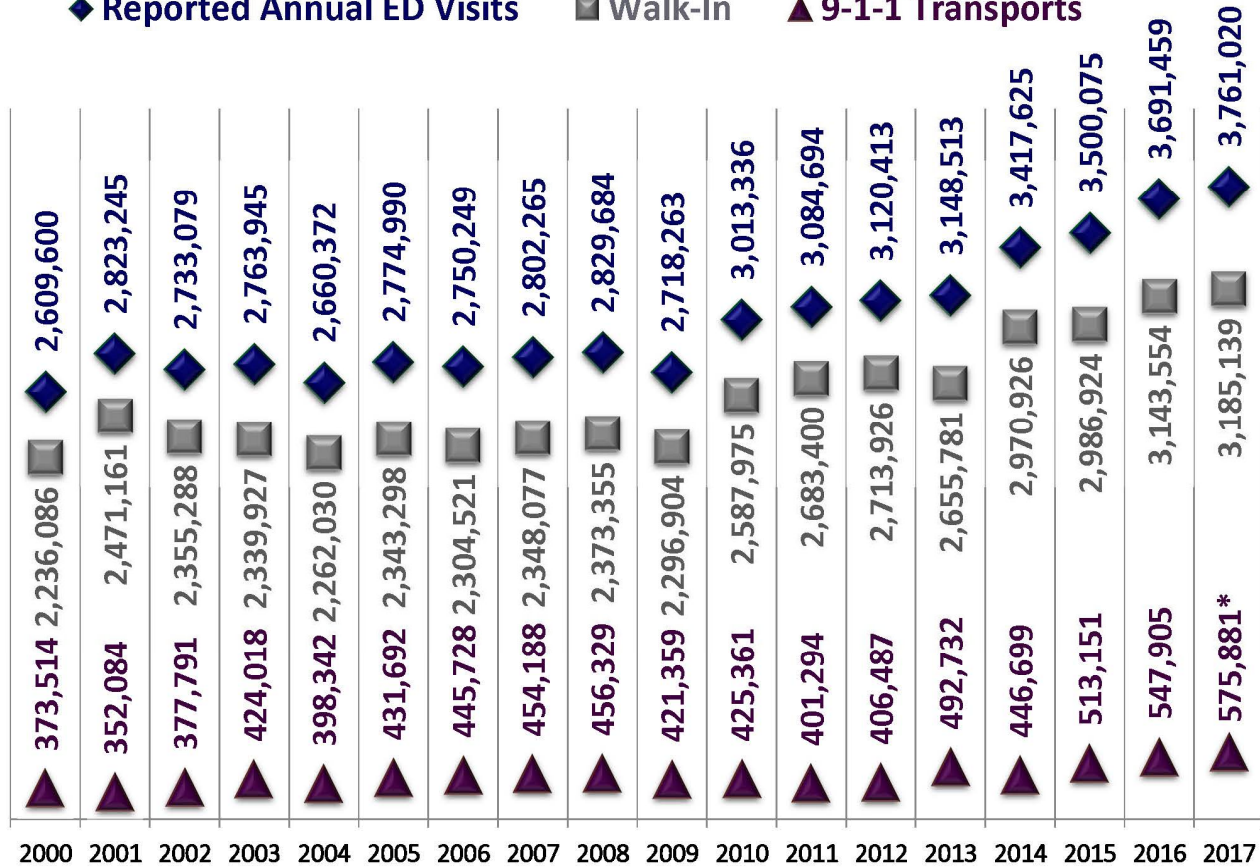
SPA 8

South Bay

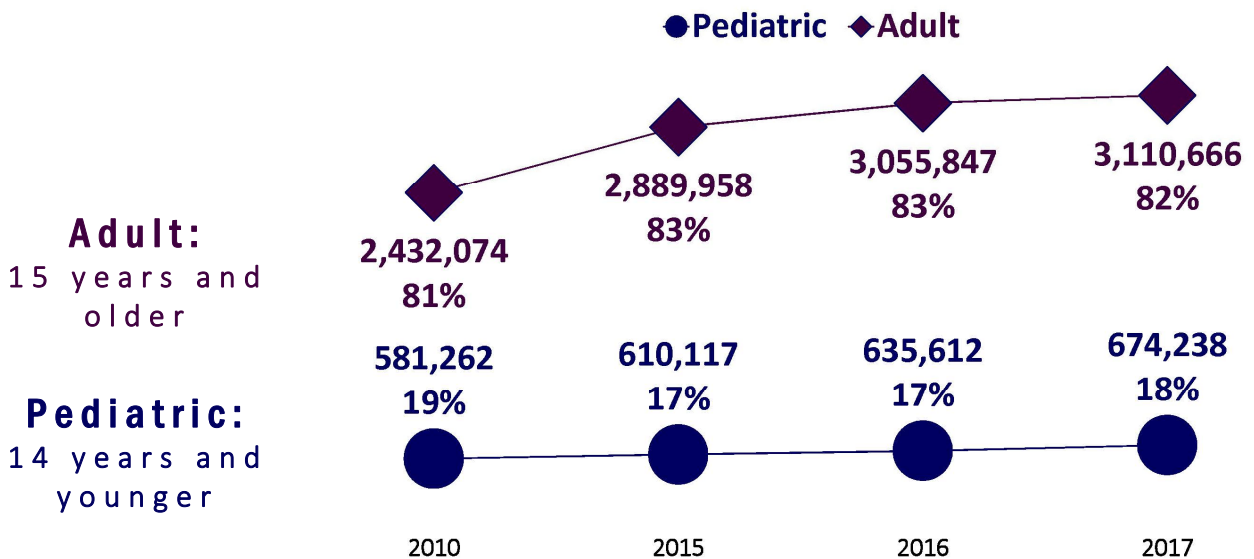
Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	14	59	76	591	1,756	2,669	4,060	143	9,368	21%
Behavioral	9	4	212	1,565	3,576	2,792	1,030	137	9,325	21%
Abdominal Pain	7	16	111	966	2,643	2,973	2,047	52	8,815	20%
Extremity Injury	10	78	545	1,476	2,341	2,378	2,169	74	9,071	21%
Weak/Dizzy	7	13	48	302	811	2,177	4,103	37	7,498	17%
Grand Total	47	170	992	4,900	11,127	12,989	13,409	443	44,077	
% (age)	0.1%	0.4%	2%	11%	25%	29%	30%	1%		

Emergency Department Volume

◆ Reported Annual ED Visits ■ Walk-In ▲ 9-1-1 Transports

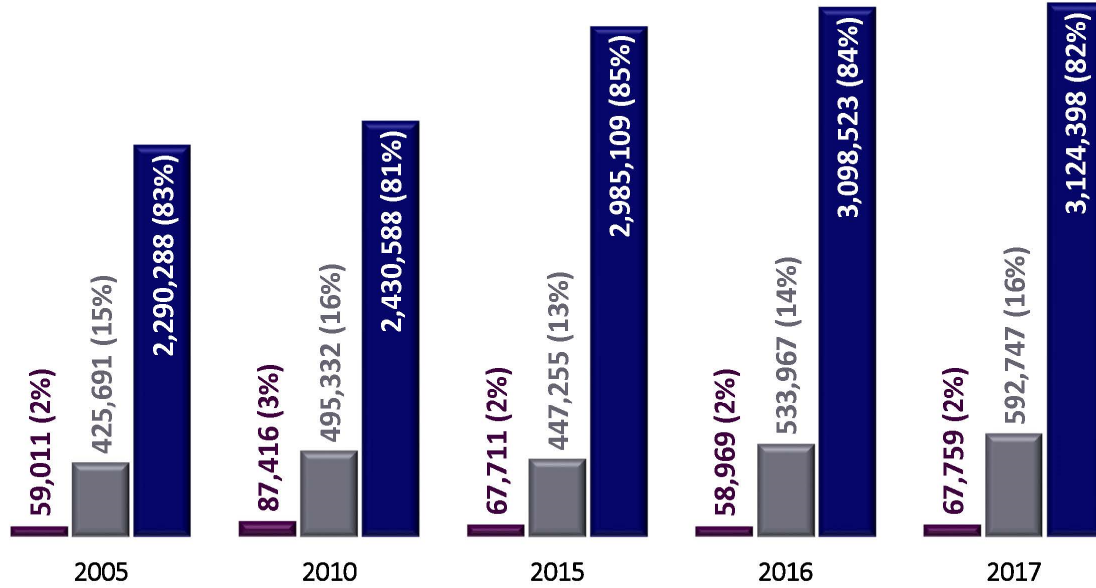


* Fiscal Year 2016-2017



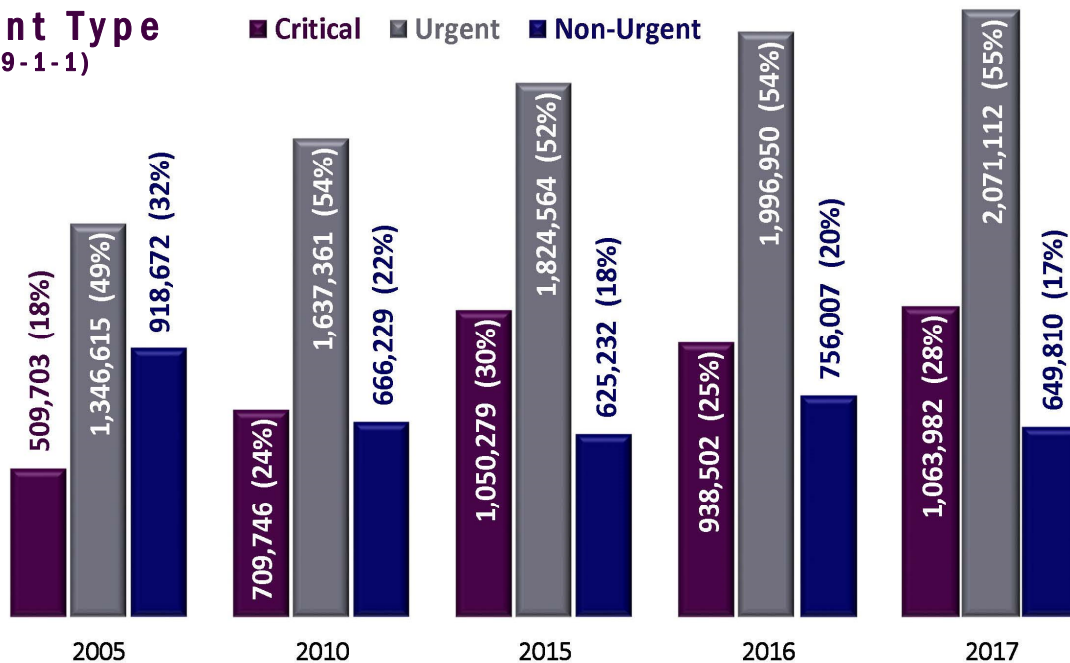
ED Patient Disposition (walk-in and 9-1-1)

- Admitted to Intensive Care Unit
- Admitted to Non-Intensive Care Unit Area
- Discharged from ED/24 hr Observation



ED Patient Type (walk-in and 9-1-1)

- Critical
- Urgent
- Non-Urgent



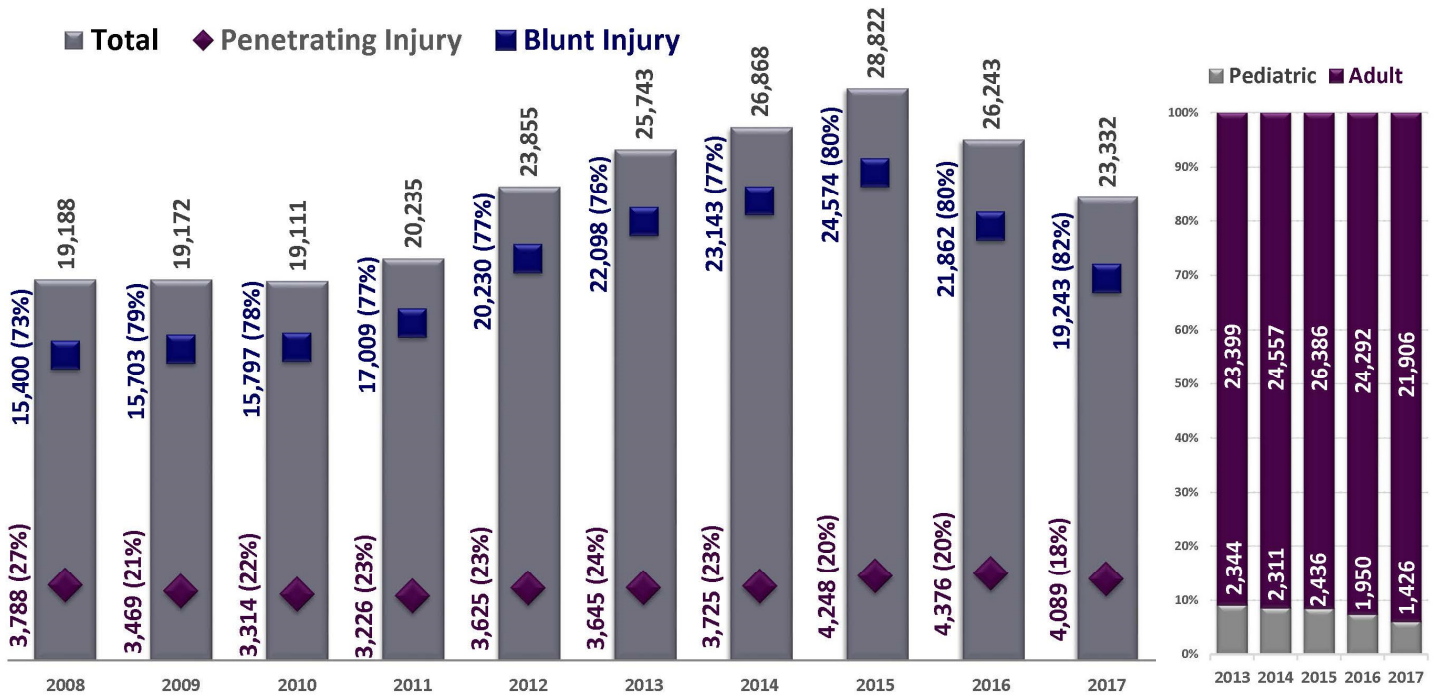
Critical—a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, shooting). Applicable Current Procedural Terminology (CPT) codes for this level of service would be 99284 (detailed history, detailed physical, and medical decision making of moderate complexity) or 99285 (medical decision making of high complexity) or 99291 (critical care, evaluation and management).

Urgent—a patient with an acute injury or illness, loss of life or limb is not an immediate threat to their well-being, or a patient who needs timely evaluation (fracture or laceration). Applicable CPT codes for this level of service would be 99282 (medical decision making of low complexity) or 99283 (medical decision making of moderate complexity).

Non-Urgent—a patient with a non-emergent injury, illness or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the ED (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code for this level of service would be 99281 (straight forward medical decision making).

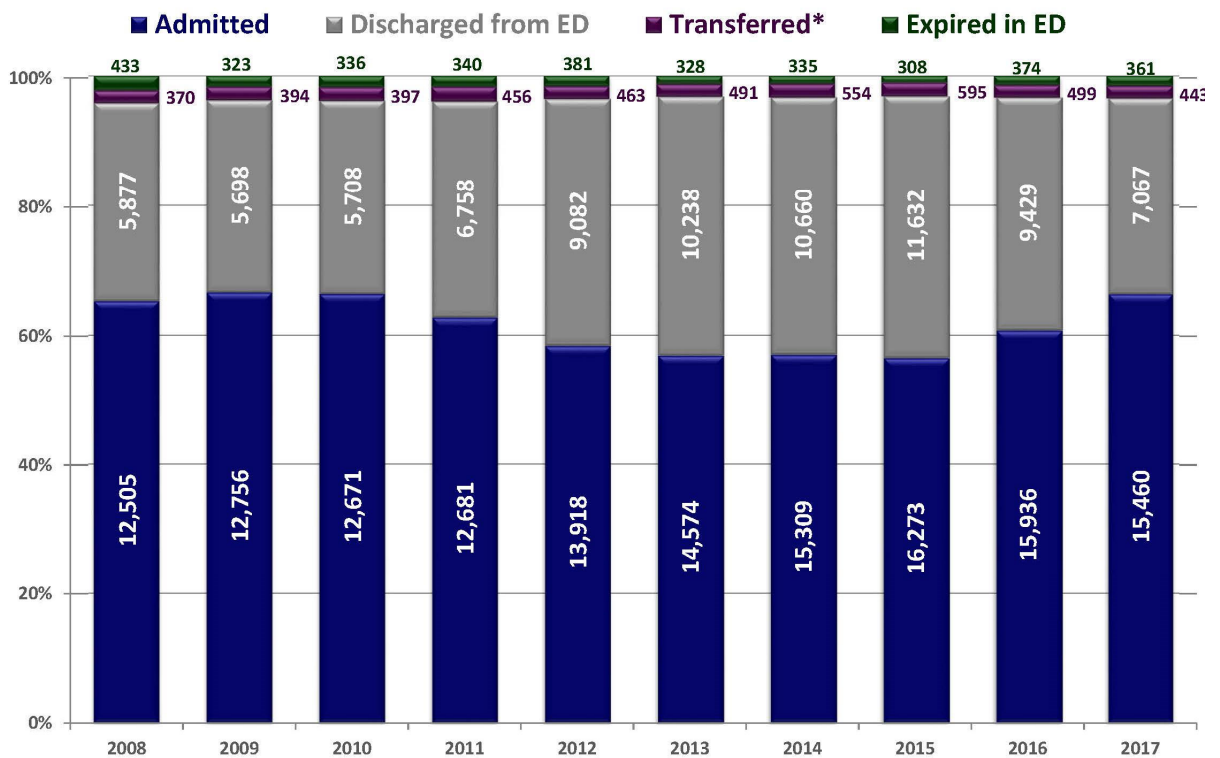


Trauma Center Volume



2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients
 2015: Trauma Center Registry inclusion criteria was reduced.

Patient Disposition: All Trauma

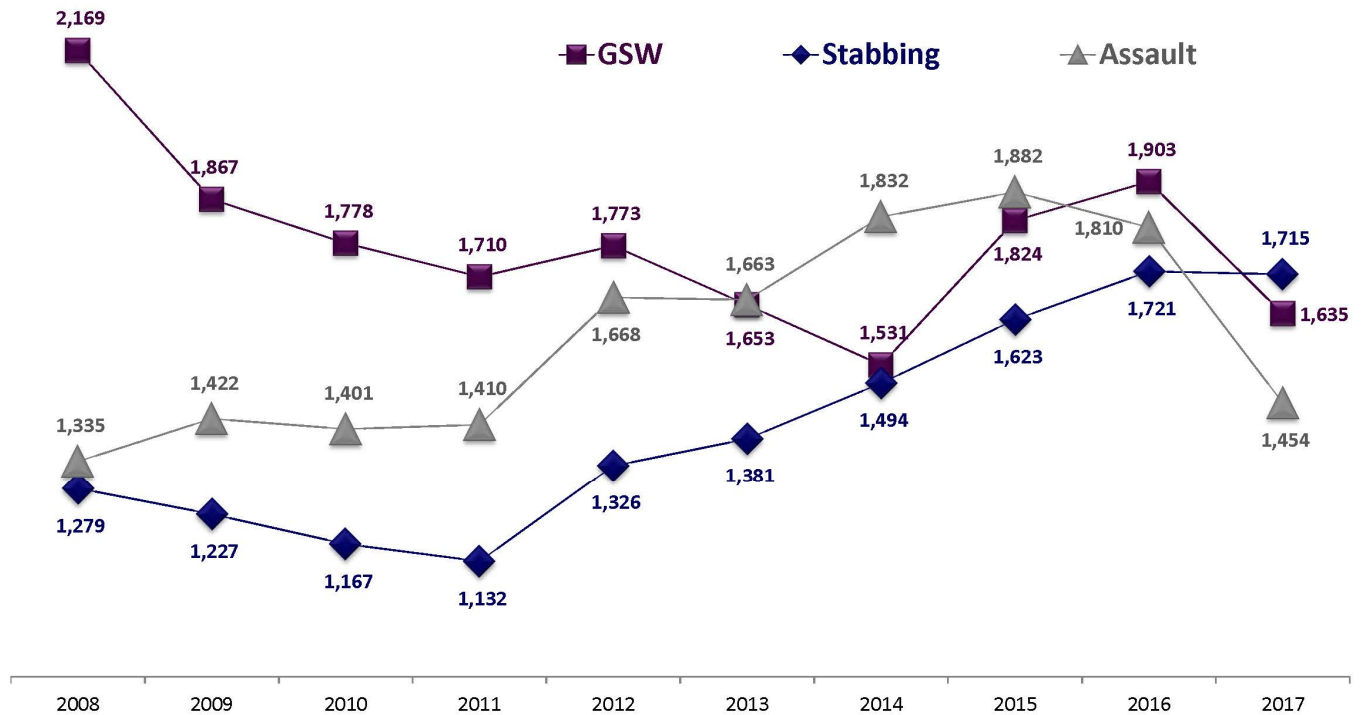
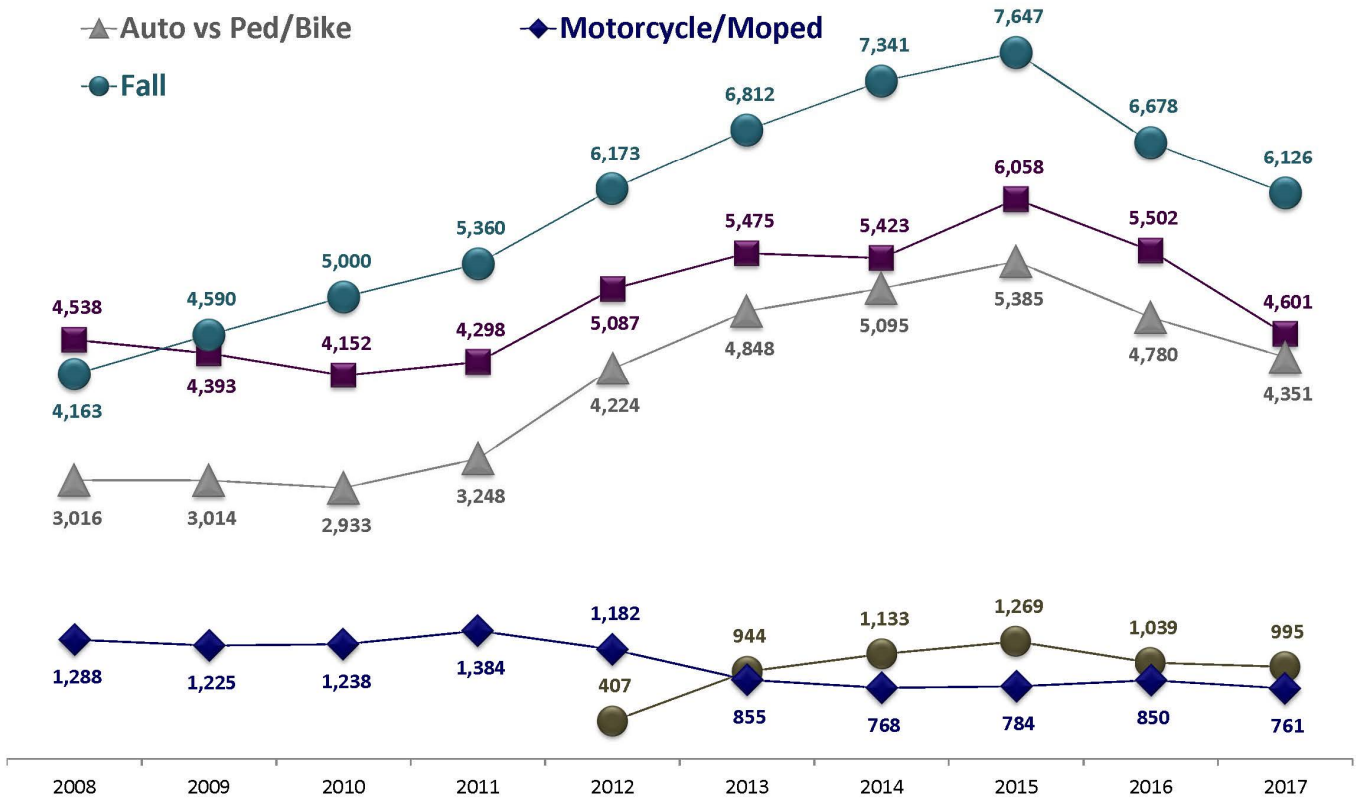


* Transferred to another health facility



Trauma Mechanism of Injury

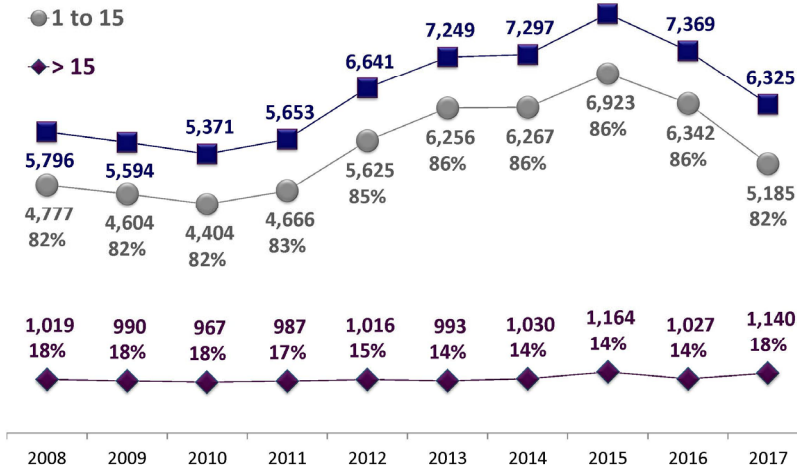
- Enclosed Vehicle
- Unenclosed Vehicle
- ▲ Auto vs Ped/Bike
- ◆ Motorcycle/Moped
- Fall





Injury Severity Score by Mechanism of Injury

Motor Vehicular Accident



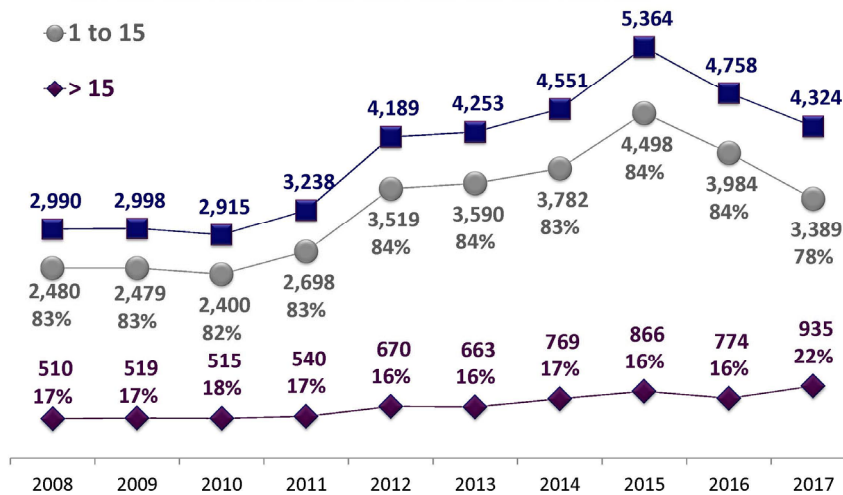
Definition:

Injury Severity Score (ISS):
Is an established medical score to assess trauma severity.

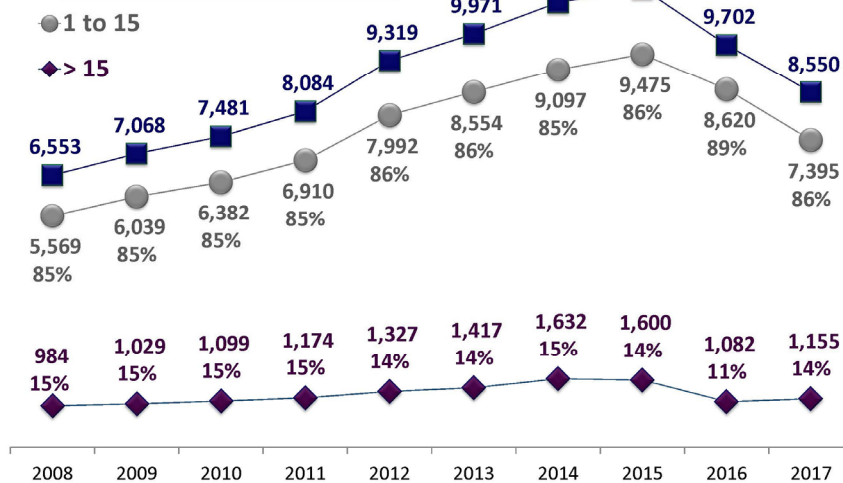
It correlates with mortality, morbidity and hospitalization time after trauma.

It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

Automobile vs Pedestrian/Bicycle

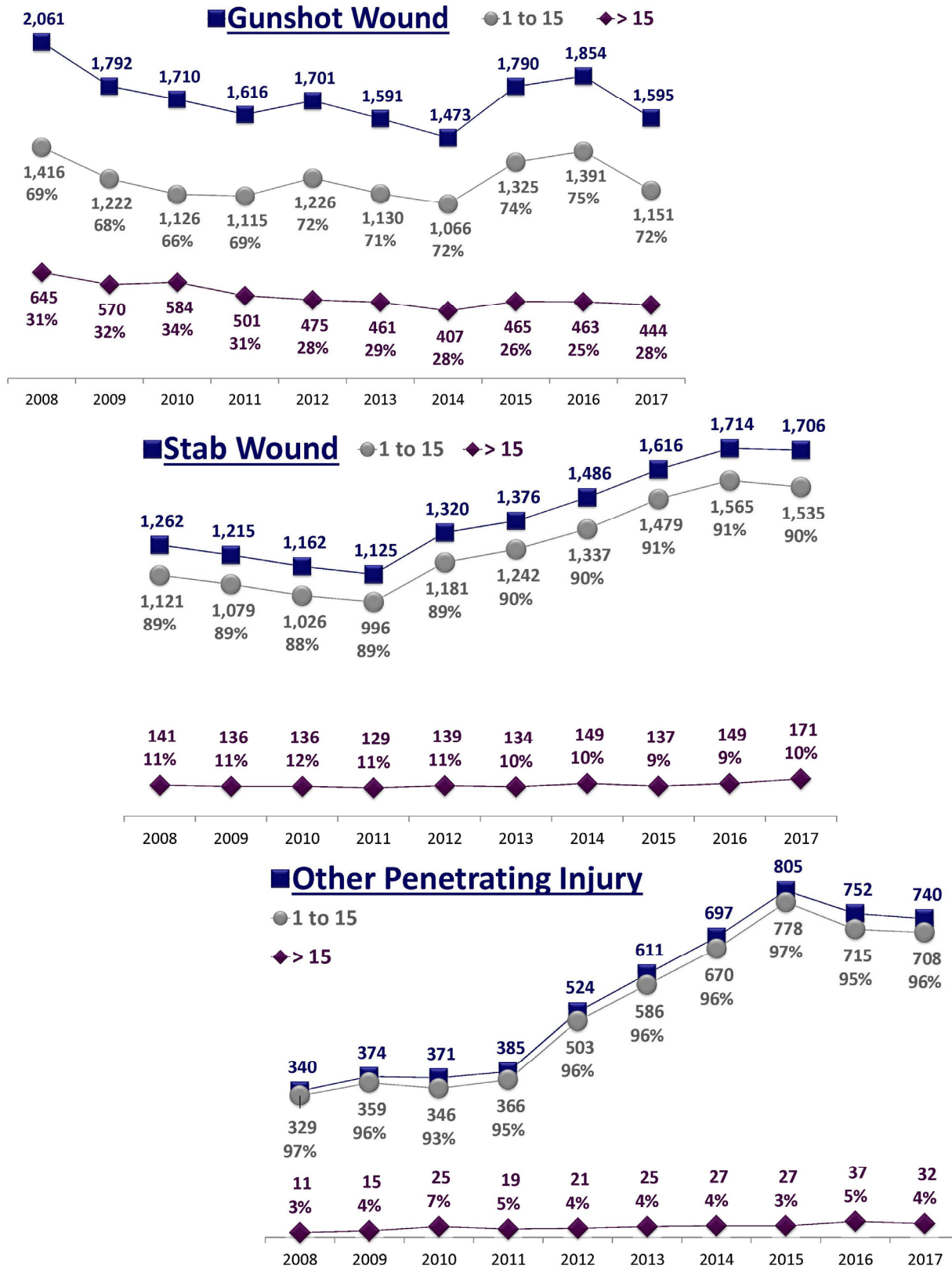


Other Blunt Injuries





Injury Severity Score by Mechanism of Injury

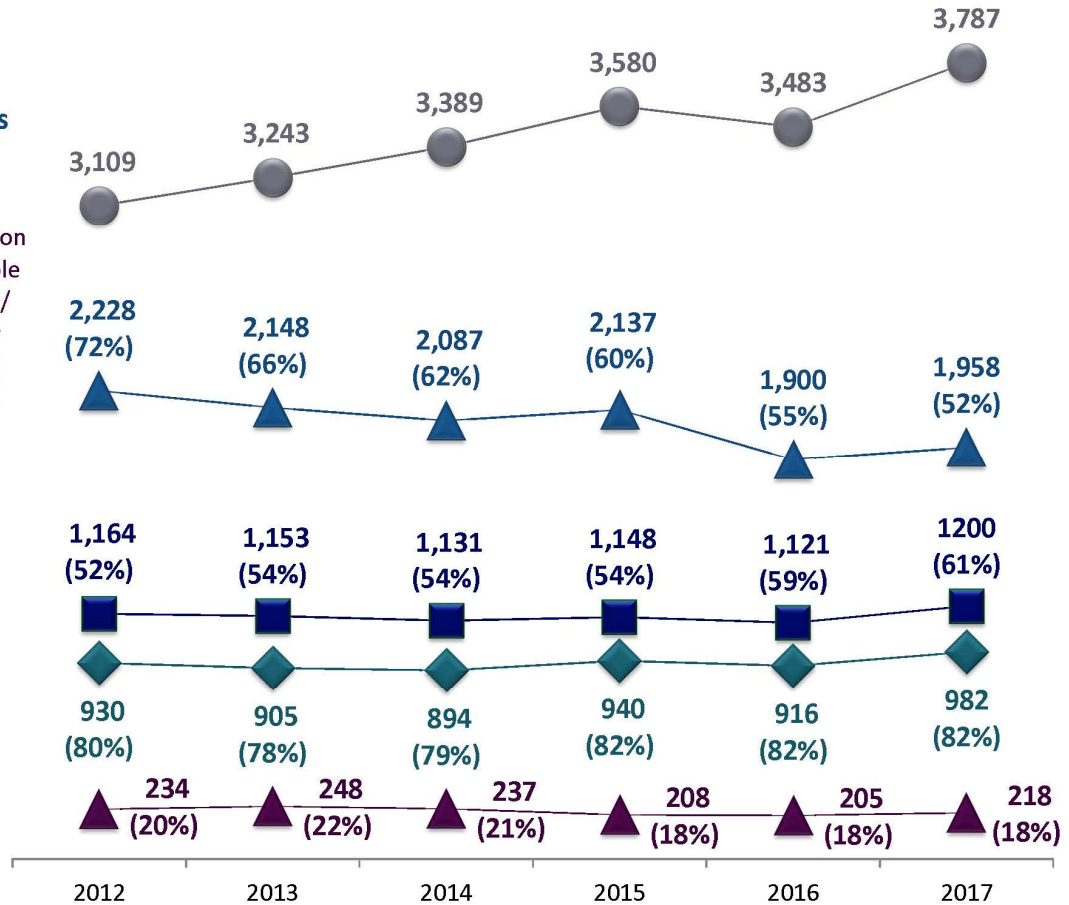




ST-Elevation Myocardial Infarction (STEMI) 9-1-1 Transports to STEMI Receiving Centers (SRC)

To Cath Lab

- PH ECG STEMI
- ▲ Cath Lab Activations
- ◆ Received PCI
- ▲ Cath Lab but no PCI
normal coronaries/no lesion found; difficult cath; unable to cannulate/dilate vessel/cross lesion/locate artery; candidate for CABG/IABP; expired in cath lab; vessel spasm; etc.

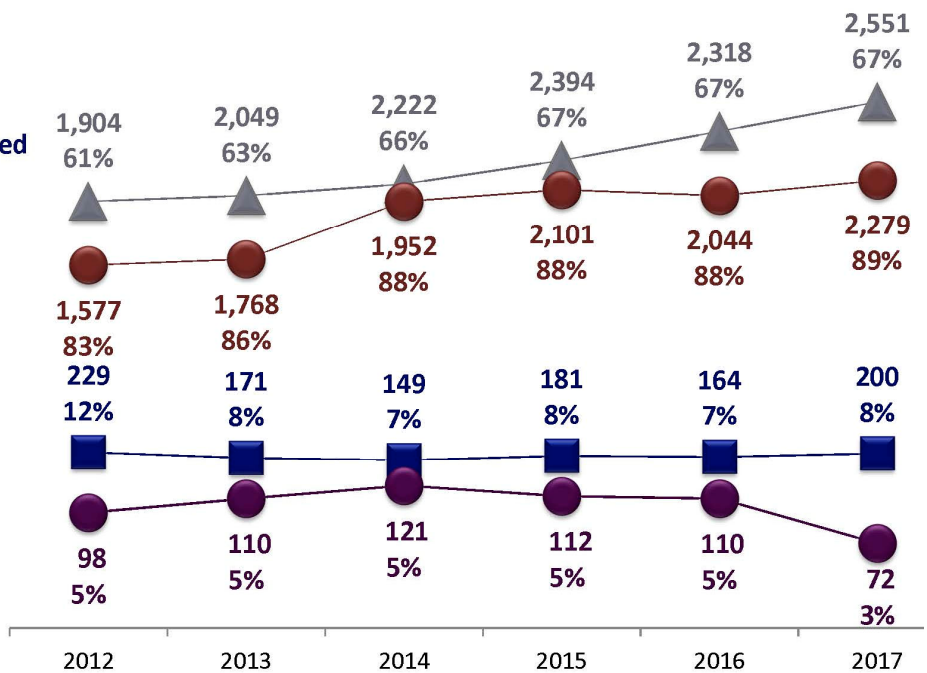


No Cath Lab

- ▲ Not Indicated
- Not a Candidate or Refused
- Unknown/Other

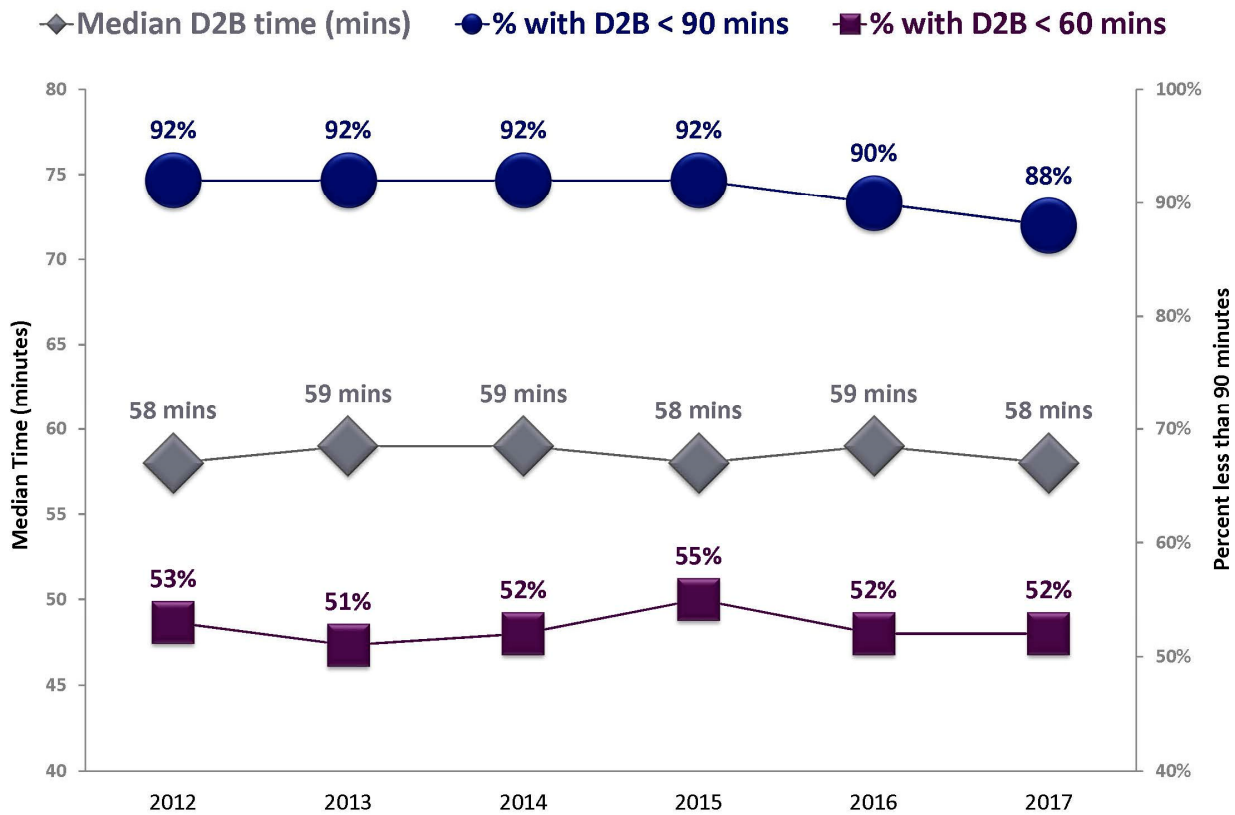
Not Indicated: discordant ECG, early repolarization, physician decision, vasospasm resolved

Not a Candidate or Refused: age, allergy, CABG, DNR, medical condition, multivesel disease, died prior, treatment refused

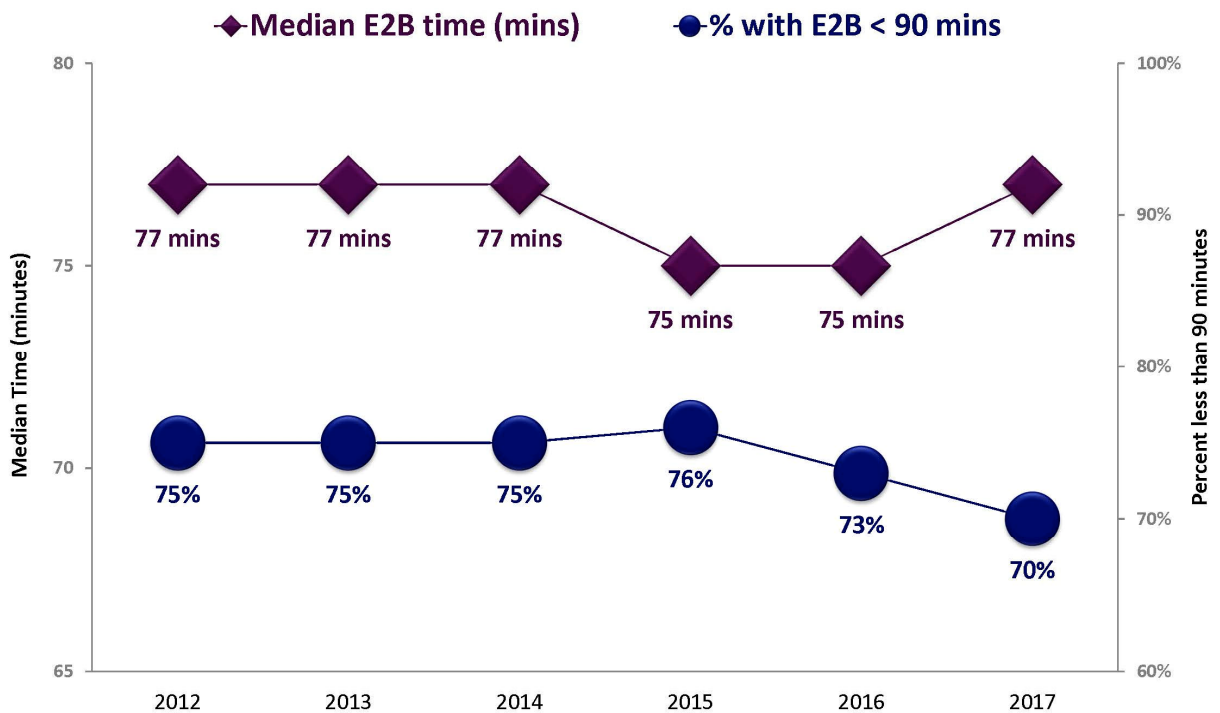




SRC: Door-to-Balloon (D2B) Time

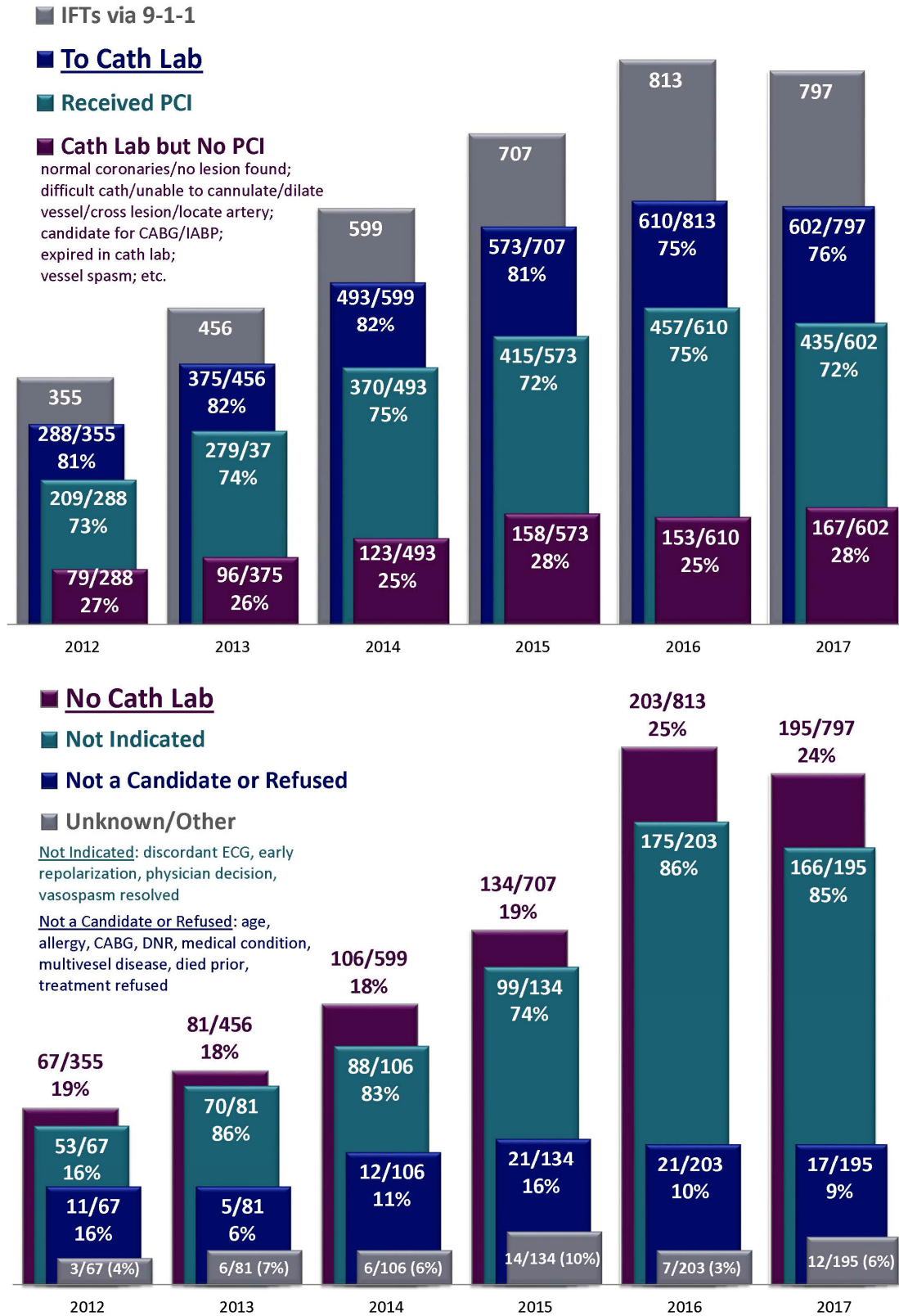


SRC: EMS Medical Contact-to-Balloon (E2B) Time



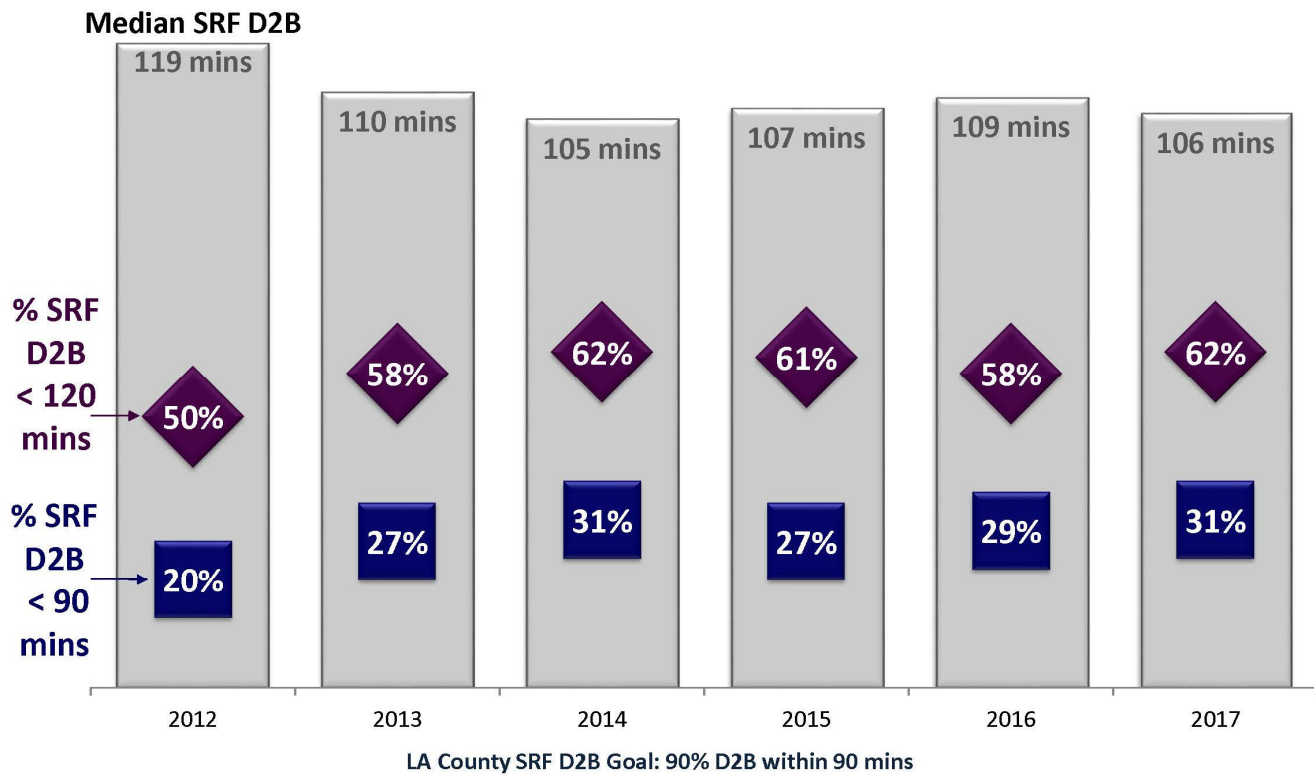


STEMI Referral Facility (SRF) Interfacility Transfers (IFT) via 9-1-1

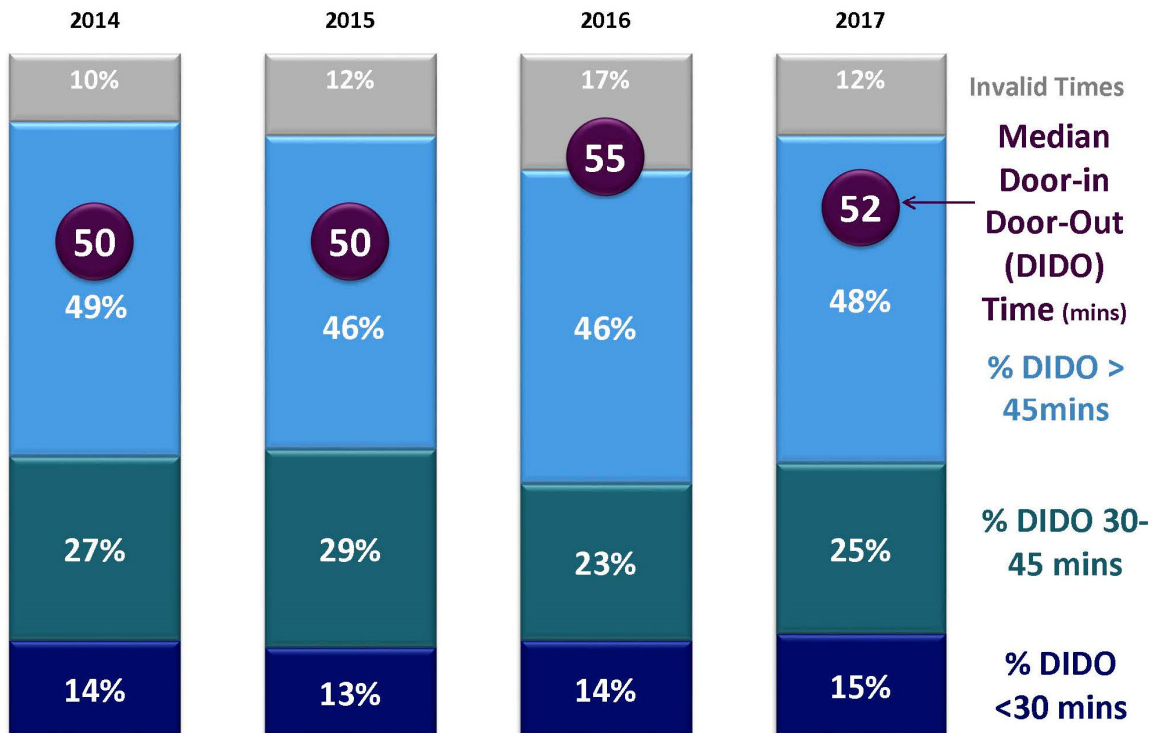




SRF: Door-To-Balloon (D2B) Time



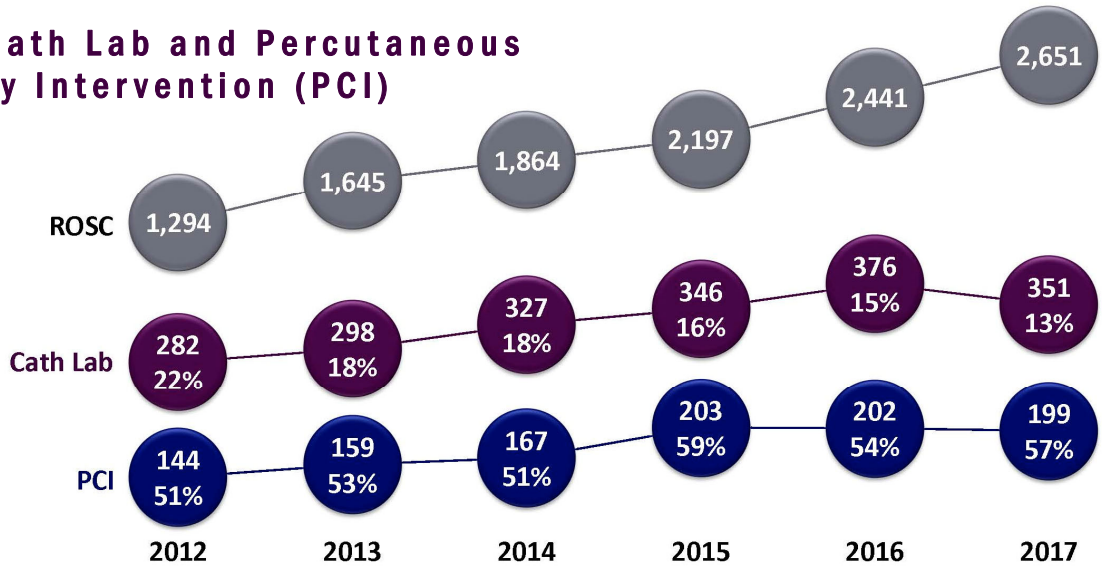
SRF: Door-In Door-Out (DIDO) Time



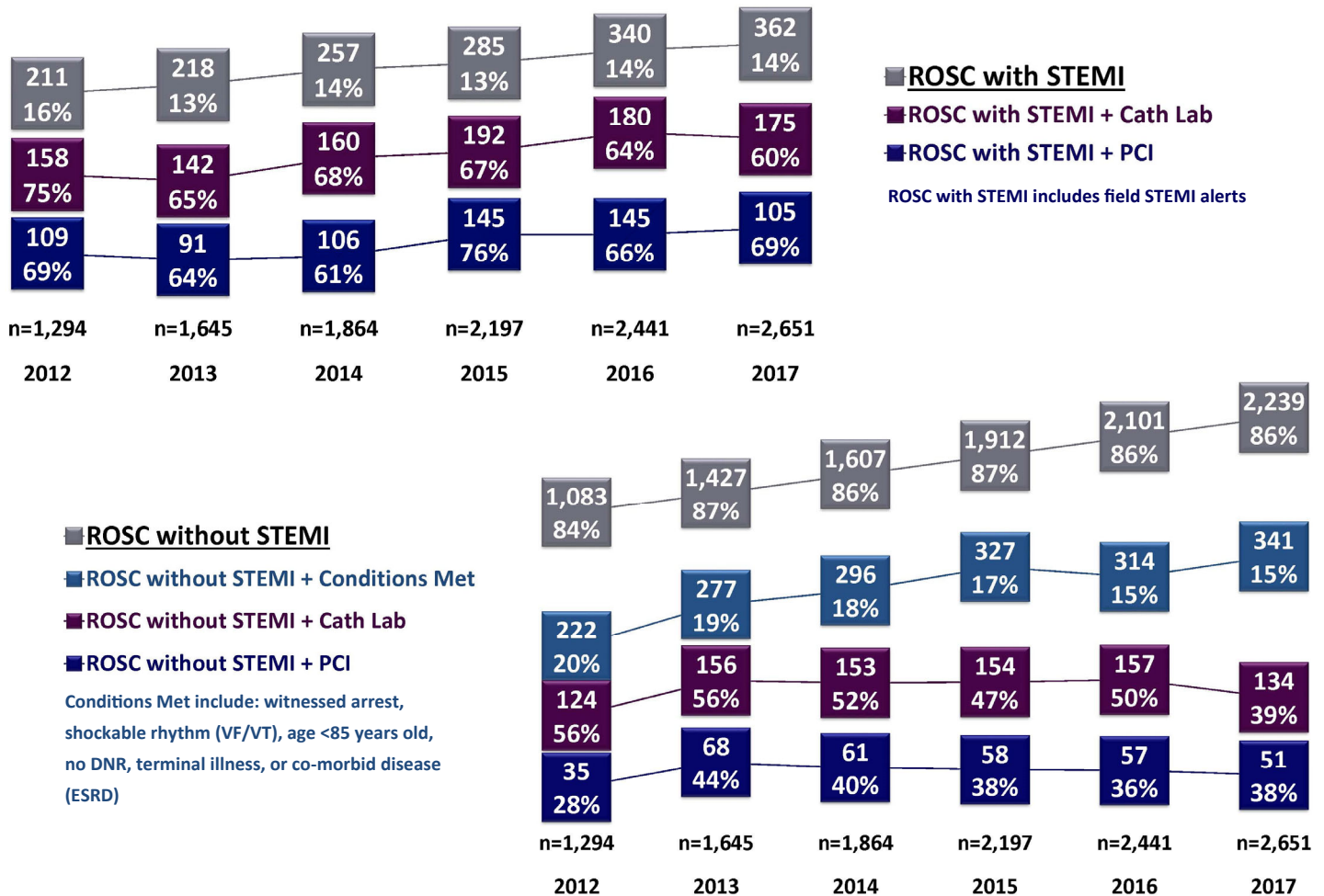


Out of Hospital Cardiac Arrest Return of Spontaneous Circulation (ROSC)

Frequency of Cath Lab and Percutaneous Coronary Intervention (PCI)

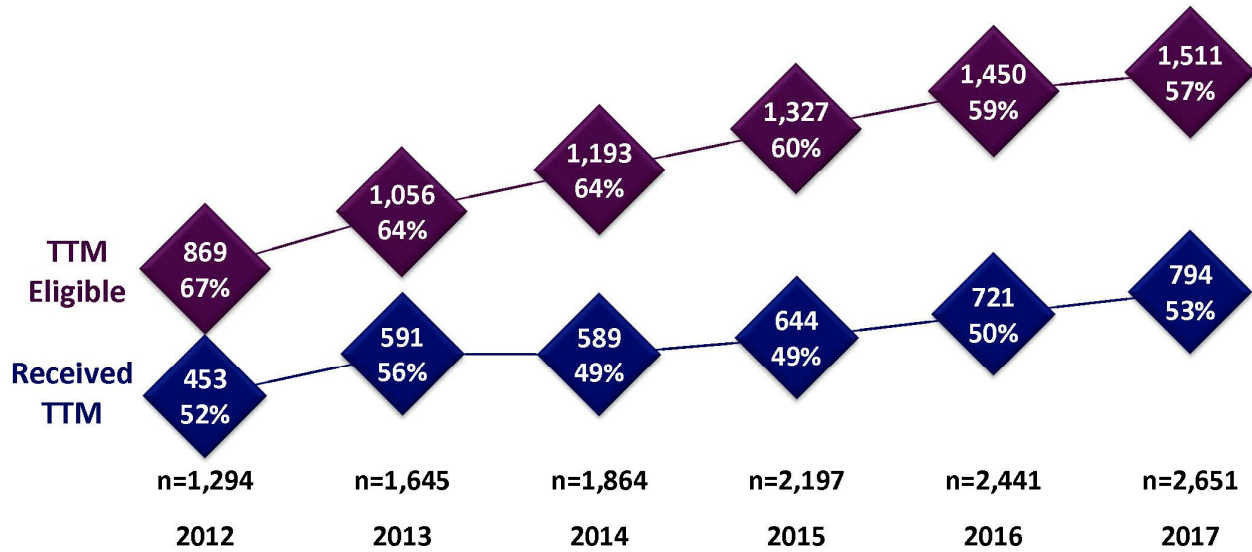


Frequency of Immediate Catheterization

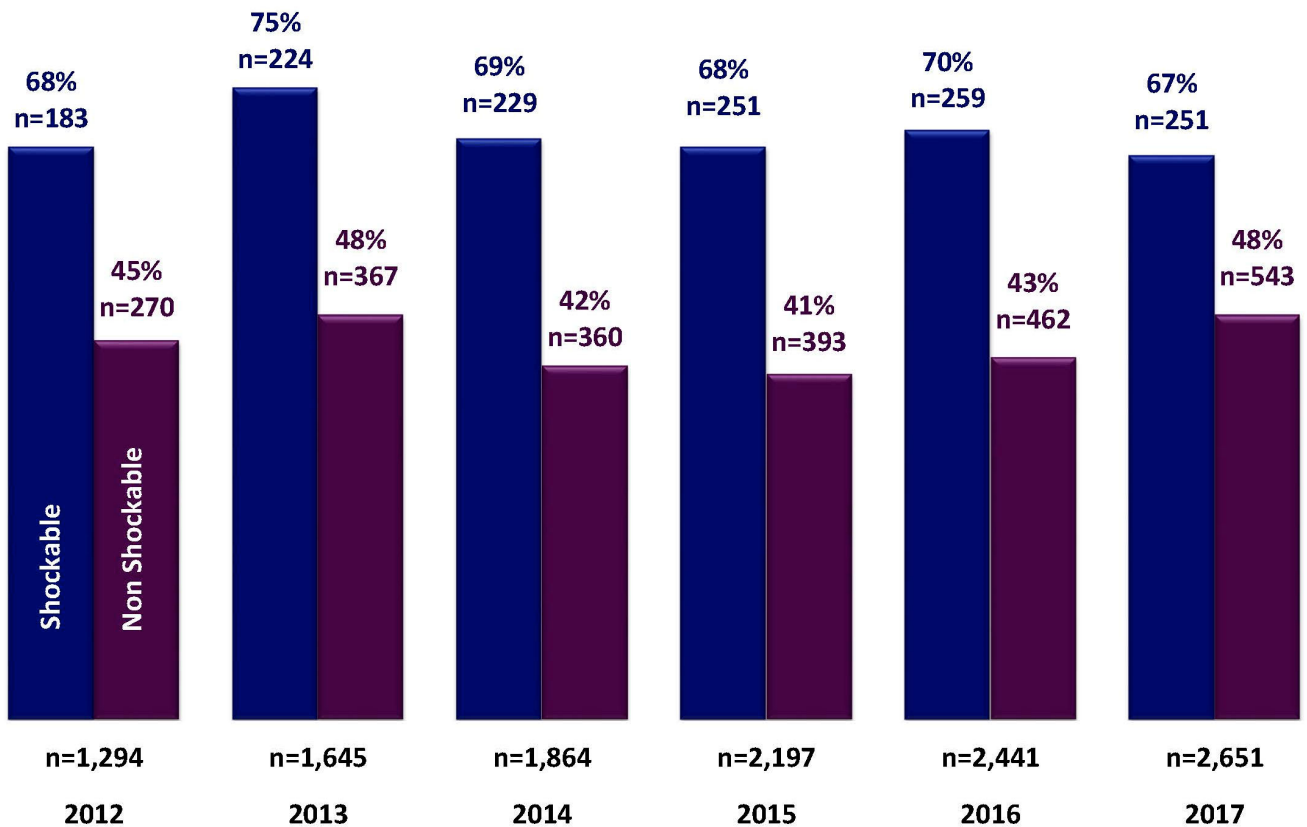




Frequency of Target Temperature Management (TTM)

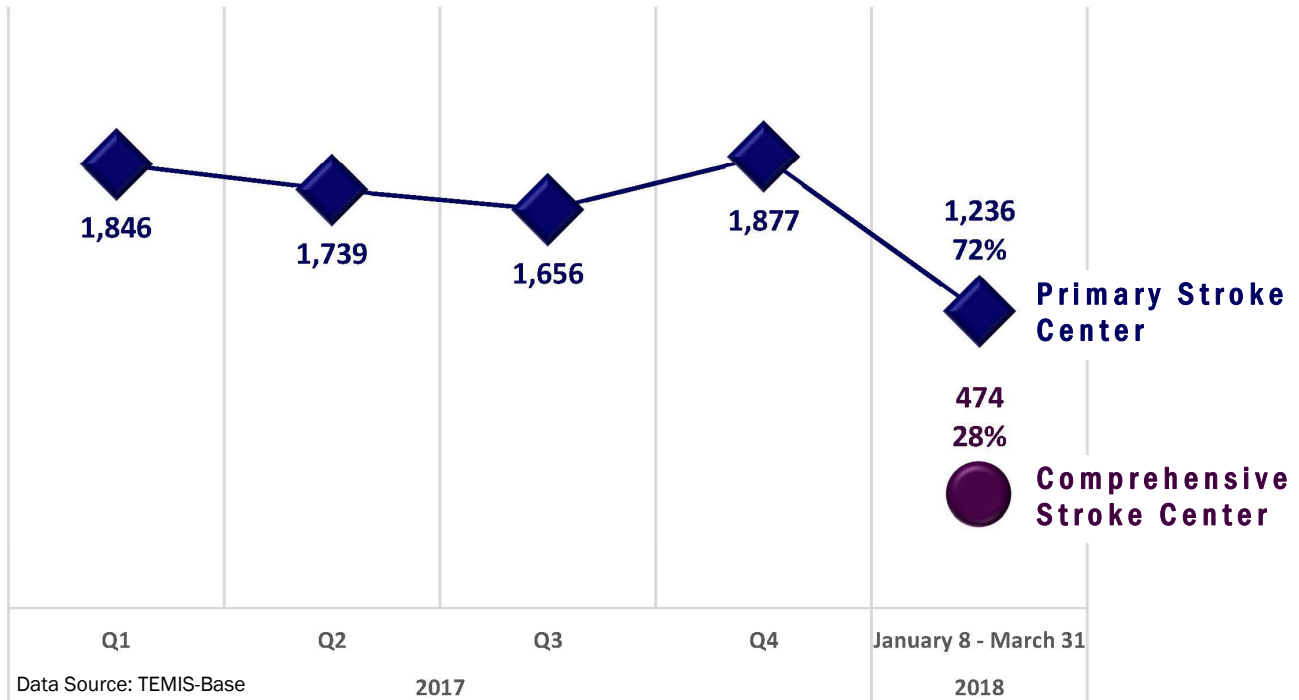



Frequency of TTM by Rhythm



Suspected Stroke Patient Destination

The rerouting of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.



EMS AGENCY 

To ensure timely, compassionate, and quality emergency and disaster medical services.

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**LOS ANGELES COUNTY EMS AGENCY
BASE HOSPITAL/PUBLIC PROVIDER AGENCY QI COMMITTEE**



**EMS Assessment and Released at Scene
January – June 2017**

AMA = No (Includes Blank/ Not Documented)

AMA = No (Excludes Blanks/Not Documented)

Provider Agency	n	Call Volume	% Per Vol
AF	518	2190	24%
AH	823	2585	32%
BF	1312	3832	34%
BH	893	2370	38%
CC	344	2282	15%
CF	21840	165687	13%
CI	1471	109804	1%
CM	691	3894	18%
DF	376	3995	9%
ES	343	995	34%
GL	1934	7559	26%
LB	3421	17663	19%
LH	17	183	9%
LV	771	1670	46%
MB	234	1108	21%
MF	313	1628	19%
MO	420	2283	18%
MP	417	1837	23%
PF	1284	6923	19%
RB	306	2427	13%
SA	151	640	24%
SG	185	1097	17%
SI	30	176	17%
SM	2089	6169	34%
SP	214	788	27%
SS	217	1420	15%
TF	627	5454	11%
VF	83	362	23%
WC	880	3304	27%

Provider Agency	n	Call Volume	% Per Vol
AF	82	2190	4%
AH	242	2585	9%
BF	634	3832	17%
BH	123	2370	5%
CC	255	2282	11%
CF	21731	165687	13%
CI	1465	109804	1%
CM	342	3894	9%
DF	131	3995	3%
ES	96	995	10%
GL	211	7559	3%
LB	3411	17663	19%
LH	7	183	4%
LV	383	1670	23%
MB	114	1108	10%
MF	17	1628	1%
MO	412	2283	18%
MP	156	1837	8%
PF	434	6923	6%
RB	95	2427	4%
SA	27	640	4%
SG	37	1097	3%
SI	29	176	16%
SM	163	6169	3%
SP	39	788	5%
SS	74	1420	5%
TF	626	5454	11%
VF	33	362	9%
WC	801	3304	24%

Data Source: EMS Database

Excludes: AMA, Base Contact, SFTP

n = Total number of patients not transported and released at scene



**LOS ANGELES COUNTY EMS AGENCY
BASE HOSPITAL/PUBLIC PROVIDER AGENCY QI COMMITTEE**



EMS Assessment and Released at Scene

October – December 2018[†]

AMA = No (Includes Blank/Not Documented)

AMA = No (Excludes Blanks/Not Documented)

Provider Agency	n	Call Volume	% Per Vol
AF	68	827	8%
AH	267	1037	26%
BF	236	1318	18%
BH	355	959	37%
CC	92	966	10%
CF*			
CI*			
CM	167	1507	11%
DF	196	1566	13%
ES	111	430	26%
GL	250	3125	8%
LB	3408	9062	38%
LH	13	71	18%
LV	250	602	42%
MB	24	387	6%
MF	142	719	20%
MO	248	1032	24%
MP	128	709	18%
PF	81	2364	3%
RB	54	374	14%
SA	20	186	11%
SG	50	438	11%
SI	19	127	15%
SM	532	2208	24%
SP	39	312	13%
SS	82	494	17%
TF	13	2595	1%
VF	19	171	11%
WC	276	1176	23%

Provider Agency	n	Call Volume	% Per Vol
AF	23	827	3%
AH	87	1037	8%
BF	76	1318	6%
BH	47	959	5%
CC	45	966	5%
CF*			
CI*			
CM	80	1507	5%
DF	112	1566	7%
ES	38	430	9%
GL	21	3125	1%
LB	658	9062	7%
LH	3	71	4%
LV	111	602	18%
MB	13	387	3%
MF	32	719	4%
MO	62	1032	6%
MP	64	709	9%
PF	32	2364	1%
RB	1	374	0%
SA	5	186	3%
SG	13	438	3%
SI	11	127	9%
SM	79	2208	4%
SP	18	312	6%
SS	37	494	7%
TF	5	2595	0%
VF	9	171	5%
WC	174	1176	15%

*CF/CI data not available

[†] Implementation of new Treatment Protocols



Los Angeles County
Emergency Medical Services Agency
Quality Improvement Plan
2018/19



I. Introduction

Los Angeles County EMS Agency Mission Statement

To ensure quality, compassionate, and timely emergency and disaster medical services

The Los Angeles County (LAC) Emergency Medical Services (EMS) Agency is responsible for monitoring and implementing regulatory oversight over for one of the largest multijurisdictional EMS systems in the nation. The LAC system utilizes more than 18,000 certified EMS personnel employed by public and private organizations, fire departments, ambulance companies, hospitals, and law enforcement agencies to provide emergency and non-emergency prehospital care to over 10 million residents and visitors.

LAC requires a comprehensive quality improvement (QI) program to provide ongoing system evaluation to maintain quality in day-to-day operations while implementing process improvement strategies to advance patient care delivery that are consistent with best practices and evidence-based medicine. The QI plan provides the written framework for the QI program.

Our system utilizes a multidisciplinary collaborative approach to drive improvement. It is educational, not punitive by design to encourage the exchange of information to enhance patient safety and minimize adverse events. Quality patient care delivery is sustained through ongoing evaluation, timely system feedback and education, in addition to, providing opportunities to acknowledge performance excellence within the system.

The EMS Agency and QI program supports the California EMS Authority (EMSA) in the development, implementation, and reporting of statewide core measures.

The LAC EMS QI plan is written in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 12: *Emergency Medical Services System Quality Improvement* and is consistent with the State of California *Emergency Medical Services System Quality Improvement Program Model Guidelines* and *EMSA 166, Appendix E, EMS Core Quality Measures*.

II. Structure and Organizational Description

A. Organizational Description – (Attachment A)

B. QI Structure – The LAC EMS Agency QI Program utilizes an integrated process that incorporates all EMS system stakeholders to develop, implement, and support QI activities. The committees described below are the structure that supports the QI Program.

1. **EMS Agency QI Team** – The EMS QI Team is the guiding body for EMS QI Program activities. The EMS Agency QI Team meetings are convened as needed to support the QI system needs. Members include, but are not limited to, the following representatives:

EMS Agency Medical Director
EMS Agency Director
EMS Agency Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS System QI Coordinator
Chief Prehospital Care Operations
Chief Hospital Programs
Chief Data Systems Management
Additional EMS Agency staff, when needed

Responsibilities of the EMS Agency QI Team include the following:

- Cooperate with EMSA in carrying out the responsibilities of the EMS QI Program in accordance with the Quality Improvement Program Model Guidelines and EMS Core Quality Measures.
- Collaborate with EMSA in the development and implementation of statewide EMS performance indicators.
- In collaboration with the LAC Technical Advisory Group (TAG) to develop quality indicators specific to multidisciplinary patient-centered system issues.
- Maintain and support local QI/Advisory committees to incorporate input from EMS system participants for the development, implementation, evaluation, and monitoring on local and statewide measures.
- Facilitate and support the development of training and educational programs as they relate to action plans and other QI activities.
- Convene and facilitate Data Collaborative Committees to assist with evaluating performance, implementing health services research, and developing strategies to improve regionalized specialty care systemwide.
- Make recommendations for the development and revision of the LAC EMS Agency policies and Treatment Protocols that are consistent with best practices and evidence-based medicine.
- Serve as a resource to support QI among all programs and appropriate stakeholder groups.
- Publish an annual Data Report and provide ongoing reports to the EMS community.

- Review and update the LAC EMS QI Program as needed.

2. **LAC EMS Technical Advisory Group (TAG)** – The Los Angeles EMS TAG is a multidisciplinary team; meetings are convened ad hoc to meet system needs. Members include, but are not limited to, representative(s) from the following organizations:

LAC EMS Agency Medical Director
LAC EMS Director/Assistant Director
LAC EMS Assistant Medical Director
LAC EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
LAC EMS Agency Physicians Specialists
LAC EMS System QI Coordinator
LAC EMS Chief of Hospital Programs
LAC EMS Chief of Prehospital Care
LAC EMS Chief of Data Systems Management
Designated EMS Agency Staff
Paramedic Base Hospitals/9-1-1 Receiving Hospitals
Public Provider Agency Medical Director
Provider Agency Nurse Educator/Paramedic Coordinator
Paramedic Training Program Director
EMT Training Center representative
Ambulance Association representative
Medical Emergency Medical Dispatch Agency

Ad hoc members/representatives:

Trauma Hospital Medical Director and/or Trauma Program Manager
Air Operations Provider Agency
LAC Department of Mental Health
Emergency Department Approved for Pediatrics (EDAP)
STEMI Receiving Center
Primary Stroke/Comprehensive Stroke Center
Sexual Assault Response Team
Law Enforcement
Department of Coroner
LAC Department of Public Health
Rapid Emergency Digital Data Information Network (ReddiNet®)

Responsibilities of the TAG and its members include, but are not limited to the following:

- Collaborate with the EMS Agency QI Team in carrying out the responsibilities of the LAC EMS QI Program and EMS Core Quality Measures.
- In collaboration with the LAC QI Team, EMS QI, Specialty Center QI, EMS QI and other Advisory Committees as needed to recommend and/or develop metrics to facilitate ongoing systemwide monitoring and reporting of statewide and local system performance measures.

- Recommend charter of a quality task force when system issues are identified.
- Support and protect confidentiality and data integrity.
- Recommend plans for improving the EMS QI plan.

3. **Base Hospital / 9-1-1 Provider Agency QI Committee**

Meetings are held quarterly; members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency System EMS QI Coordinator
Designated EMS Agency staff
Prehospital Care Coordinators from each Base Hospital
Paramedic Coordinator and /or Fire Department Nurse Educator from each
9-1-1 Provider Agency

Ad hoc members/representatives:

Pediatric Liaison Nurse from EDAP
Air Operations Provider Agency
Emergency Medical Dispatch
Private (non-911) Provider Agency QI Committee

4. **Private Non 9-1-1 Provider Agency QI Committee**

Meetings are held every four months; members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Non 9-1-1 BLS/ALS/CCT provider agencies

Ad hoc members/representatives:

Approved paramedic training programs
Approved EMT training programs
9-1-1 Provider Agency
Emergency Medical Dispatch

4.1 **Private Provider Agency Approved for 9-1-1 Transport, QI Sub-Committee**

Meetings are held every four months, directly following the Private Non-911 Provider Agency QI Committee meeting. Members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Paramedic/EMS QI Coordinator from each of the 9-1-1 approved private provider agencies

Ad hoc members/representatives:

Paramedic/QI Coordinator and/or Fire Department Nurse
Educator from each 911 Public Provider Agency utilizing a private
provider agency approved for 911 transport

5. Standing Field Treatment Protocol (SFTP) Provider Agency QI Committee

Implementation of the new Treatment Protocols (TP) was completed in April 2019. The SFTP Committee has been integrated into the Base Hospital and Public 911 Provider Agency Committee due to the implementation of the new TPs and policies regarding base contact and notification of receiving hospitals.

6. Trauma Hospital Advisory Committee (THAC) - QI Sub-Committee

THAC meetings are held every other month to address trauma care in LAC. For QI meeting purposes, THAC QI is divided into three sub-committees each covering a region of the county. The QI sub-committees meet quarterly and report back to THAC. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency Trauma Program Manager and designated staff
Trauma Medical Director (surgeon) from each designated Trauma Center
Trauma Center Program Manager (RN) from each designated Trauma Center
TAG members, as needed



7. Medical Advisory Council (MAC)

MAC Meetings are held quarterly to assist the EMS Agency Medical Director in carrying out regulatory responsibilities, provide recommendations on written treatment guidelines, policies and procedures that are consistent with best practices and evidence-base medicine. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS Agency Physician Specialist(s)
System EMS Agency QI Coordinator
Designated EMS Agency staff
Medical Directors from each Base Hospital
Medical Directors from each Provider Agency
Representatives:
Trauma Hospital physician
Association Prehospital Care Coordinator
9-1-1- Receiving Hospital physician
TAG members, as needed

8. **ST Elevation Myocardial Infarction (STEMI) Receiving Center (SRC)/
Return of Spontaneous Circulation (ROSC) QI Committee**

The SRC/ROSC program QI meetings are divided into four regions. Meetings are held biannually, at a minimum, to maintain and improve program quality appropriate to the SRC system. Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- Paramedic Training Institute Medical Director
- EMS Agency SRC Program Manager



At minimum (1) SRC Medical Director and (1) a designated physician from two separate SRC facilities within each of the SRC regions,
9-1-1 Provider Agency Paramedic

9. **Stroke Advisory Committee**

The ASC program meetings are held every four months, at minimum to maintain and improve quality of stroke care delivery. The EMS Agency implemented Comprehensive Stroke Center (CSC) designation in early 2018. CSC hospital designation includes Thrombectomy Capable Stroke Centers (TSC). Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- EMS Agency Physician Specialist
- EMS Agency Stroke Program Coordinator
- EMS Agency Staff
- Medical Directors from each PSC/CSC/TSC
- Stroke Coordinators from each PSC/CSC/TSC



10. **Pediatric Advisory Committee (PedAC)**

The PedAC meets quarterly to provide expert oversight and address QI needs specific to pediatric patients. Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- Paramedic Training Institute Medical Director
- EMS Agency Director, Education and Innovation
- EMS Agency Pediatric Physician Specialist
- EMS Agency EDAP Program Manager
- Designated EMS Agency staff
- Pediatric Liaison Nurse from each EDAP region
- Medical Director of EDAP from each EDAP region
- Medical Director, Director, and Coordinator from a Pediatric Medical Center
- Medical Director and a Program Manager from a Pediatric Trauma Center



11. Data Collaborative Committees

The data collaborative committee members include physician specialists, program medical directors and managers, designated program representatives, and other subject matter experts as needed. The primary purpose is to utilize the EMS Agency data to evaluate, provide recommendations, and develop quality initiatives to improve the delivery of care within our local regional programs and support EMS research through health services research. The current Research Data Collaborative Committees include: STEMI, Stroke, Trauma, and Pediatric.

12. EMS Commission Advisory Committees

The advisory committee meetings are held every other month with exception to the Education Advisory Committee (EAC). EAC meetings are convened ad hoc under the direction of the Committee Chair. Each advisory committee's membership represents the constituent groups as outlined in the EMS Commission bylaws. The EMS Commission Advisory Committee membership includes the following:

Base Hospital Advisory Committee (BHAC)
Provider Agency Advisory Committee (PAAC)
Data Advisory Committee (DAC),
Education Advisory Committee (EAC)

13. Innovation, Technology and Advancement Committee (ITAC)

ITAC is new committee designed to evaluate innovative technologies and provide recommendations to the EMS Agency Medical Director and Director regarding implementation and oversight on new products, pharmacological interventions, and novel equipment (**Attachment B**). Meetings will be held quarterly or as directed by the Chair; members include, but are not limited to:

EMS Agency Director of Education and Innovation
Medical Advisory Council, (3) Physician Representatives
PAAC Representative/Alternate
BHAC Representative/Alternate
PedAC Representative/Alternate
Primary Training Program, Paramedic and EMT
Subject matter experts and EMS Agency staff, as needed

III. Data Management

A. Data Collection

The EMS Agency obtains information through a variety of methods that include the following sources: electronic data exchange, hard copy review, internal and external customer surveys, and program reviews (audits). Data collection is primarily conducted via the Trauma and Emergency Medicine Information System (TEMIS), Lancet Technology, Inc., The TEMIS database was implemented to assist the EMS Agency in evaluating, monitoring, and

coordinating all EMS components, as well as meet state data collection requirements.

All public 9-1-1 and Exclusive Operating Area provider agencies utilize an electronic patient care record (ePCR) platform. Private (non-9-1-1) provider agencies, paramedic base hospitals and trauma centers utilizing paper PCR capture the required data elements using an approved electronic platform and standard paper forms (EMS Report Form, Base Hospital Form and Trauma Patient Summary Form). All paramedic base hospitals and trauma centers conduct data entry on site. The data is uploaded automatically to a dedicated File Transfer Protocol (FTP) site every 24 hours.

Other mechanisms by which the EMS Agency obtains data include direct data input to the LA STEMI and LA Stroke databases by the designated SRC, PSC, and CSC hospitals. Stroke data is also downloaded from the *Get With The Guidelines (GWTG)* Patient Management Tool. Helicopter EMS (HEMS) data is submitted to the EMS Agency monthly from the three HEMS providers in LA County. The EMS Agency continues in the process of incorporating the STEMI, Stroke and HEMS data into TEMIS. Systemwide data collection on hospital diversion, bed availability, and surge capacity are collected via ReddiNet.

The EMS Agency will implement a new Public Safety Agency data registry in 2019. The data registry will allow public safety agencies approved for naloxone administration direct data input into the data registry. The EMS Agency will oversee the data and provide individual agency and aggregate system reports.

B. **Data Validation**

Data submitted to TEMIS undergoes an extensive data quality review and clean up through the following mechanisms:

1. EMS Agency data entry personnel conduct monthly peer review data audits. Identified errors are corrected and overall data entry performance is included in the data entry personnel's periodic performance evaluation report.
2. EMS Provider Agencies utilizing electronic data collection are required to validate their data using the EMS Agency's published EMS Data Validator before submission to the FTP site. The EMS Agency conducts a secondary validation before final upload to TEMIS. Data that fails validation is rejected and sent back to the EMS Provider for correction.
3. Annual data audits are conducted by the EMS Agency for each EMS Provider Agency. A corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
4. Data clean up reports are generated by the EMS Agency on a quarterly basis for Paramedic Base Hospitals and Trauma Centers. In general, a

corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.

5. Documentation reports are routinely developed and disseminated in the quality improvement committees for evaluation and education on the application of the data dictionary and data standards to improve reliability.

C. Data Submission

1. The EMS Agency ensures timely data collection and submission from base and trauma hospitals through written agreements.
2. Data collection requirements for other specialty care centers are prescribed in the specific specialty care center Standards and local policies.
3. EMS provider agency data collection requirements are governed by local policies. Submission of required data to the EMS Agency is highly dependent upon organizational resources (method of data collection/ ePCR vendor) and size (personnel/volume of EMS responses). The EMS Agency has established policies and procedures specific to submission of electronic patient care data. However, provider agencies experience vendor-related problems that cause significant delays in data submission to the EMS Agency. The EMS Agency and EMS community continue to work together on improving data collection and submission as the system transitions to the CEMSIS data requirements.
4. The LA County Trauma Center Program began participation in the American College of Surgeons Trauma Quality Improvement Program (TQIP). Effective January 2018, all trauma centers have completed the required training and implemented the TQIP data dictionary.
5. EMS providers may be required to submit self-reported data utilizing Excel spreadsheets for the following reasons:
 - a. Non-911 (interfacility) transports are not entered into TEMIS.
 - b. Base hospitals and public 911 provider agencies may be required to submit data on prospective QI projects when the required data cannot be accessed through the EMS Agency databases.
 - c. Provider agencies approved for a pilot project with an expanded local scope of practice requiring data not captured in the EMS Agency databases and are asked quarterly to report their data.

D. Data Utilization

1. The EMS Agency utilizes the TEMIS, LA STEMI, LA Stroke, and GWTC databases for both statewide core measures and local system reports. The local reports are utilized for daily operations such as performance

and contract monitoring, system audits, policy revision, and QI activities. The databases are also used to provide the information needed to analyze the potential impact of hospital diversions and closures.

2. Self-reported data utilizing Excel spreadsheets are utilized, when needed for private non-9-1-1 provider agency QI projects and evaluating performance and ensuring safety when new medications, treatment and/or devices are implemented into the system.
3. The public safety data registry will initially be utilized to collect data and evaluate the utilization of naloxone administration by public safety personnel. Later the data registry will be expanded to collect other information regarding care provided by public safety agencies (i.e., tourniquet and AED application).

E. Limitations

1. Separate Databases: The existence of multiple databases is not ideal for timely reporting. Multiple data entry and data abstraction are conducted on the same patient. Data analysis is resource-intensive when data elements are found in the various databases.
2. Multiple System Participants: Data validation and transmission is complex as more EMS provider agencies move toward utilizing various electronic patient care reporting software applications. Changes to the reporting standards often require additional time and expense.
3. Data Quality: Current methods of data capture require extensive data Audits. Cleanup is needed to ensure valid and reliable data.
4. Data Use Agreement (DUA): Meaningful evaluation of system performance is highly dependent on the collaboration amongst the participants and consensus on how data will be collected and utilized. The execution of a DUA with the state will facilitate the sharing of information. The timeliness of this data exchange will be dependent on submission by EMS provider agencies to the LAC EMS Agency.

IV. Quality Indicators

A. Utilization of Provider Impression/New Treatment Protocols

The new adult and pediatric TPs utilizing Provider Impression (PI) codes were implemented in 2018 with systemwide transition completed in April 2019. The Public 9-1-1 Provider Agency and Base Hospital QI Committee will assist the EMS Agency in evaluating the transition. Reference 1373, Medical Control Guideline: Treatment Protocol Quality Improvement Fallout Data Dictionary is a comprehensive tool developed to assist with the QI process (**Attachment C**).

B. Ambulance Patient Offload Time (APOT)

The EMS Agency continues to work with the system participants to collect data using the Standardize Methods for Collecting and Reporting APOT data adopted by

the EMS Authority. A workgroup has been convened to assist the EMS Agency in policy development to provide guidance in reducing 911 patient offload time. Members include representatives from the following organizations: Hospital Association of Southern California, Los Angeles County Ambulance Association, Emergency Nurses Association, Los Angeles County Professional Fire Fighter’s union, public (9-1-1) and private (non-911) provider agencies, and base hospitals.

C. EMSA Core Quality Measures

The EMS Agency historically has participated in statewide data submission to CEMSIS and will continue to actively participate in statewide data collection through the submission of core measure data outlined in EMSA #166, Appendix E, EMS Quality Improvement Program Guidelines/Core Quality Measures. To ensure reliable and valid data, the EMS Agency will continue to update our data dictionary and provide training/feedback to EMS personnel on documentation of the core measure data elements except for ambulance response times by zones. The LAC EMS system is not designed to collect data by zones*. Alternatively, systemwide ambulance response times are collected and reported. The EMS Agency is in the process of implementing a system change in cardiac arrest destination to obtain access to patient outcome.

D. Local Performance Indicators

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Personnel	Annually	Number of Emergency Medical Technician certifications that result in disciplinary action, ongoing tracking for variance	Prehospital Emergency Personnel System Information (PEPSI)	Certification and Program Approvals
Equipment	Quarterly	Percentage 12 Lead ECG transmitted for PI = Chest Pain - STEMI Percentage of paramedic ECG impression recorded for PI = Chest Pain – STEMI	STEMI DB	SRC/ROSC Program
Documentation	Quarterly	Number of base hospitals compliant with mandatory data fields documented	TEMIS	Hospital Programs

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Documentation	Quarterly	Percentage of (new) adult and pediatric TP compliance by public 9-1-1 provider agencies and base hospitals	Excel Data Collection Tool	Prehospital Care Programs
Documentation	Quarterly	Percentage of PI = Stoke with mLAPSS + and LAMS documented	TEMIS	System QI
Clinical Care and Patient Outcomes	Quarterly	Time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 min; reported 90 percentile	STEMI-DB	SRC/ROSC Program
	Quarterly	Utilization of PI and outcome (ICD-10 codes) for patients transported to a base hospital	TEMIS	System QI
Skills Competency	Quarterly	Number attempted and successful placements for ETI and King-LTSD	TEMIS	System QI
Transportation/Facilities	Annually	Trauma Center volume systemwide	TEMIS	Trauma Program
	Annually	Volume of patients transported by 9-1-1 from acute care hospitals, by PI	TEMIS	Hospital Programs
Public Education and Prevention	Quarterly	Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR	TEMIS	Prehospital Care Programs
	Annually	Number of citizens trained during the annual SideWalk "hands-only" CPR Program	Self-reported utilizing a standardize report form	

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Risk Management	Quarterly	Percentage of “treat and release” on scene by public 9-1-1 provider agencies	TEMIS	System QI

V. **Prehospital Research**

Research provides an evidence base to support prehospital medical treatments and interventions. The EMS Agency actively supports prehospital research through the Research Data Collaborative workgroups and respective publications in the EMS and disaster literature (**Attachment D**).

VI. **Evaluation of System Indicators**

- A. The System EMS QI Coordinator and designated staff prepare reports on system performance indicators to be utilized by the QI Team, TAG, Advisory Committees, and EMS Commission to ensure systemwide evaluation.
- B. Under the direction of the EMS Agency Medical Director, the EMS Agency QI Team will analyze system reports generated by each EMS Agency section responsible for reporting on current local performance indicators and State core measures.
- C. Presentations on performance indicators will be prepared in the most appropriate format to allow for ease of interpretation of data. Formats most commonly utilized include line charts, bar graphs, and flowcharts.


VII. **Action to Improve**

The EMS Agency, under the direction of the Los Angeles County Department of Health Services, utilizes the FOCUS PDSA (Plan Do Study Act) model for performance improvement.



1. **F**ind a process to improve; improvement needs are identified by the EMS Agency QI Team in collaboration with the TAG, QI and Advisory groups.
2. **O**rganize the process utilizing the team most familiar with the process related to the system process identified.
3. **C**larify current knowledge of the process by collecting information and reviewing current trends.
4. **U**nderstand capabilities and causes for variations in processes by utilizing brainstorming techniques and fishbone diagrams or flowcharts.
5. **S**elect a strategy or process for improvement that will most likely reduce or eliminate the causes for variation in performance.
6. **P**lan, determine objectives and develop plan in agreement with system participants.
7. **D**o, carry out the action according to established plan.
8. **S**tudy findings, the EMS QI Team with system input will analyze the findings, compare with hypothesis, and prepare a summary for trend report.
9. **A**ct on findings, the EMS QI Team in collaboration with the TAG, QI and Advisory groups will determine performance improvement needs. A Quality Task Force may be chartered if needed, to carry out specific performance improvement plans.

VIII. Training and Education

- A. The effectiveness of the QI process is related to the efficacy of training and educational activities. Due the size and complexity of our system, training and education is accomplished through a variety of mechanisms:
1. **Quality Improvement Committees/Advisory Meetings**
Information needed for improving local system and statewide performance is disseminated to committee members for training and education of providers responsible for direct patient care.
 2. **EMS Update**
The EMS QI Team, TAG, and Paramedic Training Institute (PTI) with system input, develops and implements the mandatory annual EMS Update that address educational and training needs related to performance improvement.
 3. **EMS Data Report**
The EMS Agency publishes an annual data report that provides valuable feedback to the EMS community and citizens of Los Angeles on system demographics and performance (**Attachment E**).
 4. 
The EmergiPress is a web-based EMS educational forum located on the EMS Agency website and is available via an electronic newsletter. Educational material includes, ECG of the month video learning modules, and cases from the field that are posted monthly with availability to earn

continuing education credit. Additionally, the EmergiPress utilizes Updates from The Medical Director to communicate pertinent information to EMS personnel and stakeholders regarding system issues. ([Link to EmergiPress Landing Page](#)).

- B. The EMS Agency QI Team, TAG, QI and other advisory groups review policies and procedures to insure consistency with the EMSA and LAC EMS QI plan.
- C. Once a performance improvement plan has been successfully implemented, the EMS Agency will post all policies and system updates to its website to allow timely access by all EMS participants.

VIII. Update/Summary

The QI plan update and summary is a written account of the progress of LAC EMS Agency’s QI local performance indicators. The System EMS QI Coordinator, in conjunction with the EMS Agency QI Team will prepare the written summary. The QI plan and summary is submitted to EMSA for review and published on the EMS Agency website for review by the EMS participants and system stakeholders. Summary as follows:

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of Emergency Medical Technician certifications that result in disciplinary action	Indicator revised to track number of EMT certifications that result in disciplinary action annually. See LAC EMS Plan for report.	Continue to monitor for variance	Office of Certification and Accreditation
Percentage of pts transported on a backboard when SMR is utilized	This indicator has been delayed due to the implementation and evaluation of the new TPs	TEMIS	System QI
Number of public 91-1 provider agencies compliant with documentation of mandatory data fields Number of base hospitals compliant with documentation of mandatory data fields	In addition to the mandatory fields, the EMS Agency continues to work with the provider agencies on core measure data documentation through ongoing programs reviews and data audits. Link to LAC EMS Data Dictionary Link to LAC Base Hospital Documentation Manual	Continue monitor and provide feedback to the EMS public 9-1-1 provider agencies & base hospitals	Hospital and Prehospital Programs

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Percentage of EMS PCR with PI = Stoke with mLAPSS + and LAMS documented</p> <p>Volume of suspected stroke patients transported to the PSC and CSC</p>	<p>Attachment E</p> <p>Attachment F</p>	<p>Continue to monitor and provide feedback</p>	<p>System QI</p>
<p>90 percentile for time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 minutes</p>	<p>Attachment F</p>	<p>Continue to monitor and provide feedback</p>	<p>SRC/ROSC Program</p>
<p>Percent of pts with PI = AGDE receiving midazolam</p>	<p>This indicator has been delayed due to the implementation and evaluation of the new TPs</p>		<p>System QI</p>
<p>Volume of patients transported by 911 from acute care hospitals, by chief complaint</p>	<p>Attachment F</p>	<p>Continue to monitor for surveillance</p>	<p>Hospital Programs</p>
<p>Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR</p>	<p>Attachment F</p>	<p>Continue to monitor and provide feedback to the EMS and hospital community</p>	<p>Prehospital Care Programs</p>
<p>Number of citizens trained during the annual SideWalk “hands-only” CPR Program</p>	<p>The SideWalk CPR program trains 5,000 citizens annually. In 2019, the EMS Agency assisted LAC DPH in reaching their goal to train 100,000 citizens in hands-only CPR</p>	<p>Annual Program</p>	<p>System QI</p>

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Percentage of “treat and release” on scene by public 9-1-1 provider agencies</p>	<p>Due to the revision of Ref. No. 834, Patient Refusal of Treatment or Transport, this indicator was changed to measure percentage of patients treated by EMS and released on scene w/o AMA</p> <p>Attachment G</p>	<p>Revised data dictionary to include “treat and release on scene”; continue to monitor and provide feedback to the EMS community</p>	<p>System QI</p>



Los Angeles County Emergency Medical Services Agency Quality Improvement Plan 2018/19



I. Introduction

Los Angeles County EMS Agency Mission Statement

To ensure quality, compassionate, and timely emergency and disaster medical services

The Los Angeles County (LAC) Emergency Medical Services (EMS) Agency is responsible for monitoring and implementing regulatory oversight over for one of the largest multijurisdictional EMS systems in the nation. The LAC system utilizes more than 18,000 certified EMS personnel employed by public and private organizations, fire departments, ambulance companies, hospitals, and law enforcement agencies to provide emergency and non-emergency prehospital care to over 10 million residents and visitors.

LAC requires a comprehensive quality improvement (QI) program to provide ongoing system evaluation to maintain quality in day-to-day operations while implementing process improvement strategies to advance patient care delivery that are consistent with best practices and evidence-based medicine. The QI plan provides the written framework for the QI program.

Our system utilizes a multidisciplinary collaborative approach to drive improvement. It is educational, not punitive by design to encourage the exchange of information to enhance patient safety and minimize adverse events. Quality patient care delivery is sustained through ongoing evaluation, timely system feedback and education, in addition to, providing opportunities to acknowledge performance excellence within the system.

The EMS Agency and QI program supports the California EMS Authority (EMSA) in the development, implementation, and reporting of statewide core measures.

The LAC EMS QI plan is written in accordance with the California Code of Regulations, Title 22, Division 9, Chapter 12: *Emergency Medical Services System Quality Improvement* and is consistent with the State of California *Emergency Medical Services System Quality Improvement Program Model Guidelines* and *EMSA 166, Appendix E, EMS Core Quality Measures*.

II. Structure and Organizational Description

A. Organizational Description – (Attachment A)

B. QI Structure – The LAC EMS Agency QI Program utilizes an integrated process that incorporates all EMS system stakeholders to develop, implement, and support QI activities. The committees described below are the structure that supports the QI Program.

1. **EMS Agency QI Team** – The EMS QI Team is the guiding body for EMS QI Program activities. The EMS Agency QI Team meetings are convened as needed to support the QI system needs. Members include, but are not limited to, the following representatives:

EMS Agency Medical Director
EMS Agency Director
EMS Agency Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS System QI Coordinator
Chief Prehospital Care Operations
Chief Hospital Programs
Chief Data Systems Management
Additional EMS Agency staff, when needed

Responsibilities of the EMS Agency QI Team include the following:

- Cooperate with EMSA in carrying out the responsibilities of the EMS QI Program in accordance with the Quality Improvement Program Model Guidelines and EMS Core Quality Measures.
- Collaborate with EMSA in the development and implementation of statewide EMS performance indicators.
- In collaboration with the LAC Technical Advisory Group (TAG) to develop quality indicators specific to multidisciplinary patient-centered system issues.
- Maintain and support local QI/Advisory committees to incorporate input from EMS system participants for the development, implementation, evaluation, and monitoring on local and statewide measures.
- Facilitate and support the development of training and educational programs as they relate to action plans and other QI activities.
- Convene and facilitate Data Collaborative Committees to assist with evaluating performance, implementing health services research, and developing strategies to improve regionalized specialty care systemwide.
- Make recommendations for the development and revision of the LAC EMS Agency policies and Treatment Protocols that are consistent with best practices and evidence-based medicine.
- Serve as a resource to support QI among all programs and appropriate stakeholder groups.
- Publish an annual Data Report and provide ongoing reports to the EMS community.

- Review and update the LAC EMS QI Program as needed.

2. **LAC EMS Technical Advisory Group (TAG)** – The Los Angeles EMS TAG is a multidisciplinary team; meetings are convened ad hoc to meet system needs. Members include, but are not limited to, representative(s) from the following organizations:

LAC EMS Agency Medical Director
LAC EMS Director/Assistant Director
LAC EMS Assistant Medical Director
LAC EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
LAC EMS Agency Physicians Specialists
LAC EMS System QI Coordinator
LAC EMS Chief of Hospital Programs
LAC EMS Chief of Prehospital Care
LAC EMS Chief of Data Systems Management
Designated EMS Agency Staff
Paramedic Base Hospitals/9-1-1 Receiving Hospitals
Public Provider Agency Medical Director
Provider Agency Nurse Educator/Paramedic Coordinator
Paramedic Training Program Director
EMT Training Center representative
Ambulance Association representative
Medical Emergency Medical Dispatch Agency

Ad hoc members/representatives:

Trauma Hospital Medical Director and/or Trauma Program Manager
Air Operations Provider Agency
LAC Department of Mental Health
Emergency Department Approved for Pediatrics (EDAP)
STEMI Receiving Center
Primary Stroke/Comprehensive Stroke Center
Sexual Assault Response Team
Law Enforcement
Department of Coroner
LAC Department of Public Health
Rapid Emergency Digital Data Information Network (ReddiNet®)

Responsibilities of the TAG and its members include, but are not limited to the following:

- Collaborate with the EMS Agency QI Team in carrying out the responsibilities of the LAC EMS QI Program and EMS Core Quality Measures.
- In collaboration with the LAC QI Team, EMS QI, Specialty Center QI, EMS QI and other Advisory Committees as needed to recommend and/or develop metrics to facilitate ongoing systemwide monitoring and reporting of statewide and local system performance measures.

- Recommend charter of a quality task force when system issues are identified.
- Support and protect confidentiality and data integrity.
- Recommend plans for improving the EMS QI plan.

3. **Base Hospital / 9-1-1 Provider Agency QI Committee**

Meetings are held quarterly; members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency System EMS QI Coordinator
Designated EMS Agency staff
Prehospital Care Coordinators from each Base Hospital
Paramedic Coordinator and /or Fire Department Nurse Educator from each
9-1-1 Provider Agency

Ad hoc members/representatives:

Pediatric Liaison Nurse from EDAP
Air Operations Provider Agency
Emergency Medical Dispatch
Private (non-911) Provider Agency QI Committee

4. **Private Non 9-1-1 Provider Agency QI Committee**

Meetings are held every four months; members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency Assistant Director
EMS Agency Director, Education and Innovation
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Non 9-1-1 BLS/ALS/CCT provider agencies

Ad hoc members/representatives:

Approved paramedic training programs
Approved EMT training programs
9-1-1 Provider Agency
Emergency Medical Dispatch

4.1 **Private Provider Agency Approved for 9-1-1 Transport, QI Sub-Committee**

Meetings are held every four months, directly following the Private Non-911 Provider Agency QI Committee meeting. Members include, but are not limited to:

EMS Agency Medical Director or Assistant Medical Director
EMS Agency System QI Coordinator
Chief Prehospital Operations and other designated EMS Agency staff
Paramedic/EMS QI Coordinator from each of the 9-1-1 approved private provider agencies

Ad hoc members/representatives:

Paramedic/QI Coordinator and/or Fire Department Nurse
Educator from each 911 Public Provider Agency utilizing a private
provider agency approved for 911 transport

5. Standing Field Treatment Protocol (SFTP) Provider Agency QI Committee

Implementation of the new Treatment Protocols (TP) was completed in April 2019. The SFTP Committee has been integrated into the Base Hospital and Public 911 Provider Agency Committee due to the implementation of the new TPs and policies regarding base contact and notification of receiving hospitals.

6. Trauma Hospital Advisory Committee (THAC) - QI Sub-Committee

THAC meetings are held every other month to address trauma care in LAC. For QI meeting purposes, THAC QI is divided into three sub-committees each covering a region of the county. The QI sub-committees meet quarterly and report back to THAC. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
EMS Agency Trauma Program Manager and designated staff
Trauma Medical Director (surgeon) from each designated Trauma Center
Trauma Center Program Manager (RN) from each designated Trauma Center
TAG members, as needed



7. Medical Advisory Council (MAC)

MAC Meetings are held quarterly to assist the EMS Agency Medical Director in carrying out regulatory responsibilities, provide recommendations on written treatment guidelines, policies and procedures that are consistent with best practices and evidence-base medicine. Members include, but are not limited to:

EMS Agency Medical Director
EMS Agency Director and/or Assistant Director
EMS Agency Assistant Medical Director
EMS Agency Director, Education and Innovation
Paramedic Training Institute Medical Director
EMS Agency Physician Specialist(s)
System EMS Agency QI Coordinator
Designated EMS Agency staff
Medical Directors from each Base Hospital
Medical Directors from each Provider Agency
Representatives:
Trauma Hospital physician
Association Prehospital Care Coordinator
9-1-1- Receiving Hospital physician
TAG members, as needed

8. **ST Elevation Myocardial Infarction (STEMI) Receiving Center (SRC)/
Return of Spontaneous Circulation (ROSC) QI Committee**

The SRC/ROSC program QI meetings are divided into four regions. Meetings are held biannually, at a minimum, to maintain and improve program quality appropriate to the SRC system. Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- Paramedic Training Institute Medical Director
- EMS Agency SRC Program Manager



At minimum (1) SRC Medical Director and (1) a designated physician from two separate SRC facilities within each of the SRC regions,
9-1-1 Provider Agency Paramedic

9. **Stroke Advisory Committee**

The ASC program meetings are held every four months, at minimum to maintain and improve quality of stroke care delivery. The EMS Agency implemented Comprehensive Stroke Center (CSC) designation in early 2018. CSC hospital designation includes Thrombectomy Capable Stroke Centers (TSC). Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- EMS Agency Physician Specialist
- EMS Agency Stroke Program Coordinator
- EMS Agency Staff
- Medical Directors from each PSC/CSC/TSC
- Stroke Coordinators from each PSC/CSC/TSC



10. **Pediatric Advisory Committee (PedAC)**

The PedAC meets quarterly to provide expert oversight and address QI needs specific to pediatric patients. Members include, but are not limited to:

- EMS Agency Medical Director
- EMS Agency Director/Assistant Director
- EMS Agency Assistant Medical Director
- Paramedic Training Institute Medical Director
- EMS Agency Director, Education and Innovation
- EMS Agency Pediatric Physician Specialist
- EMS Agency EDAP Program Manager
- Designated EMS Agency staff
- Pediatric Liaison Nurse from each EDAP region
- Medical Director of EDAP from each EDAP region
- Medical Director, Director, and Coordinator from a Pediatric Medical Center
- Medical Director and a Program Manager from a Pediatric Trauma Center



11. Data Collaborative Committees

The data collaborative committee members include physician specialists, program medical directors and managers, designated program representatives, and other subject matter experts as needed. The primary purpose is to utilize the EMS Agency data to evaluate, provide recommendations, and develop quality initiatives to improve the delivery of care within our local regional programs and support EMS research through health services research. The current Research Data Collaborative Committees include: STEMI, Stroke, Trauma, and Pediatric.

12. EMS Commission Advisory Committees

The advisory committee meetings are held every other month with exception to the Education Advisory Committee (EAC). EAC meetings are convened ad hoc under the direction of the Committee Chair. Each advisory committee's membership represents the constituent groups as outlined in the EMS Commission bylaws. The EMS Commission Advisory Committee membership includes the following:

Base Hospital Advisory Committee (BHAC)
Provider Agency Advisory Committee (PAAC)
Data Advisory Committee (DAC),
Education Advisory Committee (EAC)

13. Innovation, Technology and Advancement Committee (ITAC)

ITAC is new committee designed to evaluate innovative technologies and provide recommendations to the EMS Agency Medical Director and Director regarding implementation and oversight on new products, pharmacological interventions, and novel equipment (**Attachment B**). Meetings will be held quarterly or as directed by the Chair; members include, but are not limited to:

EMS Agency Director of Education and Innovation
Medical Advisory Council, (3) Physician Representatives
PAAC Representative/Alternate
BHAC Representative/Alternate
PedAC Representative/Alternate
Primary Training Program, Paramedic and EMT
Subject matter experts and EMS Agency staff, as needed

III. Data Management

A. Data Collection

The EMS Agency obtains information through a variety of methods that include the following sources: electronic data exchange, hard copy review, internal and external customer surveys, and program reviews (audits). Data collection is primarily conducted via the Trauma and Emergency Medicine Information System (TEMIS), Lancet Technology, Inc., The TEMIS database was implemented to assist the EMS Agency in evaluating, monitoring, and

coordinating all EMS components, as well as meet state data collection requirements.

All public 9-1-1 and Exclusive Operating Area provider agencies utilize an electronic patient care record (ePCR) platform. Private (non-9-1-1) provider agencies, paramedic base hospitals and trauma centers utilizing paper PCR capture the required data elements using an approved electronic platform and standard paper forms (EMS Report Form, Base Hospital Form and Trauma Patient Summary Form). All paramedic base hospitals and trauma centers conduct data entry on site. The data is uploaded automatically to a dedicated File Transfer Protocol (FTP) site every 24 hours.

Other mechanisms by which the EMS Agency obtains data include direct data input to the LA STEMI and LA Stroke databases by the designated SRC, PSC, and CSC hospitals. Stroke data is also downloaded from the *Get With The Guidelines (GWTG)* Patient Management Tool. Helicopter EMS (HEMS) data is submitted to the EMS Agency monthly from the three HEMS providers in LA County. The EMS Agency continues in the process of incorporating the STEMI, Stroke and HEMS data into TEMIS. Systemwide data collection on hospital diversion, bed availability, and surge capacity are collected via ReddiNet.

The EMS Agency will implement a new Public Safety Agency data registry in 2019. The data registry will allow public safety agencies approved for naloxone administration direct data input into the data registry. The EMS Agency will oversee the data and provide individual agency and aggregate system reports.

B. **Data Validation**

Data submitted to TEMIS undergoes an extensive data quality review and clean up through the following mechanisms:

1. EMS Agency data entry personnel conduct monthly peer review data audits. Identified errors are corrected and overall data entry performance is included in the data entry personnel's periodic performance evaluation report.
2. EMS Provider Agencies utilizing electronic data collection are required to validate their data using the EMS Agency's published EMS Data Validator before submission to the FTP site. The EMS Agency conducts a secondary validation before final upload to TEMIS. Data that fails validation is rejected and sent back to the EMS Provider for correction.
3. Annual data audits are conducted by the EMS Agency for each EMS Provider Agency. A corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.
4. Data clean up reports are generated by the EMS Agency on a quarterly basis for Paramedic Base Hospitals and Trauma Centers. In general, a

corrective action plan is required for data elements that fall below a 90% compliance rate for accuracy and completeness.

5. Documentation reports are routinely developed and disseminated in the quality improvement committees for evaluation and education on the application of the data dictionary and data standards to improve reliability.

C. Data Submission

1. The EMS Agency ensures timely data collection and submission from base and trauma hospitals through written agreements.
2. Data collection requirements for other specialty care centers are prescribed in the specific specialty care center Standards and local policies.
3. EMS provider agency data collection requirements are governed by local policies. Submission of required data to the EMS Agency is highly dependent upon organizational resources (method of data collection/ ePCR vendor) and size (personnel/volume of EMS responses). The EMS Agency has established policies and procedures specific to submission of electronic patient care data. However, provider agencies experience vendor-related problems that cause significant delays in data submission to the EMS Agency. The EMS Agency and EMS community continue to work together on improving data collection and submission as the system transitions to the CEMSIS data requirements.
4. The LA County Trauma Center Program began participation in the American College of Surgeons Trauma Quality Improvement Program (TQIP). Effective January 2018, all trauma centers have completed the required training and implemented the TQIP data dictionary.
5. EMS providers may be required to submit self-reported data utilizing Excel spreadsheets for the following reasons:
 - a. Non-911 (interfacility) transports are not entered into TEMIS.
 - b. Base hospitals and public 911 provider agencies may be required to submit data on prospective QI projects when the required data cannot be accessed through the EMS Agency databases.
 - c. Provider agencies approved for a pilot project with an expanded local scope of practice requiring data not captured in the EMS Agency databases and are asked quarterly to report their data.

D. Data Utilization

1. The EMS Agency utilizes the TEMIS, LA STEMI, LA Stroke, and GWTC databases for both statewide core measures and local system reports. The local reports are utilized for daily operations such as performance

and contract monitoring, system audits, policy revision, and QI activities. The databases are also used to provide the information needed to analyze the potential impact of hospital diversions and closures.

2. Self-reported data utilizing Excel spreadsheets are utilized, when needed for private non-9-1-1 provider agency QI projects and evaluating performance and ensuring safety when new medications, treatment and/or devices are implemented into the system.
3. The public safety data registry will initially be utilized to collect data and evaluate the utilization of naloxone administration by public safety personnel. Later the data registry will be expanded to collect other information regarding care provided by public safety agencies (i.e., tourniquet and AED application).

E. Limitations

1. Separate Databases: The existence of multiple databases is not ideal for timely reporting. Multiple data entry and data abstraction are conducted on the same patient. Data analysis is resource-intensive when data elements are found in the various databases.
2. Multiple System Participants: Data validation and transmission is complex as more EMS provider agencies move toward utilizing various electronic patient care reporting software applications. Changes to the reporting standards often require additional time and expense.
3. Data Quality: Current methods of data capture require extensive data Audits. Cleanup is needed to ensure valid and reliable data.
4. Data Use Agreement (DUA): Meaningful evaluation of system performance is highly dependent on the collaboration amongst the participants and consensus on how data will be collected and utilized. The execution of a DUA with the state will facilitate the sharing of information. The timeliness of this data exchange will be dependent on submission by EMS provider agencies to the LAC EMS Agency.

IV. Quality Indicators

A. Utilization of Provider Impression/New Treatment Protocols

The new adult and pediatric TPs utilizing Provider Impression (PI) codes were implemented in 2018 with systemwide transition completed in April 2019. The Public 9-1-1 Provider Agency and Base Hospital QI Committee will assist the EMS Agency in evaluating the transition. Reference 1373, Medical Control Guideline: Treatment Protocol Quality Improvement Fallout Data Dictionary is a comprehensive tool developed to assist with the QI process (**Attachment C**).

B. Ambulance Patient Offload Time (APOT)

The EMS Agency continues to work with the system participants to collect data using the Standardize Methods for Collecting and Reporting APOT data adopted by

the EMS Authority. A workgroup has been convened to assist the EMS Agency in policy development to provide guidance in reducing 911 patient offload time. Members include representatives from the following organizations: Hospital Association of Southern California, Los Angeles County Ambulance Association, Emergency Nurses Association, Los Angeles County Professional Fire Fighter’s union, public (9-1-1) and private (non-911) provider agencies, and base hospitals.

C. EMSA Core Quality Measures

The EMS Agency historically has participated in statewide data submission to CEMSIS and will continue to actively participate in statewide data collection through the submission of core measure data outlined in EMSA #166, Appendix E, EMS Quality Improvement Program Guidelines/Core Quality Measures. To ensure reliable and valid data, the EMS Agency will continue to update our data dictionary and provide training/feedback to EMS personnel on documentation of the core measure data elements except for ambulance response times by zones. The LAC EMS system is not designed to collect data by zones*. Alternatively, systemwide ambulance response times are collected and reported. The EMS Agency is in the process of implementing a system change in cardiac arrest destination to obtain access to patient outcome.

D. Local Performance Indicators

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Personnel	Annually	Number of Emergency Medical Technician certifications that result in disciplinary action, ongoing tracking for variance	Prehospital Emergency Personnel System Information (PEPSI)	Certification and Program Approvals
Equipment	Quarterly	Percentage 12 Lead ECG transmitted for PI = Chest Pain - STEMI Percentage of paramedic ECG impression recorded for PI = Chest Pain – STEMI	STEMI DB	SRC/ROSC Program
Documentation	Quarterly	Number of base hospitals compliant with mandatory data fields documented	TEMIS	Hospital Programs

Category	Reporting Frequency	Indicator Summary	Method of Collection	EMS Agency Section Responsible
Documentation	Quarterly	Percentage of (new) adult and pediatric TP compliance by public 9-1-1 provider agencies and base hospitals	Excel Data Collection Tool	Prehospital Care Programs
Documentation	Quarterly	Percentage of PI = Stoke with mLAPSS + and LAMS documented	TEMIS	System QI
Clinical Care and Patient Outcomes	Quarterly	Time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 min; reported 90 percentile	STEMI-DB	SRC/ROSC Program
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The EMS Agency, under the direction of the Los Angeles County Department of Health Services, utilizes the FOCUS PDSA (Plan Do Study Act) model for performance improvement.



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9. **A**ct on findings, the EMS QI Team in collaboration with the TAG, QI and Advisory groups will determine performance improvement needs. A Quality Task Force may be chartered if needed, to carry out specific performance improvement plans.

VIII. Training and Education

- A. The effectiveness of the QI process is related to the efficacy of training and educational activities. Due the size and complexity of our system, training and education is accomplished through a variety of mechanisms:
1. **Quality Improvement Committees/Advisory Meetings**
Information needed for improving local system and statewide performance is disseminated to committee members for training and education of providers responsible for direct patient care.
 2. **EMS Update**
The EMS QI Team, TAG, and Paramedic Training Institute (PTI) with system input, develops and implements the mandatory annual EMS Update that address educational and training needs related to performance improvement.
 3. **EMS Data Report**
The EMS Agency publishes an annual data report that provides valuable feedback to the EMS community and citizens of Los Angeles on system demographics and performance (**Attachment E**).
 4. 
The EmergiPress is a web-based EMS educational forum located on the EMS Agency website and is available via an electronic newsletter. Educational material includes, ECG of the month video learning modules, and cases from the field that are posted monthly with availability to earn

continuing education credit. Additionally, the EmergiPress utilizes Updates from The Medical Director to communicate pertinent information to EMS personnel and stakeholders regarding system issues. ([Link to EmergiPress Landing Page](#)).

- B. The EMS Agency QI Team, TAG, QI and other advisory groups review policies and procedures to insure consistency with the EMSA and LAC EMS QI plan.
- C. Once a performance improvement plan has been successfully implemented, the EMS Agency will post all policies and system updates to its website to allow timely access by all EMS participants.

VIII. Update/Summary

The QI plan update and summary is a written account of the progress of LAC EMS Agency’s QI local performance indicators. The System EMS QI Coordinator, in conjunction with the EMS Agency QI Team will prepare the written summary. The QI plan and summary is submitted to EMSA for review and published on the EMS Agency website for review by the EMS participants and system stakeholders. Summary as follows:

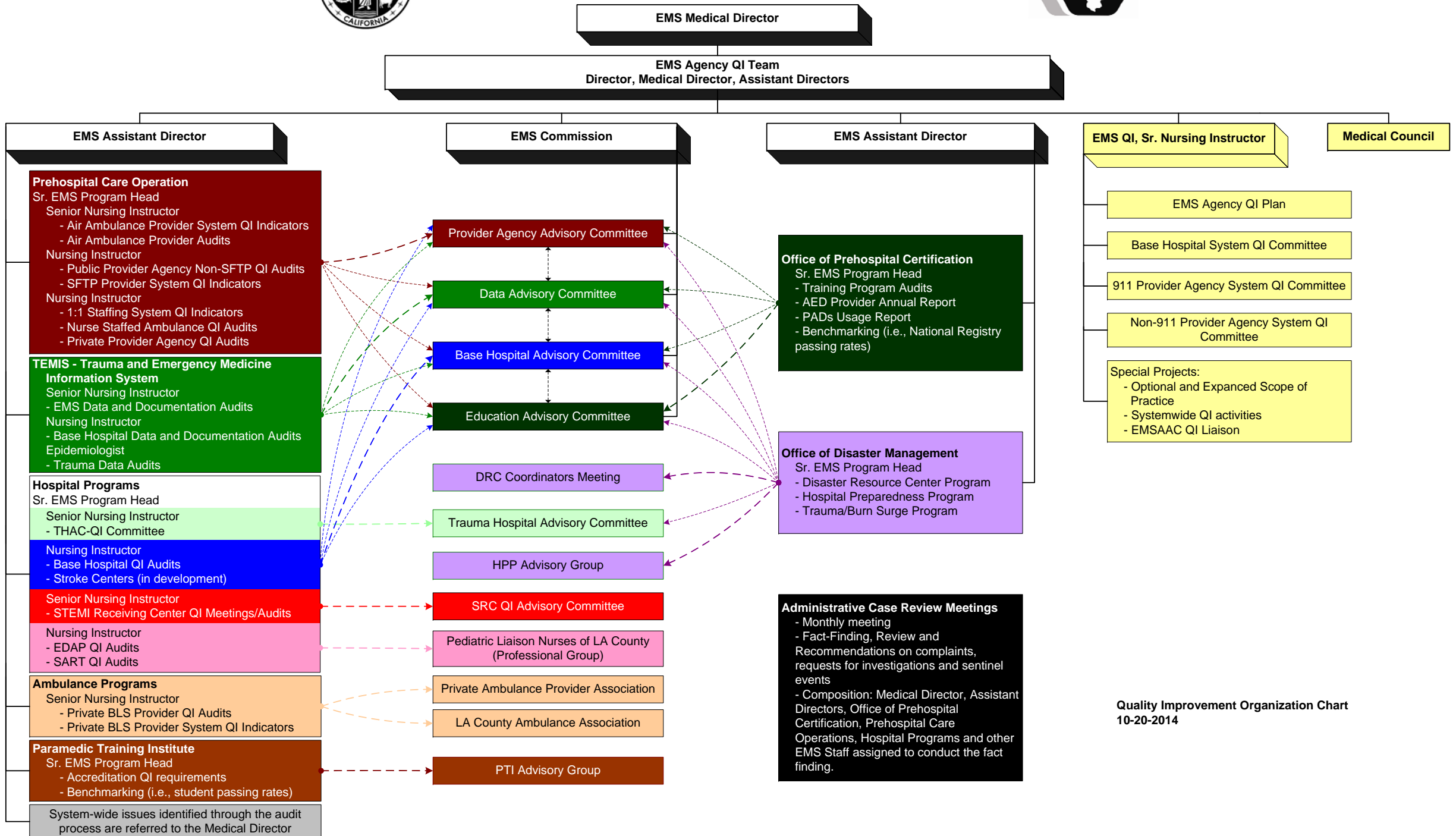
Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
Percentage of Emergency Medical Technician certifications that result in disciplinary action	Indicator revised to track number of EMT certifications that result in disciplinary action annually. See LAC EMS Plan for report.	Continue to monitor for variance	Office of Certification and Accreditation
Percentage of pts transported on a backboard when SMR is utilized	This indicator has been delayed due to the implementation and evaluation of the new TPs	TEMIS	System QI
Number of public 91-1 provider agencies compliant with documentation of mandatory data fields Number of base hospitals compliant with documentation of mandatory data fields	In addition to the mandatory fields, the EMS Agency continues to work with the provider agencies on core measure data documentation through ongoing programs reviews and data audits. Link to LAC EMS Data Dictionary Link to LAC Base Hospital Documentation Manual	Continue monitor and provide feedback to the EMS public 9-1-1 provider agencies & base hospitals	Hospital and Prehospital Programs

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Percentage of EMS PCR with PI = Stoke with mLAPSS + and LAMS documented</p> <p>Volume of suspected stroke patients transported to the PSC and CSC</p>	<p>Attachment E</p> <p>Attachment F</p>	<p>Continue to monitor and provide feedback</p>	<p>System QI</p>
<p>90 percentile for time from STEMI Referral Center door to PCI at the SRC for STEMI-identified patients < 120 minutes</p>	<p>Attachment F</p>	<p>Continue to monitor and provide feedback</p>	<p>SRC/ROSC Program</p>
<p>Percent of pts with PI = AGDE receiving midazolam</p>	<p>This indicator has been delayed due to the implementation and evaluation of the new TPs</p>		<p>System QI</p>
<p>Volume of patients transported by 911 from acute care hospitals, by chief complaint</p>	<p>Attachment F</p>	<p>Continue to monitor for surveillance</p>	<p>Hospital Programs</p>
<p>Percentage of cardiac arrest 9-1-1 responses that receive bystander CPR</p>	<p>Attachment F</p>	<p>Continue to monitor and provide feedback to the EMS and hospital community</p>	<p>Prehospital Care Programs</p>
<p>Number of citizens trained during the annual SideWalk “hands-only” CPR Program</p>	<p>The SideWalk CPR program trains 5,000 citizens annually. In 2019, the EMS Agency assisted LAC DPH in reaching their goal to train 100,000 citizens in hands-only CPR</p>	<p>Annual Program</p>	<p>System QI</p>

Indicators Monitored	Findings/Issues Identified	Action Needed	Responsible Entity
<p>Percentage of “treat and release” on scene by public 9-1-1 provider agencies</p>	<p>Due to the revision of Ref. No. 834, Patient Refusal of Treatment or Transport, this indicator was changed to measure percentage of patients treated by EMS and released on scene w/o AMA</p> <p>Attachment G</p>	<p>Revised data dictionary to include “treat and release on scene”; continue to monitor and provide feedback to the EMS community</p>	<p>System QI</p>



LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY



Quality Improvement Organization Chart 10-20-2014

SUBJECT: **INNOVATION, TECHNOLOGY AND ADVANCEMENT
COMMITTEE (ITAC)**

REFERENCE NO. 205

PURPOSE: To describe the composition and function of an Innovation, Technology and Advancement Committee (ITAC) that will advise the Emergency Medical Services Agency (EMS) Director and Medical Director on instituting new products, introducing innovative technologies, and providing oversight for the implementation of novel equipment.

POLICY:

I. Committee Activities

Functions of the ITAC shall include, but not limited to, the following:

- A. Provide operation insights for the use of new products.
- B. Perform evidence based literature review regarding technologies new to Los Angeles County.
- C. Develop standardized policy and recommendations for the implementation of new innovations, technologies and products used in Los Angeles County.
- D. Provide recommendations to the EMS Agency Director and Medical Director regarding new technologies.

II. Meeting Frequency

The Committee will meet quarterly on "as needed" basis (additional meetings may be held as determined by the chair).

III. Committee Membership Structure

- A. Membership is aimed to provide broad areas of expertise to address operational functionality, appropriate scientific review, and practical policy development for the use of new technologies
 - 1. Chaired by the EMS Agency
 - 2. Three physician representatives from the Medical Council (Ref. No. 204)
 - 3. Representative from Provider Agency Advisory Committee (Ref. No. 207)


EFFECTIVE DATE: 05-01-19

PAGE 1 OF 2

REVISED:

SUPERSEDES:

APPROVED:



Director, EMS Agency



Medical Director, EMS Agency

4. Representative from Base Hospital Advisory Committee (Ref. No. 207)
 5. Representative from Pediatric Advisory Committee (Ref. No. 216)
 6. Representative from a Primary EMT Training Program
 7. Representative from a Primary Paramedic Training Program
- B. The Committee may elect to invite Subject Matter Experts to provide operational, technical and financial information on an “as needed” basis.

CROSS REFERENCES

Prehospital Care Manual:

Ref. No. 204, **Medical Council**

Ref. No. 207, **EMS Commission Advisory Committees**

Ref. No. 216, **Pediatric Advisory Committee**

**Medical Control Guideline: TREATMENT PROTOCOL QUALITY IMPROVEMENT
FALLOUT DATA DICTIONARY**

DEFINITION:

Fallout: a deviation from an established standard.

PRINCIPLES:

1. An EMS QI program incorporating the Treatment Protocols is essential to effectively evaluate the quality of prehospital care as well as the efficiency in providing emergency medical services.
2. A collaborative relationship between Base Hospitals and EMS Provider Agencies is necessary for a comprehensive and effective quality improvement (QI) program.
3. Base Hospitals and EMS Provider Agencies shall evaluate the appropriate utilization of the Treatment Protocols based on the fallouts outlined below.

GUIDELINES:

I. EMS PROVIDER AGENCY

1. ALL TREATMENT PROTOCOLS
 - a. Provider Impression (PI)
 - Primary PI not documented
 - Primary PI clinically incorrect
 - Secondary PI not documented when appropriate
 - b. Treatment Protocol (TP)
 - Designated TP for PI not used
 - Secondary TP for secondary PI not used when appropriate
 - c. Airway (AW)
 - Adult - Unresponsive requiring Bag-Mask-Ventilation (BMV) and oropharyngeal airway not used
 - Advanced airway (ET tube, King LTS-D) not used for ineffective BMV (age >12 years)
 - Capnography not used for any positive pressure ventilation
 - Positive pressure ventilation required and not performed
 - d. Oxygen (O₂) (O2)
 - Does not receive O₂ and O₂ sat <94% (<88% COPD), unless newborn or pediatric congenital heart disease
 - Meets criteria for high flow O₂ and patient does not receive
 - Receives O₂ and O₂ sat >94% and patient does not meet criteria for high flow O₂
 - Pediatric – Newborn or pediatric congenital heart disease receive inappropriate O₂ as per MCG 1302

- e. Pain (PN)
 - Pain level not recorded
 - Pain score ≥ 7 and pain not addressed
 - Pain treated and not reassessed
 - Incorrect dose of pain medication administered
 - f. Base Contact (BA)
 - Base contact not made when specified by Ref. No. 1200.1 or by specific protocol used
 - g. Receiving Hospital Notification (NT)
 - No notification to receiving hospital as per Ref. No. 1200.1
 - h. Transport (TS)
 - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1
 - i. Destination (DS)
 - Failure to transport to a specialty center when indicated
 - Transport to the wrong specialty center; includes Trauma Center, STEMI Receiving Center, Perinatal Center, Emergency Department Approved for Pediatrics, Pediatric Medical Center, Primary Stroke Center and Comprehensive Stroke Center.
 - Transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time
 - j. Documentation (DO)
 - Erroneous Provider Impression or Treatment Protocol documentation due to data entry error alone
 - k. Color Code Drug Doses (DD)
 - Pediatric – for children ≤ 14 years weight (kg) and Color Code not documented
 - Pediatric – for children ≤ 14 years weight (kg) or Color Code incorrect
 - l. Fluid Administration (FL)
 - Adult – Normal Saline 1L not administered for poor perfusion or other protocol-specific indication (unless contraindicated because of pulmonary edema or multi-system trauma patient)
 - Pediatric – Normal Saline 20mL/kg not administered for poor perfusion or other protocol-specific indication
 - Patient not reassessed after each Normal Saline 250mL and fluids continued
 - m. Ondansetron (ON)
 - Pediatric – Ondansetron 4mg ODT given to patient < 4 years old
 - Not administered when indicated
2. TP 1202 / 1202-P – GENERAL MEDICAL
As per “All Treatment Protocols”
3. TP 1203 / 1203-P – DIABETIC EMERGENCIES
- a. Glucose (GL)

-
- Blood glucose not checked
 - b. Low Blood Glucose (LG)
 - Blood glucose < 60 and not treated
 - 4. TP 1204 / 1204-P – FEVER / SEPSIS
As per “All Treatment Protocols”
 - 5. TP 1205 / 1205-P – GI/GU EMERGENCIES
As per “All Treatment Protocols”
 - 6. TP 1206 / 1206-P – MEDICAL DEVICE MALFUNCTION
As per “All Treatment Protocols”
 - 7. TP 1207 / 1207-P – SHOCK / HYPOTENSION
 - a. Vascular Access (VA)
 - Vascular access not attempted for patient
 - Intraosseous line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375
 - b. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
 - c. Fluid Administration (FL)
 - Any universal fallout as specified above
 - Additional Normal Saline 1L for adults or 20mL/kg for pediatrics not administered for persistent poor perfusion after initial NS infusion (unless contraindicated or withheld by Base order)
 - d. Push-Dose Epinephrine (PD)
 - Base contact not made to discuss or Push-Dose Epinephrine not initiated for persistent poor perfusion or poor perfusion with pulmonary edema
 - 8. TP 1208 / 1208-P – AGITATED DELIRIUM
 - a. Sedation (SE)
 - Adult – Midazolam not administered in patient requiring restraints or for provider safety
 - Pediatric – Base contact not made to discuss Midazolam administration in patients requiring restraints or for provider safety
 - Pediatric – Midazolam administered without Base order
 - Midazolam administered in patient not meeting criteria (not requiring restraints or not agitated with 2 or more of confusion, diaphoresis, tactile fever, tachycardia)
 - 9. TP 1209 / 1209-P – BEHAVIORAL / PSYCHIATRIC CRISIS
 - a. Sedation (SE)
 - Midazolam not administered in patient requiring restraints or for provider safety
 - Midazolam administered in patient not meeting criteria (not requiring restraints for patient or provider safety)
 - Midazolam administered without Base order
-

10. TP 1210 / 1210-P – CARDIAC ARREST

- a. Scene (SD)
 - Patient transported prior to at least 20 minutes of on-scene resuscitation
- b. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375
- c. Capnography (WC)
 - Waveform capnography is not used throughout resuscitation
- d. Defibrillation (DF)
 - Adult – Defibrillation biphasic at 200J not performed immediately for shockable rhythm
 - Pediatric – Defibrillation at 2J/kg not performed immediately for shockable rhythm
 - Pediatric – Repeat defibrillation at 4J/kg not performed when indicated
 - Defibrillation performed for non-shockable rhythm
- e. Epinephrine (EP)
 - Epinephrine administered prior to defibrillation x 2 for shockable rhythm
 - Epinephrine not administered after defibrillation x 2 for shockable rhythm
 - Epinephrine not administered for PEA/Asystole
- f. Amiodarone (AM)
 - Amiodarone not administered for persistent or recurrent V-Fib/V-Tach without pulses
 - Amiodarone administered for rhythm besides persistent V-Fib/V-Tach without pulses
- g. 12-Lead ECG (EC)
 - 12-Lead ECG not performed after Return of Spontaneous Circulation (ROSC) per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- h. Fluid Administration (FL)
 - Normal Saline not administered for PEA/Asystole
 - Normal Saline not administered for SBP <90 after ROSC
- i. Push-Dose Epinephrine (PD)
 - Adult – Push-dose epinephrine not administered for SBP <90mmHg after 250mL Normal Saline for ROSC
 - Pediatric – Push-dose epinephrine not administered for SBP <70mmHg after Normal Saline 20mL/kg for ROSC

11. TP 1211 – CARDIAC CHEST PAIN

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated

- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- c. Aspirin (AS)
 - Aspirin not administered for alert patient (unless documented that patient is allergic to Aspirin/has contraindication to receiving Aspirin)
 - Aspirin administered to a pediatric patient
- d. Nitroglycerin (NG)
 - Nitroglycerin given for SBP <100mmHg
 - Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
 - Nitroglycerin given without assessing for sexually enhancing drugs
 - Nitroglycerin not given despite chest pain and no documentation as to why withheld
 - Nitroglycerin given to a pediatric patient

12. TP 1212 / 1212P – CARDIAC DYSRHYTHMIA – BRADYCARDIA

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- c. Chest Compressions (CC)
 - Pediatric - Chest compressions not performed for pulse <60bpm with persistent poor perfusion after O₂ and BMV
 - Pediatric - Chest compressions continued after pulse >60bpm
- d. Epinephrine (EP)
 - Pediatric – Epinephrine administered without O₂ and BMV/airway management for poor perfusion
 - Pediatric – Epinephrine not administered for persistent poor perfusion after O₂ and BMV
 - Pediatric – Epinephrine not administered at correct dose
- e. Atropine (AT)
 - Adult – Atropine not administered for poor perfusion (unless immediate Transcutaneous Pacing (TCP) is indicated and initiated)
 - Pediatric – Atropine not administered for suspected AV Block or increased vagal tone (unless immediate TCP indicated and initiated)
- f. Transcutaneous Pacing (TCP) (TC)
 - TCP not initiated for HR ≤ 40 with continued poor perfusion as per MCG 1365

13. TP 1213 / 1213-P – CARDIAC DYSRHYTHMIA – TACHYCARDIA

- a. Cardiac Monitoring (CM)

- Cardiac Monitoring not initiated
- b. 12-Lead ECG (EC)
 - 12-Lead ECG not performed as per MCG 1308
 - 12-Lead ECG paramedic interpretation not documented
 - 12-Lead ECG software interpretation not documented
- c. Valsalva (VL)
 - Valsalva not attempted for supraventricular tachycardia (SVT)/narrow complex with adequate perfusion
- d. Adenosine (AD)
 - Adenosine not administered for SVT/narrow complex with adequate perfusion when Valsalva fails
 - Adenosine not administered for SVT/narrow complex in alert patient with poor perfusion
 - Adenosine not administered for Wide-Complex Regular Monomorphic Tachycardia with adequate perfusion
 - Adenosine dosing incorrect for poor perfusion
 - Adenosine given for Wide-Complex Irregular tachycardia
- e. Synchronized Cardioversion (SC)
 - Synchronized Cardioversion not performed for SVT/narrow complex with persistent poor perfusion
 - Synchronized Cardioversion not performed for SVT/narrow complex with ALOC
 - Synchronized Cardioversion not performed for Wide-Complex Regular Monomorphic Tachycardia with poor perfusion if adenosine fails and IV not immediately available
 - Synchronized Cardioversion not performed for Wide-Complex Irregular Tachycardia with poor perfusion

14. TP 1214 – PULMONARY EDEMA / CHF

- a. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg and no contraindications)
 - CPAP administered to patient with contraindications
- b. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- c. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when intravenous line cannot be established and Intraosseous Line indicated per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375
- d. Nitroglycerin (NG)
 - Nitroglycerin not administered
 - Nitroglycerin given for SBP <100mmHG
 - Nitroglycerin given when patient has taken sexually enhancing drugs within 48 hours
 - Nitroglycerin given without assessing for sexually enhancing drugs

-
- Nitroglycerin dose incorrect for SBP
 - e. Albuterol (AL)
 - Albuterol not given for patient with wheezing despite CPAP
15. TP 1215 / 1215-P – CHILDBIRTH MOTHER
- a. Vascular Access (VA)
 - Vascular Access attempt delays transport
 - b. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - c. Fundal Massage (FM)
 - Fundal massage not performed after placenta delivery
 - d. Destination (DS)
 - Incorrect transport destination based on gestational age
16. TP 1216-P – NEWBORN / NEONATAL RESUSCITATION
- a. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - b. Vascular Access (VA)
 - Vascular Access not attempted for a child who does not respond to initial resuscitation and BMV
 - Vascular Access attempt delays transport
 - c. Chest Compressions (CC)
 - Chest compressions not performed for pulse <60bpm after BMV for 30 seconds
 - Chest compressions continued after pulse >60bpm
 - d. Epinephrine (EP)
 - Epinephrine not administered for <60bpm once chest compressions begun
 - Epinephrine not administered at correct dose
17. TP 1217 / 1217-P – PREGNANCY COMPLICATION
- a. Vascular Access (VA)
 - Vascular Access not attempted
 - Vascular Access attempt delays transport
 - b. Amniotic Sac (AN)
 - Amniotic sac showing with presenting crown and sac rupture not performed and/or documented
 - c. Abnormal Delivery (AB)
 - Abnormal delivery not managed per protocol
18. TP 1218 / 1218-P – PREGNANCY LABOR

As per "All Protocols"

19. TP 1219 / 1219-P – ALLERGY

a. Epinephrine (EP)

- Epinephrine not administered for anaphylaxis
- Epinephrine not administered at correct dose
- Epinephrine not administered every 10min x 2 for persistent symptoms
- Epinephrine administered by incorrect route
- More than 3 doses of epinephrine administered

b. Vascular Access (VA)

- Vascular Access not attempted for patient with anaphylaxis
- Intraosseous Line not attempted when Intravenous Line cannot be established in patients in anaphylactic shock
- Intraosseous Line placed without indication as per MCG 1375

c. Albuterol (AL)

- Albuterol not given for patient with wheezing

20. TP 1220 / 1220-P – BURNS

a. Clothing (CL)

- Clothing (jewelry) not removed from affected area

b. Burn Management (BM)

- Burn type not identified
- Burn not managed by protocol for type

c. Warming Measures (WM)

- Measures not taken to keep patient warm

21. TP 1221 / 1221-P – ELECTROCUTION

a. Cardiac Monitoring (CM)

- Cardiac Monitoring not initiated

b. Clothing (CL)

- Clothing (jewelry) not removed from affected area

22. TP 1222 / 1222-P – HYPERTHERMIA (ENVIRONMENTAL)

a. Cardiac Monitoring (CM)

- Cardiac Monitoring not initiated

b. Cooling Measures (CO)

- Cooling measures not initiated

23. TP 1223 / 1223-P – HYPOTHERMIA / COLD INJURY

a. Cardiac Monitoring (CM)

- Cardiac Monitoring not initiated

- b. Warming Measures (WM)
 - Warming measure not initiated

24. TP 1224 / 1224-P – STINGS / VENOMOUS BITES

- a. Venomous Bite (VB)
 - Bite not managed by protocol for type

25. TP 1225 / 1225-P – SUBMERSION

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Warming Measures (WM)
 - Warming measures not initiated

26. TP 1226 / 1226-P – ENT / DENTAL EMERGENCIES

- a. Control Bleeding (CB)
 - Bleeding control with direct pressure not attempted when indicated
- b. Tooth Avulsion (TA)
 - Avulsed tooth not placed in Normal Saline

27. TP 1227 – Omitted

28. TP 1228 / 1228-P – EYE PROBLEM

- a. Shield Eye (SH)
 - Globe rupture suspected and eye not shielded
- b. Burn Management (BM)
 - Burn type not identified
 - Chemical burn not irrigated with Normal Saline 1L
 - Thermal burn not covered with dry dressing
- c. Ondansetron (ON)
 - Ondansetron not administered to nauseated patient with suspected globe rupture

29. TP 1229 / 1229-P – ALOC

- a. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- b. Vascular Access (VA)
 - Vascular Access not attempted for patient
 - Intraosseous Line not attempted when Intravenous Line cannot be established and Intraosseous Line indicated as per MCG 1375
 - Intraosseous Line placed without indication as per MCG 1375
- c. Glucose (GL)
 - Blood Glucose not checked

- d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - Adult – mLAPSS not performed when GCS is adequate for patient cooperation
 - Pediatric – Neurological exam not performed/documented

30. TP 1230 / 1230-P – DIZZINESS / VERTIGO

- a. Glucose (GL)
 - Blood Glucose not checked
- b. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - Adult – mLAPSS not performed for vertigo
 - Pediatric – Neurological exam not performed/documented

31. TP 1231 / 1231-P – SEIZURE

- a. Midazolam (MD)
 - Midazolam not administered for active seizure
 - Midazolam dose incorrect
 - Midazolam frequency incorrect
- b. Glucose (GL)
 - Blood Glucose not checked for persistent ALOC

32. TP 1232 / 1232-P – STROKE / CVA / TIA

- a. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- b. Vascular Access (VA)
 - Vascular Access not attempted for patients with Los Angeles Motor Score (LAMS) 4 or 5
- c. Glucose (GL)
 - Blood Glucose not checked
- d. Modified Los Angeles Prehospital Stroke Screen (mLAPSS) (ML)
 - mLAPSS not performed
 - mLAPSS not documented
- e. Los Angeles Motor Score (LAMS) (LA)
 - LAMS not performed for positive mLAPSS
 - LAMS not documented for positive mLAPSS
- f. Last Known Well Time (LK)
 - Last Known Well Time not documented

33. TP 1233 / 1233-P – SYNCOPE / NEAR SYNCOPE

- a. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- b. 12-Lead ECG (EC)

- 12-Lead ECG not performed as per MCG 1308
- 12-Lead ECG paramedic interpretation not documented
- 12-Lead ECG software interpretation not documented

34. TP 1234 / 1234-P – AIRWAY OBSTRUCTION

- Obstructed Airway (OA)
 - > 1 year old - abdominal thrusts not performed in conscious patient who is unable to speak
 - < 1 year old – back blows/chest thrusts not performed in conscious patient
 - Chest compressions not initiated on patient that loses consciousness
 - Laryngoscopy not performed to visualize potential obstruction if chest compressions fail to dislodge foreign body
 - Visible foreign body removal not attempted with McGill forceps if laryngoscopy performed
- Unmanageable Airway (UA)
 - Immediate MAR transport not initiated
- Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated
- Epinephrine (EP)
 - Epinephrine neb not administered for stridor with respiratory distress
 - Epinephrine IM not administered for visible airway/tongue swelling
 - Epinephrine not administered at correct dose
 - Epinephrine not administered by correct route for indication
 - Epinephrine not administered at correct frequency
 - Epinephrine neb administered more than 2 times
- Tracheostomy Management (TM)
 - Suctioning not attempted
 - Inner cannula not removed and cleaned if present
 - Tracheostomy not removed and replaced when indicated

35. TP 1235-P – BRUE

- Cardiac Monitoring (CM)
- Cardiac monitoring not initiated

36. TP 1236 / 1236-P – INHALATION INJURY

- Remove from Environment (RE)
 - Patient not removed from environment for ongoing exposure
- Epinephrine (EP)
 - Epinephrine neb not administered for stridor with respiratory distress
 - Epinephrine not administered at correct dose
 - Epinephrine not administered at correct frequency
 - Epinephrine neb administered more than 2 times
- Albuterol (AL)
 - Albuterol not given for patient with wheezing/bronchospasm

- d. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
 - CPAP administered to patient with contraindications

37. TP 1237 / 1237-P – RESPIRATORY DISTRESS

- a. Continuous Positive Airway Pressure (CPAP) (CP)
 - CPAP not administered for moderate to severe respiratory distress (SBP \geq 90mmHg, no contraindications, and patient size > length-based resuscitation tape)
 - CPAP administered to patient with contraindications
- b. Albuterol (AL)
 - Albuterol not given for patient with wheezing
- c. Epinephrine (EP)
 - Epinephrine IM not administered for deteriorating respiratory status despite albuterol
 - Epinephrine not administered at correct dose
- d. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335

38. TP 1238 / 1238-P – CARBON MONOXIDE EXPOSURE

- a. Remove from Environment (RE)
 - Patient not removed from environment for ongoing exposure

39. TP 1239 / 1239-P – DYSTONIC REACTION

- a. Diphenhydramine (DP)
 - Dystonic reaction not recognized
 - Diphenhydramine not administered

40. TP 1240 / 1240-P – HAZMAT

- a. Clothing (CL)
 - Clothing not removed
- b. Decontaminate (DC)
 - Decontamination not performed as indicated
- c. Irrigation (IR)
 - Eyes not flushed when indicated
 - Eye not irrigated with at least 1L Normal Saline
- d. Cardiac Monitoring (CM)
 - Cardiac Monitoring not initiated

- e. Nerve Agent Exposure (NA)
 - DuoDote not administered per protocol
- f. Organophosphate Exposure (OG)
 - Atropine not administered as indicated per protocol
- g. Radiologic Exposure (RA)
 - Detection device not utilized for suspected contamination
 - Cause of contamination not determined (if contamination confirmed)
 - Treatment not initiated for life threatening conditions in conjunction with decontamination (treatment delayed for decontamination)

41. TP 1241 / 1241-P – OVERDOSE / POISONING / INGESTION

- a. Naloxone (NL)
 - Naloxone not administered for hypoventilation/apnea in suspected opiate overdose
 - Incorrect dose used for administration route
- b. Glucose (GL)
 - Blood Glucose not checked
- c. Antidote (AE)
 - Correct antidote not administered when available for suspected exposure

42. TP 1242 / 1242-P – CRUSH INJURY / SYNDROME

- a. Hospital Emergency Response Team (HERT) (HT)
 - HERT not activated for anticipated prolonged entrapment (>30 minutes) or when otherwise indicated
- b. Vascular Access (VA)
 - Vascular Access not attempted
 - No discussion with base for Intraosseous Line if unable to establish Intravenous Line
 - Intraosseous Line placed without indication as per MCG 1375
- c. Fluid Administration (FL)
 - Adult – Normal Saline not administered as soon as possible prior to release
 - Adult – Less than 2L Normal Saline administered (unless contraindicated or hospital arrival prior to completion)
 - Pediatric – Normal Saline 20mL/kg not administered as soon as possible and prior to release
 - Pediatric – greater than 40mL/kg Normal Saline administered without base order
 - Patient not assessed after each Normal Saline 250mL and fluids continued unless contraindicated
- d. Cardiac Monitoring (CM)
 - Cardiac monitoring not initiated
- e. Warming Measures (WM)
 - Measures not taken to keep patient warm

- f. Hyperkalemia (HK)
 - Calcium Chloride not administered when evidence of hyperkalemia
 - Sodium Bicarbonate not administered when evidence of hyperkalemia
 - Albuterol not administered when evidence of hyperkalemia
 - Medications administered at wrong dose and/or route
- g. Crush Syndrome (CS)
 - Potential for Crush Syndrome not identified
 - Calcium Chloride not administered when risk for crush syndrome
 - Sodium Bicarbonate not administered when risk for crush syndrome
 - Albuterol not administered when risk for crush syndrome
 - Medications administered at wrong dose and/or route
 - Medications administered at wrong time (not administered just prior to release of entrapment)

43. TP 1243 / 1243-P – TRAUMATIC ARREST

- a. Scene (SD)
 - Patient transport delay
- b. Control Bleeding (CB)
 - Bleeding control not attempted when indicated
 - Tourniquet not applied when indicated as per MCG 1370
- c. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335
- d. Defibrillation (DF)
 - Adult - Defibrillation biphasic at 200J not performed immediately for shockable rhythm
 - Pediatric – Defibrillation not performed immediately for shockable rhythm as per MCG 1309
 - Defibrillation performed for non-shockable rhythm
- e. Spinal Motion Restriction (SMR) (SR)
 - Backboard used solely for purpose of SMR
 - Transport delayed for SMR
- f. Vascular Access (VA)
 - Vascular Access not attempted
 - Intraosseous Line not attempted when Intravenous Line cannot be established as per MCG 1375
 - Transport delayed for vascular access
- g. Fluid Administration (FL)
 - Normal Saline not administered by rapid infusion
 - Less than 2L Normal Saline initiated

44. TP 1244 / 1244-P – TRAUMATIC INJURY

- a. Scene (SD)
 - Patient transport delayed

- b. Control Bleeding (CB)
 - Bleeding control not attempted when indicated
 - Tourniquet not applied when indicated as per MCG 1370
- c. Needle Thoracostomy (NE)
 - Needle Thoracostomy not performed when indicated as per MCG 1335
 - Needle Thoracostomy performed when not indicated as per MCG 1335
- d. Spinal Motion Restriction (SMR) (SR)
 - Backboard used solely for the purpose of SMR
 - Transport delayed for SMR
 - SMR not performed when indicated as per MCG 1360
 - SMR performed when not indicated and potentially harmful as per MCG 1360
 - Alert patient not rolled off backboard for transport (unless safety concern)
- e. Ondansetron (ON)
 - Ondansetron not administered to nauseated patient with suspected traumatic brain injury

II. BASE HOSPITAL

1. ALL BASE CONTACTS

- a. Provider Impression (PI)
 - Primary PI in discussion with paramedics is clinically incorrect and/or not supported with documented data
 - Primary PI not documented
 - Secondary PI not documented when appropriate
- b. Treatment Protocol (TP)
 - Designated TP for PI not used
 - Secondary TP for secondary PI not used when appropriate
 - Base hospital orders deviate from treatment protocol standards without documented clinical rationale
- c. Critical Interventions
 - i. Synchronized Cardioversion (SC)
 - Inappropriate cardioversion (indication, energy, timing)
 - Cardioversion not ordered when indicated
 - ii. Push-Dose Epinephrine (PD)
 - Inappropriate administration of push-dose epinephrine (indication, dose, timing)
 - Push-dose epinephrine not ordered when indicated
 - iii. Transcutaneous Pacing (TCP) (TC)
 - Inappropriate administration of TCP (indication, settings, timing)
 - TCP not ordered when indicated
 - iv. Fluid Administration (FL)
 - Inappropriate fluid administration for patient condition

-
- Fluids not ordered when indicated or inadequate volume of fluids ordered
 - v. Pain (PN)
 - Inappropriate pain management treatment (indication, dose, frequency)
 - Pain management not ordered when indicated
 - d. Transport (TS)
 - Advanced Life Support (ALS) transport not made when indicated by Ref. No. 1200.1 (i.e. inappropriate BLS downgrade)
 - e. Destination (DS)
 - Not directing transport to a specialty center when indicated
 - Directing transport to the wrong specialty center; includes Trauma Center, Perinatal Center, STEMI Receiving Center, Primary and Comprehensive Stroke Centers, Emergency Department Approved for Pediatrics and Pediatric Medical Center.
 - Directing transport to the incorrect stroke center level based on mLAPSS, LAMS and Last Known Well Time
 - f. Termination of Resuscitation (TR)
 - Cardiac Resuscitation terminated without meeting Ref. 814 criteria
 - Cardiac arrest transported when meets Ref. 814 criteria and judgement for transport not described

LA County EMS System Publications

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EMS QI Base Hospital/Public 9-1-1 Provider Agency Committee
Quality Improvement Work Product



Provider Agency Report: Provider Impression = Stoke/TIA, mLAPSS /LAMS

July - December 2017						
PA	N = PI Stroke/TIA	mLAPSS Doc	%	mLAPSS +	LAMS Doc	%
AH	32	30	94%	14	14	100%
AF	28	27	96%	12	12	100%
BH	28	24	86%	10	10	100%
BF	69	67	97%	23	23	100%
CC	23	23	100%	10	10	100%
CI						
CF						
CM	41	29	71%	12	12	100%
DF	72	62	86%	28	28	100%
ES	15	15	100%	8	8	100%
GL	121	113	93%	65	65	100%
LH	102	81	79%	32	31	97%
LB	9	8	89%	4	4	100%
LV	21	21	100%	11	11	100%
MB	26	25	96%	9	9	100%
MF	28	25	89%	8	8	100%
MO	14	12	86%	4	4	100%
MP	27	26	96%	13	13	100%
PF	128	123	96%	43	43	100%
RB	26	26	100%	7	7	100%
SA	9	5	56%	2	2	100%
SG	22	20	91%	13	13	100%
SI	2	1	50%	0	0	
SM	65	60	92%	33	33	100%
SP	8	8	100%	4	4	100%
SS	24	24	100%	8	8	100%
TF	78	68	87%	33	31	94%
VF	4	3	75%	1	1	100%
WC	76	72	95%	24	24	100%
Total	1098	998	91%	431	428	99%



EMS QI Base Hospital/Public 9-1-1 Provider Agency Committee
Quality Improvement Work Product



Provider Agency Report: Provider Impression = Stoke/TIA, mLAPSS /LAMS

January - March 2018						
PA	N = PI Stroke/TIA	mLAPSS Doc	%	mLAPSS +	LAMS Doc	%
AH	15	14	93%	6	6	100%
AF	15	13	87%	2	2	100%
BH	10	9	90%	4	4	100%
BF	35	35	100%	16	16	100%
CC	17	16	94%	5	5	100%
CI						
CF						
CM	17	15	88%	6	6	100%
DF	40	37	93%	11	11	100%
ES	9	8	89%	1	1	100%
GL	58	55	95%	21	21	100%
LH	0					
LB	75	62	83%	27	27	100%
LV	19	19	100%	4	4	100%
MB	16	16	100%	6	6	100%
MF	8	8	100%	1	1	100%
MO	15	15	100%	5	5	100%
MP	13	12	92%	7	7	100%
PF	51	47	92%	17	17	100%
RB	11	11	100%	6	3	50%
SA	8	6	75%	4	4	100%
SG	14	14	100%	11	11	100%
SI	3	2	67%	1	1	100%
SM	25	25	100%	11	11	100%
SP	6	5	83%	3	3	100%
SS	6	6	100%	1	1	100%
TF	53	47	89%	15	15	100%
VF	2	2	100%	0		
WC	21	21	100%	11	11	100%
Total	562	520	93%	202	199	99%



LOS ANGELES COUNTY EMS SYSTEM REPORT

DECEMBER 1, 2018

ISSUE 7

INSIDE THIS ISSUE:

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Message from the Director and Medical Director

We are pleased to present the 2018 Emergency Medical Services (EMS) System Data Report. Each successive report reflects the commitment of our EMS Agency, EMS providers and hospitals to quality patient care. As our data reporting system has matured and all of our EMS Advanced Life Support (ALS) providers have adopted electronic data capturing, we are able to expand the use of our data in publications and research.



Cathy Chidester
Director

The EMS Agency has engaged in projects with the Department of Public Health and California EMS Authority, utilizing our data, not only to improve quality of care but to assist in preventing injury.

As our use of information technology capability progresses, we will be working on several critical goals; receiving the outcomes of all patients who have been transported to any designated 9-1-1 receiving facility and connecting with our health information exchange partners to demonstrate the ability of paramedics to receive patient information and in turn transmit the emergency medical care data directly to the receiving hospital's medical record.

For several years, we have been working with our EMS Provider Agencies and hospitals to improve

bystander cardiopulmonary resuscitation (CPR) rates in Los Angeles County through our Side-walk CPR Program. In June 2018, we trained over 5,000 Los Angeles citizens in CPR and spearheaded additional training in California for an overall total of over 11,000 California residents trained.

We implemented a two-tiered Comprehensive Stroke system in order to provide greater access to the public for these critical interventions for stroke. In 2018 alone through the designation of 19 Comprehensive Stroke Centers, we have increased access to these interventions within 30 minutes of



Dr. Marianne Gausche-Hill
Medical Director

presentation from 40% of the public to 93%.

Our other specialty programs continue to serve the needs of our public through our standards which ensures polices and procedures, specialized equipment, availability of critical specialist and staff who can care for critical pediatric patients, adults and pediatric trauma patients, laboring mothers,

and victims of sexual assault, patients suffering heart attack, and those in cardiac arrest.

Many thanks to our EMS Agency staff and the leadership of Dr. Nichole Bosson, Assistant Medical Director, and Richard Tadeo, Assistant Director, for not only their work on this report but for the daily efforts in managing and ensuring the data quality for the system.

SPECIAL POINTS OF INTEREST:

- EMS Responses by Month is on page 5
- ED Disposition and Patient Type are on page 9
- Injury Severity Scores are on pages 12-13
- D2B and E2B Times are on page 15

2018 System Demographics

72 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 36 STEMI Receiving Centers
- 19 Comprehensive Stroke Centers
- 31 Primary Stroke Centers
- 62 Perinatal Centers
- 49 Hospitals with Neonatal Intensive Care Unit
- 8 SART (Sexual Assault Response Team) Centers
- 13 Disaster Resource Centers

EMS Provider Agencies

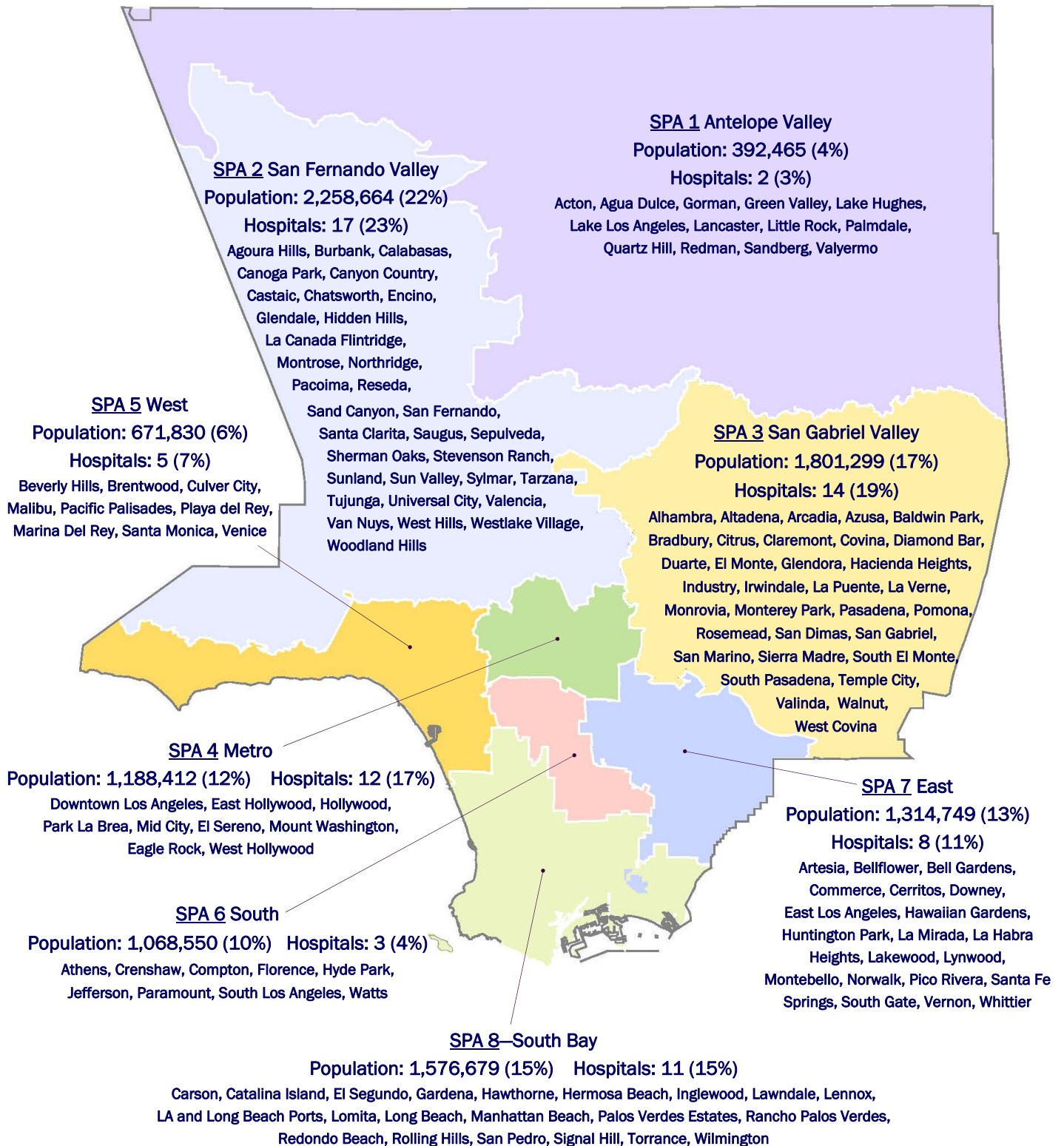
- 32 Public Safety EMS Provider Agencies
- 33 Licensed Basic Life Support Ambulance Operators
- 16 Licensed Advanced Life Support Ambulance Operators
- 15 Licensed Critical Care Transport Ambulance Operators
- 5 Licensed Ambulette Operators

EMS Practitioners

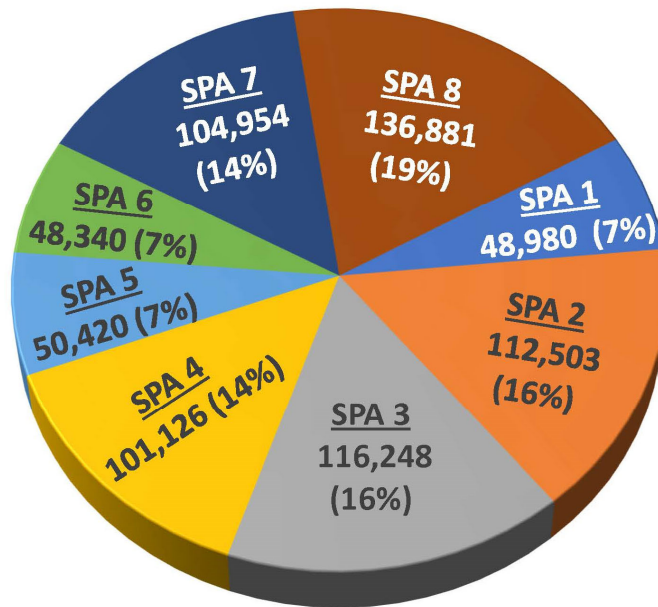
- 4,287 Accredited Paramedics
- 8,168 Certified EMTs by LA Co EMS Agency
- 853 Certified Mobile Intensive Care Nurses

EMS Data by Service Planning Area (SPA)

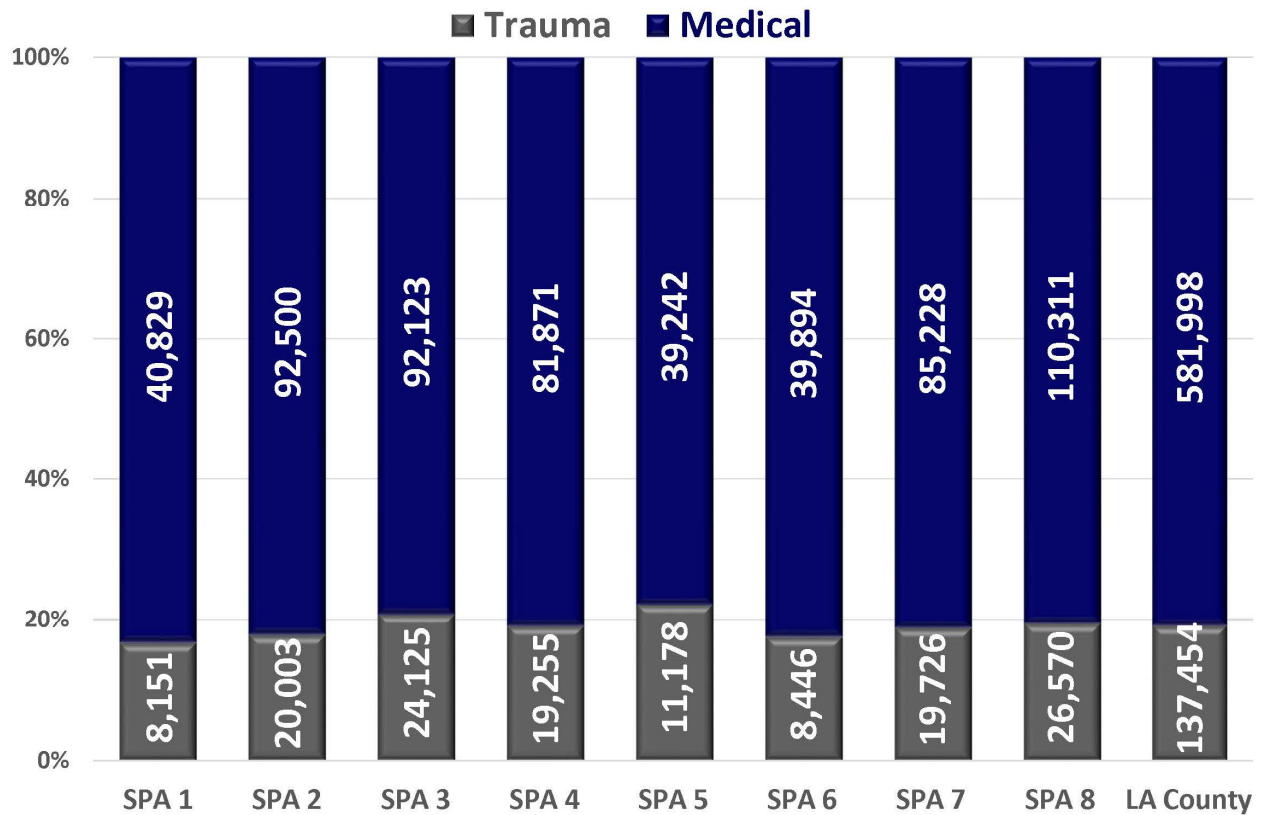
Los Angeles County Estimated Population (2017) = 10,272,648



EMS Responses FY 2016-2017 = 719,452



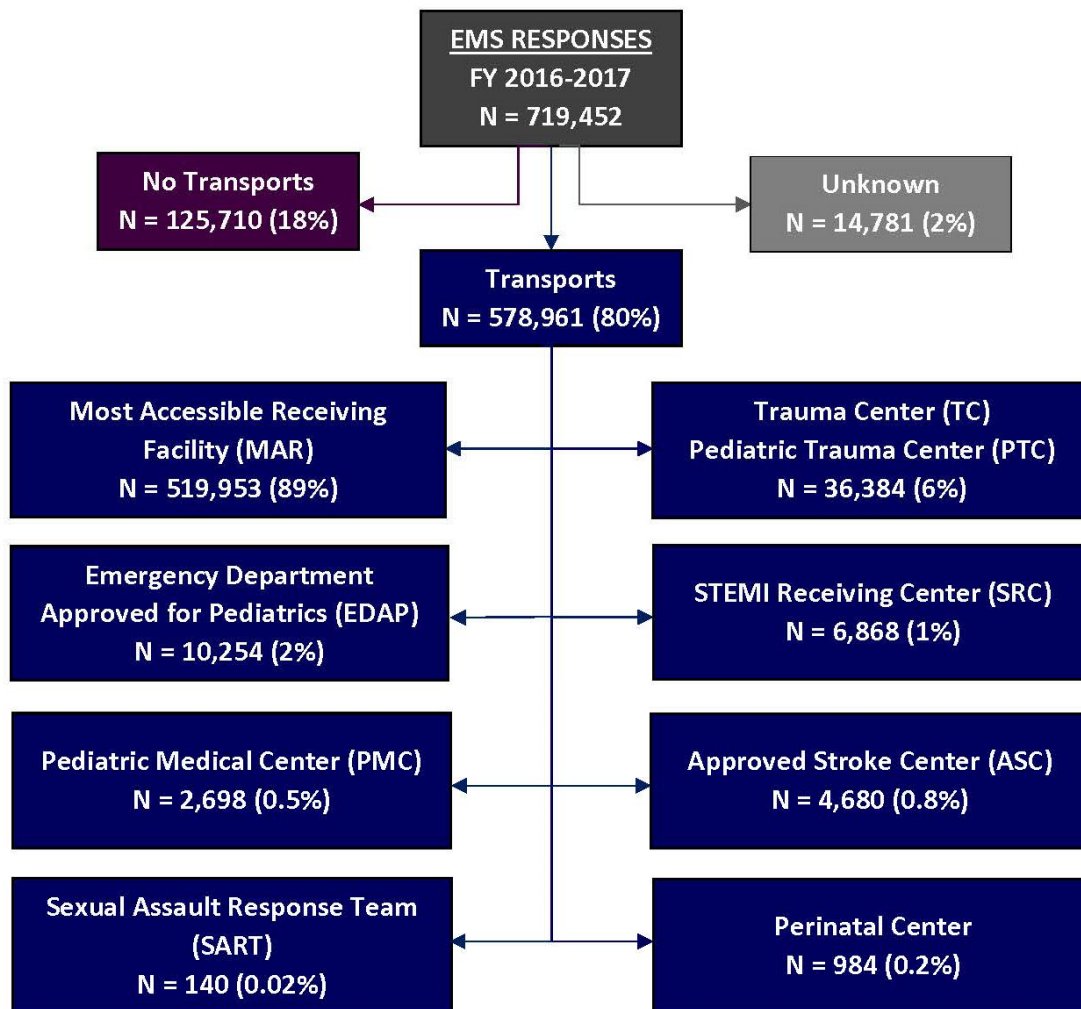
EMS Responses By Chief Complaint FY 2016-2017



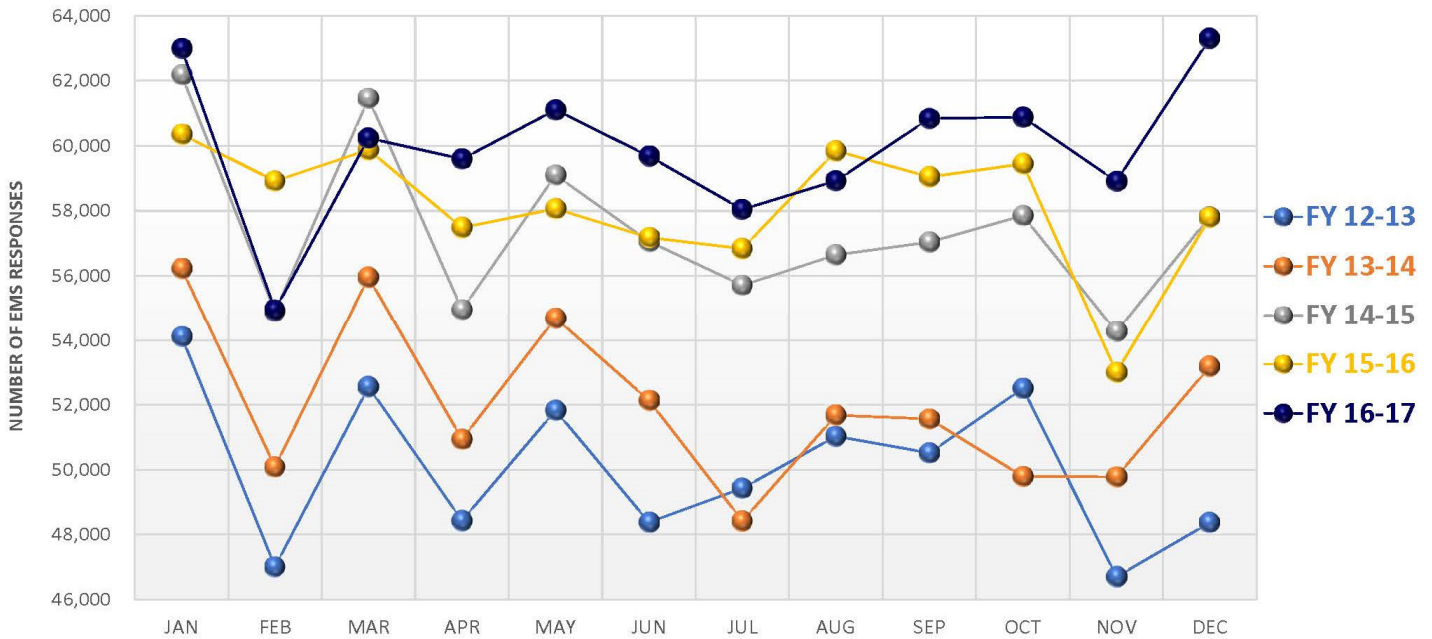
EMS Transports by Age

FY 2016-2017	Age in Years							Unk	Total	%
	< 1	1-8	9-14	15-35	36-55	56-75	>75			
EMS Responses	4,894	16,658	12,114	157,199	162,052	179,928	141,978	44,629	719,452	
Medical	4,428	12,486	7,606	111,401	129,746	153,207	120,331	42,793	581,998	81%
Trauma	466	4,172	4,508	45,798	32,306	26,721	21,647	1,836	137,454	19%
Medical										
Transported	3,631	10,016	5,838	91,835	113,351	134,855	104,471	5,392	469,389	81%
Not Transported	667	2,205	1,530	16,979	13,986	15,643	14,084	36,807	101,901	18%
Unknown	130	265	238	2,587	2,409	2,709	1,776	594	10,708	2%
Trauma										
Transported	404	3,107	3,201	34,191	25,653	22,575	19,184	1,215	109,530	80%
Not Transported	53	905	1,074	9,970	5,702	3,431	2,057	610	23,802	17%
Unknown	9	160	233	1,637	951	715	406	11	4,122	3%

EMS Transports Destinations



EMS Responses by Month



EMS Transports by Provider Agency FY 2016-2017

EMS Provider (n = Number of EMS Responses) | Number of Transports (% = Number of Transports/Number of Responses)

Avalon (n=135)	132 (82%)	Redondo Beach (n=4,121)	2,990 (71%)
La Habra Heights (n=332)	237 (74%)	Culver City (n=4,579)	3,253 (72%)
Sierra Madre (n=332)	252 (78%)	Montebello (n=4,585)	3,103 (64%)
Vernon (n=619)	426 (72%)	Beverly Hills (n=4,802)	2,758 (58%)
LA County Sheriff (n=740)	320 (74%)	Alhambra (n=4,888)	3,085 (64%)
San Marino (n=997)	752 (75%)	West Covina (n=6,501)	4,112 (63%)
Hermosa Beach (n=1,045)	710 (66%)	Downey (n=7,544)	6,009 (80%)
South Pasadena (n=1,283)	840 (68%)	Burbank (n=7,613)	4,590 (64%)
San Gabriel (n=1,764)	1,355 (73%)	Compton (n=7,947)	5,988 (73%)
El Segundo (n=1,909)	1,137 (55%)	Torrance (n=10,749)	8,858 (81%)
Manhattan Beach (n=2,015)	1,353 (67%)	Santa Monica (n=11,334)	6,947 (79%)
Santa Fe Springs (n=2,383)	1,861 (80%)	Pasadena (n=13,298)	10,528 (77%)
Monrovia (n=3,021)	2,253 (73%)	Glendale (n=14,754)	10,733 (69%)
La Verne (n=3,240)	1,559 (54%)	Long Beach (n=35,444)	27,006 (69%)
Monterey Park (n=3,423)	2,457 (68%)	LA City (n=218,947)*	215,583 (98%)
Arcadia (n=3,937)	2,848 (71%)	LA County (n=332,021)	243,848 (73%)

*Minimal data on patients who were not-transported.

Top 5 Reasons for EMS Response (All Ages)

SPA 1

Antelope Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	6	6	189	802	1,509	1,033	343	72	3,960	27%
Other Pain	6	20	69	330	876	1,293	824	42	3,460	23%
Abdominal Pain	5	7	40	345	951	985	565	29	2,927	20%
Shortness of Breath	46	84	85	84	186	828	972	12	2,297	16%
Chest Pain	-	-	19	64	382	1,001	610	10	2,086	14%
Grand Total	63	117	402	1,625	3,904	5,140	3,314	165	14,730	
% (age)	0.4%	1%	3%	11%	27%	35%	22%	1%		

SPA 2

San Fernando Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	26	37	67	605	1,552	2,137	4,589	22	9,035	24%
Weak/Dizzy	6	30	52	251	880	2,119	5,042	20	8,400	22%
Shortness of Breath	46	98	103	113	397	1,491	5,023	12	7,283	19%
Abdominal pain	2	16	53	467	1,741	2,081	2,074	26	6,460	17%
Chest Pain	-	3	16	103	722	2,411	3,028	10	6,293	17%
Grand Total	80	184	291	1,539	5,292	10,239	19,756	90	37,471	
% (age)	0.2%	0.5%	1%	4%	14%	27%	53%	0.2%		

SPA 3

San Gabriel Valley

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	5	6	212	1,309	2,822	2,137	908	155	7,554	22%
Extremity Injury	9	63	420	1,123	1,782	1,646	2,463	86	7,592	22%
Weak/Dizzy	9	13	71	221	664	1,480	4,384	60	6,902	20%
Altered LOC	8	30	40	317	748	1,401	3,682	182	6,408	19%
Other Pain	12	24	96	420	1,159	1,765	2,159	97	5,732	17%
Grand Total	43	136	839	3,390	7,175	8,429	13,596	580	34,188	
% (age)	0.1%	0.4%	2%	10%	21%	25%	40%	2%		

SPA 4

Metro Area

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	32	50	67	859	2,303	2,386	2,907	63	8,667	26%
Abdominal Pain	3	15	81	810	2,459	2,467	1,644	9	7,488	22%
Chest Pain	-	5	14	142	977	2,716	2,239	9	6,102	18%
Weak/Dizzy	13	8	35	210	876	2,017	2,809	13	5,981	18%
Shortness of Breath	63	120	112	140	442	1,649	3,023	9	5,558	16%
Grand Total	111	198	309	2,161	7,057	11,235	12,622	103	33,796	
% (age)	0.3%	0.6%	1%	6%	21%	33%	37%	0.3%		

Top 5 Reasons for EMS Response (continuation)

SPA 5

West

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Extremity Injury	2	20	163	582	1,132	911	1,209	50	4,069	25%
Altered LOC	2	14	23	381	727	681	1,427	19	3,274	20%
Weak/Dizzy	4	4	20	106	362	684	2,049	8	3,237	20%
No Apparent Injury	10	14	17	97	194	208	393	2,144	3,077	19%
Behavioral	5	4	50	420	1,015	708	370	25	2,597	16%
Grand Total	23	56	273	1,586	3,430	3,192	5,448	2,246	16,254	
% (age)	0.1%	0.3%	2%	10%	21%	20%	34%	14%		

SPA 6

South

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	7	7	154	726	1,544	1,039	298	96	3,871	26%
Abdominal Pain	1	11	59	458	1,067	1,114	637	52	3,399	23%
Other Pain	6	15	87	314	708	1,182	785	71	3,168	21%
Altered LOC	6	17	24	119	428	687	864	85	2,230	15%
Weak/Dizzy	8	3	25	88	326	756	967	27	2,200	15%
Grand Total	28	53	349	1,705	4,073	4,778	3,551	331	14,868	
% (age)	0.2%	0.4%	2%	11%	27%	32%	24%	2%		

SPA 7

East

Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Behavioral	13	8	302	1,655	3,351	2,261	746	306	8,642	28%
Other Pain	8	28	102	513	1,304	2,173	1,960	204	6,292	21%
Abdominal Pain	6	13	79	597	1,530	1,623	1,349	146	5,343	17%
Altered LOC	7	23	39	278	673	1,274	2,601	282	5,177	17%
Weak/Dizzy	7	6	50	215	586	1,484	2,729	99	5,176	17%
Grand Total	41	78	572	3,258	7,444	8,815	9,385	1,037	30,630	
% (age)	0.1%	0.3%	2%	11%	24%	29%	31%	3%		

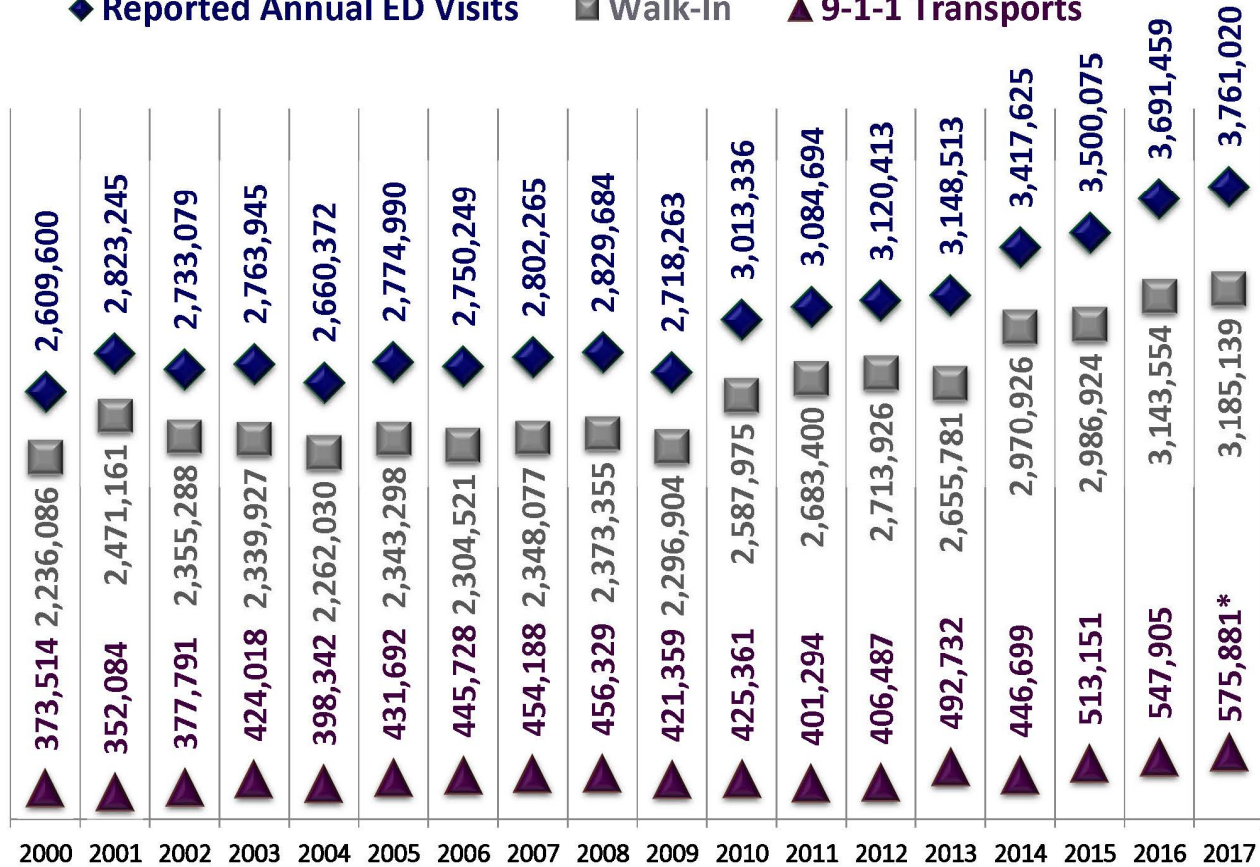
SPA 8

South Bay

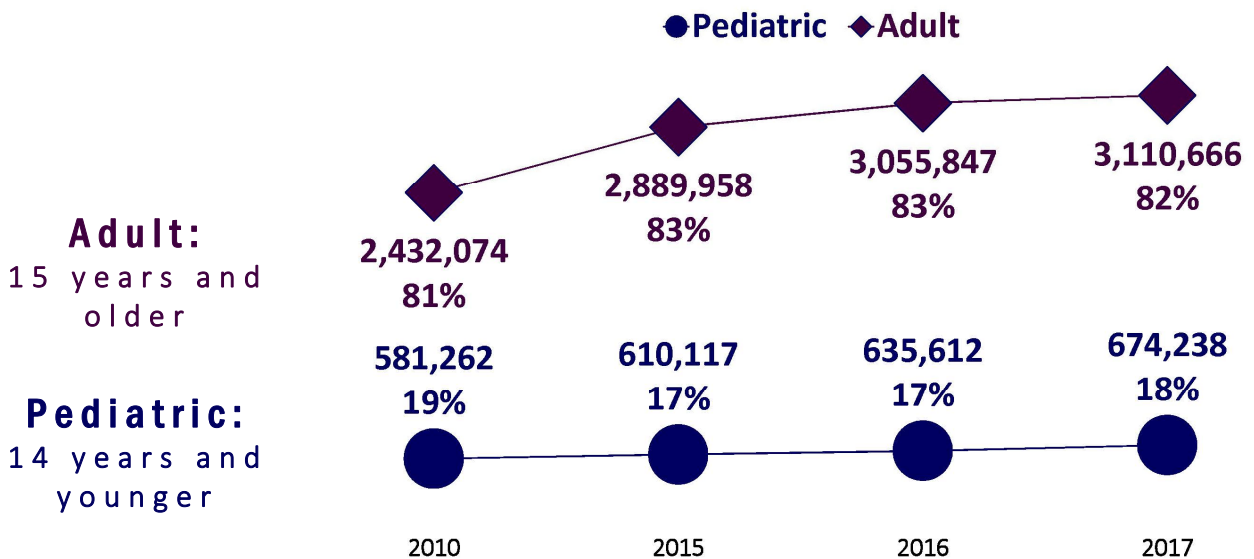
Age in Years	<1 yr	1-4 yrs	5-14 yrs	15-24 yrs	25-44 yrs	45-64 yrs	65/ >65 yrs	Unk	Total	%
Altered LOC	14	59	76	591	1,756	2,669	4,060	143	9,368	21%
Behavioral	9	4	212	1,565	3,576	2,792	1,030	137	9,325	21%
Abdominal Pain	7	16	111	966	2,643	2,973	2,047	52	8,815	20%
Extremity Injury	10	78	545	1,476	2,341	2,378	2,169	74	9,071	21%
Weak/Dizzy	7	13	48	302	811	2,177	4,103	37	7,498	17%
Grand Total	47	170	992	4,900	11,127	12,989	13,409	443	44,077	
% (age)	0.1%	0.4%	2%	11%	25%	29%	30%	1%		

Emergency Department Volume

◆ Reported Annual ED Visits ■ Walk-In ▲ 9-1-1 Transports

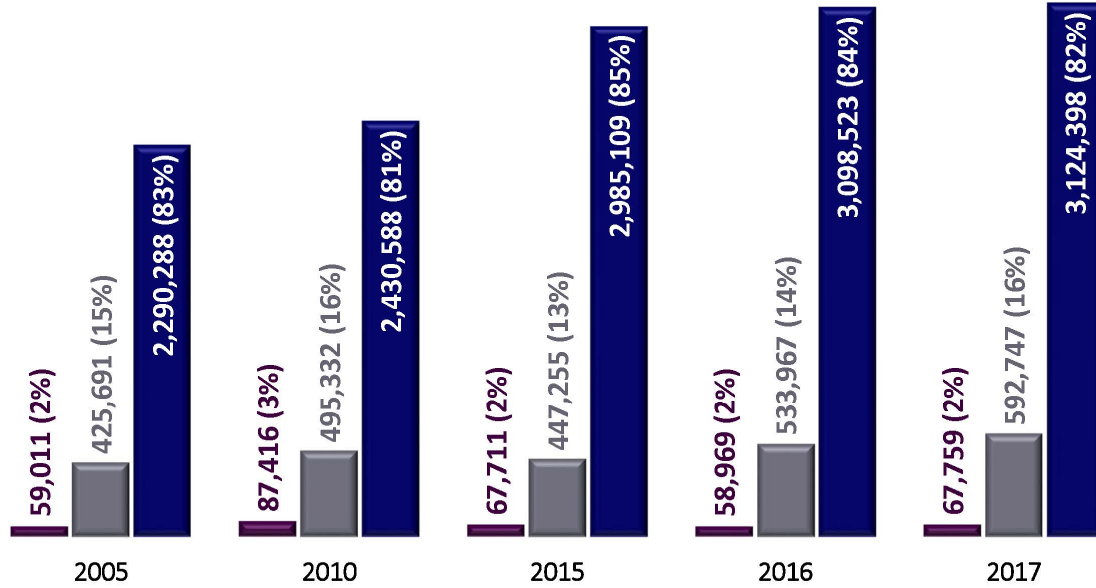


* Fiscal Year 2016-2017



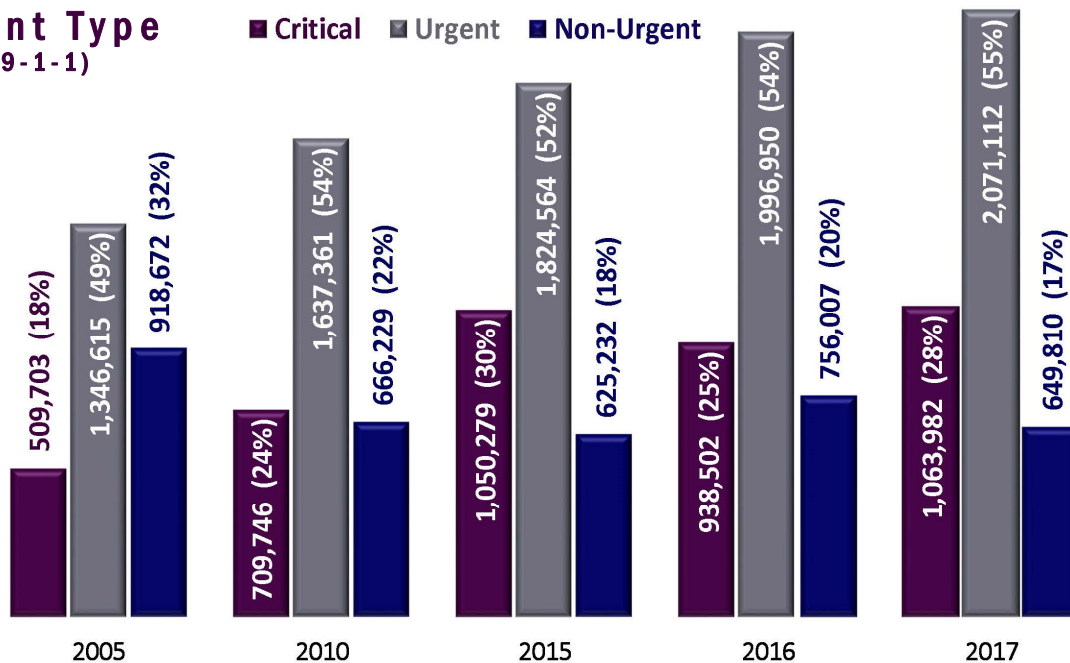
ED Patient Disposition (walk-in and 9-1-1)

- Admitted to Intensive Care Unit
- Admitted to Non-Intensive Care Unit Area
- Discharged from ED/24 hr Observation



ED Patient Type (walk-in and 9-1-1)

- Critical
- Urgent
- Non-Urgent



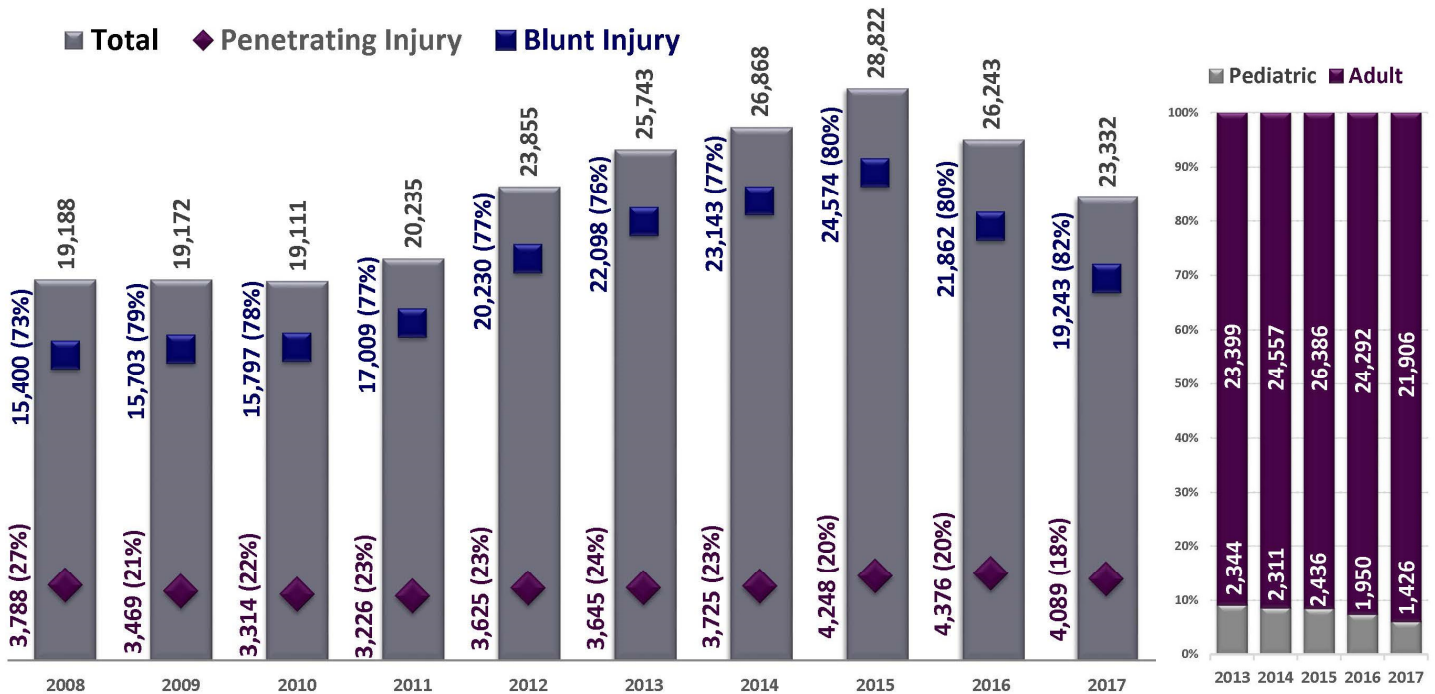
Critical—a patient presents an acute injury or illness that could result in permanent damage, injury or death (head injury, vehicular accident, shooting). Applicable Current Procedural Terminology (CPT) codes for this level of service would be 99284 (detailed history, detailed physical, and medical decision making of moderate complexity) or 99285 (medical decision making of high complexity) or 99291 (critical care, evaluation and management).

Urgent—a patient with an acute injury or illness, loss of life or limb is not an immediate threat to their well-being, or a patient who needs timely evaluation (fracture or laceration). Applicable CPT codes for this level of service would be 99282 (medical decision making of low complexity) or 99283 (medical decision making of moderate complexity).

Non-Urgent—a patient with a non-emergent injury, illness or condition; sometimes chronic; that can be treated in a non-emergency setting and not necessarily on the same day they are seen in the ED (pregnancy tests, toothache, minor cold, ingrown toenail). An applicable CPT code for this level of service would be 99281 (straight forward medical decision making).

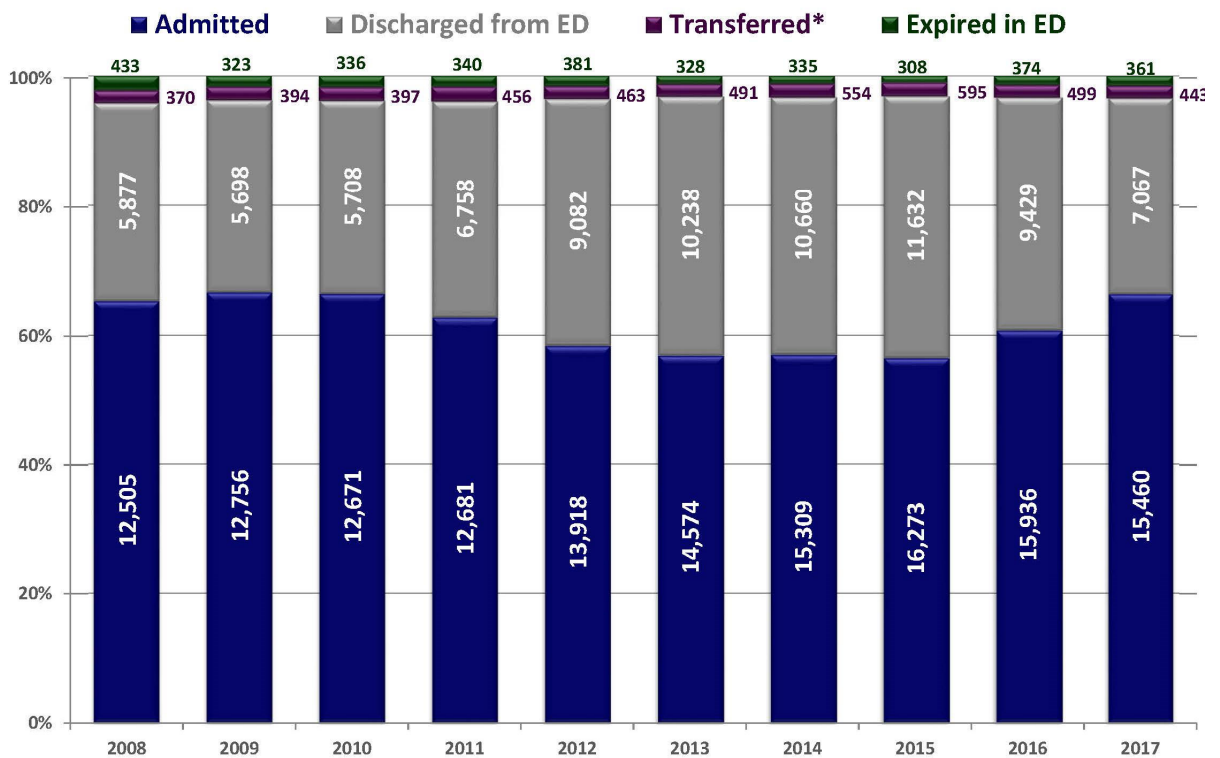


Trauma Center Volume



2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients
 2015: Trauma Center Registry inclusion criteria was reduced.

Patient Disposition: All Trauma

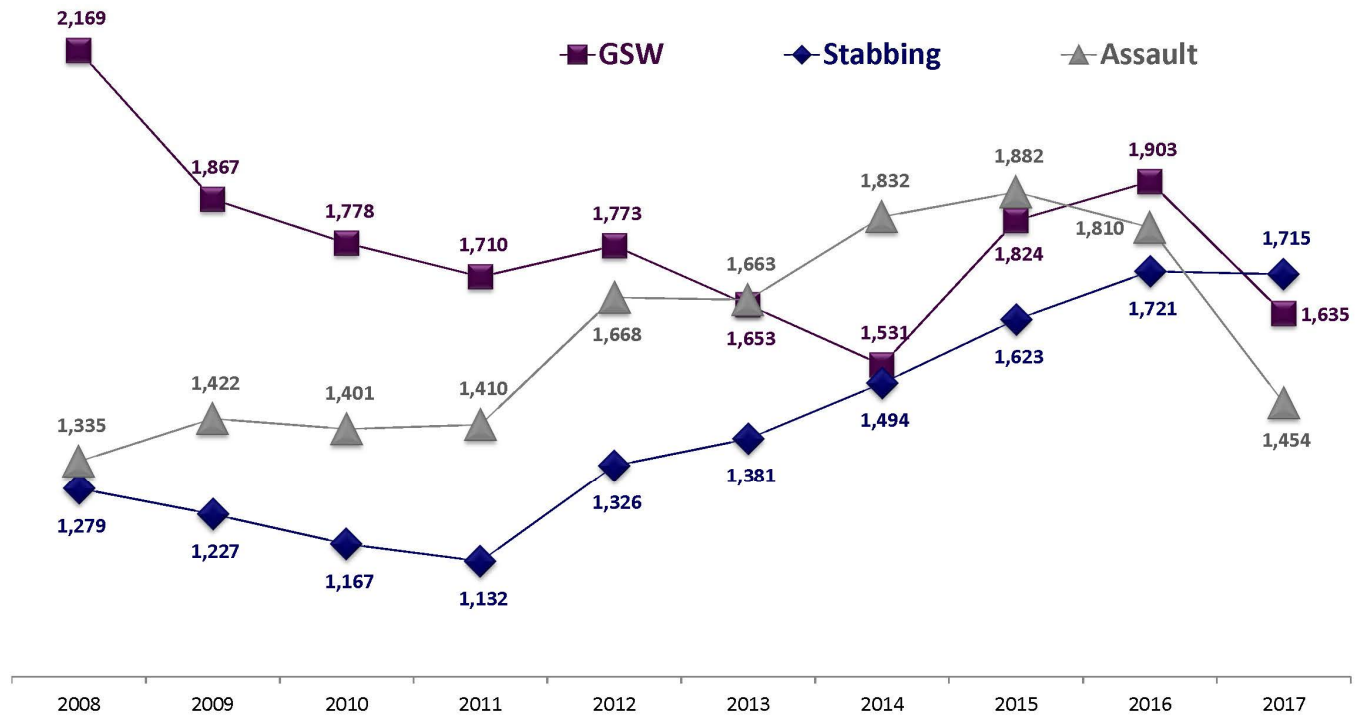
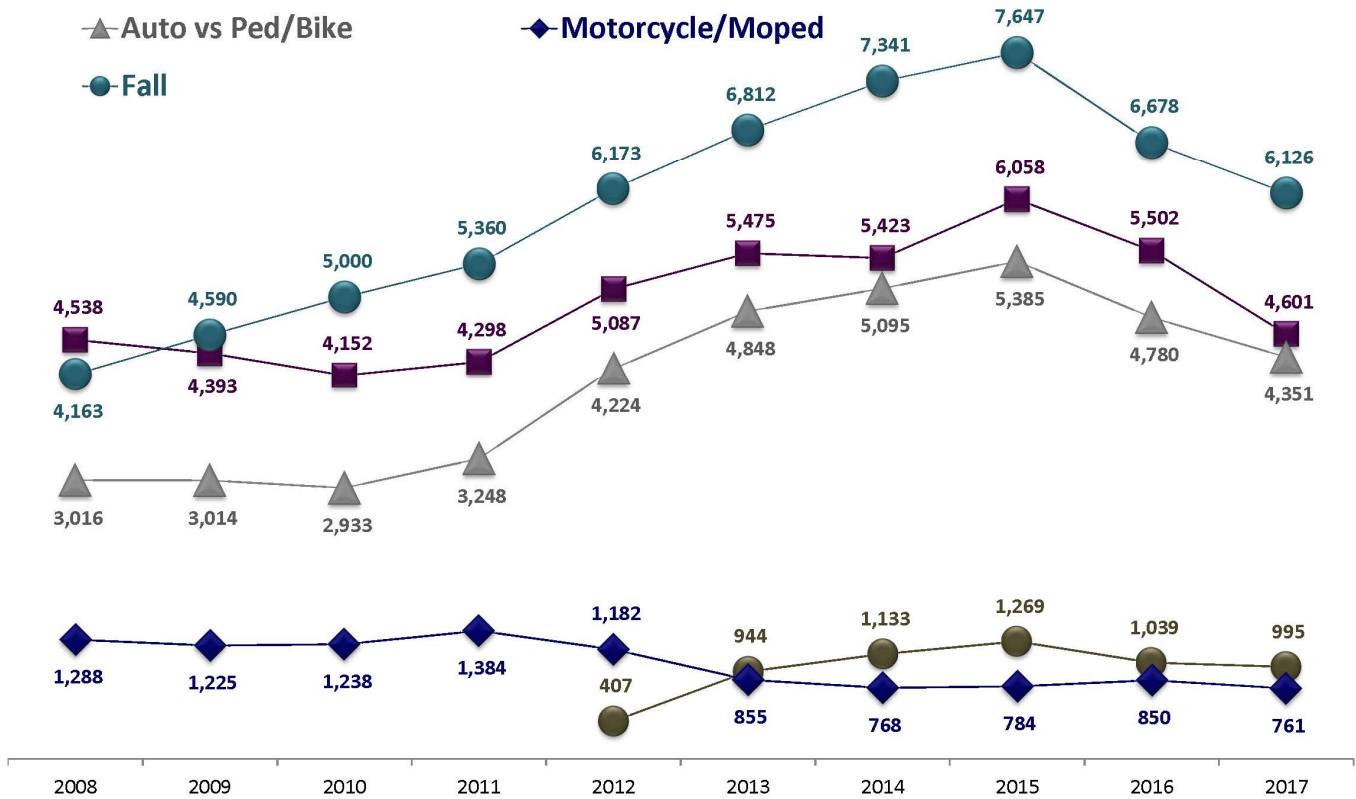


* Transferred to another health facility



Trauma Mechanism of Injury

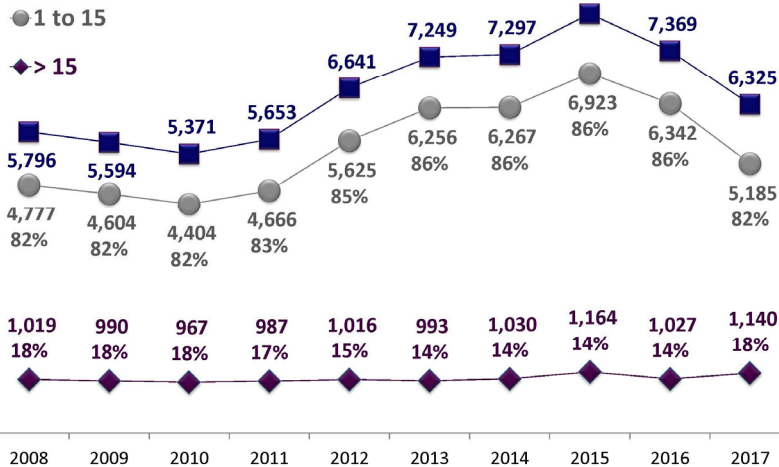
- Enclosed Vehicle
- Unenclosed Vehicle
- ▲ Auto vs Ped/Bike
- ◆ Motorcycle/Moped
- Fall





Injury Severity Score by Mechanism of Injury

Motor Vehicular Accident



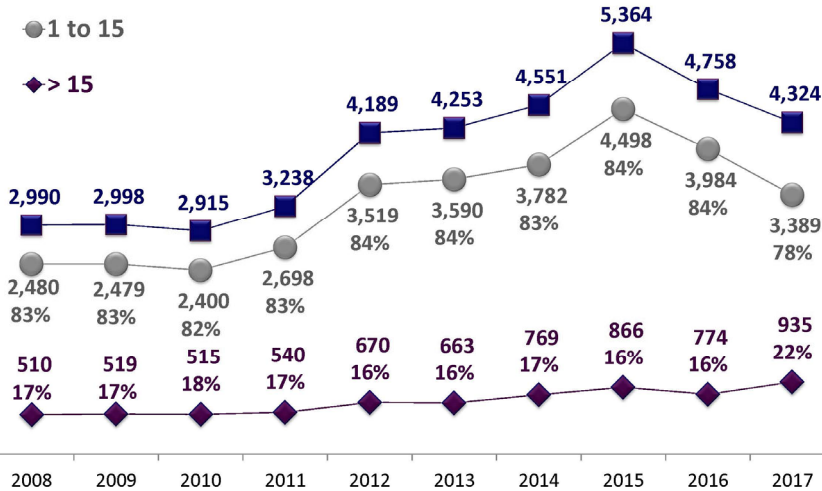
Definition:

Injury Severity Score (ISS):
Is an established medical score to assess trauma severity.

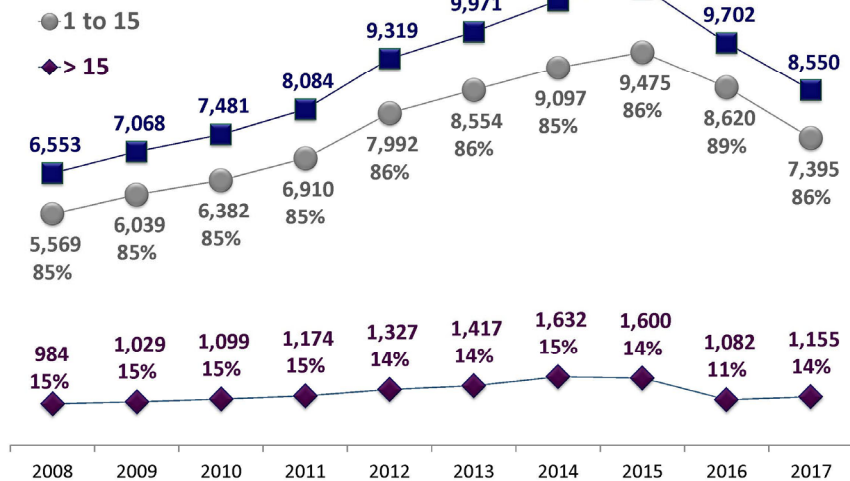
It correlates with mortality, morbidity and hospitalization time after trauma.

It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

Automobile vs Pedestrian/Bicycle

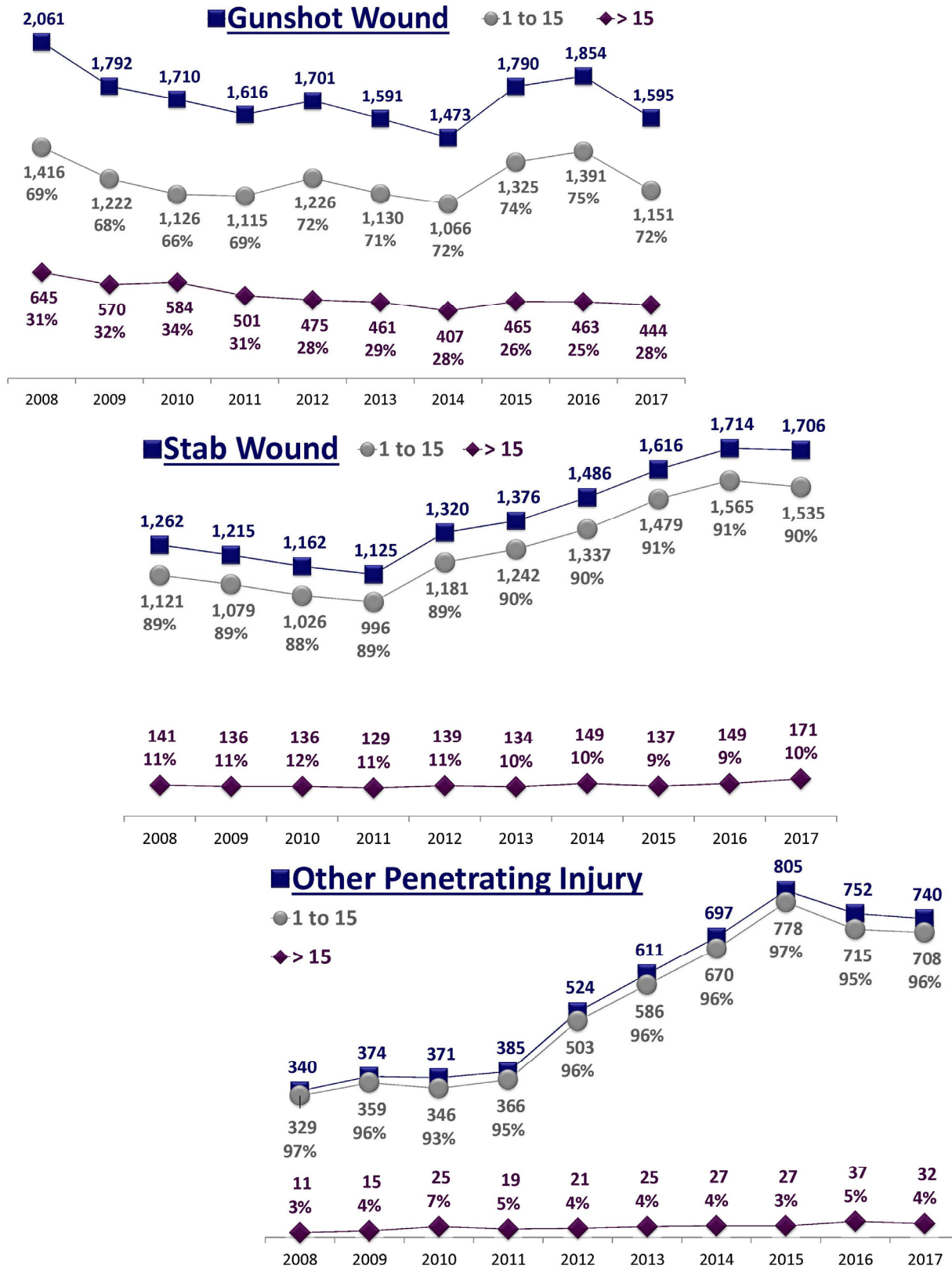


Other Blunt Injuries





Injury Severity Score by Mechanism of Injury

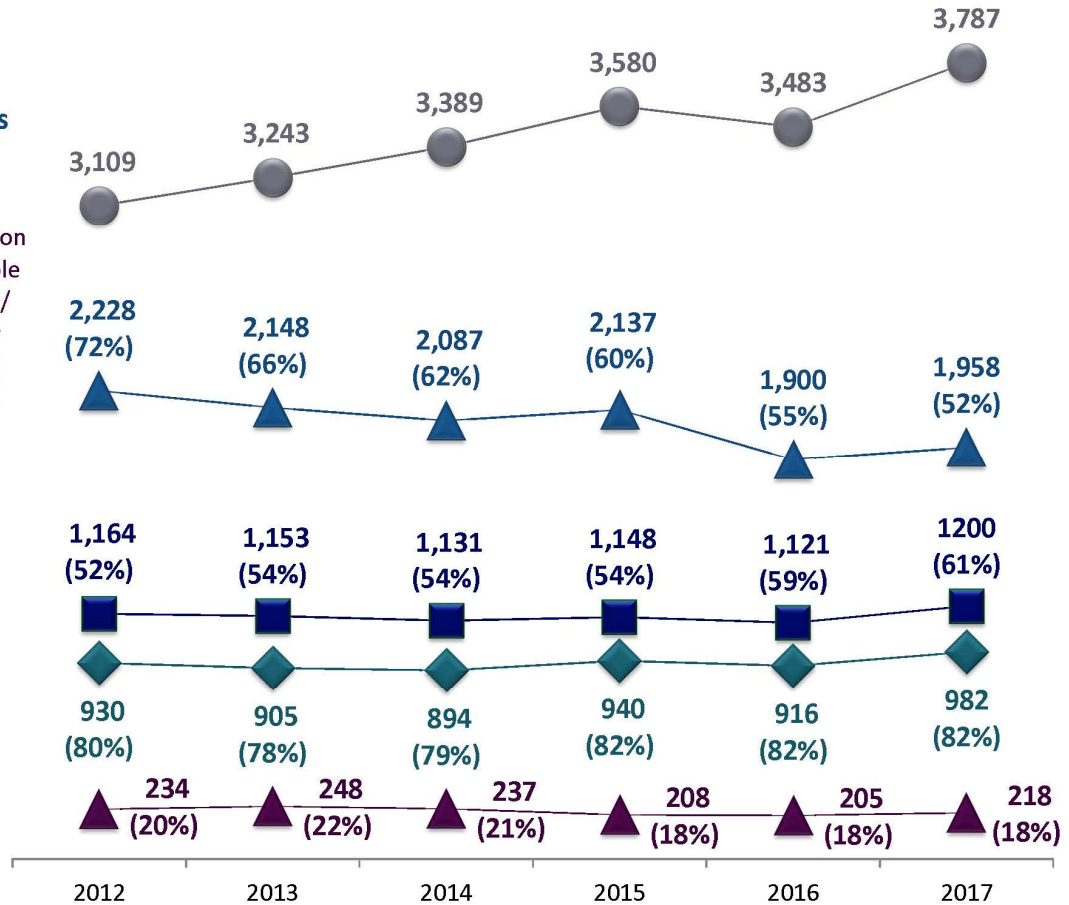




ST-Elevation Myocardial Infarction (STEMI) 9-1-1 Transports to STEMI Receiving Centers (SRC)

To Cath Lab

- PH ECG STEMI
- ▲ Cath Lab Activations
- ◆ Received PCI
- ▲ Cath Lab but no PCI
normal coronaries/no lesion found; difficult cath; unable to cannulate/dilate vessel/cross lesion/locate artery; candidate for CABG/IABP; expired in cath lab; vessel spasm; etc.

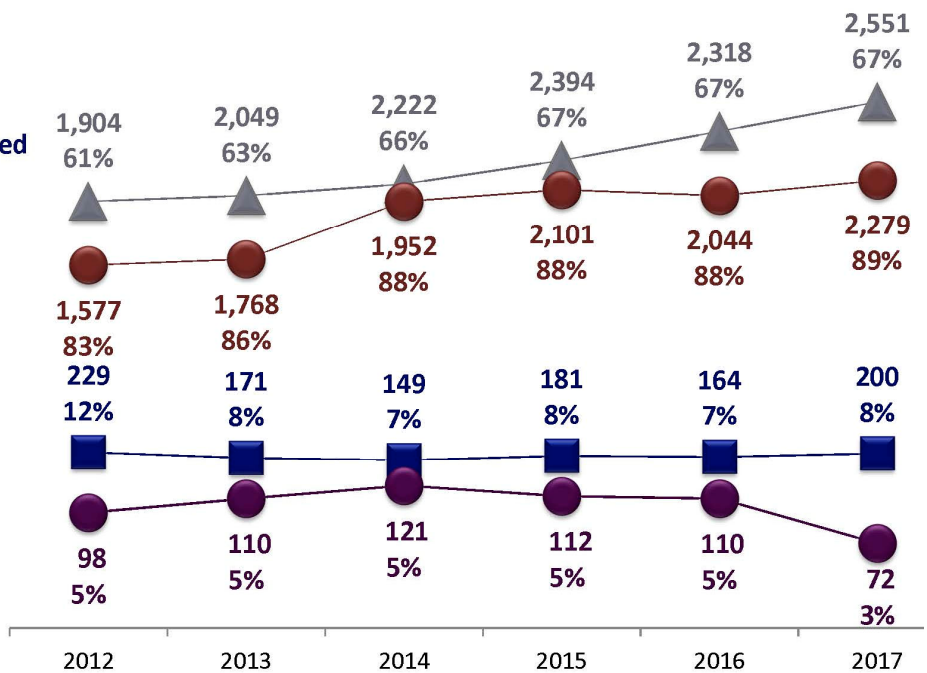


No Cath Lab

- ▲ Not Indicated
- Not a Candidate or Refused
- Unknown/Other

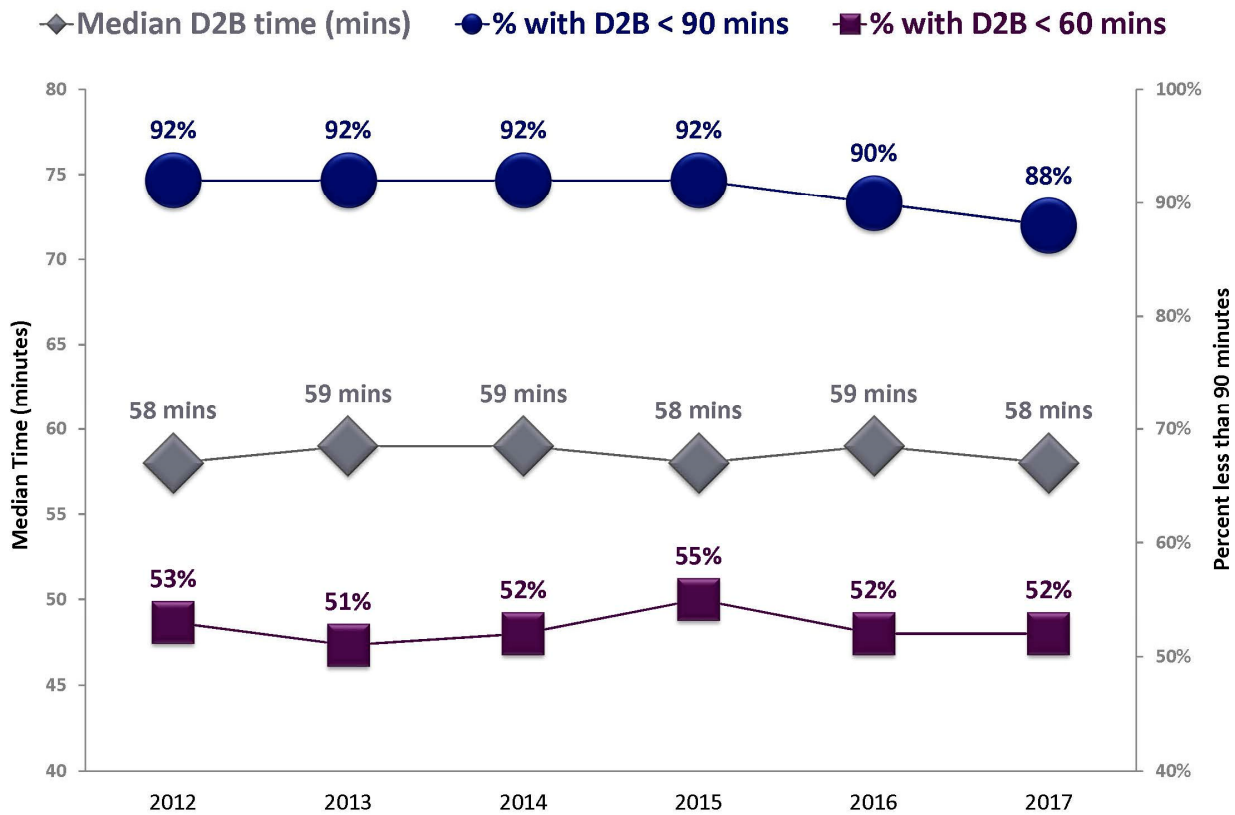
Not Indicated: discordant ECG, early repolarization, physician decision, vasospasm resolved

Not a Candidate or Refused: age, allergy, CABG, DNR, medical condition, multivesel disease, died prior, treatment refused

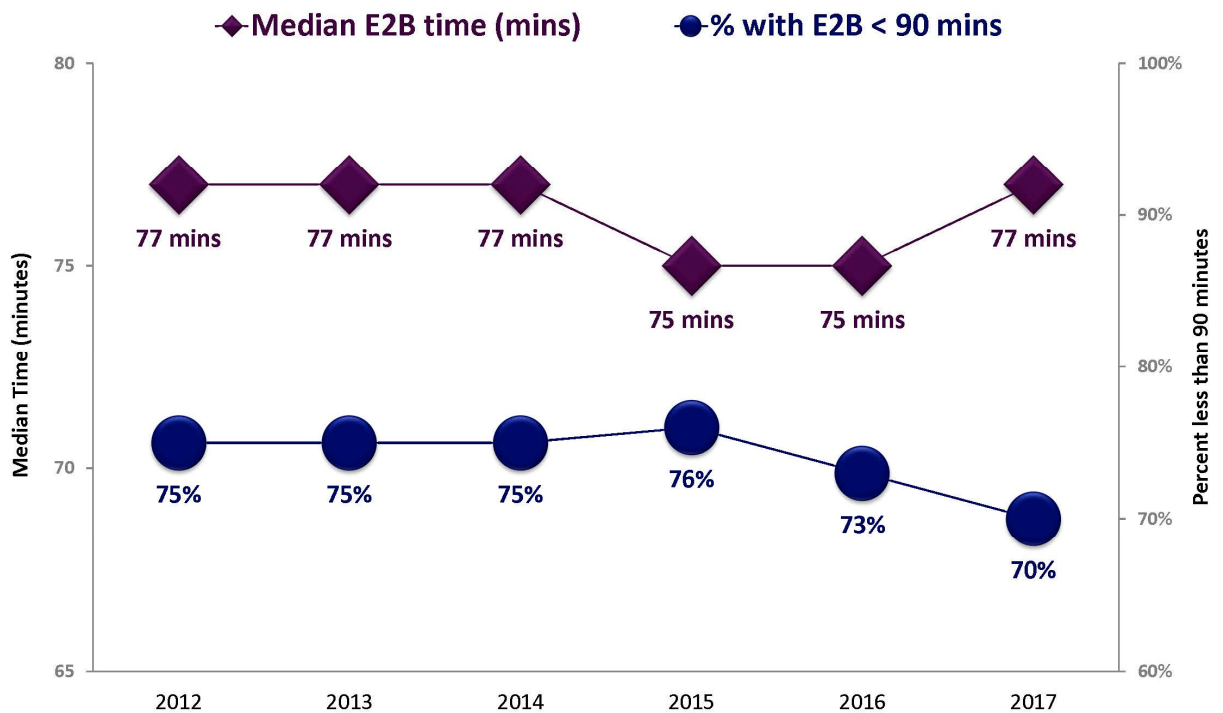




SRC: Door-to-Balloon (D2B) Time

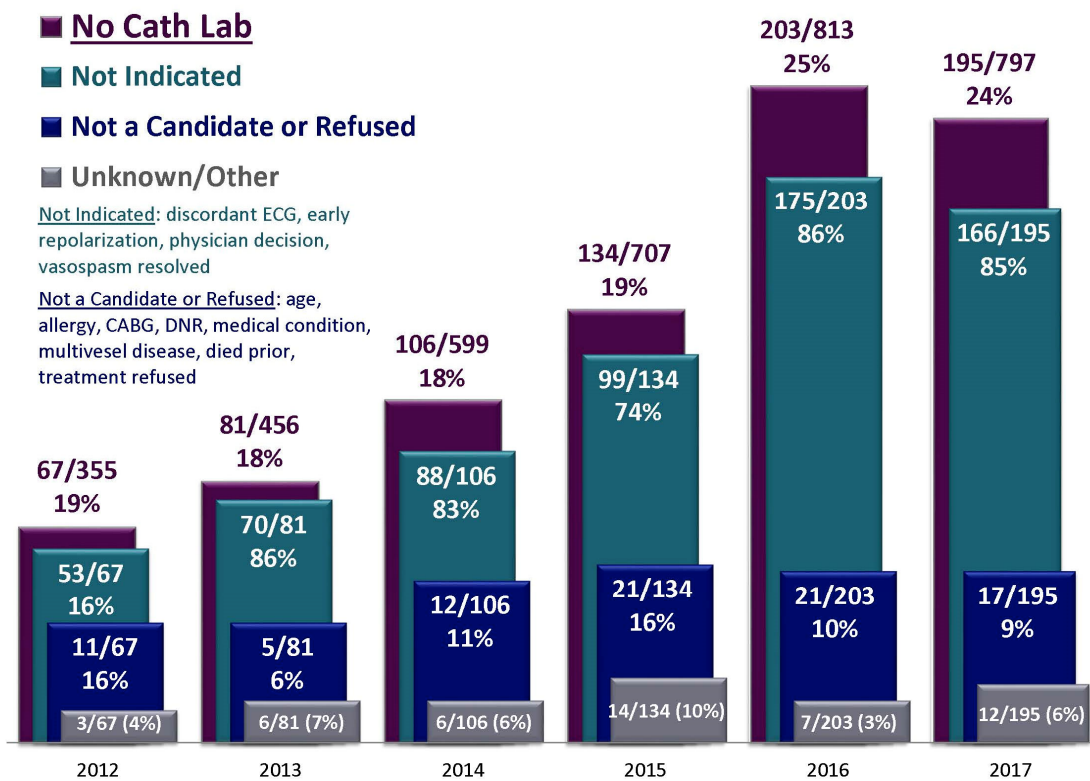
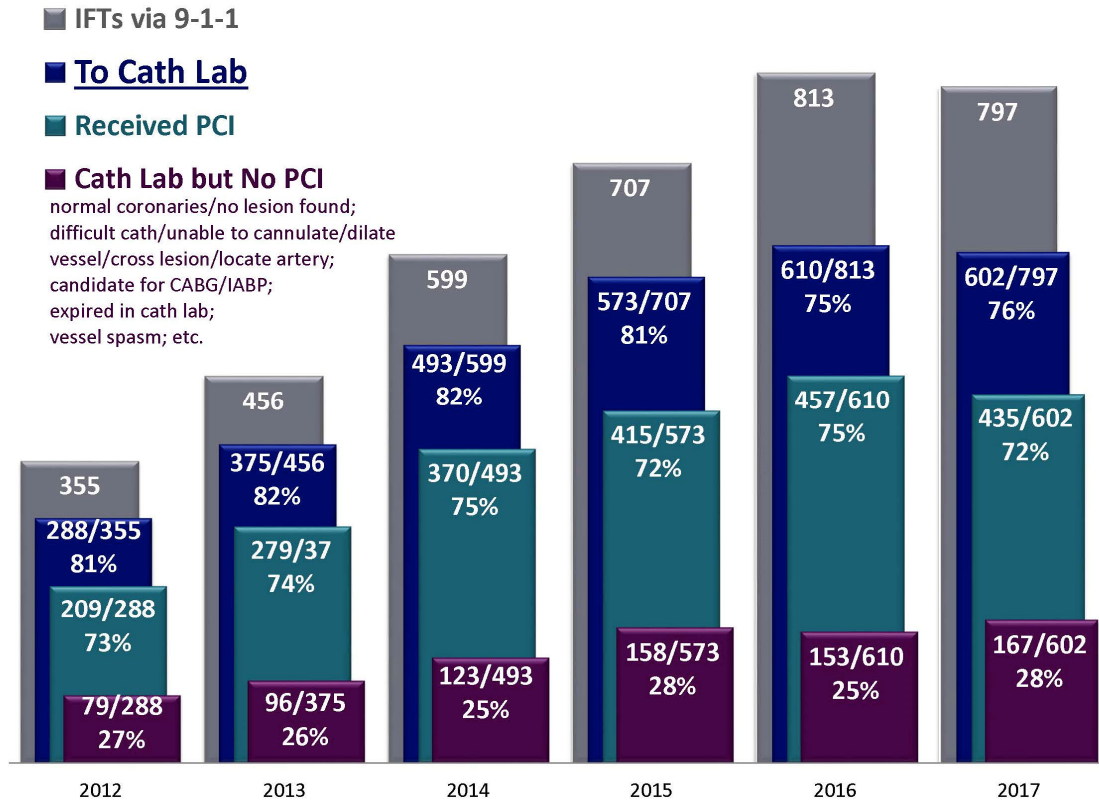


SRC: EMS Medical Contact-to-Balloon (E2B) Time



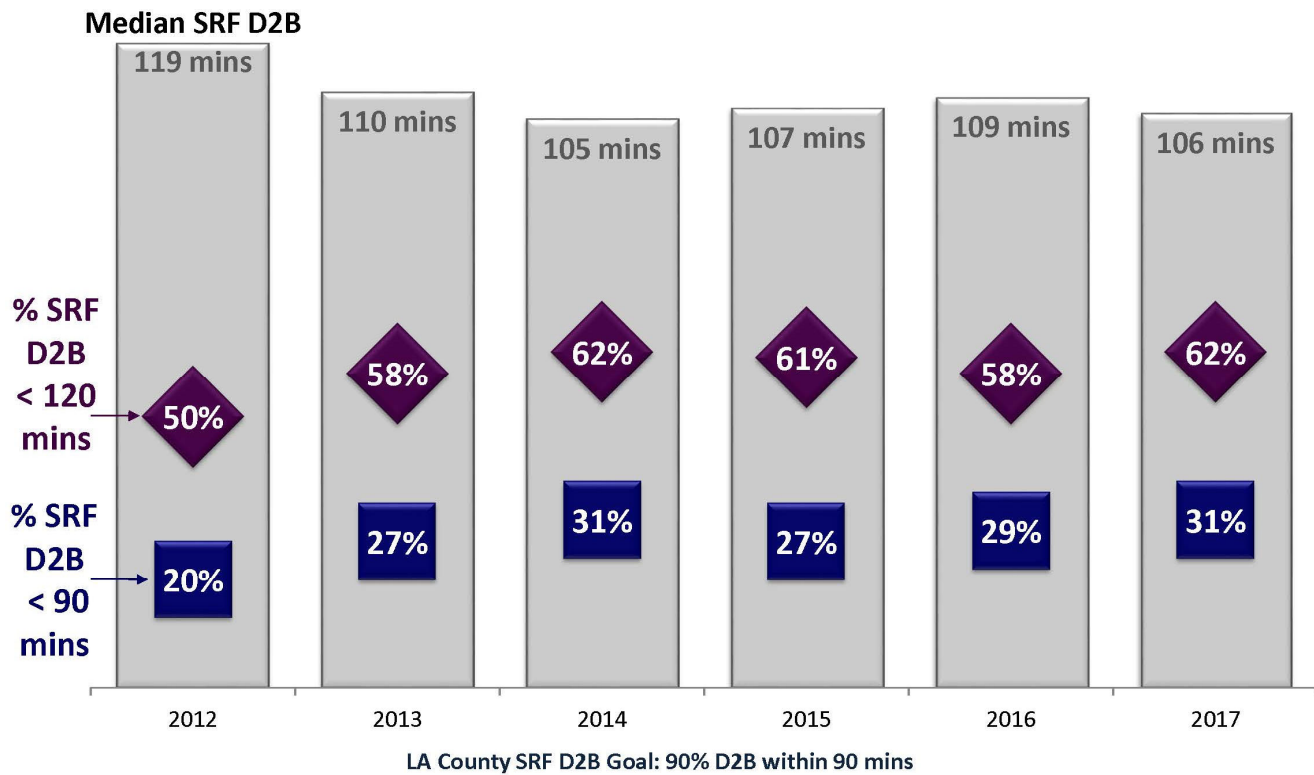


STEMI Referral Facility (SRF) Interfacility Transfers (IFT) via 9-1-1

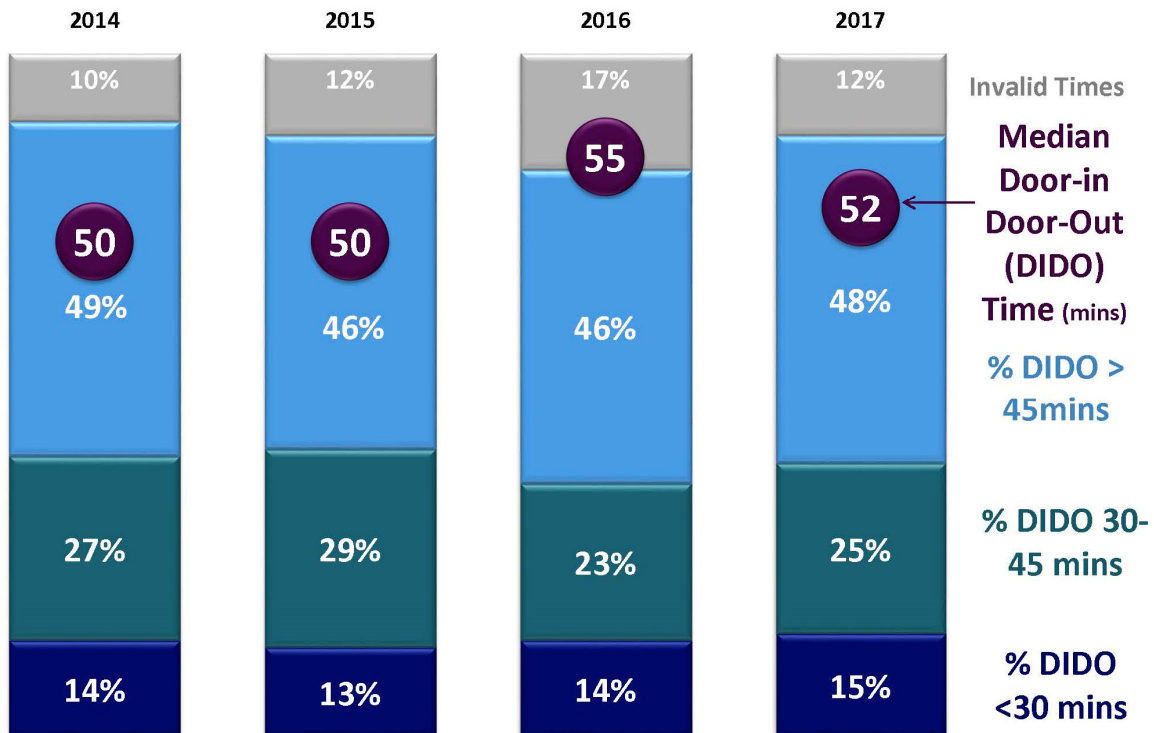




SRF: Door-To-Balloon (D2B) Time



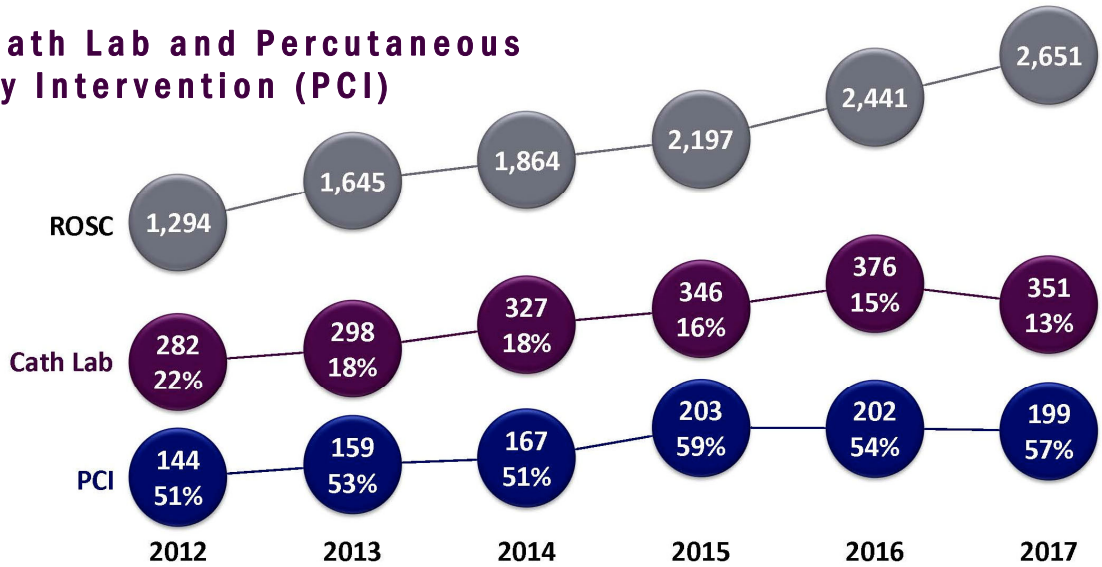
SRF: Door-In Door-Out (DIDO) Time



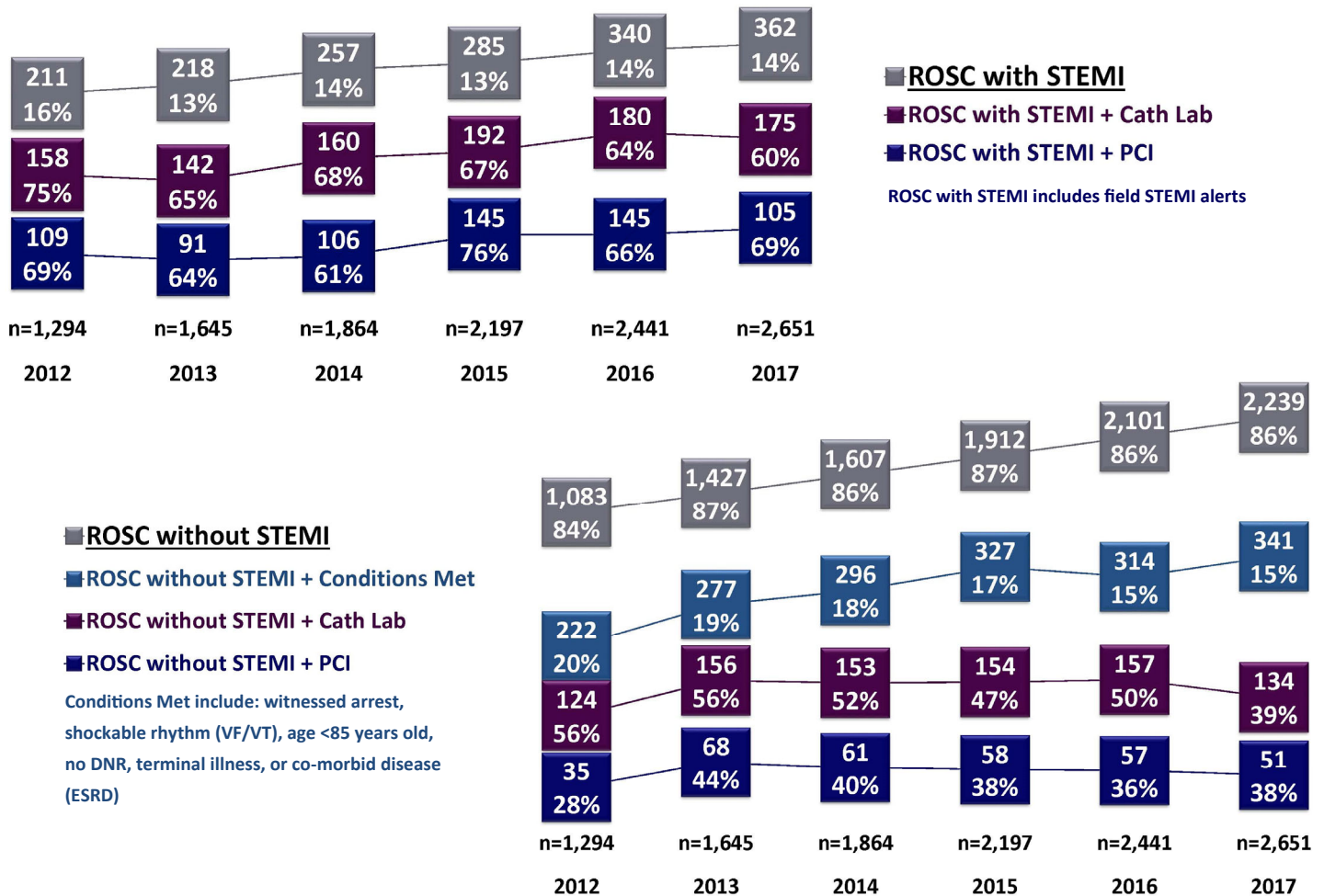


Out of Hospital Cardiac Arrest Return of Spontaneous Circulation (ROSC)

Frequency of Cath Lab and Percutaneous Coronary Intervention (PCI)

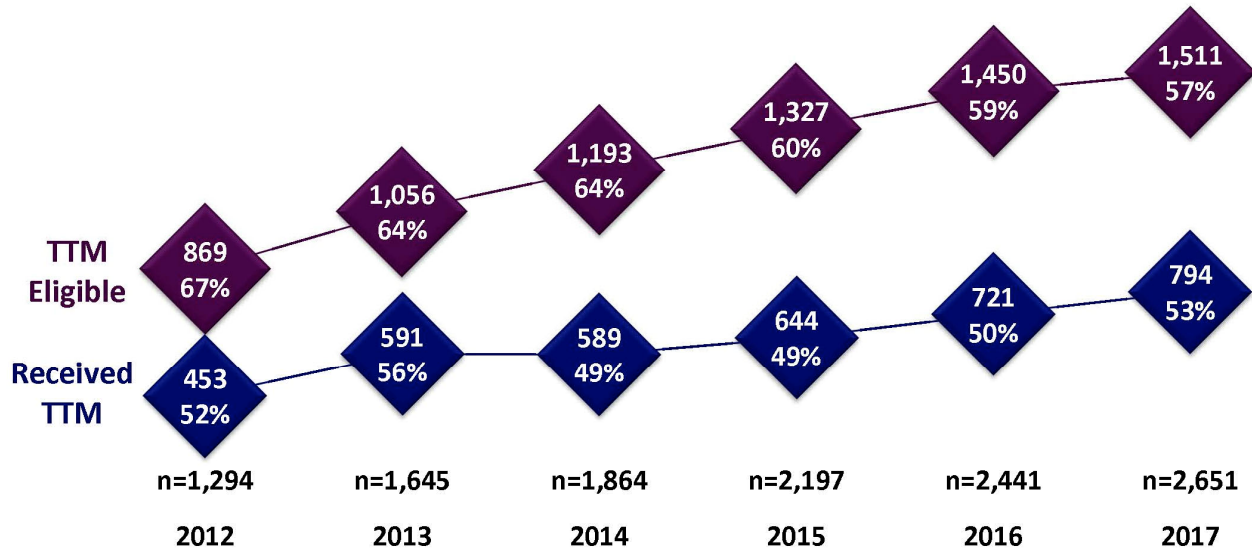


Frequency of Immediate Catheterization

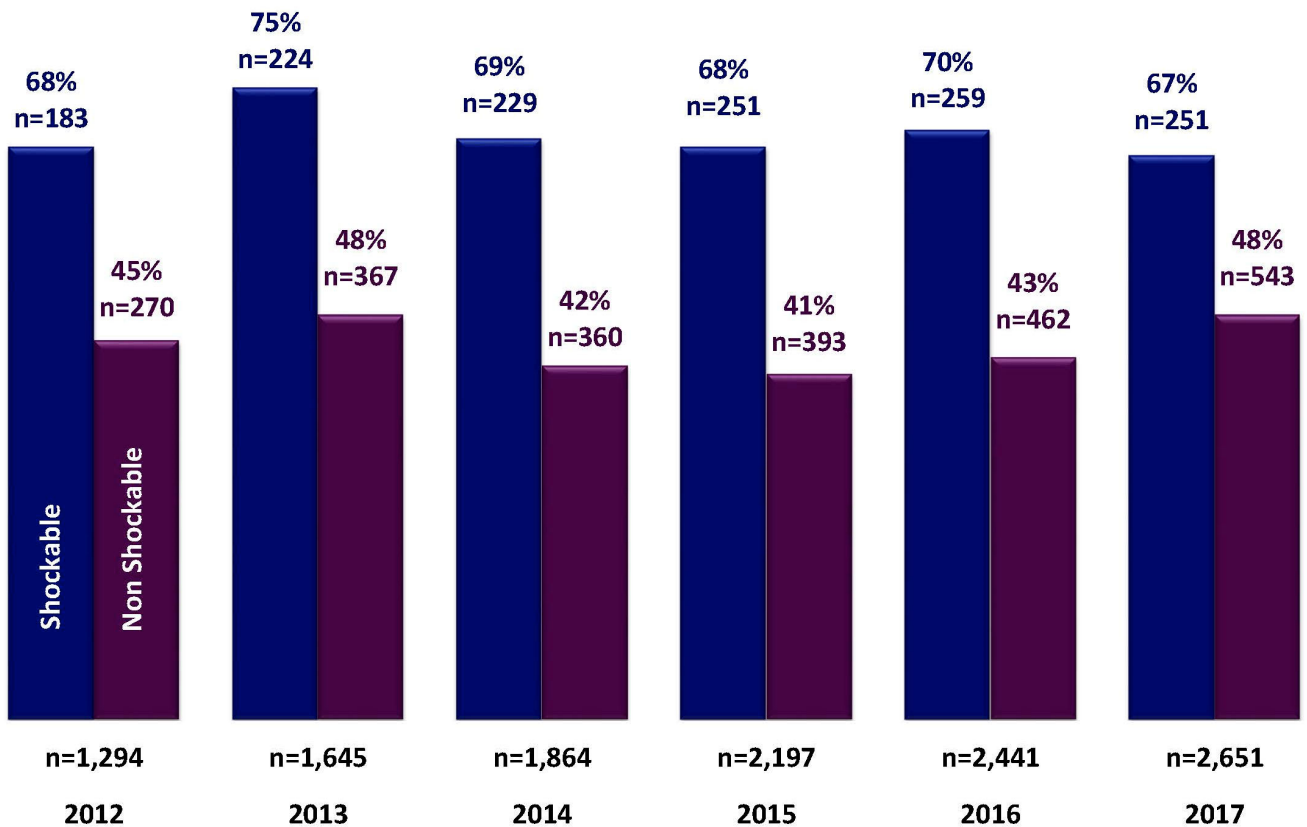




Frequency of Target Temperature Management (TTM)

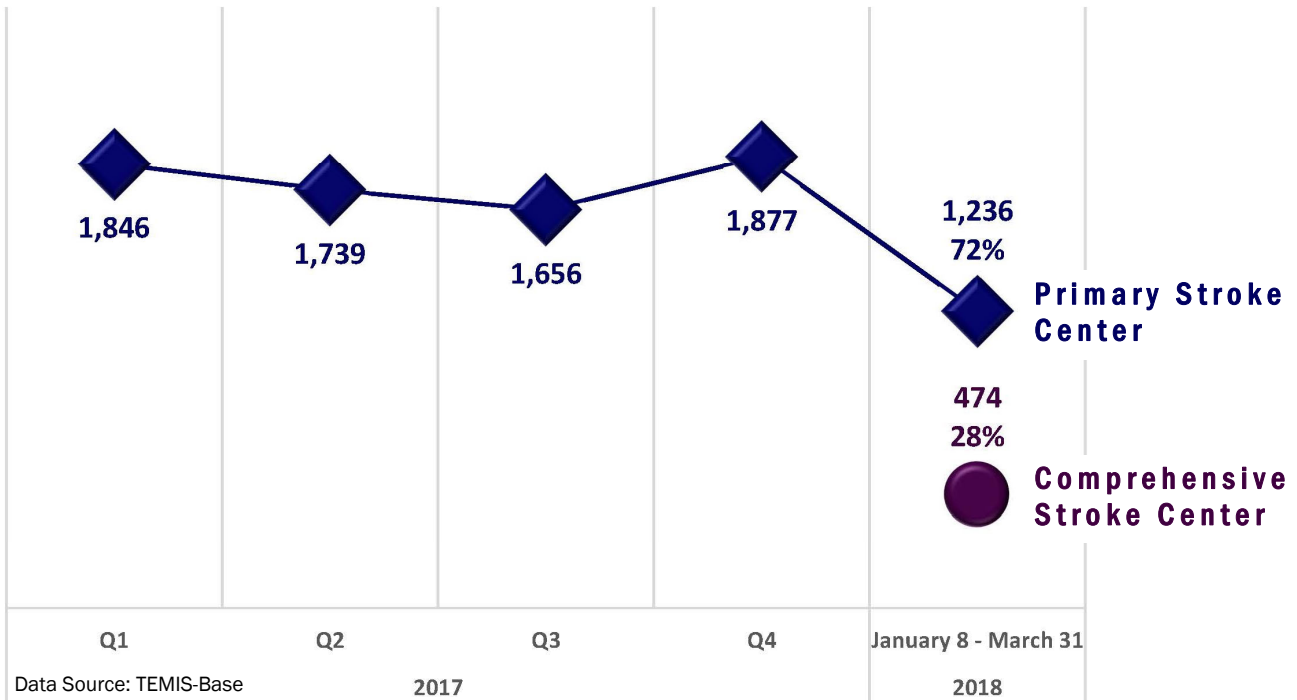


Frequency of TTM by Rhythm



Suspected Stroke Patient Destination

The rerouting of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.



EMS STRONG
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EMS AGENCY



To ensure timely, compassionate, and quality emergency and disaster medical services.

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**LOS ANGELES COUNTY EMS AGENCY
BASE HOSPITAL/PUBLIC PROVIDER AGENCY QI COMMITTEE**



**EMS Assessment and Released at Scene
January – June 2017**

AMA = No (Includes Blank/ Not Documented)

AMA = No (Excludes Blanks/Not Documented)

Provider Agency	n	Call Volume	% Per Vol
AF	518	2190	24%
AH	823	2585	32%
BF	1312	3832	34%
BH	893	2370	38%
CC	344	2282	15%
CF	21840	165687	13%
CI	1471	109804	1%
CM	691	3894	18%
DF	376	3995	9%
ES	343	995	34%
GL	1934	7559	26%
LB	3421	17663	19%
LH	17	183	9%
LV	771	1670	46%
MB	234	1108	21%
MF	313	1628	19%
MO	420	2283	18%
MP	417	1837	23%
PF	1284	6923	19%
RB	306	2427	13%
SA	151	640	24%
SG	185	1097	17%
SI	30	176	17%
SM	2089	6169	34%
SP	214	788	27%
SS	217	1420	15%
TF	627	5454	11%
VF	83	362	23%
WC	880	3304	27%

Provider Agency	n	Call Volume	% Per Vol
AF	82	2190	4%
AH	242	2585	9%
BF	634	3832	17%
BH	123	2370	5%
CC	255	2282	11%
CF	21731	165687	13%
CI	1465	109804	1%
CM	342	3894	9%
DF	131	3995	3%
ES	96	995	10%
GL	211	7559	3%
LB	3411	17663	19%
LH	7	183	4%
LV	383	1670	23%
MB	114	1108	10%
MF	17	1628	1%
MO	412	2283	18%
MP	156	1837	8%
PF	434	6923	6%
RB	95	2427	4%
SA	27	640	4%
SG	37	1097	3%
SI	29	176	16%
SM	163	6169	3%
SP	39	788	5%
SS	74	1420	5%
TF	626	5454	11%
VF	33	362	9%
WC	801	3304	24%

Data Source: EMS Database

Excludes: AMA, Base Contact, SFTP

n = Total number of patients not transported and released at scene



**LOS ANGELES COUNTY EMS AGENCY
BASE HOSPITAL/PUBLIC PROVIDER AGENCY QI COMMITTEE**



EMS Assessment and Released at Scene

October – December 2018[†]

AMA = No (Includes Blank/Not Documented)

AMA = No (Excludes Blanks/Not Documented)

Provider Agency	n	Call Volume	% Per Vol
AF	68	827	8%
AH	267	1037	26%
BF	236	1318	18%
BH	355	959	37%
CC	92	966	10%
CF*			
CI*			
CM	167	1507	11%
DF	196	1566	13%
ES	111	430	26%
GL	250	3125	8%
LB	3408	9062	38%
LH	13	71	18%
LV	250	602	42%
MB	24	387	6%
MF	142	719	20%
MO	248	1032	24%
MP	128	709	18%
PF	81	2364	3%
RB	54	374	14%
SA	20	186	11%
SG	50	438	11%
SI	19	127	15%
SM	532	2208	24%
SP	39	312	13%
SS	82	494	17%
TF	13	2595	1%
VF	19	171	11%
WC	276	1176	23%

Provider Agency	n	Call Volume	% Per Vol
AF	23	827	3%
AH	87	1037	8%
BF	76	1318	6%
BH	47	959	5%
CC	45	966	5%
CF*			
CI*			
CM	80	1507	5%
DF	112	1566	7%
ES	38	430	9%
GL	21	3125	1%
LB	658	9062	7%
LH	3	71	4%
LV	111	602	18%
MB	13	387	3%
MF	32	719	4%
MO	62	1032	6%
MP	64	709	9%
PF	32	2364	1%
RB	1	374	0%
SA	5	186	3%
SG	13	438	3%
SI	11	127	9%
SM	79	2208	4%
SP	18	312	6%
SS	37	494	7%
TF	5	2595	0%
VF	9	171	5%
WC	174	1176	15%

*CF/CI data not available

[†] Implementation of new Treatment Protocols

Los Angeles County EMS Agency Emergency Medical Services for Children System Plan

The entry level of Pediatric Receiving Center designation for Los Angeles (LA) County is Emergency Department Approved for Pediatrics (EDAP) which is equivalent to a General Pediatric Receiving Center (PedRC) as per the regulations. LA County also designates qualified hospitals as Pediatric Medical Center (PMC) for providing higher level of care for the critically ill pediatric patient. Pediatric Trauma Centers (PTC) are designated hospitals that meet the minimum regulatory requirements to provide pediatric trauma care. All PMCs and PTCs are required to be EDAPs. PMCs meet the standards for Advanced PedRC and PTCs meet the regulatory requirements of Comprehensive PedRCs per the regulations.

In 1985, the LA County EMS Agency designated 63 EDAPs. Three additional EDAPs were designated in the subsequent years. However, by the end of 2005, 21 hospitals have relinquished their EDAP designation. As of June 30, 2018, there were 38 designated EDAPs (this includes one in Orange County and one in Ventura County).

In the mid-1980's, the LA County EMS Agency began designating Pediatric Critical Care Centers (PCCC) to care for critically ill and injured pediatric patients. The revised trauma regulations were released in 1999 which allowed LA County EMS to designate PTCs and develop a separate list of requirements for hospitals that can provide higher level of care (non-traumatic) to critically ill pediatric patients. In 2005, the EMS Agency changed the name designation from PCCC to PMC for critically ill children to more clearly differentiate from PTC.

§100450.216(c)

(1) EMSC program goals and objectives

To ensure that 9-1-1 pediatric patients are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs to the pediatric patient. This is done by establishing minimum standards for the designation of EDAP, PMC and PTC. These facilities provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures.

(2) The names and titles of local EMS Agency personnel with a role in the planning, implementation, and management of an EMSC program

Cathy Chidester, EMS Agency Director

Dr. Marianne Gausche-Hill, EMS Agency Medical Director

Dr. Nichole Bosson, EMS Agency Assistant Medical Director

Richard Tadeo, EMS Agency Assistant Director

Christine Clare, Chief-Hospital Programs

Paula Rashi, STEMI Receiving Center (SRC) Program Manager

Karen Rodgers, EDAP and PMC Programs Coordinator

Michelle Williams, Chief Data Systems Management

(3) Injury and illness prevention planning that includes coordination, education, and data collection

All EDAPs must have policies and procedures in place that address immunization assessment and management of the under-immunized patient and pediatric safety in the emergency department. Data submission is also required.

Reference No. 316, Emergency Department Approved for Pediatrics (EDAP) Standards (Attachment A)

In addition to the above, all PMC's have policies related to mental health and substance abuse. They must also provide outreach and pediatric education to EDAPs and EMS providers and they must have a Suspected Child Abuse and Neglect (SCAN) Team.

Reference No. 318, Pediatric Medical Center (PMC) Standards (Attachment B)

All PTCs are required to have an outreach program which includes trauma prevention for the general public and public education and illness/injury prevention education, as per Title 22, Chapter 7, Subsection 100261 (e) (4) (B) and (C)

(4) (A) Policies for care and services rendered to pre-hospital EMS pediatric patients:

1. First response non-transport

Reference No. 832, Treatment/Transport of Minors (Attachment C)

2. Transport

Reference No. 510, Pediatric Patient Destination (Attachment D)

Reference No. 832, Treatment/Transport of Minors (Attachment E)

3. Interfacility transfer

9-1-1 EMS is not utilized in the interfacility facility transfer of critically ill pediatric patients. All PMCs are required to either have a pediatric interfacility transport program or have a written agreement with agencies or other programs to provide timely transportation of critically ill pediatric patients to and from the PMC.

Reference No. 318, Pediatric Medical Center (PMC) Standards (Attachment B)

For critically injured pediatric patients that are not at a designated trauma center and meet designated criteria, 9-1-1 EMS may be utilized for trauma re-triage.

Reference No. 506, Trauma Triage (Attachment F)

4. Critical care

This is for initial care and transport of critical children only, for secondary transfer of critical children see (4)(A)3. above.

Reference No. 510, Pediatric Patient Destination (Attachment D)

Reference No. 832, Treatment/Transport of Minors (Attachment E)

(B) This shall include, but not be limited to:

1. Pediatric-specific personnel training

The EMS Agency annually mandates an EMS Update for all EMS paramedic providers and Mobile Intensive Care Nurses (MICN). This education always has pediatric components and is a minimum of 4 hours. The following pediatric topics were included in the most recent EMS Updates:

2016: Pediatric Resuscitation

2017: Case studies for the following Provider Impressions (PI) which included pediatric patients:

Brief Unresolved Unexplained events (BRUE)

Hypoglycemic emergencies

Respiratory distress

Seizure activity

2018: New Treatment Protocols- which resulted in 40 distinct pediatric specific treatment protocols. Previously for all but 6, the pediatric protocols were incorporated in the adult protocols. In addition, there were pediatric-specific scenario based teaching modules.

2. Pediatric ambulance equipment

Reference No. 703, ALS Unit Inventory (Attachment G)

Reference No. 703.1, Private Provider Non-9-1-1 ALS Unit Inventory (Attachment H)

Reference No. 704, Assessment Unit Inventory (Attachment I)

Reference No. 706, ALS EMS Aircraft Inventory (Attachment J)

Reference No. 710, Basic Life Support Ambulance Equipment (Attachment K)

Reference No. 712, Nurse Staffed Critical Care Transport Unit Inventory (Attachment L)

Reference No. 713, Respiratory Care Practitioner Staffed Critical Care Transport Unit Inventory (Attachment M)

- (5) A quality improvement plan contacting process-outcome measures as referenced in section 100450.224 of this Chapter

All EDAPs are required to have a quality improvement (QI) process in place which includes all elements included in section 100450.224. These processes are reviewed at each re-designation survey to ensure compliance.

Reference No. 316, Emergency Department Approved for Pediatrics (EDAP) Standards (Attachment A)

Reference No. 618, EMS Quality Improvement Program Committees (Attachment N)

Reference No. 620, EMS Quality Improvement Program (Attachment O)

- (6) A list of facilities providing pediatric critical care and pediatric trauma services

See attached map.

Facilities with a green box are designated Pediatric Medical Centers that provide pediatric critical care services. Facilities with a yellow dot are designated Pediatric Trauma Centers

- (7) List of designated hospitals with agreements to participate in the EMSC system of care

See attached map

- (8) A list of facilities providing pediatric physical rehabilitation resources

Children's Hospital Los Angeles

Miller's Children Hospital

Rancho Los Amigo

- (9) Copies of the local EMS agency's EMSC pediatric patient destination policies

Reference No. 510, Pediatric Patient Destination (Attachment D)

- (10) A description of the method of field communication to the receiving hospital specific to the EMSC patient

Reference No. 510, Pediatric Patient Destination (Attachment D)

Reference No. 716, Paramedic Communications System (Attachment P)

- (11) A description of the method of data collection from the EMS providers and designated EMSC hospital to the local EMS agency and the EMS Authority

Reference No. 316, Emergency Department Approved for Pediatric (EDAP) Standards (Attachment A)

Reference No. 318. Pediatric Medical Center (PMC) Standards (Attachment B)

Reference No. 607, Electronic Submission of Prehospital Data (Attachment Q)

- (12) A policy or description of how the local EMS agency integrates a PedRC in a neighboring Jurisdiction

Los Angeles County EMS, in collaboration with neighboring EMS Agencies, reached out to hospitals in neighboring jurisdictions that receive patients from LA County. LA County EMS asked these neighboring hospitals if they would like to participate in the pediatric receiving center program within LA County and receive 9-1-1 pediatric patients from LA County. Upon meeting all of the requirements, the hospital was then approved as an EDAP for LA County. Currently there are two designated EDAPs in bordering counties (one in Orange County and one in Ventura County).

- (13) Pediatric surge planning

All EDAPs are required to have a policy addressing pediatric surge planning. Review of said policy is completed at each designation/re-designation survey.

Reference No. 316, Emergency Department Approved for Pediatrics (EDAP) Standards (Attachment A)



DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMERGENCY DEPARTMENT APPROVED
FOR PEDIATRIC (EDAP) STANDARDS**

REFERENCE NO. 316

PURPOSE: To establish minimum standards for the designation of Emergency Departments Approved for Pediatrics (EDAP). These Emergency Departments (ED) provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures.

DEFINITIONS:

Advanced Pediatric Life Support (APLS): The Pediatric Emergency Medicine Resource: A continuing medical education program developed by American Academy of Pediatrics (AAP) and American College of Emergency (ACEP). APLS features an innovative modular curriculum designed to present the information physicians, nurses and allied health professionals need to assess and care for critically ill and injured children during first few hours in the ED or office-based setting. Course is valid for four years.

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialties (ABMS) including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of an residency training program with progression to board certification based on the timeframe as specified by the American Board of Medical Specialties (ABMS).

Department of Children and Family Services (DCFS): A mandated component of Emergency Response Services, administered by the Los Angeles County Department of Children and Family Services. The Child Protection Hotline (CPH) intake evaluation staff is responsible for assessing any referral, whether verbal or written, which alleges child abuse, neglect or exploitation to determine whether an in-person investigation and consultation is required.

The CPH operates 24 hours a day, seven days a week. The 24 hour number (1-800-540-4000) staffed by employees of the DCFS is responsible for screening calls from the community related to issues of child abuse and neglect. In the event, CPH volume of calls received exceeds the number of social worker's available, an Overflow/callback provisional number (not an official reporting number) is given to the caller. The caller is responsible to re-contact CPH and make a referral, assuring the mandated reporting process is initiated and completed.

Emergency Departments Approved for Pediatrics (EDAP): A licensed basic or comprehensive emergency department (ED) that is approved by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system. These emergency departments provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures, as per the guidelines outlined in Ref. No. 510, Pediatric Patient Destination.

EFFECTIVE: 1985

REVISED: 12-12-17

SUPERSEDES: 06-06-17

PAGE 1 OF 19

APPROVED:

Cathy Chidester
Director, EMS Agency

Marianne Quecho-Hill, MD
Medical Director, EMS Agency

Emergency Nursing Pediatric Course (ENPC): Two-day course developed by the ENA that provides core-level pediatric knowledge and psychomotor skills needed to care for pediatric patients in the emergency care setting. Course is valid for four years.

Pediatric Advisory Committee (PedAC): Acts in an advisory capacity to the EMS Agency and is responsible for all matters regarding pediatric care and policy development pertinent to the practice, operation and administration of prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee reviews, evaluates, and makes recommendations on issues related to EMS which impact the pediatric population.

Pediatric Emergency Course: Two-day course with topics pre-approved by the EMS Agency that provides knowledge about the acutely ill and injured child, and a minimum of 14 hours of continuing education. Course is valid for four years.

Pediatric Advanced Life Support (PALS): Instructor-based course with hands-on skills validation by American Heart Association. Course is valid for two years.

Pediatric Medical Center (PMC): A licensed acute care hospital that is approved by the EMS Agency to receive **critically ill** pediatric patients via the 9-1-1 system based on guidelines outlined in Ref. No. 510, Pediatric Patient Destination.

Pediatric Trauma Center (PTC): A licensed acute care hospital that is approved by the EMS Agency to receive **injured** pediatric patients via the 9-1-1 system based on guidelines outlined in Ref. No. 506, Trauma Triage. These centers provide tertiary pediatric care and serve as referral centers for critically injured pediatric patients.

Promptly Available: Able to be physically present in the ED within a period of time that is medically prudent and appropriate to the patient's clinical condition; and further, should not have a measurably harmful effect on the course of patient management or outcome. Hospital guidelines shall be established that address response time for on-call physicians.

Qualified Specialist: A physician licensed in the State of California who has become BC or BE in the corresponding specialty by American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA).

Senior Resident: A physician licensed in the State of California who is in training as a member of the residency program at the designated hospital, has completed at least two years of the residency, and is in good standing.

Sexual Assault Forensic Examiner (SAFE): Examiners are trained healthcare professionals with additional training in conducting adult and adolescent sexual assault forensic medical examinations and/or child sexual abuse forensic medical examinations. SAFE encompasses several categories of examiners (e.g., physicians, nurse practitioners, physician assistants, and registered nurses).

Sexual Assault Response Team (SART) Centers: A center specializing in child abuse, neglect, and forensic examinations in the case of an acute sexual assault/abuse event (defined as occurring within 72 hours), which has the capabilities of providing comprehensive medical and psychological forensic examinations and consist of a knowledgeable staff whose training, expertise, and state-of-the-art equipment exceeds the community standards. The SART Center shall have the capabilities of being mobile in the event that the patient is medically unstable for discharge.

The EDAP shall ensure that a forensic examination and interview process for a case of acute sexual assault/abuse event (defined as occurring within 72 hours) or appropriate referral for such examination if over 72 hours.

If the EDAP cannot provide the necessary forensic examination, coordination of care with a local SART Center, which has the capabilities of providing a comprehensive medical and psychological examination for the sexually abused pediatric patient must be arranged.

POLICY:

I. EDAP Designation / Confirmation Agreement:

- A. EDAP initial designation and EDAP re-confirmation is granted after a satisfactory review by the EMS Agency for a period of three years.
- B. The EMS Agency reserves the right to perform scheduled site visits or request additional data of the EDAP at any time.
- C. The EDAP shall immediately provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the EDAP Standards.
- D. The EDAP shall provide a 90-day, written notice to the EMS Agency Director of intent to withdraw from the EDAP program.
- E. The EDAP shall notify the EMS Agency within 15 days in writing of any change in status of the EDAP Medical Director, ED Nurse Manager/Director, Designated Pediatric Consultant, and Pediatric Liaison Nurse (PdLN) by submitting Ref. No. 621.1, Notification of Personnel Change Form.

II. EDAP Approval Process

A. General Hospital Requirements:

- 1. Licensed by the State of California Department of Public Health (CDPH) as a General Acute Care Hospital, and
 - a. Be approved for Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Title 22, Division 5, California Code of Regulations
 - b. Accredited by a Centers for Medicare & Medicaid Services (CMS) recognized Hospital Accreditation Organization

B. EDAP Leadership Requirements:

- 1. EDAP Medical Director is a qualified specialist in Emergency Medicine (EM) or Pediatric Emergency Medicine (PEM)
 - a. Responsibilities:
 - i. Oversee EDAP quality improvement (QI) program and monitor to ensure adherence to the EDAP Standards

- ii. Promote and verify adequate skills and current knowledge of ED staff physicians and mid-level practitioners in pediatric emergency care and resuscitation
 - iii. Member of both the ED and pediatric committees (if applicable) to ensure that pediatric care needs are addressed and communicated across disciplines
 - iv. Liaison with PMCs, PTCs, base hospitals, community hospitals, prehospital care providers, and the EMS Agency to ensure pediatric care needs are addressed
 - v. Collaborates with the ED Nurse Manager/Director and the PdLN to ensure adherence to the EDAP Standards for staffing, medication, equipment, supplies, and other resources for children in the ED
 - vi. May also be assigned others roles in the ED
- b. Committee Participation:
- The EMS Agency's Pediatric Advisory Committee meets quarterly in March, June, September, and December to address pediatric care issues related to prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee members are appointed to ensure that the five EDAP regions are represented. For non-committee member EDAP Medical Directors, attendance is highly encouraged.
2. Designated Pediatric Consultant – A qualified specialist in pediatrics and/or subspecialty in PEM
- a. Responsibilities:
 - i. Promptly available for consultation
 - ii. Participate in the development and monitoring of pediatric QI program, and pediatric policies and procedures
 - iii. Collaborate with the EDAP Medical Director and PdLN as needed
 - iv. May also be the EDAP Medical Director
3. ED Nurse Manager/Director - Licensed as a Registered Nurse (RN) in the State of California
- a. Responsibilities:
 - i. Ensure compliance with the EDAP Standards, EDAP Agreement, and EMS Agency policies and procedures
 - ii. Oversee the EDAP QI program

- iii. Appoint an ED RN as the PdLN and provide a written description of responsibilities to ensure compliance with EDAP Standards
 - iv. Ensure that the PdLN is allocated the appropriate time and resources necessary to comply with the EDAP Standards. Allocation of time/hours may be based on the ED's annual pediatric volume:
 - 1) Low: <1800 pediatric patients per/year
 - 2) Medium: 1800 - 4999 pediatric patients per/year
 - 3) Medium-High: 5000 - 9999 pediatric patients per/year
 - 4) High: >10,000 pediatric patients per/year
 - v. Collaborate with the PdLN to develop and implement policies and procedures for all aspects of pediatric care
 - vi. Ensure opportunities for the staff to meet the EDAP educational requirements
 - vii. Ensure that the QI reports are presented at applicable hospital committees (e.g., ED, hospital-wide QI, and/or pediatric committees)
 - viii. Ensure that the appropriate documentation is readily available for the EMS Agency during the review process (e.g., physicians' credentials, nursing and respiratory care practitioners' continuing education)
 - ix. Serves as a contact person for the EMS Agency and available upon request to respond to County business
4. Pediatric Liaison Nurse (PdLN) – Nurse Coordinator for pediatric emergency care
- a. Qualifications:
 - i. Licensed as an RN in the State of California
 - ii. At least two years of experience working in pediatrics, or in an ED that provides care for pediatric patients, within the previous five years
 - iii. Current PALS provider or instructor
 - iv. Completion of a two-day pediatric emergency course within the last four years
 - v. Completion of seven hours of pediatric continuing education (CE) approved by the Board of Registered Nursing (BRN) every two years

- b. Responsibilities:
 - i. Collaborate with the EDAP Medical Director, ED Nurse Manager/Director, and Designated Pediatric Consultant to ensure compliance with Ref. No. 316, EDAP Standards, Ref. No. 312, Pediatric Liaison Nurse, and policies and procedures established by the EMS Agency
 - ii. Maintain and monitor the EDAP QI program
 - iii. Serve as a liaison and maintain effective lines of communication with:
 - 1) ED management, physicians, and personnel
 - 2) Hospital pediatric management, physicians, and personnel
 - 3) Paramedic base hospital personnel, as applicable
 - 4) System PdLNs
 - 5) Prehospital care coordinators (PCCs), as needed, to follow up with pediatric treatment/transport concerns
 - 6) Prehospital care providers as needed, to follow up with pediatric treatment and/or transport concerns
 - 7) Other EDAPs and PMCs
 - 8) EMS Agency
 - iv. Serve as a contact person for the EMS Agency and be available upon request to respond to County business
 - v. Monitor Pediatric Education:
 - 1) Develop a mechanism to track and monitor pediatric continuing education for the ED staff
 - 2) Maintain continuing education documentation, to be readily available to the EMS Agency during the review process
 - vi. Committee Participation:

The EMS Agency's Pediatric Advisory Committee meets quarterly in March, June, September, and December to address pediatric care issues related to prehospital care, emergency departments, and pediatric intensive care units (PICU). Committee members are appointed to ensure the five EDAP regions are represented. For non-committee member PdLNs, attendance is highly encouraged.

C. Personnel

1. ED Physicians

- a. Twenty-four hour ED coverage shall be provided or directly supervised by physicians functioning as emergency physicians, or pediatricians experienced in emergency care, or senior residents

- b. At least 75% of the physicians attending in the ED shall be BC or BE in EM or PEM
- c. ED physicians who are not EM or PEM BC or BE shall have current PALS or APLS providers or instructors
- 2. Pediatricians (applies to EDAPs with associated pediatric admission unit)
 - a. There shall be a call panel for telephone consultation and a qualified specialist in pediatrics to be promptly available to the ED twenty-four hours per day
 - b. Those pediatricians who are not BC or BE shall be current PALS or APLS provider or instructor
- 3. Pediatric Subspecialty Services

Pediatric subspecialty physicians shall be available through in-house panel, phone consultation, telemedicine, or transfer agreements
- 4. Mid-Level Practitioners (Physician Assistants and Nurse Practitioners)
 - a. Mid-level practitioners shall be licensed by the State of California
 - b. All mid-level practitioners assigned to the ED caring for pediatric patients must be current PALS or APLS provider or instructors
- 5. Registered Nurses
 - a. All RN staff in the ED caring for pediatric patients must be current PALS providers or instructors. In addition, all nurses assigned to the ED shall attend at least 14 hours of BRN-approved pediatric education every four years.
 - b. At least one RN per shift shall have completed a two-day Pediatric Emergency Course within the last 4 years and be available for patient care. It is highly recommended that all nurses regularly assigned to the ED complete this course as well.

III. Two-Day Pediatric Emergency Course – Continuing Education

- A. May be completed in-house or off-site
- B. The interval between Day/Part 1 and Day/Part 2 must be completed within a six month period

If the interval between Day/Part 1 and Day/Part 2 is greater than six months, this will only fulfill the 14 hour requirement in Section C.5.a above.
- C. Curriculum should be selected from this broad spectrum of pediatric topics which have been pre-approved by the EMS Agency:

1. Airway management
2. Brief Resolved Unexplained Event (BRUE) and previously called Apparent life-threatening event (ALTE) \leq 12 months of age
3. Child Maltreatment (suspected child abuse, neglect, and sexual assault) to include the mandated reporting process
4. Coordination of care with an SART Center for an acute suspected sexual assault victim requiring a forensic examination
5. Death
6. Fever/Sepsis/Shock
7. Female presenting with signs & symptoms of recent delivery and no history of giving birth / newborn abandonment
8. Human trafficking
9. Injury prevention
10. Medical conditions (e.g., diabetic ketoacidosis, inborn errors of metabolism, etc.)
11. Medication safety
12. Neonatal emergencies
13. Pain Management
14. Disaster response
15. Poisonings
16. Procedural Sedation
17. Respiratory emergencies
18. Resuscitation
19. Seizures
20. SIDS/SUID
21. Special health care needs
22. Submersions
23. Surgical emergencies
24. Trauma/Burns
25. Triage

IV. Quality Improvement (QI) Program Requirements

QI program shall be developed as per Ref. No. 620, EMS Quality Improvement Program, and monitored by the EDAP Medical Director, ED Nurse Manager/Director, and PdLN, with input as needed from the Designated Pediatric Consultant.

- A. Develop a mechanism to easily identify pediatric (14 years of age and under) visits to the ED
- B. Identification and trending of important aspects of pediatric care requiring improvement, to include 100% medical record review of:
 1. Deaths
 2. Child Maltreatment (suspected child abuse, neglect, and sexual assault) to include the mandated reporting process
 3. Transfers to higher level of care
 4. Admissions from the ED to an adult medical surgical unit and/or adult intensive care unit (ICU)
 5. Unscheduled/unplanned return visits to the ED within 48 hours that are admitted or transferred
- C. Hospital and EMS Agency quality of care review may include, but is not limited to

the following high-risk patients and important aspects of care:

1. Patients requiring critical care or pediatric intensive care unit (PICU)
2. Pediatric patients transported via the 9-1-1 requiring admission or transfer to higher level of care
3. Airway management
4. Acute dehydration
5. Blunt head trauma
6. Diabetic ketoacidosis
7. Fever in infants less than three months of age
8. Long bone fractures
9. Medication safety
10. Seizures
11. Sepsis
12. Respiratory distress (e.g., asthma, bronchiolitis, croup, foreign body, aspiration pneumonia)
13. Facility-specific issues as identified by the PdLN and/or physician
14. Prevention of unnecessary tests and procedures per the "Choosing Wisely® Initiatives"

D. Maintain written QI plan, trending and analysis reports, agenda, minutes and attendance rosters to be readily available to the EMS Agency for the review process.

V. Ancillary Services

A. Respiratory Care Practitioners (RCP)

1. At least one RCP shall be in-house twenty-four hours per day to respond to the ED
2. All RCPs shall be a current PALS provider or instructor
3. The hospital shall have a mechanism to track and monitor PALS certifications for RCP

B. Radiology

1. The radiology department shall have pediatric-specific policies and procedures pertaining to imaging studies of children
2. Qualified specialist in radiology must be on-call and promptly available twenty-four hours per day
3. Radiology technician must be in-house twenty-four hours per day, with a back-up technician on-call and promptly available
4. CT scan technician must be on-call and promptly available
5. Ultrasound technician or designated operator must be on-call and promptly available

C. Laboratory

1. Laboratory service shall have pediatric-specific policies and procedures pertaining to laboratory studies of children, including, but not limited to, obtaining samples, and microtechnique for small or limited sample sizes
2. Technician must be in-house twenty-four hours per day, with a back-up technician on-call and promptly available

VI. Policies and Procedures

Policies and procedures pertaining to the emergency care of children shall include, but are not limited to, the following, and multiple required elements may be incorporated into one policy – e.g., “Care of the Pediatric patient in the ED”:

- A. Triage:
 1. Vital signs recorded at triage for infants and children, to include age-appropriate measurement of temperature, heart rate, respiratory rate, and pain scale.
 2. Blood pressure and pulse oximetry monitoring shall be available for children of all ages. Optimally, blood pressure and pulse oximetry should be assessed on all children. Exceptions must be addressed in policy and monitored.
- B. Pediatric patient safety in the ED (e.g., environment of care)
- C. Immunization assessment and management of the under immunized patient
- D. Reporting of all aspects of the mandated reporting of child maltreatment (suspected child abuse, neglect, and sexual assault) to include:
 1. An immediate verbal telephone report to Child Protection Hotline (CPH) and/or law enforcement if the child is in danger
 2. Completion of the written or online Suspected Child Abuse Report (SCAR) #8572 report to Department of Children and Family Services (DCFS) within 36 hours
 3. Documentation of the case number or referral number and tracking number in the medical record
 4. Social Service (during business hours) or Registered Nurse (afterhours/weekends) to review the final patient disposition with the physician on-duty to assure the mandated reporting and medical record documentation is complete, and the coordination of care per CPH is communicated for a safe disposition of the child (family, caregiver or law enforcement)
 5. Develop a checklist to assure all forms, notifications and documentation are completed with physician notification and appropriate documentation
 6. Monthly QI reviews by Social Services and ED to assure the appropriate

recognition of and reporting processes of child maltreatment cases

- E. Include in the above policy the coordination of care with a Sexual Assault Response Team (SART) Center for an acute suspected sexual assault patient/victim requiring a forensic evidentiary examination or appropriate referral to include:
1. Patient to receive a medical screening examination and any necessary stabilization treatment
 2. ED nurse or physician to notify the law enforcement agency in the city where the crime occurred
 - a. Once law enforcement officer arrives and authorizes a forensic evidentiary examination
 - b. The officer will contact the forensic nurse
 - c. Obtain the officer's identification (department and badge number) for documentation
 - d. The forensic nurse and advocates are on-call and must be notified directly by law enforcement
 - e. If the ED has any questions, they may contact the forensic nurse for consult or for clarification
 - f. Obtain the SART Center's address and the arranged time, that the officer and patient will meet the forensic nurse
 - g. Prior to the patient's disposition to the SART Center, patient must be medically cleared and all emergency medical conditions stabilized. The patient should be discharged from the ED
 3. Provide specific discharge instructions and required documentation to include:
 - a. Plan of care
 - b. Patient destination to include the SART Center address
 - c. Transported/accompanied by law enforcement or permit the patient to be transported by family or caregiver
 4. Develop a checklist to assure all forms, notifications and documentation are completed with physician notification and appropriate documentation for a safe disposition
- F. Pediatric assessment and reassessment, including identification of abnormal vital signs according to the age of the patient, and physician notification when abnormal values are obtained
- G. Pain assessment, treatment, and reassessment, utilizing developmentally appropriate pain scales (include a description of the tools used for infant and child)

- H. Consent and assent for emergency treatment (including situations in which a parent/legal guardian is not immediately available)
- I. Do Not Resuscitate (DNR) orders/Advanced Health Care Directives (AHCD)
- J. Death of the child in the ED and care of the grieving family
- K. Care and safety for the pediatric patient with mental and/or behavioral health emergencies
- L. Physical and chemical restraint of patients
- M. Procedural sedation
- N. Reducing radiation exposure for pediatric patients
- O. Safe surrender of newborns
- P. Daily verification of proper location and functioning of equipment and supplies for the pediatric crash cart, and a content listing of items in each drawer
- Q. Family Centered Care, including:
 - 1. Supporting appropriate family presence during all aspects of care to include invasive procedures and resuscitation
 - 2. Education of the patient, family, and regular caregivers
 - 3. Discharge planning and instructions
 - 4. Culturally and linguistically appropriate services
- R. Communication with patient's medical home or primary provider based on illness and severity (e.g., aftercare instructions, x-ray results, laboratory studies, as appropriate)
- S. Transfer from the ED to another facility
- T. A surge plan for back-up personnel in the ED
- U. Disaster preparedness addressing the following pediatric issues:
 - 1. Minimizing parent-child separation, and methods for reuniting separated children with their families
 - 2. Pediatric surge capacity for both injured and non-injured children
 - 3. Medical and mental health therapies, as well as social services, for children in the event of a disaster
 - 4. Disaster drills that include a pediatric mass casualty incident at least once every two years

5. Decontamination

V. Medication safety addressing the following pediatric issues:

1. All pediatric weights shall be recorded in kilograms:

- a. Children shall be weighed in kilograms, with the exception of children who require emergency stabilization, and the weight shall be recorded in a prominent place on the medical record such as with the vital signs
- b. For children who cannot be safely weighed, a standard method for estimating weight in kilograms shall be used (e.g., a length-based resuscitation tape)
- c. Scales used to weigh children must be configured to display weights in kilograms only
- d. Electronic medical records shall allow for weight entries in kilograms only

2. Medication orders should be written clearly, in milligrams per kilogram, and should specify the total dosage – not to exceed the safe maximum dosage

3. Processes for safe medication storage, prescribing, and delivery should be established and should include the use of pre-calculated dosing guidelines for children of all ages

4. Involve the patient and /or family in the medication safety process to ensure accurate patient identification and provide education as to the rationale for the medication

VII. Interfacility Transfer

A written Interfacility Consultation and Transfer Agreement for tertiary or specialty care shall be established, which shall include, at a minimum, the following:

- A. A plan for subspecialty consultation (telephone, or real-time telemedicine) twenty-four hours per day
- B. Identification of transferring and receiving hospitals' responsibilities in accordance with Emergency Medical Treatment and Active Labor Act (EMTALA)
- C. A process for selecting the appropriately staffed transport service to match the patient's acuity level

VIII. Equipment, Supplies, and Medications

A. Pediatric equipment, supplies, and medications shall be easily accessible, labeled, and logically organized – a mobile pediatric crash cart shall be utilized

B. Staff shall be able to identify the locations of all items. A locator chart of the

locations of all items (e.g., a locator grid identifying the required equipment and supplies) shall be maintained.

C. The following are the required EDAP equipment, supplies, and medications:

1. General Equipment

- a. Weight scale measuring only in kilograms for both infants and children
- b. Standardized length-base resuscitation tape (most recent edition) or other standardized method to estimate pediatric weights in kilograms
- c. Pediatric drug dosage reference material with dosages calculated in milligrams per kilogram – either posted, or readily available
- d. Developmentally appropriate pain scale assessment tools for infants and children
- e. Blood and IV fluid warmer (Rapid infuser)
- f. Warming and cooling system with appropriate disposable blankets

2. Monitoring Equipment

- a. Blood pressure cuffs in the following sizes:
 - i. Neonatal
 - ii. Infant
 - iii. Child
 - iv. Adult arm
 - v. Adult thigh
- b. Vascular Doppler device (handheld)
- c. ECG monitor/defibrillator:
 - i. ECG electrodes in pediatric and adult sizes
 - ii. Defibrillator paddles in pediatric and adult sizes, and/or;
 - iii. Hands-free defibrillation device
 - iv. External pacing capability
 - v. Multifunction pads in pediatric and adult sizes
- d. Thermometer with hypothermia capability

3. Airway Management

- a. Bag-Valve-Mask (BVM) device with self-inflating bag in the following sizes:
 - i. Infant (minimum 450ml)
 - ii. Child
 - iii. Adult

- b. BVM clear masks in the following sizes:
 - i. Neonate
 - ii. Infant
 - iii. Child
 - iv. Adult
- c. Laryngoscope handle:
 - i. Pediatric
 - ii. Adult
- d. Laryngoscope Blades:
 - i. Macintosh/curved: 2, 3
 - ii. Miller/straight: 0, 1, 2, 3
- e. Endotracheal Tubes:
 - i. Uncuffed: size mm 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5
 - ii. Cuffed: size mm 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0
- f. Stylets for endotracheal tubes:
 - i. Pediatric
 - ii. Adult
- g. Magill Forceps:
 - i. Pediatric
 - ii. Adult
- h. Continuous end-tidal CO₂ monitoring device for pediatric and adult patients (preferred). If not available, colorimetric CO₂ detector may be utilized.
- i. Pulse oximeter unit with sensors in the following sizes:
 - i. Infant
 - ii. Pediatric
 - iii. Adult
- j. Nasopharyngeal Airways:

Size 12, 14, 18, 20, 22, 24, 26, 30 Fr
- k. Oropharyngeal Airways:
 - i. Neonatal: size 00 / 40 mm
 - ii. Infant: size 0 / 50 mm
 - iii. Child: size 1 / 60 mm
 - iv. Small child: size 2 / 70 mm

- v. Small adult: size 3 / 80 mm
- vi. Medium adult: size 4 / 90 mm
- vii. Large adult: size 5 / 100 mm

- I. Clear oxygen masks in the following sizes:
 - i. Infant
 - ii. Child
 - iii. Adult

- m. Non-rebreather masks in the following sizes:
 - i. Infant
 - ii. Child
 - iii. Adult

- n. Nasal cannulas in the following sizes:
 - i. Infant
 - ii. Child
 - iii. Adult

- o. Suction catheters in the following sizes:
6, 8, 10, 12 Fr

- p. Yankauer suction tips

- q. Feeding tubes:
5, 8 Fr

- r. Nasogastric Tubes:
Size 5, 8, 10, 12, 14, 16, 18 Fr

- s. Laryngeal Mask Airways (LMA):
Sizes 1, 1.5, 2, 2.5, 3, 4, 5

- t. Cricothyrotomy Catheter set (pediatric)

- u. Tracheostomy trays: **Requirement for PMC's. Optional for EDAP's**
 - i. Pediatric
 - ii. Adult

- v. Tracheostomy Tubes: **Requirement for PMC's. Optional for EDAP's**
 - i. Neonatal: size mm 2.0, 2.5, 3.0, 3.5, 4.0, 4.5
 - ii. Pediatric: size mm 3.0, 3.5, 4.0, 5.0, 5.5, 6.0

4. Vascular Access Equipment
 - a. Arm boards in the following sizes:
 - i. Infant
 - ii. Child
 - iii. Adult
 - b. IV volume rate control administration sets with calibrated chambers
 - c. IV catheters in the following sizes:

16, 18, 20, 22, 24 gauge
 - d. 3-way stopcocks
 - e. Device or needle to achieve intraosseous (IO) vascular access, to include needles in the appropriate sizes for pediatric and adult patients
 - f. IV solutions, to include the following in 250ml and/or 500ml bags:
 - i. 0.9 NS
 - ii. D5.45NS
 - iii. D5NS
 - iv. D10W
5. Fracture Management Devices
 - a. Splinting supplies for long bone fractures
 - b. Spinal motion restriction devices in the following sizes:
 - i. Infant
 - ii. Child
 - iii. Adult
 - c. Spinal board with the appropriate straps
6. Specialized Trays or Kits
 - a. Newborn delivery kit to include:
 - i. Bulb syringe
 - ii. Umbilical clamps
 - iii. Towels
 - iv. Scissors
 - b. Newborn initial resuscitation equipment should be readily available, including:
 - i. Meconium aspirator

-
- ii. Radiant warmer
 - iii. BVM device with self-inflating bag and clear mask for newborns
 - c. Umbilical Vein Catheters, or 5.0 Fr feeding tube
 - d. Central Line Trays in the following sizes:
Requirement for PMC's. Optional for EDAP's.
 - i. 4.0 Fr
 - ii. 5.5 Fr
 - iii. 7.0 Fr
 - e. Thoracostomy tray:
 - i. Pediatric
 - ii. Adult
 - f. Chest drainage system
 - g. Chest tubes in the following sizes: (At least one in each size range)

(10 – 12) (16 – 24) (28 – 40) Fr – **Requirement for EDAP's**
8, 12, 16, 20, 24, 28 Fr – **Required for PMC's**
 - h. Lumbar Puncture trays and spinal needles:
 - i. 22 g, 3 inch
 - ii. 22-25 g, 1½ inch
 - i. Urinary catheterization sets and urinary (indwelling) catheters in the following sizes:

5, 8, 10, 12, 14, 16 Fr
 - 7. Pediatric-Specific Resuscitation
 - a. Immediately available drug calculation resources
 - b. The following medications must be immediately available:
 - i. Adenosine
 - ii. Albuterol
 - iii. Amiodarone
 - iv. Atropine
 - v. Atrovent
 - vi. Calcium chloride
 - vii. Dobutamine
 - viii. Dopamine
 - ix. Epinephrine 0.1mg/mL (**IV administration**)
 - x. Epinephrine 1mg/mL (**IM administration**)
 - xi. Epinephrine for inhalation
 - xii. Lidocaine

- xiii. Mannitol or hypertonic saline
- xiv. Naloxone
- xv. Procainamide
- xvi. Sodium Bicarbonate 4.2% (or a process to obtain the drug in an emergency situation)
- xvii. Sodium Bicarbonate 8.4%

CROSS REFERENCE:

Prehospital Care Policy Manual

Ref. No. 312, Pediatric Liaison Nurse
Ref. No. 318, Pediatric Medical Centers
Ref. No. 506, Trauma Triage
Ref. No. 508, Sexual Assault Patient Destination
Ref. No. 508.1, SART Center Roster
Ref. No. 510, Pediatric Patient Destination
Ref. No. 620, EMS Quality Improvement Program
Ref. No. 621, Notification of Personnel Change
Ref. No. 621.1, Notification of Personnel Change Form
EMS Agency Pediatric Advisory Committee Bylaws
EMS Agency SART Standards
California Clinical Forensic Medical Training Center, California Sexual Assault Response Team (SART) Manual

ACKNOWLEDGEMENTS

The EMS Agency EDAP Standards were first developed by the Committee on Pediatric Emergency Medicine (COPEM), which is made up of representatives from the following organizations: Los Angeles Pediatric Society, Pediatric Liaison Nurses of Los Angeles County, California Chapter of the American College of Emergency Physicians (ACEP), National Emergency Medical Services for Children (EMSC) Resource Alliance, American Academy of Pediatrics (AAP)-California Chapter 2, Emergency Nurses Association (ENA), American College of Surgeons (ACS), and the EMS Agency.

The EDAP Standards have since been revised, endorsed by The Hospital Association of Southern California, and now meet or exceed the guidelines established by the Emergency Medical Services Authority (EMSA) #182: Administration, Personnel, and Policy for the Care of Pediatric Patients in the Emergency Department, and the 2009 Joint Policy Statement: Guidelines for Care of Children in the Emergency Department which was ratified by the AAP, ACEP, and the ENA.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

**SUBJECT: PEDIATRIC MEDICAL CENTER (PMC)
STANDARDS**

REFERENCE NO. 318

PURPOSE: To establish minimum standards for the designation of Pediatric Medical Centers (PMC). The PMC's must meet specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures. PMC's will provide an emergency department capable of managing complex pediatric emergencies, a Pediatric Intensive Care Unit (PICU), physicians with pediatric sub-specialties and/or experience in pediatric care, pediatric critical care consultation for community hospitals, and outreach educational programs for the EMS community.

DEFINITIONS:

Advanced Pediatric Life Support (APLS): The Pediatric Emergency Medicine Resource: is a continuing medical education program developed by American Academy of Pediatrics (AAP) and American College of Emergency Physicians (ACEP). APLS features an innovative modular curriculum designed to present the information physicians, nurses and allied health professionals need to assess and care for critically ill and injured children during first few hours in the ED or office-based setting. Course is valid for four years.

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialties (ABMS) including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of a residency training program with progression to board certification based on the timeframe as specified by the American Board of Medical Specialties (ABMS).

Certified Registered Nurse Anesthetist (CRNA): An advanced practice registered nurse (APRN) who has acquired graduate-level education and board certification in anesthesia.

Children with Special Health Care Needs: Children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that is required by children generally.

Department of Children and Family Services (DCFS): A mandated component of Emergency Response Services, administered by the Los Angeles County Department of Children and Family Services. The Child Protection Hotline (CPH) intake evaluation staff is responsible for assessing any referral, whether verbal or written, which alleges child abuse, neglect or exploitation to determine whether an in-person investigation and consultation is required.

EFFECTIVE DATE: 2003
REVISED: 06-06-2017
SUPERSEDES: 2003

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

The CPH operates 24 hours a day, seven days a week. The 24 hour number (1-800-540-4000) staffed by employees of the DCFS is responsible for screening calls from the community related to issues of child abuse and neglect.

Emergency Departments Approved for Pediatrics (EDAP): A licensed basic or comprehensive emergency department that is approved by EMS Agency to receive pediatric patients via the 9-1-1 system. These emergency departments provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures, as per the guidelines outlined in Reference No. 510, Pediatric Patient Destination.

Emergency Information Form (EIF): To optimize emergency care for children with special needs. The EIF was developed by American Academy of Pediatrics (AAP) and American College of Emergency Physicians (ACEP). The EIF will help facilitate the transfer of relevant information and ensure the medical history for Children with Special Health Care Needs (CSHCN) is summarized for the healthcare providers.

Immediately available: Unencumbered by conflicting duties or responsibilities, responding without delay when notified, and being physically available to the specified area of the PMC.

On call: Agreeing to be available, according to a predetermined schedule, to respond to the Pediatric Medical Center (PMC) in order to provide a defined service.

Pediatric Advisory Committee (PedAC): Acts in an advisory capacity to the EMS Agency and is responsible for all matters regarding pediatric care and policy development pertinent to the practice, operation and administration of prehospital care, emergency departments and pediatric intensive care units (PICU). Committee reviews, evaluates and makes recommendations on issues related to the EMS which impact the pediatric population.

Pediatric Critical Care Education: Topics in pediatric critical care that addresses fundamental principles for the management of the critically ill pediatric patient, and a minimum of 14 hours of continuing education every four years.

Pediatric Advanced Life Support (PALS): Instructor-based course with hands-on skills validation by American Heart Association. Course is valid for two years.

Pediatric Experience: A physician specialty approved by the appropriate hospital body and the PMC Medical Director, based on education, training, and experience to provide care to the pediatric patient.

Pediatric Medical Center (PMC): A licensed acute care hospital that is approved by the EMS Agency to receive critically ill pediatric patients via the 9-1-1 system based on guidelines outlined in Reference No. 510, Pediatric Patient Destination.

Pediatric Trauma Center (PTC): A licensed acute care hospital that is approved by the EMS Agency to receive injured pediatric patients via the 9-1-1 system based on guidelines outlined in Reference No. 506, Trauma Triage. These centers provide tertiary pediatric care and serve as referral centers for critically injured pediatric patients.

Promptly Available: Able to be physically present in the PMC within a period of time that is medically prudent and appropriate to the patient's clinical condition; and further, should not have a measurably harmful effect on the course of patient management or outcome.

Hospital guidelines shall be established that address response time for on-call physicians.

Qualified Specialist: A physician licensed in the State of California who is BC or BE in the corresponding specialty by American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA).

Senior Resident: A physician licensed in the State of California who is in training as a member of the residency program at the designated hospital, has completed at least two years of the residency, and is in good standing.

Sexual Assault Response Team (SART) Centers: A center specializing in child abuse, neglect, and forensic examinations in the case of an acute sexual assault/abuse event (defined as occurring within 72 hours), which has the capabilities of providing comprehensive medical and psychological forensic examinations and consist of a knowledgeable staff whose training, expertise, and state-of-the-art equipment exceeds the community standards. The SART Center shall have the capabilities of being mobile in the event that the pediatric patient is medically unstable for transport.

POLICY:

I. PMC Designation / Confirmation Agreement:

- A. PMC initial designation and PMC re-confirmation is granted after a satisfactory review by the EMS Agency for a period of three years.
- B. The EMS Agency reserves the right to perform scheduled on-site visits or request additional data of the PMC at any time.
- C. The PMC shall immediately provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the PMC Standards.
- D. The PMC shall provide a 90-day, written notice to the EMS Agency Director of intent to withdraw from the EDAP or PMC programs.
- E. The PMC shall notify the EMS Agency within 15 days, in writing of any change in status of the PMC Medical Director, PMC Nurse Coordinator, or PICU Nurse Manager/Director by submitting the Notification of Personnel Change Form, (Reference No. 621.1).

II. PMC Approval Process

A. General Hospital Requirements:

At a minimum, meet the California Children's Services Standards for Pediatric Community Hospitals, and

1. Meet or exceed the Emergency Medical Services (EMS) Agency Standards for Emergency Departments Approved for Pediatrics (EDAP)
2. Has a Suspected Child Abuse and Neglect (SCAN) Team

3. Has a PICU approved by California Children's Services (CCS)

B. Administration/Coordination

1. PMC Medical Director

Maintains board certification in pediatric critical care.

Responsibilities:

- a. Implement and ensure compliance with the PMC Standards
 - b. Serve as chairperson of the PMC Committee or assign a designee
 - c. Coordinate medical care across departmental and multidisciplinary committees
 - d. Maintain direct involvement in the development, implementation, and maintenance of a comprehensive multidisciplinary QI program
 - e. Identify, review, and correct deficiencies in the delivery of pediatric critical care
 - f. Review, approve, and assist in the development of transfer guidelines and all PMC policies and procedures
 - g. Collaborates with the PMC Nurse Coordinator to ensure appropriate pediatric critical care education programs are provided to the staff related to the quality improvement findings
 - h. Coordinates with PMC Nurse Coordinator to liaison with other PMCs, base hospitals, community hospitals and prehospital care providers
2. PMC Nurse Coordinator
 - a. Qualifications:
 - i. Licensed as a Registered nurse in the State California
 - ii. Current PALS provider or instructor
 - iii. Shall have a minimum of three years' experience or specialty certification, in the care of critically ill children, and currently working in the PICU
 - iv. Shall have education, training and demonstrated competency in pediatric critical care nursing and attend at least 14 hours of BRN-approved pediatric education every four years
 - v. The PMC Nurse Coordinator may hold other positions in the

hospital organization-PICU staff nurse, PICU Charge Nurse, PICU Nurse Manager or Director

b. Responsibilities:

- i. Ensure the implementation and compliance of the PMC Standards in collaboration with the PMC Medical Director and PICU Nurse Manager/Director**
- ii. Serve as co-chair of the PMC Committee with the PMC Medical Director**
- iii. Direct involvement in the development, implementation, and maintenance of comprehensive multidisciplinary QI program**
- iv. Liaison with other hospital multidisciplinary committees.**
- v. Ensure appropriate pediatric critical care education programs are provided to the staff**
- vi. Liaison with other PMCs, base hospitals, community hospitals, and prehospital care providers**
- vii. Serve as the contact person for the EMS Agency and be available upon request to respond to County business**
- viii. Participate in EMS Agency activities and meetings**
- ix. Maintain joint responsibility with the PICU Medical Director and PICU Nurse Manager/Director for the development and review of policies, procedures and QI activities in the PICU**

3. PICU Nurse Manager/Director

Shall serve as a member of the PMC committee if not the PMC Coordinator.

C. Physician Staffing And Specialty Requirements

1. Pediatric Intensivist who is a qualified specialist in pediatric critical care medicine.

Responsibilities:

- a. Shall be on-call and promptly available**
- b. Shall not be on-call for more than one facility at the same time**
- c. Participate in all major therapeutic decisions and interventions during on-call periods**

2. **Anesthesiologist with pediatric experience**
Responsibilities:
 - a. Shall be on-call and promptly available
 - b. Provide oversight for all patients requiring interventions by the senior resident or Certified Registered Nurse Anesthetist (CRNA) and be present for all surgical procedures
3. **The following specialties will be on-call and promptly available:**
 - a. Radiologist with pediatric experience (can be achieved by off-site capabilities)
 - b. Neonatologist
 - c. Pediatric Cardiologist
 - d. General Surgeon with pediatric experience
 - e. Otolaryngologist with pediatric experience
 - f. Obstetrics/Gynecologist with pediatric experience
4. **The following qualified specialists should be available for consultation and/or through a transfer agreement:**
 - a. Pediatric Gastroenterologist
 - b. Pediatric Hematologist/Oncologist
 - c. Pediatric Infectious Disease
 - d. Pediatric Nephrologist
 - e. Pediatric Neurologist
 - f. Pediatric Surgeon
 - g. Cardiac surgeon with pediatric experience
 - h. Neurosurgeon with pediatric experience

D. Special Services/Resources Appropriate For Pediatric Patients

The following services may be met by contractual or written transfer agreements:

1. Critical Care Transport Team
2. Acute burn care management

3. Hemodialysis
4. Peritoneal dialysis
5. Pediatric rehabilitation
6. Organ transplantation
7. Home health
8. Reimplantation
9. Hospice

E. Nursing Services On The Pediatric Unit:

General Requirements for the Nursing personnel:

1. Licensed as Registered Nurses (RN) in the State of California
2. Current PALS Provider or Instructor
3. Shall be staffed by qualified nurses with education, experience and demonstrated pediatric clinical competence
4. A method of documenting clinical competency shall exist

F. Pediatric Intensive Care Unit:

1. General Requirements for the PICU:
 - a. Shall be a distinct, separate unit within the hospital
 - b. Provide at minimum, eight licensed beds
 - c. Admit a minimum of 350 patients a year, with 50 of these patients requiring mechanical ventilation
2. PICU Medical Director shall:
 - a. Serve as a member of the PMC Committee, and may hold PMC Medical Director position
 - b. Work with the PMC Medical Director to ensure PMC Standards are met
3. PICU Clinical Nurse Specialist/Clinical Educator shall:
 - a. Collaborate with the PMC Nurse Coordinator to ensure the PMC Standards are met

- b. Develop and oversee critical care educational programs for the nursing staff in the PICU
 - c. Oversee provision of educational needs of parents and/or caregivers
- 4. PICU Staff Nurse shall:
 - a. Be a Registered Nurse (RN) or Licensed Vocational Nurse (LVN) with current license in the State of California
 - b. Be a current PALS provider or instructor
 - c. Have education, training, demonstrated competency in pediatric critical care nursing and have attended at least 14 hours of BRN-approved pediatric education every four years
- 5. Social Worker shall:
 - a. Be licensed as a Medical Social Worker (MSW)
 - b. Have pediatric experience in psychosocial issues affecting seriously ill children and their families, including management of child abuse and neglect cases
 - c. Shall have education, training and demonstrated competency in management of child abuse and neglect cases
- 6. Other professional services with minimum one year pediatric experience shall be available to the PICU:
 - a. Pharmacist
 - b. Clinical Registered Dietician
 - c. Occupational Therapist
 - d. Physical Therapist

G. Policies and Procedures

The PICU policies and procedures, shall be reviewed and approved by the hospital CEO/administrator, Medical Director, and/or Nurse Manager/Director of the PICU. The policies listed below are in addition to those required in Reference No. 316, Emergency Department Approved for Pediatrics (EDAP) Standards, and shall be easily accessible in the PICU.

- 1. The PMC/PICU shall establish specific policies and procedures which address, but are not limited to, the following:
 - a. Patient care, which should include nursing and respiratory management of infants, children, and adolescents

- b. Criteria for appropriate use and monitoring of equipment
- c. Mechanism and guidelines for bioethical review to include an Ethics Committee
- d. Method for infection surveillance and prevention
- e. Family Centered Care
- f. Method for contacting appropriate clergy per the request of the parents or primary caregiver
- g. Psychosocial issues
- h. Age appropriate physical environment
- i. PICU admission, transfer and discharge process and criteria
- j. Do Not Resuscitate
- k. Pain management guidelines which include utilization of developmentally appropriate pain tools
- l. Care of grieving families and caregivers
- m. Procedural sedation
- n. Referral for rehabilitation

H. PICU Equipment, Supplies and Medications:

1. Pediatric equipment, supplies, and medications shall be easily accessible, labeled, and logically organized. A mobile pediatric crash cart shall be utilized.
2. Staff shall be able to identify the locations of all items. A locator chart of the locations of all items (e.g., a locator grid identifying the required equipment and supplies) shall be maintained.
3. The following are the required PICU equipment, supplies, and medications:
 - a. General Equipment
 - i. Weight scale measuring only in kilograms for both infants and children, including bed scales
 - ii. Standardized length-base resuscitation tape (most recent edition) or other standardized method to estimate pediatric weights in kilograms

- iii. PICU drug dosage reference material (pediatric) with dosages calculated in milligrams per kilogram – either posted, or readily available
- iv. Developmentally appropriate pain scale assessment tools for infants and children
- v. Blood and IV fluid warmer (Rapid infuser)
- vi. Warming and cooling system with appropriate disposable blankets
- vii. Ophthalmoscope
- viii. Otoscope
- ix. Thermometer with hypothermia capability
- b. Monitoring Equipment
 - i. Heart rate with dysrhythmia monitoring
 - ii. Respiration and Oxygen saturation monitoring
 - iii. Pulse oximeter unit with sensors in the following sizes:
 - a) Infant
 - b) Pediatric
 - c) Adult
 - iv. Continuous end-tidal CO₂ monitoring device for pediatric and adult
 - v. Arterial pressure
 - vi. Central venous pressure
 - vii. Intracranial pressure (if applicable)
 - viii. Pulmonary arterial pressure
 - ix. Automated/noninvasive blood pressure modules
 - x. Blood pressure cuffs in the following sizes:
 - a) Neonatal
 - b) Infant
 - c) Child
 - d) Adult arm
 - e) Adult thigh
 - xi. Vascular Doppler device (handheld)

- xii. ECG monitor/Defibrillator/Pacing: (Crash cart unit and portable unit)
 - a) ECG electrodes in pediatric and adult sizes
 - b) Defibrillator paddles in pediatric and adult sizes, and/or;
 - c) Hands-free defibrillation device
 - d) External pacing capability
 - e) Multifunction pads in pediatric and adult

- c. Airway Management

- i. Bag-Valve-Mask (BVM) device with self-inflating bag in the following sizes:
 - a) Infant (minimum 450ml)
 - b) Child
 - c) Adult
- ii. BVM clear masks in the following sizes:
 - a) Neonate
 - b) Infant
 - c) Child
 - d) Adult
- iii. Laryngoscope handle:
 - a) Pediatric
 - b) Adult
- iv. Laryngoscope Blades:
 - a) Macintosh/curved: 2, 3
 - b) Miller/straight: 0, 1, 2, 3
- v. Endotracheal Tubes:
 - a) Uncuffed: size mm 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5
 - b) Cuffed: size mm 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0
- vi. Stylets for endotracheal tubes:
 - a) Pediatric
 - b) Adult
- vii. Magill Forceps:
 - a) Pediatric
 - b) Adult

- viii. Nasopharyngeal Airways:
 - Sizes 12, 14, 18, 20, 22, 24, 26, 30 Fr
- ix. Oropharyngeal Airways:
 - a) Neonatal: size 00 / 40 mm
 - b) Infant: size 0 / 50 mm
 - c) Child: size 1 / 60 mm
 - d) Small child: size 2 / 70 mm
 - e) Small adult: size 3 / 80 mm
 - f) Medium adult: size 4 / 90 mm
 - g) Large adult: size 5 / 100 mm
- x. Clear oxygen masks in the following sizes:
 - a) Infant
 - b) Child
 - c) Adult
- xi. Non-rebreather masks in the following sizes:
 - a) Infant
 - b) Child
 - c) Adult
- xii. Nasal cannulas in the following sizes:
 - a) Infant
 - b) Child
 - c) Adult
- xiii. Oxygen capability
- xiv. Suction capability
- xv. Suction catheters in the following sizes:
 - 6, 8, 10, 12 Fr
- xvi. Yankauer suction tips
- xvii. Feeding tubes:
 - 5, 8 Fr
- xviii. Nasogastric Tubes:
 - Sizes 5, 8, 10, 12, 14, 16, 18 Fr
- xix. Laryngeal Mask Airways (LMA):

Sizes 1, 1.5, 2, 2.5, 3, 4, 5

- xx. Cricothyrotomy Catheter set (pediatric)
- xxi. Tracheostomy trays:
 - a) Pediatric
 - b) Adult
- xxii. Tracheostomy Tubes:
 - a) Neonatal: size mm 2.0, 2.5, 3.0, 3.5, 4.0, 4.5
 - b) Pediatric: size mm 3.0, 3.5, 4.0, 5.0, 5.5, 6.0

d. Vascular Access Equipment

- i. Arm boards in the following sizes:
 - a) Infant
 - b) Child
 - c) Adult
- ii. IV administration sets with calibrated chambers
- iii. IV catheters in the following sizes:
 - 16, 18, 20, 22, 24 gauge
- iv. 3-way stopcocks
- v. Device or needle to achieve intraosseous (IO) vascular access, to include needles in the appropriate sizes for pediatric and adult patients
- vi. IV solutions, to include the following in 250ml and/or 500ml bags:
 - a) 0.9 NS
 - b) D5.45NS
 - c) D5NS
 - d) D10W

e. Fracture Management Devices

- i. Splinting supplies for long bone fractures
- ii. Spinal motion restriction devices in the following sizes:
 - a) Infant
 - b) Child

- c) Adult
 - iii. Spinal board with the appropriate straps
- f. Specialized Trays or Kits
 - i. Thoracostomy tray:
 - a) Pediatric
 - b) Adult
 - ii. Chest drainage system
 - iii. Chest tubes one in each size:
 - 8, 12, 16, 20, 24, 28 Fr
 - iv. Lumbar Puncture trays and spinal needles:
 - a) 22 g, 3 inch
 - b) 22-25 g, 1½ inch
 - v. Urinary catheterization sets and urinary (indwelling) catheters in a selection of sizes:
 - 5, 6, 8, 10, 12, 14, 16 Fr
 - vi. Central line trays (pediatric and adult catheter sizes)
 - a) 4.0 Fr
 - b) 5.0 Fr
 - c) 7.0 Fr
 - vii. Tray for insertion of ICP monitor (if applicable)
 - viii. Arterial Line Trays:
 - a) 2.5 Fr
 - b) 4.0 Fr
 - ix. Paracentesis tray
- g. Pediatric-Specific Resuscitation
 - i. Immediately available drug calculation resources
 - ii. The following medications must be immediately available:
 - a) Adenosine
 - b) Albuterol
 - c) Amiodarone

- d) Atropine
- e) Atrovent
- f) Calcium chloride
- g) Dobutamine
- h) Dopamine
- i) Epinephrine 0.1mg/mL (IV administration)
- j) Epinephrine 1mg/mL (IM administration)
- k) Epinephrine for inhalation
- l) Lidocaine
- m) Mannitol or hypertonic saline
- n) Milrinone
- o) Naloxone
- p) Norepinephrine
- q) Procainamide
- r) Prostaglandin E₁
- s) Neuromuscular blocking agents
- t) Sedative agents
- u) Sodium Bicarbonate 4.2% (or a process to obtain the drug in an emergency situation)
- v) Sodium Bicarbonate 8.4%
- w) Vasopressin

h. Portable Equipment (promptly available)

- i. Air-oxygen blenders (21-100%)
- ii. Air Compressor
- iii. Bilirubin lights
- iv. Cribs
- v. Electrocardiogram (ECG 12lead)
- vi. Electroencephalogram(EEG)
- vii. Echocardiograph (ECG)
- viii. Oxygen tank
- ix. Radiant warmer
- x. Servo-controlled heating units (with or without open crib)
- xi. Suction unit
- xii. Transcutaneous pCO₂ monitor
- xiii. Transcutaneous pO₂ monitor
- xiv. ECG monitor/Defibrillator/Pacing transport unit
- xv. Ultrasound
- xvi. Ventilator - pediatric capability

I. Data Requirement:

Completing all the data elements in the 9-1-1 Receiving Hospital Data Dictionary.

J. Outreach And Family Education Programs

The PMC shall:

1. Establish outreach with surrounding facilities to facilitate transfer of pediatric patients.

2. Inform and provide educational programs to prehospital care providers about pediatric patients discharged with special health care needs in their jurisdiction.
3. Complete the Emergency Information Form (EIF) to assure prompt and appropriate care for Children with Special Health Care Needs (CSHCN). Documentation of the child's complicated medical history is summarized and may be presented to health care providers.

K. Ancillary Services:

Ancillary services shall have the capabilities and technologist appropriately trained to manage a critically ill pediatric patient. These services shall be in-house and available twenty-four hours per day.

1. **Respiratory Care Practitioner:**
 - a. Licensed as Respiratory Care Practitioner (RCP) in the State of California
 - b. All RCPs shall be a current PALS provider or instructor
 - c. At least one RCP with pediatric experience shall be in-house twenty-four hours per day to be immediately available to the PICU
 - d. Successfully complete additional training in pediatric critical care and a minimum of 4 hours of pediatric specific education annually
2. **Radiology**
 - a. Shall have pediatric-specific policies and procedures pertaining to imaging studies of children
 - b. Radiology technicians must be in-house twenty-four hours per day, with a back-up technician on-call and promptly available
 - c. Provide the following services 24-hours a day/seven days a week:
 - i. Nuclear medicine on-call and promptly available
 - ii. Computerized Tomography (CT)
 - iii. Ultrasound
 - iv. Magnetic Resonance Imaging (MRI) on-call and promptly available
 - v. Angiography (may be provided through a transfer

agreement)

3. Clinical Laboratory shall have pediatric-specific policies and procedures pertaining to laboratory studies of children, including, but not limited to, obtaining samples by trained phlebotomists, microtechnique for small or limited sample sizes, and ability to provide autologous and designated donor transfusions.

L. Pediatric Medical Center Committee

1. The Pediatric Medical Center (PMC) committee shall include interdepartmental and multidisciplinary representatives from, emergency department, pediatric critical care, pediatrics, nursing, social services, respiratory services, discharge planning, SCAN team, and other relevant services as applicable, such as: prehospital care, pediatric sub-specialties, and pediatric interfacility transport team.

2. Responsibilities:

To monitor and ensure the compliance with PMC standards to include:

- a. Development and implementation of all policies and procedures
- b. A comprehensive, multidisciplinary quality improvement (QI) program that should meet at minimum on a quarterly basis or more frequently as needed to review system-related performance issues. The meeting minutes shall reflect the attendees and include the QI findings, analysis and if applicable the proposed corrective actions.

III. Suspected Child Abuse And Neglect:

A. General Requirements for the Suspected Child Abuse and Neglect (SCAN) Team

1. The team should consist of individuals who are specialists in diagnosing and treating suspected child abuse, neglect and sexual assault. The team shall consist of a medical director, coordinator, social worker, physician and/or nurse consultants as applicable.
2. The SCAN Team shall:
 - a. Assist nursing and medical staff in the evaluation of pediatric patients who have alleged to have been abused or neglected
 - b. Have a member on-call and available to all areas of the hospital twenty-four hours per day
 - c. Review cases of suspected child abuse/neglect to verify adequacy of care, reporting and follow-up

B. SCAN Team Medical Director

Shall be Board-Certified in Pediatrics and/or Child Abuse Pediatrics

Responsibilities:

1. Collaborates with the SCAN Team Coordinator:
 - a. To monitor the SCAN Team's activities
 - b. In the development of education for nursing and medical staff in the evaluation of children with suspected child abuse and neglect
2. Serves as a member of the PMC Committee
3. Oversees review of cases of suspected child abuse, neglect and sexual assault for appropriateness of care, mandated reporting, and follow-up

C. SCAN Team Coordinator

Shall have experience and training in child abuse, neglect and sexual assault

Responsibilities:

1. Oversees scheduling to ensure a SCAN Team member is available 24 hours a day/7 days a week
2. Serve as a member of the PMC committee
3. Review cases of suspected child abuse, neglect and sexual assault in consultation with the SCAN Team Medical Director for appropriateness of care, mandated reporting, documentation, and follow-up
4. Assist nursing and medical staff in the evaluation of children who have been alleged to have been abused, neglected or sexually assaulted
5. Develop educational training for medical and nursing staff in the evaluation of children with suspected child abuse, neglect and sexual assault

D. Social Worker

1. Qualifications:

- a. Licensed as a Medical Social Worker (MSW) by the State of California
- b. Must have experience and training in child abuse, neglect and sexual assault

2. Responsibilities:

- a. Assist nursing and medical staff in the evaluation of children alleged to have been abused, neglected, or sexually assaulted
- b. Provide support and resources for patients of abuse, neglect or sexual assault and their families

E. SCAN Team Physician and/or Nurse Consultants

1. Qualifications:

- a. Physicians shall be Board Certified in Pediatrics, Child Abuse Pediatrics or Emergency Medicine with medical experience in diagnosing and managing suspected child abuse, neglect, and sexual assault
- b. Qualified Nurse shall have experience in evaluating and managing suspected child abuse, neglect and sexual assault

2. Responsibilities:

Provide guidance or consultation, as needed, in cases of suspected child abuse, neglect or sexual assault

F. Pediatric Forensic Examination

1. The PMC shall ensure that an in-depth forensic examination and interview process for a case of acute sexual assault/abuse event (defined as occurring within 72 hours) or appropriate referral for such examination, if over 72 hours, is completed.
2. If the PMC cannot provide the necessary forensic examination, a written consultation and transfer agreement shall exist between a SART Center, that has the capabilities of providing a comprehensive medical and psychological examination for the sexually abused pediatric patient

IV. Pediatric Interfacility Transport Program

- A. PMCs with a pediatric interfacility transport (PIFT) program shall have program policies and procedures and composition of PIFT as determined by the level of care needed.
- B. If the PMC does not have a PIFT program, a written agreement shall exist with agencies or other programs that will provide timely transportation of critically ill pediatric patients to and from the PMC.
- C. Affiliated Hospital Agreements
 1. The hospital maintaining the PIFT program shall have written agreements with referring and receiving hospitals that utilize the program
 2. Agreements should specify the role and responsibilities of the transport program and the hospitals to include the following:

- a. Agreement to transfer and receive appropriate pediatric patients when indicated.
- b. Responsibilities for patient care before, during and after transport.
- c. Documentation and transferring appropriate information/records.

V. Quality Improvement (QI) Program

- a. Shall be an organized multidisciplinary program for the purpose of improving patient outcomes of critically ill or injured children. A written QI plan, trending and analysis reports, agenda, minutes and attendance rosters to be readily available to the EMS Agency for the review process
- b. Shall be developed, monitored, and reviewed annually by the PMC Medical Director and Nurse Coordinator
- c. The PMC Medical Director and Nurse Coordinator shall be responsible for the development and review of policies and procedures regarding the QI process as they pertain to the care of the pediatric patients transported to the PMC
- d. The QI program shall interface with the PICU, NICU, pediatric unit, SCAN Team, hospital wide and emergency department's EDAP QI activities and, if applicable, PIFT program
- e. The QI review process shall include, at a minimum, tracking and trending of the following cases with a detailed physician review:
 1. Unexpected deaths
 2. Unexpected resuscitations
 3. Unexpected transfers for a higher level of care
 4. Sentinel events
 5. Suspected child abuse, neglect, and sexual assault
 6. Readmissions to the PICU within 72 hours
- f. The QI process shall include identification of the indicators, methods to collect data, written results and conclusions, recognition of improvement, action(s) taken, and assessment of effectiveness of above actions and dissemination to stakeholder(s).

CROSS REFERENCE:

Prehospital Care Policy Manual:

Reference No. 316, **Emergency Departments Approved for Pediatrics (EDAP) Standards**

Reference No. 506, **Trauma Triage**

Reference No. 510, **Pediatric Patient Destination**

Reference No. 610, **9-1-1 Receiving Hospital Data Dictionary**

Reference No. 621, **Notification of Personnel Change**

**Reference No. 621.1, Notification of Personnel Change Form
Pediatric Advisory Committee Bylaws**

California Children's Services: Provider Standards

<http://www.dhcs.ca.gov/services/ccs/Pages/ProviderStandards.aspx>

ACEP: Emergency Information Form, <https://www.acep.org/content.aspx?id=26276>

AAP: Emergency Information Form,

[http://pediatriccare.solutions.aap.org/data/Multimedia/Emergency Information Form-Special Needs.pdf](http://pediatriccare.solutions.aap.org/data/Multimedia/Emergency%20Information%20Form-Special%20Needs.pdf)

ACKNOWLEDGEMENTS:

The EMS Agency Pediatric Medical Center Standards were first developed by the Committee on Pediatric Emergency Medicine (COPEM), Los Angeles County Pediatric Society, Pediatric Liaison Nurses of Los Angeles County, California Chapter of the American College of Emergency Physicians (ACEP), National Emergency Medical Services for Children (EMSC) Resource Alliance, American Academy of Pediatrics California Chapter 2, Emergency Nurses Association, and the EMS Agency.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMS, PARAMEDIC, MICN)
REFERENCE NO. 832

SUBJECT: TREATMENT/TRANSPORT OF MINORS

PURPOSE: To describe the guidelines for treatment and/or transport of a patient under the age of eighteen.

AUTHORITY: Health and Safety Code Section 124260
California Family Code 6922, 6925, 6926, 6927, 6929(, 7002, 7050, 7122, 7140
Business and Professions Code 2397

DEFINITIONS:

Emergency Medical Condition: A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification are also considered to have an emergency medical condition.

Implied Consent: In the absence of a parent or legal representative, emergency treatment and/or transport of a minor may be initiated without consent.

Legal Representative: A person who is granted custody or conservatorship of another person by a court of law.

Minor: A person less than eighteen years of age.

Minor not requiring parental consent is a person who is:

1. Married or was previously married.
2. Not married, has an emergency medical condition, and parent is not available.
3. On active duty with the Armed Forces.
4. Self-sufficient 15 years of age or older, living separate and apart from his/her parents, and managing his/her own financial affairs.
5. An emancipated minor with a declaration by the court or an identification card from the Department of Motor Vehicles.
6. Seeking care related to the treatment or prevention of pregnancy.
7. In need of care for sexual assault or rape.
8. Seeking care related to an abortion.

EFFECTIVE: 01-08-93

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REVISED: 06-01-18 (effective upon implementation of EMS Update 2018)

SUPERSEDES: 05-03-18

APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

9. 12 years of age or older and in need of care for communicable reportable disease, prevention of a sexually transmitted infection (STI), alcohol or substance abuse, or mental health.

Voluntary Consent: Treatment or transport of a minor child shall be with the verbal or written consent of the parents or legal representative.

PROCEDURES:

I. Treatment/Transport of Minors

- A. In the absence of a parent or legal representative, minors with an emergency medical condition shall be treated and transported to the appropriate receiving facility or a specialty care center (e.g. EDAP, PMC, PTC, SART Center, Trauma Center, etc.).
- B. Hospital or provider agency personnel shall make every effort to inform a parent or legal representative where their child has been transported.
- C. If prehospital care personnel believe a parent or other legal representative of a minor is making a decision which appears to be endangering the health and welfare of the minor by refusing indicated immediate care or transport, law enforcement authorities should be involved.
- D. Infants ≤ 12 months of age shall be transported, regardless of chief complaint and/or mechanism of injury.

II. Minors **Not** Requiring Transport

- A. A minor child (excluding infants \leq twelve (12) months of age) who is evaluated by EMS personnel and determined not to be injured, to have sustained only minor injuries, or to have illnesses or injuries not requiring immediate treatment or transportation, may be released to:
 1. Self (consideration should be given to age, maturity, environment and other factors that may be pertinent to the situation)
 2. Parent or legal representative
 3. A responsible adult at the scene
 4. Designated care giver
 5. Law enforcement
- B. Children 13 - 36 months of age require base hospital contact and/or transport, except isolated minor extremity injury.
- C. Prehospital care personnel shall document on the Patient Care Record to whom the patient was released.

CROSS REFERENCE:

Prehospital Care Manual

Ref. No. 506 **Trauma Triage**

Ref. No. 508, **Sexual Assault Patient Destination**

Ref. No. 508.1, **SART Center Roster**

Ref. No. 510, **Pediatric Patient Destination**

Ref. No. 822, **Suspected Child Abuse Reporting Guidelines**

Ref. No. 834, **Patient Refusal of Treatment or Transport**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT-I/PARAMEDIC/MICN)
REFERENCE NO. 510

SUBJECT: **PEDIATRIC PATIENT DESTINATION**

PURPOSE: To ensure that 9-1-1 pediatric patients are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of the pediatric patient.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Code of Regulations, Title 13, Section 1105 C

DEFINITIONS:

Pediatric Patient: Children 14 years of age or younger.

Emergency Department Approved for Pediatrics (EDAP): A licensed basic emergency department that is approved by the County of Los Angeles EMS Agency to receive 9-1-1 pediatric patients. These emergency departments provide care to patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies, procedures, and protocols.

Pediatric Medical Center (PMC): A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive critically ill 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers also provide referral services for critically ill pediatric patients.

Pediatric Trauma Center (PTC): A licensed acute care hospital that is approved by the County of Los Angeles EMS Agency to receive injured 9-1-1 pediatric patients based on guidelines outlined in this policy. These centers provide tertiary-level pediatric care and serve as referral centers for critically injured pediatric patients.

Brief Resolved Unexplained Event (BRUE): an event occurring in an infant <1 year of age when the observer reports a sudden, brief, and now resolved episode of ≥ 1 of the following: cyanosis or pallor, absent, decreased, or irregular breathing, marked change in tone (hypertonia or hypotonia), and altered level of responsiveness.

PRINCIPLE:

In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include severity and stability of the patient's illness or injury; current status of the pediatric receiving facility; anticipated transport time; request by the patient, family, guardian or physician; and EMS personnel and base hospital judgment.


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PAGE 1 OF 3

REVISED: 04-01-17

SUPERSEDES: 10-01-15

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

DEPARTMENT OF HEALTH SERVICES

COUNTY OF LOS ANGELES

SUBJECT: **PEDIATRIC PATIENT DESTINATION**

(EMT-1/PARAMEDIC/MICN)
REFERENCE NO. 510

POLICY:

- I. Guidelines for transporting pediatric patients to a specialty care center (i.e., EDAP, PMC, PTC, Perinatal, Sexual Assault Response Team Center, or Trauma Center):
 - A. Patients who require transport, and do not meet guidelines for transport to a PMC or PTC shall be transported to the most accessible EDAP.
 - B. BLS units shall call for an ALS unit or transport pediatric patients to the most accessible EDAP as outlined in Ref. No. 808, Base Hospital Contact and Transport Criteria.
 - C. Patients meeting medical guidelines for transport to a PMC:
 1. Shall be transported to the most accessible PMC if ground transport is 30 minutes or less.
 2. If ground transport time to a PMC is greater than 30 minutes, the patient may be transported to the most accessible EDAP.
 - D. Patients meeting trauma criteria/guidelines for transport to a PTC:
 1. Shall be transported to the most accessible PTC if the transport time does not exceed 30 minutes.
 2. If a PTC cannot be accessed but a trauma center can be accessed under the parameter in (D.1), the patient may be transported to the trauma center.
 3. If a PTC or trauma center cannot be accessed as specified above, the patient may be transported to the most accessible PMC, or if >30 minutes to the closest EDAP.
 - E. Pediatric patients who have an uncontrollable, life-threatening situation (e.g., unmanageable airway or uncontrollable hemorrhage) shall be transported to the most accessible EDAP.
 - F. Pediatric patients may be transported to a non-EDAP provided all of the following are met:
 1. The patient, family, or private physician requests transport to a non-EDAP facility.
 2. The patient, family, or private physician is made aware that the receiving facility is not an EDAP and may not meet current EDAP standards.
 3. The base hospital concurs and contacts the requested facility and
-

ensures that the facility has agreed to accept the patient. This includes those providers functioning under SFTPs.

4. All of the above shall be documented on the EMS Report Form.

II. Guidelines for identifying critically **ill** pediatric patients who require transport to a PMC:

- A. Cardiac dysrhythmia
- B. Severe respiratory distress
- C. Cyanosis
- D. Persistent altered mental status
- E. Status epilepticus
- F. Brief Resolved Unexplained Event (BRUE) (and the previously called Apparent Life Threatening Event (ALTE)) \leq 12 months of age
- G. Focal neurologic signs not associated with trauma (e.g.; pediatric stroke, atypical migraine, petit mal seizures)
- H. Choking associated with cyanosis, loss of tone or apnea

III. Guidelines for identifying critically **injured** pediatric patients who require transport to a PTC:

Trauma triage criteria and/or guidelines identified in Ref. No. 506, Trauma Triage

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 502, **Patient Destination**
- Ref. No. 504, **Trauma Patient Destination**
- Ref. No. 506, **Trauma Triage**
- Ref. No. 508, **Sexual Assault Patient Destination**
- Ref. No. 508.1, **SART Center Roster**
- Ref. No. 511, **Perinatal Patient Destination**
- Ref. No. 512, **Burn Patient Destination**
- Ref. No. 519, **Management of Multiple Casualty Incidents**
- Ref. No. 808, **Base Hospital Contact and Transport Criteria**
- Ref. No. 816, **Physician at Scene**
- Ref. No. 832, **Treatment/Transport of Minors**
- Ref. No. 834, **Patient Refusal of Treatment or Transport**

Los Angeles County EDAP Standards

Los Angeles County PMC Standards

Los Angeles County SART Standards

California Emergency Medical Services Authority (EMSA) # 182: Administration, Personnel and Policy for the Care of Pediatric Patients in the Emergency Department

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 506

SUBJECT: **TRAUMA TRIAGE**

PURPOSE: To establish criteria and standards which ensure that patients requiring the care of a trauma center are appropriately triaged and transported.

AUTHORITY: California Code of Regulations, Title 13, Section 1105(c) California Code of Regulations, Title 22, Section 100236 et seq. Health and Safety Code, Div. 2.5, Section 1797 et seq., and 1317.

PRINCIPLES:

1. Trauma patients should be secured and transported from the scene as quickly as possible, consistent with optimal trauma care.
2. Paramedics shall make base hospital contact or Standing Field Treatment Protocol (SFTP) notification for approved provider agencies with the receiving trauma center, when it is also a base hospital, on all injured patients who meet Base Contact and Transport Criteria (Prehospital Care Policy, Ref. No. 808), trauma triage criteria and/or guidelines, or if in the paramedic's judgment it is in the patient's best interest to be transported to a trauma center. Contact shall be accomplished in such a way as not to delay transport.
3. Do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal motion restriction.
4. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the Most Accessible Receiving (MAR), when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.
5. When pediatric and adult trauma patients are transported together in one aircraft, the receiving trauma center shall be both a trauma center and a pediatric trauma center.
6. Patients in blunt traumatic full arrest, not meeting Reference No. 814, should be transported to the most accessible medical facility appropriate to their needs.

POLICY:

- I. Trauma Criteria – Requires immediate transportation to a designated trauma center

Patients who fall into one or more of the following categories are to be transported directly to the designated trauma center, if transport time does not exceed 30 minutes.

EFFECTIVE DATE: 6-15-87

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REVISED: 07-01-16

SUPERSEDES: 12-01-14

APPROVED: _____

Cathy Chiles
Director, EMS Agency

Marianne Pusche Hill, MD
Medical Director, EMS Agency

- A. Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year
 - B. Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilatory support
 - C. Cardiopulmonary arrest with penetrating torso trauma unless based upon the paramedic's thorough assessment is found apneic, pulseless, asystolic, and without pupillary reflexes upon arrival of EMS personnel at the scene
 - D. All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee
 - E. Blunt head injury associated with a suspected skull fracture, altered level of consciousness (Glasgow Coma Score less than or equal to 14), seizures, unequal pupils, or focal neurological deficit
 - F. Injury to the spinal column associated with acute sensory or motor deficit
 - G. Blunt injury to chest with unstable chest wall (flail chest)
 - H. Diffuse abdominal tenderness
 - I. Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)
 - J. Extremity injuries with:
 - 1. Neurological/vascular compromise and/or crushed, degloved, or mangled extremity
 - 2. Amputation proximal to the wrist or ankle
 - 3. Fractures of two or more proximal (humerus/femur) long-bones
 - K. Falls:
 - 1. Adult patients from heights greater than 15 feet
 - 2. Pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child
 - L. Passenger space intrusion of greater than 12 inches into an occupied passenger space
 - M. Ejected from vehicles (partial or complete)
 - N. Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact
 - O. Unenclosed transport crash with significant (greater than 20 mph) impact
- II. Trauma Guidelines – Mechanism of injury and patient history are the most effective methods of selecting critically injured patients before unstable vital signs develop. Paramedics and base hospital personnel should consider mechanism of injury and
-

patient history when determining patient destination. At the discretion of the base hospital or approved SFTP provider agency, transportation to a trauma center is advisable for:

- A. Passenger space intrusion of greater than 18 inches into any unoccupied passenger space
 - B. Automobile versus pedestrian/bicyclist/motorcyclist (impact equal to or less than 20 mph)
 - C. Injured victims of vehicular crashes in which a fatality occurred in the same vehicle
 - D. Patients requiring extrication
 - E. Vehicle telemetry data consistent with high risk of injury
 - F. Injured patients (excluding isolated minor extremity injuries):
 - 1. On anticoagulation therapy other than aspirin-only
 - 2. With bleeding disorders
- III. Special Considerations – Consider transporting injured patients with the following to a trauma center:
- A. Adults age greater than 55 years
 - B. Systolic blood pressure less than 110 mmHg may represent shock after age 65 years
 - C. Pregnancy greater than 20 weeks gestation
 - D. Prehospital judgment
- IV. Extremis Patients - Requires immediate transportation to the MAR:
- A. Patients with an obstructed airway
 - B. Patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any destination but the MAR
- V. When, for whatever reason, base hospital contact cannot be made, the destination decision for injured patients will be made by paramedics using the principles set forth above.
- VI. 9-1-1 Trauma Re-Triage – This section applies to injured patients in emergency departments of non-trauma centers whose injuries were initially estimated by EMS to be less serious (under triaged) or patients who self-transported (walk-in) to a non-trauma center, and subsequently assessed by the non-trauma center physician to require immediate trauma center care. The referring facility shall utilize the procedure outlined below to expedite transfer arrangements and rapid transport to the trauma center. This

process should be reserved for patients with life-threatening traumatic injuries requiring emergent surgical intervention.

- A. Determine if the injured patient meets any of the following 9-1-1 Trauma Re-Triage criteria:
1. Persistent signs of poor perfusion
 2. Need for immediate blood replacement therapy
 3. Intubation required
 4. Glasgow Coma Score less than 9
 5. Glasgow Coma Score deteriorating by 2 or more points during observation
 6. Penetrating injuries to head, neck and torso
 7. Extremity injury with neurovascular compromise or loss of pulses
 8. Patients, who in the judgement of the evaluating emergency physician, have high likelihood of requiring emergent life- or limb-saving intervention within two (2) hours.
- B. Contact the designated receiving trauma center or pediatric trauma center if the patient is less than or equal to 14 years of age and transport does not exceed 30 min. Do not delay transfer by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.
- C. Contact 9-1-1 for transportation. The paramedic scope of practice (Ref. No. 803) does not include paralyzing agents and blood products.
- D. Prepare patient and available medical records for immediate transport. Do not delay transport for medical records which could be sent at a later time.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**

Ref. No. 502, **Patient Destination**

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

Ref. No. 504, **Trauma Patient Destination**

Ref. No. 510, **Pediatric Patient Destination**

Ref. No. 803, **Paramedic Scope of Practice**

Ref. No. 808, **Base Hospital Contact and Transport Criteria**

Ref. No. 814, **Determination/Pronouncement of Death in the Field**

SUBJECT: **ALS UNIT INVENTORY**

(PARAMEDIC/MICN)
 REFERENCE NO. 703

PURPOSE: To provide a standardized minimum inventory on all Advanced Life Support (ALS) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order. Providers may only carry one narcotic analgesic on the ALS units. Provider Agency Medical Directors may request approval from the EMS Agency's Medical Director to carry Fentanyl.

POLICY: ALS Units shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to the Department of the California Highway Patrol, California Administrative Code, Title 13.

MEDICATIONS* (minimum required amounts)			
Albuterol (pre-mixed with NS)	20 mgs	Epinephrine (0.1mg/mL)	10 mgs
Adenosine	24 mgs	Fentanyl ²	500 mcgs
Amiodarone	900 mgs	Glucagon	1 mg
Aspirin (chewable 81 mg)	648 mgs	Midazolam ³	20 mgs
Atropine sulfate (1 mg/10 ml)	4 mgs	Morphine sulfate ⁴	32 mgs
Calcium chloride	1 gm	Naloxone	4 mgs
Dextrose 10% / Water 250 mL	3	Normal saline (for injection)	2 vials
Dextrose solution (glucose paste may be substituted)	100 gms	Nitroglycerin (SL) spray, tablets, or single dose powder packets	1 pump or bottle 36 packets
Diphenhydramine	100 mgs	Ondansetron 4mg ODT	16 mgs
Disaster Cache (mandatory for 9-1-1 responders) ⁵		Ondansetron 4mg IV	16 mgs
Epinephrine (1mg/mL)	7 mgs	Sodium bicarbonate	50 mls

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

² Fentanyl carried on ALS Unit is not to exceed 1500 mcgs.

³ Midazolam carried on ALS Unit is not to exceed 40 mgs.

⁴ Morphine sulfate carried on ALS Unit is not to exceed 60 mgs.

⁵ Disaster Cache minimum contents include:

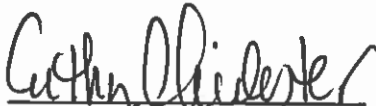
(30) DuoDote kits or equivalent;


and when available: (12) AtroPen Auto Injector 1.0 mg

(12) AtroPen Auto Injector 0.5 mg – Pediatric Use

EFFECTIVE: 01-1-78
 REVISED: 08-10-17
 SUPERSEDES: 07-01-17

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APPROVED: 
 Director, EMS Agency


 Medical Director, EMS Agency

INTRAVENOUS FLUIDS (minimum required amounts)			
1000 ml normal saline	8 bags	250 or 500 ml normal saline	2 bags

SUPPLIES* (minimum required amounts)			
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Adhesive dressing (Band-Aids®)	1 box	End Tidal CO ₂ Detector / Aspirator (Adult)	1
Airways – Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Extrication device or short board	1
Airways – Oropharyngeal Large	1	Flashlight or Penlight	1
Medium	1	Gauze sponges 4x4 (sterile)	12
Small Adult/Child	1	Gauze bandages	5
Infant	1	Gloves Sterile	2 pairs
Neonate	1	Gloves Unsterile	1 box
Alcohol swabs	1 box	Glucometer with strips	1
Backboards	2	Hand-held nebulizer pack	2
Bag-valve device with O ₂ inlet and reservoir Adult and Pediatric	1 each	Hemostats, padded	1
Bag-valve mask Large	1	Intravenous catheters (16G-22G)	5 each
Medium	1	Intravenous Tubing	
Small Adult/Child	1	Macro drip	12
Toddler	1	Intraosseous Device ^{7,8}	
Infant	1	Adult	1
Neonate	1	Pediatric	1
Burn pack or burn sheets	1	9-1-1 paramedic provider agencies only	
Cervical collars (rigid) Adult (adjustable)	4	King LTS-D (Disposable Supraglottic Airway w/ 60mL Syringe)	
Pediatric	2	Small Adult (Size 3)	1
Commercial Catheter-Over-Needle Chest Decompression Needles 3.0-3.5" 14G	2	Adult (Size 4)	1
Color Code Drug Doses LA County Kids Reference No. 1309	1	Large Adult (Size 5)	1
Contaminated needle container	1	Lancets (automatic retractable)	5
Continuous Positive Airway Pressure (CPAP) Device ^{7,8}	1	Laryngoscope Handle Adult (compatible with pediatric blades)	1
9-1-1 paramedic provider agencies only		Laryngoscope Blades Adult, curved and straight	1 each
Cardiac Monitor-Defibrillator with oscilloscope	1	Pediatric, Miller #1 & #2	1 each
Defibrillator pads or paste (including pediatric)	2 each	Magill Forceps Adult and Pediatric	1 each
ECG Electrodes Adult and Pediatric	6 each	Mucosal Atomization Device (MAD)	2
ECG, 12-lead capable & transmission capable		Normal saline for irrigation	1 bottle
9-1-1 paramedic provider agencies only	1	Needle, filtered-5micron ¹¹	2
		OB pack and bulb syringe ¹⁰	1
		Oxygen cannulas	3

Endotracheal tubes with stylets Sizes 6.0-8.0	2 each	Oxygen Masks (non-rebreather) Adult and Pediatric	3 each
Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	1	Suction Unit (portable)	1
Personal Protective Equipment/ Body Substance Isolation Equipment mask, gown, eye protection	1 each per provider	Suction Instruments (8Fr.-12Fr. Catheters) Tonsillar tip	1 each 1
Procedures Prior to Base Contact Field Reference No. 806.1	1	Syringes 1ml – 60ml	assorted
Pulse Oximeter	1	Tape (various types, must include cloth)	1
Radio transmitter receiver (Hand-Held) ⁶	1	Tourniquets	2
Saline locks	4	Tourniquets (commercial, for bleeding control)	2
Scissors	1	Transcutaneous Pacing ^{7,8}	1
Sphygmomanometer Adult/pediatric/thigh cuff	1 each	Tube Introducer	2
Splints – (long and short)	2 each	Vaseline gauze	2
Splints – traction (adult and pediatric)	1 each	Waveform Capnography ⁷	
Stethoscope	1		

SUPPLIES* (approved optional equipment)	
Lidocaine 2% ^{8,9}	Pediatric Laryngoscope Handle FDA-Approved
Hemostatic Dressings ⁸	Resuscitator with positive pressure demand valve (flow rate not to exceed 40L/min)
Intravenous Tubing Blood/Shock	Vacutainer Tubes

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.
⁶ Los Angeles County Department of Communications, Spec. No. 2029/2031/2033
⁷ Mandatory for providers that respond to medical emergencies via the 9-1-1 system
⁸ Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation
⁹ Utilized with infusions through IO access
¹⁰ OB Kits with clamps / scissors (no scalpels)
¹¹ Optional, if not utilizing glass ampules

This policy is intended as an ALS Unit inventory only. Supply and resupply shall be in accordance with Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**
- Ref. No. 702, **Controlled Drugs Carried on ALS Units**
- Ref. No. 710, **Basic Life Support Ambulance Equipment**
- Ref. No. 712, **Nurse Staffed Critical Care Inventory**
- Ref. No. 1104, **Disaster Pharmaceutical Caches Carried by First Responders**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELESSUBJECT: **PRIVATE PROVIDER NON 9-1-1
ALS UNIT INVENTORY**(PARAMEDIC, MICN)
REFERENCE NO. 703.1

PURPOSE: To provide a standardized minimum inventory for private provider agencies approved for Advanced Life Support (ALS) interfacility transfers.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY:


- I. Providers may only carry one narcotic analgesic on the ALS units. Provider Agency Medical Directors may request approval from the EMS Agency's Medical Director to carry Fentanyl.
- II. ALS Units shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to the Department of the California Highway Patrol, California Administrative Code, Title 13.
- III. All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.


MEDICATIONS* (minimum required amounts)			
Adenosine	24mgs	Epinephrine (0.1mg/mL)	5mgs
Albuterol (pre-mixed with NS)	10mgs	Fentanyl ^{1,2}	500mcgs
Amiodarone	450mgs	Midazolam ³	20mgs
Aspirin (chewable 81 mg)	648mgs	Morphine sulfate ⁴	20mgs
Atropine sulfate (1 mg/10 ml)	3mgs	Naloxone	4mgs
Calcium Chloride	1gm	Normal saline (for injection)	2 vials
Dextrose solution (glucose paste may be substituted)	45gms	Nitroglycerin (SL) spray, tablets, or single dose powder packets	1 pump/ bottle/ or 10 DOSE packets
Dextrose 10% / Water 250 mL	2	Ondansetron 4mg ODT	16mgs
Diphenhydramine	50mgs	Ondansetron 4mg IV	16mgs
Epinephrine (1mg/mL)	5mgs		
INTRAVENOUS FLUIDS (minimum required amounts)			
1000 ml normal saline	4 bags	250 or 500 ml normal saline	2 bags

EFFECTIVE: 03-19-18
REVISED: XX-XX-XX
SUPERSEDES: XX-XX-XX

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APPROVED:


 Director, EMS Agency


 Medical Director, EMS Agency

SUPPLIES* (minimum required amounts)			
Adhesive dressing (Band-Aids®)	1 box	Hemostats, padded	1
Airways – Nasopharyngeal		Intravenous catheters Sizes 16G-22G	5 each
Large (34-36)	1	Intravenous Tubing, Macrodrop	6
Medium (26-28)	1	King LTS-D (Disposable Supraglottic Airway w/ 60mL Syringe)	
Small (20-22)	1	Small Adult (Size 3)	1
Airways – Oropharyngeal		Adult (Size 4)	1
Large	1	Large Adult (Size 5)	1
Medium	1	Lancets (automatic retractable)	5
Small Adult/Child	1	Laryngoscope Handle Adult (compatible w/ pediatric blades)	1
Infant	1	Laryngoscope Blades	
Neonate	1	Adult, curved and straight	1 each
Alcohol prep pads	1 box	Pediatric, Miller #1 & #2	1 each
Backboards	2	Magill Forceps Adult & Pediatric	1 each
Bag-valve device with O ₂ inlet and reservoir Adult & Pediatric	1 each	Mucosal Atomization Device (MAD)	2
Bag-valve mask		Needle, filtered-5micron ⁶	2
Large	1	Normal saline for irrigation	1 bottle
Medium	1	OB pack and bulb syringe ⁷	1
Small Adult/Child	1	Oxygen cannulas	3
Infant	1	Oxygen Masks (non-rebreather) Adult & Pediatric	3 each
Neonate	1	Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	1
Burn pack or burn sheets	1	Personal Protective Equipment - mask, gown, eye protection	1 each per provider
Cervical collars (rigid)		Pulse Oximeter	1
Adult (adjustable)	4	Radio transmitter receiver (Hand-Held) ⁸	1
Pediatric	2	Saline locks	4
Cardiac Monitor-Defibrillator with oscilloscope	1	Scissors	1
Color Code Drug Doses LA County Kids Reference No. 1309	1	Sphygmomanometer Adult, Pediatric, & Thigh	1 each
Commercial Catheter-Over-Needle Chest Decompression Needles 3.0-3.5" 14G	1	Splints – (long and short)	2 each
Contaminated needle container	1	Splints – traction Adult & Pediatric	1 each
Defibrillator pads or paste (including pediatric)	2 each	Stethoscope	1
ECG Electrodes Adult & Pediatric	6 each	Suction Unit (portable) w/adapter	1
Endotracheal tubes with stylets Sizes 6.0-8.0	1 each	Suction Instruments Sizes 8Fr.-12Fr. Catheters	1 each
End Tidal CO ₂ Detector or Aspirator (Adult)	1	Tonsillar Tip	1
Extrication device or short board	1	Syringes 1ml – 60ml w/luer adapter	assorted

SUPPLIES* (minimum required amounts)			
Flashlight or Penlight	1	Hand-held nebulizer pack	2
Gauze bandages	5	Tape (various types, must include cloth)	1
Gauze sponges 4x4 (sterile)	12	Tourniquets	2
Gloves Sterile	2 pair	Tourniquets (commercial for bleeding control)	2
Gloves Unsterile	1 box	Tube Introducer	2
Glucometer with strips	1	Vaseline gauze	2
SUPPLIES* (approved optional equipment)			
Continuous Positive Airway Pressure (CPAP) Device ²		Mechanical CPR device ²	
Glucagon		Pediatric Laryngoscope Handle FDA-Approved	
Hemostatic Dressings ²		Resuscitator with positive pressure demand valve (flow rate not to exceed 40L/min)	
Impedance Threshold Device ²		Sodium Bicarbonate	
Lidocaine 2% ^{2,9}		Transcutaneous Pacing ²	
Intraosseous Device ²		Waveform Capnography	

¹ Fentanyl carried on ALS Unit is not to exceed 1500mcgs.

² Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation

³ Midazolam carried on ALS Unit is not to exceed 40mgs.

⁴ Morphine sulfate carried on ALS Unit is not to exceed 60mgs.

⁶ Optional, if not utilizing glass ampules

⁷ OB Kits with clamps / scissors (no scalpels)

⁸ Los Angeles County Department of Communications, Spec. No. 2029/2031/2033

⁹ Utilized with infusions through IO access

This policy is intended as a Private Provider ALS Unit inventory only. Supply and resupply shall be in accordance with Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**

Ref. No. 702, **Controlled Drugs Carried on ALS Units**

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Ref. No. 712, **Nurse Staffed Critical Care Transport (CCT) Unit Inventory**

SUBJECT: **ASSESSMENT UNIT INVENTORY**

REFERENCE NO. 704

PURPOSE: To provide a standardized minimum inventory on all Assessment Units.

PRINCIPLE:

1. Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.
2. The minimum required amounts may be augmented according to anticipated needs in consultation with the Medical Advisor of the Provider Agency or the Medical Director of the EMS Agency.

POLICY: Assessment Units shall carry the following equipment. Reasonable variations may occur.

MEDICATIONS* (minimum required amounts)			
Albuterol (pre-mixed with NS)	5 mg	Epinephrine (0.1mg/ml)	2 mgs
Aspirin (81 mg chewable)	648 mgs	Glucagon	1 mg
Atropine Sulfate (1mg/10 ml)	1 mg	Naloxone	2 mgs
		Nitroglycerin (SL) spray, tablets	1 pump or bottle
Adenosine	6mg	or single dose powder packets	36 packets
Dextrose 10%/water 250 mL	1	Normal Saline (for injection)	1 vial
Epinephrine (1mg/mL)	1 mg	Ondansetron 4mg ODT and IV	16 mgs

INTRAVENOUS FLUIDS (minimum required amounts)	
250 or 500 ml normal saline	1

SUPPLIES* (minimum required amounts)			
Airways – Oropharyngeal			
Large	1	Medium	1
Medium	1	Small Adult/Child	1
Small Adult/Child	1	Toddler	1
Infant	1	Infant & neonate	1 each
Alcohol prep pads	5	Burn pack or burn sheets	1
Adhesive dressing (Band-Aids®)	5	Cardiac Monitor/Defibrillator oscilloscope	1
Bag-valve device with O ₂ inlet & reservoir		Cervical collars (rigid)	
Adult & Pediatric	1 each	Adult (adjustable)	1
Bag-valve mask		Pediatric	1
Large	1		

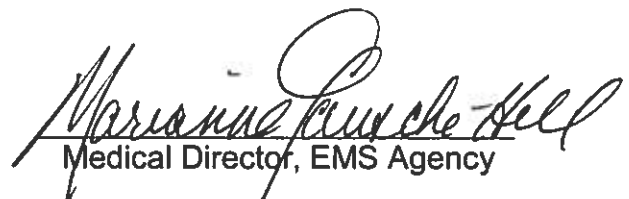
EFFECTIVE: 01-05-88

REVISED: 07-01-17

SUPERSEDES: 04-01-17

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

SUPPLIES* (minimum required amounts)			
Contaminated needle container	1	Mucosal Atomization Device (MAD)	1
Commercial Catheter-Over-Needle		Needle, filtered 5-micron ³	1
Chest Decompression Needles 3.0-3.5" 14G	2	Normal saline for irrigation	1 bottle
Color Code Drug Doses LA County Kids Ref. No 1309	1	Defibrillator pads or paste (including pediatric)	2 each
ECG electrodes each	6	OB pack & bulb syringe	1
Endotracheal tubes with stylets Sizes 6.5-7.5	1 each	Oxygen cannulas	1
End Tidal CO ₂ Detector/Aspirator (adult)	1	Oxygen non-rebreather masks Adult and Pediatric	1 each
Flashlight/Penlight	1	Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	1
Gauze pads 4x4 (sterile)	4 packages	Personal Protective Equipment mask, gown, eye protection	1 each per provider
Gauze Bandages	2	Procedures Prior to Base Contact Field Reference No. 806.1	1
Gloves, unsterile	6 pairs	Saline locks	2
Glucometer with strips	1	Scissors	1
Hand-held nebulizer pack	1	Sphygmomanometer Adult, pediatric, thigh cuff	1 each
Intravenous Tubing (macro drip)	2	Stethoscope	1
Intravenous catheters 16G-22G	2 each	Suction Unit (portable)	1
King LTS-D (Disposable Supraglottic Airway device) ¹		Suction Instruments 8 Fr.; 10 Fr.; 12 Fr. catheters	1 each
Small Adult (Size 3) with 60mL syringe	1	Tonsillar Tip	1
Adult (Size 4)	1	Syringes: 1ml - 60ml	assorted
Lancets (automatic retractable)	2	Tape, porous and cloth	1 each
Laryngoscope blades Adult	1	Tourniquets	2
Pediatric, Miller #1 & #2	1 each	Tourniquets (commercial, for bleeding control)	2
Laryngoscope handle Adult (compatible with pediatric blades)	1	Tube introducer	2
Length Based Resuscitation tape	1	Vaseline gauze	2
Magill Forceps, Adult & Pediatric	1 each		

SUPPLIES* (approved optional equipment)			
Radio transmitter receiver**		Splints, traction	
Intraosseous device		Splints, long and short	
Adult	1 each		
Pediatric	1 each		
(requires EMS Agency approved training program and QI method prior to implementation)			
Continuous Positive Airway Pressure (CPAP) Device (requires EMS Agency approved training program and QI method prior to implementation).		Lidocaine 2% ²	

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

****Los Angeles County Department of Communications, Spec. No. 2029/2031/2033**

¹ Providers are to have one type of airway adjunct only.

² Utilized with infusions through IO access

³ Optional, if not utilizing glass ampules

This policy is intended as an Assessment Unit inventory only, supply and resupply shall be in accordance with Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 416, **Assessment Units**

Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELESSUBJECT: **ALS EMS AIRCRAFT INVENTORY**(PARAMEDIC/MICN)
REFERENCE NO. 706

PURPOSE: To provide a standardized minimum inventory on all Advanced Life Support (ALS) EMS aircraft.

POLICY: Each EMS aircraft shall have on board equipment and supplies commensurate with the scope of practice of the medical flight crew. This requirement may be fulfilled through the utilization of appropriate kits (cases/packs) which can be carried aboard a given flight. ALS EMS aircraft shall have sufficient space to carry the following minimum medical equipment and supplies. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Controlled drugs shall be secured on the EMS aircraft in accordance with Reference No. 702, Controlled Drugs Carried on ALS Units.

MEDICATIONS* (minimum required amounts)			
Albuterol (pre-mixed with NS)	20 mgs	Fentanyl ¹	500 mcgs
Adenosine	18 mgs	Glucagon	1 mg
Amiodarone	600 mgs	Midazolam ²	15 mgs
Aspirin (chewable 81 mg)	648 mgs	Morphine sulfate ³	20 mgs
Atropine sulfate (1 mg/10 ml)	3 mgs	Naloxone	2 mgs
Calcium chloride	2 gm	Normal saline (for injection)	3 vials
		Nitroglycerin spray (SL) tablets, spray	1 pump or bottle
Dextrose 10%/water 250mL	2	or single dose powder packets	36 packets
Dextrose solution (glucose paste may be substituted)	100 gms	Ondansetron 4mg ODT	16 mgs
Diphenhydramine	100 mgs	Ondansetron 4mg IV	16 mgs
Epinephrine (1mg/mL)	7 mgs	Sodium bicarbonate	100 mis
Epinephrine (0.1mg/mL)	6 mgs		

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

¹ Fentanyl carried on ALS EMS Aircraft is not to exceed 1500 mcgs.² Midazolam carried on ALS EMS Aircraft is not to exceed 40 mgs.³ Morphine sulfate carried on ALS EMS Aircraft is not to exceed 60 mgs.

INTRAVENOUS FLUIDS (minimum required amounts)			
1000 ml Normal Saline	4	250 or 500 ml Normal Saline	1

EFFECTIVE: 9-1-99

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REVISED: 07-01-17

SUPERSEDES: 04-01-11

APPROVED:


 Director, EMS Agency


 Medical Director, EMS Agency

SUPPLIES* (minimum required amounts)			
Adhesive dressing (Band-Aids®)	10	Flashlight/Penlight	1
Airways – Nasopharyngeal 4.5 – 9.0	1 each	Gauze sponges (sterile)	12
Airways – Oropharyngeal Large	1	Gauze bandages	5
Medium	1	Gloves Sterile	2 Pairs
Small Adult/Child	1	Gloves Unsterile	1 Box
Infant	1	Glucometer with strips	1
Neonate	1	Hand-held nebulizer pack	2
Alcohol swabs	20	Intravenous catheters 16G-22G	4 each
Backboards	1	Intravenous Tubing	
Bag-valve device with O ₂ inlet and reservoir Adult and Pediatric	1 each	Macro drip	5
Bag-valve mask Large	1	Intraosseous Device FDA-Approved ⁷ Adult	1
Medium	1	Pediatric	1
Small Adult/Child	1	King LTS-D (Disposable Supraglottic Airway device) Small Adult (Size 3) with 60mL syringe	1
Toddler	1	Adult (Size 4)	1
Infant	1	Large Adult (Size 5)	1
Neonate	1	Lancets, automatic retractable	5
Bum pack or bum sheets	1	Laryngoscope Handle Adult (compatible with pediatric blades)	1 each
Cervical collars (rigid) Adult (various sizes)	2	Laryngoscope Blades Adult, curved and straight	1 each
Pediatric	2	Pediatric, Miller #1 & #2	1 each
Commercial Catheter-Over-Needle Chest Decompression Needles 3.0-3.5" 14G	2	Magill Forceps Adult and Pediatric	1 each
Color Code Drug Doses LA County Kids Ref. No. 1309	1	Mucosal Atomization Device (MAD)	2
Contaminated needle container	1	Needle, filtered-5micron ⁸	2
Continuous Positive Airway Pressure (CPAP) Device	1	Noninvasive blood pressure monitor	1
Defibrillator with oscilloscope	1	Normal saline for irrigation (may stock the smaller 100ml bottle)	1 bottle
Defibrillator pads or paste	2	OB pack and bulb syringe	1
ECG, 12-lead capable	1	Oxygen cannulas	2
ECG Electrodes Adult and Pediatric 8-10 multi-use		Oxygen non-rebreather masks Adult and Pediatric	2 each
Endotracheal tubes with stylets Sizes 6.0-8.0	2 each	Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	1
End Tidal CO ₂ Detector and Aspirator Adult	1	Personal Protective Equipment/ Body Substance Isolation Equipment	

SUPPLIES* (minimum required amounts)			
End Tidal CO ₂ Monitor Adult	1	mask, gown, eye protection	1 each per provider
Extraction device or short board	1	Pulse Oximeter	1
Procedures Prior to Base Contact Field Reference No. 806.1	1	Syringes 1ml – 60 ml	assorted
Radio transmitter receiver ⁴ (Hand Held)	1	Sphygmomanometer Adult/pediatric/thigh cuff	1 each
Saline locks	4	Stethoscope	1
Scissors	1	Tape (various types, must include cloth)	assorted
Splints – cardboard (long and short) (or air splints for 4 extremities)	2 each	Tourniquets	2
Splints – traction (adult and pediatric) ⁵	1 each	Tourniquets (commercial, for control of bleeding)	2
Suction unit (portable)	1	Transcutaneous Pacing ^{6,7}	1
Suction Instruments 8Fr.-12Fr. Catheters	1 each	Tube Introducer	2
Tonsillar tip	1	Waveform Capnography	
Suction Unit (portable)	1		

SUPPLIES* (approved optional equipment)	
Dextrose 25%	Resuscitator with positive pressure demand valve (flow rate not to exceed 40L/min)
Dopamine	Transcutaneous Pacing ⁷
Hemostatic Dressings ⁷	Vacutainer Tubes

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

⁴ Los Angeles County Department of Communications, Spec. No. 2029/2031/2033

⁵ One Sager splint may be used for both adult and pediatric

⁶ Only for providers that respond to medical emergencies via the 9-1-1 system

⁷ Requires EMS Agency approval, which includes an approved training program and QI method prior to implementation

⁸ Optional, if not utilizing glass ampules

This policy is intended as an ALS EMS aircraft inventory only. Supply and resupply shall be in accordance with Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**

Ref. No. 702, **Controlled Drugs Carried on ALS Units**

Ref. No. 710, **Basic Life Support Ambulance Equipment**

Title 22, Chapter 8, Prehospital EMS Aircraft Regulations

Los Angeles County, Code of Ordinances, Title 7, Business Licenses, Division 2, Chapter 7.16, Ambulances

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC)
REFERENCE NO. 710

SUBJECT: BASIC LIFE SUPPORT AMBULANCE EQUIPMENT

PURPOSE: To provide minimum equipment standards for private basic life support (BLS) ambulance providers and to ensure a system wide standardized inventory of supplies and equipment to promote safety, readiness, and the ability to meet the requirements of an "all hazards" disaster response in the event of a declared emergency

AUTHORITY: California Administrative Code, Title 13, Section 1103
California Highway Patrol (CHP) Handbook 82.4, Chapter 4.5: Recommended Ambulance Equipment
California Vehicle Code Section 2418.5
Health and Safety Code 1797.220 and 1798
Senate Bill 409

DEFINITIONS:

PPE: For the purpose of this policy, personal protective equipment is garments/equipment designed to protect/minimize hazardous exposure to prehospital care responders.

PRINCIPLES:

1. Ambulances shall be maintained in good mechanical repair and sanitary condition.
2. Any equipment carried for use in providing emergency medical care must be maintained in clean condition and good working order. Medical supplies and solutions shall be replaced prior to expiration date.
3. All reusable medical supplies and equipment should be maintained in clean, ready-to-use condition and be disinfected or sterilized per manufacturer's recommendations.
4. Whenever a patient with a known or suspected communicable disease has been transported, the patient compartment and all interior surfaces, including fixed equipment, should be thoroughly cleansed with soap, water and disinfectant. Supplies such as pillows, blankets and linens should be disposable or autoclaved.* (* indicates language specific to the CHP Handbook)
5. All ambulance providers must be integrated into the disaster medical response system in order to participate in state and local disaster response or a declared emergency.
6. Ambulance personnel should not function within an operational area requiring PPE beyond their level of provision and training.
7. In any workplace where N95, or equivalent masks are necessary to protect the health of employees or whenever such masks are required by the employer, the employer shall have a written policy and provide training in the proper use and operation of the device.

EFFECTIVE: 6-30-78


REVISED: 09-01-13

SUPERSEDES: 7-1-11

PAGE 1 OF 6

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

NOTE: Ambulances dedicated for infant transportation or when staffed and equipped for use in conjunction with newborn intensive care nursery services as specified in Title 22, CAC, Sections 70481 – 70487, need not concurrently carry items of emergency care equipment or supplies as specified herein that would interfere with the specialized care and transportation of an infant in an incubator or isolette.

POLICY:

I. Required Vehicle Safety Equipment:

- A. A siren and steady burning red warning lamp that meet requirements established by the CHP Handbook, Section 818.
- B. Seat belts or equivalent restraints for every sitting position. A child or infant not secured to a gurney should be secured in an appropriate child/infant restraint device.
- C. A fire extinguisher of the dry chemical or the carbon dioxide type, with a minimum 4-B:C rating, maintained as prescribed by the State Fire Marshal in Title 19, CAC, Section 597. The use of vaporizing liquid extinguishers is prohibited.
- D. A portable, battery-operated light.
- E. A spare wheel with inflated tire of the appropriate load rating.
- F. A jack and tools for wheel changes.
- G. Maps or electronic mapping device covering the areas in which the ambulance provides service.
- H. Patient compartment door latches operable from inside and outside the vehicle on all emergency ambulances manufactured and first registered after January 1, 1980.

II. Personnel PPE Training

Prior to use, all personnel who may be required to utilize PPE shall receive training in accordance with OSHA requirements (Ref. 26 CFR 1910.132 [f]. At minimum, training shall consist of:

- A. Identification of when and what type of PPE is necessary; how to properly don, doff, adjust and wear PPE; the limitations of the PPE; and the proper care, maintenance, useful life and disposal of the PPE (Ref. 29 CFR 1910.132 [f] [1] [1-5]).
- B. Demonstration of the ability to use PPE properly before being allowed to perform work requiring the use of PPE (Ref. 29 CFR 1910.132 [f] [2]).
- C. Verification that each employee has received and understands the required training through a written certification that contains the course title, date of the training and the name of the employee trained.

- D. Proper fit testing for any respiratory protection in accordance with OSHA requirements (Ref. 29 CFR 1910.134)

III. Minimum Levels of Recommended Emergency Care Equipment and Supplies

MINIMUM INVENTORY	QUANTITIES
Adhesive tape, rolls of 1 in., 2 in. and, 3 in.	2 each
Ankle and wrist restraints. <ul style="list-style-type: none"> If soft ties are used, they should be at least three inches wide (before tying) to maintain a two inch width while in use. 	1 set
Bandages, 4 in. sterile compresses or equivalent	12
Bag-valve device with O ₂ inlet and reservoir <ul style="list-style-type: none"> Adult Pediatric 	1 each
Bag-valve mask <ul style="list-style-type: none"> Large Medium Small adult/child Toddler Infant Neonate 	1 each
Bandages, 2 in. or 3 in. soft, rolled stretch (Kerlix or Kling type)	6
Bandages, 3 in. X 3 in. sterile gauze pads	4
Bandages, universal dressings (trauma dressings), 10 in. by 30 in or larger	2
Bandage scissors	1
Bedpan/fracture pan	1
Blood pressure manometer, cuff and stethoscope: <ul style="list-style-type: none"> Thigh Adult Child Infant 	1 each
Cervical Collars, rigid: <ul style="list-style-type: none"> Adult Child Infant 	2 each
Emesis basin, disposable bags or covered containers	1
Immobilizer, Head: <ul style="list-style-type: none"> Disposable or Reusable 	2
Obstetrical supplies, sterile, including: <ul style="list-style-type: none"> Gloves Umbilical cord clamps 	1 kit or supplies as indicated

MINIMUM INVENTORY	QUANTITIES
<ul style="list-style-type: none"> • Dressings, towels • Scissors • Bulb syringe • Clear plastic bag 	
Oropharyngeal airways: <ul style="list-style-type: none"> • Two adult • Two children • One infant • One newborn 	6
Oxygen cannulas <ul style="list-style-type: none"> • Adult • Child 	1 each
Oxygen masks, transparent <ul style="list-style-type: none"> • Adult • Child • Infant 	1 each
Oxygen, portable <ul style="list-style-type: none"> • (USP) regulator with oxygen supply that at maximum capacity is sufficient to provide a patient with not less than 10 liters per minute for 45 minutes (equivalent to a "D" cylinder) 	2
Oxygen, vehicle (house) <ul style="list-style-type: none"> • (USP) regulator with oxygen supply that at maximum capacity is sufficient to provide a patient with not less than 10 liters per minute for a minimum of 3 hours (equivalent to an "M" cylinder) 	1
Personal Protective Equipment (Body Substance Isolation Equipment) <ul style="list-style-type: none"> • mask • gown • eye protection 	2 each
Saline, sterile isotonic, in clearly labeled plastic liter (quart) containers	2
Spine boards, rigid, approximately 14 inches in width <ul style="list-style-type: none"> • One 32 in. or more in length • One approximately 72 inches in length with straps for immobilization of suspected spinal or back injuries. 	2
Splints, short, medium and long <ul style="list-style-type: none"> • Cardboard splints (recommended for general use) • Inflatable air splints (recommended to immobilize lower arms and lower legs) (Optional) 	4 each
Splints, traction	1

MINIMUM INVENTORY	QUANTITIES
Stretchers <ul style="list-style-type: none"> • Stretchers with wheels and the following: <ul style="list-style-type: none"> ○ mattresses should be covered with impervious plastic material or the equivalent ○ have the capability to elevate both the head and foot ○ straps to secure the patient to the stretcher and a means of securing the stretcher in the vehicle ○ be adjustable to four different levels • Collapsible stretcher and the following: <ul style="list-style-type: none"> • straps to secure the patient to the stretcher and a means of securing the stretcher in the vehicle. • Straps or other approved device to secure a child or infant to the stretcher 	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p>
Suction equipment, portable, capable of at least: <ul style="list-style-type: none"> • a negative pressure equivalent to 300mm of mercury • 30 liter per minute air flow rate for 30 minutes of operation. 	<p style="text-align: center;">1</p>
Suction equipment, vehicle (house), capable of at least: <ul style="list-style-type: none"> • a negative pressure equivalent to 300mm of mercury • 30 liter per minute air flow rate for 30 minutes of operation 	<p style="text-align: center;">1</p>
Suction Tubing: <ul style="list-style-type: none"> • Non-collapsible, plastic, semi-rigid, whistle-tipped, finger controlled type is preferred.* • Flexible catheters for tracheostomy suctioning (8Fr.-12Fr.) 	<p style="text-align: center;">1 each</p>
Tongue depressors	<p style="text-align: center;">6</p>
Tourniquets (commercial, for control of bleeding)	<p style="text-align: center;">2</p>
Water (clean, potable), one gallon	<p style="text-align: center;">1</p>
Water, sterile, liters (quarts)	<p style="text-align: center;">2</p>
Urinal	<p style="text-align: center;">1</p>
Chemotherapy spill kit (Optional)	<p style="text-align: center;">1</p>

PERSONAL PROTECTION EQUIPMENT (PPE)*	QUANTITIES
Escape hood (Optional)	2
Gloves, work (multiple use, leather)	2 pairs
Hearing protection	2 sets
Jacket, EMS, with reflective stripes	2
Rescue helmet	2
Respiratory protection mask (N95) and general purpose mask	2 each
Safety vest meeting ANSI standards or equivalent	2

* OSHA Safety & Health Information Bulletin: "CBRN Escape Respirator", provides guidance on use, selection, and training. The minimum PPE is Level D, if applicable.

AMBULANCE STRIKE TEAM ADDITIONAL SUPPLIES*	QUANTITIES
Ballistic vest, protective (Optional – risk dependent**)	2
Field Operations Guide (FOG)	1
Footwear covers, single use	2 pairs
Duodote (atropine 2.1mg and pralidoxime chloride 600mg) or equivalent (Optional)	1/person
MRE (meal ready to eat) (3 meals/day/member for 3 days)	18

*Maintained at deployment location, not required in vehicle unless deployed.

**Mandatory for deployment to areas of civil unrest.

CROSS REFERENCES:

OSHA Regulations:

Ref. No. 29 CFR 1910.132

Ref. No. 29 CFR 1910.134

OSHA Safety & Health Information Bulletin: "CBRN Escape Respirator"

Emergency Medical Services Authority (EMSA):

EMSA Guidelines #216

California Highway Patrol:

Ref. 299, Ambulance Inventory

Prehospital Care Manual:

Ref. No. 703, **ALS Unit Inventory**

Ref. No. 704, **Assessment Unit Inventory**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **NURSE STAFFED CRITICAL CARE TRANSPORT
(CCT) UNIT INVENTORY**

REFERENCE NO. 712

PURPOSE: To provide a standardized minimum inventory on all Nurse Staffed Critical Care Transport (CCT) Units.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY: Nurse staffed CCT vehicles shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Reference No. 710, Basic Life Support Ambulance Equipment.

Nurse staffed vehicles performing advanced life support (ALS) level transports do not require the addition of the ALS inventory; however, if nurses are utilized in lieu of respiratory care practitioners (RCPs) for the transport of ventilator patients, all medications and equipment on Reference No. 713, Respiratory Care Practitioner (RCP) Unit Inventory and not included herein, must be added to the CCT unit.

MEDICATIONS* (minimum required amounts)			
Albuterol (pre-mixed with NS)	20 mgs	Dextrose solution (glucose paste may be substituted)	100 gms
Adenosine	24 mgs	Diphenhydramine	100 mgs
Amiodarone	450 mgs	Dopamine (premix or vials)	800 mgs
Aspirin (chewable 81 mg)	640 mgs	Epinephrine (1mg/mL)	1 mgs
Atropine sulfate (1 mg/10 mL)	4 mgs	Epinephrine (0.1mg/mL)	5 mgs
Calcium chloride	1 gm	Lidocaine	200 mgs
Dextrose 10% / Water 250 mL	3	Naloxone	2 mgs
		Nitroglycerin (SL) spray, tablets or single dose powder packets	1 pump or bottle 36 packets

*All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens

INTRAVENOUS FLUIDS (minimum required amounts)			
1000 mL normal saline	2	250 mL normal saline	2

EFFECTIVE: 3-31-08

REVISED: 7-1-17

SUPERSEDES: 4-1-17

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

PAGE 1 OF 3

**SUBJECT: NURSE STAFFED CRITICAL CARE TRANSPORT
(CCT) UNIT INVENTORY**

REFERENCE NO. 712

Adhesive dressing (Band-Aids®)	1 box	Gloves Sterile	2 pairs
Airways – Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Gloves Unsterile	1 box
		Glucometer, strips and lancets, Automatic retractable	1
Airways – Oropharyngeal Large	1	Hand-held nebulizer pack	2
Medium	1	Hemostats, padded	1
Small Adult/Child	1	Infusion Pump with 3 chamber drip capability	1
Infant	1	Infusion Pump tubing	2 full sets 4 half sets
Neonate	1	Intravenous catheters (14G-22G)	5 each
Alcohol swabs	1 box	Intravenous Tubing Microdrip	2
Backboards	1	Macrodrip	2
Back-up Power source/Adjunct power source (invertor batteries, etc.) Second required if transporting IABP patients	1	Normal saline for irrigation	1 bottle
Bag-valve device with O ₂ inlet and reservoir Adult and Pediatric	1 each	OB pack and bulb syringe ¹	1
Bag-valve mask Large	1	Oxygen cannulas Adult and Pediatric	3 each
Medium	1	Oxygen Masks Adult and Pediatric	3 each
Small Adult/Child	1	Pediatric Length-Based Resuscitation Tape (Broselow, 2011A or newer)	1
Toddler	1	Pulse Oximeter	1
Infant	1	Saline locks	4
Neonate	1	Suction Unit (portable)	1
Cardiac Monitor/Defibrillator	1	Suction Catheters 8F-14F Tonsillar tip	2 each
End tidal CO ₂ monitor/wave form capnography, external pacemaker, pulse oximeter, and 12-lead ECG capabilities		Syringes 1 ml – 10 ml	1 each
Cellular Phone (personal or company supplied) ¹	1	Sphygmomanometer Adult/pediatric/thigh cuff	1
Color Code Drug Doses LA County Kids – Ref. No. 1309	1	Scissors	1 each
Contaminated Sharps Container*	1	Stethoscope	1
Defibrillator pads or paste and electrodes (including pediatric electrodes and pads)	2 6	Tape (various types, must include cloth)	1
Gauze bandages	2		
Gauze sponges 4x4 (sterile)	4 pkgs		

OPTIONAL EQUIPMENT

Filter Needles ²	2	Ondansetron (orally disintegrating tablets)	12 mgs
Flumazenil	1 mg	Ondansetron (intravenous) 4mgs/2cc	12 mgs
Furosemide	100 mgs	Sodium Bicarbonate	50 mls
Levalbuterol HCL	7.5 mgs	Mucosal Atomization Device (MAD)	2
Lidocaine (1 gm/250 ml)	1 bag	Respiratory Ventilator	1
Lopressor	20 mgs	Impedance Threshold Device	1
Lorazepam	4 mgs	Vasostrict®	20 units
Midazolam	20 mgs		
Morphine sulfate	20 mgs		

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

¹ OB Kits with clamps / scissors (no scalpels)

² Optional, if not utilizing glass ampules

This policy is intended as a nurse staffed CCT unit inventory only.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 414, Critical Care Transport (CCT) Provider

Ref. No. 710, Basic Life Support Ambulance Equipment

Ref. No. 713, Respiratory Care Practitioner (RCP) Staffed Critical Care Transport (CCT)
Unit Inventory

SUBJECT: RESPIRATORY CARE PRACTITIONER STAFFED CRITICAL CARE TRANSPORT UNIT INVENTORY REFERENCE NO. 713

PURPOSE: To provide a standardized minimum inventory on all Respiratory Care Practitioner (RCP) transports.

PRINCIPLE: Any equipment or supplies carried for use in providing emergency medical care must be maintained in good working order.

POLICY: RCP transports shall carry the following equipment. Reasonable variations may occur; however, any exceptions must have prior approval of the EMS Agency. Transport vehicles shall also be equipped and supplied according to Reference No. 710, Basic Life Support Ambulance Equipment

MEDICATIONS
 (minimum required amounts)

Albuterol (pre-mixed with NS)	30mgs	Atrovent	2mgs
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SUPPLIES*
 (minimum required amounts)

Airways-Nasopharyngeal Large, medium, small (34-36, 26-28, 20-22)	1 each	Cellular Phone (personal or company)	1
Airways-Oropharyngeal Large	1 each	Color Code Drug Doses LA County Kids Reference No. 1309	1
Medium	1	Coupler/Quick Connect (oxygen connection)	2
Small Adult/Child	1	End tidal CO ₂ detector (portable)	2
Infant/Neonate	1 each	ETCO ₂ Filterline	6
Airway Guard (bite blocker)	2	Endotracheal tubes with stylets Sizes 2.0-8.0	2 each
Bag-Valve device with O ₂ inlet and reservoir Adult and Pediatric	1 each	Gloves (Sterile)	2 pairs
Bag Valve Mask Large	1 each	HME Heat/Moisture Exchange Ventilator Filters	4 adults 2 peds
Medium	1	King LTS-D (Disposable Supraglottic Airway Device) (Size 3, 4 and 5)	1 each
Small Adult/Child	1	Laryngoscope Handle Adult and Pediatric	1 each
Toddler	1	Laryngoscope Blades Adult curved and straight	1 each
Infant	1	Magill Forceps Adult and Pediatric	1 each
Neonate	1	Non-sterile gloves	1 box

EFFECTIVE: 2-01-12
 REVISED: 04-01-17
 SUPERSEDES: 02-28-15

APPROVED: *Cathy Childress*
 Director, EMS Agency

Marianne Sanchez-Hill, MD
 Medical Director, EMS Agency

SUBJECT: RESPIRATORY CARE PRACTITIONER STAFFED CRITICAL CARE TRANSPORT UNIT INVENTORY

REFERENCE NO. 713

SUPPLIES* (minimum required amounts)			
Nasal Cannulas Adult/Pediatric	3 each	Scissors	1
Normal Saline Pillows (ampoules/inhalant)	10	Sphygmomanometer Adult, pediatric and thigh	1 each
Hand Held Nebulizer Pack	2	Suction Catheters 8F-14F	1 each
Oxygen Mask Adult and Pediatric	3 each	Stethoscope	1
Oxygen Hose	1	Syringes 10ml	2
Oxygen Regulator	2	Tape (various types, must include cloth)	1 each
Oxygen Tree	2	Tracheostomy Mask Adult and Pediatric	2 each
Oxygen Key	2	Ventilator filters	6
Pediatric Length-Based Resuscitation Tape (Broselow 2011A or newer)	1	Ventilator Circuits (disposable) Adult and Pediatric	4 adult 2 peds
Pediatric Blades Miller 0, 1 and 2	1 each	Ventilator (non-pneumatic)	1
PEEP Valve Adult and peds	1 each	Venturi Mask	3
Penlight	1	Waveform Capnography	
Portable Suction	1		
Personal Protective Equipment /Body Substance Isolation Equipment Mask, gown, eye protection	2 each		
Pulse Oximeter Adult and Pediatric probes	2		
SUPPLIES (approved optional equipment)			
Levalbuterol	7.5 mgs		

* All sharps must comply with CCR, Title 8, Section 5193, Bloodborne Pathogens.

This policy is intended as a RCP Inventory only.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 414, Registered Nurse/Respiratory Specialty Care Transport Provider

Ref. No. 710, Basic Life Support Ambulance Equipment

Ref. No. 712, Nurse Staffed Critical Care Unit Inventory

SUBJECT: **EMS QUALITY IMPROVEMENT PROGRAM
COMMITTEES**

REFERENCE NO. 618

PURPOSE: To monitor and evaluate the quality of prehospital care within Los Angeles County. The EMS Quality Improvement Program (EQIP) Committee(s) will review and make recommendations to the Medical Director concerning system prehospital emergency medical care.

AUTHORITY: California Code of Regulations, Title 22, Division 9
Health and Safety Code Division 2.5
California Evidence Code, Section 1157
California Civil Code Part 2.6, Section 56

PRINCIPLE: The proceedings of the EQIP Committees are confidential; any information received during these proceedings shall be considered confidential and/or privileged by the committees. Anyone providing any evidence or information to these committees shall be assured that the information is being received in confidence.

POLICY:

I. The EQIP Committees include the following:

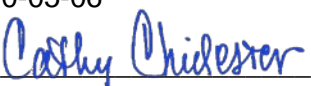
- A. EMS Agency Technical Advisory Group (TAG)
- B. Base Hospital/911 Provider Agency QI Committee
- C. Private Non-911 Provider Agency QI Committee
- D. Specialty Center QI Committees:
 - 1. Trauma System QI Committee
 - 2. Trauma Hospital Advisory Committee-QI Subcommittee (THAC-QI)
 - 3. Trauma Hospital Regional QI Program
 - 4. STEMI Receiving Center Advisory
 - 5. STEMI Receiving Quality Improvement Subcommittee
 - 6. Standing Field Treatment Protocol (SFTP) QI
 - 7. Pediatric Advisory Committee (PedAC)
 - 8. Stroke Advisory Committee (SAC)


II. Committee member or designee responsibilities include:

- A. Participate in scheduled QI committee meetings.
- B. In collaboration with the Los Angeles County EMS Agency, identify prehospital care issues, provide recommendations, develop a plan for improvement, and monitor results.
- C. Develop and validate system QI indicators and/or studies.

EFFECTIVE: 01-17-01
REVISED: 04-01-17
SUPERSEDES: 10-05-06

PAGE 1 OF 3

APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

- D. Participate in systemwide data collection and reporting. Each QI Committee member shall submit data to the EMS Agency on systemwide indicators, when applicable.
 - E. Coordinate focused studies and compile data on selected issues.
- III. QI Committee membership shall include, but is not limited to, the following representative(s) or designee(s):
- A. EMS Agency TAG
 - 1. EMS Agency Medical Director
 - 2. EMS Agency Director/Assistant Director(s)
 - 3. Designated EMS Agency staff
 - 4. 9-1-1 Receiving Hospital
 - 5. Public Provider Agency Medical Director
 - 6. Paramedic Coordinator
 - 7. Provider Agency Nurse Educator
 - 8. Paramedic Training Program Director
 - 9. Representative from an approved EMT Training Program
 - 10. Representative from the Los Angeles County Ambulance Association
 - 11. Representative from an Emergency Medical Dispatch Agency
 - 12. Ad hoc members, as needed
 - B. Base Hospital/9-1-1 Provider Agency QI:
 - 1. EMS Agency Medical Director
 - 2. EMS Agency System QI Coordinator
 - 3. Designated EMS Agency staff
 - 4. Prehospital Care Coordinators from each Base Hospital
 - 5. Paramedic Coordinator and/or Fire Department Nurse Educator from each 9-1-1 Provider Agency
 - 6. Air Operations Provider Agency, ad hoc
 - 7. Emergency Medical Dispatch, ad hoc
 - 8. Ad hoc members, as needed
 - C. Private/Non-9-1-1 Provider Agency QI:
 - 1. EMS Agency Medical Director
 - 2. EMS Agency System QI Coordinator
 - 3. Designated EMS Agency staff
 - 4. QI Coordinator from Non 9-1-1 BLS/ALS/CCT provider agencies
 - 5. Representative(s) from approved Paramedic Training Programs
 - 6. Representative(s) from approved EMT Training Programs
 - 7. 9-1-1 Provider Agency member, ad hoc
 - 8. Emergency Medical Dispatch representative, ad hoc
 - 9. Ad hoc members, as needed

D. Specialty Center QI – see applicable policies and bylaws:

1. Trauma Program
2. STEMI Program
3. SFTP
4. PedAC
5. SAC

IV. EQIP Committee Responsibilities:

- A. The EQIP Committees shall meet quarterly unless otherwise specified by the EMS Agency Medical Director, policy or committee bylaws.
- B. The EMS Agency is responsible for arranging the meeting location, maintaining a membership attendance roster, meeting agenda, and recording/distributing meeting minutes.
- C. Significant unresolved systems issues shall be forwarded, with written recommendations, to the EMS Agency Director and/or Medical Director for further review.

CROSS REFERENCES:

Prehospital Care Policy Manual:

- Ref. No. 813, **Standing Field Treatment Protocols**
Ref. No. 614, **Trauma System Quality Improvement Committee**
Ref. No. 615, **Trauma Hospital Advisory Committee - Quality Improvement Subcommittee - (THAC-QI)**
Ref. No. 616, **Trauma Hospital Regional Quality Improvement Program**
Ref. No. 620, **EMS Quality Improvement Program**
Ref. No. 620.1 **EMS Quality Improvement Program Plan**

- California EMS Authority, **Quality Improvement Program Model Guidelines, 2005**
LA County EMS Agency, **Quality Improvement Plan**
LA County EMS Agency, **SRC Standards**
LA County EMS Agency, **PedAC Bylaws**
LA County EMS Agency, **Stroke Standards**

SUBJECT: **EMS QUALITY IMPROVEMENT PROGRAM**

REFERENCE NO. 620

PURPOSE: To establish a process for the Los Angeles County Emergency Medical Services (EMS) Agency and system participants to evaluate the EMS system to ensure safety and continued improvement in prehospital patient care delivery.

AUTHORITY: California Code of Regulations, Title 22, Chapter 12
Health and Safety Code Division 2.5
California Evidence Code, Section 1157.7
California Civil Code Part 2.6, Section 56

DEFINITIONS:

Indicator: A well-defined, objective, measurable, and important aspect of care.

Important Aspects of Care: Patient care activities that are of greatest significance to the quality of patient care. These include activities that are high in volume, high risk, and/or problem prone for patients and/or healthcare providers.

Periodic Review: A re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.

Quality Improvement (QI): The analysis of performance and systematic effort to improve it.

System Participant: For the purposes of this policy, a system participant is any prehospital care provider or entity required by law, regulation, agreement, or policy to develop and maintain a QI program consistent with state and local requirements.

Threshold: A pre-established level of performance related to a specific indicator.

Technical Advisory Group (TAG): A group of EMS system participants (stakeholders) that assist in the implementation of the QI process.

Unusual Occurrence: An unexpected event that has impacted or could potentially impact the routine safe delivery of care.

PRINCIPLES:


1. An EMS QI program is an essential component of an effective EMS system capable of providing quality patient care and achieving system performance goals.
2. Key components of an EMS QI program include:
 - a. Personnel
 - b. Equipment and Supplies
 - c. Documentation
 - d. Clinical Care/Patient Outcome

EFFECTIVE: 03-01-96
REVISED: 01-01-16
SUPERSEDES: 08-01-12

PAGE 1 OF 5

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- e. Skills Maintenance/Competency
 - f. Transportation/Facilities
 - g. Risk Management
 - h. Public Education/Prevention
3. EMS organizations become valuable stakeholders in the State QI program by participating in the local EMS Agency QI program.
4. Randomized data sampling may be utilized to measure an indicator or monitor performance. However, to obtain meaningful data that is representative of the study population, factors such as the population affected, the frequency of the activity, and the severity of consequence when thresholds are not met, must all be considered when determining the size and population of data samples.

POLICY:

- I. EMS Agency Responsibilities:
- A. Implement a state-approved EMS QI plan consistent with all regulatory requirements.
 - B. Review QI programs and approve QI plans of local EMS system participants.
 - C. Maintain a systemwide QI program.
- II. System Participant Responsibilities:
- A. Implement and maintain a QI program approved by the EMS Agency that reflects the organization's current QI process(es).
 - B. Demonstrate how EMS QI is integrated within the organization.
 - C. Designate a representative to attend the relevant EMS Agency QI Committee meeting(s).
 - D. Participate in systemwide QI studies, to include timely submission of requested data to the EMS Agency.
 - E. Provide education, training, or other methods utilized to disseminate information (i.e., newsletters or posters) specific to findings identified in the QI process.
 - F. Establish and maintain relationships with stakeholders (e.g., Technical Advisory Group) and, as needed, convene meetings to facilitate the QI process.
 - G. Review the QI plan annually and update as needed. If there are no revisions, a signed copy of the QI plan signature page or written statement to that effect, along with a copy of the current QI indicators, may be submitted in lieu of the entire plan.
- III. Other Specified Specialty Care Center Responsibilities:
- A. Participate in the EMS QI Program, to include collection and submission of data to the EMS Agency.

IV. QI Plan Requirements:

Each QI plan shall include a description, at a minimum, of the following components:

A. Organizational Structure

1. Mission statement and/or philosophy of the organization.
2. Goals and objectives.
3. Organizational chart or narrative description of how the QI program is integrated within the organization (include local stakeholder participation), EMS Agency QI Program, and State EMS QI Program.
4. Organizational chart or narrative description of how the organization's QI program is integrated with local and State QI programs

B. Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)

- F Find a process to improve
- O Organize an effort to work on improvement
- C Clarify current knowledge of the process
- U Understand process variation and capability
- S Select a strategy for further improvement

- P Plan a change or test aimed at improvement
- D Do – carry out the change or the test
- S Study the results, what was learned, what went wrong
- A Act – adopt the change, or abandon it, or run through the cycle again

C. Data Collection and Reporting

1. All reliable sources of information utilized in the QI process; including EMS databases, prehospital care records, checklists, customer input, direct observations, and skills simulation.
2. Flow of information.
3. Methods used to document QI findings.
4. Process used to submit data to the EMS Agency.

D. Training, education or methods that will be used to communicate relevant information among stakeholders.

V. QI Program Requirements:

Each QI Program shall include, at minimum, the following:

A. An approved QI Plan

- B. Develop a minimum of two QI indicators that relate to important aspects of care, to include the following:
 - 1. Well-defined description of the important aspect of care being measured.
 - 2. Threshold for compliance.
 - 3. Timeline for tracking indicator once the threshold has been achieved.
 - 4. Data source.
- C. Methods for tracking compliance and identifying trends.
- D. Written analysis that summarizes the QI findings.
- E. Corrective actions that may be taken to improve processes.
- F. Written trending report that includes effectiveness of performance improvement action plans.
- G. Education and training specific to findings identified in the QI process.
- H. Methods utilized for dissemination of the QI findings to stakeholders.
- I. Recognition and acknowledgment of performance improvement.
- J. Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.
- K. Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences.
- L. Record Keeping
 - 1. All QI records shall be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.
 - 2. The following records shall be maintained and available for review until the EMS Agency Program Review is concluded:
 - a. QI meeting minutes and attendance rosters/sign-in sheets.
 - b. Attendance rosters/sign-in sheets for activities where QI findings and/or actions are discussed.
 - c. QI indicator(s) data collection tools.
 - d. Written summaries of the trending/analysis.
 - e. Documentation of dissemination of QI findings to stakeholders.

- f. Dates and times of continuing education and skill training based on QI findings.
- g. Dates and times of remedial education or skills training, when provided.
- h. Non-indicator tracking tool for monitoring performance excellence, unusual occurrences or issues regarding non-compliance with current policies and procedures outside of QI activities.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 602, **Confidentiality of Patient Information**

Ref. No. 618, **EMS Quality Improvement Program Committees**

California EMS Authority, Quality Improvement Program Model Guidelines, 2005

Los Angeles County EMS Agency Quality Improvement Plan: ems.dhs.lacounty.gov/QI/QI

HOSPITALS WITH CHILDREN SERVICES IN LOS ANGELES COUNTY

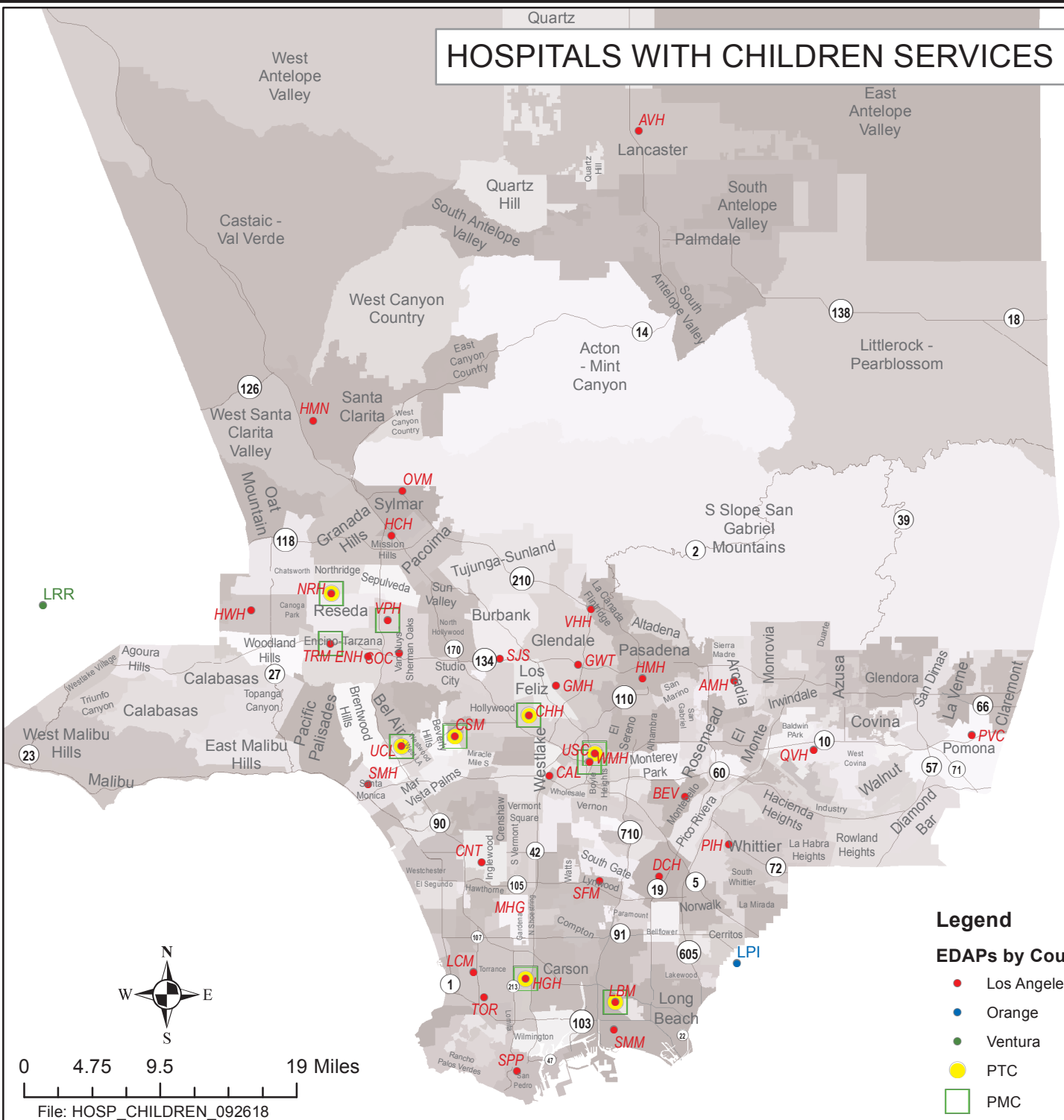
As of 10/01/2018

Code	Name
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
CAL	DignityHealth-California Hospital Medical Center
CHH	Children's Hospital Los Angeles
CNT	Centinela Hospital Medical Center
CSM	Cedars Sinai Medical Center
DCH	PIH Health Hospital - Downey
ENH	Encino Hospital Medical Center
GMH	DignityHealth-Glendale Memorial Hospital and Health Center
GWT	Glendale Adventist Medical Center
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LBM	Long Beach Memorial Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LPI	La Palma Intercommunity Hospital
LRR	Los Robles Hospital & Medical Center
NRH	DignityHealth-Northridge Hospital Medical Center
OVM	LAC Olive View-UCLA Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SFM	St. Francis Medical Center
SJS	Providence Saint Joseph Medical Center
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TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WMH	Adventist Health - White Memorial

Legend

EDAPs by County

- Los Angeles
- Orange
- Ventura
- PTC
- PMC



0 4.75 9.5 19 Miles

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **ELECTRONIC SUBMISSION OF
PREHOSPITAL DATA**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 607

PURPOSE: To establish procedures for the submission of electronic data by prehospital care providers.

AUTHORITY: California Assembly Bill No. 1129
California Code of Regulations, Title 22, Chapter 4, Sections 100169, 100170
Health Insurance Portability and Accountability Act (HIPAA), 2009
Health and Safety Code, Section 130202
Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITION:

Electronic Data: Patient Care Records submitted in electronic format (as per LA-EMS Data Dictionary) or field electronic Patient Care Records (ePCRs).

PRINCIPLES:

1. All submission of electronic personal health information (PHI) shall be in compliance with HIPAA regulations.
2. PCRs require redundant back up and emergency down time procedures.
3. The provider agency will ensure that the electronic data is compliant with the EMS Agency's data system requirement.
4. All public and private advanced life support (ALS), specialty care transport (SCT), and exclusive operating area (EOA) provider agencies shall submit data electronically, which meets the LA-EMS or LA-EOA Data Dictionary requirements, to the EMS Agency.
5. Provider agencies cannot utilize an ePCR until their selected vendor has been approved to submit data electronically to the EMS Agency.

POLICY:

- I. Provider Agency Responsibilities
 - A. Prior to implementation of an Electronic Data System
 1. Electronic Data Submission Plan

Submit a plan, approved by the department's Fire Chief or private provider agency's Chief Executive Officer, to the EMS Agency for approval which includes:


EFFECTIVE DATE: 12-01-09

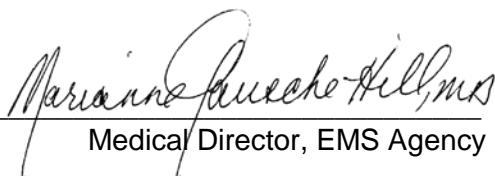
PAGE 1 OF 3

REVISED: 04-01-18

SUPERSEDES: 12-01-13

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- a. Ability to transmit data to the EMS Agency which meets the LA-EMS or LA-EOA Data Dictionary requirements.
 - b. A successful mechanism to provide immediate transfer of patient information to additional providers, including transporting agency (if necessary).
 - c. System to ensure only one Patient Care Record per patient is created, per provider agency, regardless of the number of units an individual provider responds with.
 - d. Processing for confirming that an ePCR has been successfully generated for each patient.
 - e. A successful mechanism for receiving facilities to have the electronic record available upon the patient's transfer of care and any patient care related revisions made after leaving the receiving facility.
 - f. Back-up system available in case of system failure.
 - g. Staff members assigned to act as a liaison between the vendor and the EMS Agency to identify and correct data issues.
2. Notify the EMS Agency's Data Management Division Chief once a vendor has been selected and provide an estimated filed implementation date.
 3. Notify all hospitals that provider transports to, of the intent to convert to an ePCR system and the tentative start date.
- B. Implementation
1. Ensure the selected vendor contacts the EMS Agency's Data System Management Division Chief to discuss the data format, transmission procedures and obtain sequence number format.
 2. Maintain a staff member to act as liaison between the vendor and the EMS Agency to identify and correct data issues.
 3. Submit validated test files, meeting the LA-EMS Data Dictionary and Extensible Markup Language (XML) Schema Definition (XSD) standard, and the corresponding copies of the ePCRs in PDF format, that accurately reflect the documentation in the electronic record upon import.
- C. Ongoing
1. Transmit validated data to the EMS Agency for import into the Trauma Emergency Medicine Information System (TEMIS) database within 30 days of the last day of the preceding month. Files with validation errors will be rejected and must be corrected and re-transmitted prior to import.

2. Address and correct data related issues as they arise.
3. Implement annual data field and export program changes within three months of publication.

II. EMS Agency Responsibilities

- A. Review and approve the electronic data submission plan.
- B. Liaison with the provider agency and receiving hospital(s) to establish a mutually agreed upon method by which the receiving hospital(s) will obtain the ePCR.
- C. Meet with the provider agency and vendor to review electronic data submission plan and provide the Sequence Number formatting, LA-EMS Data Dictionary, LA-EMS XSD, LA-EMS XSD validator and LA-EMS sample XML.
- D. Review validated test files, and the corresponding copies of the ePCR in PDF format, for completeness and accuracy and provides a report to the provider agency and vendor with noted deficiencies.
- E. Ongoing
 1. Monitor incoming data and notify the provider as issues arise and follow up with provider as needed to ensure data issues are addressed and resolved.
 2. Present data field changes annually to the Provider Agency Advisory Committee.

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 604, **Confidentiality of Patient Information**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 608, **Disposition of Copies of the EMS Report Form**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**

LA-EMS Data Dictionary
LA-EMS Extensible Markup Language (XML) Schema Definition
(XSD) LA-EMS XSD Validator
LA-EMS Sample XML

SUBJECT: **PARAMEDIC COMMUNICATIONS SYSTEM**

REFERENCE NO. 716

PURPOSE: To provide base hospitals and paramedic provider agencies with the operational requirements for the Los Angeles County Paramedic Communications System.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1798 (a). California Code of Regulations Title 22, Sections 100168 (b) (4) and 100169 (b).

SYSTEM MANAGEMENT:

- I. The Department of Health Services shall be responsible for:
 - A. Designating one individual within DHS as the Paramedic Communication Systems (PCS) Manager to provide administration and direction of the PCS.
 - B. Utilizing the Los Angeles County Internal Services Department (ISD) for technical consultation and ongoing design, installation and maintenance of the County-owned portion of the PCS.
 - C. Assigning base hospital MED channels and continuous tone-controlled squelch systems (CTCSS) tones in consultations with ISD.
 - D. Notifying affected base hospitals and provider agencies of any proposals for operational or structural changes in the components of the PCS. (No substantial operational or structural changes in the components of the PCS will be made without prior notification of base hospital or provider, or until base hospital, if it wishes, has exhausted administrative due process remedies outlined in the Paramedic Base Hospital Agreement.)
 - E. Promulgating PCS operational procedures and maintenance standards in cooperation with ISD. Changes shall be approved by the communications Management Committee. (See Section V.)
 - F. Establishing and maintaining a communications system, which at minimum, provides radio coverage for 90% of the populated geographical areas 90% of the time.
- II. The Los Angeles County Internal Services Department (ISD) shall be responsible for:
 - A. Assuming ongoing responsibility for the design, development, timely implementation and technical integrity of PCS. (To the extent feasible, ISD shall solicit input from the PCS Manager.)
 - B. Maintaining and repairing County-owned equipment.

EFFECTIVE DATE: 9-16-92

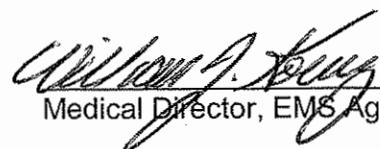
REVISED: 08-01-13

SUPERSEDES: 6-15-10

PAGE 1 OF 4

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- C. Preparing PCS communications equipment specifications, operating procedures and maintenance standards.

III. Base Hospitals shall be responsible for:

- A. Providing the specific PCS base hospital communications meeting technical requirements outlines in the Los Angeles County's Specification 2027 and operating in accordance with the transmitter power output and antenna specifications as set forth in the Paramedic Base Hospital Agreement.
- B. Acquiring, operating and maintaining communications equipment in accordance with applicable FCC Rules and Regulations and California Public-Safety Radio Association (CPRA) procedures and guidelines.
- C. Operating, maintaining and repairing hospital-owned PCS equipment in accordance with the Paramedic Base Hospital Agreement, including:
 - 1. Emergency repair of PCS equipment
 - 2. Quarterly preventative maintenance inspections (PMIs).
 - 3. Annual FCC frequency and deviation test for all radios, and visual inspection of antenna structures.
- D. Solicitation of annual reports from assigned field provider units about any chronic communication problems to include, but not be limited to, field equipment, dead space, radio failure and co-channel interference, and submit a written report to the EMS Agency (Attention PCS Manager).
- E. Obtaining and maintaining leased circuits to current or new remote control stations or to the closer termination point for new or current stations jointly determined by Hospital, EMS and ISD if hospital is afforded capability of remote control of radio stations location at a County site or other remotely located site.
- F. Paying for all costs associate with maintenance and repair of remote radio stations, including costs of AC power, owned by hospital and located at non-county sites. Requests for new sites or changes to current site configurations must be submitted in writing to the PCS Manager.
- G. Complying with system design, operating and maintenance standards for communications equipment as set forth in the Paramedic Base Hospital Agreement. Request for changes must be submitted in writing to the PCS Manager.
- H. Complying with channel/tone assignments for communication with paramedics. Requests for changes must be submitted in writing to the PCS Manager.
- I. Providing training of personnel assigned to use PCS equipment.
- J. Complying with Paramedic System Trouble Control Procedures set forth in the Base Hospital Agreement.

IV. Provider Agencies shall be responsible for:

- A. Equipping each approved Advanced Life Support (ALS) unit with at least one portable radio capable of voice communications with base hospitals and transportable to the patient's side. Radio shall meet technical requirements outlined in the Los Angeles County's Specification 2029. Optional permanently mounted mobile radios meeting Specification 2033 may be used, but do not replace portable radio equipment.

Provider agencies may substitute above portable equipment with "hand-held", half-duplex radios described in Specification 2031. This requires written approval by the EMS Agency. Provider agencies must submit field test reports that verify satisfactory communications with the hand-held units in the geographic area they are intended for use. Reasonable measures shall be taken to ensure base hospital voice communications during transport.

- B. Acquiring and maintaining communications equipment in accordance with FCC Rules and Regulations and California Public Safety Radio Association (CPRA) procedures.
- C. Operating, maintaining and repairing provider-owned PCS equipment on a routine and emergency basis.
- D. Operating PCS equipment in compliance with the Effective Radiated Power (ERP) and antenna specification set forth by ISD.
- E. Complying with channel assignments and communications protocols with Base Hospitals.
- F. Using the public telephone or cellular telephone systems to **augment**, but **not replace**, the above-defined communications equipment.
- G. Obtaining written approval from the PCS Manager for field-testing of equipment not currently approved for use by the EMS Agency prior to the tests.

V. Communications Management Committee

- A. Organized to provide technical and administrative assistance to the PCS Manager in the design, maintenance and operation of PCS.
- B. The committee shall be composed of the following representatives for their designees:
1. PCS Manager appointed by the Director of DHS.
 2. Chief Deputy Director, Internal Services Department
 3. Executive Director, Hospital Association of Southern California.
 4. Representative nominated by the Emergency Medical Services Commission.

5. Representative nominated by the Los Angeles County Ambulance Association.
 6. Representative nominated by the Los Angeles County Chapter of the California Fire Chiefs Association.
- C. Failure of the listed non-County agencies to appoint representatives to the CMC shall not invalidate the formation of the CMC. Alternative arrangements which fulfill the purposes of this committee may also be utilized with the approval of the EMS Agency.
- D. Committee responsibilities include:
1. Assessing current operations of PCS.
 2. Identifying new and ongoing problems.
 3. Developing solutions and schedules for resolving problems.
 4. Reporting status to participants of PCS on a regular basis.
 5. Bringing major problems to the attention of the directors of EMS and ISD.
- E. Committee shall meet on an "as-needed" basis.
- V. Reporting Communication Problems
- A. Provider agencies and base hospitals shall attempt to identify the source of a communication problem (e.g., equipment failure) and take internal steps to resolve the identified problem. If it is determined that the problem involves a County remote site, the base hospital may call the 24 hours/day County ISD Dispatcher at (562) 401-9349.
 - B. Ongoing system problems or problems involving County-owned equipment or sites should be reported in writing to the EMS Agency (Attention: PCS Manager).

CROSS REFERENCES:

Los Angeles County Specification 2027
Los Angeles County Specification 2029
Los Angeles County Specification 2031
Los Angeles County Specification 2032
Paramedic Base Hospital Agreement

Los Angeles County EMS Agency STEMI Critical Care System Plan

In 2005, through grants and “seed” money from Los Angeles (LA) County, all primary 9-1-1 EMS providers in LA County were required to purchase 12-lead electrocardiogram (ECG) monitors and provide education on the presentation and management of patients with myocardial infarction.

On December 1, 2006, LA County EMS Agency designated the first three (3) hospitals as ST-Elevation Myocardial Infarction (STEMI) Receiving Centers (SRC). 9-1-1 patients with suspected STEMI were routed to these SRCs when the 12-lead electrocardiogram (ECG) interpretation was “Acute Myocardial Infarction”. The maximum transport time to reach an SRC was 30-minute otherwise the patient was transported to the closest most accessible 9-1-1 receiving hospital. The primary goals of the program were to regionalize care of patients with suspected STEMI to hospitals that can provide rapid percutaneous coronary intervention (PCI) 24 hours a day, 7 days a week, 365 days a year.

In October 2010, patients who had a non-traumatic out-of-hospital cardiac arrest (OHCA) and had a return of spontaneous circulation (ROSC) in the prehospital setting were also transported to the SRC.

In January 2011, studies have demonstrated the improved neurological outcomes of OHCA patients with ROSC when managed with Therapeutic Hypothermia/Target Temperature Management (TTM). SRCs were required to have equipment, policies, and procedures for identifying patient eligible for TTM and for administering TTM.

As of June 30, 2018, there were 36 SRCs designated by LA Couth EMS Agency (including one in Orange County and one in Ventura County).

§100270.121(c)

(1) Names and Titles of EMS Agency personnel with a role in the STEMI critical care system

Cathy Chidester, EMS Agency Director

Dr. Marianne Gausche-Hill, EMS Agency Medical Director

Dr. Nichole Bosson, EMS Agency Assistant Medical Director

Richard Tadeo, EMS Agency Assistant Director

Christine Clare, Chief-Hospital Programs

Paula Rashi, STEMI Receiving Center (SRC) Program Manager

Michelle Williams, Chief Data Systems Management

(2) List of STEMI designated facilities with the agreement expiration dates

Attachment A

See map of designated SRCs as of June 30, 2018 (Attachment B)

- (3) A description or copy of the local EMS agency's STEMI patient identification and destination policies

Reference No. 513, ST-Elevation Myocardial Infarction Patient Destination (Attachment C)

Reference No. 1211, Treatment Protocol: Cardiac Chest Pain (Attachment D)

- (4) A description or a copy of the method of field communication to the receiving hospital-specific to STEMI patients, designed to expedite time-sensitive treatment on arrival

Reference No. 513, ST-Elevation Myocardial Infarction Patient Destination (Attachment C)

Reference No. 716, Paramedic Communications System (Attachment E)

Reference No. 1211, Treatment Protocol Cardiac Chest Pain (Attachment D)

- (5) A description or a copy of the policy that facilitates the inter-facility transfer of a STEMI patient

Reference No. 513.1, Interfacility Transport of Patients with ST-Elevation Myocardial Infarction (Attachment F)

- (6) A description of the method of data collection from the EMS providers and designated STEMI hospitals to the local EMS agency and EMS Authority

Reference No. 320, ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) Standards (Attachment G)

Reference No. 607, Electronic Submission of Prehospital Data (Attachment H)

Our database system vendor is NEMSIS compliant and is currently working with the CEMSIS vendor to submit EMS data to the EMS Authority.

- (7) A policy or description of how the Local EMS agency integrates a receiving center in a neighboring jurisdiction

Los Angeles County EMS, with concurrence from neighboring EMS Agencies, reached out to hospitals in neighboring jurisdictions that receive patients from LA County to solicit interest in participating in the in the SRC program. The ST-Elevation Myocardial Infarction (STEMI) Receiving Center Standards, Reference No. 320 was provided to hospitals that expressed interest, and upon meeting all requirements, the hospital was then designated as a SRC. Currently, there are two designated SRCs bordering counties (one in Orange County and one in Ventura County).

- (8) A description of the integration of STEMI into an existing quality improvement committee or a description of any STEMI-specific quality improvement committee

A biannual SRC Advisory/QI Meeting is held by the EMS Agency. SRC Medical Directors and Program Managers from all SRCs are expected to attend 100% of the meetings.

Agenda items include: policy and practice issues; best practices; and system-wide quality improvement and performance metrics.

Los Angeles County EMS Agency STEMI Critical Care System Plan

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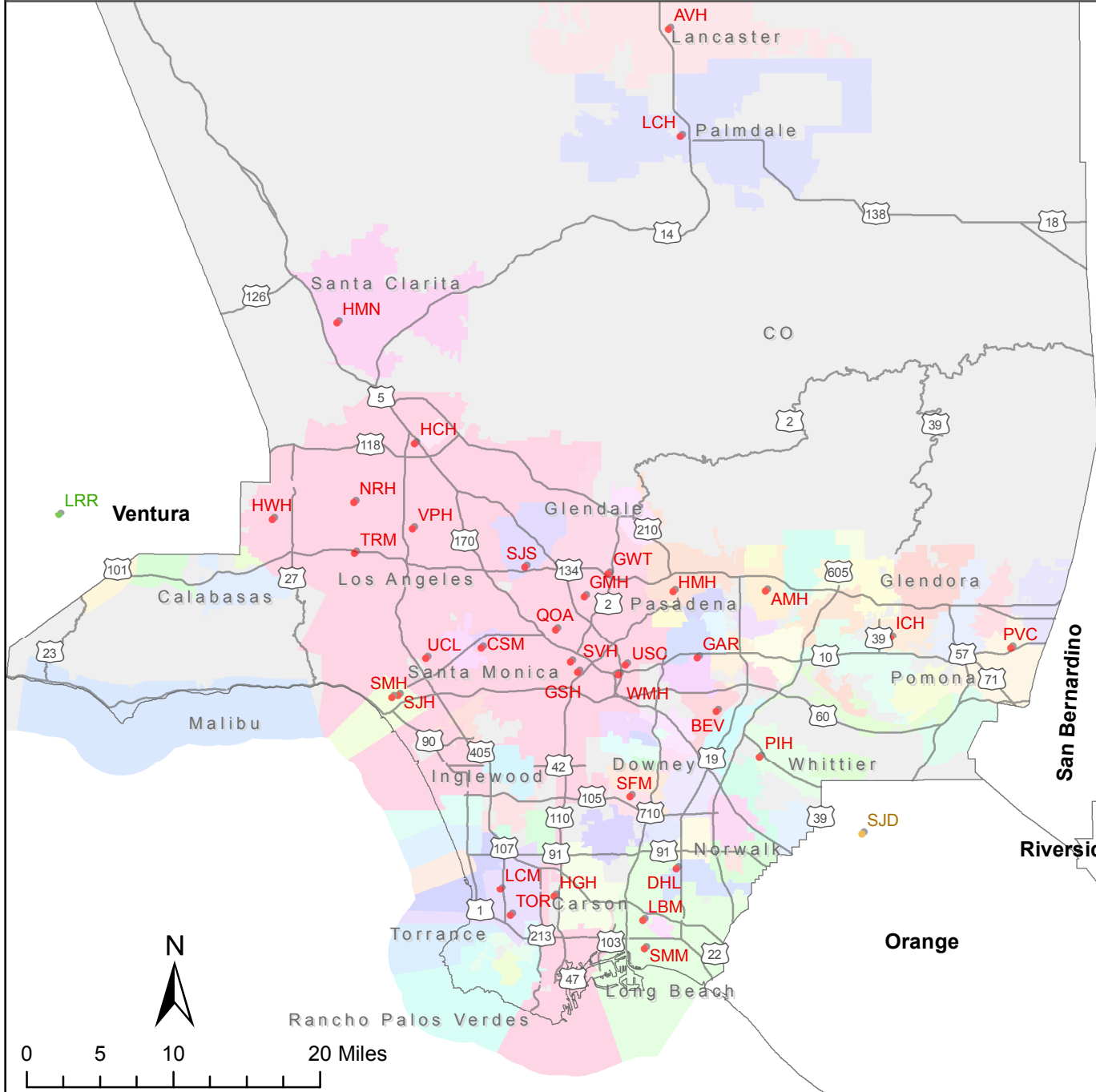
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List of Designated STEMI Centers and Agreement Expiration Dates as of June 30, 2018

STEMI Center	Agreement Expiration Date
Adventist Health - White Memorial	September 30, 2020
Antelope Valley Hospital	March 31, 2020
Beverly Hospital	September 30, 2019
Cedars Sinai Medical Center	October 31, 2020
Citrus Valley Medical Center- Intercommunity	November 30, 2019
Dignity Health - Glendale Memorial Hospital and Health Center	August 31, 2020
Dignity Health – Northridge Hospital Medical Center	May 31, 2019
Dignity Health – Saint Mary Medical Center	August 31, 2018
Garfield Medical Center	February 28, 2019
Glendale Adventist Medical Center	July 31, 2019
Good Samaritan Hospital	March 31, 2019
Henry Mayo Newhall Hospital	October 31, 2019
Hollywood Presbyterian Medical Center	April 30, 2020
Huntington Hospital	November 31, 2019
LAC Harbor-UCLA Medical Center	February 28, 2019
LAC+USC Medical Center	March 31, 2020
Lakewood Regional Medical Center	June 30, 2019
Long Beach Memorial Medical Center	September 30, 2019
Los Robles Medical Center (Ventura County)	April 30, 2019
Methodist Hospital of Southern California	December 31, 2019
Palmdale Regional Medical Center	June 30, 2020
PIH Health- Whittier	May 31, 2020
Pomona Valley Hospital Medical Center	June 30, 2019
Providence Holy Cross Medical Center	June 30, 2019
Providence Little Company of Mary Medical Center, Torrance	November 30, 2019
Providence Saint John's Health Center	February 29, 2020
Providence Saint Joseph Medical Center	May 31, 2019
Providence Tarzana Medical Center	July 31, 2019
Ronald Reagan UCLA Medical Center	March 31, 2019
Santa Monica-UCLA Medical Center	February 29, 2020
St. Francis Medical Center	March 31, 2020
St. Jude Medical Center (Orange County)	April 30, 2019
St. Vincent Medical Center	August 31, 2020
Torrance Memorial Medical Center	March 31, 2019
Valley Presbyterian Hospital	April 30, 2020
West Hills Hospital & Medical Center	February 29, 2020

LOS ANGELES COUNTY

ST ELEVATION MYOCARDIAL INFARCTION APPROVED RECEIVING CENTERS



SRCs As of August 1, 2017

Code	Name
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
GAR	Garfield Medical Center
GMH	Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence HolyCross Medical Center
HGH	LACHarbor-UCLA Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
ICH	Citrus Valley Medical Center - Inter-Community Campus
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LCM	Providence Little Company of Mary Medical Center-Torrance
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NRH	Northridge Hospital Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QQA	Hollywood Presbyterian Medical Center
SFM	St. Francis Medical Center
SJD	St. Jude Medical Center
SJH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	St. Mary Medical Center
SVH	St. Vincent Medical Center
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VPH	Valley Presbyterian Hospital
WMH	White Memorial Medical Center



SUBJECT: **ST-ELEVATION MYOCARDIAL INFARCTION (STEMI)
PATIENT DESTINATION**

(PARAMEDIC, MICN)
REFERENCE NO. 513

PURPOSE: To ensure that 9-1-1 patients with ST-elevation myocardial infarction (STEMI) are transported to the most appropriate facility that is staffed, equipped and prepared to administer emergency and/or definitive care appropriate to the needs of a STEMI patient.

AUTHORITY: Health & Safety Code, Division 2.5, Sections, 1798

DEFINITIONS:

ST-Elevation Myocardial Infarction (STEMI): An acute myocardial infarction that generates ST-segment elevation on the prehospital 12-lead electrocardiogram (ECG).

STEMI Receiving Center (SRC): A facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the Department of Public Health, Health Facilities Inspection Division, and approved by the Los Angeles County EMS Agency as a SRC.

PRINCIPLES:

1. The 12-lead ECG in the prehospital care setting plays a key role in determining the most appropriate treatment and destination for patients with suspected cardiac symptoms.
2. In all cases, the health and wellbeing of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.
3. Prehospital identification and communication of STEMI can reduce critical "door-to-intervention" times for STEMI patients.

POLICY:

- I. A prehospital 12-lead ECG should be performed in accordance with the Ref. No. 1308, Cardiac Monitoring/12-lead ECG Medical Control Guideline.
- II. If the 12-lead ECG demonstrates STEMI (or manufacturer's equivalent), transmit the 12-lead ECG to the receiving SRC.
- III. For any patient with a software interpretation of STEMI on the 12-lead ECG where the paramedic provider impression differs, Base Contact should be established to clarify the provider impression and to determine the destination.

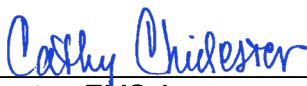
EFFECTIVE: 05-15-06

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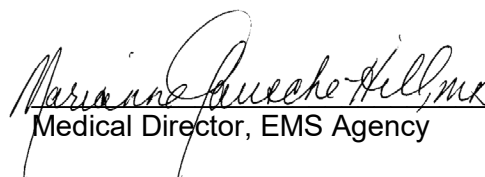
REVISED: 06-01-18 (effective upon implementation of EMS Update 2018)

SUPERCEDES: 09-01-15

APPROVED:



Director, EMS Agency



Medical Director, EMS Agency

-
- IV. Paramedics shall notify the receiving SRC and discuss cath lab activation criteria for all patients with a provider impression of Chest Pain – STEMI, including 9-1-1 interfacility transports of patients with a STEMI 12-lead ECG from a non-SRC ED to a SRC.
 - V. In general, patients with a STEMI 12-lead ECG, (including hypotensive patients with signs and symptoms consistent with cardiogenic shock) shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries.
 - VI. Provide properly labeled, at a minimum patient name and sequence number, 12-lead ECGs to the receiving facility (in either paper or electronic format) as part of the patient's prehospital medical record.
 - VII. Document the findings of the 12-lead ECG on the Patient Care Record.
 - VIII. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.
 - IX. Interfacility Transfer of STEMI patients from a STEMI Referral Facility (SRF) Emergency Department to a SRC via the 9-1-1 system. SRFs are strongly encourage to enter into interfacility transfer agreements with the most accessible SRC.
 - A. Patients are to be transported to the SRC as directed by the SRF physician (base hospital contact/notification guidelines apply).
 - B. Transport units may bypass the most accessible SRC to the prearranged receiving SRC within 30 minutes, if the EMS provider resources at the time of transport allow.
 - X. The SRC may request diversion of STEMI patients for any of the following conditions:
 - A. The hospital is unable to perform emergent percutaneous coronary intervention because the cardiac cath staff is already fully committed to caring for STEMI patients in the catheterization laboratory. STEMI patients should be transported to the most accessible open SRC regardless of ED diversion status.
 - B. The SRC experiences critical mechanical failure of essential cath lab equipment. SRCs must notify the EMS Agency's SRC Program Manager directly at (562) 378-1656 as to the nature of the mechanical failure or equipment issue and the estimated time of the diversion.
 - C. The SRC is on diversion due to internal disaster.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**

Ref. No. 502, **Patient Destination**

Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

Ref. No. 506, **Trauma Triage**

Ref. No. 513.1, **Interfacility Transport of the ST-Elevation Myocardial Infarction Patient**

- Ref. No. 516, **Return of Spontaneous Circulation (ROSC) Patient Destination**
- Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**
- Ref. No. 1210, **Cardiac Arrest**
- Ref. No. 1211, **Cardiac Chest Pain**
- Ref. No. 1212, **Cardiac Dysrhythmia – Bradycardia**
- Ref. No. 1213, **Cardiac Dysrhythmia – Tachycardia**
- Ref. No. 1303, **Cath Lab Activation Algorithm**
- Ref. No. 1308, **Cardiac Monitoring/12-Lead ECG**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

Treatment Protocol: **CARDIAC CHEST PAIN**

Ref. No. 1211

Notify the closest STEMI Receiving Center (SRC) as soon as STEMI is identified. Notification shall be in accordance with *MCG 1303* and include immediate ECG transmission initiated prior to contact.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Administer **Oxygen** pm (*MCG 1302*)
3. Initiate cardiac monitoring (*MCG 1308*) ①
Assess cardiac rhythm and obtain 12-lead ECG
Transmit the ECG to the receiving SRC if STEMI is suspected (*MCG 1303*)
4. For patients with dysrhythmias, treat in conjunction with *TP 1212, Bradycardia* or *TP 1213, Tachycardia*
5. **Aspirin 325mg chewable tablets PO** if alert ②
6. For chest pain after 12-lead ECG:
Nitroglycerin 0.4mg SL pm ③ ④
Repeat every 5 min pm x2, total of 3 doses
Hold if SBP < 100mmHg or patient has taken sexually enhancing medication within 48hrs
7. Establish vascular access pm (*MCG 1375*)
8. For persistent chest pain after, or contraindication to, nitroglycerin: (*MCG 1345*)
Fentanyl 50mcg (1mL) slow IV push or IM/IN
Repeat every 5 min pm, maximum total dose prior to Base contact 150mcg
Morphine 4mg (1mL) slow IV push
Repeat every 5 min pm, maximum total dose prior to Base contact 12mg

CONTACT BASE for additional pain management after maximum dose administered:
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

9. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM, may repeat x1 in 15 min pm
10. For poor perfusion:
Normal Saline 1L IV rapid infusion
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema);
stop infusion if pulmonary edema develops

For persistent poor perfusion, treat in conjunction with *TP 1207, Shock/Hypotension*

SPECIAL CONSIDERATIONS

- ① Patients may have a myocardial infarction (MI) with or without ST elevations on the ECG. You should review and interpret the ECG; the software interpretation is not always accurate. Include your impression of the patient and interpretation of the ECG when discussing destination decision with the base. Patients with ST elevation myocardial infarction (STEMI) require emergent treatment with percutaneous coronary intervention (PCI) in the catheterization lab to improve survival, so they require field routing directly to a STEMI center (SRC). If artifact inhibits your ability to interpret the ECG, the software cannot read it either. ECGs of such poor quality as to inhibit interpretation should not be used to determine destination and should be repeated.
- ② Aspirin is the most important medication for patients with acute myocardial infarction to improve outcomes and should be administered as soon as possible. All patients with cardiac chest pain should receive aspirin unless contraindicated due to active gastrointestinal bleeding or allergy, even if they already took aspirin at home or are prescribed anticoagulant medications. While there are other causes of chest pain that can present similarly to an MI, including aortic dissection, these causes are rare and the benefit of aspirin for patients with MI outweighs the risks of administration.
- ③ Nitroglycerin can cause a severe drop in blood pressure in some patients and, while useful for treatment of pain, it has not been shown to improve survival. Use caution in patients with borderline or relative hypotension (patients with history of hypertension or taking antihypertensive medications and SBP < 110) and/or patients with abnormal heart rate < 50 or > 120. It is acceptable to hold nitroglycerin in these patients. Inferior MI alone is not a contraindication to nitroglycerin.
- ④ Morphine or fentanyl is preferred over nitroglycerin to treat pain in patients with suspected aortic dissection. The classic presentation of acute aortic dissection is acute onset "tearing" chest pain radiating to the back. Other findings that raise concern for aortic dissection are chest pain associated with new focal neurologic abnormalities or with a difference in SBP of 20mmHg or more between arms. The primary treatment goal in the alert patient is to decrease heart rate by alleviating pain and anxiety. These patients are most often hypertensive. Treat hypotension only if SBP is < 90 mmHg in both arms or if patient has other signs of poor perfusion.

SUBJECT: **PARAMEDIC COMMUNICATIONS SYSTEM**

REFERENCE NO. 716

PURPOSE: To provide base hospitals and paramedic provider agencies with the operational requirements for the Los Angeles County Paramedic Communications System.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1798 (a). California Code of Regulations Title 22, Sections 100168 (b) (4) and 100169 (b).

SYSTEM MANAGEMENT:

- I. The Department of Health Services shall be responsible for:
 - A. Designating one individual within DHS as the Paramedic Communication Systems (PCS) Manager to provide administration and direction of the PCS.
 - B. Utilizing the Los Angeles County Internal Services Department (ISD) for technical consultation and ongoing design, installation and maintenance of the County-owned portion of the PCS.
 - C. Assigning base hospital MED channels and continuous tone-controlled squelch systems (CTCSS) tones in consultations with ISD.
 - D. Notifying affected base hospitals and provider agencies of any proposals for operational or structural changes in the components of the PCS. (No substantial operational or structural changes in the components of the PCS will be made without prior notification of base hospital or provider, or until base hospital, if it wishes, has exhausted administrative due process remedies outlined in the Paramedic Base Hospital Agreement.)
 - E. Promulgating PCS operational procedures and maintenance standards in cooperation with ISD. Changes shall be approved by the communications Management Committee. (See Section V.)
 - F. Establishing and maintaining a communications system, which at minimum, provides radio coverage for 90% of the populated geographical areas 90% of the time.
- II. The Los Angeles County Internal Services Department (ISD) shall be responsible for:
 - A. Assuming ongoing responsibility for the design, development, timely implementation and technical integrity of PCS. (To the extent feasible, ISD shall solicit input from the PCS Manager.)
 - B. Maintaining and repairing County-owned equipment.

EFFECTIVE DATE: 9-16-92

REVISED: 08-01-13

SUPERSEDES: 6-15-10

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APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- C. Preparing PCS communications equipment specifications, operating procedures and maintenance standards.

III. Base Hospitals shall be responsible for:

- A. Providing the specific PCS base hospital communications meeting technical requirements outlines in the Los Angeles County's Specification 2027 and operating in accordance with the transmitter power output and antenna specifications as set forth in the Paramedic Base Hospital Agreement.
- B. Acquiring, operating and maintaining communications equipment in accordance with applicable FCC Rules and Regulations and California Public-Safety Radio Association (CPRA) procedures and guidelines.
- C. Operating, maintaining and repairing hospital-owned PCS equipment in accordance with the Paramedic Base Hospital Agreement, including:
 - 1. Emergency repair of PCS equipment
 - 2. Quarterly preventative maintenance inspections (PMIs).
 - 3. Annual FCC frequency and deviation test for all radios, and visual inspection of antenna structures.
- D. Solicitation of annual reports from assigned field provider units about any chronic communication problems to include, but not be limited to, field equipment, dead space, radio failure and co-channel interference, and submit a written report to the EMS Agency (Attention PCS Manager).
- E. Obtaining and maintaining leased circuits to current or new remote control stations or to the closer termination point for new or current stations jointly determined by Hospital, EMS and ISD if hospital is afforded capability of remote control of radio stations location at a County site or other remotely located site.
- F. Paying for all costs associate with maintenance and repair of remote radio stations, including costs of AC power, owned by hospital and located at non-county sites. Requests for new sites or changes to current site configurations must be submitted in writing to the PCS Manager.
- G. Complying with system design, operating and maintenance standards for communications equipment as set forth in the Paramedic Base Hospital Agreement. Request for changes must be submitted in writing to the PCS Manager.
- H. Complying with channel/tone assignments for communication with paramedics. Requests for changes must be submitted in writing to the PCS Manager.
- I. Providing training of personnel assigned to use PCS equipment.
- J. Complying with Paramedic System Trouble Control Procedures set forth in the Base Hospital Agreement.

IV. Provider Agencies shall be responsible for:

- A. Equipping each approved Advanced Life Support (ALS) unit with at least one portable radio capable of voice communications with base hospitals and transportable to the patient's side. Radio shall meet technical requirements outlined in the Los Angeles County's Specification 2029. Optional permanently mounted mobile radios meeting Specification 2033 may be used, but do not replace portable radio equipment.

Provider agencies may substitute above portable equipment with "hand-held", half-duplex radios described in Specification 2031. This requires written approval by the EMS Agency. Provider agencies must submit field test reports that verify satisfactory communications with the hand-held units in the geographic area they are intended for use. Reasonable measures shall be taken to ensure base hospital voice communications during transport.

- B. Acquiring and maintaining communications equipment in accordance with FCC Rules and Regulations and California Public Safety Radio Association (CPRA) procedures.
- C. Operating, maintaining and repairing provider-owned PCS equipment on a routine and emergency basis.
- D. Operating PCS equipment in compliance with the Effective Radiated Power (ERP) and antenna specification set forth by ISD.
- E. Complying with channel assignments and communications protocols with Base Hospitals.
- F. Using the public telephone or cellular telephone systems to **augment**, but **not replace**, the above-defined communications equipment.
- G. Obtaining written approval from the PCS Manager for field-testing of equipment not currently approved for use by the EMS Agency prior to the tests.

V. Communications Management Committee

- A. Organized to provide technical and administrative assistance to the PCS Manager in the design, maintenance and operation of PCS.
- B. The committee shall be composed of the following representatives for their designees:
1. PCS Manager appointed by the Director of DHS.
 2. Chief Deputy Director, Internal Services Department
 3. Executive Director, Hospital Association of Southern California.
 4. Representative nominated by the Emergency Medical Services Commission.

5. Representative nominated by the Los Angeles County Ambulance Association.
 6. Representative nominated by the Los Angeles County Chapter of the California Fire Chiefs Association.
- C. Failure of the listed non-County agencies to appoint representatives to the CMC shall not invalidate the formation of the CMC. Alternative arrangements which fulfill the purposes of this committee may also be utilized with the approval of the EMS Agency.
- D. Committee responsibilities include:
1. Assessing current operations of PCS.
 2. Identifying new and ongoing problems.
 3. Developing solutions and schedules for resolving problems.
 4. Reporting status to participants of PCS on a regular basis.
 5. Bringing major problems to the attention of the directors of EMS and ISD.
- E. Committee shall meet on an "as-needed" basis.
- V. Reporting Communication Problems
- A. Provider agencies and base hospitals shall attempt to identify the source of a communication problem (e.g., equipment failure) and take internal steps to resolve the identified problem. If it is determined that the problem involves a County remote site, the base hospital may call the 24 hours/day County ISD Dispatcher at (562) 401-9349.
 - B. Ongoing system problems or problems involving County-owned equipment or sites should be reported in writing to the EMS Agency (Attention: PCS Manager).

CROSS REFERENCES:

Los Angeles County Specification 2027
Los Angeles County Specification 2029
Los Angeles County Specification 2031
Los Angeles County Specification 2032
Paramedic Base Hospital Agreement

SUBJECT: **EMERGENCY DEPARTMENT INTERFACILITY
TRANSPORT OF PATIENTS WITH
ST - ELEVATION MYOCARDIAL INFARCTION**

(ALS PROVIDERS, HOSPITALS)
REFERENCE NO. 513.1

PURPOSE: To define the transportation options available for the Emergency Department (ED) interfacility transfer of patients diagnosed with ST-elevation myocardial infarction (STEMI) and who may require emergent percutaneous coronary intervention (PCI).

AUTHORITY: Health and Safety Code 1797.220 and 1798
California Code of Regulations, Title 22, Sections 100147 and 100169
Social Security Act Section 1867(a) (EMTALA) of the United States Code, Section 42

POLICY:

- I. The ED interfacility transfer of STEMI patients shall comply with current EMTALA and Title 22 transfer laws and regulations for both sending and receiving hospitals.

Note: Transfer agreements between approved STEMI Receiving Centers (SRC) and STEMI Referral Facilities (non-approved SRCs and non-PCI capable facilities) are the optimal practice to facilitate the transfer process.

- II. Transportation arrangements are the responsibility of the STEMI Referral Facility (SRF). The appropriate transport modality (as defined in Ref. No. 517) should be made in consultation with the receiving SRC.

TRANSPORTATION OPTIONS:

1. Private Advanced Life Support (ALS) and/or Critical Care Transport (CCT) provider agencies are to be utilized when agreements are in place and the ALS transport unit is available within 10 minutes of the initial transport request.
2. The jurisdictional 9-1-1 provider agency may be contacted when it is known that a private ALS transport unit is not available within 10 minutes. Patient destination shall comply with Ref. No. 513, ST-Elevation Myocardial Infarction Patient Destination.
 - A. 9-1-1 should be accessed only when the patient is ready for immediate transport.
 - B. Patients are to be transported to the SRC as directed by the SRF physician (base hospital contact/notification guidelines apply).
 - C. Transport units may bypass the most accessible SRC to the prearranged receiving SRC within 30 minutes if the provider-based resources at the time of transport allow.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 513, **ST-Elevation Myocardial Infarction (STEMI) Patient Destination**

Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**

Emergency Medical Treatment and Active Labor Act (EMTALA)

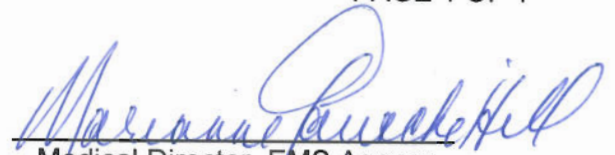
EFFECTIVE: 08-01-10

REVISED: 09-01-15

SUPERSEDES: 02-01-12

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES



SUBJECT: **ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER (SRC) STANDARDS** REFERENCE NO. 320

PURPOSE: To establish minimum standards for the designation of a licensed acute care hospital as a ST-Elevation Myocardial Infarction Receiving Center (SRC). These standards were developed to ensure that patients transported by the 9-1-1 system in Los Angeles County who exhibit ST-elevation myocardial infarction (STEMI) on a prehospital 12-lead electrocardiogram (ECG) are transported to a hospital appropriate to their needs.

With the initiation of a 12-lead ECG by paramedics, rapid transport to SRCs with 24-hour cardiac catheterization laboratories (Cath Lab) and cardiovascular surgery capabilities, the goal from first medical contact to an intervention time of 90 minutes, will allow patients to receive an earlier definitive diagnosis and treatment resulting in improved outcomes. Requirements to these Standards will be driven by Los Angeles County Emergency Medical Services Agency SRC Quality Improvement Advisory Committee recommendation, national research and quality improvement findings.

Therapeutic hypothermia equipment is required at all SRCs for the target temperature management (TTM) of the nonresponsive, non-traumatic post cardiac arrest patient with a return of spontaneous circulation (ROSC).

DEFINITIONS:

Board Certified (BC): Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialists (ABMS) including an examination designed to assess the knowledge, skills and experience necessary to provide quality patient care in a particular specialty.

Board Eligible (BE): Successful completion of a residency training program approved by the Accreditation Council for Graduate Medical Education (ACGME) with progression to board certification based on the timeframe as specified by the ABMS for a specific specialty.

Interventional Cardiologist: Physician who has completed a residency in internal medicine, or fellowship in cardiology and/or interventional cardiology, and is BC or BE, and has privileges to perform percutaneous interventions.


Percutaneous Coronary Intervention (PCI): A broad group of percutaneous techniques utilized in the dilation of coronary, heart, or arterial obstructions to diagnosis and treat patients with STEMI.

Promptly Available: Ability to be present in the Emergency Department (ED) or Catheterization Laboratory (CL) within 30-minutes from notification.

EFFECTIVE: 12/01/06
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SUPERSEDES: 09/01/2016

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

Return of Spontaneous Circulation (ROSC): Following cardiopulmonary arrest, ROSC is the restoration of a spontaneous perfusing rhythm. Signs include: palpable pulse, breathing (more than an occasional gasp), a measureable blood pressure and/or a normal to high capnography reading.

ST- Elevation Myocardial Infarction (STEMI): A myocardial infarction that generates ST-segment elevation on a 12-lead ECG identified by software, paramedic, or physician interpretation as STEMI.

STEMI Receiving Center (SRC): A licensed acute care facility with special permit for cardiac catheterization laboratory and cardiovascular surgery by the State of California Department of Health Services, and designated as a SRC by the Los Angeles County EMS Agency.

STEMI Referral Facility (SRF): These are non-PCI capable hospitals that transfer a STEMI patient requiring emergency cardiac intervention to a designated SRC.

Targeted Temperature Management (TTM): An organized approach to strict temperature control to a target between 32 and 36 degrees Celsius for at least 24 hours in the adult non-responsive patient with a return of spontaneous circulation after cardiac arrest. This is an attempt to preserve cerebral function by decreasing cellular metabolism and oxygen demand, reducing production of excitatory neurotransmitters, minimizing disruption of ion homeostasis and reducing free radicals.

POLICY:

I. SRC DESIGNATION / CONFIRMATION AGREEMENT

- A. SRC initial designation is granted after a satisfactory review and approved by the EMS Agency for a period of three years.
- B. SRC confirmation status is granted after a satisfactory review and approved by the EMS Agency for a period of three years based upon maintaining the SRC Standards.
- C. The EMS Agency reserves the right to perform a scheduled on-site survey or request additional data at any time.
- D. The SRC shall immediately provide written notice to the Medical Director of the EMS Agency if unable to adhere to any of the provisions set forth in the SRC Standards.
- E. The SRC shall provide a 90-day, written notice to the EMS Agency Medical Director of intent to withdraw from the SRC program.

II. SRC APPROVAL PROCESS

- A. General Hospital Requirements
 - 1. Licensed by the State of California Department of Public Health (CDPH) as a General Acute Care Hospital, and

**SUBJECT: ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) REFERENCE NO. 320
RECEIVING CENTER (SRC) STANDARDS**

- a. Be accredited by The Joint Commission or any accreditation deemed acceptable by the Centers for Medicare and Medicaid Services (CMS)
 - b. Have a special permit to provide Basic or Comprehensive Emergency Medical Services pursuant to the provisions of Title 22, Division 5, California Code of Regulations, and
 - c. Have a special permit to provide cardiac catheterization laboratory and cardiovascular surgery services pursuant to the provisions of Title 22, Division 5, California Code of Regulations.
2. Submits to the EMS Agency an updated list of interventional cardiologist and cardiothoracic surgeons including board certifications and privileges, for their specialty, minimally, every three years.
 3. Governing board and medical staff commitment to provide necessary resources for the SRC Clinical Director by allocating the appropriate time and personnel necessary to comply with the SRC Standards and development of the SRC program.

B. General SRC Program Requirements

1. Must be a designated Los Angeles County EMS Agency SRC to receive STEMI or ROSC patients via the 9-1-1 system.
2. Maintains current EMS Agency SRC Standards.
3. Maintains an approved SRC Program Plan inclusive of current SRC Standards for STEMI and ROSC care.
 - a. The SRC Program Plan is reviewed and approved every three years, minimally, by the Cardiology Committee.
 - b. The SRC Program Plan is reviewed and signed off annually by the SRC Program Medical and Clinical Directors to assure the program is current with SRC Standards.
4. Maintains an approved TTM plan that is consistent with Ref. No. 320.1, Targeted Temperature Management Guideline.
5. Maintains an interventional cardiology and cardiothoracic surgery on-call panel 24 hours per day/7 days per week.
6. Assures all interventional cardiologists and cardiothoracic surgeons caring for STEMI patients maintain board certifications and privileging according to their specialty.
7. Able to receive transmitted 12-Lead ECGs via the internet, email or FAX.
8. Provides pertinent patient health information for quality improvement purposes to healthcare providers involved in the patient's care.
9. Immediately notifies the EMS Agency, in writing, of any change in status of the SRC Medical Director, Clinical Director, or data entry personnel by submitting Reference No. 621.1, Notification of Personnel Change Form. Including:

**SUBJECT: ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) REFERENCE NO. 320
RECEIVING CENTER (SRC) STANDARDS**

- a. Any change in the Medical Director, Clinical Director, or data entry personnel unable to fulfill their program obligations

OR

 - b. 15 days or greater inability of the previously identified staff to fulfill their program obligations.
10. Collaborates with EMS providers to integrate electronic prehospital patient care (ePCR) records into the hospital electronic medical record.
 11. Establish a Memorandum of Understanding (Reference. No. 320.2 MOU IFT for Acute STEMI) for the timely transfer of STEMI patients for emergent PCI from the SRF to the SRC.
 - a. 9-1-1 transport should be reserved for patients with STEMI requiring immediate PCI and contracted ALS providers should be utilized for less emergent transfers.
 12. Establish collaborative relationships with SRFs and provider agencies for performance improvement to address transfer process, transport modality, quality improvement, and patient care.
 13. SRC participates in the annual Los Angeles County EMS Agency/American Heart Association countywide Sidewalk CPR public education or annually provides a minimum of one public education class on CPR-sign in rosters to be maintained. Classes may be in collaboration with other health care providers.

C. SRC Personnel Requirements

1. Maintain a designated SRC Program Medical Director responsible for the care of STEMI and ROSC patients:
 - a. Interventional Cardiology Board Certified physician.
 - b. Privileged by the hospital and active in performing interventional procedures according to their specialty.
 - c. Responsible for the medical oversight and ongoing performance of the STEMI and TTM quality improvement (QI) programs and adherence to the SRC Program Standards.
 - d. Participates in the hospital Cardiology Committee/or equivalent and other committees associated with STEMI or ROSC care.
 - e. Collaborates with the SRC Clinical Director to ensure adherence to the SRC Standards.
 - f. Liaisons with hospital administration, SRC Clinical Director, Medical and Clinical Staff across the STEMI and ROSC patient's continuums of care.
 - g. Attends 100% of the EMS Agency's QI Meetings. Fifty percent (50%) of meetings may be attended by one of the following:
 - (i) by an alternate interventional cardiologist from the same SRC,

OR

(ii) by call in option when available.

2. SRC Program Physician Participants

a. Interventional Cardiologists performing emergent percutaneous interventions must:

(i) Maintain current board certification or, board eligibility, in interventional cardiology with privileges in PCI procedures, and credentialed by the hospital in accordance with American College of Cardiology/American Heart Association national standards,

OR

(ii) Maintain current board certification in internal medicine or cardiovascular disease with privileges in PCI procedures, and credentialed by the hospital in accordance with American College of Cardiology/American Heart Association national standard.

b. Surgeons performing emergent coronary artery by-pass grafting (CABG) must:

(i) Maintain current board certification or, is board eligible, in emergent Cardiovascular / Cardiothoracic surgery with specific privileges in CABG and credentialed by the hospital in accordance with American College of Cardiology/American Heart Association national standards.

c. On-call interventionalists may only be on-call for **one** facility at a time.

d. On-call physicians should be promptly available for a Cath Lab activation.

3. SRC Program Clinical Director

a. Maintain a designated SRC Program Clinical Director responsible for the care of STEMI and ROSC patients:

b. Licensed RN in the State of California, currently assigned in the Cath Lab, knowledgeable in critical care and interventional cardiac procedures and able to facilitate internal hospital policy and procedure.

- If co-directing, one staff member must be a licensed RN assigned in the Cath Lab

c. Collaborates with the ED Medical and Clinical Directors regarding STEMI and ROSC care in accordance to the SRC Standards.

d. Responsible for maintaining up-to-date continuous STEMI and TTM QI programs and disseminating EMS Agency reports to pertinent program participants.

e. Participates in the hospital Cardiology Committee/or equivalent and other committees associated with STEMI or ROSC care.

**SUBJECT: ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) REFERENCE NO. 320
RECEIVING CENTER (SRC) STANDARDS**

- f. Collaborates with the SRC Medical Director to ensure adherence to the SRC Standards.
- g. Responsible in assuring hospital policies adhere to the SRC Standards.
- h. Liaison with hospital administration, SRC Medical Director, Medical and Clinical Staff across the STEMI and ROSC patient's continuum of care.
- i. Attends 100% of the EMS Agency's QI Meetings. Fifty percent (50%) of meetings may be attended by one of the following:
 - (i) *by an alternate Cath Lab RN from the same SRC*
 - OR*
 - (ii) *by call in option when available*
- j. Assures processes are in place to capture patients transported to the SRC by EMS providers or other acute care hospitals.
- k. Responsible for the oversight of accurate and timely data extraction and data entry.
- l. Develops relationships and collaborates with the surrounding SRFs to assist the SRF in meeting a door-in to door-out goal time of 30 minutes which will assist the SRC in meeting a first-door to intervention goal time of 90 minutes.
- m. Assures SRC diversion is appropriate and processes are in place to minimize the need for diversion.

III. SRC HOSPITAL PROCESSES/POLICIES

Hospital policy/processes/guidelines shall include:

- A. Maintaining a concurrent hand-written ED Log to capture patients transported to the SRC Emergency Department (ED) meeting the SRC inclusion criteria for data entry into the EMS Agency SRC database.
- B. A mechanism to receive a 12-Lead ECG via the internet/Cloud, email or FAX.
- C. Obtaining a confirmation 12-Lead ECG within 10 minutes of the patient's ED arrival on patients with chest pain or symptoms cardiac in nature unless, the field ECG is a confirmed STEMI and the patient is being transported emergently to the Cath Lab.
- D. Cath Lab activation guidelines with the ability to track the activation and/or cancellation of the Cath Lab team, including the interventional cardiologist(s).
- E. A means to track and trend all patients requiring emergent PCI, with a first medical contact to intervention goal time of 90 minutes.
- F. Ongoing accurate and timely data entry.

- G. A comprehensive multidisciplinary QI program, including the invitation of paramedics to a non-peer review committee meeting regarding STEMI and ROSC patients that disseminates pertinent information to its stakeholders.
- H. Comprehensive knowledge in other EMS Agency policies affecting the SRC program and processes (i.e., Cath Lab Activation Algorithm, ED Interfacility transfers, and SRC diversion).
- I. A process to receive patients from a SRF with a goal of first door to intervention of 90 minutes.
- J. A process to administer fibrinolytics, move other Cath Lab patients or transfer a STEMI patient to another SRC on the rare occasion the Cath team is occupied with a STEMI patient, there is a mechanical issue in the Cath Lab, or the hospital is on internal disaster.
- K. Assuring SRC diversion is appropriate and processes are in place to minimize the need for diversion.

IV. DATA

- A. Ensure adequate data entry personnel, collaborate with ED personnel to assure capture and entry of patients meeting inclusion criteria, into the Los Angeles County EMS Agency database on an ongoing basis.
 - 1. Back-up data entry personnel should be identified and trained in the event primary data personnel are unable to meet the data entry requirements.
 - 2. Inclusion Criteria
 - a. STEMI Patients meeting at least one of the following criteria:
 - (i) Patients with STEMI identified in the field by:
 - Software ECG interpretation of STEMI
 - OR**
 - Paramedic ECG interpretation of STEMI
 - (ii) Patients transported by 9-1-1 with an ED interpretation of STEMI:
 - Identified by physician over-read of a prehospital ECG
 - OR**
 - Identified on the first ED ECG
 - OR**
 - Identified on a subsequent ED ECG, within 1 hour of arrival
 - (iii) ED inter-facility transfer (IFT) to the SRC via 9-1-1 or other Advance Life Support (ALS) transport for suspected STEMI to be evaluated for emergent PCI (includes Nurse Critical Care IFTs).
 - b. Cardiac Arrest Patients meeting at least one of the following criteria:
 - (i) 9-1-1 ALS, non-traumatic, adult (greater than 14 years of age) patients with out-of-hospital cardiac arrest (OHCA) and a return of spontaneous circulation (ROSC) at any point in the acute phase (field, ED, or Cath Lab).

- (ii) Patients with STEMI complicated by cardiac arrest in the acute phase (field, ED or Cath Lab).

B. Data Fields

- 1. Reference No. 648, STEMI Data Dictionary identifies the current data fields with the associated data definitions to be collected and entered into the LA EMS STEMI Database.
- 2. Data fields are subject to change.
- 3. Data should be reviewed at least monthly for accuracy and blanks.

C. Data Submission Requirements:

- 1. SRC data shall be entered concurrently into the SRC database with all patients entered within 30 days following discharge.
- 2. A monthly tally of STEMI and ROSC patients is to be submitted to the EMS Agency by the 15th of the month for the previous month (For example: January tally is due February 15th).
- 3. SRC quarterly data shall be entered within four weeks from the end of the quarter (For example: 1st quarter's data is due April 30th).

D. SRC must maintain a minimum 90% compliance for:

- 1. Capture of patients meeting the criteria for data entry
- 2. Data field completion
- 3. Data field accuracy
- 4. Timely data entry
- 5. Timely tally submission
- 6. Timely quarterly submission

V. QUALITY IMPROVEMENT

A. SRC Program must include a comprehensive-multidisciplinary SRC QI Meeting:

- 1. Meeting participation should include the SRC Program Medical and Clinical Directors, prehospital care providers/coordinators, SRC/provider educators, interventional cardiologists, ED physicians, ED and Cath Lab personnel, other associated healthcare providers, as well as other healthcare specialties including neurology, thoracic surgery or TTM specialists when applicable.
- 2. Meeting to be held quarterly, at a minimum.
- 3. Meeting minutes and roster must be maintained for each meeting and available for review.

4. SRCs that are also a Base Hospital are encouraged to provide periodic SRC Base Hospital education with the collaboration of the SRC Clinical Director.
- B. Pertinent aspects of care should be tracked and trended with the identification of areas requiring improvement and the action(s) necessary to improve care.
- C. The Hospital Specific SRC QI program shall review the care and outcome on the following, but not limited to:
1. In-hospital mortality
 2. Bleeding complications (per the data definition)
 3. Cerebrovascular accident rate (per the data definition)
 4. ED door to ED ECG greater than 10 minutes, when a confirmation ECG is required
 5. First medical contact-to-balloon times greater than 90 minutes
 6. Any delay in care
 7. All interfacility transfers, to include:
 - a. Ongoing review of process for accepting STEMI patients
 - b. Door to ECG greater than 10 minutes
 - c. Door-in to door-out time, from SRF, greater than 30 minutes
 - d. Use of 9-1-1 for non-STEMI transfers
 - e. Excessive delays of transfers
 - f. Tracking and trending of IFTs requiring emergent PCI versus those not meeting criteria for emergent PCI
 - g. Provide QI follow-up to the referring SRF of the above QI findings on each patient transferred
 8. Other issues, processes or personnel trends identified from hospital specific data (i.e., less than 90% TIMI documentation, increase in fallouts over time and proportion of patients transported to the Cath Lab found not to have a STEMI).
 9. All patients transported to the SRC for cardiac arrest with ROSC. QI on these patients should include TTM.

VI. SRC DIVERSION

- A. SRC hospitals are responsible for updating Reddi-Net diversion status to ensure the most current information is available for patient destination decisions.
- B. The SRC must incorporate into policy, administrative and/or SRC Medical Director's decision to request diversion; to include the name and title of the authorizing party required to complete the diversion request.

C. Diversion may be requested:

1. When the Cath Lab staff is encumbered caring for a STEMI patient, to the extent that the care of additional STEMI patients may be jeopardized.
2. The SRC is on internal disaster.
3. The Cath Lab experiences critical mechanical failure of essential Cath Lab equipment; in this case the SRC must notify the EMS Agency SRC Program Manager directly as to the nature of the failure or equipment issue and the estimated time of the diversion.

D. ED saturation is not a sufficient cause to request SRC diversion.

CROSS REFERENCE

Prehospital Care Manual

Ref. No. 320.1, Target Temperature Management Guidelines

Ref. No. 320.2, Interfacility Transfer Memorandum of Understanding

Ref. No. 321.1, Notification of Personnel Change Form

Ref. No. 502, Patient Destination

Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients

Ref. No. 513, ST Elevation MI Patient Destination

Ref. No. 513.1, Interfacility Transfer of Patients with STEMI

Ref. No. 516, ROSC Patient Destination

Ref. No. 624, STEMI Receiving Center QI Committee

Ref. No. 1302, Medical Control Guideline: 12-Lead Electrocardiogram

Ref. No. 1303, Medical Control Guideline: Cath Lab Activation Algorithm

Ref. No. 1308, Medical Control Guideline: Cardiac Monitoring / ECG

Title 22 Code of Regulations Division 5

2015 American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care

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STEMI Receiving Center Data Dictionary

Los Angeles County
Emergency Medical Services Agency

*REVISED
April 2016*



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY



LANCET TECHNOLOGY
Innovative Data Solutions

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INCLUSION CRITERIA

1) STEMI patients:

- **Patients with STEMI identified in the field by:**
 - **Software** ECG interpretation of STEMI
 - **Paramedic** ECG interpretation of STEMI
- **Patients transported by 911 with an ED interpretation of STEMI:**
 - Identified by physician over-read of a prehospital ECG
 - Identified on the first ED ECG
 - Identified on a subsequent ED ECG within 1 hour of arrival
- **ED inter-facility transfer (IFT) to the SRC via 911 or other ALS transport for suspected STEMI to be evaluated for emergent PCI** (includes Nurse Critical Care Interfacility Transports)

2) Cardiac arrest patients:

- **9-1-1 ALS**, non-traumatic, adult, patients with out-of-hospital cardiac arrest (OHCA) and return of spontaneous circulation (**ROSC**) at any point in the acute phase (field, ED or cath lab).
- Patient with STEMI complicated by cardiac arrest, with or without ROSC, in the acute phase (field, ED or cath lab).

STEMI?

Definition

Patients with a STEMI identified on the field or ED ECG

Field Values

- Yes
- No

Additional Information

- **Includes**
 - **Patients with STEMI identified in the field by:**
 - **Software** ECG interpretation of STEMI
 - **Paramedic** ECG interpretation of STEMI
 - **Patients transported by 911 with an ED interpretation of STEMI:**
 - Identified by physician over-read of a prehospital ECG
 - Identified on the first ED ECG
 - Identified on a subsequent ED ECG within 1 hour of arrival
 - **ED inter-facility transfer (IFT) to the SRC via 911 or other ALS transport for suspected STEMI to be evaluated for emergent PCI** (includes Nurse Critical Care Interfacility Transports)

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- SRC Log
- ED Records

CARDIAC ARREST?

Definition

Patients who suffer a non-traumatic cardiac arrest

Field Values

- Yes
- No

Additional Information

- Includes:
 - All patients with **out-of-hospital cardiac arrest AND return of spontaneous circulation**, whether transient or sustained, in the acute phase (field, ED or cath lab)
 - **All STEMI patients complicated by a cardiac arrest**, with or without ROSC, in the acute phase (field, ED, cath lab)

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- SRC Log
- ED Records
- Cath Lab Records

GENERAL INFO

SEQUENCE NUMBER

Definition

Unique alphanumeric EMS record number found pre-printed at the top right corner of EMS report form hard copies, or electronically assigned to electronic patient care records (ePCRs) from approved providers

Additional Information

- Data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider
- If sequence number is missing or incorrectly documented, every effort must be taken to obtain it – by reviewing the patient’s medical record, or by contacting either the Prehospital Care Coordinator of the applicable base hospital, or the provider who transported the patient

Uses

- Unique patient identifier

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Fire Station Logs
- SRC Log

PROVIDER

Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

Field Values

PUBLIC PROVIDERS			
AF	Arcadia Fire	LV	La Verne Fire
AH	Alhambra Fire	MB	Manhattan Beach Fire
AV	Avalon Fire	MF	Monrovia Fire
BA	Burbank Airport Fire	MO	Montebello Fire
BF	Burbank Fire	MP	Monterey Park Fire
BH	Beverly Hills Fire	ND	Not Documented
CB	LA County Beaches	OT	Other Provider
CC	Culver City Fire	PF	Pasadena Fire
CF	LA County Fire	RB	Redondo Beach Fire
CG	US Coast Guard	SA	San Marino Fire
CI	LA City Fire	SG	San Gabriel Fire
CM	Compton Fire	SI	Sierra Madre Fire
CS	LA County Sheriff	SM	Santa Monica Fire
DF	Downey Fire	SP	South Pasadena Fire
ES	El Segundo Fire	SS	Santa Fe Springs Fire
FS	U.S. Forest Service	TF	Torrance Fire
GL	Glendale Fire	VE	Ventura County Fire
HB	Hermosa Beach Fire	WC	West Covina Fire
LB	Long Beach Fire	VF	Vernon Fire
LH	La Habra Heights Fire		
PRIVATE PROVIDERS			
AA	American Professional Ambulance Corp.	LT	Liberty Ambulance
AC	Americare Ambulance Service	MI	MedResponse, Inc.
AE	Aegis Ambulance Service	MR	MedReach Ambulance
AN	Antelope Ambulance Service	MS	Medi-Star Transport
AR	American Medical Response	MY	Mercy Air
AT	All Town Ambulance	PM	PRN Ambulance, Inc.
AU	AmbuServe Ambulance	PT	Priority One
AW	AMWest Ambulance	RE	REACH Air Medical Service
BO	Bowers Companies, Inc.	RR	Rescue Services International
CA	CARE Ambulance	SC	Schaefer Ambulance
EX	Explorer 1 Ambulance & Medical Services	SY	Symons Ambulance
GC	Gentle Care Transport	WE	Westcoast Ambulance
GU	Guardian Ambulance Service	WM	West Med/McCormick Amb Service
IA	Impulse Ambulance		

Uses

- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form

ALS UNIT

Definition

Number assigned to the Advanced Life Support (ALS) provider unit that transported the patient

Field Values

- Up to three-digit numeric field
- ND: Not Documented

Uses

- System evaluation and monitoring

Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- SRC Log
- ED Records

PATIENT AGE

Definition

Numeric value for the age (actual or best approximation) of the patient

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Billing Sheet / Medical Records Coding Summary Sheet
- SRC Log

PATIENT GENDER

Definition

Checkbox indicating the gender of the patient

Field Values

- Female
- Male
- Unknown

Additional Information

- Transgender patients should be coded using their stated preference
- Patients unable to state their preference should be coded according to best medical judgment/observation

Uses

- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Billing Sheet / Medical Records Coding Summary Sheet
- SRC Log

RACE/ETHNICITY

Definition

Checkbox indicating the race and/or ethnicity of the patient

Field Values

- Black/African American: person having origins in any of the Black racial groups of Africa (includes Haitians)
- Asian/Non Pacific Islander: person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Latino/Hispanic: person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- Native American/Alaska Native: person having origins in any of the original peoples of North, Central, and South America and who maintains tribal affiliation or community attachment
- Pacific Islander/Native Hawaiian: person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White: person having origins in any of the original peoples of Europe, the Middle East, or North Africa (e.g., Caucasian, Iranian, White)
- Other
- Not Documented: race is unknown or not documented

Additional Information

- Patient race/ethnicity should be coded as stated by patient or family member

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

CHIEF COMPLAINT

Definition

Two-letter code(s) representing the patient's most significant medical complaints

Field Values

AD	Agitated Delirium
AP	Abdominal/Pelvic Pain
AR	Allergic Reaction
AL	Altered Level of Consciousness
AE	Apneic Episode
EH	Behavioral (abnormal behavior of apparent mental or emotional origin)
OS	Bleeding: Other Site (NOT associated with trauma, e.g., dialysis shunt)
CA	Cardiac Arrest (NOT associated with trauma)
CP	Chest Pain (NOT associated with trauma)
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device Complaint (associated with existing medical device, e.g., g-tube, AICD, ventilator, etc.)
DI	Dizzy (sensation of spinning or feeling off-balance – code weakness separately)
DY	Dysrhythmia
FE	Fever
FB	Foreign Body (anywhere In body)
GI	Gastrointestinal Bleeding
HP	Head Pain (NOT associated with trauma)
HY	Hypoglycemia
IM	Inpatient Medical Interfacility Transfer (IFT) of an admitted, ill (NOT injured) patient, from one facility to an inpatient bed at another facility, excluding ER To ER transfers
LN	Local Neuro signs (e.g., weakness, numbness, paralysis, slurred speech, facial droop, aphasia)
NV	Nausea/Vomiting
ND	Near-Drowning/Drowning (submersion causing water inhalation, unconsciousness, or death)
NB	Neck/Back Pain (NOT associated with trauma)
NC	No Medical Complaint, or signs or symptoms of illness (NOT associated with trauma)
NO	Nosebleed (NOT associated with trauma)
OB	Obstetrics (any complaint possibly related to a known pregnancy, e.g., bleeding, pain, hypertension)
OP	Other Pain (pain at site not listed, NOT associated with trauma – e.g., toothache, earache, etc.)
OD	Overdose (dose greater than recommended or generally given)
PO	Poisoning (ingestion of or contact with a toxic substance)
PS	Palpitations
RA	Respiratory Arrest (cessation of breathing NOT associated with trauma)
SE	Seizure (NOT associated with trauma)
SB	Shortness of Breath
SY	Syncope
VA	Vaginal Bleeding
WE	Weakness
OT	Other (signs or symptoms not listed above, NOT associated with trauma)
N/D	Not Documented

Additional Information

- Enter up to three complaints, if applicable, by pressing down and holding the “Control/Ctrl” key while making your selections
- Electrical shock, lightning strike, and hanging are mechanisms of injury rather than chief complaints – use “Other” and document the injury description in the comment section of the General Info tab

Uses

- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- SRC Log
- ED Records
- History and Physical

DIVERTED FROM MAR?

Definition

Checkbox indicating if the Most Accessible Receiving hospital (MAR) was bypassed to transport a patient to a STEMI Receiving Center (SRC), if applicable

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- SRC Log

HOSP. DISCHARGE DATE

Definition

Date the patient was discharged from the acute care unit at your facility

Field Values

- MMDDYYYY
- ND: Not Documented

Additional Information

- Applicable when the patient:
 - Expires
 - Is discharged
 - Leaves against medical advice (AMA)
 - Leaves without being seen (LWBS) or elopes
 - Is transferred to a rehabilitation, skilled nursing, or hospice unit (at your facility, or another facility)
 - Is transferred to an acute inpatient unit at another facility

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- Hospital Discharge Summary
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

OUTCOME

Definition

Checkbox indicating whether the patient lived or died during their hospital stay at your facility

Field Values

- Lived
- Died in ED
- Died in Cath Lab
- Died in Other
- Not Documented

Additional Information

- If patient died in the Emergency Department (ED), ED Pronounced Time must have a value

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital Discharge Summary
- ED Records
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

ED PRONOUNCED TIME

Definition

Time of day patient was pronounced dead at your facility's Emergency Department, if applicable

Field Values

- HHMM
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Hospital Discharge Summary
- Billing Sheet / Medical Records Coding Summary Sheet

DNR STATUS

Definition

Field indicating the patient's Do Not Resuscitate status

Field Values

- Existing: (DNR order in place upon arrival)
- New: (DNR order written during hospital stay)
- None: (patient does not have a DNR order)

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- ED Records
- Other SRC Hospital Records
- Progress Notes
- Hospital Discharge Summary
- Hospital Discharge Summary

COMORBIDITIES

Definition

Field indicating whether co-morbid conditions or factors were also present (check all that apply)

Field Values

- BM: Body Mass Index greater than 40
- BP: Hypertension
- CG: Prior CABG
- CH: Congestive Heart Failure
- CO: Chronic Obstructive Pulmonary Disease
- CS: Cardiogenic Shock on presentation
- CV: Cerebrovascular Disease
- DM: Diabetes
- ES: End-stage Renal Disease
- HX: Family History of Coronary Artery Disease (CAD)
- HL: Hyperlipidemia
- MI: Prior Myocardial Infarction
- PC: Prior Percutaneous Coronary Intervention (PCI)
- PV: Peripheral Vascular Disease
- SM: Smoker - current/recent Tobacco (within 1 year)
- SP: Sepsis
- ND: Not Documented

Additional Information

- Enter multiple selections, if applicable, by pressing down and holding the "Control/Ctrl" key while making your selections
- Body Mass Index is calculated as weight in kg divided by height in meters-squared
- Cerebrovascular disease is defined as history of TIA or stroke
- End-stage renal disease is defined as patient receiving peritoneal or hemodialysis
- Family history of coronary artery disease is defined as a parent or sibling with history of myocardial infarction, PCI and/or CABG
- Cardiogenic shock is defined as :
 - Sustained (>30 min) episode of systolic blood pressure <90mm Hg **and/or**
 - Cardiac index <2.2L/min/m² determined to be secondary to cardiac dysfunction **and/or**
 - Requires parenteral inotropic or vasopressor agents **OR**
 - Requires mechanical support (from an IABP, extracorporeal circulation, ventricular assist devices, etc.) to maintain blood pressure and cardiac index above specified levels

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Hospital Discharge Summary
- Billing Sheet / Medical Records Coding Summary Sheet

HOSP. DISPOSITION

Definition

Checkbox indicating the patient's destination upon discharge from the acute care unit at your facility

Field Values

- Home/Previous residence
- Extended Care/SNF
- Sub-Acute/Transitional Care/Rehabilitation Care Facility
- Other Acute Care Facility
- Morgue/Mortuary
- Left Against Medical Advice (AMA)/Eloped/Left Without Being Seen (LWBS)
- Other
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital Discharge Summary
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

STEMI

EARLIEST REPORTED SYMPTOM ONSET DATE

Definition

Date when the patient first noted to have symptoms lasting longer than ten minutes

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- If symptoms are intermittent, symptom onset can be determined by when the symptoms became constant in quality or intensity
- Symptoms may include jaw pain, arm pain, shortness of breath, nausea, vomiting, fatigue/malaise, or other symptoms suggestive of a myocardial infarction
- If the symptom onset date is estimated, mark the “Est.” checkbox

Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- EMS Report Form
- Base Hospital Form
- Physician’s Office/Clinic/Urgent Care Records

EARLIEST REPORTED SYMPTOM ONSET TIME

Definition

Time of day when the patient first noted to have symptoms lasting longer than ten minutes

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- If symptom onset time is not specified, it may be recorded as:
 - 0700 for morning
 - 1200 for lunchtime
 - 1500 for afternoon
 - 1800 for dinnertime
 - 2200 for evening
 - 0300 if awakened from sleep
- If the symptom onset time is estimated, mark the “Est.” checkbox

Uses

- Establishes care intervals and incident timelines
- Provides documentation of assessment
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- EMS Report Form
- Base Hospital Form
- Physician’s Office/Clinic/Urgent Care Records

TRANSFER?

Definition

Checkbox indicating whether the patient was transferred to the SRC from another acute care facility

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- SRC Log
- ED Records

TRANSFERRING FACILITY

Definition

Three-letter code of the facility **from which the patient was transferred**, if applicable

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Community Hospital	NOR	LA Community Hospital of Norwalk
AVH	Antelope Valley Medical Center	LAD	Los Angeles Metro Hospital
BEV	Beverly Hospital	DFM	Marina Del Rey Hospital
BMC	Southern Calif. Hospital at Culver City	MLK	Martin Luther King Jr. Community Hospital
CAL	California Medical Center	MHG	Memorial Hospital of Gardena
AHM	Catalina Island Medical Center	AMH	Methodist Hospital of Southern California
CSM	Cedars-Sinai Medical Center	MCP	Mission Community Hospital
CNT	Centinela Hospital Medical Center	MPH	Monterey Park Hospital
CHH	Children's Hospital Los Angeles	NRH	Northridge Hospital Medical Center
ICH	Citrus Valley – Intercommunity	MID	Olympia Medical Center
QVH	Citrus Valley – Queen of the Valley	PAC	Pacifica Hospital of the Valley
CPM	Coast Plaza Doctors Hospital	PLB	College Medical Center
CHP	Community Hospital of Huntington Park	PVC	Pomona Valley Hospital Medical Center
LBC	Community Hospital of Long Beach	PIH	PIH Health Hospital – Whittier
DCH	PIH Health Hospital – Downey	HCH	Providence Holy Cross Medical Center
ELA	East Los Angeles Doctors	SPP	Providence Little Co. of Mary San Pedro
HEV	East Valley Hospital	LCM	Providence Little Co. of Mary Torrance
ENH	Encino Hospital Medical Center	SJH	Providence Saint John's Health Center
FPH	Foothill Presbyterian Hospital	SJS	Providence Saint Joseph Medical Center
GAR	Garfield Medical Center	TRM	Providence Tarzana Medical Center
GWT	Glendale Adventist Medical Center	QOA	Queen of Angels/Hollywood Presbyterian
GMH	Glendale Memorial Hospital	UCL	Ronald Reagan UCLA Medical Center
GSH	Good Samaritan Hospital	SFM	Saint Francis Medical Center
GEM	Greater El Monte Community	SMM	Saint Mary Medical Center
HGH	Harbor-UCLA Medical Center	SVH	Saint Vincent Medical Center
HMN	Henry Mayo Newhall Hospital	SDC	San Dimas Community
HMH	Huntington Memorial Hospital	SGC	San Gabriel Valley Medical Center
KFA	Kaiser Permanente Baldwin Park	SMH	Santa Monica-UCLA Medical Center
KFB	Kaiser Permanente Downey Med Ctr	SOC	Sherman Oaks Community Hospital
KFL	Kaiser Permanente Los Angeles Med Ctr	TOR	Torrance Memorial Med Ctr
KFP	Kaiser Permanente Panorama City Hosp	TRI	Tri-City Regional Med Ctr
KFH	Kaiser Permanente South Bay Med Ctr	VPH	Valley Presbyterian Hospital
KFW	Kaiser Permanente West LA Med Ctr	VHH	USC Verdugo Hills Hospital
KFO	Kaiser Foundation Woodland Hills	HWH	West Hills Hospital & Medical Center
OVM	LAC Olive View Medical Center	WMH	White Memorial Medical Center
USC	LAC USC Medical Center	WHH	Whittier Hospital Medical Center
DHL	Lakewood Regional Medical Center	WVA	Wadsworth Veterans Administration
LCH	Palmdale Regional Medical Center	OT	Other
LBM	Long Beach Memorial Medical Center	ND	Not Documented

OUT OF COUNTY 9-1-1 RECEIVING HOSPITALS / OTHER			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SJD	Saint Jude Medical Center (Orange)

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- SRC Log
- ED Records
- Progress Notes

SRF ED ARRIVAL DATE

Definition

Date the patient arrived at the STEMI Referral Center (SRF) ED

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- SRF Facesheet
- SRC Records
- EMS Report Form
- SRC Log
- SRC ED Records
- Other SRC Hospital Records

SRF ED ARRIVAL TIME

Definition

Time of day the patient arrived at the SRF ED

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- SRF Facesheet
- SRF Records
- EMS Report Form
- SRC Log
- SRC ED Records
- Other SRC Hospital Records

1st SRF STEMI ECG DATE

Definition

Date the first ECG performed at the SRF was interpreted as STEMI

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- SRF ED Records
- SRF Progress Notes
- SRF ECG Tracing
- EMS Report Form
- Base Hospital Form
- SRC Log

1st SRF STEMI ECG TIME

Definition

Time of day the first ECG performed at the SRF was interpreted as STEMI

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- SRF ED Records
- SRF Progress Notes
- SRF ECG Tracing
- EMS Report Form
- Base Hospital Form
- SRC Log

SRF ED DEPARTURE DATE

Definition

Date the patient left the SRF ED en route to the SRC ED

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- SRF Facesheet
- SRF Records
- EMS Report Form
- SRC Log
- SRC ED Records
- Other SRC Hospital Records

SRF ED DEPARTURE TIME

Definition

Time of day the patient left the SRF en route to the SRC ED

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- If departure time is not documented by the SRF, it is acceptable to use the departure time documented by the medic on the EMS Report Form

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- SRF Facesheet
- SRF ED Records
- EMS Report Form
- SRC Log
- SRC ED Records
- Other SRC Hospital Records

DISPATCH TIME

Definition

Dispatch time of EMS as documented on the EMS Report Form

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form

FIELD ECG PERFORMED?

Definition

Checkbox indicating whether an ECG was performed prior to the patient's arrival at the SRC ED

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- SRC Log
- ED Records
- Progress Notes

1st FIELD ECG DATE

Definition

Date of the first ECG performed prior to the patient's arrival at the SRC ED

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- Enter the date of the very first ECG, regardless of impression

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- SRC Log
- ECG Tracing
- ED Records
- Progress Notes

1st FIELD ECG TIME

Definition

Time of day of the first ECG performed prior to the patient's arrival at the SRC ED

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- Enter the time of the very first ECG, regardless of impression

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- SRC Log
- ECG Tracing
- ED Records
- Progress Notes

1st FIELD ECG PERFORMED BY

Definition

Checkbox indicating who performed the first ECG prior to the patient's arrival at the SRC ED

Field Values

- EMS Personnel
- Physician's office, clinic, urgent care, other facility where medical care provided, etc.
- ND: Not Documented

Additional Information

- Enter the information from the very first ECG, regardless of impression

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- ED Records
- Progress Notes

FIELD SOFTWARE IDENTIFIED STEMI?

Definition

Checkbox indicating whether STEMI was identified by EMS field software

Field Values

- Yes
- No
- ND: Not Documented

Additional Information

- Indicate yes only if the software interpretation is *****MEETS ST ELEVATION MI CRITERIA***** (Physio Control) or *****ST Elevation Acute MI***** (Zoll) or other manufacturer equivalent

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ECG Tracing
- ED Records

1st FIELD STEMI ECG DATE

Definition

Date of the first ECG performed prior to the patient's arrival at the SRC ED that was interpreted as STEMI

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- SRC Log
- ECG Tracing
- ED Records
- Progress Notes

1st FIELD STEMI ECG TIME

Definition

Time of day of the first ECG performed prior to the patient's arrival at the SRC ED that was interpreted as STEMI, if applicable

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Physician's Office/Clinic/Urgent Care Records
- SRC Log
- ECG Tracing
- ED Records
- Progress Notes

WAS THE FIELD ECG RECEIVED PRIOR TO PATIENT ARRIVAL?

Definition

Checkbox indicating whether a transmitted copy of the pre-SRC ECG was received by the SRC ED prior to the patient's arrival

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Receiving Equipment (Cloud/Xchanger/Email/Fax)
- SRC Log
- ED Records

FIELD ECG RECEIVED DATE

Definition

Date the field ECG was received by your facility's ECG receiving equipment

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- ECG receiving equipment includes the Cloud, Xchanger, email (gmail, etc.), or fax

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Receiving Equipment (Cloud/Xchanger/Email/Fax)
- SRC Log
- ED Records

FIELD ECG RECEIVED TIME

Definition

Time of day the field ECG was received by your facility's ECG receiving equipment

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- ECG receiving equipment includes the Cloud, Xchanger, email (gmail, etc.), or fax

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Receiving Equipment (Cloud/Xchanger/Email/Fax)
- SRC Log
- ED Records

SRC ED ARRIVAL DATE

Definition

Date the patient arrived at the SRC ED

Field Values

- Collected as MMDDYYYY

Additional Information

- If the patient bypassed the ED and was transported directly to the cath lab, enter the cath lab door date

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- SRC Log
- ED Records
- EMS Report Form
- Other Hospital Records

SRC ED ARRIVAL TIME

Definition

Time of day the patient arrived at the SRC ED

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- If the patient bypassed the ED and was transported directly to the cath lab, enter the cath lab door time

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- SRC Log
- ED Records
- EMS Report Form
- Other Hospital Records

ED ECG PERFORMED?

Definition

Checkbox indicating whether an ECG was performed in the SRC ED

Field Values

- Yes
- No

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Other Hospital Records

INITIAL SRC ED ECG DATE

Definition

Date the initial ECG was performed at the SRC ED

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- Enter the date of the very first ECG performed, regardless of impression

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

INITIAL SRC ED ECG TIME

Definition

Time of day the initial ECG was performed at the SRC ED

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- Enter the time from the very first ECG, regardless of impression

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

STEMI IDENT. ON INITIAL SRC ED ECG?

Definition

Checkbox indicating whether the **initial** ECG performed at the SRC ED had a physician interpretation of STEMI

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

STEMI IDENT. ON SUBSEQUENT SRC ED ECG?

Definition

Checkbox indicating whether a subsequent ECG performed at the SRC ED had a physician interpretation of STEMI

Field Values

- Yes
- No
- ND: Not Documented

Additional Information

- Only enter when the initial SRC ED ECG is negative for STEMI and there is a repeat ECG positive for STEMI

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

SUBSEQUENT SRC ED STEMI ECG DATE

Definition

Date that a subsequent ECG performed at the SRC ED had a physician interpretation of STEMI

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- Only enter the date of the subsequent SRC ED ECG when the initial SRC ED ECG is negative for STEMI and there is a repeat ECG positive for STEMI

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

SUBSEQUENT SRC ED STEMI ECG TIME

Definition

Time of day that a subsequent ECG performed at the SRC ED had a physician interpretation of STEMI

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- Only enter the time of the subsequent SRC ED ECG when the initial SRC ED ECG is negative for STEMI and there is a repeat ECG positive for STEMI

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ECG Tracing
- ED Records
- Progress Notes
- Other Hospital Records

SRC ED SBP

Definition

Patient's initial ED systolic blood pressure

Field values

- Up to three-digit numeric field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

SRC ED HR

Definition

Patient's initial ED heart rate

Field values

- Up to three-digit numeric field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

ELEVATED TROPONIN?

Definition

Was the troponin elevated above lab threshold within the first 24 hours from SRC ED arrival?

Field values

- Yes
- No

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Lab Records
- Progress Notes
- Other Hospital Records
- ED Records

PEAK TROPONIN VALUE

Definition

The highest troponin value recorded within the first 24 hours from SRC ED arrival

Field Values

- Up to three-digit numeric value

Additional Information

- Include decimals when indicated

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Lab Records
- Progress Notes
- Other Hospital Records
- ED Records

FIBRINOLYTIC INFUSION?

Definition

Checkbox indicating whether the patient received a fibrinolytic infusion at the SRF or SRC ED as an urgent treatment for a STEMI

Field Values

- Yes
- No
- ND: Not Documented

Additional Information:

- Do not include the fibrinolytics used during percutaneous intervention

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Medication Records
- ED Records
- Progress Notes
- Other Hospital Records

FIBRINOLYTIC INFUSION DATE

Definition

Date patient received a fibrinolytic infusion at the SRF or SRC ED, if applicable

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Medication Records
- ED Records
- Progress Notes
- Other Hospital Records

FIBRINOLYTIC INFUSION TIME

Definition

Time of day the patient received a fibrinolytic infusion at the SRF or SRC ED, if applicable

Field Values

- Collected as HHMM
- Use 24-hr clock
- ND: Not Documented

Additional Information

- Enter the time the infusion began

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Medication Records
- ED Records
- Progress Notes
- Other Hospital Records

CATH LAB (CL) ACTIVATED?

Definition

Checkbox indicating whether the cath lab team was activated from the field or SRC ED

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab pager
- ED Records
- SRC Log
- Progress Notes
- Other Hospital Records

REASON CL NOT ACTIVATED

Definition

Checkbox indicating the primary reason why the cath lab team was not activated from the field or SRC ED

Field Values

- Poor quality Pre-SRC ECG
- Non-ischemic cause of ST-elevation
- Dysrhythmia
- Early Repolarization
- Physician Judgment
- Vasospasm
- DNR
- Patient refused
- Patient expired
- Other
- ND: Not Documented

Additional Information

- Non-ischemic cause of ST-elevation includes but is not limited to: Pericarditis/myocarditis, Brugada syndrome, Takotsubo syndrome, hyperkalemia, bundle branch blocks, paced rhythm, left ventricular aneurysm
- Dysrhythmia includes any atrial or ventricular dysrhythmia: atrial tachycardias, atrial fibrillation, atrial flutter, junctional tachycardias, ventricular tachycardias
- If “Other” is marked, must document reason in “Comment to Other” field

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- SRC Log
- Progress Notes
- Other Hospital Records

COMMENT TO OTHER

Definition

Field provided to specify why “Other” was selected as the primary reason why the cath lab was not activated

Field Values

- Free-text

Additional Information

- Do not enter information into this field unless Reason CL Not Activated was “Other”

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

DIAGNOSIS AT DISCHARGE

Definition

Checkbox indicating whether any of the below diagnoses were included in the list of final diagnoses for the patient

Field Values

- STEMI
- NSTEMI
- Neither

Additional Information

- Patients with a final diagnosis of STEMI would have any of the following ICD-10 codes (and their sub lists, if applicable):
 - I21.0
 - I21.1
 - I21.2
 - I21.3
 - I22.0
 - I22.1
 - I22.8
 - I22.9
- Patients with a final diagnosis of NSTEMI would have any of the following ICD-10 codes (and their sub lists, if applicable):
 - I21.4
 - I22.2

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- SRC Log
- Progress Notes
- Other Hospital Records

CATH LAB (CL)

PT LOCATION WHEN CL ACTIVATED

Definition

Patient's location when the cath lab team was activated

Field Values

- Pre-SRC
- SRC ED
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- SRC Log
- Cath Lab Report
- EMS Report Form

CL ACTIVATION DATE

Definition

Date the cath lab team was activated

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Pager
- SRC Log
- ED Records
- Cath Lab Report
- Other Hospital Records

CL ACTIVATION TIME

Definition

Time of day the cath lab team was activated

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Pager
- SRC Log
- ED Records
- Cath Lab Report
- Other Hospital Reports

DID THE PATIENT GO TO THE CATH LAB?

Definition

Checkbox indicating whether the patient went to the cath lab

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- SRC Log
- ED Records
- Cath Lab Report
- Other Hospital Reports

REASON PT DID NOT GO TO CL

Definition

Checkbox indicating the primary reason why the patient was not transported to the cath lab directly from the field or ED

Field Values

- Poor quality Pre-SRC ECG
- Non-ischemic cause of ST-elevation
- Dysrhythmia
- Early Repolarization
- Age
- Allergy to contrast
- Cath lab not available
- DNR
- Co-morbidities
- Known multi-vessel disease
- CABG (candidate or recent surgery)
- Vasospasm
- Patient refused
- Patient expired
- Other
- Not documented

Additional Information

- Non-ischemic cause of ST-elevation includes but is not limited to: Pericarditis/myocarditis, Brugada syndrome, Takotsubo syndrome, hyperkalemia, bundle branch blocks, paced rhythm, left ventricular aneurysm
- Dysrhythmia includes any atrial or ventricular dysrhythmia: atrial tachycardias, atrial fibrillation, atrial flutter, junctional tachycardias, ventricular tachycardias

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- ED Records

COMMENT TO OTHER

Definition

Field provided to specify why “Other” was selected as the primary reason why patient did not go to cath lab

Field Values

- Free- text

Additional Information

- Do not enter information into this field unless Reason Pt Did Not Go to CL was “Other”

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- ED Records

LOCATION OF PATIENT WHEN ROUTED TO CATH LAB

Definition

Patient's location when directed to the cath lab

Field Values

- ED
- Field
- Inpatient

Additional Information

- Enter "ED" if the patient was transported to the cath lab from the ED
- Enter "Field" if the patient was transported directly to the cath lab by EMS and did not stop in the ED
- Enter "Inpatient" if the patient was transported to the cath lab from an inpatient bed within 24 hours of admission

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- SRC Log
- ED Records
- Cath Lab Report
- Other Hospital Reports

CL ARRIVAL DATE

Definition

Date patient arrived in the cath lab

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

CL ARRIVAL TIME

Definition

Time of day patient arrived in the cath lab

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

CATH STATUS

Definition

Checkbox indicating the urgency of the primary diagnostic catheterization

Field Values

- Urgent
- Emergent
- Salvage

Additional Information

- Urgent: inpatient procedure prior to discharge, includes non-salvage catheterization following ROSC
- Emergent: there is a concern for ongoing STEMI
- Salvage: last resort to save the patient's life, defined by the presence of at least **one** of the following:
 - The patient is in cardiogenic shock at the start of the procedure **OR**
 - The patient has received chest compressions within ten minutes of the start of the procedure **OR**
 - The patient was on unanticipated extracorporeal support

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes

ARTERIAL ACCESS SITE

Definition

Checkbox indicating the location(s) used to gain vascular access for catheterization

Field Values

- Femoral only
- Brachial only
- Radial only
- Femoral then Brachial
- Femoral then Radial
- Brachial then Femoral
- Radial then Femoral
- Radial then Brachial
- ND: Not Documented

Additional Information

- If access was not obtained, document sites attempted

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

PCI PERFORMED?

Definition

Checkbox indicating whether a Percutaneous Coronary Intervention (PCI), or placement of device for the purpose of mechanical coronary revascularization, was performed

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

REASON PCI NOT PERFORMED

Definition

Checkbox indicating the primary reason why PCI was not performed

Field Values

- Candidate for CABG/IABP
- Unable to Gain Vascular Access
- Unable to Cross Lesion
- Multi-Vessel Disease
- No Lesions Found/Normal Coronaries
- Patient Expired in Cath Lab
- Takotsubo Syndrome
- Vessel Spasm
- Other (reason in comment section)
- ND: Not Documented

Additional Information

- If “Other” is marked, must document reason in “Comment to Other” field

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

COMMENT TO OTHER

Definition

Field provided to specify why “Other” was selected as the primary reason why PCI was not performed

Field Values

- Free- text

Additional Information

- Do not enter information into this field unless Reason PCI Not Performed was “Other”

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

PCI DATE

Definition

Date PCI was performed

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Additional Information

- Use the date that the first device (excluding guidewire) intervened at the culprit lesion during the first PCI only

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

PCI TIME

Definition

Time of day PCI was performed

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- Use the time that the first device (excluding guidewire) intervened at the culprit lesion during the first PCI only
-

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

NON-SYSTEM DELAYS TO PCI?

Definition

Checkbox indicating whether there were patient-related delays to performing PCI

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

DELAYS TO PCI

Definition

Checkbox indicating patient-related delays to performing PCI

Field Values

- Cardiac Arrest
- Intubation Required
- Difficulty Obtaining Vascular Access
- Difficulty Crossing Lesion
- Consent Delay
- Other
- ND: Not Documented

Additional Information

- If “Other” is marked, must document reason in “Comment to Other” field

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

COMMENT TO OTHER

Definition

Field provided to specify why “Other” was selected as the reason why there were patient-related delays to performing PCI

Field Values

- Free-text

Additional Information

- Do not enter information into this field unless Delays to PCI was “Other”

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report

CULPRIT LESION?

Definition

Checkbox indicating whether the primary lesion responsible for the acute coronary event was located

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Additional Information

- The primary lesion responsible for the acute coronary event as documented by the interventionalist
- If more than one lesion is stented, the lesion in the segment supplying blood to the largest area of myocardium should be considered the culprit lesion

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- Other Hospital Records

CULPRIT LESION LOCATION

Definition

Checkbox indicating the segment where the primary lesion responsible for the acute coronary event was located

Field Values

Culprit Lesion Segment Location			
pRCA	Proximal right coronary artery conduit	mCIRC	Mid - circumflex artery segment
mRCA	Mid - right coronary artery conduit	dCIRC	Distal circumflex artery
dRCA	Distal right coronary artery conduit	1 st OM	First obtuse marginal branch
rPDA	Right posterior descending artery	Lat 1 st OM	Lateral first obtuse marginal branch
rPAV	Right posterior atrioventricular	2 nd OM	Second obtuse marginal branch
1 st RPL	First right posterolateral	Lat 2 nd OM	Lateral second obtuse marginal branch
2 nd RPL	Second right posterolateral	3 rd OM	Third obtuse marginal branch
3 rd RPL	Third right posterolateral	Lat 3 rd OM	Lateral third obtuse marginal branch
pDSP	Posterior descending septal perforators	CIRC AV	Circumflex artery AV groove continuation
aMarg	Acute marginal(s)	1 st LPL	First left posterolateral branch
LM	Left main coronary artery	2 nd LPL	Second left posterolateral branch
pLAD	Proximal LAD artery	3 rd LPL	Third left posterolateral branch
mLAD	Mid - LAD artery	LPDA	Left posterolateral descending artery
dLAD	Distal LAD artery	Ramus	Ramus intermedius
1 st Diag	First diagonal branch	Lat Ramus	Lateral ramus intermedius
Lat 1 st Diag	Lateral first diagonal branch	3 rd Diag	Third diagonal branch
2 nd Diag	Second diagonal branch	Lat 3 rd Diag	Lateral third diagonal branch
Lat 2 nd Diag	Lateral second diagonal branch	ND	Not Documented
LAD SP	LAD septal perforators	OTH	Other
pCIRC	Proximal circumflex artery		

Additional Information

- If more than one lesion is stented, the lesion in the segment supplying blood to the largest area of myocardium should be considered the culprit lesion

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- Other Hospital Records

PT INCURRED INTRA- OR POST-PROCEDURAL STROKE?

Definition

Checkbox indicating whether the patient experienced stroke signs or symptoms during or immediately following the PCI procedure that did not resolve within 24 hours

Field Values

- Yes
- No
- ND: Not Documented

Additional Information

- Check “Yes” if symptoms started during the PCI procedure and did not resolve within 24 hours after the procedure

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- Billing Sheet/ Medical Records Coding Summary Sheet

PT REQUIRED INTRA- OR POST-PROCEDURE TRANSFUSION?

Definition

Checkbox indicating whether the patient experienced a vascular complication requiring transfusion

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Cath Lab Report
- Progress Notes
- Billing Sheet/ Medical Records Coding Summary Sheet

CABG PERFORMED?

Definition

Checkbox indicating whether the patient had Coronary Artery Bypass Grafting (CABG) performed during the same hospitalization

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Operative Report
- Cath Lab Report
- Progress Notes
- Other Hospital Records

CABG STATUS

Definition

Checkbox indicating the urgency of the CABG

Field Values

- Urgent
- Emergent
- Salvage
- Elective

Additional Information

- Urgent: procedure required during same hospitalization in order to minimize deterioration
- Emergent: patient has ischemic or mechanical dysfunction that is not responsive to any form of therapy except surgery
- Salvage: last resort to save the patient's life, defined by the presence of CPR en route to the operating room, or prior to induction of anesthesia
- Elective: patient's cardiac function has been stable prior to the operation, procedure can be deferred without risk of compromising cardiac outcome

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Operative Report
- Progress Notes

CABG DATE

Definition

Date the CABG was performed

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Operative Report
- Cath Lab Report
- Progress Notes
- Other Hospital Records

CABG TIME

Definition

Time of day the CABG was performed

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Operative Report
- Cath Lab Report
- Progress Notes
- Other Hospital Records

ROSC

ROSC?

Definition

Checkbox indicating whether Return of Spontaneous Circulation (ROSC) occurred, which is defined as restoration of a spontaneous perfusing rhythm. Signs of ROSC include: palpable pulse, breathing (more than an occasional gasp), coughing, movement, a measureable blood pressure, and/or a normal to high capnography reading

Field Values

- Yes
- No
- ND: Not Documented

Additional Info

- Indicate yes if the patient had ROSC at any time during resuscitation, even if transient

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- ED Records
- Progress Notes

SUSTAINED ROSC?

Definition

Checkbox indicating whether sustained ROSC occurred, which is defined as persistent signs of circulation, with no chest compressions required, for at least twenty (20) consecutive minutes

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- ED Records
- Progress Notes

INIT. CARDIAC ARREST DATE

Definition

Date of the initial cardiac arrest

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST TIME

Definition

Time of day of the initial cardiac arrest

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Additional Information

- If the cardiac arrest time is estimated, mark the “Est.” checkbox

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST LOCATION

Definition

Checkbox indicating where the patient was when the initial cardiac arrest occurred

Field Values

- Home/Residence
- Nursing Home/Assisted Living
- Public Building/Areas
- Physician Office/Clinic/Urgent Care
- Industrial Site
- ED
- Cath Lab
- Other
- ND: Not Documented

Uses

- Provides documentation of assessment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST WITNESSED?

Definition

Checkbox indicating whether the initial cardiac arrest was witnessed

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST WITNESSED BY

Definition

Checkbox indicating who observed the initial cardiac arrest

Field Values

- Citizen
- EMS
- Healthcare Professional
- ND: Not Documented

Additional Information

- “Healthcare professionals” are defined as medically trained, **on-duty** individuals at a healthcare facility (clinic, doctor’s office, ED, etc.)
- “Citizens” are defined as good samaritans, such as off-duty healthcare professionals, law enforcement officers, and bystanders

Uses

- Provides documentation of assessment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST RHYTHM

Definition

Checkbox indicating the initial cardiac rhythm observed during the initial cardiac arrest

Field Values

- AA: AED-Analyzed Only
- AD: AED-Defibrillated
- AG: Agonal
- ASY: Asystole
- IV: Idioventricular
- PEA: Pulseless Electrical Activity
- VT: Pulseless Ventricular Tachycardia
- VF: Ventricular Fibrillation
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. CARDIAC ARREST CPR INIT. BY

Definition

Checkbox indicating who initiated CPR during the initial cardiac arrest

Field Values

- Citizen
- EMS
- Healthcare Professional
- ND: Not Documented

Additional Information

- “Healthcare professionals” are defined as medically trained, **on-duty** individuals at a healthcare facility (clinic, doctor’s office, etc.)
- “Citizens” are defined as good samaritans, such as off-duty healthcare professionals, law enforcement officers, and bystanders

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

FIELD DEFIB?

Definition

Checkbox indicating whether defibrillation occurred in the field

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

FIELD DEFIB BY

Definition

Checkbox indicating who defibrillated the patient in the field

Field Values

- AED Citizen
- AED EMS
- EMS Defibrillation
- Healthcare Professional
- ND: Not Documented

Additional Information

- “Healthcare professionals” are defined as medically trained, **on-duty** individuals at a healthcare facility (clinic, doctor’s office, etc.)
- “Citizens” are defined as good samaritans, such as off-duty healthcare professionals, law enforcement officers, and bystanders

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. ROSC DATE

Definition

Date initial ROSC occurred

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. ROSC TIME

Definition

Time of day initial ROSC occurred

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

INIT. ROSC LOCATION

Definition

Checkbox indicating where the patient was when initial ROSC occurred

Field Values

- Field
- Non-SRC ED
- SRC ED
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1ST CARDIAC RHYTHM UPON ROSC

Definition

First documented cardiac rhythm observed upon ROSC

Field Values

- AFI: Atrial Fibrillation
- AFL: Atrial Flutter
- AVR: Accelerated Ventricular
- 1HB: 1st Degree Heart Block
- 2HB: 2nd Degree Heart Block
- 3HB: 3rd Degree Heart Block
- JR: Junctional Rhythm
- PM: Pacemaker
- PST: Paroxysmal Supraventricular Tachycardia
- SB: Sinus Bradycardia
- SR: Sinus Rhythm
- ST: Sinus Tachycardia
- SVT: Supraventricular Tachycardia
- VT: Ventricular Tachycardia
- OT: Other
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1st HEART RATE UPON ROSC

Definition

First documented heart rate upon ROSC

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1st SYSTOLIC BLOOD PRESSURE UPON ROSC

Definition

First documented systolic blood pressure recorded upon ROSC

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1ST TEMPERATURE UPON ROSC

Definition

First documented core temperature recorded upon ROSC

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Additional Information

- Core temperature is measured via bladder, esophageal, or rectal methods
- Document to the 10th of a degree (e.g. 37.0°C)

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1st END TIDAL CO₂ UPON ROSC

Definition

1st end tidal CO₂ recorded immediately following ROSC

Field Values

- Up to two-digit numeric value
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

1st pH VALUE UPON ROSC

Definition

1st pH value resulted within two hours of ROSC

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Additional Information

- Document to the 100th of a degree (e.g. 7.00)

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Lab Records
- ED Records
- Progress Notes
- Other Hospital Records

1st LACTATE VALUE UPON ROSC

Definition

1st lactate value resulted within two hours of ROSC

Field Values

- Up to three-digit numeric value
- ND: Not Documented

Additional Information

- Document to the 10th of a degree (e.g. 10.0)

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Lab Records
- ED Records
- Progress Notes
- Other Hospital Records

TOTAL GLASGOW COMA SCALE (GCS) UPON ROSC

Definition

Checkbox indicating the first documented GCS upon ROSC

Field Values

- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Progress Notes
- Other Hospital Records

VASOPRESSORS IVP?

Definition

Checkbox indicating whether the patient received epinephrine or vasopressin via intravenous (IV) push during cardiac arrest

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Medication Records
- Progress Notes
- Other Hospital Records

VASOPRESSORS VIA CONT. INF.?

Definition

Checkbox indicating whether vasopressors via continuous intravenous infusion were initiated post-ROSC in the ED or cath lab

Field Values

- Yes
- No
- ND: Not Documented

Additional Information

- Vasopressors include Dopamine, Epinephrine, Norepinephrine (Levophed), Phenylephrine, and Vasopressin

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Medication Records
- Progress Notes
- Other Hospital Records

TOTAL GCS AT DISCHARGE

Definition

Checkbox indicating the patient's GCS at time of discharge from the acute care unit at your facility

Field Values

- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- ND: Not Documented

Additional Information

- If the patient expired, GCS is "3"

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Hospital Discharge Summary
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

CPC SCALE AT DISCHARGE

Definition

Checkbox indicating the patient's Cerebral Performance Categories (CPC) scale upon discharge from the acute care unit at your facility

Field Values

Cerebral Performance Categories Scale	
1	Good cerebral performance – conscious, alert, able to work, might have mild neurologic or psychologic deficit.
2	Moderate cerebral disability – conscious, sufficient cerebral function for independent activities of daily life. Able to work in sheltered environment.
3	Severe cerebral disability – conscious, dependent on others for daily support because of impaired brain function. Range from ambulatory state to severe dementia or paralysis.
4	Coma or vegetative state – any degree of coma without the presence of all brain death criteria. Unawareness, even if appears awake (vegetative state) without interaction with environment; may have spontaneous eye opening and sleep/awake cycles. Cerebral unresponsiveness.
5	Brain death: apnea, areflexia, EEG silence, etc.
ND	Not Documented

Additional Information

- If the patient expired, CPC is “5”
- The CPC Scale at discharge may be performed by a physician, trained RN, or occupational therapist
- SRC Clinical Director/RN data extractor may calculate only if not performed by above

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Hospital Discharge Summary
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

CHANGE IN BASELINE FUNCTIONAL STATUS?

Definition

Checkbox indicating whether a CPC scale= 3 or 4 at discharge is a change in the patient's baseline functional status

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Hospital Discharge Summary
- Progress Notes
- Billing Sheet / Medical Records Coding Summary Sheet

TARGETEDTEMPERATURE MANAGEMENT (TTM) INFO

TTM INITIATED?

Definition

Checkbox indicating whether TTM measures were initiated to actively cool and/or maintain the patient at a temperature of 32-36 degrees Celsius

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

CONTRAINDICATIONS TO TTM? (LIST ALL THAT APPLY)

Definition

Checkbox indicating why TTM measures were not initiated

Field Values

- 17: Age < 18yrs
- BL: Active Bleeding
- AR: Awake/Responsive to verbal commands
- CO: Pre-existing coma
- 30: Core temperature < 30 degrees Celsius
- DN: DNR
- TI: End stage terminal illness
- EX: Patient expired
- HT: Major head trauma
- PH: Persistent hypotension
- PG: Pregnancy
- SS: Septic Shock
- UA: Uncontrolled/recurrent ventricular dysrhythmia
- NO: None listed

Additional Information

- Enter multiple selections, if applicable, by pressing down and holding the “Control/Ctrl” key while making your selections
- Pre-existing coma refers to being in a comatose state prior to cardiac arrest due to a pre-existing condition, neurologic dysfunction, or severe dementia
- Persistent hypotension refers to patients who continue to be hypotensive despite interventions, including IV fluids, vasopressors, or an intra-aortic balloon pump
- Uncontrolled/recurrent ventricular dysrhythmia refers to recurrent ventricular fibrillation or ventricular tachycardia

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

TTM INITIATED DATE

Definition

Date TTM measures were initiated

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records
- EMS Report Form
- Base Hospital Form

TTM INITIATED TIME

Definition

Time of day TTM measures were initiated

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records
- EMS Report Form
- Base Hospital Form

TTM INITIATED LOCATION

Definition

Checkbox indicating where the patient was when TTM measures were initiated

Field Values

- Pre-SRC
- SRC ED
- Cath Lab
- ICU
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records
- EMS Report Form
- Base Hospital Form

TTM MODALITY USED

Definition

Checkbox indicating type(s) of TTM measures initiated

Field Values

- Ice Packs
- External Cooling Device
- Cold IV fluids
- Central Vascular Cooling Device
- Other
- ND: Not Documented

Additional Information

- Enter multiple selections, if applicable, by pressing down and holding the “Control/Ctrl” key while making your selections

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records
- EMS Report Form
- Base Hospital Form

TARGET TEMPERATURE

Definition

Checkbox indicating the desired body temperature to be achieved by TTM measures, as ordered by the physician or per protocol

Field Values

- 32 degrees Celsius
- 33 degrees Celsius
- 34 degrees Celsius
- 35 degrees Celsius
- 36 degrees Celsius
- Specified range (*enter range in Target Temperature Range*)
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

TARGET TEMPERATURE RANGE

Definition

Field provided to indicate the range of desired body temperature to be achieved by TTM measures, if applicable

Field Values

- Free-text field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

TARGET TEMPERATURE REACHED?

Definition

Checkbox indicating whether the desired body temperature was achieved by TTM measures

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

TARGET TEMPERATURE REACHED DATE

Definition

Date that desired body temperature was achieved by TTM measures

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

TARGET TEMPERATURE REACHED TIME

Definition

Time of day that desired body temperature was achieved by TTM measures

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- Progress Notes
- Other Hospital Records

RE-WARMING INITIATED?

Definition

Checkbox indicating whether re-warming measures were initiated

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

RE-WARMING INIT DATE

Definition

Date that re-warming measures were initiated

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

RE-WARMING INIT TIME

Definition

Time of day that re-warming measures were initiated

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

PATIENT DIED DURING RE-WARMING?

Definition

Checkbox indicating whether the patient died during the re-warming process

Field Values

- Yes
- No
- ND: Not Documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

RE-WARMING ENDED DATE

Definition

Date that re-warming measures were terminated

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

RE-WARMING ENDED TIME

Definition

Time of day that re-warming measures were terminated, if applicable

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines
- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

ADVERSE EVENTS DURING TTM

Definition

Checkbox indicating whether any of the listed adverse events occurred during TTM – enter all that apply

Field Values

- DY: VF/VT
- CG: Coagulopathy/bleeding
- DV: Deep vein thrombosis
- NO: None of the above specified adverse events

Additional Information

- Enter multiple selections, if applicable, by pressing down and holding the “Control/Ctrl” key while making your selections
- Select ‘NO’ if there is no documentation of the adverse events listed

Uses

- Provides documentation of assessment
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Progress Notes
- Other Hospital Records
- ED Records

SUBJECT: **ELECTRONIC SUBMISSION OF
PREHOSPITAL DATA**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 607

PURPOSE: To establish procedures for the submission of electronic data by prehospital care providers.

AUTHORITY: California Assembly Bill No. 1129
California Code of Regulations, Title 22, Chapter 4, Sections 100169, 100170
Health Insurance Portability and Accountability Act (HIPAA), 2009
Health and Safety Code, Section 130202
Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITION:

Electronic Data: Patient Care Records submitted in electronic format (as per LA-EMS Data Dictionary) or field electronic Patient Care Records (ePCRs).

PRINCIPLES:

1. All submission of electronic personal health information (PHI) shall be in compliance with HIPAA regulations.
2. PCRs require redundant back up and emergency down time procedures.
3. The provider agency will ensure that the electronic data is compliant with the EMS Agency's data system requirement.
4. All public and private advanced life support (ALS), specialty care transport (SCT), and exclusive operating area (EOA) provider agencies shall submit data electronically, which meets the LA-EMS or LA-EOA Data Dictionary requirements, to the EMS Agency.
5. Provider agencies cannot utilize an ePCR until their selected vendor has been approved to submit data electronically to the EMS Agency.

POLICY:


- I. Provider Agency Responsibilities
 - A. Prior to implementation of an Electronic Data System
 1. Electronic Data Submission Plan

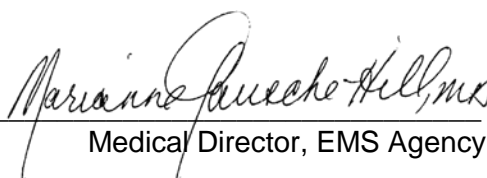
Submit a plan, approved by the department's Fire Chief or private provider agency's Chief Executive Officer, to the EMS Agency for approval which includes:

EFFECTIVE DATE: 12-01-09
REVISED: 04-01-18
SUPERSEDES: 12-01-13

PAGE 1 OF 3

APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

- a. Ability to transmit data to the EMS Agency which meets the LA-EMS or LA-EOA Data Dictionary requirements.
 - b. A successful mechanism to provide immediate transfer of patient information to additional providers, including transporting agency (if necessary).
 - c. System to ensure only one Patient Care Record per patient is created, per provider agency, regardless of the number of units an individual provider responds with.
 - d. Processing for confirming that an ePCR has been successfully generated for each patient.
 - e. A successful mechanism for receiving facilities to have the electronic record available upon the patient's transfer of care and any patient care related revisions made after leaving the receiving facility.
 - f. Back-up system available in case of system failure.
 - g. Staff members assigned to act as a liaison between the vendor and the EMS Agency to identify and correct data issues.
2. Notify the EMS Agency's Data Management Division Chief once a vendor has been selected and provide an estimated filed implementation date.
 3. Notify all hospitals that provider transports to, of the intent to convert to an ePCR system and the tentative start date.
- B. Implementation
1. Ensure the selected vendor contacts the EMS Agency's Data System Management Division Chief to discuss the data format, transmission procedures and obtain sequence number format.
 2. Maintain a staff member to act as liaison between the vendor and the EMS Agency to identify and correct data issues.
 3. Submit validated test files, meeting the LA-EMS Data Dictionary and Extensible Markup Language (XML) Schema Definition (XSD) standard, and the corresponding copies of the ePCRs in PDF format, that accurately reflect the documentation in the electronic record upon import.
- C. Ongoing
1. Transmit validated data to the EMS Agency for import into the Trauma Emergency Medicine Information System (TEMIS) database within 30 days of the last day of the preceding month. Files with validation errors will be rejected and must be corrected and re-transmitted prior to import.

2. Address and correct data related issues as they arise.
3. Implement annual data field and export program changes within three months of publication.

II. EMS Agency Responsibilities

- A. Review and approve the electronic data submission plan.
- B. Liaison with the provider agency and receiving hospital(s) to establish a mutually agreed upon method by which the receiving hospital(s) will obtain the ePCR.
- C. Meet with the provider agency and vendor to review electronic data submission plan and provide the Sequence Number formatting, LA-EMS Data Dictionary, LA-EMS XSD, LA-EMS XSD validator and LA-EMS sample XML.
- D. Review validated test files, and the corresponding copies of the ePCR in PDF format, for completeness and accuracy and provides a report to the provider agency and vendor with noted deficiencies.
- E. Ongoing
 1. Monitor incoming data and notify the provider as issues arise and follow up with provider as needed to ensure data issues are addressed and resolved.
 2. Present data field changes annually to the Provider Agency Advisory Committee.

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 604, **Confidentiality of Patient Information**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 608, **Disposition of Copies of the EMS Report Form**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**

LA-EMS Data Dictionary
LA-EMS Extensible Markup Language (XML) Schema Definition
(XSD) LA-EMS XSD Validator
LA-EMS Sample XML

Los Angeles County EMS Agency Stroke Critical Care System Plan

In November 2009, the Los Angeles (LA) County EMS Agency began designating LA County 9-1-1 receiving hospitals as Stroke Centers. This allowed the rerouting of 9-1-1 patients with suspected stroke to a designated stroke center for earlier definitive diagnosis and treatment. Paramedics utilized the modified LA Prehospital Stroke Scale (mLAPSS) as the stroke screening tool.

On September 11, 2017, Ronald Reagan UCLA Medical Center and Santa Monica Fire Department began operation of a Mobile Stroke Unit (MSU) through a written agreement. The MSU program was approved by the Los Angeles (LA) County EMS Agency and fully supported by the LA County Board of Supervisors. The MSU program is part of a nationwide study, Benefits of Stroke Treatment Delivered Using a Mobile Stroke Unit (BEST-MSU), to evaluate patient outcomes and the cost-effectiveness of accelerated field treatment. The MSU was only in operation in the City of Santa Monica and for no more than 40 hours every other week.

On January 8, 2018, the MSU operations were expanded to the study's off week covering the areas in and around the cities of Lakewood and Cerritos. This was made possible through additional funding provided by the LA County Board of Supervisors. This expansion also involved the collaboration of LA County Fire Department.

Also on January 8, 2018, the EMS Agency expanded its Stroke Program by designating Comprehensive Stroke Centers (CSC) through a solicitation process and written agreements with hospitals that met the solicitation requirements. This expansion allowed for a two-tier routing of 9-1-1 patients with suspected stroke to either a designated Primary Stroke Center (PSC) or CSC. This allowed the rerouting of patients with large vessel occlusion to centers that have the capability to perform thrombectomy (CSC). The Los Angeles Motor Score (LAMS) is the paramedic triage tool utilized to determine large vessel occlusions (LAMS score 4 or 5). At the time of implementation, there were 13 hospitals that were designated CSC (3 of which are in bordering counties that receive 9-1-1 transports from LA County). As of June 30, 2018, there are 19 CSCs designated by the EMS Agency.

§100270.220(c)

(1) Names and Titles of EMS Agency personnel with a role in the stroke critical care system

Cathy Chidester, EMS Agency Director

Dr. Marianne Gausche-Hill, EMS Agency Medical Director

Dr. Nichole Bosson, EMS Agency Assistant Medical Director

Richard Tadeo, EMS Agency Assistant Director

Christine Clare, Chief-Hospital Programs

Lorrie Perez, Stroke Program Coordinator

Michelle Williams, Chief Data Systems Management

- (2) List of stroke designated facilities with the agreement expiration dates
Attachment A
See map of designated stroke centers as of June 30, 2018 (Attachment B)
- (3) A description or copy of the local EMS agency's stroke patient identification and destination policies
Reference No. 521, Stroke Patient Destination (Attachment C)
Reference No. 1232, Treatment Protocol: Stroke/CVA/TIA (Attachment D)
- (4) A description or a copy of the method of field communication to the receiving hospital-specific to stroke patients, designed to expedite time-sensitive treatment on arrival
Reference No. 521, Stroke Patient Destination (Attachment C)
Reference No. 716, Paramedic Communications System (Attachment E)
Reference No. 1232, Treatment Protocol: Stroke/CVA/TIA- which requires Base Hospital Contact (Attachment D)
- (5) A description or a copy of the policy that facilitates the inter-facility transfer of stroke patients
Reference No. 322, Stroke Receiving Center Standards (Attachment F)
- (6) A description of the method of data collection from the EMS providers and designated stroke hospitals to the local EMS agency and EMS Authority
Reference No. 322, Stroke Receiving Center Standards (Attachment F)
LA County EMS Agency has a written agreement with IQVIA, for access to Get With The Guidelines Stroke (GWTG-S) Patient Management Tool for all participating stroke centers that enter their patient data into GWTG-S. (Attachment G)
For stroke centers that do not participate in GWTG-S, LA County EMS has a designated database in which they must enter the required data elements for all patients meeting inclusion criteria. (Attachment H)
Reference No. 607, Electronic Submission of Prehospital Data (Attachment I)
- (7) A policy or description of how the Local EMS agency integrates a receiving center in a neighboring jurisdiction
Los Angeles County EMS, with concurrence from neighboring EMS Agencies, reached out to hospitals in neighboring jurisdictions that receive patients from LA County to solicit interest in participating in the stroke receiving center program. The Stroke Receiving Center Standards, Reference No. 322 was provided to hospitals that expressed interest, and upon meeting all requirements in the standards, the hospital was

designated as a Stroke Receiving Center for LA County. Currently, there are three designated CSCs in bordering counties (two in Orange County and one in Ventura County).

- (8) A description of the integration of stroke into an existing quality improvement committee or a description of any stroke-specific quality improvement committee

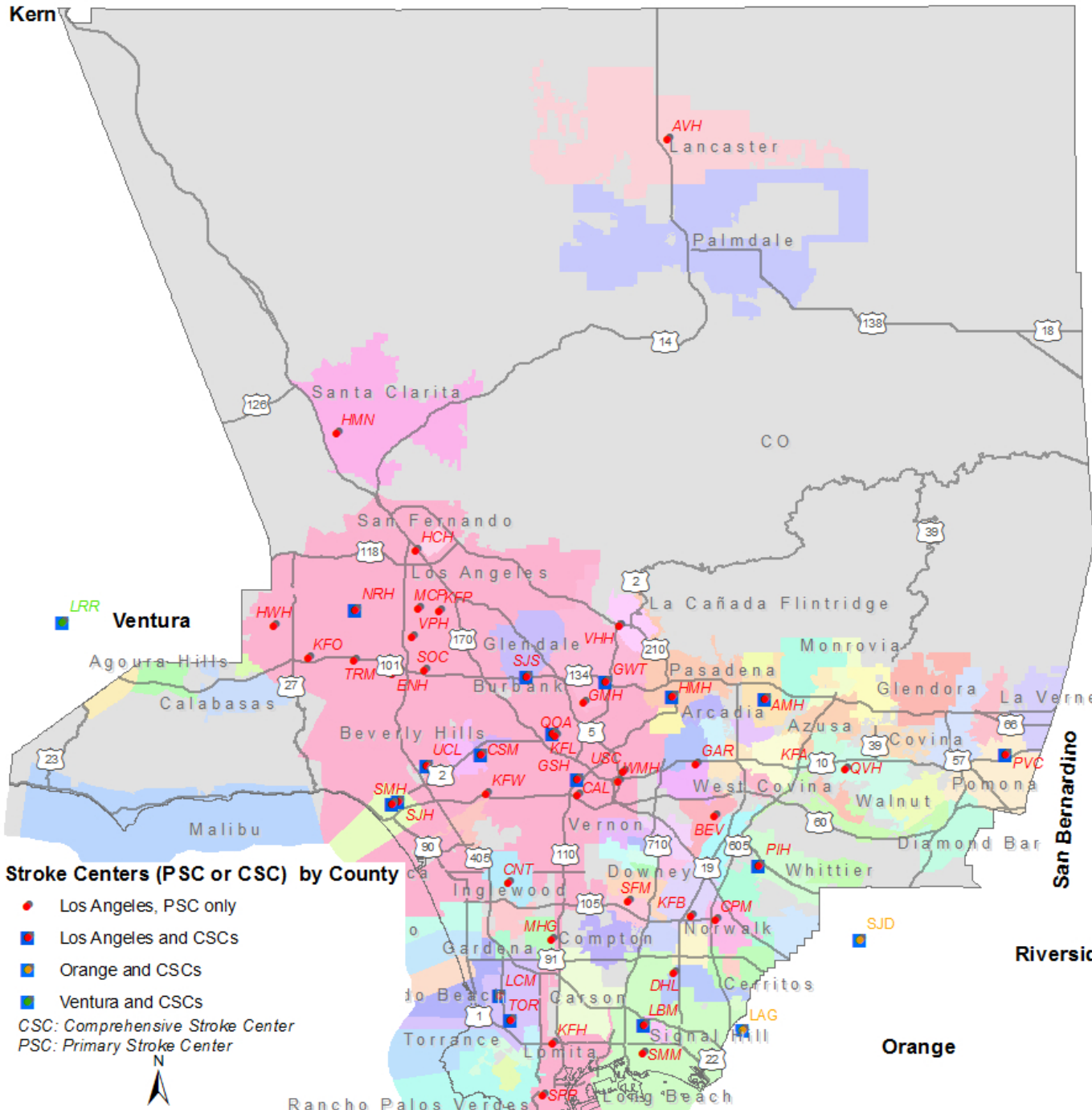
A biannual Stroke Advisory/QI Meeting is held by the EMS Agency. Stroke Medical Directors and Program Managers from all designated stroke centers (PSC and CSC) are expected to attend 100% of the meetings. Agenda items include: policy and practice issues; best practices; and system-wide quality improvement and performance metrics.

A Stroke Data Collaborative Group is also convened by the EMS Agency on a biannual basis to discuss data collection, data utilization and publication projects. This group is comprised of subject matter experts in stroke care who provides the EMS Agency with recommendations on current and upcoming best practices.

List of Designated Stroke Centers and Agreement Expiration Dates as of June 30, 2018

Stroke Center	Designation Level	Agreement Expiration Date
Adventist Health - White Memorial	Primary	December 31, 2019
Antelope Valley Hospital	Primary	February 28, 2019
Beverly Hospital	Primary	October 31, 2020
Cedars Sinai Medical Center	Comprehensive	January, 31, 2019
Centinela Hospital Medical Center	Primary	August 31, 2019
Citrus Valley Medical Center-Queen of the Valley	Primary	August 31, 2019
Coast Plaza Doctors Hospital	Primary	August 31, 2018
Dignity Health – California Hospital Medical Center	Primary	November 30, 2018
Dignity Health - Glendale Memorial Hospital and Health Center	Primary	July 31, 2019
Dignity Health – Northridge Hospital Medical Center	Comprehensive	February 28, 2019
Dignity Health – Saint Mary Medical Center	Primary	October 31, 2019
Encino Hospital Medical Center	Primary	February 29, 2020
Garfield Medical Center	Primary	April 30, 2019
Glendale Adventist Medical Center	Comprehensive	August 31, 2018
Good Samaritan Hospital	Comprehensive	December 31, 2019
Henry Mayo Newhall Hospital	Primary	October 31, 2018
Hollywood Presbyterian Medical Center	Primary	December 31, 2019
Huntington Hospital	Comprehensive	April 30, 2019
Kaiser Foundation Hospital – Baldwin Park Medical Center	Primary	July 31, 2018
Kaiser Foundation Hospital - Downey Medical Center	Primary	June 30, 2020
Kaiser Foundation Hospital – Los Angeles Medical Center	Comprehensive	May 31, 2019
Kaiser Foundation Hospital - Panorama City	Primary	September 30, 2018
Kaiser Foundation Hospital - South Bay	Primary	June 30, 2020
Kaiser Foundation Hospital - West Los Angeles	Primary	November 30, 2018
Kaiser Foundation Hospital - Woodland Hills	Primary	January 31, 2019
LAC+USC Medical Center	Primary	November 30, 2018
Lakewood Regional Medical Center	Primary	February 29, 2020
Long Beach Memorial Medical Center	Comprehensive	November 30, 2018

Los Alamitos Medical Center (Orange County)	Comprehensive	November 30, 2020
Los Robles Medical Center (Ventura County)	Comprehensive	October 31, 2019
Memorial Hospital of Gardena	Primary	February 28, 2019
Methodist Hospital of Southern California	Comprehensive	June 30, 2021
Mission Community Hospital	Primary	March 31, 2019
PIH Health- Whittier	Comprehensive	May 31, 2019
Pomona Valley Hospital Medical Center	Comprehensive	April 30, 2020
Providence Holy Cross Medical Center	Primary	October 31, 2018
Providence Little Company of Mary Medical Center, San Pedro	Primary	November 30, 2019
Providence Little Company of Mary Medical Center, Torrance	Comprehensive	February 28, 2019
Providence Saint John's Health Center	Comprehensive	February 28, 2019
Providence Saint Joseph Medical Center	Comprehensive	February 28, 2019
Providence Tarzana Medical Center	Primary	February 28, 2019
Ronald Reagan UCLA Medical Center	Comprehensive	November 30, 2018
Saint Francis Medical Center	Primary	June 30, 2020
Saint Jude Medical Center (Orange County)	Comprehensive	April 30, 2019
Santa Monica-UCLA Medical Center	Comprehensive	February 28, 2019
Sherman Oaks Hospital	Primary	February 28, 2020
Torrance Memorial Medical Center	Comprehensive	February 28, 2019
USC Verdugo Hills Hospital	Primary	January 31, 2021
Valley Presbyterian Hospital	Primary	August 31, 2020
West Hills Hospital & Medical Center	Primary	December 31, 2019



Effective As of May 1, 2018

Code	Name
AMH	Methodist Hospital of Southern California
AVH	Antelope Valley Hospital
BEV	Beverly Hospital
CAL	California Hospital Medical Center
CNT	Centinela Hospital Medical Center
CPM	Coast Plaza Doctors Hospital
CSM	Cedars Sinai Medical Center
DHL	Lakewood Regional Medical Center
ENH	Encino Hospital Medical Center
GAR	Garfield Medical Center
GMH	Glendale Memorial Hospital and Health Center
GSH	Good Samaritan Hospital
GWT	Glendale Adventist Medical Center
HCH	Providence Holy Cross Medical Center
HMH	Huntington Hospital
HMN	Henry Mayo Newhall Hospital
HWH	West Hills Hospital and Medical Center
KFA	Kaiser Foundation Hospital - Baldwin Park
KFB	Kaiser Foundation Hospital - Downey
KFH	Kaiser Foundation Hospital - South Bay
KFL	Kaiser Foundation Hospital - Sunset (Los Angeles)
KFO	Kaiser Foundation Hospital - Woodland Hills
KFP	Kaiser Foundation Hospital - Panorama City
KFW	Kaiser Foundation Hospital - West Los Angeles
LAG	Los Alamitos Medical Center
LBM	Long Beach Memorial Medical Center
LCM	Providence Little Company of Mary Medical Center-Torrance
LRR	Los Robles Hospital & Medical Center
MCP	Mission Community Hospital
MHG	Memorial Hospital of Gardena
NRH	Northridge Hospital Medical Center
PIH	PIH Health Hospital - Whittier
PVC	Pomona Valley Hospital Medical Center
QOA	Hollywood Presbyterian Medical Center
QVH	Citrus Valley Medical Center - Queen of the Valley Campus
SFM	St. Francis Medical Center
SJD	St. Jude Medical Center
SIH	Providence Saint John's Health Center
SJS	Providence Saint Joseph Medical Center
SMH	Santa Monica-UCLA Medical Center
SMM	St. Mary Medical Center
SOC	Sherman Oaks Hospital
SPP	Providence Little Company of Mary Medical Center-San Pedro
TOR	Torrance Memorial Medical Center
TRM	Providence Tarzana Medical Center
UCL	Ronald Reagan UCLA Medical Center
USC	LAC+USC Medical Center
VHH	USC Verdugo Hills Hospital
VPH	Valley Presbyterian Hospital
WMH	Adventist Health White Memorial

*Blue color record is Comprehensive Stroke Center

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 521

SUBJECT: **STROKE PATIENT DESTINATION**

PURPOSE: To provide guidelines for transporting suspected stroke patients to the most accessible facility appropriate to their needs.

AUTHORITY: Health & Safety Code, Division 2.5, Section 1798

DEFINITIONS:

Primary Stroke Center (PSC): A 9-1-1 receiving hospital that has met the standards of a Center for Medicaid & Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been approved as a Stroke Center by the Los Angeles (LA) County Emergency Medical Services (EMS) Agency.

Comprehensive Stroke Center (CSC): A 9-1-1 receiving hospital that has met the standards of a CMS approved accreditation body as a Comprehensive or Thrombectomy Capable Stroke Center and has been approved as a Comprehensive Stroke Center by the LA County EMS Agency. CSCs have subspecialty neurology and neurointerventional physicians available 24 hours a day and 7 days a week who can perform clot-removing procedures.

Local Neurological Signs: Signs and symptoms that may indicate a dysfunction in the nervous system such as a stroke or mass lesion. These signs include: speech and language disturbances, altered level of consciousness, unilateral weakness, unilateral numbness, new onset seizures, dizziness, and visual disturbances.

Modified Los Angeles Prehospital Stroke Screen (mLAPSS): A screening tool utilized by prehospital care providers to assist in identifying patients who may be having a stroke.

Los Angeles Motor Score (LAMS): A scoring tool utilized by prehospital care providers to determine the severity of stroke on patients who meet mLAPSS criteria. A large vessel involvement is suspected if the total LAMS score from the three categories is 4 or greater.


PRINCIPLES:

1. Patients experiencing a stroke should be transported to the most accessible facility appropriate to their needs. This determination will be made by the base hospital physician or Mobile Intensive Care Nurse after consideration of the guidelines established in this policy. Final authority for patient destination rests with the base hospital.
2. Basic Life Support units shall call an Advanced Life Support unit for suspected stroke patients.
3. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: severity and stability of the patient's condition; anticipation of transport time; available transport resources;

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REVISED: 04-01-18
SUPERSEDES: 07-01-16

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APPROVED: 
Director, EMS Agency


Medical Director, EMS Agency

and request by the patient, family, guardian, or physician.

- 4. Service area rules and/or considerations do not apply to suspected stroke patients.
- 5. Patients with a history of previous stroke with new or worsening deficits should be routed to the Stroke Center according to this policy.

POLICY:

I. Responsibility of the Provider Agency

A. Perform mLAPSS on all patients exhibiting local neurological signs. The mLAPSS is positive if all of the following criteria are met:

- 1. Symptom duration less than 6 hours
- 2. No history of seizures or epilepsy
- 3. Age 40 years or older
- 4. At baseline, patient is not wheelchair bound or bedridden
- 5. Blood glucose between 60 and 400 mg/dL
- 6. Obvious asymmetry-unilateral weakness with any of the following motor exams:
 - a. Facial Smile/Grimace
 - b. Grip
 - c. Arm Strength

B. If mLAPSS is positive, calculate LAMS from the mLAPSS motor items:

- 1. Facial droop Total Possible Score = 1
 - a. Absent = 0
 - b. Present = 1
- 2. Arm drift Total Possible Score = 2
 - a. Absent = 0
 - b. Drifts down = 1
 - c. Falls rapidly = 2
- 3. Grip strength Total Possible Score = 2
 - a. Normal = 0
 - b. Weak grip = 1
 - c. No grip = 2

C. Transport the patient to the most appropriate stroke center in accordance with base hospital direction or section III of this policy.

D. Document the results of mLAPSS, LAMS, and last known well date and time in the designated areas on the Patient Care Record.

- E. In order to ensure that proper consent for treatment can be obtained by hospital personnel, if possible, document the name and contact information of the family member, caregiver, or witness who can help verify the patient's last known well time in the Comments area of the Patient Care Record. When practical, transport the witness with the patient.
- II. Responsibility of the Base Hospital
- A. Provide medical direction and destination for all patients who meet mLAPSS criteria or have symptoms strongly suggestive of a stroke.
- B. Determine patient destination based on stroke center status via the ReddiNet® system and section IV of this policy.
- C. Notify the receiving stroke center if the base hospital is not the patient's destination.
- D. Document the results of mLAPSS, LAMS, and last known well date and time in the designated areas on the Base Hospital Form.
- E. Prompt prehospital care personnel to obtain and document witness contact information on the Patient Care Record.

III. Destination of Stroke Patients

All patients who have a positive mLAPSS shall be transported to a LA County EMS Agency designated stroke center as follows:

- A. Transport to the closest stroke center:
Patients with a LAMS of less than 4
- B. Transport to the CSC:
Patients with suspected acute onset stroke symptoms and a LAMS of 4 or greater, if ground transport time is less than 30 minutes. If ground transport time to the CSC is greater than 30 minutes, the patient shall be transported to the most accessible PSC.
- C. If there are no stroke centers (PSC or CSC) that are accessible by ground transport within the maximum allowable time of 30 minutes, the patient shall be transported to the most accessible receiving facility.

CROSS REFERENCES:

Prehospital Care Manual:

- Ref. No. 322, **Stroke Receiving Center Standards**
Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 1200, **Treatment Protocols**
Ref. No. 1251, **Stroke/Acute Neurological Deficits**

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

Treatment Protocol: STROKE / CVA / TIA

Ref. No. 1232

Base Hospital Contact: Required prior to transport for all patients with suspected Stroke or TIA.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Administer Oxygen prn (*MCG 1302*)
3. Initiate cardiac monitoring (*MCG 1308*)
Perform 12-lead ECG if concern for cardiac ischemia or dysrhythmia
4. Establish vascular access prn (*MCG 1375*) ①
Establish IV in all patients with LAMS 4 or 5, large bore catheter (16g or 18g) preferred
5. Check blood glucose
If < 60mg/dL or > 400mg/dL, treat in conjunction with *TP 1203, Diabetic Emergencies*
6. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
7. Perform Modified Los Angeles Prehospital Stroke Screen (mLAPSS) on all patients exhibiting local neurologic signs. ②
The mLAPSS is positive if all of the following criteria are met:
 - i. No history of seizures or epilepsy
 - ii. Age 40 years or older
 - iii. At baseline, patient is not wheelchair bound or bedridden
 - iv. Blood glucose between 60 and 400 mg/dL
 - v. Obvious asymmetry-unilateral weakness with any of the following motor exams:
 - a. Facial Smile/Grimace
 - b. Grip
 - c. Arm Strength
8. If mLAPSS is positive, calculate Los Angeles Motor Score (LAMS) from the mLAPSS motor items:
 - i. Facial Droop
 - a. Absent = 0
 - b. Present = 1
 - ii. Arm drift
 - a. Absent = 0
 - b. Drifts down = 1
 - c. Falls rapidly = 2
 - iii. Grip strength
 - a. Normal = 0
 - b. Weak grip = 1
 - c. No grip = 2
9. Verify and document date and time of Last Known Well Time (LKWT) ③

10. Determine patient destination based on mLAPSS, LAMS and LKWT: ④
 - mLAPSS positive, LAMS 4-5, LKWT < 24 hours → Transport to Comprehensive Stroke Center (CSC) if within 30 min
 - mLAPSS positive, LAMS < 4, LKWT < 24 hours → Transport to closest Stroke Center
 - mLAPSS negative but acute stroke suspected → **CONTACT BASE** for destination

SPECIAL CONSIDERATIONS

- ① If LAMS is 4 or greater, place 18 gauge IV if possible to facilitate advanced imaging studies at CSC.
- ② The Modified LAPSS is a validated tool that helps to identify stroke mimics and excludes patients that will not benefit from stroke care. However, it does not identify all strokes and some patients with stroke will be mLAPSS negative. For patients in whom you suspect stroke but are mLAPSS negative, contact the Base to discuss the destination decision. History of prior stroke does not exclude the need to evaluate for possible new deficits. New findings in a patient with prior stroke should be managed similarly to first-time strokes and such patients should be routed to the closest appropriate approved stroke center per Ref 516.
- ③ LKWT determines the patient's eligibility for TPA and/or interventional procedures for clot removal. Document the name and contact information of the family member, caregiver, or witness who can verify the patient's LKWT and report this information to ED providers. If possible, transport the witness with the patient.
- ⑤ Using a stroke scale, such as mLAPSS, increases the chances of diagnosing strokes. However, stroke scales do not catch all strokes, including presentations such as aphasia, ataxia and vertigo.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **PARAMEDIC COMMUNICATIONS SYSTEM**

REFERENCE NO. 716

PURPOSE: To provide base hospitals and paramedic provider agencies with the operational requirements for the Los Angeles County Paramedic Communications System.

AUTHORITY: Health and Safety Code, Division 2.5 Section 1798 (a). California Code of Regulations Title 22, Sections 100168 (b) (4) and 100169 (b).

SYSTEM MANAGEMENT:

- I. The Department of Health Services shall be responsible for:
 - A. Designating one individual within DHS as the Paramedic Communication Systems (PCS) Manager to provide administration and direction of the PCS.
 - B. Utilizing the Los Angeles County Internal Services Department (ISD) for technical consultation and ongoing design, installation and maintenance of the County-owned portion of the PCS.
 - C. Assigning base hospital MED channels and continuous tone-controlled squelch systems (CTCSS) tones in consultations with ISD.
 - D. Notifying affected base hospitals and provider agencies of any proposals for operational or structural changes in the components of the PCS. (No substantial operational or structural changes in the components of the PCS will be made without prior notification of base hospital or provider, or until base hospital, if it wishes, has exhausted administrative due process remedies outlined in the Paramedic Base Hospital Agreement.)
 - E. Promulgating PCS operational procedures and maintenance standards in cooperation with ISD. Changes shall be approved by the communications Management Committee. (See Section V.)
 - F. Establishing and maintaining a communications system, which at minimum, provides radio coverage for 90% of the populated geographical areas 90% of the time.
- II. The Los Angeles County Internal Services Department (ISD) shall be responsible for:
 - A. Assuming ongoing responsibility for the design, development, timely implementation and technical integrity of PCS. (To the extent feasible, ISD shall solicit input from the PCS Manager.)
 - B. Maintaining and repairing County-owned equipment.

EFFECTIVE DATE: 9-16-92

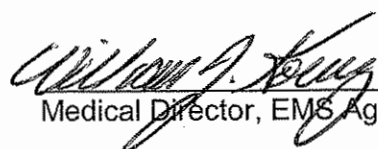
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REVISED: 08-01-13

SUPERSEDES: 6-15-10

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

- C. Preparing PCS communications equipment specifications, operating procedures and maintenance standards.

III. Base Hospitals shall be responsible for:

- A. Providing the specific PCS base hospital communications meeting technical requirements outlines in the Los Angeles County's Specification 2027 and operating in accordance with the transmitter power output and antenna specifications as set forth in the Paramedic Base Hospital Agreement.
- B. Acquiring, operating and maintaining communications equipment in accordance with applicable FCC Rules and Regulations and California Public-Safety Radio Association (CPRA) procedures and guidelines.
- C. Operating, maintaining and repairing hospital-owned PCS equipment in accordance with the Paramedic Base Hospital Agreement, including:
 - 1. Emergency repair of PCS equipment
 - 2. Quarterly preventative maintenance inspections (PMIs).
 - 3. Annual FCC frequency and deviation test for all radios, and visual inspection of antenna structures.
- D. Solicitation of annual reports from assigned field provider units about any chronic communication problems to include, but not be limited to, field equipment, dead space, radio failure and co-channel interference, and submit a written report to the EMS Agency (Attention PCS Manager).
- E. Obtaining and maintaining leased circuits to current or new remote control stations or to the closer termination point for new or current stations jointly determined by Hospital, EMS and ISD if hospital is afforded capability of remote control of radio stations location at a County site or other remotely located site.
- F. Paying for all costs associate with maintenance and repair of remote radio stations, including costs of AC power, owned by hospital and located at non-county sites. Requests for new sites or changes to current site configurations must be submitted in writing to the PCS Manager.
- G. Complying with system design, operating and maintenance standards for communications equipment as set forth in the Paramedic Base Hospital Agreement. Request for changes must be submitted in writing to the PCS Manager.
- H. Complying with channel/tone assignments for communication with paramedics. Requests for changes must be submitted in writing to the PCS Manager.
- I. Providing training of personnel assigned to use PCS equipment.
- J. Complying with Paramedic System Trouble Control Procedures set forth in the Base Hospital Agreement.

IV. Provider Agencies shall be responsible for:

- A. Equipping each approved Advanced Life Support (ALS) unit with at least one portable radio capable of voice communications with base hospitals and transportable to the patient's side. Radio shall meet technical requirements outlined in the Los Angeles County's Specification 2029. Optional permanently mounted mobile radios meeting Specification 2033 may be used, but do not replace portable radio equipment.

Provider agencies may substitute above portable equipment with "hand-held", half-duplex radios described in Specification 2031. This requires written approval by the EMS Agency. Provider agencies must submit field test reports that verify satisfactory communications with the hand-held units in the geographic area they are intended for use. Reasonable measures shall be taken to ensure base hospital voice communications during transport.

- B. Acquiring and maintaining communications equipment in accordance with FCC Rules and Regulations and California Public Safety Radio Association (CPRA) procedures.
- C. Operating, maintaining and repairing provider-owned PCS equipment on a routine and emergency basis.
- D. Operating PCS equipment in compliance with the Effective Radiated Power (ERP) and antenna specification set forth by ISD.
- E. Complying with channel assignments and communications protocols with Base Hospitals.
- F. Using the public telephone or cellular telephone systems to **augment**, but **not replace**, the above-defined communications equipment.
- G. Obtaining written approval from the PCS Manager for field-testing of equipment not currently approved for use by the EMS Agency prior to the tests.

V. Communications Management Committee

- A. Organized to provide technical and administrative assistance to the PCS Manager in the design, maintenance and operation of PCS.
- B. The committee shall be composed of the following representatives for their designees:
1. PCS Manager appointed by the Director of DHS.
 2. Chief Deputy Director, Internal Services Department
 3. Executive Director, Hospital Association of Southern California.
 4. Representative nominated by the Emergency Medical Services Commission.

5. Representative nominated by the Los Angeles County Ambulance Association.
 6. Representative nominated by the Los Angeles County Chapter of the California Fire Chiefs Association.
- C. Failure of the listed non-County agencies to appoint representatives to the CMC shall not invalidate the formation of the CMC. Alternative arrangements which fulfill the purposes of this committee may also be utilized with the approval of the EMS Agency.
- D. Committee responsibilities include:
1. Assessing current operations of PCS.
 2. Identifying new and ongoing problems.
 3. Developing solutions and schedules for resolving problems.
 4. Reporting status to participants of PCS on a regular basis.
 5. Bringing major problems to the attention of the directors of EMS and ISD.
- E. Committee shall meet on an "as-needed" basis.
- V. Reporting Communication Problems
- A. Provider agencies and base hospitals shall attempt to identify the source of a communication problem (e.g., equipment failure) and take internal steps to resolve the identified problem. If it is determined that the problem involves a County remote site, the base hospital may call the 24 hours/day County ISD Dispatcher at (562) 401-9349.
 - B. Ongoing system problems or problems involving County-owned equipment or sites should be reported in writing to the EMS Agency (Attention: PCS Manager).

CROSS REFERENCES:

Los Angeles County Specification 2027
Los Angeles County Specification 2029
Los Angeles County Specification 2031
Los Angeles County Specification 2032
Paramedic Base Hospital Agreement



DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **STROKE RECEIVING CENTER STANDARDS**

REFERENCE NO. 322

PURPOSE: To establish the standards for 9-1-1 Receiving Hospitals that will be designated to accept acute stroke patients from approved ALS providers within the Los Angeles (LA) County Emergency Medical Services (EMS) System.

AUTHORITY: California Health and Safety Code, Sections 1255, 1256, 1797.220, 1798, 1798.170, 1798.172;
California Code of Regulations, Title 22, Sections 100170

DEFINITIONS:

Primary Stroke Center (PSC): A 9-1-1 receiving hospital that has met all the Primary Stroke Center requirements listed in this policy and has been designated by the LA County EMS Agency as a Primary Stroke Center.

Comprehensive Stroke Center (CSC): A 9-1-1 receiving hospital that has met all the Comprehensive Stroke Center requirements listed in this policy and has been designated by the LA County EMS Agency as a Comprehensive Stroke Center.

Telemedicine: The remote delivery of health care services and clinical information using telecommunications technology. This includes a wide array of clinical services using internet, wireless, satellite, and telephone media.

POLICY:

I. General Requirements

A. A Primary Stroke Center shall:

1. Be licensed as a general acute care facility by the California State Department of Public Health.
2. Have a special permit for basic or comprehensive emergency medicine service.
3. Be accredited by any accreditation deemed acceptable by the Centers for Medicare and Medicaid Services (CMS).
4. Be certified as a Stroke Center by an EMS Agency approved certifying body
5. Designate a Stroke Medical Director who shall be responsible for the functions of the Stroke Center. The Stroke Medical Director shall be a physician on the hospital staff, licensed in the State of California and Board Certified in Neurology,


EFFECTIVE DATE: 10-2010

PAGE 1 OF 6

REVISED: 09-01-2017

SUPERSEDES: 01-09-2017

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency



Neurosurgery, Neuroradiology, or Emergency Medicine by the American Board of Medical Specialties.

6. Designate a Stroke Program Manager whose primary responsibility shall be ensuring timely and accurate data submission to the Los Angeles County EMS Agency; and working with the Stroke Medical Director to develop a quality improvement program and ensure stroke receiving center standards are met.
 7. Participate in data collection outlined in this policy.
 8. Implement a quality improvement program for stroke care outlined in this policy.
 9. Affiliate with at least one CSC and establish a written transfer agreement with the affiliated CSC.
 10. Comply with program monitoring conducted by the EMS Agency.
- B. A Comprehensive Stroke Center shall:
1. Meet all the requirements specified in section I.A of this policy.
 2. The Stroke Medical Director shall be Board Certified in Neurology or Neurosurgery by The American Board of Psychiatry and Neurology or The American Board of Neurological Surgery by the American Board of Medical Specialties.
 3. Have a fully executed written agreement (Comprehensive Stroke Services Agreement) with the LA County EMS Agency indicating concurrence of hospital administration and medical staff to meet all Comprehensive Stroke Center requirements.
 4. The Stroke Program Manager shall be dedicated solely to the Comprehensive Stroke Center.
 5. Have the capacity to perform mechanical thrombectomy for the treatment of ischemic stroke 24 hours per day/7 days per week.
 6. Have written transfer agreements with surrounding stroke referral facilities, including PSCs.
 7. Have written transportation agreements with LA County licensed ambulance providers, written agreements shall include provisions to ensure transportation is available 24 hours a day/7 days a week and transport vehicle is available at the stroke referral facility within 60 minutes.
 8. The hospital must provide neurosurgical services or have a written transfer agreement with another comprehensive stroke center that provides neurosurgical services. For hospitals that provide neurosurgical services, a written plan for neurosurgical coverage and a neurosurgical call schedule is readily available to staff.



9. Have dedicated on-call endovascular neurointerventionalist, and neurologist (cannot be concurrently on-call at any other hospital or specialty service (e.g. trauma).
 10. Have tele-medicine capabilities with surrounding PSCs that have an established transfer agreement with the CSC.
- II. Application Process
- A. A 9-1-1 receiving facility seeking designation as a PSC or CSC shall submit a letter of interest to the EMS Agency no later than 60 days prior to the desired date of designation.
- The letter of interest shall include:
1. Documentation verifying that the hospital has been certified as a PSC, thrombectomy-capable stroke center, or CSC by an EMS Agency approved certifying body.
 2. A copy of the findings from the most recent Stroke program review conducted by the approved certifying body.
 3. If hospital is seeking CSC designation, a copy of documents verifying compliance with section I.B. of this policy.
 4. Signature of the Stroke Program Medical Director and the Chief Executive or Chief Operations Officer.
- III. PSC/CSC Designation Process
- A. The EMS Agency will review and verify the submitted documents. If the documents are satisfactory:
1. PSC initial designation will be granted for the same period of the certification by the EMS Agency approved certifying body.
 2. The EMS Agency will initiate execution of a Comprehensive Stroke Services Agreement (if hospital is seeking CSC designation). Upon execution of the Comprehensive Stroke Services Agreement, CSC initial designation will be granted for the same period of the certification by the EMS Agency approved certifying body.
- B. Re-designation will be granted after a satisfactory certification review by the EMS Agency approved certifying body. Representatives from the EMS Agency may attend the certification site review. In the event action items, deficiencies or similar findings are identified, the hospital shall submit a copy of the findings and any action plans for improvement to the EMS Agency.
- IV. The EMS Agency reserves the right to perform a scheduled on-site review or request additional data at any time.
-



- V. The PSC/CSC shall immediately provide written notice to the Medical Director of the EMS Agency if unable to adhere to any of the provisions set forth in this policy.
- VI. The PSC/CSC shall provide a 90-day, written notice to the EMS Agency Medical Director of intent to withdraw from the stroke receiving center program.
- VII. The PSC/CSC shall notify the EMS Agency in writing of any change in status of the Medical Director or Stroke Program Manager by submitting a Notification of Personnel Change Form (Reference No. 622.1).
- VIII. Data Collection Requirements
 - A. Ensure adequate data entry personnel, who work collaboratively with Emergency Department (ED) personnel, to assure capture and entry of patients meeting inclusion criteria into the Los Angeles County EMS Agency database on an ongoing basis.
 - 1. Back-up data entry personnel should be identified and trained in the event primary data personnel are unable to meet the data entry requirements.
 - 2. Inclusion criteria:

All patients who initially are identified in the prehospital setting by EMS or transported by EMS and identified in the ED as meeting one or more of the following:

 - a. Met Prehospital Care Policy Reference No. 1251, Treatment Protocol: Stroke/Acute Neurological Deficits.
 - b. Final hospital (if admitted) or ED (if not admitted) diagnosis is ischemic stroke, transient ischemia attack, intracerebral hemorrhage, intraventricular hemorrhage, or subarachnoid hemorrhage.
 - c. Transported to a PSC or CSC for stroke care either primarily by 9-1-1 or interfacility transport.
 - d. Transfer to the CSC for stroke care and arrived at the transferring facility by 911 transport within 24 hours.
 - B. Data Fields
 - 1. The stroke data dictionary identifies the current data fields with associated data definitions to be collected and entered. The Stroke Center shall enter all required data elements as defined in the current LA County EMS *Stroke Center Data Dictionary*.
 - 2. Data fields are subject to change.
 - 3. Data should be reviewed at least monthly for accuracy and blanks.
 - C. Data Submission Requirements:
 - 1. Stroke patient data shall be entered concurrently into the stroke database with all patients entered within 60 days following discharge.



2. A monthly tally of newly diagnosed stroke patients is to be submitted to the EMS Agency by end of the month for the previous month (For example: January tally is due February 28th).
- D. The Stroke Center must maintain a minimum 90% compliance for:
1. Capture of patients meeting the criteria for data entry
 2. Data field completion
 3. Data field accuracy
 4. Timely data entry
 5. Timely tally submission
- XI. Quality Improvement
- A. Stroke Program must include a comprehensive-multidisciplinary QI Meeting:
1. Meeting participation should include the Stroke Program Medical and Clinical Directors, prehospital care providers, stroke care coordinators, Stroke/provider educators, neurologists, ED physicians and ED personnel, as well as other healthcare specialties including neurointerventionalists, or endovascular neurosurgery when applicable.
 2. Meetings to be held quarterly, at a minimum.
 3. Meeting minutes and roster must be maintained for each meeting and available for review.
 4. Stroke Centers that are also a Base Hospital are encouraged to provide periodic Stroke Base Hospital education with the collaboration of the Stroke Clinical Director.
- B. Pertinent aspects of care should be tracked and trended with the identification of areas requiring improvement and the action(s) necessary to improve care.
- C. The Stroke QI program shall have a method for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences.
- XII. Stroke Diversion
- A. Stroke Centers are responsible for updating Reddi-Net diversion status for Computerized Tomography (CT) scanner to ensure the most current information is available for patient destination decisions.
- B. The Stroke Center must incorporate into policy, administrative and/or Stroke Medical Director's decision to request diversion; to include the name and title of the authorizing party required to complete the diversion request.
- C. Stroke Diversion may be requested when:
1. The Stroke Center is on internal disaster.



2. The Stroke Center is unable to provide essential diagnostic procedures due to lack of a functioning CT scanner. If it is anticipated that the CT scanner will be not functional for greater than 24 hours then the Stroke Center must notify the EMS Agency Stroke Program Manager directly as to the nature of the failure or equipment issue and the estimated time of the diversion.
- D. ED saturation is not an appropriate rationale to request stroke diversion.

CROSS REFERENCE:

Prehospital Care Policy Manual:

- Reference No. 322.1 Stroke Database Application Form
- Reference No. 502, Patient Destination
- Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients
- Reference No. 521, Stroke Patient Destination
- Reference No. 622.1 Notification of Personnel Change Form
- Reference No. 650 Stroke Data Dictionary
- Reference No. 1251, Treatment Protocol: Stroke/Acute Neurological Deficits

**VIA E-MAIL**

Richard E. Tadeo
Assistant Director
LA County Emergency Medical Services Agency
10100 Pioneer Blvd., Ste. 200
Santa Fe Springs, CA 90670

November 21, 2017

Letter Agreement

Dear Mr. Tadeo,

LA County Emergency Medical Services Agency (collectively “Third Party Organizer”) and Outcome Sciences, LLC (“IQVIA”) have agreed to enter into a relationship whereby IQVIA will furnish access to the Get With The Guidelines®-Stroke with CSTK Measures Patient Management Tool® to eligible hospitals that execute a Participating Hospital Agreement and Amendment with IQVIA or a Unified Participating Agreement with the American Heart Association (collectively, the “Participating Hospitals”).

IQVIA will provide Third Party Organizer access to the Participating Hospitals’ Limited Data Set via a Super User Account (“Account”); provided, however, that Third Party Organizer will only be able to view and download data from hospitals that have current Participating Hospital Agreements and Amendment(s) in place with IQVIA or a Unified Participating Agreement with the American Heart Association. Third Party Organizer shall pay to IQVIA a fee of Four Thousand Eight Hundred Thirty-Seven Dollars (\$4837.00 USD) for the first year of access to the Account for one (1) user. For additional years of access, Third Party Organizer shall pay IQVIA’s then-current annual fees. For access for additional users, Third Party Organizer shall submit a written request to IQVIA and if additional access is approved by IQVIA, shall pay IQVIA’s then-current annual fees. IQVIA shall invoice Third Party Organizer annually and Third Party Organizer shall pay such invoice within (30) days of receipt for such services.

This Letter Agreement shall become effective on the date of signature below (the “Effective Date”) and shall remain in effect for one (1) year following the Effective Date (the “Initial Term”). After the Initial Term, this Letter Agreement shall automatically renew for additional periods of one (1) year unless either party shall give the other party sixty (60) days prior written notice of termination.

IQVIA is looking forward to a productive relationship with LA County Emergency Medical Services Agency. If you have any questions, please contact Account Advisor, Margretta Beaty at 617-475-6523 or Margretta.Beaty@iqvia.com.

Sincerely,

Andrea Spannheimer, MS
Global Head
Real-World Evidence Solutions



Please acknowledge acceptance of the above terms by printing, signing, and dating below and returning a copy of the signed Letter Agreement as well as the signed Data Use Agreement to Margretta.Beaty@iqvia.com, or if originals are required, to IQVIA, Attn: AHA/ASA Programs, 201 Broadway, Cambridge, MA 02139.

LA COUNTY EMERGENCY MEDICAL SERVICES AGENCY

Signature: _____

Print Name: _____

Title: _____

Physical Address: _____

Date: _____

A duly authorized agent of
LA COUNTY EMERGENCY MEDICAL SERVICES AGENCY



Stroke Center Data Dictionary

Los Angeles County
Emergency Medical Services Agency



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY



LANCET TECHNOLOGY

Innovative Data Solutions

*EFFECTIVE:
April 2017*

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INCLUSION CRITERIA

WAS THE PATIENT TRANSPORTED BY EMS VIA 9-1-1 SYSTEM?

Definition

Checkbox indicating whether the patient was transported to your facility by EMS via the 9-1-1 system

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- This does not apply to patients who suffer a stroke while they are an inpatient at your facility and whose initial presentation was not stroke related

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records

DID THE PATIENT MEET PREHOSPITAL CARE POLICY REF. 1251, STROKE/ACUTE NEUROLOGICAL DEFICITS?

Definition

Checkbox indicating whether the patient met Los Angeles County's Prehospital Care Policy Reference No. 1251, Stroke/Acute Neurological Deficits

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log

WAS THE FINAL HOSPITAL OR ED DIAGNOSIS STROKE RELATED?

Definition

Checkbox indicating whether the patient had a final hospital (if admitted) or ED (if not admitted) diagnosis that was stroke related

Field Values

- **ISC:** Ischemic Stroke
- **TIA:** Transient Ischemic Attack
- **ICH:** Intracerebral Hemorrhage
- **IVH:** Intraventricular Hemorrhage
- **SAH:** Subarachnoid Hemorrhage

Uses

- Identify patients for inclusion
- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

WAS THE PATIENT TRANSPORTED TO YOUR FACILITY BECAUSE FACILITY IS A STROKE CENTER?

Definition

Checkbox indicating whether the patient was transported to your facility via EMS because your facility is a stroke center

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

WAS PATIENT TRANSFERRED FROM ANOTHER FACILITY FOR STROKE CARE?

Definition

Checkbox indicating whether the patient was transferred from an acute care facility to your facility for stroke care

Field Values

- **Y:** Yes
- **N:** No

Uses

- Identify patients for inclusion
- Assists with determination of appropriate destination
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- ED Records
- Billing Sheet/Medical Records Coding Summary Sheet
- Other Hospital Records

TRANSFERRING FACILITY

Definition

Acute care facility from which the patient was transferred

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Community Hospital	NOR	LA Community Hospital of Norwalk
AVH	Antelope Valley Medical Center	LAD	Los Angeles Metro Hospital
BEV	Beverly Hospital	DFM	Marina Del Rey Hospital
BMC	Southern Calif. Hospital at Culver City	MLK	Martin Luther King Jr. Community Hospital
CAL	California Medical Center	MHG	Memorial Hospital of Gardena
AHM	Catalina Island Medical Center	AMH	Methodist Hospital of Southern California
CSM	Cedars-Sinai Medical Center	MCP	Mission Community Hospital
CNT	Centinela Hospital Medical Center	MPH	Monterey Park Hospital
CHH	Children's Hospital Los Angeles	NRH	Northridge Hospital Medical Center
ICH	Citrus Valley – Intercommunity	MID	Olympia Medical Center
QVH	Citrus Valley – Queen of the Valley	PAC	Pacifica Hospital of the Valley
CPM	Coast Plaza Doctors Hospital	PLB	College Medical Center
CHP	Community Hospital of Huntington Park	PVC	Pomona Valley Hospital Medical Center
LBC	Community Hospital of Long Beach	PIH	PIH Health Hospital – Whittier
DCH	PIH Health Hospital – Downey	HCH	Providence Holy Cross Medical Center
ELA	East Los Angeles Doctors	SPP	Providence Little Co. of Mary San Pedro
HEV	East Valley Hospital	LCM	Providence Little Co. of Mary Torrance
ENH	Encino Hospital Medical Center	SJH	Providence Saint John's Health Center
FPH	Foothill Presbyterian Hospital	SJS	Providence Saint Joseph Medical Center
GAR	Garfield Medical Center	TRM	Providence Tarzana Medical Center
GWT	Glendale Adventist Medical Center	QOA	Queen of Angels/Hollywood Presbyterian
GMH	Glendale Memorial Hospital	UCL	Ronald Reagan UCLA Medical Center
GSH	Good Samaritan Hospital	SFM	Saint Francis Medical Center
GEM	Greater El Monte Community	SMM	Saint Mary Medical Center
HGH	Harbor-UCLA Medical Center	SVH	Saint Vincent Medical Center
HMN	Henry Mayo Newhall Hospital	SDC	San Dimas Community
HMH	Huntington Memorial Hospital	SGC	San Gabriel Valley Medical Center
KFA	Kaiser Permanente Baldwin Park	SMH	Santa Monica-UCLA Medical Center
KFB	Kaiser Permanente Downey Med Ctr	SOC	Sherman Oaks Community Hospital
KFL	Kaiser Permanente Los Angeles Med Ctr	TOR	Torrance Memorial Med Ctr
KFP	Kaiser Permanente Panorama City Hosp	VPH	Valley Presbyterian Hospital
KFH	Kaiser Permanente South Bay Med Ctr	VHH	USC Verdugo Hills Hospital
KFW	Kaiser Permanente West LA Med Ctr	HWH	West Hills Hospital & Medical Center
KFO	Kaiser Foundation Woodland Hills	WMH	White Memorial Medical Center
OVM	LAC Olive View Medical Center	WHH	Whittier Hospital Medical Center
USC	LAC USC Medical Center	WVA	Wadsworth Veterans Administration
DHL	Lakewood Regional Medical Center	OTH	Other
LCH	Palmdale Regional Medical Center	ND	Not Documented
LBM	Long Beach Memorial Medical Center		

OUT OF COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hospital & Med Ctr (Ventura)	SJD	Saint Jude Medical Center (Orange)

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Progress Notes

911 PREHOSPITAL DATA

SEQUENCE NUMBER

Definition

Unique, alphanumeric EMS record number provided by the EMS provider. Found pre-printed at the top right corner of EMS report form hard copies, or electronically assigned to ePCRs from approved providers.

Additional Information

- Data entry cannot begin without this number
- Consists of two letters and six digits on pre-printed EMS Report Forms; or two letters, ten digits if obtained from an approved ePCR provider
- If sequence number is missing or incorrectly documented, every effort must be taken to obtain it – by reviewing the patient’s medical record, or by contacting either the Prehospital Care Coordinator of the applicable base hospital or the EMS provider that transported the patient

Uses

- Unique patient identifier

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Fire Station logs

PROVIDER

Definition

Two-letter code for the EMS provider primarily responsible for the patient's prehospital care

Field Values

PUBLIC PROVIDERS			
AF	Arcadia Fire	LV	La Verne Fire
AH	Alhambra Fire	MB	Manhattan Beach Fire
AV	Avalon Fire	MF	Monrovia Fire
BA	Burbank Airport Fire	MO	Montebello Fire
BF	Burbank Fire	MP	Monterey Park Fire
BH	Beverly Hills Fire	ND	Not Documented
CB	LA County Beaches	OT	Other Provider
CC	Culver City Fire	PF	Pasadena Fire
CF	LA County Fire	RB	Redondo Beach Fire
CG	US Coast Guard	SA	San Marino Fire
CI	LA City Fire	SG	San Gabriel Fire
CM	Compton Fire	SI	Sierra Madre Fire
CS	LA County Sheriff	SM	Santa Monica Fire
DF	Downey Fire	SP	South Pasadena Fire
ES	El Segundo Fire	SS	Santa Fe Springs Fire
FS	U.S. Forest Service	TF	Torrance Fire
GL	Glendale Fire	VE	Ventura County Fire
HB	Hermosa Beach Fire	WC	West Covina Fire
LB	Long Beach Fire	VF	Vernon Fire
LH	La Habra Heights Fire		
PRIVATE PROVIDERS			
AA	American Professional Ambulance Corp.	LT	Liberty Ambulance
AB	AmbuLife Ambulance, Inc.	LY	Lynch EMS Ambulance
AC	Americare Ambulance Service	MI	MedResponse, Inc.
AN	Antelope Ambulance Service	MR	MedReach Ambulance
AR	American Medical Response	MS	Medi-Star Transport
AT	All Town Ambulance	MY	Mercy Air
AU	AmbuServe Ambulance	PE	Premier Medical Transport
AW	AMWest Ambulance	PN	PRN Ambulance, Inc.
AZ	Ambulnz Health, Inc.	PT	Priority One
CA	CARE Ambulance	RE	REACH Air Medical Service
CL	Cal-MED Ambulance	RR	Rescue Services International
EX	Explorer 1 Ambulance & Medical Services	SC	Schaefer Ambulance
FC	First Care Ambulance	SO	Southern California Ambulance
FM	Firstmed Ambulance Services, Inc.	ST	Star Medical Transportation, Inc.
GC	Gentle Care Transport	SY	Symons Ambulance
GU	Guardian Ambulance Service	WE	Westcoast Ambulance
LE	Lifeline Ambulance	WM	West Med/McCormick Ambulance Service

Uses

- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form

ALS UNIT

Definition

Numeric unit number of the Advanced Life Support (ALS) provider that transported the patient

Field Values

- Up to three-digit numeric field

Additional Information

- This is a free-text field

Uses

- System evaluation and monitoring

Data Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- ED Records

DISPATCH DATE

Definition

Date the provider was notified by dispatch of the incident

Field Values

- Collected as MMDDYYYY

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

DISPATCH TIME

Definition

Time of day the provider was notified by dispatch of the incident

Field Values

- Collected as HHMM
- Use 24-hour clock

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

911 ARRIVAL AT PATIENT DATE

Definition

Date 9-1-1 EMS personnel arrived at the patient

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

911 ARRIVAL AT PATIENT TIME

Definition

Time 9-1-1 EMS personnel arrived at the patient

Field Values

- Collected as MMDDYYYY
- ND: Not Documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- EMS Report Form

PATIENT'S INITIAL COMPLAINT CODE

Definition

Two-letter code(s) representing the patient's most significant medical or trauma complaints

Field Values – Medical Codes

MEDICAL CODES	
AD	Agitated Delirium
AP	Abd/Pelvic Pain
AR	Allergic Reaction
AL	Altered LOC
AE	Apneic Episode
EH	Behavioral
OS	Bleeding Other Site (NOT associated with trauma, e.g., dialysis shunt)
RU	Brief Resolved Unexplained Event
CA	Cardiac Arrest (NOT associated with trauma)
CP	Chest Pain (NOT associated with trauma)
CH	Choking/Airway Obstruction
CC	Cough/Congestion
DC	Device Complaint (associated with an existing medical device – e.g., G-Tube, AICD, ventilator, etc.)
DI	Dizzy
DY	Dysrhythmia
FE	Fever
FB	Foreign Body (anywhere in body)
GI	Gastrointestinal Bleeding
HP	Head Pain (NOT associated with trauma)
HY	Hypoglycemia
IM	Inpatient Medical Interfacility Transfer (IFT) of an admitted, ill (NOT injured) patient, from one facility to another facility
LA	Labor (>20 weeks pregnant with signs or symptoms of labor)
LN	Local Neuro Signs (weakness, numbness, paralysis – including slurred speech, facial droop, aphasia)
NV	Nausea/Vomiting
ND	Near-Drowning/Drowning (submersion causing water inhalation, unconsciousness, or death)
NB	Neck/Back Pain (NOT associated with trauma)
NW	Newborn (infant delivered outside of the hospital setting)
NC	No Medical Complaint
NO	Nosebleed
OB	Obstetrics (any complaints which may be related to a known pregnancy)
OP	Other Pain (pain at a site not listed, NOT associated with trauma – e.g., toothache, ear

	pain, etc.)
OD	Overdose (dose greater than recommended or generally given)
PO	Poisoning (ingestion of, or contact with, a toxic substance)
PS	Palpitations
RA	Respiratory Arrest (cessation of breathing NOT associated with trauma)
SE	Seizure (NOT associated with trauma)
SB	Shortness Of Breath
SY	Syncope
VA	Vaginal Bleeding
WE	Weakness
OT	Other (signs or symptoms not listed above, NOT associated with trauma)
TRAUMA CODES	
NA	No Apparent Injury (no complaint or injury following a traumatic event)
BA	Blunt Abdomen
BB	Blunt Back
BC	Blunt Chest
BE	Blunt Extremities
BF	Blunt Face/Mouth (from/including the eyebrows, down to/including the angle of the jaw and the ears)
BG BK	Blunt Genitals/Buttocks
BH	Blunt Head (from above the eyebrows to behind the ears; and facial injuries when brain injury is suspected)
BL	Blunt Minor Lacerations (superficial abrasions/contusions to skin or subcutaneous tissue)
BN	Blunt Neck (between the angle of the jaw and clavicles, including suspected cervical spine injuries)

Additional Information

- Enter up to three complaints
- If the patient has multiple complaints, enter in order of significance

Uses

- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- EMS Report Form
- Stroke Center Log
- Base Hospital Form
- Base Hospital Log

LAST KNOWN WELL DATE/TIME DOCUMENTED?

Definition

Indicates whether EMS personnel documented the patient's last known well date and/or time

Field Values

- **Y:** Yes
- **N:** No
- **U:** Unknown

Additional Information

- A "Yes" value indicates that the patient's last known well date and/or time was documented by EMS personnel
- A "No" value indicates that the patient's last known well date and/or time was left blank by EMS personnel
- A "Unknown" value indicates that EMS personnel documented the patient's last known well date/time as "Unk"

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL DATE

Definition

Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per EMS provider documentation

Field Values

- Collected as MMDDYYYY
- ND: Not Documented (last known well date not documented by EMS)

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- EMS Report Form
- Base Hospital Form

LAST KNOWN WELL TIME

Definition

Time of day when the patient was last known to be well, symptom-free, or at baseline or usual state of health per EMS provider documentation

Field Values

- Collected as HHMM
- Use 24-hour clock
- ND: Not Documented (last well time not documented by EMS)

Additional Information

- Estimates to within nearest 15 minutes are acceptable

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- EMS Report Form
- Base Hospital Form

BLOOD GLUCOSE

Definition

Initial numeric value of the patient's blood glucose measurement obtained by EMS personnel

Field Values

- Up to three-digit numeric value
- **LO:** Alpha reading indicating blood sugar level is lower than manufacturer's numeric low value threshold
- **HI:** Alpha reading indicating a blood sugar level is higher than manufacturer's numeric high value threshold
- **ND:** Not Documented

Additional Information

- Measured in milligrams per deciliter (mg/dl)

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

mLAPSS DOCUMENTED?

Definition

Checkbox indicating whether EMS providers used the Modified Los Angeles Prehospital Stroke Screen (mLAPSS) to assess the patient

Field Values

- **Y:** Yes
- **N:** No

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log
- ED Records
- Other Hospital Records

mLAPSS MET

Definition

Checkbox indicating whether or not patient met all Modified Los Angeles Prehospital Stroke Screen (mLAPSS) criteria

Field Values

- **Y:** Yes, patient met all mLAPSS criteria
- **N:** No, patient did not meet all mLAPSS criteria

Additional Information

- mLAPSS criteria include:
 - Symptom duration of less than 6 hours
 - No history of seizures or epilepsy
 - Age \geq 40
 - At baseline, patient is not wheel-chair bound or bedridden
 - Blood glucose value between 60 and 400mg/dL
 - Obvious asymmetry or unilateral weakness is observed in one or more of the following:
 - Facial Smile/Grimace
 - Grip
 - Arm Strength
- Blood glucose value must be documented in order to determine whether all criteria are met

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Stroke Center Log

LAMS PERFORMED?

Definition

Checkbox indicating whether EMS providers performed the Los Angeles Motor Scale (LAMS) to assess the patient

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

LAMS SCORE

Definition

Sum of the three numerical values documented for facial droop, arm drift, and grip strength in a suspected stroke patient

Field Values

- One-digit numeric value between 0 and 5

Additional Information

- LAMS includes 3 components:
 - Facial Droop
 - Absent=0
 - Present=1
 - Arm Drift
 - Absent=0
 - Drifts Down=1
 - Falls Rapidly=2
 - Grip Strength
 - Normal=0
 - Weak Grip=1
 - No Grip=2
- A large vessel occlusion should be suspected in patients with a score of ≥ 4 , therefore these patients should be transported to the closest comprehensive stroke center
- Patients with a score < 4 should be transported to the closest primary stroke center

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Other Hospital Records

PREHOSPITAL RESEARCH STUDY ENROLLMENT?

Definition

Checkbox indicating whether the patient was enrolled in a prehospital research study

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses

- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- Stroke Center Log

ED NOTIFIED?

Definition

Checkbox indicating whether the receiving hospital was notified prior to the arrival of the suspected stroke patient

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Stroke Center Log
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log

FIELD TRIAGE DECISION

Definition

Indicates the destination decision made by EMS personnel in the field

Field Values

- **M:** MAR (closest receiving facility)
- **A:** Primary Stroke Center
- **K:** Comprehensive Stroke Center
- **U:** Unknown
- **ND:** Not documented

Additional Information

- Mark "Unknown" if the destination checked on the EMS Report Form is anything other than MAR, Primary Stroke Center, or Comprehensive Stroke Center or if the EMS Report Form is unavailable.
- Mark 'Not documented' if no destination is checked.

Uses

- Assists with determination of appropriate treatment and transport
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form

HOSPITAL-BASED DATA

PATIENT AGE

Definition

Numeric value for the patient's age in years (actual or best approximation)

Field Values

- Up to three-digit numeric value
- ND: Not documented

Uses

- Allows for data sorting and tracking by age
- Assists with patient identification
- Epidemiological statistics

Data Source Hierarchy

- Stroke Center Log
- Facesheet
- ED Records
- EMS Report Form
- Base Hospital Form
- Base Hospital Log
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

GENDER

Definition

Checkbox indicating the patient's gender

Field Values

- **F:** Female
- **M:** Male

Additional Information

- Patients who are undergoing or have undergone a hormonal and/or surgical sex reassignment should be coded using their stated preference
- Patients unable to state their preference should be coded according to medical observation/judgment

Uses

- Assists with patient identification
- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Base Hospital Form
- ED Records
- Stroke Center Log
- Base Hospital Log
- Facesheet
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

DATE OF BIRTH

Definition

The patient's date of birth

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Used to calculate patient age in years
- Assists with patient identification
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- Billing Sheet / Medical Records Coding Summary Sheet
- EMS Report Form

RACE

Definition

Checkbox indicating the race of the patient

Field Values

- **A:** Asian/Non Pacific Islander: includes those from the Far East, southeast Asia, or the Indian subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Hmong, Thailand, and Vietnam
- **B:** Black: Includes African-American and Haitian
- **N:** Native American: A person having origins in any of the original peoples of North and South American (including Central America) and who maintains tribal affiliation or community attachment (e.g., any recognized tribal entity in North and South America [including Central America], Native American).
- **P:** Pacific Islander/Native Hawaiian: Includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **W:** White: implies White or origins in Europe, Middle East or North Africa (e.g., Caucasian, Iranian, White)
- **O:** Other
- **U:** Unable to determine
- **ND:** Not Documented: race is unknown or not documented

Additional Information

- Patient race should be coded as stated by patient or family member

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

HISPANIC?

Definition

Checkbox indicating whether or not the patient is of Hispanic or Latino ethnicity

Field Values

- **Y:** Yes
- **N:** No
- **UTD:** Unable to determine

Additional Information

- Patient ethnicity should be coded as stated by patient or family member

Uses

- Epidemiological statistics
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED Records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODE OF ARRIVAL

Definition

Checkbox indicating the patient's mode of transport to your facility

Field Values

- **A:** 9-1-1 air
- **G:** 9-1-1 ground
- **PA:** Private provider - air
- **PG:** Private provider - ground
- **MU:** Mobile stroke unit
- **ND:** Not Documented

Additional Information

- 9-1-1 refers to patients brought in by fire department paramedics
- Private provider refers to patients brought in by critical care transport teams
- Mobile stroke unit refers to patients brought in by an EMS vehicle equipped with a CT scanner and IV tPA

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- EMS Report Form
- Stroke Center Log
- ED Records

ARRIVAL TO HOSPITAL DATE

Definition

The date the patient arrived at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Stroke Center Log
- Facesheet
- ED Records
- History and Physical

ARRIVAL AT HOSPITAL TIME

Definition

The time of day that the patient arrived at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock

Uses

- Establishes care intervals and incident timelines

Data Source Hierarchy

- Stroke Center Log
- Facesheet
- ED Records
- History and Physical

FINAL LAST KNOWN WELL DATE

Definition

Date when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Assists with determination of appropriate treatment
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

FINAL LAST KNOWN WELL TIME

Definition

Time when the patient was last known to be well, symptom-free, or at baseline or usual state of health, per hospital documentation

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information

- Estimates to within nearest 15 minutes are acceptable

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

PRIOR AMBULATORY STATUS

Definition

Checkbox indicating the patient's ambulatory status prior to current event

Field Values

- **A:** With assistance from another person (with or without device)
- **I:** Ambulates independently without assistance from another person (with or without device)
- **U:** Unable
- **ND:** Not Documented

Uses

- Establishes patient's baseline ambulatory status
- Assists with determining the severity of the event and the patient's response to treatment

Data Source Hierarchy

- ED Records
- History and Physical
- Other hospital records

INIT NIH STROKE SCALE PERFORMED

Definition

Checkbox indicating whether the National Institutes of Health (NIH) Stroke Scale was performed on the patient at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information

- Only respond “Yes” if the complete NIH Stroke Scale was performed within 48 hours of presentation
- If another stroke scale was performed instead, including the Modified NIH Stroke Scale, answer “No”

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

NIH STROKE SCALE

Definition

The numerical value of the NIH Stroke Scale

Field Values

- Numeric value
- **ND:** Not documented

Uses

- Provides documentation of assessment/care
- Assists with determination of severity of event

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

BRAIN IMAGING PERFORMED AT YOUR FACILITY?

Definition

Checkbox indicating whether a CT or MRI of the head was performed at your facility for this episode of care

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Radiology report
- Progress notes
- Other hospital records

INITIAL BRAIN IMAGING DATE

Definition

Date of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the date printed on the hard copy of the film, or available when reviewing the image digitally.

Field Values

- Collected as MMDDYYYY

Additional Information

- Use the date indicated on the radiology report only if it clearly indicates the date of study initiation or completion (date of initiation preferred) and NOT date of scheduling, dictation or reporting.

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- Radiology report
- ED records
- History and Physical
- Other hospital records

INITIAL BRAIN IMAGING TIME

Definition

Time of day of the initial CT/MRI of the head performed at your facility from the DICOM header information for this episode of care. This is the time printed on the hard copy of the film, or available when reviewing the image digitally.

Field Values

- Collected as HHMM
- Use 24-hour clock

Additional Information

- Use the time indicated on the radiology report only if it clearly indicates the time of study initiation or completion (time of initiation preferred) and NOT time of scheduling, dictation or reporting.

Uses

- Provides documentation of assessment/care
- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

WAS ANGIOGRAPHIC IMAGING PERFORMED?

Definition

Was angiographic imaging (CTA or MRA) performed on initial evaluation at your facility, or prior to arrival at your facility for transfers?

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Radiologic reports
- Hospital discharge summary
- ED records
- Progress notes
- Other hospital records

LARGE VESSEL ACUTE OCCLUSION?

Definition

Checkbox indicating that was there a large vessel acute occlusion based upon initial angiographic study (CTA/MRA).

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Additional Information

- Examples include clots located in the following locations: basilar, posterior or anterior cerebral artery; internal cerebral artery; or sphenoidal (M1) or insula (M2) branch of the middle cerebral artery
- Angiographic study is defined as: Computed Tomography Angiography (CTA) or Magnetic Resonance Angiogram (MRA)

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Radiologic reports
- Hospital discharge summary
- Progress notes
- Other hospital records

THERAPIES/INTERVENTIONS

IV THROMBOLYTIC THERAPY AT TRANSFERRING FACILITY?

Definition

Checkbox indicating whether thrombolytic therapy was initiated at the transferring facility

Field Values

- **Y:** Yes
- **N:** No

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

IV THROMBOLYTIC THERAPY AT YOUR FACILITY?

Definition

Checkbox indicating whether thrombolytic therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If thrombolytic therapy was initiated at another facility, document “No”

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

IV THROMB. THERAPY DATE

Definition

Date that the patient received thrombolytic therapy

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

IV THROMB. THERAPY TIME

Definition

Time of day that the patient received thrombolytic therapy

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Other hospital records

COMPLICATIONS OF THROMBOLYTIC THERAPY?

Definition

Checkbox indicating whether the patient experienced any serious complications related to thrombolytic therapy

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Additional Information

- Serious complications are defined as an intracranial or systemic hemorrhage < 36 hours from initiation of therapy that resulted in a prolonged length of stay or the need for additional medical interventions or higher level of care

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Other hospital records

COMPLICATIONS

Definition

Checkbox indicating serious complications that occurred that were unexpected or out of proportion to the patient's expected course, and that were documented as complications of thrombolytic therapy (e.g., rapid development of malignant edema, angioedema, or recurrent stroke)

Field Values

- **ICH:** Intracranial hemorrhage <36 hours from initiation of therapy – a CT within 36 hours shows intracranial hemorrhage AND physician's notes indicate clinical deterioration due to hemorrhage
- **HEM:** Systemic hemorrhage <36 hours from initiation of therapy – bleeding within 36 hours of therapy and > 3 transfused units of blood within 7 days, or before discharge (whichever is earlier) AND physician note attributing bleeding problem as reason for transfusion
- **OTH:** Other

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Other hospital records

COMPLICATION, IF OTHER

Definition

Field provided to specify type of complication not identified in the “Complications” picklist

Field Values

- Free text comment field

Additional Information

- Required field if “Other” is chosen as in the “Complications” field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

CONTRAINDICATIONS

Definition

Reasons IV thrombolytic therapy not initiated - use the Ctrl key to select all that apply

Field Values

AB	Active internal bleeding	BS50	Glucose <50 mg/dL
ART	Arterial puncture at noncompressible site in previous 7 days	MCA	CT findings of >1/3 Middle Cerebral Artery (MCA) infarction
BLD	Platelets <100,000, PTT >40 sec. after heparin use, PT >15, INR >1.7, or known bleeding tendencies	OR	Recent intracranial or spinal surgery, head trauma, or stroke (<3 mo.)
BRAIN	History of previous intracranial hemorrhage, intracranial neoplasm, arteriovenous malformation, or aneurysm	SAH	Suspicion of subarachnoid hemorrhage
BP	SBP > 185 or DBP > 110mmHG despite treatment		

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

WARNINGS

Definition

Risk factors associated with IV thrombolytic therapy - use the Ctrl key to select all that apply

Field Values

AGE	Advanced age	MOR	Life expectancy <1 year, severe co-morbid illness, or Comfort Measures Only (CMO) on admission
BS400	Glucose > 400 mg/dL	OTH	Other
CT	CT findings of ICH, SAH, or major infarct signs	PRG	Pregnancy
DX	Delay in stroke diagnosis	PTA	Delay in patient arrival
HEM	Recent gastrointestinal or urinary tract hemorrhage (within previous 21 days)	REF	Patient/family refused
HOSP	In hospital time delay	SE	Seizure at onset
HTH	Left heart thrombus	SMD	Stroke severity too mild
HX	Prior stroke and diabetes	SSV	Stroke severity too severe (e.g. NIHSS >25)
IMP	Rapid improvement	tPA	IV or IA tPA given at outside hospital
IRB	Increased risk of bleeding	TR	Recent surgery/trauma (<15 days)
IV	No IV access	UTD	Care team unable to determine eligibility
MI	MI in previous 3 months	WAR	Currently taking oral anticoagulants(e.g., Warfarin)

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- History and Physical
- Other hospital records

ENDOVASCULAR PROCEDURE PERFORMED?

Definition

Checkbox indicating whether an endovascular procedure for clot treatment was performed at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If an endovascular procedure for clot treatment was initiated at another facility, document "No"
- Endovascular procedure includes any therapy that requires arterial puncture including intra-arterial TPA and mechanical endovascular reperfusion.

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE DATE

Definition

Date that arterial puncture was performed for clot treatment on the patient at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

ARTERIAL PUNCTURE TIME

Definition

Time that arterial puncture was performed for clot treatment on the patient at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- IR records
- OR records
- Other hospital records

IA THROMBOLYTIC THERAPY?

Definition

Checkbox indicating whether intra-arterial thrombolytic therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No

Additional Information

- If intra-arterial thrombolytic therapy was initiated at another facility, document “No”

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

IA THROMB. THERAPY DATE

Definition

Date that the patient received intra-arterial thrombolytic therapy at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

IA THROMB. THERAPY TIME

Definition

Time of day that the patient received intra-arterial thrombolytic therapy at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

MER TREATMENT?

Definition

Checkbox indicating whether mechanical endovascular reperfusion (MER) therapy was initiated at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not documented

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER DATE

Definition

Date that the patient received MER therapy at your facility

Field Values

- Collected as MMDDYYYY
- **ND:** Not documented

Additional Information

- MER date should be the date when reperfusion was accomplished

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

MER TIME

Definition

Time of day that the patient received MER therapy at your facility

Field Values

- Collected as HHMM
- Use 24-hour clock
- **ND:** Not documented

Additional Information

- MER time should be the time when reperfusion was accomplished

Uses

- Establishes care intervals and incident timelines
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Other hospital records

TYPE OF MER TREATMENT

Definition

Checkbox indicating the type of MER treatment that was used

Field Values

- **ER:** Endovascular clot retrieval device
- **EA:** Endovascular aspiration device (clot suction)
- **AN:** Intracranial angioplasty with/without permanent stenting
- **OT:** Other

Additional Information

- Clot retrieval devices include Stentriever, MERCI and similar devices
- Aspiration or clot suction devices include Penumbra and similar devices

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Radiology records
- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

MER TREATMENT TYPE, IF OTHER

Definition

Field provided to specify type of MER therapy not identified in the “Type of MER Treatment” picklist

Field Values

- Free text comment field

Additional Information

- Required field if “Other” is chosen as in the “Type of MER Treatment” field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- OR records
- Billing sheet / Medical records coding summary sheet
- Progress notes
- Other hospital records

TICI SCORE

Definition

Checkbox indicating the thrombolysis in cerebral infarction (TICI) post-treatment score after intra-arterial thrombolytic therapy or MER

Field Values

- **0:** no perfusion
- **1:** perfusion past the initial occlusion but no distal branch filling
- **2a:** perfusion with incomplete or slow distal branch filling
- **2b:** full perfusion, filling is slower than normal
- **3:** full perfusion with filling of all distal branches

Additional Information

- Used only in patients with a diagnosis of ischemic stroke

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment

Data Source Hierarchy

- OR records
- Progress notes
- Other hospital records

OUTCOMES

ED DISPOSITION

Definition

Checkbox indicating the patient's next phase of care after the Emergency Department (ED)

Field Values

- **OR:** Patient went to the OR from the ED
- **ICU:** Patient was admitted to the ICU from the ED
- **Stepdown/Tele:** Patient was admitted to Stepdown/Tele Unit from the ED
- **Ward:** Patient was admitted to a Ward from the ED
- **<24 Obs:** Patient was admitted to <24 Obs. Unit from the ED
- **Neuro IR Rad:** Patient went to Neuro IR Radiology from the ED
- **Post Hosp:** Patient was discharged from the ED or died in the ED

Additional Information

- If "Post Hosp" is checked, "Hosp. Disposition" field is required

Uses

- Provides documentation of care
- System evaluation and monitoring

Data Source Hierarchy

- ED records
- Billing sheet / Medical records coding summary sheet
- Other hospital records
- Hospital discharge summary

HOSP. DISCHARGE DATE

Definition

Date the patient was discharged from the acute care unit at your facility

Field Values

- Collected as MMDDYYYY

Additional Information

- Applicable when the patient:
 - Expires
 - Is discharged home
 - Leaves against medical advice (AMA)
 - Leaves without being seen or elopes (LWBS)
 - Is transferred to a rehabilitation, skilled nursing, or hospice unit at your facility
 - Is transferred to an acute inpatient unit at another facility

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

HOSP. DISPOSITION

Definition

Checkbox indicating the patient's destination upon discharge from the acute care unit at your facility

Field Values

- **HOM:** Previous place of residence
- **ACF:** Acute care facility
- **SNF:** Skilled nursing facility
- **REH:** Rehab center
- **HOS:** Hospice
- **AMA:** AMA/Eloped/LWBS
- **MOR:** Morgue/Mortuary
- **ND:** Not documented

Additional Information

- Disposition of rehab includes rehabs located within an acute care facility

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring
- Epidemiological statistics

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION TO AN ACUTE CARE FACILITY

Definition

Checkbox indicating the primary reason for hospital disposition to an acute care facility

Field Values

- **F:** Financial health plan
- **H:** Higher level or specialized care
- **OT:** Other
- **ND:** Not documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

RATIONALE FOR DISPOSITION, IF OTHER

Definition

Field provided to specify the rationale for disposition to an acute care facility not identified in the “Rationale for Disposition to an Acute Care Facility” picklist

Field Values

- Free text comment field

Additional Information

- Required field if “Other” is chosen in the “Rationale for Disposition to an Acute Care Facility” field

Uses

- Provides documentation of care
- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet

TRANSFERRED TO

Definition

Code indicating to which acute care facility the patient was transferred to

Field Values

LOS ANGELES COUNTY 9-1-1 RECEIVING HOSPITALS			
ACH	Alhambra Hospital Med Center	KFW	Kaiser West L.A. Medical Ctr.
AHM	Catalina Island Medical Center	LBC	Community Hosp. of Long Beach
AMH	Methodist Hosp. of So. California	LBM	Long Beach Memorial Medical Ctr.
AVH	Antelope Valley Hospital		
BEL	Bellflower Medical Center	LCH	Palmdale Regional Medical Ctr.
BEV	Beverly Hospital	LCM	Providence Little Company of Mary – Torrance
BMC	So. California Hosp. at Culver City	MHG	Memorial Hospital of Gardena
CAL	California Hospital Medical Center	MID	Olympia Medical Center
CHH	Children’s Hospital Los Angeles	MPH	Monterey Park Hospital
CNT	Centinela Hospital Medical Center	NOR	Norwalk Community Hospital
CPM	Coast Plaza Doctors Hospital	NRH	Northridge Hospital Medical Ctr.
CSM	Cedars-Sinai Medical Center	OTH	Other Hospital Not on List
DCH	PIH Health Hospital – Downey	OVM	LAC Olive View-UCLA Med. Ctr.
DFM	Marina Del Rey Hospital	PAC	Pacifica Hospital of the Valley
DHL	Lakewood Regional Medical Ctr.	PIH	PIH Health Hospital – Whittier
ELA	East Los Angeles Doctors Hosp.	PLB	College Medical Center
ENH	Encino Hospital Medical Center	PVC	Pomona Valley Hosp. Medical Ctr.
FPH	Foothill Presbyterian Hospital	QOA	Hollywood Presbyterian Med. Ctr.
GAR	Garfield Medical Center	QVH	Citrus Valley Medical Center – Queen of the Valley
GEM	Greater El Monte Comm. Hosp.	SAC	San Antonio Community Hospital
GMH	Glendale Mem. Hosp. & Hlth. Ctr.	SDC	San Dimas Community Hospital
GSH	Good Samaritan Hospital	SFM	Saint Francis Medical Center
GWT	Glendale Adventist Medical Ctr.	SGC	San Gabriel Valley Medical Ctr.
HCH	Providence Holy Cross Med. Ctr.	SJH	Saint John’s Health Center
HEV	East Valley Hospital Medical Ctr.	SJS	Providence Saint Joseph Med. Ctr.
HGH	LAC Harbor-UCLA Medical Center	SMH	Santa Monica-UCLA Medical Ctr.
HMH	Huntington Memorial Hospital	SMM	Saint Mary Medical Center
HMN	Henry Mayo Newhall Mem. Hosp.	SOC	Sherman Oaks Hospital
HWH	West Hills Hospital and Med. Ctr.	SPP	Providence Little Company of Mary – San Pedro
ICH	Citrus Valley Medical Center – Intercommunity Campus	TOR	Torrance Memorial Medical Ctr.
		TRM	Providence Tarzana Medical Ctr.
KFA	Kaiser Baldwin Park Medical Ctr.	UCL	Ronald Reagan UCLA Med. Ctr.
KFB	Kaiser Downey Medical Center	USC	LAC+USC Medical Center
KFH	Kaiser South Bay Medical Ctr.	VHH	USC Verdugo Hills Hospital
KFL	Kaiser Los Angeles Med Ctr.	VPH	Valley Presbyterian Hospital
KFO	Kaiser Woodland Hills Med. Ctr.	WHH	Whittier Hospital Medical Center
KFP	Kaiser Panorama City Med. Ctr.	WMH	White Memorial Med Ctr.

ORANGE COUNTY 9-1-1 RECEIVING HOSPITALS			
ANH	Anaheim Memorial Hospital	LPI	La Palma Intercommunity Hosp.
FHP	Fountain Valley Regional Hospital and Medical Center	MCP	Mission Community Hospital
		PLH	Placentia Linda Hospital
KHA	Kaiser Permanente Orange County Anaheim Medical Center	SJD	Saint Jude Medical Center
		UCI	UC Irvine Medical Center
LAG	Los Alamitos Medical Center		
SAN BERNADINO COUNTY 9-1-1 RECEIVING HOSPITALS			
CHI	Chino Valley Medical Center	DHM	Montclair Hospital Medical Ctr.
OTHER COUNTY 9-1-1 RECEIVING HOSPITALS			
LRR	Los Robles Hosp. and Med Ctr.	SJO	Saint John's Regional Med Ctr.

- **ND:** Not documented

Uses

- Assists with determination of appropriate treatment
- System evaluation and monitoring

Data Source Hierarchy

- Facesheet
- ED records
- History and Physical
- Billing Sheet / Medical Records Coding Summary Sheet

MODIFIED RANKIN PERFORMED AT DISCHARGE?

Definition

Checkbox indicating whether the Modified Rankin Scale was performed on the patient at discharge from the acute care unit at your facility

Field Values

- **Y:** Yes
- **N:** No
- **ND:** Not Documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

MODIFIED RANKIN SCALE

Definition

The numerical value of the Modified Rankin Scale

Field Values

- **0:** No disability
- **1:** No significant disability despite symptoms, able to carry out all usual duties and activities
- **2:** Slight disability, unable to carry out all routine activities, but able to look after own affairs without assistance
- **3:** Moderate Disability, requiring some help, but able to walk without assistance from a person
- **4:** Moderate-Severe disability, unable to walk without assistance, OR, unable to attend to own bodily needs without assistance from a person
- **5:** Severe disability, bedridden, incontinent, and requiring constant nursing care
- **6:** Dead
- **ND:** Not documented

Uses

- Provides documentation of assessment and/or care
- Assists with determination of outcome
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Billing sheet / Medical records coding summary sheet
- Other hospital records

FINAL CLINICAL DIAGNOSIS

Definition

Checkbox indicating the condition thought to be chiefly responsible for the patient's current event

Field Values

- **ISC:** Ischemic Stroke
- **TIA:** Transient ischemic attack
- **SAH:** Subarachnoid hemorrhage
- **ICH:** Intracerebral hemorrhage
- **STR:** Stroke, not otherwise specified
- **NO:** No stroke-related diagnosis

Additional Information

- Select most significant option based on the clinical information found in the medical record

Uses

- Assists with determination of appropriate treatment
- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes

STROKE RELATED ICD10 CODE

Definition

Indicates the patient's clinical hospital diagnosis or diagnoses related to stroke

Field Values

- I60.00-I60.9 - Non-traumatic subarachnoid hemorrhage
- I61.0-I61.9 - Non-traumatic intracerebral hemorrhage
- I63.00-I63.9 - Cerebral infarction (occlusion and stenosis of cerebral and precerebral arteries, resulting in cerebral infarction)
- G45.0-G45.2 – TIA and related syndromes
- G45.8-G45.9 – Other TIAs and related syndromes
- O99.411-O99.43 – Diseases of the circulatory system complicating pregnancy, childbirth, and puerperium

Uses

- Provides documentation of assessment and/or care
- System evaluation and monitoring

Data Source Hierarchy

- Hospital discharge summary
- Progress notes
- Other hospital records

SUBJECT: **ELECTRONIC SUBMISSION OF
PREHOSPITAL DATA**

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 607

PURPOSE: To establish procedures for the submission of electronic data by prehospital care providers.

AUTHORITY: California Assembly Bill No. 1129
California Code of Regulations, Title 22, Chapter 4, Sections 100169, 100170
Health Insurance Portability and Accountability Act (HIPAA), 2009
Health and Safety Code, Section 130202
Health Information Technology for Economic and Clinical Health Act (HITECH)

DEFINITION:

Electronic Data: Patient Care Records submitted in electronic format (as per LA-EMS Data Dictionary) or field electronic Patient Care Records (ePCRs).

PRINCIPLES:

1. All submission of electronic personal health information (PHI) shall be in compliance with HIPAA regulations.
2. PCRs require redundant back up and emergency down time procedures.
3. The provider agency will ensure that the electronic data is compliant with the EMS Agency's data system requirement.
4. All public and private advanced life support (ALS), specialty care transport (SCT), and exclusive operating area (EOA) provider agencies shall submit data electronically, which meets the LA-EMS or LA-EOA Data Dictionary requirements, to the EMS Agency.
5. Provider agencies cannot utilize an ePCR until their selected vendor has been approved to submit data electronically to the EMS Agency.

POLICY:


- I. Provider Agency Responsibilities
 - A. Prior to implementation of an Electronic Data System
 1. Electronic Data Submission Plan

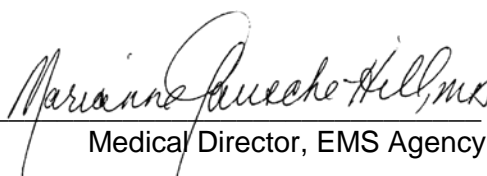
Submit a plan, approved by the department's Fire Chief or private provider agency's Chief Executive Officer, to the EMS Agency for approval which includes:

EFFECTIVE DATE: 12-01-09
REVISED: 04-01-18
SUPERSEDES: 12-01-13

PAGE 1 OF 3

APPROVED: _____


Director, EMS Agency


Medical Director, EMS Agency

- a. Ability to transmit data to the EMS Agency which meets the LA-EMS or LA-EOA Data Dictionary requirements.
 - b. A successful mechanism to provide immediate transfer of patient information to additional providers, including transporting agency (if necessary).
 - c. System to ensure only one Patient Care Record per patient is created, per provider agency, regardless of the number of units an individual provider responds with.
 - d. Processing for confirming that an ePCR has been successfully generated for each patient.
 - e. A successful mechanism for receiving facilities to have the electronic record available upon the patient's transfer of care and any patient care related revisions made after leaving the receiving facility.
 - f. Back-up system available in case of system failure.
 - g. Staff members assigned to act as a liaison between the vendor and the EMS Agency to identify and correct data issues.
2. Notify the EMS Agency's Data Management Division Chief once a vendor has been selected and provide an estimated filed implementation date.
 3. Notify all hospitals that provider transports to, of the intent to convert to an ePCR system and the tentative start date.
- B. Implementation
1. Ensure the selected vendor contacts the EMS Agency's Data System Management Division Chief to discuss the data format, transmission procedures and obtain sequence number format.
 2. Maintain a staff member to act as liaison between the vendor and the EMS Agency to identify and correct data issues.
 3. Submit validated test files, meeting the LA-EMS Data Dictionary and Extensible Markup Language (XML) Schema Definition (XSD) standard, and the corresponding copies of the ePCRs in PDF format, that accurately reflect the documentation in the electronic record upon import.
- C. Ongoing
1. Transmit validated data to the EMS Agency for import into the Trauma Emergency Medicine Information System (TEMIS) database within 30 days of the last day of the preceding month. Files with validation errors will be rejected and must be corrected and re-transmitted prior to import.

2. Address and correct data related issues as they arise.
3. Implement annual data field and export program changes within three months of publication.

II. EMS Agency Responsibilities

- A. Review and approve the electronic data submission plan.
- B. Liaison with the provider agency and receiving hospital(s) to establish a mutually agreed upon method by which the receiving hospital(s) will obtain the ePCR.
- C. Meet with the provider agency and vendor to review electronic data submission plan and provide the Sequence Number formatting, LA-EMS Data Dictionary, LA-EMS XSD, LA-EMS XSD validator and LA-EMS sample XML.
- D. Review validated test files, and the corresponding copies of the ePCR in PDF format, for completeness and accuracy and provides a report to the provider agency and vendor with noted deficiencies.
- E. Ongoing
 1. Monitor incoming data and notify the provider as issues arise and follow up with provider as needed to ensure data issues are addressed and resolved.
 2. Present data field changes annually to the Provider Agency Advisory Committee.

CROSS REFERENCE:

Prehospital Care Manual:

- Ref. No. 604, **Confidentiality of Patient Information**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 608, **Disposition of Copies of the EMS Report Form**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**

LA-EMS Data Dictionary
LA-EMS Extensible Markup Language (XML) Schema Definition
(XSD) LA-EMS XSD Validator
LA-EMS Sample XML