COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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

DATE: May 20, 2015
TIME: 1:00 – 3:00 pm
LOCATION: Los Angeles County EMS Agency
10100 Pioneer Blvd.
EMS Commission Hearing Room – 1st Floor
Santa Fe Springs, CA 90670

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

AGENDA

CALL TO ORDER – Clayton Kazan, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS

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

1 MINUTES
• March 18, 2015

2 CORRESPONDENCE

2.1 May 4, 2015, Gregory Fish, Interim Fire Chief, Glendale Fire
Department: Standing Field Treatment Protocol (SFTP) – Initial
Start-Up

2.2 April 20, 2015, Howard Backer, M.D., MPH, Director, California EMS
Authority: Emergency Medical Services (EMS) Fund Annual Report
to Legislature for Fiscal Year (FY) 2013/2014

2.3 April 15, 2015, Lieutenant Robert Lamborghini, Medical Program
Coordinator, Glendora Police Department: Approval for EMTs to
utilize intranasal naloxone for emergency treatment of patients with
suspected opiate overdose

2.4 April 15, 2015, Pete Jankowski, Fire Chief, La Verne Fire
Department: Approval to utilize fentanyl for prehospital treatment of
moderate or severe pain

2.5 April 15, 2015, James Frawley, Fire Chief, San Marino Fire
Department: Approval to utilize QuikClot® Combat Gauze™ in
patients with traumatic hemorrhage not amenable to tourniquet and
other methods of external hemorrhage control
2.6 April 13, 2015, Los Angeles County Fire Chiefs: Approved Stroke Center Update
2.7 April 9, 2015, Keith Harter, Captain, Los Angeles County Fire Department: King LTs-D Airway
2.8 March 25, 2015, Distribution: St. Vincent Medical Center 9-1-1 Receiving Designation
2.9 March 25, 2015, Daryl Osby, Fire Chief, Los Angeles County Fire Department: East San Gabriel Valley Helicopter Transports

3. COMMITTEE REPORTS
   3.1 Base Hospital Advisory Committee
   3.2 Data Advisory Committee
   3.3 Education Advisory Committee
   3.4 Provider Agency Advisory Committee

4. POLICIES
   (No Policies for review/approval)

5. BUSINESS
   Old:
   5.1 Community Paramedicine (July 18, 2012)
   5.2 Wall Time (July 17, 2013)
   5.3 1+1 Paramedic Staffing Model (November 21, 2012) - Cathy Chidester
   5.4 911 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines (November 19, 2014)
   5.5 Public Hearing – Transport of 5150 Patients
   5.6 Measure B Funds – Request for One-Time Allocation to Reimburse Purchase or Upgrade of Electronic Patient Care Record System

   New:
   5.7 Los Angeles Surgical Society

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION - Cathy Chidester

8. EMS DIRECTOR’S REPORT - Cathy Chidester

9. ADJOURNMENT
   (To the meeting of July 15, 2015)

Lobbyist Registration: Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the noncompliance exists.
CONSENT CALENDAR
May 20, 2015

1. MINUTES
   • March 18, 2015

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3. COMMITTEE REPORTS
   3.1 Base Hospital Advisory Committee
   3.2 Data Advisory Committee
   3.3 Education Advisory Committee
   3.4 Provider Agency Advisory Committee

4. POLICIES
   (None for review)
MARCH 18, 2015
APPROVED DRAFT (5-5-15)

<table>
<thead>
<tr>
<th>COMMISSIONERS</th>
<th>ORGANIZATION</th>
<th>EMS AGENCY STAFF</th>
<th>POSITION</th>
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<tbody>
<tr>
<td>David Austin</td>
<td>LAC Ambulance Assn</td>
<td>Cathy Chidester</td>
<td>Director, EMS Agency</td>
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<tr>
<td>Robert Barnes</td>
<td>LAC Police Chiefs Assn</td>
<td>Kay Fruhwirth</td>
<td>Asst. Dir, EMS Agency</td>
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<tr>
<td>Frank Binch</td>
<td>Public Member, 4th District</td>
<td>Richard Tadeo</td>
<td>Asst. Dir, EMS Agency</td>
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<tr>
<td>Erick H. Cheung, M.D.</td>
<td>So. CA Psychiatric Society</td>
<td>Bill Koenig, MD</td>
<td>Med. Dir., EMS Agency</td>
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<td>Robert Flashman, M.D.</td>
<td>L.A. County Medical Assn</td>
<td>Roel Amara</td>
<td>Asst. Dir., EMS Agency</td>
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<tr>
<td>* James Lott</td>
<td>Public Member, 2nd District</td>
<td>Marilyn Rideaux</td>
<td>EMS Liaison</td>
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<tr>
<td>Clayton Kazan, M.D.</td>
<td>CAL/ACEP</td>
<td>Lucy Hickey</td>
<td>EMS Agency</td>
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<td>* Ray Mosack</td>
<td>CA State Firefighters’ Assn.</td>
<td>John Telmos</td>
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<td>(VACANT)</td>
<td>League of California Cities</td>
<td>Jacqueline Rifenburg</td>
<td>&quot;</td>
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<tr>
<td>* Margaret Peterson, Ph.D.</td>
<td>HASC</td>
<td>Brett Rosen, M.D.</td>
<td>&quot;</td>
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<tr>
<td>* Andres Ramirez</td>
<td>Peace Officers Assn. of LAC</td>
<td>Susan Mori</td>
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<td>* Nerses Sanossian, M.D.</td>
<td>American Heart Assn.</td>
<td>Michelle Williams</td>
<td>&quot;</td>
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<tr>
<td>* Carole Snyder</td>
<td>Emergency Nurses Assn.</td>
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<td>* Jon Thompson</td>
<td>LA Chapter/Fire Chiefs Assn</td>
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<td>* Areti Tillou, M.D.</td>
<td>L.A. Surgical Society</td>
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<tr>
<td>* Gary Washburn</td>
<td>Public Member, 5th District</td>
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<td>* Bernard Weintraub</td>
<td>S. CA Public Health Assn.</td>
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GUESTS

Mike Sargeant | Long Beach Fire Dept. | Jeff Elder | Los Angeles Fire Dept. |
Samantha Verga-Gates | APCC-LA County & LBMMC | Richard Espinoso | 4th Supervisorial District |
Rita Murray | NAMI, LACC/Whittier | Dwayne Preston | Long Beach Fire Dept. |
Mike Barilla | Pasadena Fire Dept. | Jamie Garcia | HASC |
Robert Ower | LACAA | Todd LeGassick | UCLA |
Tim Ernst | LAFD | Doug Zabitski | LAFD |
Michael Silk | Intermedix | | |

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

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd, Santa Fe Springs, 90670. The meeting was called to order at 1:07 PM by Chairman, Clayton Kazan. A quorum was declared.

INTRODUCTIONS/ANNOUNCEMENTS:

- Chairman Kazan introduced a new Commissioner, Mr. John Hisserich, representing Supervisor Sheila Kuehl, Third District.
CONSENT CALENDAR:

Chairman Kazan called for approval of the Consent Calendar. Commissioner Binch requested that Consent Calendar item 4.3 be held for discussion.

M/S/C: Commissioners Washburn/Snyder to approve the Consent Calendar excluding Consent Calendar item 4.3

Commissioner Binch referred to a statement of background he had distributed for discussion on Reference 834 (item 4.3 on the Consent Calendar).

Motion by Commissioner Binch/Ramirez that:

1) Item 4.3 be continued;

2) and scheduled for consideration as one component of a future widely advertised and centrally-located public hearing on the future role of Los Angeles County EMS in serving patients with behavioral complaints;

3) That EMS Agency be asked to prepare, distribute and post on its internet home page, at least 30 days before this hearing, a complete proposed blueprint and recommendations (including pre-hospital care policy changes) on the present and proposed future role of EMS in serving Behavioral Emergency patients.

Commissioner Binch referred to the redlined copy of Reference No. 834, Patient Refusal of Treatment or Transport, distributed by the EMS Agency as being inaccurate. He then distributed a (historical) document from 2009 where the EMSC forwarded a letter to the Board of Supervisors stating that it did not agree, in most cases, that transport of 5150 holds via law enforcement vehicle was in the best interest of the detainee. In addition, the Board was requested to convene a study group to determine the most appropriate mechanism of transport for persons detained on a 5150 hold by peace officers. He stated that in 2010, on Motion by Supervisor Knabe, the Board of Supervisors approved establishment of a study to improve the transport of 5150 detainees and report back in 120 days.

Commissioner Binch stated that it was his opinion that the EMS Agency has opposed the use of EMS ambulance resources in responding to behavioral emergencies. He pointed out that more than 21,000 transports in 2013 were of a behavioral nature according the EMS data reports. He proposed a public hearing to discuss the future role of L.A. County EMS in serving patients with behavioral emergencies and how it can better interact with Mental Health and law enforcement, and how this would impact fire agencies.

Richard Tadeo, EMS Assistant Director, provided an explanation on the changes of Reference No. 834. In addressing the educational needs of EMS personnel it was
identified that paramedics were having difficulty with the word “competent” and that determining whether a person is competent is more of a legal term. In an effort to address this issue, it was proposed by the Prehospital Care Coordinators to revise Reference No. 834 and remove the term “competent” and replace it with “decision-making capacity.” Based on this suggestion the definition for competent was deleted and the definition for decision-making capacity was added and the rest of Reference No. 834 was revised to reflect this new terminology. Mr. Tadeo stated that the omission of the definition of “5150 Hold” was an unintentional error.

**Chairman Kazan:** I’m not sure I understand where this concern is headed and I need some clarification. Is your concern that the Sheriff’s Department will transport a large percentage of behavioral health patients themselves and not utilize our contracted EMS services?

**Commissioner Binch:** I would be willing to provide details but probably in a closed session. 1) There has been concerted effort by EMS Agency staff, a multi-year effort involving hundreds of staff hours to secure support for no connection between using the EMS Agency Emergency Transportation agreement and the Sheriff’s use of ambulance services; 2) In meetings that involved Counsel that I have attended in an advisory capacity, it’s been imminently clear that the Agency’s management strongly opposes the use of EMS for behavioral emergencies. We were also assured that that there was very little of that care which made the October data report an enlightening surprise because it turns out to be a substantial component of what EMS does. I already knew from a case standpoint that some fire departments are pretty aggressive and very skilled in handling behavioral emergencies. I did not realize the volume until the data report came out. This is a big area and at a time when there is a concerted effort on the part of Cathy’s boss, the Director of Health Services, to obtain a closer integration of services between DHS, Mental Health and Public Health. I am suggesting that we get proactive on that issue and it is a good issue. Those of us who deal a lot with response to psychiatric emergencies, on the hospital and analytical level, have a chance to see how many opportunities there are for improving the quality of service by appropriating a version of service. Let’s get a vision in place and move on that issue. The problem that led us to hang our hat on Policy 834 looks minor but really is not. It simply gives us an option to do it the right way. Where is EMS’ role? What shall it be in handling behavioral emergencies and especially how does it integrate with law enforcement, hospitals, and mental health?

**Cathy Chidester:** The EMS Commission did send a letter to the Board of Supervisors stating that it felt that transport of 5150 holds would be better accomplished by ambulance. There were multiple meeting with the CEOs office regarding the issue. The question as to whether the Sheriff’s Department should be part of the 9-1-1 emergency ambulance transport agreements has been addressed with County Fire, the CEO’s office, County Counsel and Sheriff’s office. The decision was made not to include the transport of Sheriff detainees in the 9-1-1 ambulance EOA RFP. There was also discussion regarding Sheriff’s having a pilot project, contracting directly with ambulance companies to transport 5150 detainees. Department of Mental Health has their own agreements with ambulance companies to do transport of patients who are...
experiencing psychiatric issues and being placed on 5150 hold. The issue is complex and there are multiple reasons that it was a policy decision of the CEO’s office, County Counsel, and the Department of Health Services that the 9-1-1 emergency ambulance transport agreements were not necessarily appropriate for the Sheriff’s Department transports. EMS supports the Sheriff’s doing a pilot project for transport of 5150 detainees. EMS is very interested in behavioral health because it has a great impact on our emergency departments and the EMS system. The EMS Agency is also supportive of emergency departments and concerned about patient’s rights. I apologize for the misunderstanding of the policy. Yes, a great number of patients may present with behavioral health issues, but they are not necessarily 5150s. They may be only acting out or under the influence of drugs or alcohol. We are working to capture the data better so we have a better understanding of what patients make up the group of behavioral emergencies. Only law enforcement can impose a 5150 hold and if the Sheriff’s wants a 5150 detainee transported by ambulance or determine they need assistance from a medical perspective, they always have the option to call County Fire or the jurisdictional provider for involvement from an EMS perspective and assistance with transport.

**Commissioner Binch:** Why is Reference No. 834 being revised after only one year? Does anyone here think the system works just fine? Could it stand some improvement?

**Richard Tadeo** explained that the policy revision was at the request of the Prehospital Care Coordinators. Based on an identified educational need the topic of Patient Refusal of Treatment or Transport was being incorporated into the EMS Update 2015. In order for our training to be consistent with the policy, the policy needed to be updated.

**Chairman Kazan:** Feels that the system is not broken and agrees with Cathy Chidester that a vast majority of EMS behavioral emergency patients are not 5150. Yes, the system could stand to be streamlined and there may be opportunity for improvement. The question is how do we bridge the gap between law enforcement and EMS? The Chair is willing to support a public hearing.

**Commissioner Cheung:** Psychiatric mental health is a medical condition that should be treated by medical personnel, however, law enforcement personal are usually the first responders in a scene so I would support an effort to investigate how we could best optimize the system.

**Commissioner Hisserich:** There is a three component motion on the Floor. How do we handle the issue of meeting and blue print?

The meeting was opened for Public Comment on this issue:

**Richard Espinosa, Health Deputy, Fourth Supervisorial District:** Stated he was terribly surprised that this has come up and that it was a good thing that the EMS Commission had not support this consent item because it would have changed the 5150 issue. It would make Dr. Katz someone who does not tell the truth because he told the
BOS and public and behavioral health advocates who are concerned about the integration of health and mental health services that he did think the Department could do that simply because there was a question in terms of what the history has been doing in dealing with integral health issues. It’s a totally different world and we don’t want to get our hands messed up. I cannot believe what I heard that this agency has been particularly supportive of efforts in the past including the Sheriff’s efforts to do a pilot project which is in our District which our District pushed. I believe that the Agency did all that it could to stop it to the point where Dr. Katz had to write a letter of apology saying the action taken to stop this pilot from going on does not reflect his thinking nor of that of the Department.

What I’m now hearing is contrary to what Dr. Katz has said to the Board, the public and advocates. This agency has been unsupportive in the past and we have reason to believe that EMS has not been doing their job. The process would require stakeholder involvement but seems that EMS selects the stakeholders and other interested were never consulted. There will be a meeting next week with Dr. Katz and from what I can see we have a problem.

Rita Murray, NAMI LACC/Whittier, cannot attend all official meetings and would like to see a system of being notified of important agenda issues that affect stakeholders.

Commissioner Hisserich expressed concern of dealing with the complexity of the Motion on the floor. He stated he felt confident to deal with one or two of the components but not necessarily the entire Motion as a whole.

Commissioner Peterson asked for clarification. Commissioner Binch responded that Reference No. 834 was intended to provide coordination of care by agencies involved in the process of transport of 5150 patients. Unless there is an urgency to approve Reference No. 834, it should be held over for further discussion until the mental health community has had the opportunity to give input.

Amendment to the Motion by Commissioner Binch, Second by Commissioner Ramirez to retain the modification until the definition change that was previously omitted and delete all other changes pending a public hearing.

Commissioner Snyder stated that she disagrees with Commissioner Binch regarding his statement that Reference No. 834 was being pushed through fast. The policy was vetted through the proper groups and while policies may be reviewed on a scheduled basis, when an issue is identified and in addressing that issue it is identified that a policy needs a revision, the policy goes for redraft and this is the situation here. It was not the intent to omit the 5150 definition.

Chairman Kazan asked Commissioner Binch if he would be comfortable with the policy revision of changing the term “competent” to “decision making capacity” and reinstating the 5150 definition. Commissioner Binch stated that he would be comfortable with making changes that are essential and deferring any other changes specific to 5150.
Commissioner Binch rescinded his original motion.

**MSC:** Commissioner Binch/Ramirez to schedule a public hearing on the future role of Los Angeles County EMS in serving patients with behavioral complaints and that the EMS Agency be asked to prepare, distribute and post on its internet home page, at least 30 days before this hearing, a complete proposed blueprint and recommendations (including pre-hospital care policy changes) on the present and proposed future role of EMS in serving Behavioral Emergency patients.

**MSC:** Commissioner Binch/Ramirez to approve Reference No. 834 with the reinsertion of the definition of 5150.

**Responsibility:** EMS Agency

### 5.1 Community Paramedicine

Todd Lagassick, UCLA, gave an update and presentation on the education process of the Community Paramedicine Pilot Project in Los Angeles (L.A) County. There were 13 Community Paramedicine pilot projects approved in the State. Two of the projects are in L.A. County. The County’s projects deal with alternate transport destinations of low acuity patients, and post discharge follow-up of CHF patients. UCLA’s role is to bring all involved entities together, monitor, evaluate and develop the training programs.

Commissioner Austin commended Dr. Baxter Larmon and Todd Lagassick for putting long and hard hours in developing the program.

### 5.2 Wall Time

Cathy Chidester reported that the State committee addressing wall time met last month and had completed a tool kit for hospital use and a standard wall time definition. The EMS Agency will be working with the Data Advisory Committee, hospitals and providers to gather the wall time data based on the standard wall time definition (arrival at ED to patient offload unto hospital gurney) so that all data collected is comparable. Once data points are analyzed, we will be able to share the information with each 9-1-1 receiving hospitals and work with hospitals that have long wall times to reduce their waits.

### 5.3 1+1 Paramedic Staffing Model

Richard Tadeo reported that Long Beach Fire submitted a letter dated March 12, 2015 to the EMS Commission by request of Commissioner Lott explaining why it is not economically feasible to add multiple Advanced Life Support capable rescue units to the Long Beach system.
Mr. Tadeo also reported that there has been no change in the percent compliance of two paramedics arriving on scene within 3 minutes of each other. Long Beach’s paramedic arrival time is consistent with what was reported in January. Commissioner Binch wanted to know if Risk Management had been consulted regarding liability factors considering Long Beach has chronically not been able to meeting the standard established in the policy (Reference No.407).

5.4 9-1-1 EMS Provider Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines

Roel Amara reported that Los Angeles County continues to coordinate preparedness activities with Public Health and the Office of Emergency Management, along with the California Department of Public Health. L.A. County currently has two Ebola Treatment Hospitals with one bed capacity each and is working to establish two additional assessment centers.

6. Commissioners Comments/Requests

Chairman Kazan reported that Prime Healthcare has withdrawn their offer to purchase the Daughter of Charity Health System California hospitals, which has two hospitals in L.A. County (St. Francis Medical Center and St. Vincent Medical Center).

7. Legislation

Cathy Chidester reported on current Legislation under watch by L.A. County and EMSAAC.

8. Director’s Report

- The annual Sidewalk CPR will be held on June 4. Each year more individuals are participating in the training process. Los Angeles County Fire has added “Pulse Point” to their computer aided dispatch system which allows the public to download a mobile application which alerts the individual when there is a patient in cardiac arrest nearby. Additionally, Supervisor Mark Ridley-Thomas made a motion that was approved by the Board of Supervisors that all L.A. County employees (there are over 100,000 County employees) be trained in Hands-Only CPR.

- Dr. William Koenig, long time EMS Medical Director, will retire in May 2015.

- Chief Jeff Elder, L.A. City Fire announced that Assistant Chief Tim Ernst would be taking Greg Reynar’s position with the Fire Department in the EMS Division.

9. Adjournment
The Meeting was adjourned by Chairman Kazan at 2:40 PM. The next meeting will be held on May 20, 2015.

**Next Meeting:**  
Wednesday, May 20, 2015  
EMS Agency  
10100 Pioneer Blvd.  
Santa Fe Springs, CA 90670

Recorded by:  
Marilyn E. Rideaux  
EMS Agency
May 4, 2015

Gregory Fish, Interim Fire Chief
Glendale Fire Department
421 Oak Street
Glendale, California 91204-1298

Dear Chief Fish:

STANDING FIELD TREATMENT PROTOCOL (SFTP) – INITIAL START-UP

We are pleased that Glendale Fire Department (GL) is interested in participating in the Los Angeles County Emergency Medical Services (EMS) Agency Standing Field Treatment Protocols (SFTP) Program.

GL has requested to implement all sixteen Los Angeles County approved SFTPs once the initial training is completed, which is scheduled to begin on June 10, 2015.

In order to complete the SFTP application process, the following documents remain outstanding and are to be submitted to the EMS Agency prior to the initial training:

- GL’s departmental policy that is unique to SFTPs and includes the following topics as described in Reference No. 813:
  - Paramedic Staffing
  - Training
  - Quality Improvement
  - Hospital Communication
  - Record Retention
- Quality Improvement (QI) plan that describes how SFTP QI will be incorporated into the department’s overall QI process.
- Training material that will be utilized during the initial SFTP training.

Once the initial SFTP training is completed and prior to field implementation, copies of the training rosters are to be submitted to EMS Agency. Departments who utilize SFTPs are responsible for maintaining all training rosters related to the initial SFTP training and future SFTP updates. These rosters are to be available for EMS Agency review during annual SFTP program reviews.

After GL receives final approval from the EMS Agency to begin utilizing SFTPs, the following QI tracking is to take place for the first three months after implementation:

- Review 100% of the SFTP runs, utilizing the EMS Agency approved tool
- Provide the EMS Agency with a QI summary of each SFTP category along with copies of each patient care record in which SFTPs were utilized

EMS Agency staff will work closely with GL’s nurse educator and paramedic coordinator to identify/resolve any concerns identified during the first three months of implementation. Program progression will be reevaluated at the
April 30, 2015
Chief Fish
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three-month point and the determination will be made whether to place GL on the system-wide quarterly QI review schedule or extend the 100% review period.

Once the above documents have been received, GL can move forward with their training and implementation of their SFTP program. Any questions or concerns may be directed to Gary Watson, Public Provider/SFTP Coordinator at (562) 347-1679.

Very truly yours,

William Koenig, M.D.
Medical Director

WJK:gw
4-22

c: Director, EMS Agency
   Medical Director, Glendale Fire Department
   Paramedic Coordinator, Glendale Fire Department
   Nurse Educator, Glendale Fire Department
April 20, 2015

Howard Backer, MD, MPH, Director
California EMS Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Dr. Backer:

EMERGENCY MEDICAL SERVICES (EMS) FUND ANNUAL REPORT
TO LEGISLATURE FOR FISCAL YEAR (FY) 2013/2014

Please accept the enclosed annual report of the Los Angeles County EMS
Fund for FY 2013/2014. This report is required to be filed with the
Legislature and is defined in Health and Safety Code Section 1797.98b.

If you have any questions regarding this report, please contact me at (562)
347-1604 or via email at Cchidester@dhs.lacounty.gov.

Very truly yours,

Cathy Chidester
Director

cc: HSA Fiscal Services

Enclosures
Annual Report to the Legislature
Emergency Medical Services Fund
Fiscal Year 2013-14

Please type or print responses clearly

County Reporting: Los Angeles
Maddy Fund Administrator: Cathy Chidester
EMS Agency Director: Name
Title: Title

Telephone: (562) 347-1604
Email: cchidester@dhs.lacounty.gov
Count Contact: Not Available
Name: Title
Telephone: Not Available
Email: Not Available

Date Report Submitted: 4/15/2015
Fiscal Year Reporting Period: Fiscal Year 2013-14: July 1, 2013 to June 30, 2014

1. Total amount of fines and forfeitures collected: $47,587,772
2. Total amount penalty assessments collected: $130,790,929 (x)
3. Total amount deposited into the EMS Fund: $24,842,274 (y)
4. Total amount of all allowable physician claims submitted: $11,647,538 (z)
5. Number of physician claims paid: 338,208 (a)
6. Based on the County’s uniform fee schedule, at what percentage were physician claims paid in the “initial” payment? Attachment I
7. Based on the County’s uniform fee schedule, at what percentage were physician claims paid in a second payment (if a second payment was made in accordance with H & S Code Section 1787.98a, (d))? 1.11% for Non-Trauma Claims
8. If your payment methodology requires the submission of claims by hospitals, what was the amount of those claims? $32,481,412 (x)
Percentage of claims paid: 43%

Does not apply – hospital funds not distributed on a claims basis. Please refer to attached policy & procedures.

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<th>Account</th>
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<td>Hospitals (25%)</td>
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<td>EMS Purposes (17%) Attachment II</td>
<td>-</td>
<td>3,495,879</td>
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</tr>
<tr>
<td>Administration (10%) Attachment II</td>
<td>-</td>
<td>2,494,227</td>
<td>2,494,227</td>
<td>-</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,820,342</td>
<td>$24,998,000</td>
<td>$21,882,771</td>
<td>$4,656,630 (i)</td>
</tr>
</tbody>
</table>

Attach 1) copies of all policies, procedures, and any regulatory actions your county uses to administer the fund, 2) a description of the county’s methodology for paying physicians and hospitals from the fund, and 3) the names of physician and hospital administrators, the county contacted to review the county’s claims payment methodologies.

Note:
* As reported to County of Los Angeles by state operated courts.
Footnotes:

(a) Includes $6,161,332 in traffic violator school fees for EMS fund only (GC 76104 & GC 76200.5).

(b) Excludes interest earnings of $58,558. The amount deposited into the EMS Fund includes $12,381,807 for EMS/SB 612 (GC 76104) and $12,560,367 for EMS/SB 1773 (GC 76000.5).

(c) Year-to-date total payments as of March 31, 2015. Additional payments after this date are not included because some claims for DOS 13-14 have not been paid due to rejections and/or appeals.

(d) Year-to-date number of claims paid as of March 31, 2015. Additional claims after this date are not included because some claims for DOS 13-14 have not been received due to rejections and/or appeals.

(e) Total payments for services provided to uninsured patients and funded by Maddy fund hospital allocation and County Property Tax Assessment, Measure B for the following programs: Trauma (various private hospitals) $30,692,480, Trauma Center Augmentation Agreement $4,705,350 and net of refunds of $2,886,427.

(f) The physicians allocation includes the following:

### SB 612 & SB 1773 EMERGENCY MEDICAL SERVICES FUND COLLECTIONS

<table>
<thead>
<tr>
<th></th>
<th>SB 612 - Physician (58%)</th>
<th>SB 1773 - Physician (58%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Balance</td>
<td>$ 5</td>
<td>$ 123</td>
<td>$ 129</td>
</tr>
<tr>
<td>Revenue</td>
<td>6,463,358</td>
<td>5,463,780</td>
<td>11,927,135</td>
</tr>
<tr>
<td>Interest</td>
<td>17,654</td>
<td>10,781</td>
<td>33,435</td>
</tr>
<tr>
<td>Subtotal</td>
<td>$ 6,481,012</td>
<td>$ 5,479,564</td>
<td>$ 11,900,576</td>
</tr>
<tr>
<td>Total</td>
<td>$ 6,481,012</td>
<td>$ 5,479,564</td>
<td>$ 11,900,576</td>
</tr>
</tbody>
</table>

* Subsequent to the submission of the FY 2012-13 report based on year-to-date activities through February 2014, additional transactions occurred which resulted in a decrease of the beginning fund balance in FY 2013-14 from $129 to $129.

### PHYSICIANS CLAIMS PAID REPORT

<table>
<thead>
<tr>
<th></th>
<th>SB 612 - Physician (58%)</th>
<th>SB 1773 - Physician (58%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma claims</td>
<td>$ 4,281,020</td>
<td>$ 3,435,054</td>
<td>$ 7,716,075</td>
</tr>
<tr>
<td>ER (FY 13-14 DOS)</td>
<td>536,293</td>
<td>325,279</td>
<td>861,571</td>
</tr>
<tr>
<td>ER (FY 12-13 DOS)</td>
<td>572,434</td>
<td>303,491</td>
<td>1,871,925</td>
</tr>
<tr>
<td>Refunds</td>
<td>(231,196)</td>
<td>0</td>
<td>(231,196)</td>
</tr>
<tr>
<td>Canceled Warrants</td>
<td>(4,882)</td>
<td>0</td>
<td>(4,882)</td>
</tr>
<tr>
<td>Replacement Warrants</td>
<td>4,882</td>
<td>0</td>
<td>4,882</td>
</tr>
<tr>
<td>Total</td>
<td>$ 5,186,659</td>
<td>$ 4,309,824</td>
<td>$ 9,536,724</td>
</tr>
</tbody>
</table>

| Fund Balance        | $ 1,322,786               | $ 1,109,840               | $ 2,432,626 |
(g) The hospitals and Pediatric Trauma Center allocations include the following:

### SB 612 & SB 1773 EMERGENCY MEDICAL SERVICES FUND COLLECTIONS

<table>
<thead>
<tr>
<th></th>
<th>SB 612 - Hospital (25%)</th>
<th>SB 1773 - Hospital (25%)</th>
<th>SB 1773 - PTC (19%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Year Balances</td>
<td>$1,185,716</td>
<td>$434,605</td>
<td>$19</td>
<td>$1,620,340</td>
</tr>
<tr>
<td>Revenue</td>
<td>2,785,929</td>
<td>2,355,069</td>
<td>1,884,055</td>
<td>7,025,043</td>
</tr>
<tr>
<td>Interest</td>
<td>10,771</td>
<td>7,275</td>
<td>4,877</td>
<td>22,923</td>
</tr>
<tr>
<td></td>
<td>$2,796,700</td>
<td>$2,362,344</td>
<td>$1,889,932</td>
<td>$7,047,976</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$3,982,415</td>
<td>$2,795,549</td>
<td>$1,888,951</td>
<td>$8,666,915</td>
</tr>
</tbody>
</table>

### HOSPITALS CLAIMS PAID REPORT

<table>
<thead>
<tr>
<th></th>
<th>SB 612 Amount of Claims Paid</th>
<th>SB 1773 - Hospital Amount of Claims Paid</th>
<th>SB 1773 - PTC Amount of Claims Paid</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trauma</td>
<td>$2,699,190</td>
<td>$1,888,951</td>
<td>$1,888,951</td>
<td>$4,488,141</td>
</tr>
<tr>
<td>ER</td>
<td>0</td>
<td>2,821,400</td>
<td>2,821,400</td>
<td></td>
</tr>
<tr>
<td>Refunds</td>
<td>0</td>
<td>953,550</td>
<td>(953,550)</td>
<td></td>
</tr>
<tr>
<td>Cancelled Warrants</td>
<td>0</td>
<td>(11,700)</td>
<td>(11,700)</td>
<td></td>
</tr>
<tr>
<td>Replacement Warrants</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$2,699,190</td>
<td>$1,888,150</td>
<td>$1,888,951</td>
<td>$6,444,291</td>
</tr>
</tbody>
</table>

| Fund Balance         | $1,283,225                  | $940,799                               | $1,224,024                         |           |
COUNTY OF LOS ANGELES
PHYSICIAN SERVICES FOR INDIGENTS PROGRAM
FISCAL YEAR 2013-14

OFFICIAL COUNTY FEE SCHEDULE:

Official County Fee Schedule (OCFS) for Physicians: Utilizes the most current Physicians' Current Procedural Terminology (CPT-4) codes in conjunction with the Resource Bases Relative Values Scale (RBRVS) unit values and a County determined weighted average conversion factor. The conversion factor for all medical procedures other than anesthesiology is $79.49. The conversion factor for anesthesiology is $48.77.

REIMBURSEMENT RATES:

Reimbursement of a valid claim for:

Trauma: The initial payment rate in effect on the date of service shall be 50% of the OCFS, not to exceed 100% of physician charges.

Other Emergency Services: The initial payment rate in effect on the date of service shall be 9% of the OCFS. Should additional funding be available, the reimbursement rate may be increased to not more than 34% of the OCFS, not to exceed 100% of the physician charges based on actual program revenue and volume of claims paid.
COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES FUND
FISCAL YEAR 2013-14

ADMINISTRATIVE ALLOCATION – (10%)

10% of the funds collected were used for actual administrative cost. The Los Angeles County Emergency Medical Services (EMS) Agency is responsible for one of the largest trauma and emergency system in the nation serving a population of over 10 million residents. This administrative Maddy fund allocation is used to cover a portion of the salaries and services and supplies for the Agency’s administrative staff (EMS Director, Assistant Directors, EMS Medical Director, Program Audit staff, and other Program Heads, etc.). The services include the fees of the County’s contracted claim adjudicator, American Insurance Administrator. This contractor adjudicates over 600,000 claims submitted by the more than 5,000 physicians participating in the PSIP.

OTHER EMS USE ALLOCATION – (17%)

The Other EMS Use allocation of 17% was used to partially cover the cost of the certification of paramedics and emergency medical technicians, maintaining a communications system among dispatch, first responders, ambulances and hospital emergency departments, an ambulance program which licenses and monitor ambulance operators, and a Medical Alert Center (MAC), which serves as the EMS Agency’s control point for two emergency control point for two emergency communication systems. These and other core EMS functions were found by the State to be clearly acceptable use of the discretionary funds.
April 15, 2015

Lieutenant Robert Lamborghini
Medical Program Coordinator
Glendora Police Department
150 South Glendora Avenue
Glendora, CA 91741-3498

Dear Lt. Lamborghini:

This is to inform you that Glendora Police Department (PD) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of intranasal naloxone by Emergency Medical Technicians for the emergency treatment of patients with suspected opiate overdose.

As part of the quality improvement process required for implementation, Glendora PD will submit quarterly data to Susan Mori, EMS Agency System Quality Improvement Coordinator for purposes of evaluating and aggregate reporting on systemwide utilization of naloxone.

Please contact me at (562) 347-1600 or Susan Mori at (562) 347-1609 for any questions or concerns.

Very truly yours,

William Koenig, MD
Medical Director

To ensure timely, compassionate and quality emergency and disaster medical services.

WK:sm
04-15

c: Director, EMS Agency
Assistant Director, EMS Agency
Timothy Staab, Chief of Police Glendora PD
Augusto Cigliano, MD, Medical Director, Glendora PD
April 15, 2015

Pete Jankowski, Fire Chief
La Verne Fire Department
2061 Third Street
La Verne, CA 91750

Dear Chief Jankowski:

This is to inform you that La Verne Fire Department (LV) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of fentanyl for the prehospital treatment of moderate to severe pain. Provider agencies may only carry one narcotic; therefore, all morphine must be removed prior to adding fentanyl to the inventory.

The quality improvement process required for monitoring the implementation of fentanyl will be reviewed at during LV’s EMS Program Review or as deemed necessary by the EMS Agency. Additionally, LV may be required to submit data on fentanyl administration to the EMS Agency for purposes of systemwide evaluation and aggregate reporting.

Please contact me at (562) 347-1600 or Susan Mori at (562) 347-1609 for any questions or concerns.

Very truly yours,

[Signature]

William Koenig, MD
Medical Director

c: Director, EMS Agency
   Assistant Director, EMS Agency
   Medical Director, LV
   EMS Coordinator, LV
   Paramedic Coordinator, LV
   Nurse Educator/Quality Improvement Coordinator, LV

To ensure timely, compassionate and quality emergency and disaster medical services.
April 15, 2015

James Frawley, Fire Chief
San Marino Fire Department
2200 Huntington Drive
San Marino, CA 91108

Dear Chief Frawley:

This is to inform you that San Marino Fire Department (SA) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of QuikClot® Combat Gauze™ in patients with traumatic hemorrhage not amenable to tourniquet and other methods of external hemorrhage control.

The quality improvement process required for implementation and tracking the utilization of hemostatic dressings will be reviewed during your annual EMS Program Review or as deemed necessary by the EMS Agency. Additionally, SA will be required to submit data to the EMS Agency for purposes of evaluating and aggregate reporting on the use of hemostatic dressings in our system.

Please contact me at (562) 347-1600 or Susan Mori at (562) 347-1609 for any questions or concerns.

Very truly yours,

William Koenig, MD
Medical Director

To ensure timely, compassionate and quality emergency and disaster medical services.

c: Director, EMS Agency
Assistant Director, EMS Agency
Medical Director, SA
EMS Coordinator, SA
Paramedic Coordinator, SA
Nurse Educator/Quality Improvement Coordinator, SA
April 15, 2015

Dennis M. Knox
Chief Executive Officer
Antelope Valley Hospital
1600 West Avenue J
Lancaster, CA 93534

Dear Mr. Knox:

I am very grateful for the fine work of Antelope Valley Hospital. I recognize that it sits in an area of the county. Until I read in the news about your press conference on April 14th, I was unaware of your belief that Measure B money should be allocated in a way more favorable to your hospital.

It is always a challenge to allocate a fixed pot of money when there are so many deserving needs. Indeed, I am sure it will not surprise you that you are not the only hospital that believes they should receive additional Measure B money.

I do understand that one of the unique aspects of your situation is that your hospital is not eligible under California’s State Plan Amendment to receive a match for its Measure B funding because it is a District Hospital not a private facility. This clearly impacts your total funding.

Of note, the California State Auditors were critical of the County’s Measure B allocation because no hospital in the San Gabriel Valley was funded by Measure B to be a trauma hospital. We are in the process of rectifying this situation. Their report did not mention funding for Antelope Valley Hospital as an issue.

This is a challenging time for everyone in health care because of the rapid changes occurring. I would be happy to meet to discuss how we can best meet the needs of patients in the Antelope Valley. My assistant will phone your office to arrange a time.

Sincerely,

Mitchell H. Katz, M.D.
Director

/mhk

c: Health Deputies
   County Counsel
   Chief Executive Office
   Executive Office, Board of Supervisors
April 13, 2015

TO: Los Angeles County Fire Chiefs

FROM: William J. Koenig, MD
Medical Director

SUBJECT: APPROVED STROKE CENTER UPDATE

This is to advise you of a developing trend at Los Angeles County Approved Stroke Centers (ASC) to direct patients with acute stroke symptoms directly from the field to the computerized tomography (CT) scanner as a method of process improvement. Prehospital care providers’ participation is fundamental to the success of this initiative to improve patient outcomes.

According to the October 2014 Target Stroke® Guidelines, 11 Key Best Practice Strategies, “eligible stroke patients can, if appropriate, be transported from the ED triage directly to the CT scanner.” This practice facilitates decision-making and reduces door-to-needle times in initiating treatment of the ischemic stroke. Prehospital care providers’ role in improving stroke care include:

✓ Obtaining and documenting family/witness contact information
✓ Perform a mLAPSS for patients exhibiting local neurological signs or symptom of a possible stroke
✓ Early hospital notification, and
✓ Transfer of care directly to the CT department when hospital has implemented this alternate transfer of care policy

While this practice does not reflect any change to existing Los Angeles County Emergency Medical Services Agency (EMS) policy, EMS does support the practice, and anticipates better patient outcomes, as well as a possible reduction in hospital wait time for prehospital care providers.

Thank you for your dedication to the EMS community and your efforts to improve stroke care. If you have any questions, please contact me at wkoenig@dhs.lacounty.gov or Carolyn Naylor, EMS Hospital Programs at cnaylor@dhs.lacounty.gov or (562) 347-1655. To review the aforementioned guidelines, please visit, http://www.strokeassociation.org.

WJK:cn

C: ASC Coordinator, Each Approved Stroke Center
ASC Medical Director, Each Approved Stroke Center
Prehospital Care Coordinators
Paramedic Coordinators

EMERGENCY MEDICAL SERVICES AGENCY
Los Angeles County
Board of Supervisors
Hilda L. Solis
First District
Mark Ridley-Thomas
Second District
Sheila Kuehl
Third District
Don Knabe
Fourth District
Michael D. Antonovich
Fifth District
Cathy Chidester
Director
William Koenig, MD
Medical Director

10100 Pioneer Blvd, Suite 200
Santa Fe Springs, CA 90670
Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely, compassionate, and quality emergency and disaster medical services.
April 9, 2015

Keith Harter, Captain
Los Angeles County Fire Department
5801 S. Eastern Avenue
Commerce, CA 90040

Dear Captain Harter:

KING LTs-D AIRWAY

This is to confirm that the Los Angeles County EMS Agency is requiring that all paramedic provider agencies utilize the King LTs-D airway as of July 1, 2011. This device was to replace the Combitube and is the only perilaryngeal airway allowed in the inventory.

The King LTs-D Airway is not manufactured by any other company. This specific airway is required by DHS/EMS Agency for standardization, ease of use, and efficacy.

You may contact me or Dr. Koenig at (562) 347-1600 for any questions.

Very truly yours,

Cathy Chidester
Director

To ensure timely, compassionate and quality emergency and disaster medical services.

CC:jr
4-08

Medical Director, EMS Agency
March 25, 2015

VIA EMAIL/FAX

TO: Distribution

FROM: Cathy Chidester
Director, EMS Agency

SUBJECT: ST. VINCENT MEDICAL CENTER 9-1-1 RECEIVING DESIGNATION

St. Vincent Medical Center (SVH), located at 2131 West 3rd Street, Los Angeles, CA, 90057, has been licensed by the State to operate as a general acute care hospital with Basic Emergency Services, and has been approved by the Emergency Medical Services (EMS) Agency as a 9-1-1 Receiving Hospital.

Effective, Wednesday, April 1, 2015, at 9:00 a.m., SVH may begin receiving adult patients via the 9-1-1 system. At this time, SVH is not an Emergency Department Approved for Pediatrics (EDAP), a Perinatal Center, or any other specialty center. SVH will share a partially-closed service area (see Reference 509.2 – Shared Service Area for California Hospital Medical Center, Good Samaritan Hospital, and St. Vincent Medical Center) for non-specialty center transports – providers should note that the Olympic Boulevard and 101 Freeway boundaries have been removed.

St. Vincent Medical Center will be identified with the alpha code (SVH). The main ED telephone number is (213) 484-7301. The dedicated telephone number for receiving transport notification from base hospitals and/or provider agencies is:

(213) 484-7010

To ensure timely, compassionate, and quality emergency and disaster medical services.

Please ensure that all hospital and prehospital personnel are notified of this change in status. If you have any questions, please contact Deldre Garospe, Chief, Hospital Programs at (562) 347-1681 or dgarospe@dhs.lacounty.gov.

CC: DG: cn
Distribution page 2:

Medical Director, EMS Agency
Chief Executive Officer, SVH
Emergency Services Medical Director, SVH
Emergency Services Nursing Director, SVH
Chief Executive Officer, GSH
Emergency Services Medical Director, GSH
Emergency Services Nursing Director, GSH
Chief Executive Officer, CAL
Emergency Services Medical Director, CAL
Emergency Services Nursing Director, CAL
Chief Executive Officer, LAC+USC
Emergency Services Medical Director, LAC+USC
Emergency Services Nursing Director, LAC+USC
Emergency Medical Services Commission
Operations Manager, Medical Alert Center
Hospital Association of Southern California
Eric Stone, CA Department of Public Health
Los Angeles Fire Department
Los Angeles County Fire Department
Prehospital Care Coordinators
All Licensed Ambulance Providers
March 25, 2015

Daryl Osby
Fire Chief
Los Angeles County Fire Department
1320 N. Eastern Avenue
Los Angeles, CA 90063

Dear Chief Osby:

EAST SAN GABRIEL VALLEY HELICOPTER TRANSPORTS

This is to inform you that the Department of Health Services (DHS) Emergency Medical Services (EMS) Agency is in the process of identifying a hospital in the East San Gabriel Valley (ESGV) to be designated as a trauma center. Once the trauma center designation has been completed, we anticipate the Fire District's paramedic air operations in that area will be significantly impacted.

Currently, the Fire District receives $0.6 M in Measure B funds to offset costs associated with the paramedic air squad assigned to the ESGV. In 2014, there were 420 air transports of trauma patients from this area completed by the paramedic air squad. Following the designation of a trauma center in ESGV, we anticipate the number of requests for air transport will decrease.

Because the designation of a trauma center is a process, which includes contract negotiation, hospital preparations, review by the American College of Surgeons and Board of Supervisor approval, the actual designation is anticipated to occur in the Spring 2016.

The EMS Agency is notifying you now, to allow time for your department to fully assess your air operation in the ESGV and work with the Chief Executive Office and DHS on appropriate future allocations of Measure B funding to support services based on actual need.

Please contact me if you have any questions or when you are ready to meet to discuss your future plans.

Very truly yours,

Cathy Chidester
Director

CC: cp

c: Director, DHS
Chief Financial Officer, DHS
Administrative Deputy, DHS
Acting Deputy Chief, Fire District EMS Bureau
Senior EMS Program Head, Fire District Administration
MEETING NOTICE

Date: April 08, 2015
Time: 1:00 P.M.
Location: EMS Headquarters
EMS Commission Hearing Room 1st Floor
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

The Base Hospital Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.

BASE HOSPITAL ADVISORY COMMITTEE
DARK FOR April 8, 2015
1. **CALL TO ORDER:** The meeting was called to order at 10:00 am by Commissioner Sanossian.

2. **APPROVAL OF MINUTES:** The minutes of the June 11, 2014 were approved as written.

3. **INTRODUCTIONS**

4. **REPORTS AND UPDATES**

4.1 **TEMIS Update:**

4.1 a. **County Fire (CF) Update** (Nicole Steeneken)

CF has validated and submitted records to the EMS Agency for 2011 and 2012. Once those records have been imported by the EMS Agency CF will be ready to submit records for Q4 2014-present and CF data should be up to date by beginning of summer.

4.1 b. **Data Dictionary, XSD, and Validator Distribution** (Michelle Williams)

The revisions to the LA-EMS Data Dictionary, XSD, and Validator were sent to all vendors and will now be distributed by April 1st annually with the new format effective for all records with an incident date beginning July 1st.

4.1 c. **Revised EMS Form/Summary of Changes** (Michelle Williams)

The County issued EMS Report Form has been revised and distributed to all paramedic coordinators and nurse educators. The revised form will be shipped in May but any extra forms needed before then will be the revised form.
4.2 **Electronic Data Systems** (Michelle Williams)

The following providers now have an ePCR:
- Monrovia Fire went live as of July 5, 2014.
- South Pasadena Fire went live as of August 1, 2014.
- La Habra Heights Fire went live as of September 5, 2014.
- Santa Fe Springs Fire went live as of September 15, 2014.
- Hermosa Beach Fire went fully electronic as of September 23, 2014.

4.3 **Service Changes** (Michelle Williams)

**Approved Stroke Centers (ASCs)**
- Kaiser West Los Angeles became an ASC as of June 30, 2014.
- Kaiser Downey and Saint Francis Medical Center became ASCs as of July 30, 2014.
- Antelope Valley Hospital was reinstated as an ASC as of December 31, 2014.

**Emergency Department Approved for Pediatrics (EDAP)**
- San Gabriel Valley Medical Center is no longer an EDAP as of September 25, 2014.

**Pediatric Medical Center (PMC)**
- White Memorial Medical Center became a PMC as of April 1, 2015.

**9-1-1 Receiving Facility**
- St. Vincent Medical Center became a 9-1-1 receiving facility as of April 1, 2015.

4.4 **EMS Update 2015** (Nichole Bosson)

Only one segment left to film, topics include legal issues (AMAs, capacity, IFTs/EMTALA, end of life forms) and STEMI activation. Train the Trainer is scheduled for April 20th from 1-4 and April 23rd from 9-12 and 1-4.

4.5 **System Wide Data Reports** (Michelle Williams)

4.5 a. **No Patient/Cancelled at Scene**

Report for all providers for 2014 was presented.

4.5 b. **EMS Core Measures**

EMS Core Measures report was submitted to the State in March. The committee requested that future presentations of this report be clarified with definitions of the measures and how the results are formatted.

5. **UNFINISHED BUSINESS:**

None

6. **NEW BUSINESS:**

6.1 **EMS System Report 2014** (Michelle Williams, Nichole Bosson)

The 2014 EMS System Report was presented for review. Discussion ensued regarding how the data in the 2014 report was interesting but needed to be broken down in a way that is useful. The committee was asked to think of ways how the data can best be presented and to think of possible ideas for standardized data reports for the TEMIS database, ideas will then be discussed at the next meeting.

7. **NEXT MEETING:** June 10, 2015 at 10:00 a.m. (EMS Agency Hearing Room – First Floor)

8. **ADJOURNMENT:** The meeting was adjourned at 10:45 a.m. by Commissioner Sanossian.
EDUCATION ADVISORY COMMITTEE

MEETING CANCELLATION NOTICE

DATE: April 8, 2014

TO: Education Advisory Committee Members

SUBJECT: CANCELLATION OF MEETING

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for April 15, 2014 is canceled.
COMMITTEE REPORTS 3.4

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES

PROVIDER AGENCY ADVISORY COMMITTEE

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 347-1500  FAX (562) 941-5835
http://dhs.lacounty.gov/wps/portal/dhs/ems/

DATE: April 15, 2015
TIME: 1:00 p.m.

LOCATION: Los Angeles County EMS Agency
10100 Pioneer Boulevard
EMS Commission Hearing Room – 1st Floor
Santa Fe Springs, California 90670

The Provider Agency Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.

AGENDA

APRIL 2015 PAAC

CANCELLED

NEXT MEETING: June 17, 2015

To ensure timely, compassionate and quality emergency and disaster medical services.
May 1, 2012

TO:    David F. Austin, Chairman
       Los Angeles County Emergency Medical Services Commission

FROM:  Mark Delgado, Executive Director
       Countywide Criminal Justice Coordination Committee (CCJCC)

SUBJECT:   5150 TRANSPORT STUDY GROUP – STATUS UPDATE

The Emergency Medical Services (EMS) Commission has provided strong leadership in
advocating for the most effective and efficient transport options for individuals placed on 5150
holds by law enforcement. Based on your Commission’s work and a subsequent action by the
Board of Supervisors, the County created a 5150 Transport Study Group to explore this transport
issue. As requested by your Commission, this memorandum provides a status update on the
group’s work.

As referenced in your March 1, 2012 request for an update, a 5150 Transport Study Group
meeting was held on January 25, 2012 to finalize recommendations for a report to the Board. At
this meeting – which included representatives from the Sheriff’s Department, Department of
Mental Health, Department of Health Services, EMS Commission, Chief Executive Office,
CCJCC and others – attendees agreed, in concept, to the development of a pilot program in
which deputies would be provided the option of calling for the ambulance transport of 5150
detainees.

Since then, impacted agencies have engaged in efforts to further develop the pilot concept. The
Sheriff’s Department has assigned staff to identify potential pilot sites based on call volume,
develop proposed criteria for ambulance use, and propose outcomes that should be measured in a
pilot. Similarly, efforts are ongoing to identify and address the administrative requirements that
would be needed to implement such a pilot.

With the pilot concept still broadly outlined and specific details pending, a report back to the
Board has not been finalized. However, we will continue to keep your Commission apprised of
the status of this project, particularly as additional information to support this pilot concept
emerges.

In the meantime, I thank you again for your continued leadership on this issue. Please contact
me at (213) 974-8398 if you have questions.

MD:cm

c:    Georgia Mattera, Chief Executive Office
      Sheila Shima, Chief Executive Office
May 19, 2015

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

Dear Supervisors:

APPROVAL OF A ONE-TIME ALLOCATION OF MEASURE B FUNDS TO
REIMBURSE THE PURCHASE OR UPGRADE AN ELECTRONIC PATIENT CARE
RECORD SYSTEM
(ALL SUPERVISORIAL DISTRICTS)
(3 VOTES)

SUBJECT

Request approval of a one-time allocation of Measure B Trauma Property Assessment funds to reimburse selected Jurisdictional Fire Departments and Emergency Ambulance Transportation Service Providers for the purchase of a new or upgrade of an existing electronic Patient Care Record System through the Emergency Medical Services Agency Prehospital Emergency Medical Care Enhancement Program.

IT IS RECOMMENDED THAT THE BOARD:

1. Authorize the Director of Health Services (Director) to allocate $2.43 million from Measure B Trauma Property Assessment funds in Fiscal Year 2014 – 15 to fund the Prehospital Emergency Medical Care Enhancement Program (Program).

2. Delegate authority to the Director, or his designee, to execute a Memorandum of Agreement (MOA), with each Jurisdictional Fire Department and Emergency Ambulance Transportation Service Provider (Prehospital Care Providers) identified in Attachment A, for the provision of purchasing or upgrading an electronic Patient Care Record (ePCR) System, effective upon execution for the period June 15, 2015 through June 14, 2016.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

The Department of Health Services’ (DHS) Emergency Medical Services (EMS) Agency serves as the lead agency for the emergency medical services system in Los Angeles County and has the responsibility of ensuring high quality patient care. To achieve this, the EMS agency analyzes prehospital data collected from Prehospital Care Providers and uses this information to improve patient care and injury prevention, as well as to
make informed decisions in its emergency medical services system planning. Currently this collection and analysis of prehospital data can be delayed for a period of up to two years due to the use of paper based patient care records or outdated ePCR Systems.

Approval of the first recommendation will provide a one-time allocation of Measure B funds to Prehospital Care Providers for participating in the Program. Through this allocation, Prehospital Care Providers will receive funding, as outlined in Attachment A, for a portion of the costs incurred for the purchase of a new or upgrade of an existing ePCR System.

The Prehospital Care Providers use of new/ upgraded ePCR Systems will reduce the current delay with data collection and analysis, thus enabling EMS to receive prehospital data sooner and provide up-to-date data analysis. This is expected to result in more efficient emergency medical services system planning, and improve patient care outcomes. Use of the ePCR Systems will also ensure that Prehospital Care Providers meet the EMS Agency's electronic data submission requirement by 2016.

Approval of the second recommendation will allow the Director, or his designee, to execute MOAs (substantially similar to Exhibit I) with Prehospital Care Providers selected through a competitive process. DHS will allocate Measure B funds to the Prehospital Care Providers, as specified identified in Attachment A, for the purchase of a new or upgrade to an existing ePCR System.

Implementation of Strategic Plan Goals

The recommended actions support Goal 3, Integrated Services Delivery, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total one-time allocation of Measure B funds for the Program is $2.43 million. Funding is included in DHS' FY 2014-15 Budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

DHS' EMS Agency is responsible for the development and maintenance of Los Angeles County's EMS System, which includes management of prehospital care data and the trauma system.

Measure B, a ballot initiative, was passed by the voters of Los Angeles County on November 6, 2002 to provide funding for trauma and emergency services, as well as bioterrorism preparedness. Measure B funds have been identified to assist prehospital care provider agencies who participate in the 9-1-1 system to purchase or lease necessary supplies, equipment, or materials.
CONTRACTING PROCESS

On March 4, 2015, DHS released a Request for Applications (RFA) to 35 Prehospital Care Providers to identify interested participants in the Program. The original submission deadline was March 20, 2015. On April 3, 2015, the solicitation was reopened to allow additional time for applications to be submitted with a new submission period of April 8, 2015. A total of 15 applications were received and reviewed by a team of DHS subject matter experts and all 15 applications were deemed responsive. DHS conducted negotiations with all 15 applicants which resulted in the funding recommendations in Attachment A.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the Measure B fund allocation and the related MOAs will improve patient care by expediting triage, as well as allowing for improved prehospital data collection and analysis in Los Angeles County.

Respectfully submitted,

Mitchell H. Katz, M.D.
Director

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Enclosures (1)

c: Chief Executive Office
   County Counsel
   Executive Office, Board of Supervisors
## Prehospital Emergency Medical Care Enhancement Program
### Participation List and Funding

<table>
<thead>
<tr>
<th>Participants Name</th>
<th>Maximum Obligation</th>
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