



**Los Angeles County  
Board of Supervisors**

Hilda L. Solis  
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**Commissioners**

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Chief Robert E. Barnes

*Los Angeles County Police Chiefs Assn.*

Lt. Brian S. Bixler

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Erick H. Cheung, M.D., Chair

*Southern CA Psychiatric Society*

Marc Eckstein, M.D.

*LA County Medical Association*

John Hisserich, Dr. PH.

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

James Lott, PsyD., MBA

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Mr. Robert Ower

*LA County Ambulance Association*

Margaret Peterson, Ph.D.

*Hospital Association of Southern CA*

Paul S. Rodriguez

*CA State Firefighters' Association*

Nurses Sanossian, MD, FAHA

*American Heart Association*

*Western States Affiliate*

Carole A. Snyder, RN

*Emergency Nurses Association*

Mr. Colin Tudor

*League of Calif. Cities/LA County Division*

Mr. Gary Washburn

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

Chief David White, Vice-Chair

*Los Angeles Area Fire Chiefs Association*

**VACANT**

*American College of Surgeons*

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*Emergency Physicians (CAL-ACEP)*

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

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

**Executive Director**

Cathy Chidester

(562) 347-1604

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

**Acting Commission Liaison**

Amelia Chavez

(562) 347-1606

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

**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:** March 15, 2017

**TIME:** 1:00 – 3:00 PM

**LOCATION:** Los Angeles County EMS Agency

10100 Pioneer Blvd., EMSC Hearing Room – 1<sup>st</sup> Floor

Santa Fe Springs, CA 90670

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

**NOTE:** Please **SIGN IN** if you would like to address the Commission.

**AGENDA**

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

**INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

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

**1 MINUTES**

- January 18, 2017

**2 CORRESPONDENCE**

- 2.1 (03-12-2017) Fax/E-Mail Distribution: Los Angeles Marathon 2017.
- 2.2 (02-26-2017) Fax/E-Mail Distribution: 626 Golden Streets Event.
- 2.3 (02-22-2017) Aaron Aumann, Director, University of Antelope Valley: Paramedic Training Program Director Approval
- 2.4 (02-15-2017) Distribution: Trauma Center Designation of Pomona Valley Hospital Medical Center.
- 2.5 (02-13-2017) Michael DuRee, Fire Chief, Long Beach Fire Department: Hemostatic Dressing Program Approved.
- 2.6 (02-09-2017) Frank Binch, Commissioner, Public Member, Fourth Supervisorial District: Thank you for service as Commissioner.
- 2.7 (02-09-2017) David White, Fire Chief, Culver City Fire Department (In addition to Torrance, Long Beach and Montebello Fire Departments): State EMS Data System Requirement and Electronic Patient Care Record (ePCR) Implementation.
- 2.8 (02-02-2017) Marc Eckstein, MD., Medical Director, Commander, Emergency Medical Services Bureau: Approval of the use of Narcan Nasal Spray, 4mg for use by LAFD Paramedics.
- 2.9 (02-01-2017) Distribution: Countywide Sidewalk Cardiac Resuscitation Day – Thursday, June 1, 2017.
- 2.10 (01-26-2017) Michael Barilla, Battalion Chief, Pasadena Fire Department: Newly Appointed Medical Director, Roger Yang, MD.
- 2.11 (01-25-2017) Distribution: Designation of Primary Stroke Center.
- 2.12 (01-21-2017) All Private Ambulance Providers with Approved with

Approved Specialty Care Transport Programs: Notification of Annual Specialty Care Transport Program Reviews.

- 2.13 (01-19-2017) C. James Dowden, Executive Director, Southern California Chapter ACS: Request for Nomination for a representative to serve as a Commissioner.
- 2.14 (01-17-2017) Mario Rueda, Fire Chief, San Marino Fire Department: Medical Director Oversight.
- 2.15 (01-17-2017) Distribution: Emergency Department Status of Gardens Regional Hospital and Medical Center.

### **3. COMMITTEE REPORTS**

- 3.1 Base Hospital Advisory Committee
- 3.2 Data Advisory Committee
- 3.3 Education Advisory Committee – February Meeting Cancelled.
- 3.4 Provider Agency Advisory Committee

### **4. POLICIES**

- 4.1 Reference No. 504: Trauma Patient Destination
- 4.2 Reference No. 506.1: Trauma Triage Decision Scheme
- 4.3 Reference No. 616: Trauma Hospital Regional Quality Improvement Program
- 4.4 Reference No. 1140.1: Mobile Medical System Deployment Summary

### **5. BUSINESS**

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
  - Executive Summary of the Evaluation of California's Community Paramedicine Pilot Project
  - Supervisor Janice Hahn's Motion on Support of the Community Paramedicine Bill
- 5.2 Standing Committee Proposed Appointments
  - Chairman positions for EAC and BHAC
- 5.3 Ad Hoc Committee (Mental Health and Substance Abuse)
  - Comments Received
  - Letter to Los Angeles Area Fire Chiefs Association (LAAFCA)

New:

- 5.4 Ad Hoc Committee for Wall Time/Diversion

### **6. COMMISSIONERS COMMENTS/REQUESTS**

### **7. LEGISLATION**

### **8. EMS DIRECTOR'S REPORT**

### **9. ADJOURNMENT**

(To the meeting of May 17, 2017)

**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**

## **March 15, 2017**

### **MINUTES**

- January 18, 2017

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# 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/>

January 18, 2017

## Los Angeles County Board of Supervisors

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First District

Mark Ridley-Thomas

Second District

Sheila Kuehl

Third District

Don Knabe

Fourth District

Michael D. Antonovich

Fifth District

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*Los Angeles County Police Chiefs Assn.*

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

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### VACANT

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### Executive Director

Cathy Chidester

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

### Acting Commission Liaison

Amelia Chavez

(562) 347-1606

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

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Ellen Alkon, M.D.	So. CA Public Health Assn.	Cathy Chidester	Director, EMS Agency
<input checked="" type="checkbox"/> Robert Barnes	LAC Police Chiefs Assn	Kay Fruhwirth	Asst. Director, EMS Agency
<input checked="" type="checkbox"/> Frank Binch	Public Member, 4 <sup>th</sup> District	Richard Tadeo	Asst. Director, EMS Agency
<input checked="" type="checkbox"/> Lt. Brian S. Bixler	Peace Officers Assn. of LAC	Nichole Bosson, MD	Asst. Medical Director, EMS Agency
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Amelia Chavez	Acting Commission Liaison Staff
<input checked="" type="checkbox"/> Marc Eckstein, M.D.	L.A. County Medical Assn	Cathlyn Jennings	"
<input checked="" type="checkbox"/> John Hisserich	Public Member, 3 <sup>rd</sup> District	Gary Watson	"
<input checked="" type="checkbox"/> Clayton Kazan, M.D.	CAL/ACEP	Lucy Hickey	"
<input checked="" type="checkbox"/> James Lott	Public Member, 2 <sup>nd</sup> District	Susan Mori	"
<input checked="" type="checkbox"/> Robert Ower	LAC Ambulance Association	Michelle Williams	"
<input checked="" type="checkbox"/> Margaret Peterson, PhD	HASC		
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.		
* Nerses Sanossian, M.D.	American Heart Assn.		
<input checked="" type="checkbox"/> Carole Snyder	Emergency Nurses Assn.		
<input checked="" type="checkbox"/> Colin Tudor	League of California Cities		
<input checked="" type="checkbox"/> Chief David White	LA Chapter-Fire Chiefs Association		
<input checked="" type="checkbox"/> Gary Washburn	Public Member, 5 <sup>th</sup> District		

### GUESTS

Laurie Mejia	Long Beach Medical Center	Jaime Garcia	HASC
Alfred Flores	Los Angeles Fire Department	Mathew Yu	Harbor UCLA
Matt Armstrong	MedCoast Ambulance	Victoria Hernandez	LA Co. Fire Department
Nicole Steeneken	LA Co. Fire Department	Michelle Murrell	Manhattan Beach F.D.
Robert Millikan	Torrance Fire Department	Jasue Henderson	Compton Fire Dept.
Caroline Joel	Torrance Fire Department	Luis Lemus & Houy Goodin, EMTs	Unknown

(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 1:06 PM by Chairman, Clayton Kazan. A quorum was present with 16 Commissioners in attendance.

### ANNOUNCEMENTS/PRESENTATIONS:

Chairman Clayton Kazan, M.D., announced that the first item will be out of order to present the nominating committee recommendation. Refer to:

### BUSINESS (old):

### 5.3 Nominating Committee Recommendations



## **CONSENT CALENDAR:**

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

**M/S/C Commissioner White/Hisserich to approve the Consent Calendar.**

## **5. BUSINESS (old)**

### **5.1 Community Paramedicine (July 18, 2012)**

Cathy Chidester, Director, EMS Agency requested to hold item 5.1 for the Legislative report (Agenda Item No. 7).

### **5.2 Education Advisory Committee (July 20, 2016)**

Mr. Richard Tadeo, Assistant Director, EMS Agency reported there was no meeting due to lack of quorum.

### **5.3 Nominating Committee Recommendations**

The Nominating Committee, Commissioners Dave White, Paul Rodriguez and Margaret Peterson, Ph.D. The nominating committee recommended the nomination of Commissioner Erick Cheung to serve as Chairman and Commissioner Nerses Sanossian, M.D., to serve as Vice-Chairman for 2017. Chairman Clayton Kazan called for any additional nominations from the floor. Commissioner Robert Ower nominated Commissioner Dave White for Vice-Chairman. The Commission voted 7/4 to appoint Commissioner Dave White as Vice-Chairman for 2017.

**Motion by Commissioners White/Rodriguez to accept the recommendation from the nominating committee to appoint Commissioner Erick Cheung as Chairman and the 7/4 votes by the commissioners in attendance, to appoint Commissioner Dave White as the Vice-Chairman for 2017. Motion carried unanimously.**

Commissioner Clayton Kazan then vacated the Chair's seat and the newly elected Chairman Erick Cheung took over the meeting.

Chairman Erick Cheung thanked Commissioner Clayton Kazan for his services for the past two years as Chairman.

### **5.4 Ad Hoc Committee (Mental Health and Substance Abuse)**

Kay Fruhwirth, Assistant Director, EMS Agency reported that the Ad Hoc Committee report was distributed to the constituent groups with a letter requesting feedback, as directed by the Commission. The letters were sent out on January 4, 2017. The feedback requested is due by February 1, 2017. To date, the only feedback was the Executive Director for the Mental Health Commission requesting the electronic copy of the Report to share with the members of this commission.

Chairman Erick Cheung announced the Ad Hoc Committee report is available to the public on the EMS website.

## **BUSINESS (New)**

### **5.5 Standing Committee Proposed Appointments**

Kay Fruhwirth asked all Commissioners to review their Advisory Committee assignments and to let the EMS Agency if they have any concerns or if changes are needed. She pointed out that when making the appointments, the Commission Chair and Vice-Chairman are typically not assigned to chair any of the advisory committees. She asked Commissioner Dave White who was nominated as the Commission Vice-Chairman if his proposed position as Chairman for the Provider Agency Advisory Committee (PAAC) should be reconsidered.

Commissioner Dave White announced he would like to continue with his appointment as the Chairman for PAAC.

### **5.6 Sobering Center Presentation**

Cathy Chidester provided a power point presentation on the Sobering Center opening. In the presentation, Ms. Chidester announced she had attended the grand opening of the Sobering Center on December 16, 2016. The ribbon cutting ceremony was attended by Supervisor Mark Ridley-Thomas, Mayor of Los Angeles Eric Garcetti, representatives from the Department of Health Services (DHS) and Exodus, the entity that will be operating the Sobering Center on behalf of the County. The center is located in the downtown area (Maple and 6<sup>th</sup> Avenue). It became operational on January 3, 2017, it will hold about 50 people and it is divided in male/female sections. It contains bathrooms, showers, washer and dryer, set up and counseling sections, beds at different levels to accommodate all physical needs, etc.

The Sobering center is available to people from the Skid Row area that will be referred by Police Officers, the Los Angeles Fire Department Nurse Practitioner program, a friend, or self-referral.

The sobering center is being operated by Exodus under a contract with the County of Los Angeles (County) and the contract being monitored by the County, respectively. The center will have a medical director and nurses which will assist in identifying the patients/clients and determining the need for intake or referral to a Medical Center. Once admitted, there are no time limitations set for the stay but the estimated time is eight to twenty-three hours; once sobered, the individuals will be referred to transferred to treatment and housing programs.

Commissioner Marc Eckstein, M.D., added there was a meeting with the Los Angeles Fire Department (LAFD) Nurse Practitioner team and they understand they can transport to the sobering center. LAFD plans on having their sobering unit staff in place in the spring of 2017 with a primary focus on public inebriates and getting these patients transferred to the sobering center.

## **6. COMMISSIONERS COMMENTS/REQUESTS**

Commissioner Snyder requested an update on the County studies done on Ambulance Patient Off-load Times.

Cathy Chidester stated that the legislation on *Wall time* – a state standardized definition for everyone to use, passed last year, but it may take up to two years for the Emergency Medical Services (EMS) Agency to implement in Los Angeles County (County). Mr. Richard Tadeo has been instrumental in getting the data together and the reports were provided to Hospital Association of Southern California (HASC) in an informative manner. Six months later, the data was analyzed and the report produced demonstrated that the paramedics were not consistently entering the patient transition to care time. We sent a letter reminding providers to record the appropriate time markers. So while the EMS Agency has done the data analysis the compliance with documenting the required times is poor so there is work to be done in this area.

Cathy Chidester added that maybe it is time to look at the Diversion policies again and talk about destination for Basic Life Support (BLS) patients. Cathy Chidester stated that the EMS Agency would communicate with HASC and work with them to establish a multidisciplinary committee to look at the diversion and wall time issues and make any needed policy changes.

Commissioner Frank Binch supports the idea of looking at this issue but suggested that the EMS Commission use the same mechanism and tools applied to the behavioral health issue, which is to convene the right people to intensively analyze the issues and to have an ad hoc committee that is staff supported.

Chairman Erick Cheung announced that based on the extent of the conversation on wall time, this is to be an agenda item for the next commission meeting on March 15, 2017.

**Action:** *Provide the reports sent to HASC regarding wall time to the Commissioners.*

**Responsibility:** *EMS Agency*

**Action:** *Added to March Agenda for the creation of an Ad-Hoc committee of the Commission*

**Responsibility:** *EMS Agency*

## 7. LEGISLATION

Commissioner Clayton Kazan announced the Federal Bill HR4365 / Senate Bill 2932 (Patient Access to Medication Act), an amendment of the Controlled Substances Act - to allow for EMS Providers to store controlled substances and be able to give medications on standing orders which had passed, was then sent to the Senate in early December but the senate did not act upon it and the bill died. The new bill HR 304 (Protecting Patient Access to Emergency Medications Act of 2017) was reintroduced On January 5, 2017, has passed by the House on January 9, 2017, and referred to the Senate for consideration.

Cathy Chidester reported there is a draft bill for the Board of Pharmacy and the use of Automated Drug Dispensing Machines (SB1193). This bill will need an amendment to include all the provider agencies although the ambulance companies are not interested.

Ms. Chidester also reported she attended the Health Deputy Meeting today, January 18, 2017 with Dr. Mitchell Katz, Director, Health Agency, as he is interested in the County sponsoring a bill specifically allowing the transportation of 9-1-1 patients to sobering centers and psychiatric urgent care centers. At the same time, the Emergency Medical Services Administrators Association of California (EMSAAC) and Emergency Medical

Directors Association of California (EMDAC) groups met and California Professional Firefighters were in the meeting as well as the California Ambulance Association with one of the Legislators on the community paramedicine and development of a respective bill. There is already some opposition to the concept of community paramedicine and transporting 9-1-1 patients to alternate destinations.

## **8. DIRECTOR'S REPORT**

Gardens Regional Hospital and Medical Center notified the EMS Agency that as of today, Wednesday, January 18, 2017, at 7:00 a.m. their emergency department was closed, and they intend to close the entire hospital once the twenty-seven inpatients are discharged or transferred. The anticipated closure of the hospital is Friday, January 20, 2017.

Attended the EMSAC Award Ceremony in December. The awards recipients included people from the Sheriff's Department, Los Angeles Fire Department, Glendora Police Department and more. Will have a power point presentation at the next commission meeting.

9-1-1 Exclusive Operating Area (EOA): The Department of Health Services awarded the EOA contracts for some of the zones but some of the zones are under protest and the areas under protest are no longer exclusive. Westmed/McCormick was awarded the EOA that covers the City of Compton. On December 31, 2016 Westmed/McCormick began providing ambulance transportation services in Compton and the Compton Fire Department and the Westmed/McCormick Ambulance Service Company have been working well with each other.

Kay Fruhwirth presented a weekly influenza surveillance report prepared by the FluView Influenza Division. The report includes the Influenza-Like Illness (ILI) activity level indicator which is determined by Data Reported to ILINet. She also added the influenza watch report which contains influenza and related disease updates for the County. Part of the report states that influenza activity in Los Angeles County increased to widespread levels, increasing earlier than previous seasons and similar overall levels are occurring nationwide with elevated activity report across most states.

## **9. Adjournment**

The Meeting was adjourned by Chairman Erick Cheung at 2:04 PM. The next meeting will be held on March 15, 2017.

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

Recorded by:  
Amelia Chavez  
Acting, EMSC Liaison



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**Cathy Chidester**  
Director

**Marianne Gausche-Hill, MD**  
Medical Director

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Santa Fe Springs, CA 90670

Tel: (562) 347-1500  
Fax: (562) 941-5835

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

March 12, 2017

TO: FAX/E-Mail Distribution

FROM: Cathy Chidester   
Director

SUBJECT: **LOS ANGELES (LA) MARATHON 2017**

This is to advise you of the *LA Marathon* scheduled for March 19, 2017, which will start at 6:30 a.m. with an anticipated ending time of 7:00 p.m. As this event is expected to draw an estimated amount of 26,000 participants, surrounding hospitals may be impacted by Emergency Department visits related to the event.

Last year, the marathon resulted in 10 patients transported to surrounding emergency departments with sport related injuries and medical conditions. The Emergency Medical Services (EMS) Agency encourages Emergency Departments in the area to prepare and staff adequately. The Medical Alert Center (MAC) will conduct a Reddi-Net multi-casualty incident (MCI) poll to manage patient destinations. It is imperative that hospitals complete the MCI poll "Victim List" for patient tracking purposes of all event-related patients, including those who may self-transport.

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

CC:rb



**Health Services**  
<http://ems.dhs.lacounty.gov>

**Distribution:**

Paramedic Coordinator, Los Angeles Fire Department  
Paramedic Coordinator, Los Angeles County Fire Department  
Paramedic Coordinator, Beverly Hills Fire Department  
Paramedic Coordinator, Santa Monica Fire Department  
Prehospital Care Coordinator, Each Hospital  
Emergency Department Director, California Hospital Medical Center  
Emergency Department Director, Cedars-Sinai Medical Center  
Emergency Department Director, Centinela Hospital Medical Center  
Emergency Department Director, Childrens Hospital of Los Angeles  
Emergency Department Director, East Los Angeles Doctors Hospital  
Emergency Department Director, Encino Hospital Medical Center  
Emergency Department Director, Glendale Adventist Medical Center / Adventist Health  
Emergency Department Director, Glendale Memorial Hospital and Health Center  
Emergency Department Director, Good Samaritan Hospital  
Emergency Department Director, Huntington Memorial Hospital  
Emergency Department Director, Hollywood Presbyterian Medical Center  
Emergency Department Director, Kaiser Foundation Hospital - Sunset  
Emergency Department Director, Kaiser Foundation Hospital - West Los Angeles  
Emergency Department Director, LAC+USC Medical Center  
Emergency Department Director, Marina Del Rey Hospital  
Emergency Department Director, Olympia Medical Center  
Emergency Department Director, Providence Saint Joseph Medical Center  
Emergency Department Director, Ronald Reagan – UCLA Medical Center  
Emergency Department Director, Santa Monica / UCLA Medical Center  
Emergency Department Director, Southern California Hospital at Culver City  
Emergency Department Director, White Memorial Medical Center / Adventist Health





**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

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**Health Services**  
**<http://ems.dhs.lacounty.gov>**



## CORRESPONDENCE 2.2

February 26, 2017

TO: FAX/E-Mail Distribution

FROM: Cathy Chidester   
Director

SUBJECT: **626 GOLDEN STREETS EVENT**

This is to advise you of the 626 Golden Streets Event scheduled to take place on Sunday, March 5, 2017 in the San Gabriel Valley. The reported event hours are as follows:

➤ Sunday, March 5th, from 8:00 a.m. to 4:00 p.m.

The estimated number of participants over the course of the day is 20,000 to 30,000. The route will be a seventeen mile course along the foothill area (map attached) spanning from South Pasadena to Azusa. Event medical treatment stations will be utilized to help reduce the impact of patients to surrounding hospitals.

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

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

CC:rb



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**Health Services**  
<http://ems.dhs.lacounty.gov>

**CORRESPONDENCE 2.3**

February 22, 2017

**ELECTRONIC MAIL**

Aaron Aumann, Director  
Paramedic Program  
University of Antelope Valley  
44055 N. Sierra Highway  
Lancaster, CA 93534

Dear Mr. Aumann:

**PARAMEDIC TRAINING PROGRAM DIRECTOR APPROVAL**

Congratulations on your appointment as the Paramedic Training Program Director for the University of Antelope Valley (UAV). Our review of the documentation submitted finds that you meet State and EMS Agency requirements for approval as the paramedic training program director.

You will need to contact the National Registry of Emergency Technicians (NREMTs) at (614) 888-4484 or [www.nremt.com](http://www.nremt.com) to update the Program Director profile for UAV, allowing the EMS Agency to validate your position and facilitate student registration for the NREMT Paramedic exam.

Please contact Lucy (Adams) Hickey for any questions at (562) 347-1640 or [ladams@dhs.lacounty.gov](mailto:ladams@dhs.lacounty.gov).

Sincerely,

  
Cathy Chidester  
Director

lh

c: Marco Johnson, CEO, University of Antelope Valley  
Richard Tadeo, Assistant Director, EMS Agency  
Kim Lew, California Emergency Medical Services Authority





**EMERGENCY MEDICAL  
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Director

**Marianne Gausche-Hill, MD**  
Medical Director

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Santa Fe Springs, CA 90670

Tel: (562) 347-1500  
Fax: (562) 941-5835

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

## CORRESPONDENCE 2.4

February 15, 2017

TO: Distribution

FROM: Cathy Chidester   
Director

**SUBJECT: TRAUMA CENTER DESIGNATION OF  
POMONA VALLEY HOSPITAL MEDICAL CENTER**

It is a great pleasure to announce the official designation of Pomona Valley Hospital Medical Center (PVC) as a Level II Trauma Center effective March 1, 2017. Trauma Centers are an essential public service that saves lives by providing immediate coordination of highly specialized care for the most life-threatening injuries and have proven to be cost effective programs because they lower mortality rates, decrease permanent disabilities, lower morbidity rates, and decrease the number of productive years lost to society.

**PVC is prepared to begin receiving trauma center criteria patients on March 1, 2017, at 8:00 a.m.** PVC's Phase I trauma catchment area map is attached for your review. An expansion to the trauma catchment area for PVC will be implemented in the near future. It is imperative that Prehospital Care Providers become familiar with and adhere to PVC's trauma catchment area.

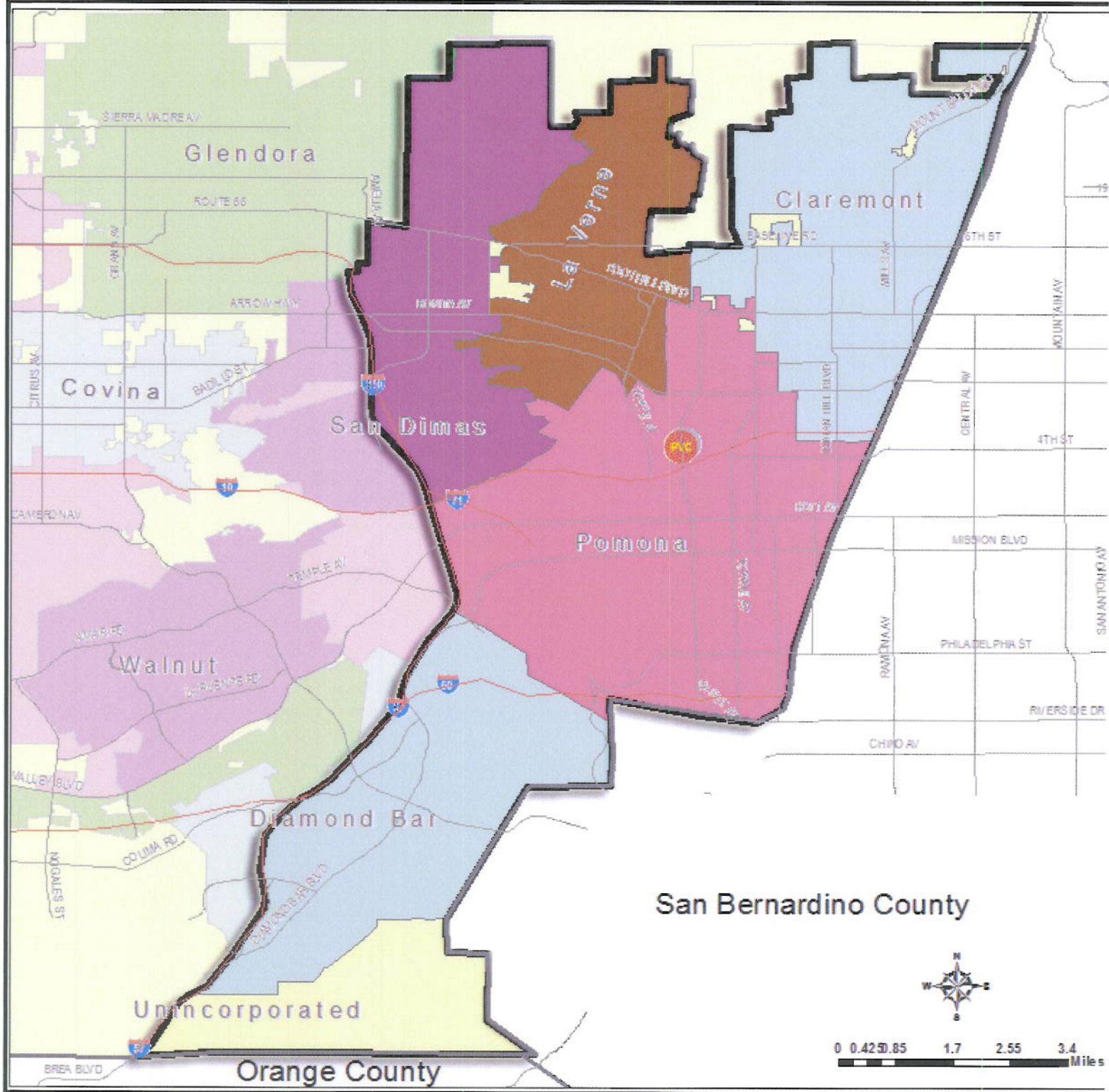
If you have any questions or concerns, please contact Christy Preston, Trauma System Program Manager, at (562) 347-1660.

CC:CP:cp

Attachment

c. Director, DHS  
COO, DHS  
Health Deputies  
Healthcare Association of Southern California  
Emergency Medical Services Commission  
Medical Alert Center  
Trauma Hospital Advisory Committee

Distribution: Fire Chief, Each Fire Department  
CEO, Each Private Ambulance Provider  
Paramedic Coordinator, Each Provider Agency  
Director, Air Operations, Each EMS Aircraft Provider  
Prehospital Care Coordinator, Each Base Hospital  
Trauma Program Manager, Each Trauma Center







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February 13, 2017

Michael DuRee, Fire Chief  
Long Beach Fire Department  
3205 Lakewood Boulevard  
Long Beach, CA 90808-1733

Dear Chief DuRee:

#### HEMOSTATIC DRESSING PROGRAM APPROVED

This is to inform you that Long Beach Fire Department (LB) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Celox® Rapid Hemostatic Gauze in patients with traumatic external hemorrhage not amenable to other methods of control.

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

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

Sincerely,

Marianne Gausche-Hill, MD  
Medical Director

MGH:sm  
02-13

c: Director, EMS Agency  
Medical Director, LB  
EMS Director, LB  
EMT Training Program Director/QI Coordinator, LB



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*LA County Ambulance Association*

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*Hospital Association of Southern CA*

**Paul S. Rodriguez**

*CA State Firefighters' Association*

**Nerses Sanossian, MD, FAHA**

*American Heart Association*

*Western States Affiliate*

**Carole A. Snyder, RN**

*Emergency Nurses Association*

**Mr. Colin Tudor**

*League of Calif. Cities/LA County Division*

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*Los Angeles Area Fire Chiefs Association*

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*American College of Surgeons*

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

**Executive Director**

**Cathy Chidester**

(562) 347-1604

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

**Acting Commission Liaison**

**Amelia Chavez**

(562) 347-1606

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

**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**

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February 9, 2017

Frank Binch, Commissioner  
Public Member, Fourth Supervisorial District  
P. O. Box 4066  
Diamond Bar, CA 91765

Dear Mr. Binch:

On behalf of the Emergency Medical Services (EMS) Agency and the EMS Commission, I would like to thank you for your nine (9) years of volunteer service as a commissioner. As the EMS Commission representative for Supervisor Knabe, you provided valuable insight and direction for current and future issues impacting the EMS system.

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

It has been a great pleasure working with you.

Sincerely,

  
Cathy Chidester  
Executive Director

CC:ac

c: EMS Commission





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Medical Director

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**CORRESPONDENCE 2.7**

February 9, 2017

VIA FAX/EMAIL

David White, Fire Chief  
Culver City Fire Department  
9770 Culver Boulevard  
Culver City, CA 90232

Dear Chief White:

**STATE EMS DATA SYSTEM REQUIREMENTS AND ELECTRONIC PATIENT  
CARE RECORD (ePCR) IMPLEMENTATION**

In 2013, the Emergency Medical Services Agency revised Reference No. 607: *Electronic Submission of Prehospital Data*, requiring all EMS provider agencies to submit electronic patient care records (ePCR) to the EMS Agency by the end of 2016. This policy change also ensured compliance California State Assembly Bill 1129.

Our records indicate that your department is in the process of implementing an ePCR program; however, your department is not currently submitting data electronically and is therefore out of compliance with Reference No. 607.

Please submit a plan for implementation of an ePCR program, which includes a timeline with major milestones, within 30 business days of receipt of this letter to Michelle Williams, EMS Data Systems Manager.

Please contact Michelle Williams at [michwilliams@dhs.lacounty.gov](mailto:michwilliams@dhs.lacounty.gov) or (562) 347-1658 if you have any questions. Thank you for your attention to this matter.

Sincerely,

  
Cathy Chidester  
Director

CC:mw  
01-30

c: Paramedic Coordinator, Culver City Fire Department



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February 2, 2017

Marc Eckstein, M.D.  
Medical Director  
Commander, Emergency Medical Services Bureau  
200 North Main Street Room 1800  
Los Angeles, CA 90012

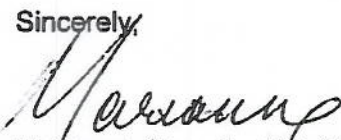
Dear Dr. Eckstein:

This letter is to acknowledge that the Emergency Medical Services (EMS) Agency received the request to approve Los Angeles Fire Department (LAFD) paramedics to be able to carry and administer intranasal naloxone (Narcan nasal spray, 4mg, Adapt Pharma, Inc. Randor, PA.)

The EMS Agency approves the use of Narcan nasal spray, 4mg for use by LAFD paramedics and for teaching to Los Angeles Police Department as per your submitted training module. Susan Mori will be getting back to you on your training materials that were submitted to us.

Thanks as always for your contribution to the LA County EMS System.

Sincerely,

  
Marianne Gausche-Hill, M.D.  
Medical Director  
Los Angeles County EMS Agency

MGH



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





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February 1, 2017

CORRESPONDENCE 2.9

SideWalk-CPR  
LA County EMS System

TO: Distribution

FROM: Cathy Chidester  
Director

SUBJECT: COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION  
DAY – THURSDAY, JUNE 1, 2017

Los Angeles County Emergency Medical Services (EMS) Agency, in collaboration with the American Heart Association (AHA), is coordinating a countywide SideWalk "Hands-Only" Cardiopulmonary Resuscitation (CPR) public education event on **Thursday, June 1, 2017**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life-saving skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (attached). Registration provides contact information for the distribution of the basic curriculum, sample press release, program ideas, and rosters/sign-in sheets to track the number of persons trained during the event. **Early registration** allows us to list your training site(s) on the web page for press coverage and community information.

The EMS Agency and AHA will coordinate the press releases; however, each participating organization will also need to publicize the time, hours of operation, and location for their training to the local community. You may choose to have one or more CPR training sites and select an area(s) in or close to your facility/agency. **Instructors do not need a CPR instructor card**, but will need to be comfortable performing CPR and utilizing the curriculum provided by the EMS Agency. CPR Anytime Kits (attached) are available for purchase through the AHA at the cost of \$38.50 if your facility does not have manikins available.

Each participating organization will report the number of citizens trained during the event to the EMS Agency by the end of the day. The EMS Agency will provide a report on the total number trained in Los Angeles County to the AHA, EMS community, and interested parties. Last year approximately **7,000 people in LA County were trained in one day!**

We hope that you will choose to participate in the LA County SideWalk CPR event. Please complete the attached registration form and return it to the EMS Agency by May 25, 2017.

Attachment



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

To order American Heart Association CPR Anytime Kits, contact Sylvia Beaney at [Sylvia.Beaney@Heart.org](mailto:Sylvia.Beaney@Heart.org) or (213) 291-7079





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January 26, 2017

Michael Barilla, Battalion Chief  
Pasadena Fire Department  
EMS Division  
215 North Marengo Avenue, Suite 195  
Pasadena, California 91101

Dear Chief Barilla:

**NEWLY APPOINTED MEDICAL DIRECTOR**  
**Roger Yang, MD**

This letter is to acknowledge that the Emergency Medical Services (EMS) Agency received the required documentation from Pasadena Fire Department (PF) indicating that Roger Yang, M.D., has replaced Benjamin Squire, MD, as PF's Medical Director effective January 10, 2017.

The EMS Agency also received the following signed documents confirming Dr. Yang will provide oversight of PF's non-narcotic pharmaceuticals, medical supplies and controlled substances:

- Reference No. 410.1, Provider Agency Drug Authorizing Physician Confirmation of Agreement to Purchase Drugs and Medical Supplies
- Reference No. 702.4, Provider Agency Medical Director Notification of Controlled Substance Program Implementation

If there are any questions during this transition or in the future, please don't hesitate to contact me directly.

Sincerely,  
  
Marianne Gausche-Hill, MD  
Medical Director

MGH:gw  
1-23

- c. Fire Chief, Pasadena Fire Department  
EMS Director/Paramedic Coordinator, Pasadena Fire Department  
Nurse Educator, Pasadena Fire Department





**EMERGENCY MEDICAL  
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LOS ANGELES COUNTY

**CORRESPONDENCE 2.11**

January 25, 2017

**Los Angeles County  
Board of Supervisors**

**VIA FAX/EMAIL**

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**TO: Distribution**

**FROM: Marianne Gausche-Hill, MD**  
Medical Director

*MGH*

**SUBJECT: DESIGNATION OF PRIMARY STROKE CENTERS**

The Emergency Medical Services Agency is pleased to announce that effective Wednesday, February 1, 2017 at 0700, **LAC+USC Medical Center** is designated as a Primary Stroke Center (PSC). This brings the total number of 9-1-1 Designated Stroke Centers in Los Angeles County to 46.

Please visit the EMS Agency website at <http://ems.dhs.lacounty.gov> for the most current information about the PSCs and a map showing the approved hospitals. If you have any questions, please feel free to contact me at (562) 347-1600, or Lorrie Perez, Stroke Program Coordinator at (562) 347-1655.

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

Tel: (562) 347-1500  
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**MGH:lp**  
01-18

**FILE COPY**

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**c: Director, EMS Agency**  
Fire Chief, Each Fire Department  
Paramedic Coordinator, Each Provider Agency  
Prehospital Care Coordinator, Each Base Hospital  
Nurse Educator, Each Fire Department  
Stroke Coordinator, Each Approved Stroke Center

**Health Services**  
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**EMERGENCY MEDICAL  
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## CORRESPONDENCE 2.12

January 21, 2016

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Medical Director

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**TO:** All Private Ambulance Providers with Approved Specialty Care Transport Programs

**FROM:** Cathy Chidester   
Director

**SUBJECT: NOTIFICATION OF ANNUAL SPECIALTY CARE TRANSPORT PROGRAM REVIEWS**

Due to the rapid personnel turnover rate and the increased utilization of subcontractors to provide specialty care transport services (SCT) by Los Angeles County licensed ambulance providers, the Los Angeles County Emergency Medical Services (EMS) Agency will change the current practice of biennial SCT program review and implement annual SCT program reviews beginning in January 2017.

The procedure for the program review will not change. The EMS Agency will continue to monitor Quality Improvement, staff credentialing, equipment/supplies, policy/procedures, insurance coverage and patient care records. Notification of the program review will be sent to the provider agency in the same manner as before.

Provider agencies whose SCT program was reviewed in 2016, will be subject to a program review in 2017. Providers whose program review occurs in 2017, will be evaluated as scheduled this year.

We appreciate your cooperation regarding this matter. If you have any questions or concerns, contact Cathlyn Jennings, RN Prehospital Program Manager at (562) 347-1680.

CC:cj  
01-08

c. Medical Director, EMS Agency



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**Chief Robert E. Barnes**

*Los Angeles County Police Chiefs Assn.*

**Mr. Frank Binch**

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*Peace Officers Association of LA County*

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*Southern CA Psychiatric Society*

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*LA County Medical Association*

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*LA County Ambulance Association*

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*Hospital Association of Southern CA*

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*CA State Firefighters' Association*

**Nurses Sanossian, MD, FAHA**

*American Heart Association*

*Western States Affiliate*

**Carole A. Snyder, RN**

*Emergency Nurses Association*

**Mr. Colin Tudor**

*League of Calif. Cities/LA County Division*

**Mr. Gary Washburn**

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

**Chief David White**

*Los Angeles Area Fire Chiefs Association*

**VACANT**

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

*American College of Surgeons*

**Executive Director**

**Cathy Chidester**

(562) 347-1604

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

**Acting Commission Liaison**

**Amelia Chavez**

(562) 347-1606

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

**CORRESPONDENCE 2.13**

**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/>

January 19, 2017

C. James Dowden, Executive Director  
Southern California Chapter ACS  
2512 Artesia Blvd, Ste. 200  
Redondo Beach, CA 90278

Dear Mr. Dowden:

This is to request a nomination from the Southern California Chapter of the American College of Surgeons (ACS) for a representative to serve as a commissioner on the Los Angeles County Emergency Medical Services Commission (EMSC).

Recently, the Board of Supervisors approved a revision to the County ordinance which changed the surgical representation from the Los Angeles Surgical Society, as this organization ceased its formal operations, to the Southern California Chapter of the ACS.

*Title 3 – Advisory Commission and Committees of the Los Angeles  
County Code Los Angeles County Ordinance, section 3.2040  
Composition, G. A trauma surgeon who practices in Los Angeles  
County at a designated trauma center nominated by the Southern  
California Chapter American College of Surgeons;*

The previous surgeon representative on the EMSC, Areti Tilou, M.D., representing the Los Angeles Surgical Society, vacated the seat in March 2015. We look forward to filling this vacancy to ensure that the surgical specialty and LA County trauma system is adequately represented.

The EMS Commission meets on the third Wednesday, every other month, from 1:00 – 3:00 p.m. at the EMS Agency located in Santa Fe Springs. Each Commissioner's appointment term is for four years. The Commission deals with critical issues involving prehospital and hospital care. In order to fully address these issues it is imperative that we have commissioners representing all of the EMS system stakeholders.

The process to appoint a new commissioner requires a letter of nomination from your organization for consideration by the Los Angeles County Board of Supervisors. For your convenience, we have enclosed a sample letter.

C. James Dowden, Executive Director  
January 19, 2017  
Page 2

Please forward your nomination letter to Amelia Chavez, Acting EMSC Liaison, at 10100 Pioneer Blvd., Suite 200, Santa Fe Springs, CA 90670. Ms. Chavez can be reach at (562) 347-1606 or [achavez@dhs.lacounty.gov](mailto:achavez@dhs.lacounty.gov) to assist you.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Cathy Chidester". The signature is fluid and cursive, with the first name "Cathy" and last name "Chidester" clearly distinguishable.

Cathy Chidester  
Executive Director, EMSC

CC:ac

Enclosure





**EMERGENCY MEDICAL  
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LOS ANGELES COUNTY

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Director

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Medical Director

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January 17, 2017

Mario Rueda, Fire Chief  
San Marino Fire Department  
2200 Huntington Drive  
San Marino, CA 91108

Dear Chief Rueda:

#### **MEDICAL DIRECTOR OVERSITE**

This letter is to acknowledge that the Emergency Medical Services (EMS) Agency has received the required documentation from San Marino Fire Department (SA) indicating Grace Ting, M.D., has been appointed SA's Medical Director effective October 21, 2016.

It is understood that Dr. Ting, along with SA's nurse educator, will be providing medical oversight for SA's Standing Field Treatment Protocol (SFTP) program.

Although SA will be procuring their non-narcotic pharmaceuticals, medical supplies and controlled substances through Dr. Ting, Dr. Ting has requested the EMS Agency to continue to provide oversight of SA's narcotic program.

Thank you for keeping the EMS Agency informed of these important changes in your organization. If you have any questions, please contact Gary Watson, Provider Agency / SFTP Program Coordinator at (562) 347-1679.

Sincerely,

Marianne Gausche-Hill, MD  
Medical Director

MGH:gw  
1-12

- c. Medical Director, San Marino Fire Department  
EMS Director, San Marino Fire Department  
Paramedic Coordinator, San Marino Fire Department



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**CORRESPONDENCE 2.16**

January 17, 2017

VIA FAX/E-Mail

TO: Distribution

FROM: Cathy Chidester *CC*  
Director

**SUBJECT: EMERGENCY DEPARTMENT STATUS OF  
GARDENS REGIONAL HOSPITAL & MEDICAL CENTER**

Gardens Regional Hospital & Medical Center (TRI) located at 21530 S. Pioneer Boulevard, Hawaiian Gardens, will be closing its Emergency Department at 7:00 a.m. effective Wednesday, January 18, 2017. **Effective Tuesday, January 17 at 11:59 p.m., TRI will no longer be an approved 9-1-1 receiving hospital. All 9-1-1 transports to TRI's Emergency Department are to be discontinued at this time.** The ReddiNet will display TRI as being on Internal Disaster.

Patients who would have been transported to TRI must be transported to surrounding approved 9-1-1 receiving hospitals as outlined in Reference No. 502, Patient Destination.

Thank you for your attention to this matter. If you have any questions, please call me or Richard Tadeo, Assistant Director at (562) 347-1610.

CC:cac  
01-17

Distribution:

Medical Director, EMS Agency  
Emergency Medical Services Commission  
Hospital Licensing Unit, Health Facilities Division  
Medical Alert Center  
Hospital Association of Southern California  
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Prehospital Care Coordinator, St. Mary Medical Center



**EMERGENCY MEDICAL SERVICES COMMISSION  
BASE HOSPITAL ADVISORY COMMITTEE  
MINUTES  
February 8, 2017**



REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/>	Clayton Kazan, M.D., Chair	EMS Commission
<input type="checkbox"/>	James Holt, Vice Chair	EMS Commission
<input type="checkbox"/>	Carol Snyder, RN.	EMS Commission
<input type="checkbox"/>	Erick Cheung, Ph.D.	EMS Commission
<input type="checkbox"/>	Jessica Strange	Northern Region
<input type="checkbox"/>	Karyn Robinson	Northern Region
<input type="checkbox"/>	Annette Cornell	Northern Region, Alternate
<input checked="" type="checkbox"/>	Kristina Crews	Southern Region
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region
<input type="checkbox"/>	Laurie Mejia	Southern Region
<input type="checkbox"/>	Natalie Burciago	Southern Region, Alternate
<input checked="" type="checkbox"/>	Christine Farnham	Southern Region, Alternate
<input checked="" type="checkbox"/>	Paula Rosenfield	Western Region
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region
<input checked="" type="checkbox"/>	Alex Perez	Western Region, Alternate
<input checked="" type="checkbox"/>	Laurie Sepke	Eastern Region
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region
<input type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate
<input type="checkbox"/>	Lila Mier	County Hospital Region
<input type="checkbox"/>	Emerson Martell	County Hospital Region
<input type="checkbox"/>	Jose Garcia	County Hospital Region, Alternate
<input type="checkbox"/>	Mike Hansen	Provider Agency Advisory Committee
<input checked="" type="checkbox"/>	Michael Murrey	Provider Agency Advisory Committee, Alt.
<input type="checkbox"/>	Jazmin Gonzalez	MICN Representative
<input type="checkbox"/>	Jeff Warsler	MICN Representative, Alt.
<input type="checkbox"/>	Robin Goodman	Pediatric Advisory Committee
<input checked="" type="checkbox"/>	Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.
PREHOSPITAL CARE COORDINATORS		
<input type="checkbox"/>	Kevin Lennox (AMH)	<input checked="" type="checkbox"/> Adrienne Roel (AMH)
<input type="checkbox"/>	Courtney Derryberry (AVH)	<input type="checkbox"/> Rosie Romero (CAL)
<input checked="" type="checkbox"/>	Dee Josing (HMN)	<input checked="" type="checkbox"/> Rachel Caffey (NRH)
<input type="checkbox"/>	Heidi Ruff (NRH)	<input type="checkbox"/> Gloria Guerra (QVH)
		GUESTS
		John Pringle, World Advancement
		Victoria Hernandez, LACoFD
		Nicole Steeneken, LACoFD
		Yun Son Kim, LACoFD
		Caroline Jack, Torrance FD
		Kevin Millikan, Torrance FD

- CALL TO ORDER:** The meeting was called to order at 1:05 P.M. by Chairperson Clayton Kazan, MD.
- APPROVAL OF MINUTES -** The December 14, 2016, meeting minutes were approved as submitted.

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

- INTRODUCTIONS/ANNOUNCEMENTS**
  - Self-Introductions were made by all.
  - EMSAAC Annual Conference, *The Hits Just Keep on Coming*, is scheduled for May 9 & 10, 2017, in San Diego. (**See Attachment I**)
- REPORTS & UPDATES**
  - EMS Update 2017 (Dr. Nichole Bosson)

As previously indicated, EMS Update will focus on provider impressions, incorporation of them into existing treatment protocols, and using case studies to enhance the learning experience. The case studies include the following treatment protocols:

- Non-Traumatic Body Pain
- Chest Pain



**Base Hospital Advisory Committee**  
**December 14, 2016**

- Hypotension/Shock
- Behavioral/Psychiatric Crisis
- Hypoglycemic Emergencies
- Pulmonary Edema
- Respiratory Distress
- Stroke
- BRUE
- Seizure Activity
- Crush Injury

In addition to the treatment protocols, education on BLS down grade and avoiding under triage will be addressed. It is anticipated that the training sessions will be approximately 3-4 hours in duration.

**Train-the-Trainer Sessions:**

- Monday afternoon; April 24, 2017; 1PM-4PM; EMS Agency Hearing Room
- Thursday morning; April 27, 2017; 9AM-12PM; EMS Agency Hearing Room
- Thursday afternoon; April 27, 2017; 1PM-4PM; EMS Agency Hearing Room

Training Period: May 1, 2017 through July 31, 2017

**4.2 Mobile Intensive Care Nurse (MICN) Development Course Workgroup (Chris Clare)**

At this time there is nothing new to report on since the group has not meet since our last meeting. Upon finalization of EMS Update 2017, efforts will be redirected to the MICN development course.

**4.3 Base Hospital Data Collection Workgroup (Chris Clare)**

This workgroup has been placed on hold until after the release of EMS Update 2017.

**4.4 Side walk CPR (Susan Mori)**

Sidewalk Cardiac Resuscitation Day is scheduled for June 1, 2017. Please see attached flyer for registration form and contact information to order American Heart Association CPR Anytime Kits. (**See Attachment II**)

**5. UNFINISHED BUSINESS**

**5.1 Electronic Base Form Documentation (Ryan Burgess)**

On January 24, 2017 a visit to HOAG was made to explore the electronic base form system. It was a productive and informative visit and while most MICN's were able to enter required data at the time of base contact, some MICN's were writing down required information and entering data after base contact. Further exploration will need to be made in choosing the right format for Electronic Base Form data entry.

**5.2 Los Angeles County Fire (CF) ePCR Implementation (Dr. Kazan)**

Dr. Kazan reported that the issues with CF and their ePCR persist despite involvement at the corporate level. Lengthy discussion followed regarding the impact it is having on the system.

**Base Hospital Advisory Committee**  
**December 14, 2016**

5.3 Treatment Protocol Development (*Chris Clare*)

Nothing new to report on at this time with regards to the treatment protocol development. This is a work in progress to possibly be implemented in EMS Update 2018.

**6. NEW BUSINESS**

No new business at this time.

**7. OPEN DISCUSSION**

Announcement made, starting March 1, 2017 Pomona Valley Hospital Medical Center will be functioning as a Trauma Center.

**8. NEXT MEETING:** BHAC's next meeting is scheduled for **April 12, 2017**, at the EMS Agency @ 1:00 p.m.

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

**ACCOUNTABILITY:** Lorrie Perez

**9. ADJOURNMENT:** The meeting was adjourned at 1:52 P.M.

**EMSAAC**  
**2017**

**ANNUAL  
CONFERENCE**

★ ★ ★ ★ ★ ★ ★ ★

**MAY 9 & 10**

★ ★ ★ ★ ★ ★ ★ ★

*The Hits Just Keep  
on Coming!*

★ **2017 EMSAAC CONFERENCE** ★  
*The Hits Just Keep on Coming*  
*Sponsored by:*  
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San Diego





## The Hits Just Keep on Coming!

The EMS Administrators' Association of California cordially invites California's EMS leaders and professionals to join us at the EMSAAC Annual Conference 2017 at Loews Coronado Bay Resort in San Diego! EMSAAC continues to lead the way in creating conferences that are meaningful and exciting to attend. This year, the baseball aligned theme, "The Hits Just Keep On Coming!" provides a broad variety of subject matter to interest all levels of prehospital care personnel and management — providing subjects that are relevant to day-to-day operations of EMS as well as to a vision into the changes that can be foreseen in the future of EMS.

The conference includes lectures, panel discussions and opportunities to network with current leaders and innovators in EMS as well as preview new and upcoming equipment, products and services. The annual EMSAAC Conference is designed for emergency EMS administrators, medical directors, coordinators and educators; ED nurses and hospital emergency preparedness coordinators; firefighters, ambulance providers and other EMS personnel.

### About EMSAAC

The EMS Administrators' Association of California (EMSAAC) is composed of administrators from 33 Local Emergency Medical Services Agencies (LEMSAs). These county-designated agencies are responsible for planning, coordinating, implementing, monitoring, and evaluation a local, integrated system of emergency medical services. The LEMSAs partner with the California EMS Authority to carry out applicable regulations and guidelines.

### Continuing Education Credits

This conference has been planned and implemented to provide instructor based continuing education for nurses and prehospital care professionals through the Orange County Emergency Medical Services Agency, a division of the Orange County Health Care Agency.

Provider is approved by the California Board of Registered Nursing, BRN Provider # 13945 for up to 10 contact hours. California EMS CE provided by the Orange County EMS Agency CEP# 30-0001. Up to 10 hour of instructor-based CE will be issued to EMTs, paramedics and MICNs.



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San Diego  
San Francisco  
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San Luis Obispo  
San Mateo  
Santa Barbara  
Santa Clara  
Santa Cruz  
Sierra-Sac Valley  
Solano  
Tuolumne  
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**RAFFLE PRIZES** — Several prizes will be raffled off for visiting the exhibitor booths, including 4 VIP seats behind home plate to a Padre's game with VIP parking included — generously provided by AMR!





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4000 Lowes Coronado Bay Road, Coronado, California 92118  
Reservation Center: 800-815-6397 Hotel Direct: 619-424-4000  
Online: <https://aws.passkey.com/go/EMSAAC2017>



### The Resort

Centered between the Pacific Ocean and Coronado Bay, the resort is newly renovated and epitomizes the true Southern California lifestyle. Taking full advantage of the resort's waterfront location, the new redesign artfully combines San Diego's sun and surf with the casual charm of southern California. Relax by one of three pools, stroll down the pristine Silver Strand State Beach, pamper yourself at the Sea Spa, sailing or boating on the bay or just enjoy a glass of wine sitting at the outdoor fire feature watching the sunset. Other resort activities include three tennis courts, a full service marina, bike rentals and a fleet of gondolas. The ideal setting for families, the hotel has a children's pool and a kids club offering a range of activities, including scavenger hunts and magic tricks (surcharge). The Resort is a Four Diamond Award hotel and listed as one of the Top 10 Best Hotels in San Diego!

### Rates & Reservations

Please make your own reservations and be sure to request the EMSAAC Conference reduced rate of \$179 per night (excludes taxes). This low rate includes:

- ( ) Just 15-20 minutes from San Diego Airport
- ( ) Complimentary guestroom internet access
- ( ) Complimentary use of fitness center
- ( ) 15% discount off spa services from Sea Spa
- ( ) No resort fees
- ( ) Reduces parking rate of \$15/day (Valet at \$30/day)



A block of rooms will be held until Monday, April 17, 2017. After this date, reservations will be accepted on a space and rate available basis only. This conference rate will be honored 3 days before and 3 days after the conference dates, excluding suite rates, and subject to availability. Check-in time: 4pm



### Your Sleeping Room

Almost all of the 439 rooms have a water view – either bay or ocean views. The Amenities featured in guestrooms include air conditioning, minibars, and complimentary newspapers. Guestrooms have cable television with pay movies. Business-friendly amenities include multi-line phones, desks, and voice mail. Balconies are featured in all guestrooms. Bathrooms provide bathrobes and hair dryers.





## Conference Program

### DAY 1 - Tuesday, May 9, 2017

**7:30 am - 4:30 pm**

**Official Game Registration**

*Continental Breakfast with Exhibitors*

**7:30 am - 8:00 am**

**Meet the Players (Exhibitors)**

*Breakfast in Exhibit Hall*

**8:00 am - 8:15 am**

**Leadoff Hitters**

*Bryan Cleaver, EMSAAC President  
Director, Coastal Valley EMS Agency  
Michael Petrie, Conference Chair  
Director, Monterey County EMS Agency*

**8:15 am - 8:30 am**

**Ceremonial First Pitch**

*Sayone Thihalolipavan, MD, MPH  
Deputy Public Health Officer  
Health & Human Services Agency*

**8:30 am - 9:45 am**

**Power Hitter: Top Threats to EMS**

*Doug Wolfberg  
Page, Wolfberg & Wirth Law Firm (PWW)*

Doug Wolfberg has the unique experience of seeing changes in the EMS Industry both from an "above the clouds" vantage point and where the "rubber meets the road," as PWW counsels hundreds of clients in all 50 states and territories on how to thrive in this ever-changing, increasingly-regulated world. He will bring the collective experience of the entire PWW team to you in a fast paced, thought provoking capsule version of the challenges, threats and opportunities that await you and your organization in the EMS "field."

**9:45 am - 10:15 am Time-Out with Exhibitors**

**10:15 am - 11:15 am The Marijuana Curveball**

*David Lehrfeld, MD  
Medical Director, Oregon Health Authority*

*Dan Brattain, CEO  
CAL-ORE LIFE FLIGHT, LLC*

Passage of the marijuana ballot measure (Prop 64) last fall creates a whole new ball game for California, LEMSAs, and EMS providers. Hearing from EMS representatives from Oregon who have dealt with legalized marijuana implementation and its affects on the EMS system and EMS employers will inform those in California EMS about crucial issues and solutions as we advance around the bases.

**11:15 am - 12:15 pm**

**Perfect Game: CARES & A Great Save**

*Reza Vaezazizi, MD  
Medical Director, ICEMA*

The goal of the CARES program is to establish a registry that unifies essential cardiac arrest data elements, from three, independent sources, which independently records bits of data from a cardiac arrest event. The CARES system is building this model by establishing a relationship with EMS agencies, hospitals, and CAD systems. The LEMSA is key to the implementation of CARES. Learn from a new CARES LEMSA, San Bernardino, about the processes, workload, and benefits of CARES implementation.

*Tom & Christine Johnson*

A survivor of cardiac arrest lives to tell his story along with his wife who performed bystander CPR and the EMS team that responded.

**12:15 pm - 1:30 pm**

**Ballpark Bites (lunch) & Networking**

**1:30 pm - 3:00 pm**

**Grand Slam: Annual Research Panel**

**1) MPDS In a Modern EMS Agency**

*Karl Sporer, MD, Alameda EMS Agency*

Emergency Medical Dispatch systems categorize patients into discrete categories. But, how well do they predict the prehospital need for timely or ALS care? By combining data from dispatch and from ePCR's, we can assess the need for a rapid response, and the probability that ALS care will be needed. Dr. Sporer will demonstrate how to optimally measure outcomes and to customize EMS responses.



## **2) Clinical Evidence of ALS vs BLS**

*Kathy Staats, MD, UCSD*

Has anyone compared outcomes after ALS and BLS in out-of-hospital medical emergencies? Some studies have shown that better health outcomes are associated with prehospital BLS over ALS! What does the research show nationally and how should the clinical evidence influence the proper response?

## **3) Clinical Evidence for Response Times**

*Kevin Mackey, MD*

*Medical Director, Mountain Valley EMS Agency*

The public expects a quick response to 9-1-1 calls. Yet, the faster the response, the higher the costs. Do response times effect survival? If so, in what conditions? The answers to these questions will come from a speaker who has been involved in the clinical evaluation and analysis of best practices when responding to EMS events.

**3:00 pm - 3:30 pm**

**Time-Out with Exhibitors**

**3:30 pm - 4:30 pm**

**Double Play: Red Lights & Sirens??**

*Doug Wolfberg*

*Page, Wolfberg & Wirth Law Firm*

Or Not! – Why the Sacred Cows on Top of Your Ambulance are Dangerous – This session will explore the use of red lights and sirens as they relate to actual patient care. Attorney (and former medic) Doug Wolfberg will debunk the myths about the practice of using red lights and sirens, and will provide recommendations for their role in EMS systems.

**4:30 pm - 5:00 pm**

**Cleanup Hitter: Day's Wrap Up**

**5:00 pm - 6:30 pm**

**Run Down: President's Reception**

*Exhibit Hall (light hors d'oeuvres)*

# **Conference Program**

## **DAY 2 - Wednesday, May 10, 2017**

**7:30 am - 11:30 am**

**All Batters On Deck - Meet Exhibitors**

*Continental Breakfast in Exhibit Hall*

**8:00 am - 8:15 am**

**Covering the Bases**

*Bryan Cleaver, EMSAAC President*

*Director, Coastal Valleys EMS Agency*

**8:15 am - 9:45 am**

**Strike Out: PTSD**

*Todd Langus, Psy.D.*

Any person who works in the EMS long enough will be affected by direct trauma, vicarious trauma or cumulative stress. EMS workers are subject to frequent exposure to stressful situations including abuse, assaults, MVCs and deaths. The stress is not limited to high volume 911 systems, as even rural system providers are impacted. This highly stressful environment puts all providers at risk for emotional unrest and exhaustion. Without prevention training and intervention, mental and emotional fatigue can lead to burnout. A PTSD expert and former first responder provides insights and answers. Learn how occupational training and tactics can be used to get this critically important and stressful job completed without adverse effects after the work is done.

**9:45 am - 10:15 am**

**Time-Out with Exhibitors**

**10:15 am - 11:45 am**

**Ground Rules: Street Drugs**

*Dan Colby, MD*

*UC Davis Medical Center*

Street drugs that were once found only in large metropolitan areas have migrated to rural communities. New varieties and combinations of drugs are increasingly popular. Prescription and over-the-counter drugs abuse continues to rise. Learn what to watch for on the streets of California cities and communities.

**11:45 am - 1:00 pm**

**Seventh-Inning Stretch & Lunch**

**1:00 pm - 2:30 pm**

**Running the Bases:**

**Looking Into the Future of EMS**

*Bryan Bledsoe, DO*

If you had a crystal ball - what would you see in the future of EMS. From a renowned expert, hear Dr. Bledsoe give us his predictions and insights in to the future of EMS.

**2:30 pm - 2:45 pm**

**Extra Inning - Final Raffles**

**2:45 pm**

**Wind Up & Game Over**



## Keynote Speakers



**Doug Wolfberg** – is a founding partner of Page, Wolfberg & Wirth (PWW), and one of the best known EMS attorneys and consultants in the US. Widely regarded as the nation's leading EMS law firm, PWW represents private, public and nonprofit EMS organizations, as well as billing companies, software manufacturers and others that serve the nation's ambulance industry. Doug answered his first ambulance call in 1978 and has been involved in EMS ever since. Doug became an EMT at age 16, and worked as an EMS provider in numerous volunteer and paid systems over the decades. Doug also served as an EMS educator and instructor for many years. After earning his undergraduate degree in Health Planning and Administration from the Pennsylvania State University in 1987, Doug went to work as a county EMS director. He then became the director of a three-county regional EMS agency based in Williamsport, Pennsylvania. He then moved on to work for several years on the staff of the state EMS council. In 1993, Doug went to the nation's capital to work at the Department of Health & Human Services, where he worked on federal EMS and trauma care issues. Doug left HHS to attend law school, and in 1996 graduated magna cum laude from the Widener University School of Law. After practicing for several years as a litigator and healthcare attorney in a large Philadelphia based law firm, Doug co-founded PWW in 2000 along with Steve Wirth and the late James O. Page. As an attorney, Doug is a member of the Pennsylvania and New York bars, and is admitted to practice before the United States Supreme Court as well as numerous Federal and state courts. He also teaches EMS law at the University of Pittsburgh, and teaches health law at the Widener University School of Law, where he also serves as a member of the University's Board of Trustees and has endowed the Douglas M. Wolfberg Scholarship at the Commonwealth Law School.

Doug is known as an engaging and humorous public speaker at EMS conferences throughout the United States. He is also a prolific author, having written books, articles and columns in many of the industry's leading publications, and has been interviewed by national media outlets including National Public Radio and the Wall Street Journal on EMS issues. Doug is a Certified Ambulance Coder (CAC) and a founder of the National Academy of Ambulance Coding (NAAC). Doug also served as a Commissioner of the Commission on Accreditation of Ambulance Services.



**Todd Langus, Psy.D.** – has dedicated the last 14 years to treating public safety personnel, military personnel and their families. He has responded to such national emergencies such as 9/11, treating hundreds of emergency responders. He has treated victims of Hurricane Katrina and military personnel from Iraq and Afghanistan. Dr. Langus has responded to countless office-involved shootings, line-of-duty deaths and critical incidences. Private corporations have called on him to handle large-scale traumas. Dr. Langus served as a law enforcement officer for 22 years. He has worked such assignments as S.W.A.T., K-9, Hostage negotiator, patrol, investigations, jail operations, investigations as an officer and/or supervisor. Not only has he seen trauma from the front lines as an officer, he is a trauma survivor. Dr. Langus provides training and lectures to agencies throughout the U.S.



**Bryan Bledsoe, DO, FACEP, FAAEM** – is an emergency physician, researcher, and EMS author. Presently he is Professor of Emergency Medicine and EMS Director at the University of Nevada, Las Vegas School of Medicine and an Attending Emergency Physician at the University Medical Center of Southern Nevada in Las Vegas. He is board-certified in emergency medicine and EMS. Dr. Bledsoe is the author of numerous EMS textbooks and has in excess of 1 million books in print. Dr. Bledsoe was named a "Hero of Emergency Medicine" in 2008 by the American College of Emergency Physicians as a part of their 40th Anniversary celebration and was named a "Hero of Health and Fitness" by Men's Health magazine as part of their 20th anniversary edition in November of 2008. He is frequently interviewed in the national media. Dr. Bledsoe is married and divides his time between his residences in Midlothian, TX and Las Vegas, NV.

## Faculty

**Dan Brattain**  
CEO CAL-ORE Life Flight, LLC  
Portland, Oregon

**Bryan Cleaver, EMSAAC President**  
EMS Director  
Central CA EMS Agency  
Fresno, California

**Dan Colby, MD**  
UC Davis Medical Center  
Sacramento, California

**Tom & Christine Johnson**  
Cardiac Arrest Survivor  
San Diego, California

**David Lehrfeld, MD**  
Medical Director  
Oregon Health Authority  
Portland, Oregon

**Kevin Mackey, MD**  
Medical Director  
Mountain Valley EMS Agency  
Modesto, California

**Michael Petrie, Conference Chair**  
EMS Director  
Monterey EMS Agency  
Salinas, California

**Karl Sporer, MD**  
Medical Director  
Alameda EMS Agency  
San Leandro, California

**Kathy Staats, MD**  
Attending Physician/EMS & Disaster Medicine Fellow  
University of California, San Diego

**Sayone Thihailolpavan, MD, MPH**  
Deputy Public Health Officer  
Health & Human Services Agency  
San Diego, California

**Reza Vaezazizi, MD, FACEP**  
Medical Director  
ICEMA  
San Bernardino, California

## CONFERENCE REGISTRATION FORM

Emergency Medical Services Administrators' Association of California 2017 Annual Conference

**May 9 and 10, 2017**

**On Beautiful Coronado Island In San Diego, California**

**REGISTRATION OPTIONS:**

On-line via PayPal:

[www.EMSAAC.org/conference](http://www.EMSAAC.org/conference)

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EMSAAC

You will be invoiced within three days.

[vickie.pinette@ssvems.org](mailto:vickie.pinette@ssvems.org)

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**REGISTER NOW!! SEATING IS LIMITED:**

Registration fee includes all Conference material and food and beverage. If additional colleagues or family members will join you for breakfast or lunch, you must pre-pay at \$45/meal. Registration to this conference does not include hotel accommodations. See hotel information in brochure. **Book rooms by April 17 to guarantee reduced rate.**

**Cancellation Policy:**

**Cancellations prior to April 29, 2017 will receive a refund minus \$50. No refunds after April 29.**

Early Registration (Full payment must be <b>received prior to April 15, 2017</b> ) NOTE: The first 50 paid registrations will be entered into a raffle for a special door prize.	\$340
Registration – if payment is <b>received after May 1, 2017</b>	\$390
Onsite Registration	\$410
No. of additional lunches (non-registered)	\$45ea

(Please Print Clearly)

Dr/Mr/Mrs/Ms .....  
(circle) First Name MI Last Name

Name as it should appear on your badge: .....

Title/Position .....

Organization .....  
(As it should appear on your badge)

Address .....

City .....State.....Zip .....

Phone ( ) ..... Email .....

Questions regarding registration and refunds should be directed to Carol Meyer at (562)343-3326 or [cmeyer411@gmail.com](mailto:cmeyer411@gmail.com)



## Sponsors & Exhibitors

Many generous sponsors and exhibitors make the EMSAAC Conference possible. The conference is an outstanding opportunity to see the latest and greatest new EMS tools and applications as well as to meet the representatives and directly discuss material needs. The following is a list of sponsors and exhibitors to date; others will be joining this distinguished group:



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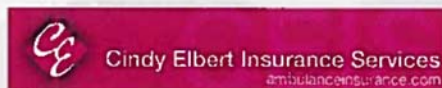
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Base Hospital Advisory Committee  
December 14, 2016

ATTACHMENT II



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February 1, 2017

TO: Distribution

FROM: Cathy Chidester  
Director

SUBJECT: **COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION  
DAY – THURSDAY, JUNE 1, 2017**

Los Angeles County Emergency Medical Services (EMS) Agency, in collaboration with the American Heart Association (AHA), is coordinating a countywide SideWalk "Hands-Only" Cardiopulmonary Resuscitation (CPR) public education event on **Thursday, June 1, 2017**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life-saving skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (attached). Registration provides contact information for the distribution of the basic curriculum, sample press release, program ideas, and rosters/sign-in sheets to track the number of persons trained during the event. **Early registration** allows us to list your training site(s) on the web page for press coverage and community information.

The EMS Agency and AHA will coordinate the press releases; however, each participating organization will also need to publicize the time, hours of operation, and location for their training to the local community. You may choose to have one or more CPR training sites and select an area(s) in or close to your facility/agency. **Instructors do not need a CPR instructor card**, but will need to be comfortable performing CPR and utilizing the curriculum provided by the EMS Agency. CPR Anytime Kits (attached) are available for purchase through the AHA at the cost of \$38.50 if your facility does not have manikins available.

Each participating organization will report the number of citizens trained during the event to the EMS Agency by the end of the day. The EMS Agency will provide a report on the total number trained in Los Angeles County to the AHA, EMS community, and interested parties. Last year approximately **7,000 people in LA County were trained in one day!**

We hope that you will choose to participate in the LA County SideWalk CPR event. Please complete the attached registration form and return it to the EMS Agency by May 25, 2017.

Attachment



SideWalk-CPR  
LA County EMS System

ATTACHMENT II

To order American Heart Association CPR Anytime Kits, contact Sylvia Beanes at [Sylvia.Beanes@Heart.org](mailto:Sylvia.Beanes@Heart.org) or (213) 291-7079





## ***SIDEWALK CPR DAY***

### **REGISTRATION FORM**



**DATE: Thursday, June 1, 2017**

**TIME: To be determined by the organization providing the training**

Please complete the following registration form and submit it to the EMS Agency by  
**May 25, 2017.**

**PLEASE PRINT**

Facility/Provider Name

Name of Designated Coordinator

Mailing Address

Email Address

Phone Number

**Location Address and Time of Sidewalk CPR Training for Each Site**

Order disposable CPR manikins from the AHA by contacting Sylvia Beanes at  
[Sylvia.Beanes@Heart.org](mailto:Sylvia.Beanes@Heart.org) or (213) 291-7079

Email or fax completed forms to: Aracely Campos  
[ACampos4@dhs.lacounty.gov](mailto:ACampos4@dhs.lacounty.gov)  
Fax No. (562) 941-5835



**EMERGENCY MEDICAL SERVICES COMMISSION  
DATA ADVISORY COMMITTEE**

**MEETING NOTICE**

Date & Time: Wednesday, February 8, 2017 10:00 A.M.  
Location: EMS Agency, First Floor Hearing Room  
10100 Pioneer Boulevard  
Santa Fe Springs, 90670-3736

**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**Cathy Chidester**  
Director

**Marianne Gausche-Hill, 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.*

**1. CALL TO ORDER AND INVITATION FOR PUBLIC COMMENT** (Commissioner Sanossian)

**2. APPROVAL OF MINUTES:** August 10, 2016

**3. INTRODUCTIONS/ANNOUNCEMENTS**

**4. REPORTS & UPDATES**

- 4.1 TEMIS Update
  - 4.1a. CF/CI Update
- 4.2 Service Changes
- 4.3 Data Verification

**5. UNFINISHED BUSINESS**

- 5.1 Agenda Items
- 5.2 EMS Report Form/CEMSIS

**6. NEW BUSINESS**

- 6.1 2016 Annual Data Report
- 6.2 Ambulance Patient Offload Time (APOT)

**7. NEXT MEETING:** April 12, 2017

**8. ADJOURNMENT**





**EMERGENCY MEDICAL SERVICES COMMISSION  
DATA ADVISORY COMMITTEE  
WEDNESDAY, February 8, 2017**



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

MEMBERSHIP / ATTENDANCE		
MEMBERS	ORGANIZATION	EMS AGENCY
<input checked="" type="checkbox"/> Nerses Sanossian , Chair	EMS Commissioner (MD)	Nichole Bosson
* Paul Rodriguez, Vice Chair	EMS Commissioner (CA State Firefighters' Assoc.)	Christine Clare
<input checked="" type="checkbox"/> John Hisserich	EMS Commissioner (Community Member)	Michelle Williams
<input type="checkbox"/> Colin Tudor	EMS Commissioner (League of CA Cities)	Sara Rasnake
<input type="checkbox"/> Matt Armstrong	Ambulance Advisory Board (LACAA)	Susan Mori
<input checked="" type="checkbox"/> Trevor Stonum	Ambulance Advisory Board (alternate)	Ashley Sanello
* Gloria Guerra	Base Hospital Advisory Committee (BHAC) (RN)	
* Alina Candal	BHAC (alternate)	
<input checked="" type="checkbox"/> Ryan Burgess	Hospital Association of Southern California (HASC)	
<input type="checkbox"/> Nathan McNeil	HASC (alternate)	
<input type="checkbox"/> Joanne Dolan	Long Beach Fire Department (LBFD) (RN)	
<input type="checkbox"/> Don Gerety	LBFD (alternate)	
<input type="checkbox"/> Dan France	Los Angeles Area Fire Chiefs Association	
<input checked="" type="checkbox"/> Sean Stokes	LA Area Fire Chiefs Association (alternate)	
<input checked="" type="checkbox"/> Nicole Steeneken	Los Angeles County Fire Department (LACoFD)	
<input type="checkbox"/> Victoria Hernandez	LACoFD (alternate)	
<input checked="" type="checkbox"/> Al Flores	Los Angeles Fire Department (LAFD)	
<input type="checkbox"/> John Smith	LAFD (alternate)	
<input type="checkbox"/> VACANT	Medical Council (MD)	
<input checked="" type="checkbox"/> Marc Cohen	Medical Council (alternate)	
* Corey Rose	Provider Agency Advisory Committee (PAAC)	
<input type="checkbox"/> VACANT	PAAC (alternate)	
<input type="checkbox"/> Tchaka Shepherd	Trauma Hospital Advisory Committee (THAC) (MD)	
<input type="checkbox"/> David Hanpeter	THAC (MD) (alternate)	
* Marilyn Cohen	THAC (RN)	
* Gilda Cruz-Manglapus	THAC (RN) (alternate)	
<input checked="" type="checkbox"/> Present *Excused <input type="checkbox"/> Absent		

**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 August 10, 2016 meeting were approved as written.

**3. INTRODUCTIONS/ANNOUNCEMENTS**

- LA County stroke data is being presented at the International Stroke Conference being held in Houston next month.
- The annual EMSAAC conference will be held on May 9-10, 2017 at the Loews Coronado Bay Resort in Coronado.

**4. REPORTS AND UPDATES**

**4.1. TEMIS Update**

Los Angeles County Fire (CF) Update: Nicole Steeneken from CF reported that they are working with their vendor and anticipate being able to start sending data from their electronic patient care records (ePCR) in mid-March.

Los Angeles Fire (CI) Update: Al Flores from CI reported that their vendor is still unable to submit data due to a software issue. The vendor is currently working on the issue, no ETA on when they will be able to submit their 2016 data.

#### 4.2. Service Changes (Michelle Williams)

##### Primary Stroke Centers (PSCs)

Coast Plaza Doctors Hospital (CPM) became a PSC on September 12, 2016.  
LAC+USC (USC) became a PSC on February 1, 2017.

##### Pediatric Medical Centers (PMCs)

Valley Presbyterian Hospital (VPH) became a PMC on January 18, 2017.

##### 9-1-1 Receiving Facilities

Gardens Regional Hospital and Medical Center, formerly known as Tri-Cities Hospital, stopped receiving 9-1-1 patients on January 18, 2017 and has now officially closed its doors.

##### Private Providers

Premier Medical Transport (PE) and Southern California Ambulance (SO) became approved providers on August 15, 2016.

AmbuLife Ambulance, Inc. (AB), Star Medical Transportation, Inc. (ST), and Lifeline Ambulance (LE) became approved providers on October 18, 2016.

CAL-MED Ambulance (CL) became an approved provider on November 1, 2016.

Bowers Ambulance (BO) went out of business as of November 7, 2016.

Impulse Ambulance (IA), Aegis Ambulance Service (AE), and AmeriPride Ambulance Services, Inc. (AD) relinquished their licenses and were bought by Ambulnz Health, Inc.(AZ) as of December 7, 2016.

Med-Life Ambulance Service, Inc. (ML) relinquished their license on February 1, 2017.

#### 4.3 Data Verification (Michelle Williams)

Data verification reports for January-June 2016 were sent out to the nurse educators, paramedic coordinators, and QI coordinators of all the public providers, excluding LA City Fire, on January 10, 2017. Any discrepancies or questions should be directed to Michelle Williams.

### 5. UNFINISHED BUSINESS

#### 5.1 Agenda Items (Michelle Williams)

Suggestions for future agenda items were requested from the committee at the August 2016 Data Advisory Committee Meeting, committee has no suggestions at this time.

#### 5.2 EMS Report Form/CEMSIS (Michelle Williams)

To accommodate the addition of the provider impression data field, the size of the County-issued EMS Report Form has increased from 8.5x11 to 8.5x14 inches. All public providers either have electronic patient care records (ePCR) or are in the final stages of ePCR implementation so it is not anticipated that the increase in form size will cause any issues.

### 6. NEW BUSINESS

#### 6.1. 2016 Annual Data Report (Michelle Williams)

The 2016 Annual Data Report was sent electronically to all committee members on September 29, 2016. Hard copies of the report are now available, members were encouraged to take copies back to their departments. Suggestions for items for future annual reports were requested to be sent either to Richard Tadeo or Michelle Williams.



6.2 Ambulance Patient Offload Time (APOT) (Christine Clare)

The State EMS Commission approved standardized methods for the collection and reporting of ambulance patient offload time (APOT) on December 14, 2016. APOT is defined as the time from when the providers arrive at the hospital with the patient to the time the patient is moved onto hospital equipment. Hospital equipment includes a chair or gurney but does not apply to using the hospital's vital sign machine to measure a patient's vital signs. All local EMS agencies will be reporting the data to the State with the goal of expediting patient offload and minimizing the amount of time providers spend at the hospital waiting for a bed for their patients. The County added the 'Fac Equip' time field in July 2015 to assist with this measure. Questions arose from the committee about what to do when hospital staff begin to render care to the patient while the patient is still on the provider's gurney. As defined in the APOT-2 measure, the end of the APOT interval is defined by the transferring the patient off the provider's gurney to hospital equipment AND ED personnel assume care of the patient. If the patient is receiving care from hospital staff while on the provider's gurney, the APOT interval should continue until the patient is transferred off the provider's gurney.

**OPEN DISCUSSION:** Ryan Burgess shared that the Emergency Department at Ronald Reagan UCLA Medical Center (UCL) started a rapid medical exam process approximately six weeks ago. Preliminary data shows that UCL's diversion of paramedic runs has decreased 30% and that the left without being seen average decreased from approximately 8 patients per day to 1 patient daily or every other day.

**7. NEXT MEETING:** April 12, 2017 at 10:00 a.m. (EMS Agency Hearing Room – First Floor).

**8. ADJOURNMENT:** The meeting was adjourned at 10:27 a.m. by Commissioner Sanossian.



**COUNTY OF LOS ANGELES**  
**EMERGENCY MEDICAL SERVICES COMMISSION**  
10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670  
(562) 347-1500 FAX (562) 941-5835

**COMMITTEE REPORTS 3.3**



**EDUCATION ADVISORY COMMITTEE**

**MEETING CANCELATION NOTICE**

DATE: February 8, 2017  
TO: Education Advisory Committee Members  
**SUBJECT: CANCELATION OF MEETING**

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for February 15, 2017 is canceled.



County of Los Angeles  
Department of Health Services

COMMITTEE REPORTS 3.4



EMERGENCY MEDICAL  
SERVICES AGENCY  
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, February 15, 2017

MEMBERSHIP / ATTENDANCE

**MEMBERS**

- ☐ Dave White, Chair
- ☒ Robert Ower, Vice-Chair
- ☐ LAC Ambulance Association
- ☐ LAC Police Chiefs' Association
- ☐ Jodi Nevandro
  - ☒ Sean Stokes
- ☒ Nick Berkuta
  - ☒ Clayton Kazan, MD
  - ☒ Victoria Hernandez
- ☐ Ken Leasure
  - ☐ Susan Hayward
- ☒ Jason Henderson
  - ☒ Mike Beeghly
- ☒ Josh Hogan
  - ☐ Joanne Dolan
- ☒ Mike Hansen
  - ☒ Michael Murrey
- ☐ Ellsworth Fortman
  - ☐ Miguel Escobedo
- ☐ Adam Richards
  - ☐ VACANT
- ☐ Jenny Van Slyke
  - ☐ Alina Chandal
- ☐ Andrew Respicio
  - ☐ James Michael
- ☐ Maurice Guillen
  - ☐ Scott Buck
- ☐ Marc Eckstein, MD
  - ☐ Stephen Shea, MD
- ☐ Diane Baker
  - ☐ Vacant

**ORGANIZATION**

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

**EMS AGENCY STAFF PRESENT**

Marianne Gausche-Hill, MD Richard Tadeo  
Christine Clare Lucy Hickey  
Cathlyn Jennings Susan Mori  
Christy Preston Paula Rashi  
John Telmos David Wells  
Michelle Williams Christine Zaiser  
Lorrie Perez Gary Watson

**OTHER ATTENDEES**

Drew Bernard Emergency Ambulance  
Luis Vazquez AMR Ambulance  
Jacob Silva So. Calif. Ambulance  
Stacy Gerlich LAFD  
Kris Thomas Ambulnz Ambulance  
R.J. Morrison FirstMed Ambulance  
Nicole Steeneken LACoFD  
Roger Braum Culver City FD  
Micah Rivens LACo Lake Life Guard  
Kevin Millikan Torrance FD  
Tisha Hamilton AMR Ambulance  
Patrick Powers Powers Mobile Healthcare  
Patrick Hernandez Cal-Med Ambulance  
Monica Bradley Culver City FD  
Nanci Medina LACoFD  
David Konieczny McCormick Ambulance  
Alfred Flores LAFD

LACAA – Los Angeles County Ambulance Association \* LAAFCA – Los Angeles Area Fire Chiefs Association \* BHAC – Base Hospital Advisory Committee \* DAC – Data Advisory Committee

***Quorum not met, therefore this meeting was conducted as Information Only.***

**CALL TO ORDER**

Chair, Commissioner Robert Ower called meeting to order at 1:07 p.m.

**1. APPROVAL OF MINUTES**

Due to having no quorum, approval of the December 21, 2016 minutes are carried to the next Committee meeting.

## **2. INTRODUCTIONS / ANNOUNCEMENTS**

### **2.1 Sidewalk CPR 2017 (Susan Mori)**

National CPR Week is June 1-7, 2017. The Los Angeles County EMS Agency, in collaboration with the American Heart Association, is coordinating a countywide Sidewalk "Hands-Only" CPR public education event on June 1, 2017. All facilities and providers are encouraged to participate. Questions can be directed to Susan Mori at [sumori@dhs.lacounty.gov](mailto:sumori@dhs.lacounty.gov) / (562) 347-1681. All registration material should be sent to Aracely Campos at [acampos4@dhs.lacounty.gov](mailto:acampos4@dhs.lacounty.gov).

## **3. REPORTS & UPDATES**

### **3.1 EMS Update 2017 (Richard Tadeo & Marianne Gausche-Hill, MD)**

- There has been good representation from providers and base hospitals at the weekly planning meetings. Currently, they are ahead of schedule on developing the training modules.
- This year's EMS Update topics will assist with the re-introduction of provider impressions. With all new protocols planned to be rolled out next year during EMS Update 2018.
- Train-The-Trainer dates are scheduled for April 24 (1-4 pm) and April 27 (9am-12pm and 1-4 pm)
- Deadline for EMS Update 2017 training will be July 31, 2017 and suspension letters will be mailed in mid-August 2017.

### **3.2 Treatment Protocol Development (Richard Tadeo)**

- The EMS Agency is currently revising the current protocols to incorporate provider impression-based treatment protocols. Once developed, the EMS Agency will ask outside provider agencies for their input.
- Upon completion of this process, the EMS Agency will be asking a public provider agency to conduct a 6-8 month pilot of these new protocols.
- Systemwide roll-out of the new protocols are planned during EMS Update 2018.

## **4. UNFINISHED BUSINESS**

No unfinished business.

## **5. NEW BUSINESS**

### **5.1 Reference No. 517, Private Provider Agency Transport/Response Guidelines (John Telmos)**

Policy reviewed. However, due to no quorum this policy is held until the next Committee meeting.

## **6. OPEN DISCUSSION:**

### **6.1 Newly Designated Trauma Center (Richard Tadeo)**

- Pomona Valley Hospital Medical Center (PVC) will be designated as a Level II Trauma Center beginning March 1, 2017, at 8:00 am.
- An expansion of the trauma catchment area will be implemented in the near future.

### **6.2 Gardens Regional Hospital and Medical Center (TRI) – Closure (Richard Tadeo)**

After recent hospital closure, the EMS Agency is in the process of conducting an impact evaluation report. Preliminary results of this report shows minimal impact to the Los Angeles County EMS system. The final impact report will be presented to the County Board of Supervisors which will then be filed with the California Department of Public Health. Final impact evaluation report will be available upon request.



### **6.3 2017 EMSAAC Conference (Robert Ower)**

The 2017 Emergency Medical Services Administrators' Association of California (EMSAAC) Conference is scheduled for May 9 and 10, 2017. This conference will be held at Loews Coronado Bay Resort in San Diego, California. Registration material is available at the EMS Agency or webpage <https://aws.passkey.com/go/EMSAAC2017>

**7. NEXT MEETING: April 19, 2017**

**8. ADJOURNMENT:** Meeting adjourned at 1:28 p.m.

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)  
REFERENCE NO. 504

SUBJECT: **TRAUMA PATIENT DESTINATION**

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**PURPOSE:** To determine the appropriate trauma patient destination with regards to the trauma center's catchment area.

**AUTHORITY:** California Administrative Code, Title 22, Chapter 7

**DEFINITIONS:**

**Trauma Catchment Area:** A geographical area surrounding a trauma center strictly defined by streets/freeways or other physical landmarks.

**Trauma Patient:** An injured patient that meets criteria and/or guidelines, or if in the provider's and/or base hospital's judgment it is in the patient's best interest to be transported to a trauma center.

**PRINCIPLES:**

- A. Trauma patients that meet criteria, guidelines, or judgment should be transported to the designated trauma center or the designated pediatric trauma center.
- B. Only the Department of Health Services may alter trauma catchment areas.
- C. Patients from incident locations within the strictly defined area shall be transported to the designated trauma center.
- D. To facilitate appropriate trauma team activation, direct contact with the anticipated receiving trauma center should be made whenever possible.

**POLICY:**

- I. Responsibilities of the Paramedic:
  - A. Maintain current knowledge of trauma centers' catchment areas and which are pediatric trauma centers within their assigned area.
  - B. Paramedics shall contact their designated receiving trauma center on all injured patients meeting trauma triage criteria and/or guidelines or if in the provider's judgment it is in the patient's best interest to be transported to a trauma center. When the receiving trauma center is not a base hospital (only applies to Children's Hospital Los Angeles), paramedics shall contact their assigned base hospital.

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EFFECTIVE: 04-15-95  
REVISED: 03-01-2017  
SUPERSEDES: 11-01-16

PAGE 1 OF 2

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

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

- II. The following table identifies trauma centers and pediatric trauma centers:

TRAUMA CENTERS	PEDIATRIC TRAUMA CENTERS
Antelope Valley Hospital	
California Hospital Medical Center	
Cedars-Sinai Medical Center	<b>X</b>
Children's Hospital Los Angeles	<b>X</b>
Henry Mayo Newhall Memorial Hospital	
Huntington Memorial Hospital	
LAC Harbor/UCLA Medical Center	<b>X</b>
LAC + USC Medical Center	<b>X</b>
Long Beach Memorial Medical Center	<b>X</b>
Northridge Hospital Medical Center	<b>X</b>
Pomona Valley Hospital Medical Center	
Providence Holy Cross Medical Center	
St. Francis Medical Center	
St. Mary Medical Center	
Ronald Reagan UCLA Medical Center	<b>X</b>

- III. When the designated trauma center requests diversion to trauma, a trauma patient may be transported to:
- A. The most accessible open trauma center; or
  - B. The designated trauma center, when the base hospital determines it is in the patient's best interest, despite the temporary request for trauma diversion.
- IV. For multiple casualty incidents refer to Reference No. 519, Management of Multiple Casualty Incidents.

**CROSS REFERENCES:**

Prehospital Care Manual:

Reference No. 501, **Hospital Directory**

Reference No. 502, **Patient Destination**

Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**

Reference No. 506, **Trauma Triage**

Reference No. 510, **Pediatric Patient Destination**

Reference No. 515, **Air Ambulance Trauma Transport**

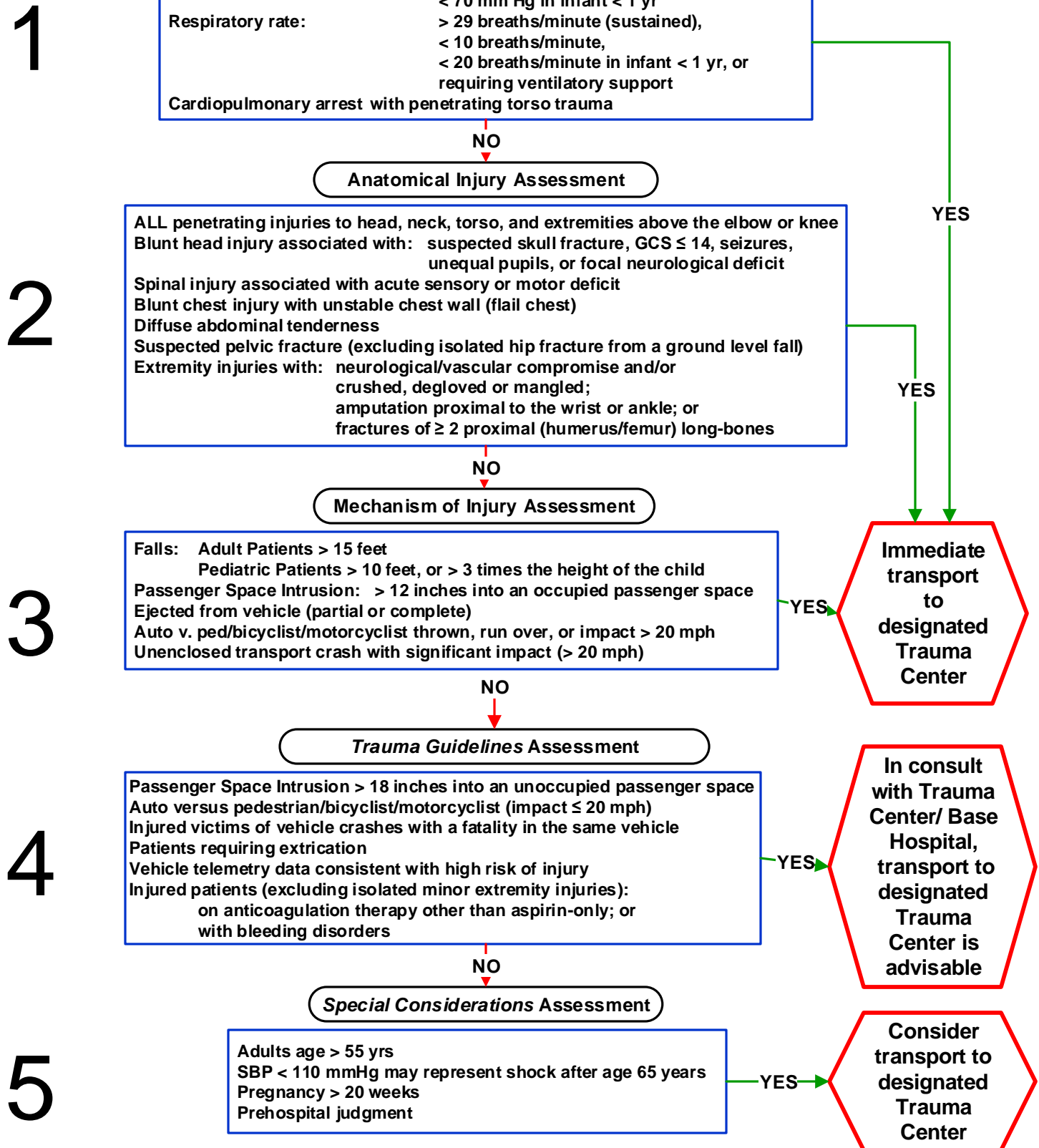
Reference No. 519, **Management of Multiple Casualty Incidents**





## Los Angeles County EMS Agency

## Reference No. 506.1 TRAUMA TRIAGE DECISION SCHEME



If in doubt, transport to the Trauma Center

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **TRAUMA HOSPITAL REGIONAL QUALITY  
IMPROVEMENT PROGRAM**

REFERENCE NO. 616

PURPOSE: To provide the trauma hospitals with a means of evaluation to ensure compliance with optimum trauma care standards through a regionalized approach.

AUTHORITY: Health & Safety Code, Division 2.5  
California Code of Regulations, Title 22, Chapter 7, Section 100256  
California Evidence Code, Section 1157.7  
California Civil Code, Part 2.6, Section 56.

PRINCIPLES:

- A. The proceedings of the Trauma Hospital Regional Quality Improvement Committees (R-QIC) shall be free from disclosure and discovery (Section 1157.7, California Evidence Code).

POLICY:

I. EMS Agency Responsibilities:

- A. Develop policies addressing quality improvement (QI) and system evaluation.
- B. Annual and periodic performance evaluation of the trauma system.
- C. Provide system-wide data reports and analysis of trauma issues to committees as requested.

II. Trauma Hospitals Responsibilities:

- A. Implement and maintain a QI program approved by the EMS Agency that reflects the organization's current QI process.
- B. Recommend measurable and well-defined standards of care for trauma patients to the Trauma Hospital Advisory Committee (THAC) QI Committee. Monitor compliance with or adherence to these standards.
- C. Conduct multidisciplinary trauma peer review meetings.
- D. Participate in the trauma system-wide data registry.
- E. Participate in the Trauma Hospital Regional QI Program and monitor selected system audit filters on a quarterly basis.

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EFFECTIVE: 07-01-89  
REVISED: 04-01-17  
SUPERSEDES: 08-01-13

PAGE 1 OF 3

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

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

III. QI Regions:

A. Individual trauma hospitals are assigned to one of following R-QICs:

1. Region I – NORTH/EAST

Antelope Valley Hospital  
Children's Hospital Los Angeles  
Huntington Hospital  
LAC+USC Medical Center  
Pomona Valley Hospital Medical Center

2. Region II – NORTH/WEST

Cedars-Sinai Medical Center  
Henry Mayo Newhall Memorial Hospital  
Northridge Hospital Medical Center  
Providence Holy Cross Medical Center  
Ronald Reagan-UCLA Medical Center

3. Region III – SOUTH

California Hospital Medical Center  
Harbor/UCLA Medical Center  
Long Beach Memorial Medical Center  
St. Francis Medical Center  
St. Mary Medical Center

B. Regional QI Committees shall be responsible for:

1. Reviewing system-wide indicators approved by THAC.
2. Reviewing issues affecting the internal QI activities of each member trauma hospital.
3. Identifying regional issues for trending and/or improvement.
4. Reporting summary of regional meetings to THAC-QI by a designated representative.

C. Regional QI Committee membership shall include, at a minimum:

1. Trauma Medical Director or designated trauma surgeon of each trauma hospital.
2. Trauma Program Manager of each trauma hospital.
3. EMS Agency Trauma System Program Manager.
4. Other individuals whose presence is germane to the QA/QI process may be invited on an as needed basis.



D. Regional QI Committee Procedures:

1. The R-QICs shall meet quarterly with additional meetings called as determined by the committee members.
2. Meeting locations shall be determined by the members.
3. Meeting notification to all members shall be the responsibility of the host trauma hospital.
4. Each trauma hospital shall bring to the meeting a written report (using the THAC-QI approved audit filter form), provide a verbal report on the system-wide indicators approved by THAC, and any internal QA/QI activities.
5. An official attendance roster form which refers to the Evidence Code 1157.7 section regarding confidentiality, meeting minutes, tallies of all actions taken on each indicator, a description any regional issues(s) to be brought to the THAC-QI Committee, and audit filter forms for each meeting shall be maintained by the EMS Agency.
6. Elect a physician and nurse to represent the region at the Trauma QI Subcommittee. The term of office will be one year minimum.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 614, **Trauma System Quality Improvement Committee – Ad Hoc**

Ref. No. 615, **Trauma Quality Improvement Subcommittee – Trauma Hospital Advisory Committee (THAC-QI)**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **MOBILE MEDICAL SYSTEM DEPLOYMENT  
SUMMARY**(EMT, PARAMEDIC, HOSPITAL)  
REFERENCE NO. 1140.1**PURPOSE**

To provide surge capacity when existing hospital resources are overwhelmed or incapacitated.

**DESCRIPTION**

The Mobile Medical System (MoMS) consists of the following equipment:

1. Tractor/trailer facility; (2) 53 ft. tractor/trailers:
  - a. (1) Treatment trailer: 11 exam beds (4 monitored); 2 monitored procedure room surgical beds. All beds have suction, oxygen, blood pressure cuff and otoscope/ophthalmoscope.
  - b. (1) Support trailer: contains equipment used in treatment trailer (e.g., exam beds, portable digital x-ray, ramps, IV supplies, bandages, splints, PPE, O<sub>2</sub> masks, etc.).
2. Tent facility; (4) 32 ft. trailers each containing (1) 25 person tent facility: heating, AC, lighting, (2) O<sub>2</sub> concentrators: 120 liters/min. each, empty medical supply carts, 30 bed central monitoring station, bedside commode.

Note: Each facility is self-contained and can be deployed independently of each other, either as a stand-alone facility or at an existing treatment site such as a hospital.

**FOOTPRINT**

Equipment	Travel Mode	Operational Mode
Tractor/support trailer	79 ft. long, 102" wide	95 ft. long (ramp open) Weight = 65,000 lbs.
Tractor/treatment trailer	79 ft. long, 102" wide	110 ft. long, 20 ft. wide (slide outs and patient ramp) Weight = 86,000 lbs.
Tent facility with F350 truck	50 ft. long	
(1) 25-person tent		125 ft. x 75 ft. (with 20 ft. buffer zone for access)
(2) 100-person tent		60,000 sq. ft. (approx. size of a football field) May require stakes into asphalt.
Full set-up (100 person tent with treatment and support trailer)		70,000 sq. ft.

**ACCESSIBILITY**

Deployment site requirements:

1. Must be accessible to large commercial vehicles.
2. Overhang or bridge height must be greater than 14 ft. 6 in.
3. Parking surface must be hard asphalt or concrete (no grass or bare earth foundations).
4. Parked vehicles must be removed from area.

EFFECTIVE: x-x-xx

PAGE 1 OF 4

REVISED:

SUPERSEDES:

APPROVED:

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

## REQUESTING RESOURCES

A resource request must be submitted to the DHS DOC EMS Agency to obtain the MoMS or any portion<sup>[RA1]</sup> thereof. Within three (3) days of the MoMS site assessment, the requesting facility must sign an MOU with the County regarding deliverables, indemnification, and insurance<sup>[RA2]</sup>. A planned event deployment request must be submitted at least two months in advance of the event scheduled date. The EMS Agency only provides logistical support for a MoMS deployment. This includes a team for initial set-up with one specialist provided to monitor mechanical systems 24 hours/day during the operational period. The requesting facility is responsible for providing the following:

1. A list of required equipment<sup>[RA3]</sup> (specify which components of MoMS are being requested).
2. Medical and ancillary staff. Necessary Required s-staff that cannot be provided by the requesting facility may be obtained through a resource request.

## WRAP-AROUND SERVICES

The requesting facility must provide or contract for the following resources and services:

1. Fuel (diesel) – Treatment/support trailers have a capacity of 300 gallons diesel with a burn rate of six (6) gallons/hour; Tent generators (one per each 25-person tent) have a burn rate of 1.5 gallons/hour.
2. Water – Treatment trailer has 400 gallons of fresh water in the holding tank for hand washing; Support trailer has 100 gallons of fresh water in the holding tank for kitchen sink, restroom, and shower. Fresh water tanks can be refilled using garden hose.
3. Food service for patients and staff.
4. Linen/housekeeping – MoMS provides 1,000 disposable blankets, sheets, pillows for the tent cots. Linen is not provided for the exam beds in the treatment trailer.
5. Waste management – Grey water: Treatment trailer has a 200 gallon tank; Support trailer has a 40 gallon tank; Black water: Treatment trailer has a 200 gallon tank; Support trailer has ~~a 60a 60~~ gallon tank. Sharps and biohazards will be managed by requesting facility.
6. Site security<sup>[RA4]</sup>.

## RESPONSE TIME FROM INITIAL RESOURCE REQUEST

The MoMS is not an immediate response asset (e.g., an ambulance).

Within 6 hours: Upon receipt of a resource request to the DHS DOC, an “Advance Team” will be dispatched to assess the needs of the requesting facility and inspect the deployment location. This team may consist of an administrator, physician, and a class “A” driver. This assessment should take no longer than 2 hours, after which the team may identify issues that need to be addressed or requirements that must be in order for the MoMS to be deployed.

Within 8 hours: The MoMS will be activated and deployed to identified location if it has been determined to meet deployment site requirements (driving time to facility is additional).

## SET-UP TIME

Treatment and Support trailers: Two (2) hours with five (5) people.

25-person tent: 12 hours ~~with five~~with five to six (5-6) people.



## **MOMS EQUIPMENT/SUPPLIES**

The MoMS will deploy with a limited amount of supplies and medical equipment. The following are carried with the intent to support an initial start-up for an alternate care site:

1. Monitors: (30) Welch Allyn central monitor station, (3) Philips Heartstart MRX monitor/defibrillators.
2. IV pumps: (6) Hospira Plum A+ pumps with approximately 100 IV cartridges.
3. Pharmaceuticals: Local pharmaceutical cache (see Ref. 1106.1 of the Prehospital Care Policy Manual).
4. Laboratory: (3) i-STAT handheld bedside testing devices.
5. Oxygen: Treatment trailer: (7) H tanks, liquid oxygen capable; Tent facility: (2) O<sub>2</sub> concentrators (120 L/min. each).
6. X-ray: (1) MinXray portable digital x-ray machine with developer.
7. Ultrasound machine.
8. Patient beds: Treatment trailer (11 exam beds, 2 OR beds); tent facility (100) cots, (4) cribs, (44) gurneys.
9. Suction: Treatment trailer: (1) at each bedside; Tent facility: (20) Laerdal suction units.
10. Miscellaneous: Bandages, splints, IV start equip. with NS, O<sub>2</sub> masks, suction, gloves, etc.
11. Generators for heat and air conditioning.

## **ELECTRICAL/POWER**

1. Treatment trailer – Self-contained, 100 kW diesel generator located on each Volvo tractor.
2. Support trailer – Self-contained, 50 kW diesel generator on board.
3. Tent facility – 25 kW portable diesel generator with each 25-person tent.

## **COST AND REIMBURSEMENT**

- ~~1. Approximate cost of a complete MoMS trailer and tent facility deployment is \$15,000/day.~~
- ~~2. Reimbursement should be sought at the local level and will be pursued through State and Federal programs at the County level after all costs and disaster related expenses have been calculated and documented.~~

~~1. Costs may be incurred for a disaster deployment or planned event and these costs may be passed on to the entity requesting the use of the MoMS on a case by case basis. The cost will be based on the approved County fees for MoMS deployment.~~

1. DHS DOC, in coordination with the County Office of Emergency Management, will seek Reimbursement should be sought at the local level and will be pursued through State and Federal disaster reimbursement programs at the County level after all costs and disaster related expenses have been calculated and documented.
2. Costs may be incurred for a disaster deployment or planned event and these costs may be passed on to the entity requesting the use of the MoMS on a case by case basis. The cost will be based on the approved County fees for MoMS deployment.

## **TERMS OF USE**

The requesting facility will operate and maintain the MoMS as if it is part of their existing system. This includes organizational and functional areas such as scheduling workers, ordering supplies/equipment, running tests, and maintaining a clean and hazard free patient care environment.

The EMS Agency and requesting facility will have input with and provide coordination for the demobilization and recovery aspects early in the deployment planning process.

If there are multiple requests for the MoMS unit, the EMS Agency will work through the EOC to prioritize the location of deployment.

## **PROCEDURE**

1. Deployment within Los Angeles County: contact EMS Agency through Medical Alert Center or ReddiNet. Deployment outside of Los Angeles County: use resource request process specified in CDPH/EMSA EOM.
  - a. Indicate current facility status and capability.
  - b. Specify resource needs using an approved Resource Request form.
  - c. Provide name, call back number, and location for advance team meeting.
  - d. Any additional requests for resources during the operational period shall be made through the facility's hospital command center (HCC) if within Los Angeles County, and through the MHOAC/RDMHC programs if outside of Los Angeles County.

## Evaluation Report

# Evaluation of California's Community Paramedicine Pilot Project

by Janet M. Coffman, PhD, MPP, Cynthia Wides, MA, Matthew Niedzwiecki, PhD, and Igor Geyn

January 23, 2017

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## Executive Summary

Community paramedicine (CP), also known as mobile integrated health, is an innovative model of care that is being implemented throughout the United States. This model of care utilizes the unique abilities of paramedics and emergency medical

services (EMS) systems to meet local health care needs through partnerships between EMS agencies and other health care providers. Community paramedicine also aligns with the triple aim of improving patient experience, improving community health status, and decreasing the cost of care. Community paramedics receive additional training beyond that required for paramedic licensure and provide care outside of their traditional role, which in California is restricted to responding to 911 calls, transporting patients to an acute care hospital emergency department (ED), and performing inter-facility transfers.

In 1972, California established the Health Workforce Pilot Project (HWPP) program (California Health and Safety Code Sections 128125-128195), a farsighted program administered by the California Office of Statewide Health Planning and Development (OSHPD) that waives scope of practice laws to test and evaluate new and innovative models of care. On November 14, 2014, OSHPD approved HWPP #173, a project sponsored by the California Emergency Medical Services Authority (EMSA), which encompasses 13 projects that are testing six community paramedicine concepts. (Appendix A shows a map of the sites.)

- **Post-Discharge Short-term Follow Up:** Provide short-term, home-based follow-up care to people recently discharged from a hospital due to a chronic condition (e.g., heart failure) to decrease hospital readmissions within 30 days.
- **Frequent EMS Users:** Provide case management services to frequent 911 callers and frequent visitors to EDs to reduce their use of the EMS system by connecting them with primary care, behavioral health, housing, and social services.
- **Directly Observed Therapy for Tuberculosis:** Collaborate with local public health department to provide directly observed therapy to people with tuberculosis (i.e., dispense medications and



observe patients taking them to assure effective treatment) to prevent the spread of tuberculosis.

- **Hospice:** In response to 911 calls, collaborate with hospice agency nurses, patients, and family members to treat patients in their homes, according to their wishes, instead of transporting the patient to an ED.
- **Alternate Destination – Behavioral Health:** In response to 911 calls, offer people who have behavioral health needs but no emergent medical needs transport to a mental health crisis center instead of an ED.
- **Alternate Destination – Urgent Care:** In response to 911 calls, offer people with low-acuity medical conditions transport to an urgent care center instead of an ED.

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the Healthforce Center (formerly the Center for the Health Professions) the University of California, San Francisco, serves as the independent evaluator for the HWPP #173. This report summarizes the evaluators' findings for 12-16 months of operation, depending on the time the projects first began enrolling patients (June to October 2015) through September 2016. .

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health Policy Studies and the Healthforce Center (formerly the Center for the Health Professions) the University of California, San Francisco, serves as the independent evaluator for the HWPP #173. This report summarizes the evaluators' findings for 12-16 months of operation, depending on the time the

projects first began enrolling patients (June to October 2015) through September 2016.

## Methods

Information presented in this report was obtained from multiple sources:

- Baseline data reported by the CP pilot sites on cost and utilization of care among eligible persons prior to the launch of the pilot projects.
- Data reported quarterly by the CP pilot sites on the provision of patient care and care coordination and the cost of providing CP services and ambulance transports.
- Data from existing sources on the cost of ED visits and inpatient hospital admissions, two important indicators of the ability of the pilot projects to generate savings for payers and other parts of the health care system.
- Interviews with EMS agency leaders, project managers, community paramedics, and representatives of hospitals and other partner agencies to provide context for the quantitative data the projects reported.
- Conference calls with EMSA's project manager for the HWPP and the site-level project managers regarding patient safety, challenges encountered by the pilot projects, and their accomplishments.

## Results

Through September 2016, the 13 community paramedicine pilot projects enrolled a total of 1,462 people. The post-discharge projects enrolled the largest number of people (922), and the tuberculosis project had the smallest number of enrollees (29). The majority of people enrolled in most pilot projects were non-Hispanic whites, except for San Bernardino's post-discharge project and Ventura's tuberculosis project, which had large proportions of Hispanic enrollees. Payer mix varied substantially

across projects and concepts. Across all sites and concepts, 43% of patients enrolled were Medicare beneficiaries, 28% were Medi-Cal beneficiaries, 14% had private health insurance, and 15% were uninsured. Medicare beneficiaries constituted the majority of patients enrolled in the post-discharge and hospice projects, whereas Medi-Cal beneficiaries accounted for over 80% of patients served by the alternate destination – behavioral health project and half of the patients enrolled in the tuberculosis project.

Findings regarding the safety, effectiveness, and cost and savings associated with each community paramedicine concept are described below. Costs are those incurred by EMS agencies to operate community paramedic programs. Savings accrue to other parts of the health care system due to reduction in ambulance transports, ED visits, and hospital admissions. Most of these savings accrue to payers, primarily Medicare and Medi-Cal, but savings also accrue to hospitals and health systems that have capitated (i.e., “full risk”) contracts, have high rates of readmissions, and/or provide uncompensated care. None of the projects realized savings for EMS transport providers, because they operate on a fee-for-service basis and are reimbursed only for transport. These agencies had to provide in-kind contributions of resources and labor to operate the pilot projects.

#### **Post-Discharge Short-term Follow-up Projects**

- Hospital readmissions within 30 days of discharge decreased for all sites and diagnoses except for heart failure patients enrolled in one project that provided less intensive services than other post-discharge projects.
- Community paramedics identified 129 patients (14%) who misunderstood how to take their medications or had duplicate medications and were at risk for adverse effects. Community paramedics explained to patients how to take their medications and identified incidences where they were given duplicate prescriptions. They also assisted patients in obtaining refills, if needed.

- Four of the five post-discharge projects achieved cost savings for payers, primarily Medicare and Medi-Cal, due to reductions in inpatient readmissions within 30 days of discharge. Participating hospitals realized additional savings by lowering their risk of being penalized by Medicare for having excess readmissions. The fifth project reduced 30-day readmissions but the reduction was too small to offset the cost of operating the project.

#### **Frequent EMS User Projects**

- These projects achieved reductions in numbers of 911 calls, ambulance transports, and ED visits among enrolled patients.
- Community paramedics assisted patients in obtaining housing and other nonemergency services that met the physical, psychological, and social needs that led to their frequent EMS use.
- Both the projects achieved cost savings for payers but only one realized sufficient savings to offset the cost of operating the program. These projects also decreased the amount of uncompensated care furnished by ambulance providers and hospitals because 35% of enrolled patients were uninsured.

#### **Directly Observed Therapy for Tuberculosis Project**

- Community paramedics dispensed appropriate doses of tuberculosis (TB) medications and monitored side effects and symptoms that could necessitate a change in treatment regimen.
- Persons with TB who received directly observed therapy (DOT) from community paramedics were more likely to receive all doses of TB medication prescribed by the TB clinic physician than patients who received DOT from the TB clinic's community health workers. Receiving all doses prescribed by the TB clinic physician increases the likelihood that a patient will be cured and will not spread TB to others or develop a drug-resistant strain of TB that would be more difficult to treat and to control in the community.

- No additional cost to the health care system because community paramedics who provide DOT at the pilot site did so while already on duty to respond to traditional 911 calls.

#### **Hospice Project**

- Community paramedics mainly provided hospice patients and their families with psychosocial support and administered medications from the hospice patients' "comfort care" packs when necessary, in consultation with a hospice nurse.
- The hospice project enhanced the EMS and hospice agencies' ability to honor patients' wishes to receive care at home by reducing rates of ambulance transports to an ED from 80% to 36%.
- The project also achieved savings for Medicare and other payers by reducing unnecessary ambulance transports, ED visits, and hospitalizations.

#### **Alternate Destination – Behavioral Health Care Project**

- Paramedics performed medical screening of patients to determine whether they could be safely transported directly to a mental health crisis center.
- Ninety-five percent of patients were evaluated at the behavioral health crisis center without the delay of a preliminary emergency department visit. Only 5% of patients required subsequent transfer to the ED, and there were no adverse outcomes. After refining the field medical evaluation protocols, the rate of transfer to an ED fell to zero.
- The project yielded savings for payers, primarily Medi-Cal, because screening behavioral health patients in the field for medical needs and transporting them directly to the mental health crisis center obviated the need for an ED visit with subsequent transfer from an ED to a behavioral health facility. For uninsured persons, the amount of uncompensated care provided by ambulance providers and hospitals also decreased.

- Enhanced community safety because it reduced the amount of time that law enforcement devotes to behavioral health calls.

#### **Alternate Destination – Urgent Care Projects**

- More data are needed to make firm conclusions about the alternate destination – medical care projects due to the limited number of patients enrolled and the number of patients rerouted or transferred to an ED.
- Among the limited number of patients who were enrolled, paramedics were able to identify patients for whom transport to an urgent care center was an appropriate option.
- No patients experienced an adverse outcome, although two patients were transferred to an ED following admission to an urgent care center and nine patients were rerouted to an ED because the urgent care center declined to accept the patient.
- To operate safely and efficiently, these projects need to closely match field screening protocols with the capabilities of urgent care centers and the illnesses and injuries they are willing to treat.
- The projects yielded modest savings because insurers pay less for treatment provided in urgent care centers than in EDs for the same illnesses and injuries.

#### **Conclusion**

The community paramedicine pilot projects have demonstrated that specially trained paramedics can provide services beyond their traditional and current statutory scope of practice in California. These projects are improving patients' well-being, improving the integration and efficiency of health services in the community, and decreasing health care costs by reducing ambulance transports, ED visits, and hospital readmissions. The majority of savings achieved by these pilot projects accrue to Medicare and hospitals serving Medicare patients because Medicare beneficiaries accounted for the

largest share of persons enrolled in the pilot projects (43%). Savings also accrue to the Medi-Cal program and providers that serve Medi-Cal beneficiaries because Medi-Cal beneficiaries constitute 28% of enrollees. In addition, the pilot projects provide new options to persons who call 911 that enable them to obtain the care they need more efficiently and in the settings they prefer.

Findings from the evaluation indicate that Californians benefit from these innovative models of health care that leverage an existing workforce that operates at all times under medical control, either directly or by protocols developed by physicians experienced in EMS and emergency care. These projects were designed to integrate with existing health care resources and utilize the unique skills of paramedics and their availability 24 hours per day, 7 days per week. No adverse outcome is attributable to any of these pilot projects. No other health professionals were displaced; in fact, these pilot projects demonstrated that community paramedicine programs can collaborate with physicians, nurses, behavioral health professionals, and social workers to fill gaps in the health and social services safety net.

At least 33 states are operating community paramedicine programs, and research conducted to date indicates that they are improving the efficiency and effectiveness of the health care system. Findings from this research suggest that the benefits of CP programs grow as they mature, solidify partnerships, and find their optimal structure and niche within a community. The evaluation of HWPP #173 yields consistent findings for five of the six community paramedicine concepts tested: post-discharge, frequent 911 users, DOT for TB, hospice, and alternate destination – behavioral health. Projects testing these five concepts have fulfilled the criteria for a successful HWPP. They have improved patients' well-being and, in most cases, have yielded savings for payers and other parts of the health care system. The sixth concept, alternate destination – medical care, shows potential but further research involving a larger volume of patients is needed to draw definitive conclusions.

If community paramedicine is enabled on a broader scale, California's current EMS system design is well-suited to utilize the results of these pilot programs to optimize the design and implementation of proposed programs and assure patient safety. The two-tiered system of local control with state oversight and regulation enables cities and counties to tailor community paramedicine programs to meet local needs while both local and state oversight and regulation ensure patient safety.



## INTRODUCTION

The US health care “system” often functions less like a system and more like a disjointed collection of entities. When people need care, they are often left to their own devices to navigate a complex array of providers that often do not communicate with one another. Navigating this system is especially challenging for persons who have multiple chronic conditions or who have mental health conditions or substance use disorders that affect their ability to manage their health. As a consequence, our emergency departments (EDs) are often overburdened by people who seek care in EDs that could be provided more effectively and more efficiently in other settings, or who need extra support to navigate the health care system and manage their health care needs. Overcrowding in EDs leads to delays in transfer of patients from Emergency Medical Services (EMS) personnel to ED personnel which can sometimes last as long as two to four hours in some urban areas of California.<sup>1</sup> These delays increase the cost of EMS services because EMS agencies must utilize more personnel and equipment to respond to 911 calls in a timely manner.

Community paramedicine (CP), also known as mobile integrated health (MIH-CP) is an innovative model of care that seeks to improve the effectiveness and efficiency of health care delivery by using specially trained paramedics in partnership with other health care providers to address identified patient needs in local health care systems. Community paramedics receive additional training beyond that required for licensure and provide care beyond their traditional role, which in California is restricted to responding to 911 calls with transport to EDs or with inter-facility transfers.<sup>2</sup> They are supervised by physicians and nurses who work for their EMS agencies and the health care and community agencies with which their EMS agencies partner. According to a survey conducted by the National Association of Emergency Medical Technicians, by 2014 more than 100 EMS agencies in

33 states and the District of Columbia had implemented one or more MIH-CP initiatives.<sup>3</sup>

The ability of EMS agencies to implement community paramedicine initiatives depends on their state's scope of practice laws. Some states have broad scope of practice laws that give state regulators or local EMS agencies substantial discretion to determine what services paramedics provide and where they provide them. Other states' scope of practice laws are narrower. In California, the sections of the Health and Safety Code that govern paramedic scope of practice (HSC §§ 1797.52, 1797.218) specify the limited emergency settings where paramedics can provide services and the settings to which they can transport patients.

In 1972, California established the Health Workforce Pilot Project (HWPP) program (HSC §§ 128125-128195), which was originally called the Health Manpower Pilot Projects program. This farsighted program, administered by the California Office of Statewide Health Planning and Development (OSHPD), enables health care organizations to test and evaluate innovative models of care that utilize health professionals in new roles. Health professionals participating in an HWPP can provide services outside of their standard scope of practice in accordance with protocols for training and care delivery that are approved by OSHPD. Since 1972, OSHPD has approved 123 HWPPs, 117 of which were implemented. Seventy-seven HWPPs have resulted in changes in law or regulation.<sup>4</sup> On December 19, 2013, the California Emergency Medical Services Authority (EMSA) submitted an application to OSHPD for an HWPP to evaluate community paramedicine. OSHPD approved HWPP #173 on November 14, 2014, for one year and renewed approval for additional one-year periods in 2015 and 2016.

The HWPP regulations require organizations that sponsor pilot projects to retain an independent evaluator to assess trainee performance, patient acceptance, and cost effectiveness. A team of evaluators at the Philip R. Lee Institute for Health

MOTION BY SUPERVISOR JANICE HAHN

January 24, 2017

**BEST PRACTICES FOR TRANSPORT OF PATIENTS TO SOBERING AND MENTAL  
HEALTH URGENT CARE CENTERS**

Currently, patients exhibiting mental health or substance use symptoms who are under the care of a paramedic or an emergency medical technician (EMT) must be transported to a hospital with an emergency department (ED). Often, many of the patients being transported to an ED could actually be treated more appropriately if transported directly to either a sobering center or a psychiatric urgent care center where trained medical personnel, including nurses and psychiatrists, can provide essential treatment. Additionally, these centers are staffed with highly trained personnel who can connect recovering patients to supportive services that will lead toward long-term care, housing, and self-sufficiency.

Unfortunately, existing law precludes paramedics and EMTs from transporting patients directly to sobering and psychiatric urgent care centers. Instead, emergency response personnel must transport these patients to EDs that are already overcrowded and which are not necessarily equipped to provide the most appropriate care for these particular patients. If state law were to permit local Emergency Medical Services Agencies to promulgate rules and regulations that would allow for such direct transports

- - MORE- -

**MOTION**

SOLIS	_____
KUEHL	_____
HAHN	_____
BARGER	_____
RIDLEY-THOMAS	_____

to sobering centers and psychiatric urgent care centers, then duly trained and qualified paramedics and EMTs could properly evaluate patients and make decisions for the most appropriate transport destination.

**I, THEREFORE, MOVE** that the Board of Supervisors sponsor state legislation that would allow local Emergency Medical Services agencies to promulgate rules and regulations that would enable paramedics and emergency medical technicians to directly transport patients to sobering and psychiatric urgent care centers;

**I, FURTHER, MOVE** that this Board direct the CEO and our Legislative Advocates in Sacramento to identify an author for the introduction of such state legislation, and to actively pursue its enactment;

**FINALLY, I MOVE THAT** this Board send a five-signature letter to the entire Los Angeles area legislative delegation in Sacramento and to the Governor urging the introduction and enactment of this important legislation.

# # #

JH:jh



# EMERGENCY MEDICAL SERVICES COMMISSION

## STANDING COMMITTEE APPOINTMENTS

**BUSINESS 5.2**



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

COMMITTEE	2015	2016	2017
<b>Provider Agency Advisory (PAAC)</b>	Chair: Dave Austin Vice Chair: Robert Barnes  Commissioners: Jon Thompson, Clayton Kazan and Daryl Parrish  Staff: Gary Watson	Chair: Dave White Vice Chair: Robert Ower  Commissioners: Paul Rodriguez Robert Barnes  Staff: Gary Watson	Chair: Dave White Vice Chair: Robert Ower  Commissioners: Brian Bixler Robert Barnes  Staff: <b>Gary Watson</b>
<b>Base Hospital Advisory (BHAC)</b>	Chair: Carol Snyder Vice Chair: James Lott  Commissioners: Margaret Peterson Erick Cheung, MD  Staff: Carolyn Naylor	Chair: Carol Snyder Vice Chair: Margaret Peterson  Commissioners: Robert Flashman Erick Cheung, MD  Staff: Carolyn Naylor	Chair: Marc Eckstein, MD Vice Chair: Margaret Peterson  Commissioners: Erick Cheung, MD  Staff: <b>Lorrie Perez</b>
<b>Data Advisory (DAC)</b>	Chair: Robert Flashman Vice Chair: Raymond Mosack  Commissioners: Nerses Sanossian, MD John Hisserich  Staff: Michelle Williams	Chair: Robert Flashman Vice Chair: John Hisserich  Commissioners: Collin Tudor Clayton Kazan, MD  Staff: Michelle Williams	Chair: Nerses Sanossian, MD Vice Chair: Paul Rodriguez  Commissioners: John Hisserich Collin Tudor  Staff: <b>Michelle Williams</b>
<b>Education Advisory (EAC)</b>	Chair: Andres Ramirez Vice Chair: Frank Binch  Commissioner: Gary Washburn Bernard Weintraub  Staff: David Wells	Chair: Frank Binch Vice Chair: Gary Washburn  Commissioners: Bernard Weintraub  Staff: David Wells	Chair: Carole Snyder Vice Chair: Gary Washburn  Commissioners: Ellen Alkon, MD  Staff: <b>David Wells</b>





**JACKIE LACEY**  
**LOS ANGELES COUNTY DISTRICT ATTORNEY**

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HALL OF JUSTICE  
211 WEST TEMPLE STREET, SUITE 1200 LOS ANGELES, CA 90012-3205 (213) 974-3500

January 31, 2017

Dear Ms. Fruhwirth,

After reading the Ad Hoc Committee on Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report, I was impressed by the in-depth detail and insight into the various issues that are problematic for the County of Los Angeles' response to behavioral emergencies.

Some of the recommendations which drew my attention was the need for standardized training and protocols across the County for all law enforcement agencies regarding what constitutes a need for a medical evaluation by Emergency Medical Service providers and exploring the option of Sobering centers for patients.

Additionally, recognizing the challenges of the mental health and substance abuse responses by both medical and law enforcement professionals is the first step in addressing a countywide problem through cooperation, education and training.

As a staunch advocate for mental health wellness, I fully support the efforts of the Committee and would welcome any legislation or Board of Supervisor's motion which would assist in alleviating these challenging issues.

Sincerely,

A handwritten signature in black ink, appearing to read "Jackie Lacey", is written over the printed name.

Jackie Lacey  
Los Angeles County District Attorney

zr

## Karolyn Fruhwirth

---

**From:** Mario Salcedo  
**Sent:** Friday, January 27, 2017 12:31 PM  
**To:** Karolyn Fruhwirth  
**Cc:** Wesley Ford; Gloria Hernandez; Heather Jue Northover; Beverly Ware  
**Subject:** EMSC Recommendations – Review/Comment

-----  
SENT ON BEHALF OF WESLEY L. FORD  
-----

Good Afternoon Ms. Fruhwirth,

This email is in response to your request for The Los Angeles County Department of Public Health's (DPH) review of the *Los Angeles County Emergency Medical Services Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies*. Dr. Gary Tsai, Medical Director and Science Officer for DPH's Substance Abuse Prevention and Control (SAPC) Division, is a member of the Commission and was a principal contributor to the report. During the drafting process, Dr. Tsai also ensured that all aspects pertaining to substance use disorder were appropriately addressed. Therefore, DPH is satisfied with the adequacy of the document's content and has no further feedback at this time. However, we welcome discussion with others that are reviewing the report.

If you have any questions or need additional information, please let me know.

Kindest Regards,

Mario Salcedo, Chief of Staff  
Los Angeles County Department of Public Health, Health Promotion Bureau  
1000 S. Fremont Ave., Building A-9 East, 3<sup>rd</sup> Floor  
Alhambra, CA 91803  
Phone: (626) 299-4530  
E-mail: [masalcedo@ph.lacounty.gov](mailto:masalcedo@ph.lacounty.gov)

## Karolyn Fruhwirth

---

**From:** Destiny Castro  
**Sent:** Friday, January 27, 2017 12:57 PM  
**To:** Karolyn Fruhwirth  
**Subject:** RE: Los Angeles County EMS Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies

Hi Kay-

It was very interesting reading. Is it State Legislative that needs to be changed in order for EMS to declare a 5150 hold or County policy? I absolutely agree that as EMS has more medical training than Sheriff that EMS should be able to do this.

Is this being sent to the Board? Is there anyone from the Board you would like me to send this to? I thought it was very informative and eye-opening.

Thanks!

**Destiny Castro**  
Chief Executive Office  
Risk Management Branch  
Risk Management Inspector General  
County of Los Angeles  
213-738-2194 (office)  
[dcastro@ceo.lacounty.gov](mailto:dcastro@ceo.lacounty.gov)

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**From:** Karolyn Fruhwirth  
**Sent:** Thursday, January 19, 2017 8:19 AM  
**To:** Jonathan Sherin; Cynthia Harding; Terry Lewis; Mitchell Katz; 'jsmith@montereypark.ca.gov'; Bill Walker; 'Brittney@namilaccc.org'; 'ccjcc@ccjcc.lacounty.gov'; Carole Snyder (Carole.Snyder@pihhealth.org); Destiny Castro; Mark Ghaly; 'jbarber@hasc.org'; 'jgarcia@hasc.org'; District Attorney; 'jmcconnell@lasd.org'; 'matt@medcoastambulance.com'  
**Subject:** Los Angeles County EMS Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies

The beginning of January 2017 you should have received the attached Report that was developed by the Los Angeles County EMS Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies. The EMS Commission requested your feedback by February 1, 2017. This email is to make sure you received the report and remind you that your feedback is very valuable and the EMS Commission looks forward to hearing from your organization.

Kay Fruhwirth  
Assistant Director  
Emergency Medical Services Agency  
10100 Pioneer Boulevard  
Santa Fe Springs, CA 90670  
562-347-1596  
[kfruhwirth@dhs.lacounty.gov](mailto:kfruhwirth@dhs.lacounty.gov)



## Karolyn Fruhwirth

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**From:** Cathy Chidester  
**Sent:** Thursday, February 02, 2017 3:37 PM  
**To:** Karolyn Fruhwirth  
**Subject:** Dr. Katz comments on the report

**From:** Mitchell Katz  
**Sent:** Sunday, September 25, 2016 10:42:06 AM  
**To:** Cathy Chidester  
**Cc:** Marianne Gausche-Hill  
**Subject:** Re: Emailing - Ad Hoc Committee Report.pdf

I think you did a terrific job of clarifying the issues and steering towards the necessary solutions.

It seems to me that the call taker should be able to get the appropriate information about whether there is a threat of violence, and if not, only dispatch the EMS providers. They can call for police help if they get to the scene and there is a threat of danger.

To really fix this, we need ability to transport people to alternative sites and ideally in alternative ways (e.g., a mental health team rather than an EMS team transports the patient). I know that the state EMS authority will not allow this at the moment, but can't that be overridden by legislation? It seems to me legislators love to carry bills that have no cost and have a common sense popularity. The average person believes you should transport a mentally ill person to a mental health site--not a ED. The average person believes that an inebriated person should be brought to a substance treatment site. None of this changes scope of practice. Should we start working on what we would want such legislation to say and then start shopping it around? mitch

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## Karolyn Fruhwirth

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**From:** Mindi Thelen <scps2999@earthlink.net>  
**Sent:** Wednesday, February 01, 2017 10:40 AM  
**To:** Karolyn Fruhwirth  
**Cc:** Curley Bonds MD; Cheung Erick M.D. (Psychiatry)  
**Subject:** Stakeholder - EMS Ad Hoc Committee Report

Dear Ms. Fruhwirth,

I am writing on behalf of the Southern California Psychiatric Society to endorse the EMS Ad Hoc Committee Report of Mental Health/Substance Abuse Emergencies. As psychiatrists, we see these problems in the field as central to clinical practice and we urge the committee to explore the needs for financial and programmatic commitment going forward.

If you have any questions or would like any further comments please feel free to contact me or Mindi Thelen, our Executive Director, at the number below.

Sincerely,  
Curley Bonds, M.D.  
President

Mindi Thelen  
Executive Director  
Southern California Psychiatric Society  
2999 Overland Ave #208  
Los Angeles, CA 90064  
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The Los Angeles Area Fire Chiefs Association (LAAFCA) Response to the EMS Commission's Ad Hoc Committee *Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies*. LAAFCA comments are in **bold**.

**Thank you for the opportunity to provide input on the Ad Hoc Committee *Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies*. The following comments represent the collective opinion of the LAAFCA members, representing the 31 fire departments in Los Angeles County.**

Page 6

Committee Observations

A number of consensus observations were made by the Committee, with regard to the current MH/SA emergency response system:

2. The LE response and more specifically the transport of patients in squad cars and in handcuffs, has the undesirable effect of "criminalizing" persons with MH/SA emergencies.

**Ambulances are the most in demand resource provided by the fire departments. The number of ambulance transports countywide continues to increase substantially. The interpretation that transporting a MH/SA patient in a police car "criminalizes" the patient is subjective and is not compelling enough to warrant transport by ambulance. This observation should not drive a change in policy or current practice by law enforcement agencies.**

Page 10

Committee Observations

10. EMS providers have not sought LPS authority/certification to write involuntary detainments, though there is nothing prohibiting their application for such authority/certification.

**LAAFCA opposes any initiative to expand EMT or paramedic authority/scope of practice to include writing involuntary detainments. We believe this is clearly a law enforcement function.**

Pages 10-11

Recommendations for change to the current MH/SA field response

1. Modify and standardize the MH/SA emergency 9-1-1 triage criteria to match the field response (LE vs. EMS) to the type of emergency situation. Specifically triage LE to patients who may be combative, violent, or exhibiting potential criminal behaviors, and triage EMS to all other MH/SA emergencies, including "agitated delirium". The net expected effect would be a decrease in responses where LE is the sole responder and a corresponding decrease in criminalization of mental illness and potential use of force, and an increase in the appropriate medicalization of MH/SA emergencies.

**LAAFCA supports a standardized approach to 9-1-1 triage criteria. Law enforcement officers must continue to be responsible for subduing violent or combative persons.**



Medical intervention occurs after the patient is no longer a threat to the public or fire personnel. The net effect of reducing the potential use of force or decreasing the "criminalization" of a combative/violent patient is doubtful. For the safety of the patient, public, and firefighters, law enforcement must remain the lead position from first contact to the transfer of care at the hospital.

2. Investigate the potential of greater integration of co-deployed MH/SA and LE teams into the 9-1-1 first response systems. Consider a tiered approach to the dispatch of patrol units to MH/SA emergencies, such that MH/SA trained officers may preferentially respond to the scene.

**LAAFCA supports this recommendation.**

3. Develop basic resource materials for persons with MH/SA emergencies who are not transported and left in the field, to increase access to mental health services when appropriate.

**LAAFCA supports this recommendation.**

4. Standardize training/protocol across the County for all LE agencies regarding what constitutes a need for a medical evaluation by EMS providers.

**LAAFCA supports this recommendation.**

5. Investigate the pros/cons of establishing MH/SA emergency specialized care centers, akin to the system for STEM I, trauma, stroke, etc., to improve the care for MH/SA emergencies.

**LAAFCA supports the concept but need more information as to number and locations of the specialized care centers. We want to be involved in the process of vetting this idea. There is concern about the impact this would have on ambulance availability.**

6. Determine the feasibility (including regulatory and financial/economic or practical barriers) of alternate destinations to directly transport EMS patients to specialty EDs that demonstrate the capacity and expertise to care for MH/SA patients, to MHUCCs, or to other destinations that can provide the appropriate evaluation and treatment. Investigate and pursue the integration for substance abuse detoxification and rehabilitation services as destination options for EMS, LE and EDs.

**LAAFCA supports the concept but need more information as to number and locations of the specialized EDs. Again, we want to be involved in the process of exploring this idea. There is concern about the impact this would have on ambulance availability.**

7. Support regulatory changes to ensure parity for all populations, including the following key issues. Medi-Cal currently does not reimburse free standing mental health facilities for care to adult recipients. Further, the Drug Medi-Cal Organized Delivery System benefit

program being implemented by DPH focuses on outpatient SA treatment and does not provide reimbursement for inpatient services. Finally, the Drug Medi-Cal Organized Delivery System benefit program contains annual limitations on residential treatment for substance use disorders for both youth and adult clients.

**LAAFCA supports this recommendation.**

8. Develop additional treatment protocols (non-pharmacologic and pharmacologic) to address combative, agitated or potentially violent behavior in MH/SA adult and pediatric patients. Refer to the EMS Agency Medical Advisory Council to determine whether the EMS Agency should pursue the use of alternate agents for behavioral agitation as the result of acute psychosis, substance intoxication or withdrawal, delirium, and undetermined etiologies.

**LAAFCA supports this recommendation.**

9. Explore the option of Sobering Centers as a patient destination for inebriates as these resources become more available in the community.

**LAAFCA supports the concept but need more information as to number and locations of the sobering centers. Again, we want to be involved in the process of exploring this idea. There is concern about the impact this would have on ambulance availability.**



## Karolyn Fruhwirth

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**From:** Brittney Weissman <[brittney@namilacc.org](mailto:brittney@namilacc.org)>  
**Sent:** Thursday, March 02, 2017 8:10 AM  
**To:** Karolyn Fruhwirth  
**Subject:** Re: Los Angeles County EMS Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies

Hi Kay —

Thanks for sharing this draft with me. I apologize for the tardiness of my reply. We do endorse this report, but have one concern. Our concern was about method of transport. And about needing to use handcuffs. We wish we could find a better way, of course. If gurneys have soft restraints, why can't they develop soft restraints to substitute for handcuffs? That's a question for another time, probably.

Let us know if you need anything more from us in terms of support and thank you again for sharing.

Brittney

Brittney Weissman  
Executive Director  
NAMI Los Angeles County Council  
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(818) 687-1657

[Brittney@namilacc.org](mailto:Brittney@namilacc.org)

[\[http://web.cisco.com/1WCNFCxSdlOyM7XRgHDSkbLQ7PhkSPiGYgyoyrqnECj20TYfReIMUz7tulQMKGKhHMyQKrTYa7cuUy6LbALnuXxYJU7hkb1j0gBXwzhEBSquLVmnj7CA\\\_TmgZFey aAJ5keILHBJZ7t7Ay\\\_Ud6jtEcEeVyN95hnQvhN0qkMRVs9XAWZIIVP9OsLKMoTlcoSCfhJ q3eL3JoEMHuTY3GFI7Ru1yxxQfZr7AzH7W5N1gA\\\_SKP\\\_5IVJxc4aKL7OEzjiqpLglmdyU Yp9ZFBz\\\_zNV2EubgYzqO4NBoixbjYa7JmYm0yR9-QezibQIAKcvKzhOHnql-oUBedz\\\_c-s5irF-6ej\\\_mh31b8r9emb4EDQ\\\_m5WhssHE1XU-V9xLdV0pwP0kxkyhJSBor76wUY4Mhvi1DLg-4g/http%3A%2F%2Fwww.namilacc.org www.facebook.com/NAMILACC.org\]\(http://web.cisco.com/1WCNFCxSdlOyM7XRgHDSkbLQ7PhkSPiGYgyoyrqnECj20TYfReIMUz7tulQMKGKhHMyQKrTYa7cuUy6LbALnuXxYJU7hkb1j0gBXwzhEBSquLVmnj7CA\_TmgZFey aAJ5keILHBJZ7t7Ay\_Ud6jtEcEeVyN95hnQvhN0qkMRVs9XAWZIIVP9OsLKMoTlcoSCfhJ q3eL3JoEMHuTY3GFI7Ru1yxxQfZr7AzH7W5N1gA\_SKP\_5IVJxc4aKL7OEzjiqpLglmdyU Yp9ZFBz\_zNV2EubgYzqO4NBoixbjYa7JmYm0yR9-QezibQIAKcvKzhOHnql-oUBedz\_c-s5irF-6ej\_mh31b8r9emb4EDQ\_m5WhssHE1XU-V9xLdV0pwP0kxkyhJSBor76wUY4Mhvi1DLg-4g/http%3A%2F%2Fwww.namilacc.org www.facebook.com/NAMILACC.org\)](http://secure-</a></p></div><div data-bbox=)



On Jan 19, 2017, at 8:19 AM, Karolyn Fruhwirth <[kfruhwirth@dhs.lacounty.gov](mailto:kfruhwirth@dhs.lacounty.gov)> wrote:

The beginning of January 2017 you should have received the attached Report that was developed by the Los Angeles County EMS Commission Ad Hoc Committee Report on the Prehospital Care of Mental Health and Substance Abuse Emergencies. The EMS Commission



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*Emergency Physicians (CAL-ACEP)*

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

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

**Executive Director**

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

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

**Tom Lenihan, President**  
**Los Angeles Area Fire Chiefs Association**  
**311 E Orange Grove Avenue**  
**Burbank, CA 91502**

Dear Chief Lenihan:

On behalf of the Emergency Medical Services (EMS) Commission, I want to thank the Los Angeles Area Fire Chiefs Association (LAAFCA) for their thoughtful feedback specific to the recommendations in the *Ad Hoc Committee on The Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report*. Over the next several years, as the EMS Commission and the EMS Agency begins taking steps to implement these recommendation, we will keep your comments in mind and ensure that LAAFCA is engaged in the process.

The EMS Commission looks forward to continued collaboration as we work to improve the prehospital care of persons experiencing mental health/substance abuse emergencies ensuring patient care remains the priority.

Sincerely,

**Cathy Chidester**  
**Executive Director, EMS Commission**