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Emergency Nurses Association Mr. Colin Tudor

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Atilla Uner, MD

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> **Pajmon Zarrineghbal** Public Member (4th District)

> > VACANT

Public Member (1st District)

Cathy Chidester

Executive Director (562) 347-1604

Cchidester@dhs.lacounty.gov

Amelia Chavez

Secretary, Health Services Commission (562) 347-1606
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: September 20, 2017

TIME: 1:00 – 3:00 PM

LOCATION: Los Angeles County EMS Agency

10100 Pioneer Blvd., EMSC Hearing Room - 1st Floor

Santa Fe Springs, CA 90670

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

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

AGENDA

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

INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

• EMS Agenda 2050 - http://emsagenda2050.org

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

1 MINUTES

• July 19, 2017

2 CORRESPONDENCE

- 2.1 (09-06-2017) Amal K. Obaid, M.D., FACS, Medical Director, Trauma Services, Huntington Hospital: Trauma Catchment Boundaries.
- 2.2 (08-22-2017) Erick Cheung, MD., Chairman, Los Angeles County EMS Commission: To designate a representative to participate as a member of the Measure B Advisory Board (MBAB).
- 2.3 (08-22-2017) Ken Liebman, General Manager, American Medical Response of Southern California: Exclusive Operating Area (EOA) Data Submission Requirements.
- 2.4 (08-21-2017) Joseph Chidley, CEO, Westmed McCormick Ambulance, Inc.: Exclusive Operating Area (EOA) Data Submission Requirements.
- 2.5 (08-21-2017) Louella McNeal, CEO, Schaefer Ambulance Service: Exclusive Operating Area (EOA) Data Submission Requirements.
- 2.6 (08-21-2017) Troy Hagen, CEO, Care Ambulance Service: Exclusive Operating Area (EOA) Data Submission Requirements.
- 2.7 (08-15-2017) Lou Meyer, Project Manager, California EMS Authority: EMS Agency in support of Los Angeles Fire Department's two Community Paramedic Pilot Project Applications.
- 2.8 (08-15-2017) Lou Meyer, Project Manager, California EMS Authority: EMS Agency in support of Los Angeles County Fire District's Community Paramedic Pilot Project Application.

2. CONTINUED

- 2.9 (08-03- 2017) All ALS and BLS Provider Agencies: State Emergency Medical Technician (EMT) Regulation Changes–Effective July, 2017.
- 2.10 (07-31-2017) Robert Öwer, General Manager/Nurse Manager, Rescue Services International, Ltd. Dba Medic-1 Ambulance: Approval of Temporary Medication Reduction during Nationwide Shortage.
- 2.11 (07-25-2017) BJ Bartleson, RN, MS, NEA-BC, California Hospital Association: EMS Agency in support of the Emergency Care Systems Initiative (ECSI).
- 2.12 (07-24-2017) Bertral Washington, Fire Chief, Pasadena Fire Department: Expanded Intraosseous Pilot Study/Fentanyl Approval.
- 2.13 (07-19-2017) Distribution: St-Elevation Myocardial Infarction (STEMI) Receiving Center Designation.
- 2.14 (07-13-2017) Distribution: Atropen® Auto-Injector Removal from Inventory.
- 2.15 (07-12-2017) Cathy Chidester, Director, EMS Agency: Response to the EMS Plan Update Submission.

3. COMMITTEE REPORTS

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

4. POLICIES

- 4.1 Policy No. 406: Assessment Unit
- 4.2 Policy No. 520: Transfer of Patients from Catalina Island
- 4.3 Policy No. 803: Emergency Medical Technician (EMT) Scope of Practice
- 4.4 Policy No. 817: Regional Mobile Response Team
- 4.5 Policy No. 1013: EMS Continuing Education (CE) Provider Approval and Program Requirements

5. BUSINESS (Old)

- 5.1 Community Paramedicine (September 2017)
- 5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
 - Matrix Committee Recommendation (Attached)
- 5.3 Ad Hoc Committee (Wall Time/Diversion)
- 5.4 Cannabis Data Submission
- 5.5 Measure B Advisory Board (MBAB)

New

5.6 Quarterly Update on Trauma Prevention Efforts and Trauma Care Expansion (Information only)

EMS Commission Agenda September 20, 2017 Page 3

6. COMMISSIONERS COMMENTS/REQUESTS

- 7. LEGISLATION
- 8. EMS DIRECTOR'S REPORT
- 9. ADJOURNMENT

(To the meeting of November 15, 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.



Save the Date: Attend Regional Meetings to Contribute to EMS Agenda 2050

The EMS Agenda 2050 team will host four public meetings throughout the U.S. where attendees will meet and discuss the future of EMS with the project's Technical Expert Panel, a group of 10 individuals with wide-ranging and diverse experiences within EMS systems and healthcare organizations.

During the meetings, participants will actively engage in conversations and critical thinking exercises to ensure that EMS Agenda 2050 establishes a vision that incorporates a wide range of perspectives. Prior to the first regional meeting, EMS Agenda 2050 will release a strawman document as a conversation starter to spark thinking and dialogue about the future of EMS.

"If you've wanted to have a voice in shaping the future of EMS systems, EMS providers' role in the health and safety of patients, and more, this is your chance," said Jon Krohmer, MD, Director of the Office of EMS at the National Highway Traffic Safety Administration (NHTSA). "The federal agencies supporting this effort hope these meetings generate great conversations that will drive the development of a new vision for the future of EMS."

The regional meeting dates and locations are:

Silver Spring, Maryland

September 25, 2017

Minneapolis, Minnesota

November 7, 2017

Los Angeles, California

January 17, 2018

Dallas, Texas

March 1, 2018

Pre-registration for the meetings is required. Visit the <u>website</u> to register and for more detailed information, including meeting locations, times and hotel options.

In addition to the four regional meetings, many other opportunities exist to provide input and feedback. Suggestions and comments are always welcome via the project website. In addition, EMS Agenda 2050 will host webinars and conference listening sessions, and anyone is encouraged to reach out to members of the TEP or organizational liaisons. A timeline of opportunities for collaboration and input is available here.

We look forward to seeing you at an upcoming meeting! Questions about meeting logistics and travel should be directed to EMSAgenda2050@redhorsecorp.com.

CONSENT CALENDAR

September 20, 2017

1. MINUTES

• July 19, 2017

2. CORRESPONDENCE

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- 2.16 (09-06-2017) Amal K Obaid, M.D., FACS, Medical Director, Trauma Services, Huntington Hospital: Trauma Catchment Boundaries.

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- 3.2 Data Advisory Committee Cancelled
- 3.3 Education Advisory Committee
- 3.4 Provider Agency Advisory Committee

CONSENT CALENDAR

September 20, 2017

4. POLICIES

4.1	Policy	No. 406:	Assessment	Unit

- 4.2 Policy No. 520: Transfer of Patients from Catalina Island
- 4.3 Policy No. 803: Emergency Medical Technician (EMT) Scope of Practice
- 4.4 Policy No. 817: Regional Mobile Response Team
- 4.5 Policy No. 1013: EMS Continuing Education (CE) Provider Approval and Program

Requirements



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July 19, 2017

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
☑ Ellen Alkon, M.D.	So. CA Public Health Assn.	Cathy Chidester	Director
☑ Robert Barnes	LAC Police Chiefs Assn.	Kay Fruhwirth	Assistant Director
☑ Lt. Brian S. Bixler	Peace Officers Assn. of LAC	Richard Tadeo	Assistant Director
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Amelia Chavez	Commission Liaison
☑ Marc Eckstein, M.D.	L.A. County Medical Assn	Michelle Williams	EMS Staff
☑ John Hisserich	Public Member, 3 rd District	Cathlyn Jennings	EMS Staff
☑ Clayton Kazan, M.D.	CAL/ACEP	Rebecca Garnet	EMS Staff
☑ Lydia Lam, M.D.	American College of Surgeons	David Wells	EMS Staff
* James Lott	Public Member, 2 nd District		
☑ Robert Ower	LAC Ambulance Association		
☑ Margaret Peterson, PhD	HASC		
☑ Paul S. Rodriguez	CA State Firefighters' Assn.		
* Nerses Sanossian, M.D.	American Heart Association		
☑ Carole Snyder	Emergency Nurses Assn.		
☑ Colin Tudor	League of California Cities		
☑ Gary Washburn	Public Member, 5 th District		
☑ Chief David White	LA Chapter-Fire Chiefs Assn.		
☑ Pajmon Zarrineghbal	Public Member, 4th District		
	GUESTS		
Jaime Garcia	HASC	Michael Murrey	Manhattan Beach FD
Laurie Mejia	Long Beach Medical Center	Kevin Millikan	Torrance FD
Joan Dolan	Long Beach Fire Department	Caroline Josh	Torrance FD
Dr. Clayton Kazan	Los Angeles Co. Fire Dept.	Al Flores	Los Angeles FD (QIU)
Claudia Bolder	Los Angeles Co. Fire Dept.	Saman Kashani	LAC+USC / LAFD
Atila Uner, MD	UCLA Medical Center		

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

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd., Santa Fe Springs, CA. 90670. The meeting was called to order at 1:02 PM by Chairman Eric Cheung, M.D. A quorum was present with 14 Commissioners in attendance.

ANNOUNCEMENTS/PRESENTATIONS:

Self-introductions were made starting with EMSC members and followed by EMS Agency Staff. Chairman Cheung introduced and welcomed Dr. Lydia Lam, a recently appointed commissioner who is representing American College of Surgeons.

Ms. Cathy Chidester, Director, EMS Agency, introduced Lieutenant Robert Lamborghini who was invited to attend the commission meeting to provide a presentation on 5150 Transports. Ms. Chidester shared that EMS Agency staff were introduced to Lt. Lamborghini when the State approved automated external defibrillators (AEDs) for Police Departments to use and because Glendora Police Department (GPD) was the first one in Los Angeles County to utilize AEDs and the first law enforcement agency to approach the EMS Agency on the utilization of Narcan.

Lt. Lamborghini started his presentation by sharing with commissioners and attendees that he began working for the Glendora Police Department (GPD) in 1978 and that in the 80's and 90's it was not common to have 5150 transports; it would be one every couple of months, but by the 2000's there would be about three times a week. When patients on the 5150 category are passive and compliant or perhaps simply unable to care for themselves, it allows police officers to put them in a police car and transport them to the nearest psychiatric facility; however, the violent and uncooperative patients must be transported in an ambulance. In the past, if an ambulance was requested, the Fire Department (FD) would respond by sending the paramedics to assist but in most of these special cases the paramedic services were not necessary.

GPD was able to write a Memorandum of Understanding (MOU) with Cole Schaefer Ambulance on 5150 Transports, which entitles GPD to call for an ambulance and not having to include assistance from the FD; this being a service to the FD by not having to send out paramedics and to the public by allowing them to receive a safer transportation. The MOU with Cole Schaefer includes that the transportation would be to local hospitals and psychiatric centers and in a worst case scenario to LAC+USC Medical Center. It was also agreed that the cost will be in accordance with Medicare/Medical (standard rates); this included the reciprocal agreement that if unable to obtain their respective reimbursement for the services, GPD would reimburse accordingly.

Lt. Lamborghini added that per the California Department of Health Care Services, there were about 45 thousand people, including children, detained for 5150 in 2011 / 2012. Two years later, the number grew to about 65 thousand, making it, in his opinion, an emergency response issue.

Having an MOU with the local Ambulance Company serving a specific area is highly suggested as it has proven to be effective.

CONSENT CALENDAR:

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

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

5. **BUSINESS** (old)

5.1 Community Paramedicine (July 18, 2012)

Cathy Chidester referred to a letter No. 2.8 from *Correspondence*. In the letter, Mr. Lou Meyer, Project Manager, Emergency Medical Services Authority (EMSA) was informed that the EMS Agency plans to partner with Arcadia, Los Angeles County and Los Angeles City Fire Departments on projects specific to Alternate Destination. Mr. Meyer was also informed that UCLA will not be participating but they are open to provide additional guidance in coordinating Community Paramedic pilot projects as needed.

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report

Chairman Cheung reported that in September of 2016 the final Ad Hoc report was issued and it has been in circulation since then. Dr. Clayton Kazan, Medical Director, Los Angeles County Fire Department (LACoFD), has been in touch with the District Attorney Mental Health Advisory Board and attracted their attention. They requested a formal presentation on the document and findings and once presented, there was a great deal of interest from the leadership in the room. They were overall supportive of the recommendations and the direction we are moving in related to the report for which a follow up meeting was scheduled for updates. There are additional elaborations added to the Recommendations of Action Plan; one of which is additional interest in support for the possible legislation changes and open up the possibility of alternate destinations, and the second one being of the major elements of the report, which was to understand and to reorganize the approach of dispatch for mental health emergencies.

BUSINESS (New)

5.3 Ad Hoc Committee for (Wall Time / Diversion)

Richard Tadeo, Assistant Director, EMS Agency stated there was a meeting in July with thirteen participants representing the EMS Agency, Private and Public Providers, Commissioners, Hospital Association and the Antelope Valley. The majority of the meeting was about providing information as to the history of diversion and how to mitigate it with changes in policies, etc. Committee members concluded it is imperative to start with the main focus being on the following four sub-categories:

- Establish standard time
- Education for EMS providers
- Strategies to address wall-time (Revision of Policies)
- Pilot Study To implement strategies

5.4 Cannabis Data Submission

Cathy Chidester stated that the EMS Agency has been working with the Chief Executive Office (CEO), who has formed a Committee based on a Board motion to study the effects of the new cannabis legalization. The data that is pre-cannabis legalization is mostly based off from the experience from Colorado and Washington. Staff from the CEO's office are working with the Internal Services Department (ISD) to come out with a format for the data collected. EMS Agency's staff is working closely with LACoFD, all other Fire Departments and Ambulance Companies that respond to 9-1-1 call, to make them aware of the development of a cannabis checkoff to find ways to measure data respectively.

5.5 Measure B (Motion from Supervisor Barger)

Measure B was approved in 2002, to authorize the County to levy a special tax on the structural improvements located within the County to provide funding for the countywide system of trauma centers. The funds were originally intended to stabilize the Department of Health Service's fiscal condition but primarily to provide support for the countywide system of trauma centers, including those operated by non-County hospitals.

Supervisor Barger's approved motion establishes a Measure B Advisory Body (MBAB) to ensure that the allocation of future unallocated Measure B funds is objective, needs-based and ensure the maximum impact on County residents. The MBAB includes members from the CEO's Office, EMS Agency, Auditor Controllers, Public Health, Fire Department, a non-County trauma hospital, EMS Commission, Southern California Chapter of the American College of Surgeons; and the California Nurses Association; their main role being to develop options and/or recommendations to the BOS, based on community input, for the use of the unspent Measure B funds.

The MBAB will meet on a quarterly basis or more frequently as the need arises and these will be Brown Act meetings.

6. **COMMISSIONERS COMMENTS/REQUESTS**

Chief David White, Vice-Chairman, sent a shout out to the EMS Staff, Dr. Gausche-Hill and Dr. Bosson for the EMS Update 2017. Chief White stated he took the EMS Update 2017 and said it is a very good educational product and recognizes the hard work put into it.

7. **LEGISLATION**

Cathy Chidester shared an EMSAAC legislative report dated July 12, 2017, and provided the following updates:

- AB 263, Emergency medical services workers: Rights and working conditions Because of the anticipated impact to the private ambulance companies, there is opposition on this Bill. The Bill is intended for the employers to provide employees with prescribed rest and meals periods.
- AB 387, Minimum wage: Health professionals: Interns The intent of the Bill is for hospitals to pay students in healthcare programs during their clinical internship (i.e. nursing students, radiology students, EMT students, etc.). One observation is that would be difficult to get EMTs and Paramedics into hospitals due to JHACO and other regulations hospitals deal with. This is now a two year Bill.
- AB 820, Emergency medical services authority: task force: transportation alternatives To create alternate destination scope of practice for Paramedics and EMTs. This turned into a two-year Bill. We will continue to watch it closely.
- AB 1650, Emergency medical services: Community Paramedicine This will continue to be watched; it is turned into a two-year Bill.
- SB 443, Pharmacy: Emergency medical services automated drug delivery system This Bill seems to be moving along well.
- SB 523, Medi-Cal: Emergency medical transport providers: Quality assurance fee

This Bill is for ambulance companies to have a quality assurance fee like hospitals have for patients; to augment their Medi-cal payments.

8. **DIRECTOR'S REPORT**

- As of July 1, 2017, there was a transition for the Exclusive Operating Areas (EOA) contract with Care Ambulance moving in to the area where Schaefer Ambulance was; Schaefer has the City of Monrovia as 9-1-1 EOA. Care Ambulance has the City of Industry/Walnut area where American Medical Response (AMR) Ambulance was. It was a very contentious process and it took a long time for the Board members to move on the approval of the contracts; the decision concluded on a 3 to 2 votes. Letters were sent to the cities explaining the transition. The EOA contract is renewed every ten years.
- June 1st was the annual Sidewalk CPR Day. Over 5,300 people were trained and a lot of places provided the CPR training for the entire week.
- The 50-Year of EMS Celebration will be coming up in 2019. We are partnering with the LA County Fire Museum and setting up sub-committees to plan the celebration in March 2019. There will be a steering committee with four sub-committees to be in charge of funding, program, brochures and registration. The EMS Agency is seeking volunteers for the sub-committees.
- UCLA Hospital is developing a mobile stroke unit pilot program. A mobile stroke unit is a big ambulance that has a mobile CT scan on-board to do head CT. The idea is for UCLA to contract with the LA City Fire Department so if the LA City is dispatched to a patient with signs or symptoms of a stroke, the patient will be put into the mobile stroke unit, have a CT scan done and this will be transmitted while having a video conference with a neurologist and they will have the capability of giving TPA if there is a clinical indication of a blood clot seen on the CT scan. One of our Board Offices is very interested in supporting this effort and on having multiple stroke units throughout the County.

A report was prepared for the Board on this initiative and another report is due to the Board on how the mobile stroke units would be implemented and how UCLA would be supported.

9. **ADJOURNMENT**

The Meeting was adjourned by Chairman, Erick Cheung, MD., at 2:08 PM. The next meeting will be held on September 20, 2017.

> **Next Meeting:** Wednesday, September 20, 2017

> > **EMS Agency**

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

Recorded by: Amelia Chavez Secretary, Health Services Commission



September 6, 2017

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

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. Amal K Obaid, M.D., FACS Medical Director, Trauma Services Huntington Hospital 100 W. California Boulevard Pasadena, CA91105-3097

RE: TRAUMA CATCHMENT BOUNDARIES

Dear Dr. Obaid:

The Department of Health Services Emergency Medical Services (EMS) Agency is compelled to review and recommend changes to Huntington Hospital's (HMH) trauma catchment area north of the 210 freeway, which includes the Angeles National Forest.

Pomona Valley Hospital Medical Center (PVHMC) was designated as a Level II Trauma Center on March 1, 2017. This designation required the EMS Agency to examine the trauma catchment area, previously covered by LAC+USC Medical Center in the East San Gabriel Valley, and negotiate and assign the catchment area for PVHMC and the revised catchment area for LAC+USC Medical Center. During this process, the EMS Agency's goal was to ensure that timely patient care was the priority in determining the catchment area boundaries. This goal is supported through the employment of global positioning systems (GPS) and navigation technology currently utilized by the paramedics and EMS provider agencies on a daily basis. Additionally, transport times and traffic patterns were extensively analyzed to determine the trauma catchment boundaries.

With PVHMC's helipad being fully operational within the next month and able to accept patients transported by Helicopter EMS (HEMS) providers, the EMS Agency examined the helicopter transports from the Angeles National Forest. From March 1, 2017 through June 30, 2017, there were sixty-six (66) HEMS transports from HMH's current trauma catchment area in the Angeles National Forrest. Eighteen (18) of these transports were from incident locations east of Highway 39.

Working with the various HEMS providers data was collected to determine the closest trauma center from various locations in the Angeles National Forest. The HEMS are equipped with GPS and navigation technology to accurately determine transport times to the most accessible trauma center. Based on this analysis, the EMS Agency is recommending that Highway 39 and areas west of Highway 39 remain within HMH's trauma catchment area. Incident locations east



Dr. Obiad September 6, 2017 Page 2

of Highway 39 will be reassigned to PVHMC. As always, pilot discretion may override the catchment area boundaries (attachment).

The Trauma Center Service Agreement (TCSA), Paragraph 3. SPECIFIC RESPONSIBILITIES OF COUNTY'S DEPARTMENT OF HEALTH SERVICES (COUNTY'S EMERGENCY MEDICAL SERVICES (EMS) AGENCY: Section L. states:

The Department may modify trauma patient catchment areas from time to time to meet the needs of the advanced trauma system. In the event that a catchment area is to be changed, then sixty (60) days prior to the effective date of the change, the Department shall give written notice to all designated Trauma Centers. All impacted Trauma Centers which are not County operated, including Contractor, shall be afforded the opportunity to provide written statements regarding the proposed change. If Contractor is adversely affected by the change of the catchment areas, Contractor shall be provided with "due process" as specified in Paragraph 16 herein below prior to the change in the catchment areas."

The 60 day written notice will commence on Tuesday, September 12, 2017 and expire on November 10, 2017. Please contact me if you have any questions.

Sincerely,

Cathy Chidester

Director

Attachment

c. Director, Department of Health Services
Chief Executive Officer, Huntington Hospital
Trauma Program Manager, Huntington Hospital
Chief Executive Officer, All Trauma Centers
Trauma Medical Director, All Trauma Centers
Trauma Program Manager, All Trauma Centers
Hospital Association of Southern California

НВН НМН LBM H NRH 20 Miles

Los Angeles County **Trauma Centers**

Trauma Centers As of 2017

Pomona Valley Hospital Medical Center Providence Holy Cross Medical Center Long Beach Memorial Medical Center Ronald Reagan UCLA Medical Center Northridge Hospital Medical Center California Hospital Medical Center LAC Harbor-UCLA Medical Center Children's Hospital Los Angeles HMN Henry Mayo Newhall Hospital Cedars Sinai Medical Center SFM Saint Frands Medical Center SMM Saint Mary Medical Center AVH Antelope Valley Hospital LAC+USC Medical Center Huntington Hospital

TRAUMA012017 Trauma Centers











PVC_USC_shared



TraumaAll_82417



August 22, 2017

Los Angeles County Board of Supervisors

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Mark Ridley-Thomas Second District

> Shella Kuehl Third District

Janice Hahn Fourth District

Kathryn Barger Fifth District

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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. Erick Cheung, M.D., Chairman
Los Angeles County EMS Commission
UCLA Dept. of Psychiatry & Bio-Behavioral Sciences
300 UCLA Medical Plaza, Suite 2200
Los Angeles, CA 90095-6968

Dear Dr. Cheung:

On July 11, 2017, the Los Angeles County Board of Supervisors (BOS) approved a motion to create an advisory board to advise the BOS on options and/or recommendations for spending unallocated Measure B funds. Measure B is a special parcel tax approved by the voters in 2002 and provides funding for the countywide system of trauma centers, emergency medical services and for bioterrorism response (attached). This letter is to request that the EMS Commission designate a representative to participate as a member of the Measure B Advisory Board (MBAB).

The BOS directive for this committee is to ensure that the allocation of future unallocated Measure B funds is "objective", "needs-based" and "ensure(s) the maximum impact on the County residents." The MBAB is co-chaired by the Chief Executive Office and the Emergency Medical Services Agency and will meet quarterly for one to two hours at a location to be determined.

Representation from your group is critical to ensure that the advisory board make up is diverse and all aspects of the intent of Measure B, which include trauma care, emergency medical services and bioterrorism preparedness, are fully represented.

Our goal is to schedule the first MBAB meeting in the Fall of 2017. Please submit the name and contact information of your designated representative by September 30, 2017, to Vanessa Gonzalez at vgonzalez3@dhs.lacounty.gov. If you have any questions you can contact me at (562) 347-1604 or cchidester@dhs.lacounty.gov.

Sincerely

Cathy Chidester

Director

MBAB Co-chair

c: Mason Matthews, MBAB Co-chair, Chief Executive Office



CERTIFIED



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

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.

August 22, 2017

Mr. Ken Liebman, General Manager American Medical Response of Southern California 5257 N. Vincent Avenue Irwindale, CA 91706

Dear Mr. Liebman:

EXCLUSIVE OPERATING AREA (EOA) DATA SUBMISSION REQUIREMENTS

On January 11, 2017 American Medical Response of Southern California (AMR) was provided with the L.A. County Emergency Medical Services (EMS) Agency LA-EOA Data Dictionary via e-mail, with a request to work with your electronic Patient Care Record (ePCR) vendor for electronic submission of EOA data. A target date for test data submission was April 15, 2017 with an implementation date of June 1, 2017.

As of the above date, we have not received test files that have met the LA County EMS data requirements from your ePCR vendor. Per the Emergency Ambulance Transportation Services 9-1-1 Response agreement, Statement of Work 3.17, AMR is required to report data elements as required under Reference No. 606, Documentation of Prehospital Care and Reference No. 607, Electronic Submission of Prehospital Data.

Timely and accurate submission of data is imperative for system analysis, to ensure high quality of care for the citizens of LA County, and assure compliance with the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

Please provide a detailed action plan by September 15, 2017 outlining AMR's plan to ensure successful submission of test files and subsequent transmission of EOA data by October 31, 2017.

Failure to submit required ePCR data by October 31, 2017 may result in a Notice of Violation being issued and possible fines as per the Los Angeles County Ambulance Ordinance and Contractor's Discrepancy Report per the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

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

Sincerely,

Wichard Jades for CC **Cathy Chidester**

Director

CC: RT:cac 08-09

Operations Manager, American Medical Response of Southern California Medical Director, EMS Agency



CERTIFIED



Los Angeles County Board of Supervisors

> Hilda L. Solis First District

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> Sheila Kuehl Third District

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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.

Mr. Joseph C

Mr. Joseph Chidley, CEO Westmed – McCormick Ambulance, Inc. 20101 Hamilton Ave., Suite #230 Torrance, CA 90502

Dear Mr. Chidley:

August 21, 2017

EXCLUSIVE OPERATING AREA (EOA) DATA SUBMISSION REQUIREMENTS

On January 11, 2017 Westmed – McCormick Ambulance, Inc.(WM) was provided with the L.A. County Emergency Medical Services (EMS) Agency LA-EOA Data Dictionary via e-mail, with a request to work with your electronic Patient Care Record (ePCR) vendor for electronic submission of EOA data. A target date for test data submission was April 15, 2017 with an implementation date of June 1, 2017.

As of the above date, we have not received test files that have met the LA County EMS data requirements from your ePCR vendor. Per the Emergency Ambulance Transportation Services 9-1-1 Response agreement, Statement of Work 3.17, WM is required to report data elements as required under Reference No. 606, Documentation of Prehospital Care and Reference No. 607, Electronic Submission of Prehospital Data.

Timely and accurate submission of data is imperative for system analysis, to ensure high quality of care for the citizens of LA County, and assure compliance with the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

Please provide a detailed action plan by September 15, 2017 outlining WM's plan to ensure successful submission of test files and subsequent transmission of EOA data by October 31, 2017.

Failure to submit required ePCR data by October 31, 2017 may result in a Notice of Violation being issued and possible fines as per the Los Angeles County Ambulance Ordinance and Contractor's Discrepancy Report per the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

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

Sincerely,

Cathy Chidester

Director

CC: RT:cac 08-17

C:

Operations Manager, Westmed – McCormick Ambulance, Inc. Medical Director, EMS Agency

Tades for co



CERTIFIED



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. August 21, 2017

Ms. Louella McNeal, CEO Schaefer Ambulance Service 4627 Beverly Boulevard Los Angeles, CA 90004

Dear Ms. McNeal:

EXCLUSIVE OPERATING AREA (EOA) DATA SUBMISSION REQUIREMENTS

On April 13, 2017 Schaefer Ambulance Service (SC) was provided with the L.A. County Emergency Medical Services (EMS) Agency LA-EOA Data Dictionary via e-mail, with a request to work with your electronic Patient Care Record (ePCR) vendor for electronic submission of EOA data. A target date for test data submission was June 15, 2017 with an implementation date of September 1, 2017.

As of the above date, we have not received test files that have met the LA County EMS data requirements from your ePCR vendor. Per the Emergency Ambulance Transportation Services 9-1-1 Response agreement, Statement of Work 3.17, SC is required to report data elements as required under Reference No. 606, Documentation of Prehospital Care and Reference No. 607, Electronic Submission of Prehospital Data.

Timely and accurate submission of data is imperative for system analysis, to ensure high quality of care for the citizens of LA County, and assure compliance with the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

Please provide a detailed action plan by September 15, 2017 outlining SC's plan to ensure successful submission of test files and subsequent transmission of EOA data by October 31, 2017.

Failure to submit required ePCR data by October 31, 2017 may result in a Notice of Violation being issued and possible fines as per the Los Angeles County Ambulance Ordinance and Contractor's Discrepancy Report per the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

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

Sincerely,

Cathy Chidester

Director

CC: RT:cac 08-19

C:

Director of Operations, Schaefer Ambulance Service Medical Director, EMS Agency

add for co

fealth Services
ittp://ems.dhs.lacounty.gov





Los Angeles County Board of Supervisors

> Hilda L. Solis First District

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> 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. August 21, 2017

Mr. Troy Hagen, CEO Care Ambulance Service 1517 W. Braden Court Orange, CA 92868 **CERTIFIED**

Dear Mr. Hagen:

EXCLUSIVE OPERATING AREA (EOA) DATA SUBMISSION REQUIREMENTS

On April 13, 2017 Care Ambulance Service (CA) was provided with the L.A. County Emergency Medical Services (EMS) Agency LA-EOA Data Dictionary via e-mail, with a request to work with your electronic Patient Care Record (ePCR) vendor for electronic submission of EOA data. A target date for test data submission was June 15, 2017 with an implementation date of September 1, 2017.

As of the above date, we have not received test files that have met the LA County EMS data requirements from your ePCR vendor. Per the Emergency Ambulance Transportation Services 9-1-1 Response agreement, Statement of Work 3.17, CA is required to report data elements as required under Reference No. 606, Documentation of Prehospital Care and Reference No. 607, Electronic Submission of Prehospital Data.

Timely and accurate submission of data is imperative for system analysis, to ensure high quality of care for the citizens of LA County, and assure compliance with the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

Please provide a detailed action plan by September 15, 2017 outlining CA's plan to ensure successful submission of test files and subsequent transmission of EOA data by October 31, 2017.

Failure to submit required ePCR data by October 31, 2017 may result in a Notice of Violation being issued and possible fines as per the Los Angeles County Ambulance Ordinance and Contractor's Discrepancy Report per the Emergency Ambulance Transportation Services 9-1-1 Response agreement.

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

Sincerely,

Cathy Chidester

Director

CC: RT:cac 08-17

 Director of Operations, Care Ambulance Service Medical Director, EMS Agency

Tadul for cc





August 15, 2017

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

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.

Lou Meyer, Project Manager Community Paramedicine - Mobile Integrated Health California EMS Authority 10901 Gold Center Drive

Rancho Cordova, CA 95670

Dear Mr. Meyer:

I am pleased to submit this letter confirming Los Angeles County Emergency Medical Services (EMS) Agency's support of Los Angeles Fire Department's two (2) Community Paramedic Pilot Project applications.

The EMS Agency has convened a Community Paramedic Steering Committee to provide guidance and coordination to project managers. The Steering Committee has approved the enclosed project descriptions to be submitted for your consideration. Both proposed projects will be managed and coordinated by Los Angeles Fire Department but should be considered as separate and individual.

Proposal No. 1: Alternate Transport Destination - Sobering Center

Proposal No. 2: Alternate Transport Destination – Psychiatric **Urgent Care Center**

We are confident that these projects will provide crucial information and guidance for changes to the current EMS delivery models, which will help us better serve our prehospital community.

Please let me know if you have any questions or concerns.

ทีdester Director

Sincerely

C:

Director, State EMS Authority

Director, DHS **EMS Commission**

Community Paramedicine Steering Committee Fire Chief, Los Angeles Fire Department Medical Director, Los Angeles Fire Department





August 15, 2017

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. Lou Meyer, Project Manager

Community Paramedicine – Mobile Integrated Health

California EMS Authority 10901 Gold Center Drive Rancho Cordova, CA 95670

Dear Mr. Meyer:

I am pleased to submit this letter confirming Los Angeles County Emergency Medical Services (EMS) Agency's support of Los Angeles County Fire District's Community Paramedic Pilot Project application.

The EMS Agency has convened a Community Paramedic Steering Committee to provide guidance and coordination for the project managers. The Steering Committee has approved the enclosed project description/application to be submitted for your consideration. The proposed project will be managed and coordinated by Fire District.

Proposal:

Alternate Transport Destination – Psychiatric Urgent Care Center

We are confident that this project will provide crucial information and guidance for changes to the current EMS delivery models, which will help us better serve our prehospital community.

The EMS Agency will work closely with the Fire District, monitor and provide support for the proposed project.

Please let me know if you have any questions or concerns.

Sincerely,

Cathy Chidester

Director\

C:

Director, State EMS Authority

Director, DHS EMS Commission

Community Paramedicine Steering Committee

Fire Chief, Fire District

Medical Director, Fire District





July 31, 2017

Los Angeles County Board of Supervisors

> Hilda L. Solis First District

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> Shella Kuehl Third District

Janice Hahn Fourth District

Kathryn Barger Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD Medical Director

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

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

> Health Services http://ems.dhs.lacounty.goV

Robert Ower, RN

General Manager / Nurse Manager

Rescue Services International, Ltd. dba Medic-1 Ambulance

12806 Schabarum Avenue, Suite A

Irwindale, CA 91706

Dear Robert Ower:

APPROVAL LETTER – TEMPORARY MEDICATION REDUCTION DURING NATIONWIDE SHORTAGE

The Emergency Medical Services (EMS) Agency received your letter dated July 25, 2017, requesting approval to reduce minimum inventory amounts of epinephrine and atropine sulfate stocked within your company's Advanced Life Support (ALS) and Critical Care Transport (CCT) units due to the current nationwide shortage.

Rescue Services International's (RR) request to temporarily reduce minimum inventory amounts of Epinephrine (0.1mg/mL), Epinephrine (1mg/mL) and Atropine (0.1mg/mL) is approved. The adjusted minimum inventory amounts are as follow:

Reference No. 703, ALS Unit Inventory

- Atropine sulfate (1mg/10mL) adjusted minimum inventory amount = 2mgs
- Epinephrine (1mg/mL) adjusted minimum inventory amount = 2mgs
- Epinephrine (0.1mg/mL) adjusted minimum inventory amount = 4mgs

Reference No. 712, Nurse Staffed Critical Care Transport (CCT) Unit Inventory

- Atropine sulfate (1mg/10mL) adjusted minimum inventory amount = 2mgs
- Epinephrine (0.1mg/mL) adjusted minimum inventory amount = 4mgs

Once recovery from the current nationwide shortage is over and/or RR has received shipment of backordered medications, all RR's ALS and CCT units most restock the ALS and CCT units with the required minimum inventory amounts, according to the inventory policies listed above.

If you have any questions, please contact me directly or Gary Watson, Provider Agency/SFTP Program Coordinator at (562) 347-1679.

well till

Sincerely,

Marianne Gausche-Hill, MD

Medical Director

MGH:gw 07-28

c. Owner/CEO, RR
 Paramedic Coordinator, RR



July 25, 2017

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

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. California Hospital Association Attn: BJ Bartleson, RN, MS, NEA-BC 1215 K Street, Suite 800 Sacramento, CA 95814

Re: Letter of Support

Dear BJ:

The Los Angeles County EMS Agency would like to express our support for the Emergency Care Systems Initiative (ECSI) sponsored by the California Hospital Association, Hospital Council of Northern and Central California, Hospital Association of Southern California and the Hospital Association of San Diego and Imperial Counties. It is critical that we address California's emergency care system through a consensus-driven approach where all stakeholders' perspectives are considered and an effective roadmap for change is developed.

Californians are turning to hospital emergency departments in record numbers, often because they cannot get the care or assistance they need elsewhere. Caring for patients in the appropriate setting can lower costs and improve patients' well-being.

We urge you to fund this initiative so we can engage all stakeholders, identify root causes, align solutions and effect change in a coordinated, data-driven effort.

Sincerely,

Marianne Gausche-Hill/MD, FACEP, FAAP, FAEMS Medical Director, Los Angeles County EMS Agency

Professor of Clinical Medicine and Pediatrics, David Geffen School of Medicine at UCLA Clinical Faculty, Harbor-UCLA Medical Center, Department of Emergency Medicine

lealth Services
ttp://ems.dhs.lacounty.gov



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

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

July 24, 2017

Bertral Washington, Fire Chief Pasadena Fire Department 215 N. Marengo Avenue, Suite 195 Pasadena, CA 91101

Dear Chief Washington,

EXPANDED INTRAOSSEOUS PILOT STUDY/FENTANYL APPROVAL

This is to confirm that Pasadena Fire Department (PF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the expanded utilization of intraosseous (IO) infusion with humeral placement as a pilot study. Additionally, PF is approved to carry and utilize preservative free lidocaine 2% (20mg/ml) without epinephrine for patients requiring pain management for IO infusion.

The approved quality improvement process required for implementation of the IO pilot study and fentanyl will be reviewed during your annual program review or as deemed necessary by the EMS Agency. PF may also be required to submit data to the EMS Agency on the expanded use of IO for purposes of systemwide evaluation and aggregate reporting.

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

woche-stell

Sincerely,

Marianne Gausche-Hill, MD

Medical Director

MGH:sm 07-24

c: Director, EMS Agency
Assistant Director, EMS Agency
Medical Director, PF
EMS Director, PF
Nurse Educator, PF



August 3, 2017

ELECTRONIC MAIL

Los Angeles County **Board of Supervisors**

All ALS and BLS Provider Agencies TO:

Hilda L. Solis First District FROM: Lucy (Adams) Hickey, MPA, BSN Chief, Certification and Training Program Approvals

Mark Ridley-Thomas Second District

STATE EMERGENCY MEDICAL TECHNICIAN (EMT) REGULATION CHANGES - EFFECTIVE JULY 1, 2017

Sheila Kuehl Third District

Janice Hahn

Fourth District

The State's recent revision of Title 22, Ch 2, EMT Regulations, were effective July 1, 2017. In this revision, changes were made to the EMT Scope of Practice (SOP) and Certification Renewal Requirements.

Kathryn Barger Fifth District

EMT SCOPE OF PRACTICE CHANGES

Cathy Chidester

State regulatory changes to the EMT basic SOP have eliminated the need for the Los Angeles County (LAC) 2011 EMT SOP training requirement. Therefore, EMTs are NO LONGER required to obtain or provide proof of LAC 2011 EMT SOP training.

Marianne Gausche-Hill, MD Medical Director

While the majority of skills and procedures in the LAC 2011 EMT SOP are now in the EMT basic SOP, some items have been removed and others added with specific approval and training requirements. For example, EMTs may no longer transport patients with intravenous solutions containing additives. In addition, in order for EMTs to carry and administer epinephrine, naloxone or utilize alucometers, the employing public safety provider agency or licensed ambulance provider must apply and obtain approval to do so from the EMS Agency Medical Director, Dr. Marianne Gausche-Hill. Policies and procedures are being developed to define the application and approval process.

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

To ensure timely, compassionate, and quality

emergency and disaster

medical services.

EMT SKILLS COMPETENCY VERIFICATION (SCV) FOR RENEWAL

The required skills for SCV testing for EMT certification renewal now include Penetrating Chest Injury Management, and Epinephrine and Naloxone Administration. Revisions to current BLS skills and development of these additional skills are underway and will be available in the near future.

Effective July 1, 2017, EMT SCV Form, EMSA SCV (01/17), attached, is required for EMT certification renewal. The EMS Agency will accept EMT SCV Form, EMSA SCV (08/10), for skills verification completed prior to July 1, 2017. For questions about EMT certification requirements, contact Nicholas Todd, Manager, EMS Personnel Certification at ntodd@dhs.lacounty.gov or (562) 347-1632.

EMT REGULATION OVERVIEW

An overview of EMT regulatory changes for EMS educators and provider agencies will be presented by EMS Agency staff twice on August 16, 2017 in Rm 128. First, from 11 am to 12 pm and again immediately after the Provider Agency Advisory Committee meeting. Attendance is optional and reservations are not required. For questions, contact me at ladams@dhs.lacounty.gov or (562) 347-1640.





INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

- A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
- Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
- The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.

4. Verification of Competency

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- Sign the EMT Skills Competency Verification Form for that skill.
- b. Print their name on the EMT Skills Competency Verification Form for that skill.
- c. Enter the date that the individual demonstrated the competency of the skill.
- d. Provide the name of the organization that has approved them to verify skills.
- e. Provide their certification or license type and number.
- 5. In order to be an approved skills verifier you must meet the following qualifications:
 - Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
 - b. Be approved to verify by:
 - · EMT training program, or
 - · AEMT training program, or
 - · Paramedic training program, or
 - · Continuing education providers, or
 - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).

State of California EMT Skills Competency Verification Form EMSA – SCV (01/17)



See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature

This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers). By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified

Verifiers Information

1. Trauma Assessment	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		B . (V .)(.)(
2. Medical Assessment	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		5.4. (17.16.11
3. Bag-Valve-Mask Ventilation	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
4. Oxygen Administration	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification) 5. Cardiac Arrest Management w/ AED	Name of Verifier:	Date of Verification:
b. Cardiac Arrest Management W/ AED	warne or veriller:	Date of Vernication.
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
6. Hemorrhage Control & Shock Management	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
7. Spinal Motion Restriction- Supine & Seated	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
B. Penetrating Chest Injury	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
9. Epinephrine & Naloxone Administration	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)		
10. Childbirth & Neonatal Resuscitation	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
(Signature of Verification)	2	



July 19, 2017

Los Angeles County Board of Supervisors

VIA FAX/EMAIL

Hilda L. Solis

TO:

Distribution

Mark Ridley-Thomas Second District

> Shella Kuehl Third District

FROM:

Marianne Gausche-Hill, MD

Medical Director

Janice Hahn Fourth District

Kathryn Barger Fifth District

SUBJECT:

ST-ELEVATION MYOCARDIAL INFARCTION (STEMI)

RECEIVING CENTER DESIGNATION

Cathy Chidester

Marianne Gausche-Hill, MD Medical Director The Emergency Medical Services Agency is pleased to announce that effective Tuesday, August 1, 2017, **St. Vincent Medical Center** is designated as a ST-Elevation Myocardial Infarction Receiving Center (SRC) and may begin accepting patients at 0700 hours.

The total number of 9-1-1 Designated SRCs for Los Angeles County EMS is now 36.

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

> Tel. (562) 347-1500 Fax (562) 941-5835

Please visit the EMS Agency website at http://ems.dhs.lacounty.gov for a map showing all approved SRC hospitals. If you have any questions, please feel free to contact me at (562) 347-1600, or Paula Rashi, SRC Program Manager at (562) 347-1656.

To ensure timely, ompassionate, and quality emergency and disaster

MGH:pr

medical services

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
SRC Clinical Director, Each Approved SRC





July 13, 2017

Los Angeles County Board of Supervisors

TO:

Distribution

Hilda L. Solis First District Marianne Gausche-Hill, MD

Medical Director

Mark Ridley-Thomas Second District

SUBJECT:

FROM:

ATROPEN® AUTO-INJECTOR - REMOVAL FROM INVENTORY

Shella Kuehl Third District

Janice Hahn Fourth District

Due to a recent announcement from the U.S. Food and Drug Administration (FDA), the EMS Agency has decided to remove all AtroPen® Auto-injectors from the ALS unit inventory / Disaster Pharmaceutical Caches.

Kathryn Barger Fifth District

On June 26, 2017, the FDA released a letter which announced an additional extension date to the already expired AtroPen® Auto-Injectors. This extension was only for specific lot numbers and did not include the doses currently

Cathy Chidester

carried on Los Angeles County ALS units.

Marianne Gausche-Hill, MD Medical Director Meridian Medical Technologies (the sole producer of AtroPen® Auto-Injectors) has not announced a future date of production for the drug; therefore, the injectors are to be removed from all ALS units. Providers are to follow proper disposal methods in accordance to the manufacturer's guidelines.

10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670 If you have any questions, you may either contact me or Gary Watson, Provider Agency/SFTP Program Coordinator at (562) 347-1679.

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

medical services.

MGH:qw 07-13

To ensure timely, compassionate and quality emergency and disaster

c. Director, EMS Agency

Distribution:

Fire Chief, Each Fire Department EMS Director, Each Fire Department

Paramedic Coordinator, Each Fire Department EMS Director, American Medical Response

EMS Director, Schaefer Ambulance

EMS Director, WestMed McCormick Ambulance Paramedic Coordinator, American Medical Response

Paramedic Coordinator, Schaefer Ambulance

Paramedic Coordinator, WestMed McCormick Ambulance

nttp://ems.dhs.lacounty.goV ealth Services

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400 RANCHO CORDOVA, CA 95670 (916) 322-4336 FAX (916) 322-1441



July 12, 2017

Ms. Cathy Chidester, EMS Director Los Angeles County EMS Agency 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670



Dear Ms. Chidester:

This letter is in response to Los Angeles County's 2016 EMS Plan Update submission to the EMS Authority on June 23, 2017.

I. Introduction and Summary:

The EMS Authority has concluded its review of Los Angeles County's 2016 EMS Plan Update and is approving the plan as submitted.

II. <u>History and Background</u>:

Los Angeles County received its last full plan approval for its 2013 plan submission, and its last annual plan update for its 2011 plan approval for its 2013 plan submission.

Historically, we have roused EMS Plar ubmissions from Los Angeles County for the following years:

- 1995
- 2009
- 1997
- 2010
- 2004
- 2012-20.4
- 2007

Health and Safety Code (HSC) § 1797.254 states:

"Local EMS agencies shall **annually** (emphasis added) submit an emergency medical services plan for the EMS area to the authority, according to EMS Systems, Standards, and Guidelines established by the authority".

The EMS Authority is responsible for the review of EMS Plans and for making a determination on the approval or disapproval of the plan, based on compliance with

Ms. Cathy Chidester, EMS Director July 12, 2017 Page 2 of 3

statute and the standards and guidelines established by the EMS Authority consistent with HSC § 1797.105(b).

III. Analysis of EMS System Components:

Following are comments related to Los Angeles County's 2016 EMS Plan Update. Areas that indicate the plan submitted is concordant and consistent with applicable guidelines or regulations, HSC § 1797.254, and the EMS system components identified in HSC § 1797.103, are indicated below:

Appr A.		Not Approved	System Organization and Management
В.			Staffing/Training
C.	\boxtimes		Communications
D.	\boxtimes		Response/Transportation
			Ambulance Zones
			 Based on the documentation provided by Los Angeles County please find enclosed the EMS Authority's determination of the exclusivity of Los Angeles County's ambulance zones.
E.	\boxtimes		Facilities/Critical Care
F.	\boxtimes		Data Collection/System Evaluation
			1. EMS Data

Using information submitted by the Local EMS Agency, the EMS Authority shall assess each EMS area or the system's service area to determine the effectiveness of emergency medical services (HSC § 1797.102) as it relates to data collection and evaluation (HSC § 1797.103).

Statewide, there are 21 Local EMS Agencies submitting EMS data. Our records indicate Los Angeles County is not submitting EMS data at this time. In order for the EMS Authority to meet statutory requirements, please begin submission of EMS data into CEMSIS.

G.	\boxtimes	Public Information and	Education

H. ⊠ □ <u>Disaster Medical Response</u>

IV. Conclusion:

Based on the information identified, Los Angeles County's 2016 EMS Plan Update is approved.

Pursuant to HSC § 1797.105(b):

"After the applicable guidelines or regulations are established by the Authority, a local EMS agency may implement a local plan...unless the Authority determines that the plan does not effectively meet the needs of the persons served and is not consistent with the coordinating activities in the geographical area served, or that the plan is not concordant and consistent with applicable guidelines or regulations, or both the guidelines and regulations established by the Authority."

V. Next Steps:

Los Angeles County's next annual EMS Plan Update will be due on or before July 31, 2018. If you have any questions regarding the plan review, please contact Ms. Angela Wise, EMS Systems Assistant Division Chief, at (916) 431-3708.

Sincerely,

Howard Backer, MD, MPH, FACEP

Variel R. Anly for

Director

Enclosure

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	Non-Exclusive	Exclusive	Method to Achie Exclusivity	Emergency Ambu	ST8	LALS All Emergenc	Ambulance Servengenerger	Response 7-digit Emergen	esnoqseA onsludmA SJA	Services	BLS Non-Emerg	Standby Service Transport Authori	All Air Ambular	A yonetgency Ambulance
Los Angeles County														
EOA 1		×	Competitive Process	×				×						
EOA 2		×	Competitive	×				×						
EOA 3		×	Competitive	×				×						
EOA 4		×	Competitive	×				×						
EOA 5		×	Competitive Process	×				×						
EOA 6		×	Competitive Process	×				×						-
EOA 7		×	Competitive Process	×				×						
City of Alhambra		×	Non-Competitive	×				×					-	
City of Arcadia		×	Non-Competitive	×				×						
City of Avalon		×	Non-Competitive	×				×				The second secon	1	
City of Beverly Hills		×	Non-Competitive	×				×	-					
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City of Compton	×								-					
City of Culver City		×	Non-Competitive	×				×						
City of Downey		×	Non-Competitive	×				×	-	-				
City of El Segundo		×	Non-Competitive	×				×					-	
City of Glendale		×	Non-Competitive	×				×						
City of Hermosa Beach		×	Non-Competitive	×		•		×						
City of La Verne		×	Non-Competitive	×				×						

City of Long Beach	×	Non-Competitive	×	×	
City of Los Angeles	×	Non-Competitive	×	×	3
City of Manhattan					
Beach	×	Non-Competitive	×	×	
City of Monterey Park	×	Non-Competitive	·×	×	
City of Pasadena	×	Non-Competitive	×	×	
City of San Fernando	×	Non-Competitive	×	×	
City of San Gabriel	×	Non-Competitive	×	×	
City of San Marino	×	Non-Competitive	×	×	
City of Santa Monica	×	Non-Competitive	×	×	
City of Sierra Madre	×	Non-Competitive	×	×	
City of South					
Pasadena	×	Non-Competitive	×	×	
City of Torrance	×	Non-Competitive	×	×	
City of Vernon	×	Non-Competitive	×	×	
City of West Covina	×	Non-Competitive	×	×	





EMERGENCY MEDICAL SERVICES BASE HOSPITAL ADVISORY COMMITTEE

MEETING NOTICE

Date: August 9, 2017 Time: 1:00 P.M.

Location: EMS Headquarters

EMS Commission Hearing Room 1st Floor

10100 Pioneer Blvd.

Santa Fe Springs, CA 90670

BASE HOSPITAL ADVISORY COMMITTEE DARK FOR August 9, 2017



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.

Health Services http://ems.dhs.lacounty.go

EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, August 9, 2017 10:00 A.M. Location: EMS Agency, First Floor Hearing Room

10100 Pioneer Boulevard Santa Fe Springs, 90670-3736

DATA ADVISORY COMMITTEE DARK FOR AUGUST 2017



County of Los Angeles Department of Health Services

EMERGENCY MEDICAL SERVICES COMMISSION EDUCATION ADVISORY COMMITTEE MINUTES

Wednesday, August 16, 2017 Attendance



<u>Members</u>		<u>Organization</u>	EMS Agency Staff Present	<u>Position</u>
×	Carole Snyder, RN, Chair	EMSC/Cal-ENA	Lucy Hickey, RN	Chief, Cert/Program App
	Gary Washburn, Vice-Chair	EMSC/Public Member 5 th District	Joan Lockwood, RN	Program Approvals
×	Ellen Alkon, MD, Commissioner	EMSC/SC PH Association	Susan Mori, RN	Systemwide QI
×	Alina Candal, RN	APCC	David Wells, RN	Program Approvals
×	Tina Crews, RN	APCC	John Ospital, RN	Disaster
	Alex Perez-Sandi, RN	APCC - alternate	Denise Whitfield, MD	EMS Fellow
×	Joanne Dolan, RN	LAAFCA		
×	Susan Hayward, RN	LAAFCA		
	Sean Stokes, RN	LAAFCA - alternate		
	Luis Vazquez, PM	LACAA	Others Present	Agency/Representing
×	Jim Karras, EMT	LACAA	Patrick Hernandez	Cal-Med
	☐ Tish Hamilton, RN	LACAA - alternate	Caroline Jack	Torrance FD
	Mark Ferguson, RN	PTI Paramedic Education	David Mah	Mt SAC EMT Program
	Jacqueline Rifenburg, RN	PTI Paramedic Education- alternate	Patti Haley	CoC EMT Program
	Ray Mosack, PM	Mt SAC Paramedic Education	Marc Cohen, MD	Mt SAC Paramedic Program
	Jamie Hirsch, PM	Mt SAC Paramedic Education - alternate		
	Heather Davis, PM	UCLA Paramedic Education		
	Stanley Bakey, PM	UCLA Paramedic Education - alternate		
×	Aaron Aumann, PM	UAV Paramedic Education		
	Sean Lyons, PM	UAV Paramedic Education - alternate		
	Adrienne Roel, RN	MICN		
	Jazmine Gonzalez, RN	MICN - alternate		
	Charles Drehsen, MD	Med Council		
	☐ VACANT	Med Council - alternate		
*	Ken Leasure, PM	LAAFCA		
	☐ James Altman, PM	LAAFCA - alternate		
	Scott Buck, PM	LACAA		
_	☐ William Gonzales, PM	LACAA - alternate		
×	Anthony Mendoza, PM	EMS Educator – Non PD		
	□ VACANT	EMS Educator – Non PD - alternate		
	Jeff Pollakoff, EMT	EMT Program Director		
*	Scott Jaeggi, PM	EMT Program Director		A. Francis d
	■ Ryan Carey, EMT	EMT Program Director - alternate		★ - Excused

1.CALL TO ORDER - C. Snyder, Chair called the meeting to order at 10:10 a.m.

2.APPROVAL OF MINUTES - Minutes of the prior meeting with a quorum to be presented at the October meeting.

3.INTRODUCTIONS AND ANNOUNCEMENTS

3.1 50th Anniversary EMS (Hickey)

The celebratory event is scheduled for March 21, 2019 at the LA County Fire Museum. The steering committee has created 4 sub-committees. Please contact the following EMS Agency personnel if interested in volunteering to participate in planning for this event: Dr. M. Gausche-Hill – Program, K. Fruhwirth – Finance, R. Tadeo – Publications, and R. Amara – Registration.

3.2 <u>EMT Regulation Overview</u> (Hickey)

A brief overview of the revised EMT Regulations with a question and answer session conducted by EMS Agency staff will be held immediately following today's Education Advisory and Provider Agency Advisory committee meetings.

4.REPORTS & UPDATES

- 4.1 <u>California Prehospital Program Directors (CPPD)</u> (Aumann) No report
- 4.2 <u>California Council of EMS Educators (C²E²)</u> (Haley)

No report. May be disbanding.

4.3 <u>Association of Prehospital Care Coordinators (APCC)</u> (Candal) No report 4.4 <u>California Association of Nurses and EMS Professionals (CALNEP)</u> (Dolan)

No report

4.5 <u>Disaster Training Unit</u> (Ospital)

LA County Disaster Healthcare Volunteers are recruiting personnel to operate the Mobile Medical System (MoMs).

4.6 EMS Quality Improvement Report (Mori)

LEMSA CQI Coordinators developed goals and are awaiting approval from EMSAAC.

4.7 EMS Update (Hickey)

Deadline for completion of mandatory training was July 31st. Suspension of approximately 150 Paramedics and 30 MICNs who did not complete the training are effective August 21st. P. Haley stated the content and delivery of the EMS Update was excellent. Several members concurred with her statement.

5.UNFINISHED BUSINESS

No Unfinished Business

6.NEW BUSINESS

6.1 <u>Reference No. 1013 – EMS Continuing Education (CE) Provider Approval and Program Requirements</u> (Wells) Policy was reviewed and approved with the following recommendations:

Policy XII.A.2. - Revise line to read "Instructional objectives"

Policy XII.B. - Revise line to read "Method of performance evaluation (e.g. post-test with answer key, skills assessment, or other measurement tool)

Policy XI.A. & C. - incorporate language of C into A

Motion by J. Karras: Second by R. Carey. Motion carried by unanimous vote of eligible members.

7.OPEN DISCUSSION

Discussion about Education Advisory Committee led to the concept of conducting presentations relevant to education such as lessons learned, training issues, exam development, etc. Group discussed attendance be voluntary and prior to the meeting as several members have other duties/meetings to attend following Education Advisory. To be discussed at the next meeting.

8.ADJOURNMENT - The meeting adjourned at 11:17 a.m. Next meeting: Wednesday, October 18, 2017 at 10:00 a.m.



County of Los Angeles Department of Health Services



EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, August 16, 2017

MEMBERSHIP / ATTENDANCE

MEMBERS	<u>ORGANIZATION</u>	EMS AGENCY STAFF	PRESENT
☑ Dave White, Chair	EMSC, Commissioner	Cathy Chidester	Richard Tadeo
☑ Robert Ower, Vice-Chair	EMSC, Commissioner	Lucy Hickey	Susan Mori
□ LAC Ambulance Association	EMSC, Commissioner	Cathlyn Jennings	Christy Preston
□ LAC Police Chiefs' Association	EMSC, Commissioner	Nnabuike Nwanonenyi	Phillip Santos
☑ Jodi Nevandro	Area A	David Wells	Christine Zaiser
☑ Sean Stokes	Area A Alt (Rep to Med Council, Alt)	Michelle Williams	Chris Clare
☑ Nick Berkuta	Area B	Gary Watson	
☑ Clayton Kazan, MD	Area B, Alt.	•	
□ Victoria Hernandez	Area B Alt. (Rep to Med Council)	OTHER ATTENDEES	
☑ Ken Leasure	Area C	Paul Pearson	
☑ Susan Hayward	Area C, Alt	Caroline Jack	Torrance FD
☐ Jason Henderson	Area E	Al Flores	LAFD
☐ Mike Beeghly	Area E, Alt.	Margie Chidley	LACoFD
☑ Josh Hogan	Area F	Diedra Cohen	MedReach Ambulance
☑ Joanne Dolan	Area F, Alt.	Robert Aragon	MedReach Ambulance
☐ Mike Hansen	Area G (Rep to BHAC)	Jack Feria	So. California Ambulance
☐ Michael Murrey	Area G, Alt. (Rep to BHAC, Alt.)	Sean Grimes	Royalty Ambulance
☐ Corey Rose	Area H (Rep to DAC)	Richard Morrison	First Med Ambulance
□ Ellsworth Fortman	Area H, Alt.	David Tacheny	First Med Ambulance
☑ Luis Vazquez	Employed Paramedic Coordinator	Drew Bernard	Emergency Ambulance
☑ Tisha Hamilton	Employed Paramedic Coordinator, Alt.	Shawn Gurren	Lynch Ambulance
☑ Jenny Van Slyke	Prehospital Care Coordinator	Antonio Del Castillo	El Segundo FD
□ Alina Chandal	Prehospital Care Coordinator, Alt.	Ron Pelham	Monrovia FD
☑ Andrew Respicio	Public Sector Paramedic	Matt Bonafede	LAFD
□ Andrew Gano	Public Sector Paramedic, Alt.	Sam Chao	W.A.T.E.R.
☑ Maurice Guillen	Private Sector Paramedic	Kristina Crews	Torrance Memorial
□ Scott Buck	Private Sector Paramedic, Alt.	Micah Bivens	LACo Parks & Rec
☐ Marc Eckstein, MD	Provider Agency Medical Director	Nicole Steeneken	LACoFD
☐ Stephen Shea, MD	Provider Agency Medical Director, Alt.	Roger Braum	Culver City FD
✓ Ian Wilson	Private Sector Nurse Staffed Ambulance Program	Kevin Millilkan	Torrance FD
□ Vacant	Private Sector Nurse Staffed Ambulance Program, Alt	Michael Barilla	Pasadena FD
		Michelle Evans	Lifeline Ambulance
		Jeffrey Tsay	San Marino FD

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

CALL TO ORDER: Chair, Commissioner David White called meeting to order at 1:08 p.m.

1. APPROVAL OF MINUTES (Berkuta/Leasure) June 21, 2017 minutes were approved as written.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 50 Years of EMS Celebration (Cathy Chidester)

Mark your calendars: On March 19, 2019, the EMS Agency will be celebrating 50 years of EMS in Los Angeles County. Those interested in participating in the planning phase of this event, are encouraged to contact Los Angeles County EMS Agency administration.

3. REPORTS & UPDATES

3.1 Community Paramedic Project (Cathlyn Jennings)

There are two alternate destination projects pending approval from the State with an anticipated start date in early 2018. Two fire departments will be participating and include:

- Los Angeles County Fire Department piloting an alternate destination program that would allow patients with psychiatric emergencies to be transported to an Exodus Recovering, Inc. facility, which are located throughout Los Angeles.
- Los Angeles Fire Department piloting an alternate destination program for alcohol intoxicated patients to be transport to Daniel L. Murphy Sobering Center in Skid Row.

4. UNFINISHED BUSINESS

4.1 Reference No. 416, Assessment Unit (Gary Watson)

Reference No. 416.1, Temporary Upgrade of an Assessment Unit to an ALS Unit Reference No. 416.2, Downgrade of an ALS Unit from Temporarily Upgraded Assessment Unit

Policies reviewed and approved with the following recommendation:

Reference No. 416, Page 3, D.2.: Replace "FEMT/FEMP" with "Assessment Unit"

M/S/C (Leasure/Berkuta) Approve Reference No. 416, Assessment Unit, with above recommendation.

M/S/C (Leasure/Berkuta) Approve Reference No. 416.1, Temporary Upgrade of an Assessment Unit to an ALS Unit.

M/S/C (Leasure/Berkuta) Approve Reference No. 416.2, Downgrade of an ALS Unit from Temporarily Upgraded Assessment Unit.

4.2 Reference No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements (*David Wells*)

Policy approved with the following recommendations from the Education Advisory Committee:

- XII. A. 2.: To read "Instructional objectives."
- XII. B. To read "Method of performance evaluation (E.g. Post-test with answer key, skills assessment or other measurement tool)"

M/S/C (Hogan/Nevandro) Approve Reference No. 1013, Continuing Education (CE) Provider Approval and Program Requirements, with above recommendations.

5. NEW BUSINESS

- **5.1** Reference No. 520, Transport of Patients From Catalina Island (*Richard Tadeo*)
- **5.2** Reference No. 520.1, Catalina Island Medical Center (AHM) Transfer Process

Policies reviewed and approved as presented.

M/S/C (Leasure/Berkuta) Approve Reference No. 520, Transport of Patients From Catalina Island <u>and</u> Reference No. 520.1, Catalina Island Medical Center (AHM) Transfer Process.

5.3 Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice (David Wells)

5.4 Reference No. 802.1, Los Angeles County EMT Scope of Practice – Field Reference

Policies reviewed and approved with the following recommendation:

 Reference No. 802, Principles: Add language that states EMTs are to acknowledge their responsibilities for knowing their scope of practice while working in Los Angeles County.

M/S/C (Wilson/Respicio) Approve Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice <u>and</u> Reference No. 802.1, Los Angeles County EMT Scope of Practice – Field Reference.

5.5 Reference No. 517.1, Guidelines for Determining Interfacility Level of Transport (David Wells)

Policy reviewed and approved as presented.

M/S/C (Leasure/Hogan) Approve Reference No. 517.1, Guidelines for Determining Interfacility Level of Transport.

6. OPEN DISCUSSION:

- **6.1** Receiving Hospitals Obtaining Copy of ePCR (Jenny Van Slyke)
 - Committee reminded all providers to leave a copy of the patient care record (paper or electronic) with the receiving facility at the time of patient's transfer of care.
 - For detailed description of related County policy, please refer to Reference No. 607, Electronic Submission of Prehospital Data and Reference No. 608, Retention and Disposition of Prehospital Patient Care Records.
- **6.2** Treatment Protocol Development (Richard Tadeo)
 - Workgroup began reviewing the new adult Treatment Protocols. Burbank Fire Department and Pasadena Fire Department is planning to pilot these new Treatment Protocol this Fall.
 - Pediatric Treatment Protocols are in the development stages and will be reviewed by the same workgroup.
- 7. NEXT MEETING: October 18, 2017
- **8. ADJOURNMENT:** Meeting adjourned at 1:52 p.m.

SUBJECT: **ASSESSMENT UNIT** (PARAMEDIC/MICN) REFERENCE NO. 416

PURPOSE: To provide a mechanism for approved primary provider agencies in Los

Angeles County to provide early assessment and initial lifesaving therapy to

patients by a paramedic prior to the arrival of an ALS unit.

DEFINITION: An Assessment Unit is an emergency response unit utilized by an approved

primary provider agency which complies with the operational criteria outlined in

this policy.

PRINCIPLE: Assessment Units may be used only by approved paramedic provider

agencies or primary provider agencies that contract with an approved

paramedic provider.

POLICY:

- I. Assessment Unit Approval
 - A. The provider agency shall submit a request for approval, in writing, to the Director of the Los Angeles County EMS Agency. The request must include the following:
 - 1. Description of need.
 - 2. Identification, location, and average response times of the ALS Unit assigned to the geographic area.
 - 3. Assigned geographical area of proposed Assessment Unit.
 - 4. Proposed identification and location of Assessment Unit, include whether the unit will be designated as full-time (24 hours 7 days a week) or part-time (based on staff availability).
 - 5. Description of Assessment Unit staffing.
 - 6. A statement indicating whether an approved paramedic radio and/or alternative mechanism to establish base hospital contact will be included in the inventory.
 - 7. A mechanism for direct field observation by the EMS Agency and base hospital personnel.
 - 8. Desired implementation date.

EFFECTIVE: 1-5-88	PAGE 1 OF 5
REVISED: 08-23-17	
SUPERSEDES: 06-30-15	
APPROVED:	
Director, EMS Agency	Medical Director, EMS Agency

- B. The EMS Agency will:
 - 1. Assign the proposed unit(s) to a base hospital.
 - 2. Perform an inventory, as outlined in Ref. No. 704, Assessment Unit Inventory, of the proposed assessment unit(s).
 - 3. Conduct a brief orientation for department personnel, reviewing the staffing and operational requirements outlined in this policy.
 - 4. Submit a written response to the requesting provider agency within five (5) working days after the inventory is successfully completed, to approve or deny the proposed assessment unit(s).
- II. Staffing/Equipment Requirements
 - A. Staffing, at a minimum, shall include one paramedic accredited in Los Angeles County and one EMT.
 - B. Assessment Units shall be equipped with standardized inventory specified in Ref. No. 704, Assessment Unit Inventory. This equipment must be secured for use by Assessment Unit paramedic personnel only.

III. Operational Requirements

- A. For ALS patient responses, the closest available ALS Unit shall be dispatched simultaneously with an Assessment Unit.
- B. If the Assessment Unit arrives on scene prior to the ALS Unit, the paramedic shall:
 - 1. Assess the patient.
 - 2. Institute basic life support and first aid procedures if indicated.
 - 3. Institute patient care as per Ref. No. 806.1, Procedures Prior to Base Contact (Field Reference).
 - 4. Transfer care of patients to paramedics on the ALS Unit upon their arrival; assist as needed.
 - 5. Cancel ALS Unit if ALS services are not required.
- C. An ALS Unit should never be canceled by an Assessment Unit if the patient meets Ref. No. 808, Base Hospital Contact and Transport Criteria, Section I, or appears to need ALS intervention, or if ALS intervention has been initiated.

EXCEPTIONS:

1. If emergency ambulance transportation (ground or air) is on scene prior to the arrival of the ALS Unit AND the patient's condition warrants

PAGE 2 OF 5

immediate rapid transport, transportation should NOT be delayed to await the arrival of the ALS Unit (e.g., major trauma).

In such instances, the Assessment Unit paramedic or paramedics in the transportation vehicle should accompany the patient to the hospital. The base hospital shall be contacted en route. (The base hospital will contact the receiving hospital.) When, for whatever reason, base hospital contact cannot be made, the destination of patients will be made by the paramedic in accordance with Ref. No. 502, Patient Destination.

- 2. If the patient is refusing care and transport, if indicated according to Ref. No. 808, Base Hospital Contact and Transport Criteria, and the paramedic is able to establish communications with the base hospital to document AMA, the ALS Unit may be canceled.
- D. Assessment Unit Deployed with Strike Teams:
 - 1. The Assessment Unit primary responsibility is providing assessment and treatment of strike team members in the absence of a FireLine EMT-Paramedic in congruence with the Incident Medical Plan.
 - While emergency medical care for civilians (general public) is still the responsibility of the local EMS system and or the Incident's Medical Group, it is appropriate for the Assessment Unit paramedic to provide emergency medical care to injured civilians encountered during a strike team assignment.
 - 3. The Assessment Unit paramedic shall notify the Medical Alert Center at (562) 347-1739 at the time of their deployment and demobilization.
 - 4. The Assessment Unit paramedic shall complete an EMS Report Form for every patient encounter during the deployment. The completed EMS Report Form shall be submitted to the Los Angeles County EMS Agency and a copy to the jurisdictional EMS Agency at the conclusion of the deployment.
 - 6. The Assessment Unit paramedic will function within Ref. No. 806.1. When communication capability is available, the Medical Alert Center (MAC) shall be contacted at (562) 347-1739 for the EMS Agency Medical Director or designee approval for all procedures.
- E. Each Assessment Unit will be assigned to a base hospital. The base hospital shall provide all services normally offered to assigned ALS Units. Assessment Units are not authorized to utilize the Los Angeles County Standing Field Treatment Protocols (SFTP).
- IV. Monitoring/Evaluation Requirements

The provider agency must provide:

- A. A mechanism for direct field observation of the Assessment Unit by EMS Agency and base hospital personnel.
- B. A mechanism to educate EMS personnel on appropriate required documentation, to include identification of the Unit as ALS (when unit is staffed with a paramedic) or BLS (when paramedic staffing is not available).
- C. A mechanism to monitor appropriate required documentation as part of the provider agency's quality improvement program that is auditable by the EMS Agency.

V. Temporary Upgrade to an ALS Unit

- A. The temporary upgrade of an AU to an ALS Unit will be authorized for a period of no longer than 30 days.
- B. Temporary upgrades of assessment units to ALS units will be based upon the availability of paramedic staffing and with the understanding that the upgraded units are to augment the provider agencies baseline number of ALS units, not as a replacement for an in-service front-line unit.
- C. In order to allow for a temporary unit upgrade, the AU must have previously been inventoried, approved and assigned to a Los Angeles County base hospital by the EMS Agency.
- D. Once upgraded, the ALS unit must comply with ALS unit staffing (Ref. No. 408, ALS Unit staffing), ALS unit inventory (Ref. No. 703, ALS Unit Inventory) and Ref. No. 702, Controlled Drugs Carried on ALS Units.
- E. Controlled substances must be stored under a double locking mechanism on the upgraded unit and inventoried as outlined in Ref. No. 702.

F. Upgrade process:

- Complete a unit inventory inspection in accordance with the most current Ref. No.703, to include a mechanism for the unit to establish base hospital contact and to ensure the security of controlled substances as outlined in Ref. No. 702.
- Station administrative staff (Captain or Battalion Chief level) must sign the Ref. No. 416.1, Temporary Upgrade Of An Assessment Unit To An ALS Unit, attesting that all supplies/equipment are present on the unit and in good working order.
- 3. Retain the original copy of the signed Ref. No. 416.1 form (or digitally signed form) within station files.
- 4. Ensure that the unit is identified as a "paramedic" unit.

G. Downgrade Process

PAGE 4 OF 5

- 1. Complete a unit inventory inspection in accordance with Ref. No.704, Assessment Unit Inventory, ensuring that all equipment/supplies authorized for ALS units have been removed.
- 2. Ensure controlled substances are removed and stored according to Ref. No. 702.
- Station administrative staff (Captain or Battalion Chief level) must sign the Ref. No.416.2, Downgrade Of An ALS Unit From Temporarily Upgraded Assessment Unit, attesting that all supplies/equipment consistent with the assessment unit level are the only supplies/equipment remaining on the apparatus.
- 4. Retain the original copies of the signed Ref. No. 416.1 and 416.2 forms (or digitally signed forms) within station files.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 304, Role of the Base Hospital

Ref. No. 502, Patient Destination

Ref. No. 704, Assessment Unit Inventory

Ref. No. 804, Fireline Emergency Medical Technician-Paramedic (FEMP)

Ref. No. 806.1, Procedures Prior to Base Contact, Field Reference

Ref. No. 808, Base Contact and Transport Criteria

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 416, Assessment Unit

SECTION	COMMITTEE/ DATE	COMMENT	RESPONSE
	Outside Committee request from LA Area's Fire Chiefs	Add wording that would allow public providers to temporarily upgrade an Assessment Unit and then downgrade back to ALS Unit without the required approval/inspection of the EMS Agency. Change of unit status is only for 30 days. And the Assessment Unit must already be approved by the EMS Agency as an Assessment Unit.	Wording added to 416, Section V.
V.	PAAC 06.21.17	Above revisions were presented to and Tabled by Committee with a request to have two (1-page each) forms listed as attachments: one form (416.1) for the upgrade to ALS unit, along with signed acknowledgment by provider's Chief; and another form (416.2) acknowledging the downgrade, also signed by Chief. Forms are to be maintained inside fire station, home of the affected unit.	Two forms created. 416.1 and 416.2
III. D. 2.	PAAC 08.16.17	Policy and attachments were approved by Committee with a recommendation to change the following wording: Replace "FEMT/FEMP" and add "Assessment Unit".	Requested wording changes made. Policy ready for Commission review and approval.

SUBJECT: **TRANSPORT OF PATIENTS FROM** (EMT, PARAMEDIC, MICN) **CATALINA ISLAND** REFERENCE NO. 520

PURPOSE: To ensure that 9-1-1 patients located on Catalina Island are transported to the

most appropriate facility staffed, equipped and prepared for their medical

emergency.

AUTHORITY: Health & Safety Code, Div. 2.5, Sections 1797.204, 1797.220, 1798.2,

1798.101(b)(1)

California Code of Regulations, Title 22. Section 100276, et seq.

California Code of Regulations, Title 22, Section 70649 Emergency Medical Treatment and Labor Act (EMTALA)

DEFINITIONS:

Standby Emergency Medical Service, Physician on Call: Medical care provided in a specifically designated area of the hospital which is equipped and maintained at all times to receive patients with urgent medical problems and capable of providing physician service within a reasonable time.

9-1-1 Response: The physical response of an EMS provider due to activation of the EMS system with a request for medical evaluation. For purposes of this policy, this includes emergency responses to the field, licensed healthcare facility, a physician's office or clinic.

Emergency medical condition: is one in which the absence of immediate medical attention could be reasonably expected to result in serious jeopardy to a patient's health, bodily function impairment, or serious dysfunction of any body organ or part. For the purposes of this policy, this includes women in labor.

Interfacility Transfer (IFT): The transfer of a patient from a licensed health facility to another licensed health facility. For the purposes of this policy transport options for IFTs involve the use of EMS transport vehicles.

PRINCIPLES:

Emergency medical services (EMS) procedures on Catalina Island have been modified
to accommodate the island's limited medical and transport options, its unique
geography, and distance from the mainland; nevertheless, the interfacility transfer of
patients from Catalina Island Medical Center (AHM) shall comply with current EMTALA
and Title 22 transfer laws and regulations for both sending and receiving hospitals.

EFFECTIVE DATE: 5-1-92	PAGE 1 OF 5
REVISED: 1-1-18	
SUPERSEDES: 5-1-12	

APPROVED:		
	Director, EMS Agency	Medical Director, EMS Agency

SUBJECT: TRANSPORT OF PATIENTS FROM (EMT, PARAMEDIC, MICN)
CATALINA ISLAND REFERENCE NO. 520

- 2. AHM, the only available medical facility on the island, is licensed as a standby emergency medical service. Emergency, inpatient and diagnostic services are limited and there are no obstetrical or surgical services.
- 3. It is not easily accessible from other areas of the island, for example, travel time from the Isthmus to Avalon is approximately 45-60 minutes by boat or ground transport.
- 4. Air transport is the preferred means for transporting critical patients off the island and may be limited by weather and availability.
- 4. Boat transport is an option if an air ambulance is unavailable but, like aircraft, weather may be a limiting factor. Paramedics, in consultation with the base hospital, shall determine if a boat will be used instead of an air ambulance.
- 5. Transportation arrangements for interfacility transfers (IFTs) from AHM are the responsibility of AHM. The appropriate transport modality should be made in consultation with the receiving hospital, which may include the utilization of 9-1-1 transport providers. AHM will make arrangements with the receiving hospital's physician to accept the patient prior to the transfer. These arrangements may be accomplished through one of the base station hospitals.

POLICY:

- I. 9-1-1 Responses
 - A. Paramedic personnel, in consultation with the base hospital, shall determine whether an emergency medical condition exists which requires immediate transport to a 9-1-1 receiving facility. If such a condition exists, air transportation shall be requested.
 - B. If it is determined that the ETA for air transportation is prolonged or the patient's condition precludes management in the field, prehospital personnel may opt to transport the patient to AHM to stabilize the patient while awaiting air transportation. Under these circumstances AHM is obligated to comply with Title 22 and EMTALA transfer laws. The transport and destination arrangements already made by the paramedics in consultation with the base hospital should be utilized to expedite the transfer of the patient. The paramedics should remain with the patient and assist AHM personnel until care can be transferred to the medical personnel accompanying the patient to the mainland.

EFFECTIVE DATE: 5-1-92 PAGE 1 OF 5

REVISED: 1-1-18 SUPERSEDES: 5-1-12

APPROVED:		
AFFROVED.	Director, EMS Agency	Medical Director, EMS Agency

- **CATALINA ISLAND**
- C. There is no back-up paramedic capability on Catalina Island. If paramedics get another 9-1-1 call while assisting AHM personnel as described in Policy 1.B., all patient care shall be assumed by AHM personnel. AHM should provide updated verbal report(s) to the receiving hospital.
- D. If paramedics or the base hospital determine a patient does not have an emergency medical condition or need air transport, but the AHM physician concludes otherwise the 9-1-1 system should be activated and 9-1-1 air transport should be initiated.

Prior to transport the sending physician will make arrangements/acceptance for the transfer of the patient with the receiving physician.

- E. In the event a patient arrives at AHM by private transportation, the examining physician has evaluated and stabilized the patient to the best extent possible and determines the patient's condition warrants immediate transport, the 9-1-1 system should be activated, 9-1-1 air transport should be initiated, and arrangements for the transfer have been made with an accepting physician. In such instances, paramedics must establish base hospital contact with their assigned base hospital when medical direction for advanced life support (ALS) procedures is required. If the base hospital physician or mobile intensive care nurse (MICN) has questions about the patient care provided prior to transport, they should speak directly with the AHM physician.
- F. EMS personnel shall request an air ambulance in accordance with their agency's policies and procedures. It may be necessary for the base hospital to facilitate communication between paramedics and air ambulance dispatch. Paramedics on scene, in collaboration with the base hospital, may ask Command and Control to dispatch a specific resource based on patient need or scene circumstances.

A 9-1-1 air transport request shall be initiated as follows:

- 1. Los Angeles County Fire Department Command and Control will determine if a helicopter can be dispatched from one of the following (not necessarily in this order):
 - a. Los Angeles County Fire Department (2 paramedics)
 - b. Los Angeles County Sheriff's Department (2 paramedics)
 - c. Los Angeles City Fire Department (2 paramedics)
 - d. Mercy Air (1 nurse, 1 paramedic, other medical personnel as appropriate)
 - e. U.S. Coast Guard Search and Rescue (rescue swimmer*)

*If unable to accommodate a Los Angeles County paramedic to accompany the patient to the receiving facility, the paramedic handling the call may transfer care to the U.S. Coast Guard. Additionally, Baywatch Avalon should be consulted if Mercy/Reach is not available or declines the call.

CATALINA ISLAND

SUBJECT:

NOTE: It is extremely important that the Catalina Island paramedics be apprised of transportation arrangements as soon as possible to facilitate patient care.

G. EMS personnel may request boat transport if an air ambulance is not available and weather permits. Base hospital contact may be needed to facilitate communication between paramedics and boat dispatch. Paramedics on scene, in collaboration with the base hospital, may ask Command and Control to dispatch a specific resource based on patient need or scene circumstances.

A 9-1-1 boat transport request shall be initiated as follows:

- Los Angeles County Fire Department Command and Control will determine if a boat can be dispatched from one of the following (not necessarily in this order):
 - Los Angeles County Fire Department (2 paramedics) a.
 - Los Angeles County Sheriff's Department (2 paramedics) b.
 - Long Beach Fire Department (3 paramedics) C.
- 2. Paramedics who transport patients from Catalina Island into another provider agency's jurisdiction on the mainland must contact that provider agency's dispatch center for notification and dispatch the appropriate advanced or basic life support transport.

II. **IFT Transportation Options**

Α. 9-1-1 Response:

> The jurisdictional 9-1-1 provider agency may be contacted when the AHM physician has evaluated and stabilized the patient to the extent possible and determines the patient's emergency medical condition warrants immediate transport.

- B. Private Air Ambulance Provider or Medical Alert Center:
 - 1. If appropriate transfer arrangements have been made, AHM may contact either a private air ambulance provider directly or the Medical Alert Center (MAC) and request air transport for an IFT. AHM and/or the MAC shall make every effort to notify the air ambulance provider of the acuity of the call when requesting air transport. At minimum, the following information will be provided:
 - Patient's name a.
 - b. Diagnosis
 - Vital signs C.
 - Pertinent medical history d.
 - Any therapy required or in progress (MAC must consider scopee. of-practice issues)

SUBJECT: TRANSPORT OF PATIENTS FROM CATALINA ISLAND

- f. Patient destination
- g. Payer source (if any)
- 2. Contact the MAC to determine if an air ambulance can be dispatched from one of the following (in this order):
 - a. Private air ambulance provider**
 - b. Los Angeles County Fire Department Command and Control
 - c. Los Angeles Fire Department Operations Control Dispatch

**If a private air ambulance provider is requested to do an IFT, payer source may be a factor in determining whether they will respond.

The MAC will provide Los Angeles County Command and Control with a report detailing the process/rationale used to determine which air ambulance was utilized.

- AHM shall make every effort to facilitate an IFT through a private air ambulance provider. Use of public providers for interfacility transports should be considered as a last resort.
- 4. If requested by the provider agency, AHM shall make every effort to meet the air ambulance at the helipad with the patient to expedite transportation.
- III. Non-emergency Patient Transportation

Ambulatory patients who do not have an emergency medical condition and require no medical assistance or monitoring enroute, but are instructed to seek further medical care on the mainland, may be transported by private transport, commercial boat or helicopter service. (Such patients would be equivalent to patients on the mainland who are released at scene or instructed to seek medical care via private transportation.)

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 418, Authorization and Classification of EMS Aircraft

Ref. No. 502. Patient Destination

Ref. No. 514, Prehospital EMS Aircraft Operations

Ref. No. 816, Physician at the Scene

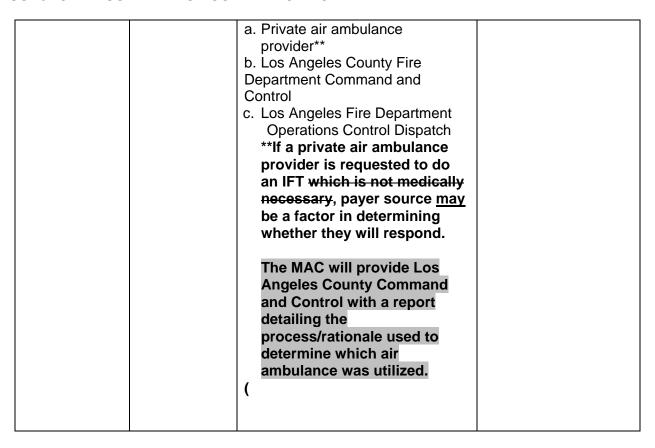
Ref. No. 520.1, Catalina Island Transfer Process/Algorithm

SUBJECT: SUMMARY OF COMMENTS RECEIVED

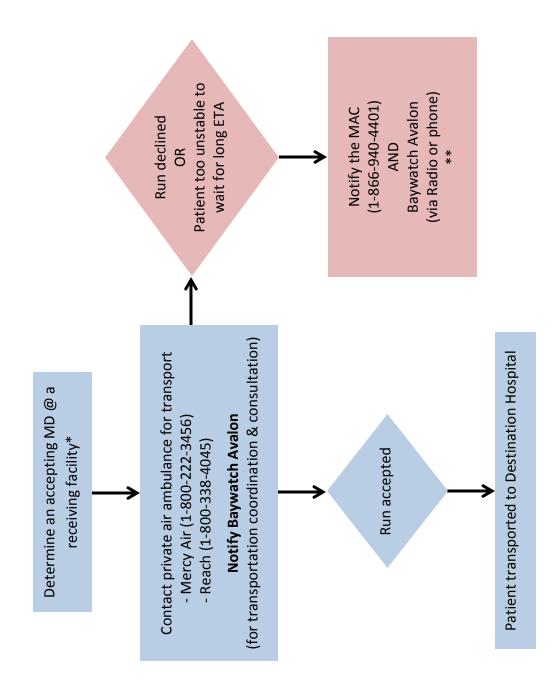
Reference No. 520, Transport of Patients From Catalina Island

SECTION	COMMITTEE/	COMMENT	RESPONSE
ВНАС	(BHAC) August 9, 2017	Meeting Cancelled	
PAAC	(PAAC) August 16, 2017	The following changes were made: Principle #5 (added) AHM will make arrangements with the receiving hospital's physician to accept the patient prior to the transfer. These arrangements may be accomplished through one of the base station hospitals. Policy 1.D (added) Prior to transport the sending physician will make arrangements/acceptance for the transfer of the patient with the receiving physician. Policy 1.E (added) In the event a patient arrives at AHM by private transportation, the examining physician has evaluated and stabilized the patient to the best extent possible and determines the patient's condition warrants immediate transport, the 9-1-1 system should be activated, 9-1-1 air transport should be initiated, and arrangements for the transfer have been made with an accepting physician. (highlighted portions) Policy 1.F (added and strike through) Additionally, Baywatch Avalon should be consulted if Mercy/Reach is not available or declines the call. Under IFT Transportation Options Section II B.2 Contact the MAC to determine if an air ambulance can be dispatched from one of the following (in this order):	Approved as written.

SUBJECT: SUMMARY OF COMMENTS RECEIVED



CIMC Transfer Process



Harbor-UCLA (STEMI, TC, PTC, PMC)

Long Beach Memorial (Stroke,

STEMI, PMC, TC, PTC) St. Mary's (TC, EDAP) considered on case-by-case basis

Other LA County Hospitals

UCLA (Hyperbaric if isthmus

unavailable)

Once in destination ER, subsequent

ground transfers can be arranged.

Torrance Memorial (Stroke, STEMI,

Limit Destination Hospitals to the

following:

ER to ER Transfers

*For Non-Private Air Resources

^{**}The MAC will attempt to obtain other air resources (LACoFD and LASD Air 5, LAFD, USCG) first, then sea resources (LACoFD, LASD, LBFD, USCG) if air is unavailable. If all resources unavailable, patient will remain @ CIMC until conditions change.

REFERENCE NO 202.1

SUBJECT: SUMMARY OF COMMENTS RECEIVED

Reference No. 520.1, CIMC Transfer Process

SECTION COMMITTEE/DATE		COMMENT	RESPONSE
PAAC	August 16, 2017	New policy, no recommended changes.	Approved

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN (EMT)**SCOPE OF PRACTICE REFERENCE NO. 802

PURPOSE: To define the scope of practice for an Emergency Medical Technician (EMT) in

Los Angeles County.

AUTHORITY: California Code of Regulations, Title 22, Div 9, Ch 2, Section 100063

DEFINITIONS:

Approved EMS Provider: A fire department or a licensed Los Angeles County ambulance

provider.

PRINCIPLES:

- 1. In order to function as an EMT in Los Angeles County, an individual must be certified/licensed in the State of California as an EMT, AEMT, or Paramedic.
- 2. EMS personnel are responsible to adhere to the scope of practice while functioning as an EMT in Los Angeles County.
- 3. When EMT personnel arrive prior to an advanced life support (ALS) unit, they shall assess the patient and make appropriate care and transport decisions as per Reference No.808 Base Hospital Contact and Transport Criteria and Reference No. 502 Patient Destination.
- 4. When EMTs assist patients with a physician prescribed medication or administer certain approved medications, an ALS unit must be en route or the patient must be transported to the most accessible receiving facility that meets the needs of the patient, if the ALS unit estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on the EMS patient care record.
- 5. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the most accessible receiving (MAR), when the transport time is less than the estimated time of ALS arrival. The transporting unit should make every effort to contact the receiving trauma center.
- 6. If EMT personnel encounter a life-threatening situation (unmanageable airway or uncontrollable hemorrhage), they should exercise their clinical judgment as to whether it is in the patient's best interest to transport the patient prior to the arrival of an ALS unit if their estimated time of arrival (ETA) exceeds the ETA to the MAR. The rationale for the decision to transport shall be documented on an EMS patient care record.
- 7. EMT personnel may honor a patient request for transport to a facility other than the MAR if the patient is deemed stable and only requires basic life support (BLS).
- 8. EMTs may transfer care of a patient to another EMT team if necessary.

EFFECTIVE: 03-01-86 REVISED: xx-xx-xx SUPERSEDES: 7-20-15	PAGE 1 OF 5
APPROVED: Director, EMS Agency	Medical Director, EMS Agency

SUBJECT: **EMERGENCY MEDICAL TECHNICIAN (EMT)**SCOPE OF PRACTICE REFERENCE NO. 802

POLICY:

I. Basic Scope of Practice

During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or a supervised EMT student is authorized to do any of the following:

- A. Patient Assessment:
 - 1. Evaluate the ill or injured patient
 - 2. Obtain diagnostic signs to include, but not limited to:
 - a. respiratory rate
 - b. pulse rate
 - c. skin signs
 - d. blood pressure
 - e. level of consciousness
 - f. pupil status
 - g. pain
 - h. pulse oximetry (if available)
- B. Rescue and Emergency Medical Care:
 - 1. Basic emergency care
 - 2. Cardiopulmonary resuscitation (CPR)
 - 3. Mechanical adjuncts for basic cardiopulmonary resuscitation (Requires EMS Agency approval)
 - 4. Use a public access Automated External Defibrillator (AED) (Carrying an AED requires EMS Agency approval as an AED Service Provider)
 - 5. Oral glucose or sugar for suspected hypoglycemia
 - 6. Apply mechanical restraints per Reference No. 838
 - 7. Use various types of stretchers
 - 8. Perform field triage
 - 9. Extricate entrapped persons

- 10. Set up for ALS procedures under paramedic direction
- C. Airway Management and Oxygen Administration:
 - 1. Use the following airway adjuncts:
 - oropharyngeal airway a.
 - b. nasopharyngeal airway
 - C. suction devices
 - 2. Administer oxygen using delivery devices per Reference No. 1304, including, but not limited to:
 - a. nasal cannula
 - b. mask - nonrebreather, partial rebreather, simple
 - C. blow-by
 - humidifier d.
 - 3. Use manual and mechanical ventilating devices
 - bag-mask ventilation (BMV) device a.
 - continuous positive airway pressure (CPAP) b. [Requires EMS Agency approval]
 - 4. Ventilate advanced airway adjuncts:
 - endotracheal tube a.
 - b. perilaryngeal airway device (King LTS-D)
 - tracheostomy tube or stoma C.
 - 5. Suction tracheostomy tube or stoma
- D. Trauma Care:
 - 1. Provide initial prehospital emergency trauma care including, but not limited to:
 - tourniquets for bleeding control a.
 - hemostatic dressings [State EMSA approved dressings only] b.
 - extremity splints C.

- d. traction splints
- 2. Use spinal motion restriction devices
- E. Assist Patients with Prescribed Emergency Medications

Assist patients with the administration of their physician-prescribed emergency devices and medications, provided the indications are met and there are no contraindications, to include but not limited to:

- 1. Sublingual nitroglycerin
- 2. **Aspirin**
- 3. Bronchodilator inhaler or nebulizer
- 4. Epinephrine device (autoinjector)
- 5. Patient-operated medication pump
- II. Patient Transport and Monitoring by an Approved EMS Provider
 - Α. Transport and monitor patients in the prehospital setting and/or during an interfacility transfer by an approved EMS Provider
 - B. Transport patients with one or more of the following medical devices:
 - 1. nasogastric (NG)
 - 2. orogastric tube (OG)
 - 3. gastrostomy tube (GT)
 - 4. saline/heparin lock
 - 5. foley catheter
 - 6. tracheostomy tube
 - 7. ventricular assist device (VAD)
 - 8. surgical drain(s)
 - 9. medication patches
 - 10. indwelling vascular lines
 - pre-existing vascular access device (PVAD) a.
 - peripherally inserted central catheter (PICC) b.

- c. patient-operated medication pump
- C. Monitor, maintain at a preset rate, or turn off if necessary, the following intravenous (IV) fluids:
 - 1. glucose solutions
 - 2. isotonic balanced salt solutions (normal saline)
 - 3. ringer's lactate
- III. Additional Therapies Requiring Approval by the Los Angeles County EMS Agency:

Approved EMS Providers may apply for approval authorization to train EMT personnel to administer and add to vehicle inventory the following therapies:

- A. Naloxone
- B. Epinephrine autoinjector
- C. Aspirin
- D. Finger stick blood glucose testing

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 412	AED EMT Service Provider Program Requirements
Ref. No. 502	Patient Destination
Ref. No. 510	Pediatric Patient Destination
Ref. No. 506,	Trauma Triage
Ref. No. 517	Private Provider Agency Transport/Response Guidelines
Ref. No. 517.1	Guidelines for Determining Interfacility Level of Transport
Ref. No. 802.1	Los Angeles County EMT Scope of Practice – Field Reference
Ref. No. 808	Base Hospital Contact and Transport Criteria
Ref. No. 838	Application of Patient Restraints
Ref. No. 1304	Medical Control Guideline: Airway/Oxygenation/Ventilation

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice

	Committee/Group	Assigned	Approval Date	Comments*
EMS A	Provider Agency Advisory Committee	Yes	8/16/17	Yes
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
~	Data Advisory Committee			
	Education Advisory Committee			
OTF	Medical Council			
OTHER COMMITTEES/RESOURCES	Trauma Hospital Advisory Committee			
MMITTE	Ambulance Advisory Board			
ES/RI	EMS QI Committee			
ESOUR	Hospital Association of So California			
CES	County Counsel			
	Other:			

^{*} See attached Summary of Comments Received

Los Angeles County EMS Agency

POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 802.1, Los Angeles County EMT Scope of Practice – Field Reference

	Committee/Group	Assigned	Approval Date	Comments*
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	Yes	8/16/17	No
	Base Hospital Advisory Committee			
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
ES/RI	EMS QI Committee			
ESOURCES	Hospital Association of So California			
	County Counsel			
	Other:			

^{*} See attached **Summary of Comments Received**

REFERENCE NO. 202.1

Summary of Comments Received on Reference No. 802, Emergency Medical Technician (EMT) Scope of Practice

ISSUE SECTION #	COMMITTEE	COMMENT	RESPONSE
Principle		Insert language as a new principle 1 of the policy that the EMT is responsible for knowing their scope of practice while functioning as an EMT in Los Angeles County.	Change made. Two principles developed.

SUBJECT: REGIONAL MOBILE RESPONSE TEAM

(EMT, PARAMEDIC, MICN) REFERENCE NO. 817

PURPOSE: To establish a formal mechanism for providing rapid advanced emergency

medical care at the scene in which a higher level of on-scene emergency medical expertise, physician field response, is requested by the on-scene

prehospital care provider.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1798. (a)

DEFINITIONS:

9-1-1 Jurisdictional Provider: the local governmental agency that has jurisdiction over a defined geographic area for the provision of prehospital emergency medical care. In general, these are cities and fire districts that have been defined in accordance with the Health and Safety Code, Division 2.5, Section 1797.201

Exclusive Operating Area (EOA) Provider: these are prehospital emergency medical transportation agencies/companies that have the exclusive rights to provide emergency 9-1-1 medical transportation in predefined geographic areas. These include cities and ambulance companies that have exclusive emergency transportation rights as defined by the Health and Safety Code, Division 2.5, Section 1797.201 and Section 1797.224, and referenced in the Los Angeles County EMS Plan.

Fire Operational Area Coordinator (FOAC): Los Angeles County Fire Department, which is contacted through its Dispatch Center.

Hospital Emergency Response Team (HERT): organized group of health care providers from a designated Level I Trauma Center, with Emergency Medical Services (EMS) Agency approval as a HERT provider, who are available 24 hours/day to respond and provide a higher level of on-scene surgical and medical expertise. A HERT is utilized in a situation where a life-saving procedure, such as an amputation, is required due to the inability to extricate a patient by any other means. HERT may also be utilized to assist with prolonged patient care during entrapment, including but not limited to analgesia, sedation, and difficult airway management.

Incident Commander: highest-ranking official of the jurisdictional agency at the scene of the incident and responsible for the overall management of the incident.

Medical Alert Center (MAC): serves as the control point for the VMED28 and ReddiNet® systems and the point of contact when a HERT is requested. The MAC shall contact an approved HERT provider based on the incident location.

EFFECTIVE: REVISED: 09 SUPERSEDE	-15-17		PAGE 1 OF 6
APPROVED:			
	Director, EMS Agency	Medical Director, EMS A	gency

Mobile Stroke Unit (MSU): organized group of health care providers with highly specialized equipment, who are available to respond and provide a higher level on-scene stroke care. A MSU is approved by the EMS Agency to be deployed in the prehospital setting to provide rapid assessment of a suspected stroke patient utilizing a mobile computed tomography (CT) scanner able to transmit images to a remote hospital site. If indicated, the MSU may also provide rapid life-saving treatment with intravenous tissue plasminogen activator (IV tPA), hemostatic agents, blood pressure medications and other treatments.

Physician Field Response: situation in which a higher level of on-scene emergency medical expertise is warranted due to the nature of the emergency and requested by the on-scene prehospital care provider.

Standard Precautions: combine the major features of Universal Precautions (UP) and Body Substance Isolation (BSI). Standard Precautions include a group of infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered. These include: hand hygiene; use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure; and safe injection practices.

VMED28: The radio frequency designated as the communication system utilized by EMS providers, 9-1-1 receiving hospitals and the MAC to manage Multiple Casualty Incidents (MCI).

POLICY:

- I. Hospital Emergency Response Team (HERT):
 - A. Composition of a HERT
 - 1. The composition of the HERT, and the identification of a Team Leader, shall be in accordance with the approved HERT provider's internal policy on file with the EMS Agency.
 - 2. The Team Leader is responsible for organizing, supervising, and accompanying members of the team to a scene where a physician field response has been requested.
 - 3. The Team Leader shall be familiar with base hospital operations, scene hazard training, and the EMS Agency's policies, procedures, and protocols.
 - 4. The Team Leader is responsible for retrieving the life-saving equipment and PPE and determining if augmentation is required based upon the magnitude and nature of the incident.

PPE shall include universal precautions and the following:

- a. Safety Goggles
- b. Leather Gloves
- c. Bullard ® Advent ® royal blue helmet with HERT labeled on both sides;

- d. Nomex® royal blue jumpsuit; and
- e. National Fire Protection Association (NFPA) approved safety boot with minimum six inch rise, steel toe, and steel shank.

The standard life-saving equipment and PPE referenced above shall be predetermined, preassembled, readily available, clearly labeled, and stored in a predetermined location. Based upon the magnitude and nature of the incident, the standard life-saving equipment and PPE may require augmentation.

- 5. The Team Leader will determine the ultimate size and composition of the team based upon the magnitude and nature of the incident.
- 6. The Team Leader will report to, and be under the authority of, the Incident Commander or their designee. Other members of the team will be directed by the Team Leader.

B. Activation of the HERT:

- 1. HERT members should be assembled and ready to respond within 20 minutes of a request with standard life-saving equipment and in appropriate level of personal protective equipment (PPE) in accordance with the HERT provider's internal policy on file with the EMS Agency. The anticipated duration of the incident should be considered in determining the need for a HERT. Before requesting a HERT, the Incident Commander should take into account that it will be a minimum of 30 minutes before a team can be on scene.
- 2. The Incident Commander shall contact the MAC via the VMED28. The determination of the appropriate mode of transportation of the team (ground versus air) will be mutually agreed upon.
- 3. MAC shall contact an approved HERT provider regarding the request. The Team Leader will organize the team and equipment in accordance with the HERT provider's internal policy, and the magnitude and nature of the incident.
- 4. The Team Leader shall inform the MAC once the team has been assembled and indicate the number of team members.
- 5. MAC will notify the Incident Commander of the ETA of the HERT if they are arriving by ground transportation. When air transport is utilized, MAC will indicate the time that the HERT is assembled with the standard life-saving equipment and prepared to leave the helipad.

C. Transportation of the HERT:

1. MAC will arrange transportation of the HERT through coordination with the Central Dispatch Office or the FOAC.

2. Upon the conclusion of the incident, HERT will contact the MAC and transportation of the team back to the originating facility will be arranged.

D. Responsibilities of a HERT:

- Upon arrival of the HERT, the Team Leader will report directly to the on-scene Incident Commander. HERT members will, at a minimum, have visible identification that clearly identifies the individual as a health care provider (physician, nurse, etc.) and a member of the HERT.
- 2. Medical Control for the incident shall be in accordance with Reference No. 816, Physician at the Scene.

E. Approval Process of a HERT:

Level I Trauma Centers interested in providing a HERT must develop internal policies to comply with all requirements and submit evidence of the ability to meet all requirements of this policy to the EMS Agency for review and approval as a HERT provider.

II. Mobile Stroke Unit (MSU) Program

- A. The Stroke Medical Director shall be a physician on the hospital staff, licensed in the State of California and Board Certified in Neurology, Neurosurgery, Neuroradiology, or Emergency Medicine by the American Board of Medical Specialties
- B. General Requirements, a MSU Program shall:
 - 1. Be approved by the EMS Agency
 - 2. Have, at minimum, one MSU that has been appropriately licensed as an emergency response vehicle (i.e. California Department of Motor Vehicle or California Highway Patrol).
 - 3. Designate a MSU Medical Director who shall be responsible for the functions of the MSU. The MSU Medical Director shall be a physician on the hospital staff, licensed in the State of California and Board Certified in Neurology, Neurosurgery or Neuroradiology by the American Board of Medical Specialties.
 - 4. Staff the MSU with a critical care transport nurse, emergency medical technician or paramedic and a CT technician. A stroke neurologist may also be included as part of the response team.
 - 5. Implement a quality improvement program for program monitoring and evaluation

- Designate a MSU Program Manager who shall be responsible for ensuring timely and accurate data collection and who works with the MSU Medical Director to develop a data collection process and a quality improvement program.
- C. The MSU Program shall develop an activation and dispatch procedure in collaboration with the 9-1-1 jurisdictional provider.
- D. A written Agreement between an Exclusive Operating Area (EOA) Provider and the MSU Program shall be in place if the MSU will be used to transport stroke patients. The written Agreement shall address, at minimum, the following:
 - 1. Dispatch
 - 2. Interaction between staff of the MSU and the 9-1-1 Jurisdictional
 - 3. Provider/EOA Provider
 - 4. Transportation arrangements
 - 5. Billing
 - 6. Data Collection
 - 7. Liability
- E. The MSU Program shall develop policies and procedures that address patient care and include the following: patient assessment and identification of patients requiring MSU services; indications for CT and procedures for transmission and reporting, indications and contraindications for tPA, and reporting of adverse events.
- F. Approval Process of a MSU
 - 1. MSU Programs shall submit a letter of intent to the EMS Agency outlining the following:
 - a. Qualifications of the composition of MSU program
 - b. Proposed response area
 - c. Deployment and dispatch plan for integration with the 9-1-1 jurisdictional provider
 - d. Data collection and quality improvement process
 - 2. If the MSU will be used to transport stroke patients, submit a copy of the written Agreement with the 9-1-1 Jurisdictional Provider/EOA Provider.
 - 3. The EMS Agency will review and verify the submitted information. If the submitted information is satisfactory, the EMS Agency will approve the MSU program.

SUBJECT: **REGIONAL MOBILE RESPONSE TEAM** REFERENCE NO. 817

CROSS REFERENCES:

Prehospital Care Manual:

Reference No. 201, Medical Management of Prehospital Care

Reference No. 502, Patient Destination

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

Reference No. 504, Trauma Patient Destination

Reference No. 506, Trauma Triage

Reference No. 510, Pediatric Patient Destination

Reference No. 519, Management of Multiple Casualty Incidents

Reference No. 808, Base Hospital Contact and Transport Criteria

Reference No. 816, Physician at the Scene

PAGE 6 OF 6

SUBJECT: EMS CONTINUING EDUCATION (CE) PROVIDER

APPROVAL AND PROGRAM REQUIREMENTS

REFERENCE NO. 1013

PURPOSE: To establish procedures for approval of EMS continuing education (CE)

providers and requirements to maintain program approval.

AUTHORITY: California Code of Regulations, Title 22, Chapter 11

Health and Safety Code, Div. 2.5, Section 1797, et seq.

DEFINITIONS:

Approved CE Provider: An individual or organization that has a valid California EMS Continuing Education Provider (CEP) number, an EMS CEP approved by another State, or a Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) provider number.

EMS CE: Course, class, activity, or experience designed to be educational, with learning objectives and performance evaluations for the purpose of providing EMS personnel with reinforcement of basic EMS training, as well as knowledge to enhance individual and system proficiency in the practice of EMS medical care.

Instructor Based CE: An instructor is readily available to the student during the educational time to answers questions, provide feedback, clarification and address concerns. The EMS Agency shall determine if a CE activity is instructor based.

Non-instructor Based CE: Learning situations where an instructor does not facilitate the instruction process. This includes such activities as magazine articles, internet and precepting.

Internet Based CE Program: Distance learning programs designed to provide continuing education courses utilizing the World Wide Web.

Intranet Based CE Program: Distance learning programs designed to provide continuing education programs utilizing a privately maintained network within an organization that can be accessed only by authorized persons within that organization.

Tamper Resistant: A procedure or technique to prevent alteration, fraud or forgery of a CE document designed by the CE provider.

PRINCIPLES:

- 1. EMS CE may be achieved by a variety of structured learning experiences that are relevant to the medical scope of practice for EMS personnel.
- 2. EMS CE must be current and designed to enhance the scientific knowledge of direct patient care, develop and maintain technical skills, and keep abreast of changes in medical practice and technology.

EFFECTIVE: 11-15-88 REVISED: XX-XX-17 SUPERSEDES: 03-01-14	PAGE 1 OF 10
APPROVED: Director, EMS Agency	Medical Director, EMS Agency

- 3. The information presented and skills performed must be related to the medical practice of emergency care to meet the requirements for renewal of an EMS healthcare professional's certificate or license.
- 4. Clinical Director(s) and Instructors must have adequate training, credentials and/or experience in educational content and methodology in order to ensure that courses adequately address the educational needs of EMS personnel.

POLICY:

I. CE PROVIDER APPROVAL

The EMS Agency has the primary responsibility for approving and monitoring the performance of EMS CE providers in Los Angeles County to ensure compliance with local policies, state regulations and guidelines.

A. CE Provider Approval Process:

- 1. The EMS Agency shall be the approving agency for CE providers whose headquarters are located within Los Angeles County.
- 2. If a CE provider from another county relocates its headquarters to Los Angeles County, the Los Angeles County EMS Agency shall assume jurisdictional authority and the CE provider shall be required to relinquish prior approval and apply for Los Angeles County CE provider approval.
- 3. If a CE provider relocates its headquarters to another jurisdiction, the local EMS Agency of that county shall assume jurisdictional authority and may require the CE provider to apply for local CE provider approval.
- 4. The California EMS Authority shall be the approving agency for CE providers whose headquarters are out of state and for statewide public safety agencies.
- 5. Program approval may be granted for up to four (4) years from the last day of the month in which the application is approved. Initial approval shall be granted for no more than two years. This approval is not transferable from person to person or organization to organization.

B. CE Provider Application Process:

- 1. Interested organizations or individuals shall obtain a CE program application packet from the EMS Agency website.
- 2. Any individual or organization, public or private, interested in providing approved CE for EMS personnel shall submit a complete CE application packet. CE courses shall not be advertised or offered until approval has been granted.
- 3. The CE Provider application packet shall contain:
 - a. A complete and signed EMS CE Provider application.

- b. Curriculum vitae and copies of applicable licenses and certifications of the program director and clinical director.
- c. A complete self-developed course including a brief overview, instructional objectives, lesson plan, lesson, method of performance evaluation with answer key and course evaluation.
- d. The program's quality improvement (QI) evaluation methodology and educational needs assessment.
- e. A copy of the EMS CE attendance record or description of on-line registration.
- f. A copy of the EMS CE Course Completion Certificate.
- 4. The EMS Agency shall notify the applicant within fourteen (14) days that the application was received and specify missing information, if any. Failure to submit missing information within thirty (30) calendar days shall require the applicant to resubmit an original application packet for CE provider approval.
- 5. The EMS Agency shall notify the applicant in writing within sixty (60) days from the receipt of a complete application of the decision to approve or deny. The application is only considered for approval if it is complete and all requirements are met.
- 6. The EMS Agency may deny an application for cause as specified in subsection I.C.2.
- 7. The EMS Agency shall issue a "California EMS CE Provider Number" to approved applicants.
- 8. Approved CE providers shall offer a minimum of twelve (12) course hours of CE annually.
- C. Denial/Revocation/Probation of CE Provider Status
 - 1. The EMS Agency may, for cause:
 - a. Deny any CE provider application.
 - b. Revoke CE provider approval.
 - c. Place CE provider on probation.
 - 2. Causes for these actions include, but are not limited to the following:
 - a. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of the terms of the California Code of Regulations, Title 22, Chapter 11; the California Health and Safety Code, Division 2.5; or Los Angeles County Emergency Medical Services Prehospital Care Policies.

- b. Failure to correct identified deficiencies within the specified length of time after receiving written notices from the EMS Agency.
- c. Misrepresentation of any fact by a CE provider or applicant of any required information.
- 3. The EMS Agency may take disciplinary action(s) on an EMS CE program if the EMS Agency has determined that probation, denial, or revocation is warranted. If this occurs, the proceedings shall adhere to the California Administrative Procedure Act, Chapter 5, commencing with Government Code section 11500.
- 4. If CE provider approval is denied or revoked, CE credit issued after the date of action shall be invalid.
- 5. A provider is ineligible to reapply for approval following a denial or revocation for a minimum of 12 months.
- 6. If a CE provider is placed on probation, the terms of probation shall be determined by the EMS Agency. During the probationary period, prior approval of all courses offered must be obtained. Course documents must be submitted to the EMS Agency at least thirty (30) days prior to each course being offered. Written notification of course approval shall be sent to the CE provider within fifteen (15) days of the receipt of the request. Renewal of CE program approval is contingent upon completion of the probationary period.

D. Notification

The EMS Agency shall notify the California EMS Authority of each CE provider approved, denied or revoked within their jurisdiction within thirty (30) days of action.

II. CE PROVIDER RENEWAL

- A. CE Programs shall be renewed if the provider applies for renewal and demonstrates compliance with the requirements of this policy.
- B. The CE provider must submit a complete application packet for renewal at least sixty (60) calendar days prior to the expiration date in order to maintain continuous provider approval.

III. CE PROVIDER REQUIREMENTS

- A. Approved CE providers shall ensure that:
 - 1. The content of all CE is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills required for the practice of EMS.
 - 2. All records are maintained as outlined in the Los Angeles County EMS CE Program Manual.

- 3. The EMS Agency is notified within thirty (30) calendar days of any request for change in the CE provider name, address, telephone number, program director or clinical director.
- 4. All records are available to the EMS Agency upon request.
- 5. The program is in compliance with all policies and procedures regarding EMS CE.
- B. A CE provider may be subject to scheduled site visits by the EMS Agency for program audits.
- C. Individual classes/courses are open for scheduled or unscheduled visits/educational audits by the EMS Agency and/or the local EMS Agency in whose jurisdiction the course is conducted.
- D. Internet/Intranet CE:
 - 1. CE providers that offer internet based CE must provide the EMS Agency with appropriate passwords or other techniques to freely access the web site and CE material for auditing purposes.
 - CE providers that utilize an intranet based CE program shall provide the EMS Agency access to course materials during a site audit or hard copies when requested.

IV. <u>CE PROGRAM STAFF REQUIREMENTS</u>

Each CE provider shall designate a program director, clinical director and instructor(s) who meet the requirements. Nothing in this section precludes the same individual from being responsible for more than one function.

A. Program Director

Each CE provider shall have an approved program director who is an employee of the organization who shall provide administrative direction and is qualified by education and experience in program development, methods, materials and evaluation of instruction.

- 1. Program director's qualifications by education and experience shall be documented by 40 hours of training in teaching methodology such as:
 - a. Four (4) semester units of upper division credit in educational materials, methods and curriculum development or equivalent, OR
 - b. California State Fire Marshall (CSFM) "Instructor I and II", OR
 - c. National Fire Academy's (NFA) "Fire Service Instructional Methodology Course" or equivalent, OR
 - d. National Association of EMS Educators "EMS Educator Course"

NOTE: New program requests shall meet this requirement upon submission of application for approval. Current programs may receive provisional status up to one year in order to meet this requirement with approval for change in personnel.

- 2. The duties of the program director shall include, but are not limited to:
 - a. Administering the CE program and ensuring adherence to state regulations, guidelines and established EMS Agency policies.
 - b. Approving course content and instructional objectives.
 - c. Assigning course hours and professional categories.
 - d. Approving all methods of evaluation.
 - e. Coordinating or delegating coordination to the clinical director for clinical and field activities approved for CE credit.
 - f. Approving instructor(s) in conjunction with the clinical director.
 - g. Signing all course completion records and maintaining those records in a manner consistent with this policy. Signing course completion records may be delegated to the clinical director or a designated instructor.
 - h. Attending the mandatory EMS Agency Orientation Program within six (6) months of approval as the program director.
 - i. Attending all mandatory CE program updates.

B. Clinical Director

Each CE provider shall have an approved clinical director who is an employee of or who is contracted with the organization to monitor the overall quality of the EMS content of the program.

- 1. Clinical director qualifications shall be based on the following:
 - a. Currently licensed and in good standing in the State of California as a physician, registered nurse, physician assistant, or paramedic.
 - b. Minimum of two (2) years academic, administrative or clinical experience in emergency medicine or prehospital care within the last five (5) years.
- 2. The duties of the clinical director shall include, but are not limited to:
 - a. Monitoring all clinical and field activities approved for CE credit.
 - b. Approving the instructor(s) in conjunction with the program director.
 - c. Monitoring the overall EMS content of the program.

d. Attending all mandatory CE program updates.

C. Instructor

Each CE provider instructor shall be approved by the program director and clinical director as qualified to teach the topics assigned.

- 1. Instructor qualifications shall be based on one of the following:
 - a. Currently licensed or certified in their area of expertise, OR
 - Have evidence of specialized training which may include, but is not limited to, a certificate of training or advanced education in a given subject area, OR
 - c. Have at least one (1) year of experience, within the last two (2) years, in the specialized area in which they are teaching, OR
 - d. Be knowledgeable, skilled and current in the subject matter of the course or activity

V. CE HOURS

The CE program director shall assign the CE hours for each course on the following basis:

- A. One (1) CE hour is awarded for every fifty (50) minutes of approved content. In cases of media or internet based CE, it is the responsibility of the CE provider to document the methodology that was used to relate the awarded CE hours to the material presented. This methodology shall be available for audit by the EMS Agency.
- B. Courses or activities less than one (1) CE hour shall not be approved.
- C. Courses greater than one (1) CE hour may be granted credit in no less than half hour increments.
- D. Each hour of structured clinical experience shall be accepted as one (1) CE hour.
- E. College credit applied towards meeting EMS CE requirements must be pertinent to emergency medical care and approved by the CE Program Director and Clinical Director. Credit shall be given on the following basis:
 - 1. One academic quarter unit shall equal ten (10) CE hours.
 - 2. One academic semester unit shall equal fifteen (15) CE hours.

VI. APPROVED COURSES

A. All EMS CE must be relevant to and enhance the practice of emergency medical care. Courses directly related to patient care must be structured with learning objectives and incorporate a course evaluation that indicates that learning has occurred.

- B. The presentation must be delivered at a level appropriate for the target audience. Consideration should be given to the specific educational needs and scope of practice of prehospital care personnel.
- C. Individual courses or seminars shall not be approved by the EMS Agency, but may be co-sponsored by a CE provider (Section VII).
- D. The CE provider shall issue certificates of completion to all attendees who fulfill the credit requirements. It is up to the CE recipient to determine if each CE hour awarded is appropriate for their particular renewal.
- E. All CE activity is not of equal value for purposes of recertification. Refer to the Los Angeles County CE manual and policies related to MICN and EMT recertification for specific limitations.

VII. CO-SPONSORING A COURSE

When two or more CE providers co-sponsor a course, only one approved provider number shall be used for that course, and that CE provider assumes the responsibility for all requirements.

VIII. SPONSORSHIP OF A ONE TIME COURSE OR ACTIVITY

- A. An approved CE provider may sponsor an organization or individual that wants to provide a single activity or course. The CE provider shall be responsible for ensuring the course meets all requirements and shall serve as the CE provider of record. The CE provider shall review the request to ensure that the course or activity complies with the minimum requirements.
- B. Whenever continuing education hours are awarded the program director shall be responsible for retaining all required records.

IX. ADVERTISEMENTS AND TRAINING SCHEDULES

- A. Copies of all advertisements or training schedules shall be sent to the Los Angeles County EMS Agency and the local EMS Agency in whose jurisdiction the course is presented a minimum of fourteen (14) days prior to the beginning of the course.
- B. In cases of internet based CE, the provider shall notify the EMS Agency within 14 working days prior to making a new lesson available or discontinuing a lesson from the CE site. Dates for lessons available for CE must be noted on the CE Annual Summary record.
- C. Advertisements and departmental schedules announcing Continuing Education courses must contain all the elements set forth in the Los Angeles County EMS Continuing Education Program Manual.

X. EMS CE ATTENDANCE RECORD AND ANNUAL SUMMARY RECORD

A. An EMS CE Attendance record must be completed for all CE provided. Each student must sign an attendance record or register online in order to receive CE credit.

- B. The information on the EMS CE Attendance Record must contain all the elements set forth in the Los Angeles County EMS CE Program Manual.
- C. EMS CE attendees shall sign in or register only for themselves. Signing for another individual is strictly prohibited and subject to certification or licensure action.
- D. The original EMS CE Attendance Record shall be maintained by the CE provider. A legible copy (unless the original is requested) of the attendance records shall be submitted to the Office of Certification/Program Approvals upon request by the EMS Agency for the following:
 - 1. Any County mandated program.
 - 2. Any EMS CE Attendance Record requested by the EMS Agency.
- E. All CE providers shall provide an annual CE summary of all courses which EMS CE was issued no later than January 31st of the following year.

XI. COURSE COMPLETION CERTIFICATES AND DOCUMENTS

- A. Providers shall issue a tamper resistant document (method determined by the CE provider) as proof of successful completion of a course within thirty (30) calendar days.
 - 1. A CE provider may track completion of a CE event for employees electronically. However when requested, the provider must be able to produce a course completion certificate for the employee.
 - 2. Any individual who attends a CE event who is not an employee of the CE provider must be issued a certificate or document as proof of completion within thirty (30) days.
- B. Any form, certificate or documentation of successful completion must contain all the elements set forth in the Los Angeles County EMS CE Program Manual.

XII. RECORD KEEPING

Each CE provider shall maintain the following records on file:

- A. Complete lesson plans with outline and lesson for each course awarded CE hours to include:
 - 1. Description of course.
 - 2. Instructional objectives.
 - 3. Educational focus for course and field care audits. This may be incorporated in the course objectives or course description.
 - 4. Hours of instructor based or non-instructor based continuing education.

- B. Method of performance evaluation (e.g. post-test with answer key, skills assessment, or other measurement tool).
- C. Advertisement and/or course schedule.
- D. Agenda if more than one (1) topic and/or more than a four (4) hour course.
- E. EMS CE Attendance Record.
- F. A curriculum vitae or resume from an instructor providing the CE course, class or activity, and verification that the instructor is qualified to teach the topics assigned, or have evidence of specialized training which may include, but is not limited to, a certificate of training or an advanced degree in a given subject, or have at least one year of experience within the last two years in the specialized area in which they are teaching, or be knowledgeable, skillful and current in the subject matter of the course, class or activity.
- G. Original or summary of performance evaluations administered.
- H. Original or summary of course evaluations.
- I. Documentation of course completion certificates issued.
- J. All records shall be maintained for four (4) years.
- K. All records must be available when audits are conducted.

XIII. FEES

Pay the established CE provider fee at the time of application for approval or re-approval.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 621, Notification of Personnel Change

Ref. No. 621.1, Notification of Personnel Change Form

Ref. No. 1006, Paramedic Accreditation

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

Ref. No. 1014, Emergency Medical Technician (EMT) Certification

Los Angeles County EMS Agency Continuing Education Program Manual

Emergency Medical Services Commission Ad Hoc Committee on The Prehospital Care of Mental Health / Substance Abuse Emergencies Recommendations Action Plan

	Recommendation	Short	Medium	Long	Action	Responsible entity
		Term	Term	Term		
		4 1 year	1-2 years	> 2 years		
1.	Modify and standardize the MH/SA			Х	Watch and wait	
	emergency 9-1-1 triage criteria to match					
	the field response (LE vs. EMS) to the				This item is dependent on upstream items	
	type of emergency situation. Specifically:				including regulatory changes which are cited in the recommendations below.	
	triage LE to patients who may be				the recommendations below.	
	combative, violent, or exhibiting				8/16/17 – EMS Agency Director and Assistant	8/16/17 – EMS Agency will
	potential criminal behaviors, and triage				Director met with Los Angeles Police Chief	draft survey and work with
	EMS to all other MH/SA emergencies,				Association (LAPCA) representatives (Chiefs	LAPCA representatives to
	including "agitated delirium".				Barnes, Smith, McClure and Incontro) to	review survey prior to its
	5 5				explore doing a review of the dispatch criteria	distribution.
					used by the police in deciding of how mental	
					health calls are routed to police vs. EMS. In	
					doing this review, the thought was to look at establishing a pilot project that would test	
					recommended dispatch practices. During the	
					discussion it was apparent that significant	
					changes have occurred in the past 12-18	
					months with many police departments now	
					having mental health clinicians imbedded	
					with police officers and available to respond	
					to these mental health calls. Based on this it	
					was recommend that a survey be developed	
					to go out to all law enforcement agencies to	
					determine their dispatch practices and the	
					prevalence of mental health clinician assigned	
2	Investigate the potential of greater	Х			to police departments. Set up meeting (or attend existing meeting?)	EMS Agency, LAPCA, DMH
2.	· ·	^			to discuss with Law Enforcement oversight	LIVIS AGEILLY, LAPCA, DIVIN
	integration of co-deployed MH/SA and LE				groups to further investigate current process	
	teams into the 9-1-1 first response				in deployment of units. Monitor further	
	systems. Consider a tiered approach to					

	materials for non-transported persons.				are not transported / left in the field, to
	appropriate MA/SA services and resource			X	persons with MH/SA emergencies who
DMH, EMS Agency	fo noitsaifitnebi ett ni HMO egsgn3				3. Develop basic resource materials for
	community resources.				
	Access and have the caller get connected with				
criteria.	center such as Department of Mental Health				
possible what would be the	appropriate callers to a Mental Health call				
hi bas sidt fo ytilidissod	accomplished by being able to transfer				
Mental Health the	Counselors and maybe this could be				
discuss with Department of	dispatch centers having access to Crisis				
8/16/17 – EMS Agency to	Another suggestion was to explore having				
	to police departments.				
	prevalence of mental health clinician assigned				
	determine their dispatch practices and the				
	to go out to all law enforcement agencies to				
	was recommend that a survey be developed				
	to these mental health calls. Based on this it				
	with police officers and available to respond				
	having mental health clinicians anived				
	won strammany police departments now				
	changes have occurred in the past 12-18				
	discussion it was apparent that significant				
	recommended dispatch practices. During the				
	establishing a pilot project that would test				
	this review, the thought was to look at				
	calls are routed to police vs. EMS. In doing				
	the police in deciding of how mental health				
	doing a review of the dispatch criteria used by				
	Smith, McClure and Incontro) to explore				
	Association representatives (Chiefs Barnes,				
	Director met with Los Angeles Police Chief				נונה ארבוובי
	18/16/17 – EMS Agency Director and Assistant				the scene.
					officers may preferentially respond to
	teams.				emergencies, such that MH/SA trained
	development/growth of MHSA specialty				A2\HM of stinu lorteq to datequib edt
		> 2 years	1-2 years	∠ 1 year	
		Term	Term	Term	
Responsible entity	noitaA	Buol	muibəM	Short	Recommendation

	Recommendation	Short Term < 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
	increase access to mental health services when appropriate.				Identify or Create appropriate web-based information that can be printed/provided to non-transported persons.	
					Develop education plan for EMS/LE	
4.	Standardize training/protocol across the County for all LE agencies regarding what constitutes a need for a medical evaluation by EMS providers.		х		Review any existing protocols / criteria (such as Exodus criteria) Engage ED physicians / EMS medical director in drafting basic triage criteria Develop training / education materials	EMS Agency, LAPC and DMH
					8/16/17 - EMS Agency Director and Assistant Director met with Los Angeles Police Chief Association representatives (Chiefs Barnes, Smith, McClure and Incontro) during this meeting the POST approved Mental Health Awareness Crisis Intervention for First Responders course was discussed. The feedback about this class has been very positive and a discussion on whether this would be helpful for Fire/EMS provider ensued.	8/16/17- Based on this discussion a representative from the EMS Agency will attend the class as an observer to determine the applicability to EMS providers.
5.	Investigate the pros/cons of establishing MH/SA emergency specialized care centers, akin to the system for STEMI, trauma, stroke, etc., to improve the care for MH/SA emergencies.		х		Set up meeting with HASC and/or stakeholders to discuss	EMS Agency and Hospital Association of Southern California
6.	Determine the feasibility (including regulatory and financial/economic or practical barriers) of alternate destinations to directly transport EMS patients to specialty EDs that			х	Watch and Wait Pending – requires legislative changes. Work with State representatives to sponsor a Bill that supports the transport of 9-1-1	Health Services Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson

	Recommendation 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.	Short Term ≤1 year	Medium Term 1-2 years	Long Term > 2 years	Action emergency patients to alternate destinations in specific circumstances	Responsible entity
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.			x	Pending changes in Medi-Cal program to cover addiction treatment Discuss with DMH / State Medi-Cal	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson. Department of Public Health Substance Abuse Division
8.	Develop additional treatment protocols (non-pharmacologic and pharmacologic) to address combative, agitated or potentially violent behavior in MH/SA	x			Research and determine how other EMS systems address the care of combative, agitated and potentially violent patients Conduct literature review on subject	EMS Agency Medical Director EMS Agency Medical
	adult and pediatric patients. Refer to the EMS Agency Medical Council to determine whether the EMS Agency should pursue the use of alternate agents for behavioral agitation as the	^	X		Draft Treatment Protocol as it relates to Provider Impressions to include Agitated Delirium and Psychiatric/Behavioral Crisis and review at Medical Council for input and adoption	Director EMS Agency Medical Director

	Recommendation	Short Term < 1 year	Medium Term 1-2 years	Long Term > 2 years	Action	Responsible entity
	result of acute psychosis, substance intoxication or withdrawal, delirium, and undetermined etiologies.		х		Develop training program on new Treatment Protocol and roll out the training for entire County	EMS Agency Medical Director
9.	Explore the option of Sobering Centers as a patient destination for inebriates as these resources become more available in the community.			х	Watch and wait Pending legislative/regulatory changes	Health Agency Government Relations and the CEO Legislative Group work with local State Senator or Assemblyperson. Department of Mental Health Substance Abuse Division
				х	Sobering Centers need to be available across the County for access to all patients who would meet criteria for transport to a Sobering Center.	



August 24, 2017

Los Angeles County Board of Supervisors

TO:

Supervisor Mark Ridley-Thomas, Chairman

Hilda L. Soils First District Supervisor Hilda L. Soiis Supervisor Sheila Kuehl Supervisor Janice Hahn Supervisor Kathryn Barger

Mark Ridley-Thomas Second District

> Shella Kuehl Third District

FROM:

Barbara Ferrer, Ph.D., M.P.H., M.Ed.

Director, Department of Public Health

Janice Hahn Fourth District

Christina R. Ghaly, M.D.

Chief Operations Officer, Department of Health Service

Kathryn Barger Fifth District

THRU:

Mitchell H. Katz, M.D.

Director

Mitchell H. Katz, M.D. Director Health Agency

Jonathan E. Sherin, M.D. Ph.D. Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed. Director Department of Public Health SUBJECT:

QUARTERLY UPDATE ON TRAUMA PREVENTION

EFFORTS AND TRAUMA CARE EXPANSION

313 N. Figueroa Street, Suite 912 Los Angeles, CA 90012

> Tel: (213) 240-8101 Fax: (213) 481-0503

On November 1, 2016, your Board instructed the Health Agency Director to report back quarterly on trauma prevention efforts and expansion of trauma services in the County. This report provides the third quarterly update and includes a summary of progress on the Trauma Prevention Initiative (TPI) and the expansion of the trauma system in Los Angeles County; it also includes a summary of a new proposed initiative on trauma-informed communities.

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."

Trauma Prevention Efforts

TPI Background

TPI was established in December 2015 to reduce trauma visits to hospital emergency departments and deaths throughout Los Angeles County, beginning with efforts to reduce the high rates of violence in South Los Angeles. The Department of Public Health (DPH), in partnership with the Department of Health Services (DHS) and other county and community partners, has made significant progress on implementation of TPI since October 2016. Major efforts include frequent community and stakeholder engagement through meetings and surveys, creation of a TPI Advisory Committee, finalization of evaluation plans and selection criteria for TPI communities, and expansion of Parks After Dark (PAD). Additional components of TPI, including support for community-based organizations to engage and



work with individuals exposed to violence, are also underway pending completion of administrative processes.

TPI Community and Stakeholder Engagement

Following the Westmont West Athens Unity Summit (Summit) held at LA Southwest College on March 4, 2017, community stakeholders agreed to formalize as Westmont West Athens Community Action for Peace (WWA-CAP) and meet regularly to implement a long-term violence prevention action plan. DPH is working on finalizing this action plan, which includes goals and strategies based on community input. In response to increased violence in South LA parks, and as one of its first projects developed after the Summit, community stakeholders, including local interventionists and community partners, developed and are implementing the Parks Are Safe Zones project. This community outreach project seeks to change social norms around violence and increase the use of parks by messaging that parks are safe zones. Messaging is done through the posting of large banners at South LA Parks After Dark (PAD) parks, as well as the use of posters, flyers, and social media to share the message broadly. Print and social media messaging is done in tandem with outreach by local interventionists who are communicating that parks are off limits for violence in gang neighborhoods. In addition, the Summit helped to facilitate an ongoing relationship between Southwest College and County Workforce Development, which is establishing an America's Job Center site on campus, and a relationship with a local community based organization (CBO), Collective Remake, to provide workshops to the formerly incarcerated.

TPI Expansion to Willowbrook

To expand TPI, DPH has begun the community engagement and planning process in Willowbrook. This process includes collecting data for a landscape analysis, meeting with community stakeholders, and developing a work plan for an upcoming violence prevention summit in the community.

Hospital-Based Violence Intervention (HBVI)

On July 11, 2017, your Board approved a contract, valid through 2020, with Southern California Crossroads ("Crossroads") to implement HBVI at St. Francis Medical Center. DPH staff are currently working with Crossroads to support implementation. Additionally, Crossroads and DPH staff have been meeting with Harbor UCLA Medical Center staff to discuss potential partnership and expansion of HBVI to this second site utilizing outside funding.

Parks After Dark (PAD)

PAD successfully kicked off on June 15, 2017 at twenty-three parks, with funding support from the Probation Department. The Department of Parks and Recreation (DPR) is in the process of identifying funds to sustain PAD beginning in 2018. The 2016 PAD evaluation report has been finalized, demonstrating the positive impacts of the expansion on community violence, physical activity and chronic disease, social cohesion, collaboration, and cost savings. A brief is being developed for release in August 2017. DPH has also executed a memorandum of agreement (MOA) with the DPR to support violence intervention and youth development services in South LA PAD

Each Supervisor August 23, 2017 Page 3

parks during Fiscal Year 17-18. DPR intends to work with the City of Los Angeles, Gang Reduction and Youth Development office to provide these intervention services at Jesse Owens and Watkins Park this summer.

Ongoing Collaboration with EMS

The DHS Emergency Medical Services (EMS) works in collaboration with DPH to identify specific areas and communities that have the highest incidence of violence related injury. Trauma Center and EMS data was also shared to assist with the Vision Zero project to reduce fatal injuries related to vehicular accidents. EMS and DPH meet regularly to continue data sharing and provide a forum to enhance collaboration with the trauma centers.

Expansion of Trauma Systems in Los Angeles County

Below is a brief update on the status of a) Pomona Valley Hospital Medical Center's recent designation as a Level II trauma center serving the East San Gabriel Valley and b) support for designation of a Level I trauma center serving South Los Angeles.

Pomona Valley Hospital Medical Center

Effective March 1, 2017, Pomona Valley Hospital Medical Center (PVC) was officially designated as a Level II Trauma Center. All areas of the trauma center with the exception of the helipad, including new construction in the emergency department and intensive care units, were operational on the effective start date. The helipad on the parking structure remained under construction. PVC has recently completed construction on their helipad and has been working with authorities on the appropriate permitting. The hospital has been working with the helicopter providers on practice landings and hospital personal on training and safety issues as required by the Federal Aviation Administration.

During the first month of operation (March), PVC's initial limited catchment area was bound by the 57 Freeway on the west, the Los Angeles-San Bernardino county line on the east, the mountains on the north, and the Los Angeles-Orange county line on the south. Having a relatively limited catchment area in the initial weeks after designation allowed the hospital to ease into its trauma center responsibilities.

On April 1, 2017, PVC's western trauma catchment area was expanded from the 57 Freeway to Azusa Avenue (Highway 39). LAC+USC Medical Center's eastern boundary was moved to the San Gabriel River (605) Freeway. This left a "shared trauma catchment area" bounded by the following roadways:

- Foothill (210) Freeway Northern Boundary
- Pomona (60) Freeway Southern Boundary
- Azusa Avenue (Highway 39) Eastern Boundary
- San Gabriel River (605) Freeway Western Boundary

Each Supervisor August 23, 2017 Page 4

For patients in the shared area, the EMS provider will determine the receiving trauma center based upon the current traffic patterns and estimated time of transport. See attached maps summarizing PVC's catchment area and the area shared between PVC and LAC+USC Medical Center.

The most current data shows that PVC has treated over 500 patients, averaging 100 patients per month, who met trauma center criteria. Outcome data is not yet able for systematic review, but will be analyzed on a prospective basis.

PVC began participating on the Trauma Hospital Advisory Committee (THAC) Regional Quality Improvement (QI) Committee in May 2017. This group reviews quality/outcome data, shares best practices, and identifies ways to improve the quality of care provided to trauma patients.

Development of a Level I Trauma Center serving South LA

On March 8, 2017, the Board voted unanimously to provide the DHS Director with delegated authority to allocate up to \$2.5 million in Measure B surplus funds for reimbursement of allowable start-up costs to the first hospital serving SPA 6 that achieves Level I trauma center designation if achieved by December 31, 2018. This action will provide necessary incentive and support for the development of a Level I trauma center serving South LA, which currently has the highest incidence of trauma and, thus, the highest number of trauma-related deaths in the County. There are currently two level II trauma centers serving South LA: St. Francis Medical Center (SFM) and California Hospital. DHS Contracts & Grants has not received formal follow-up questions or concerns from these or other hospitals serving South LA. We will continue to provide updates on use of these allocated funds in future quarterly updates to the Board.

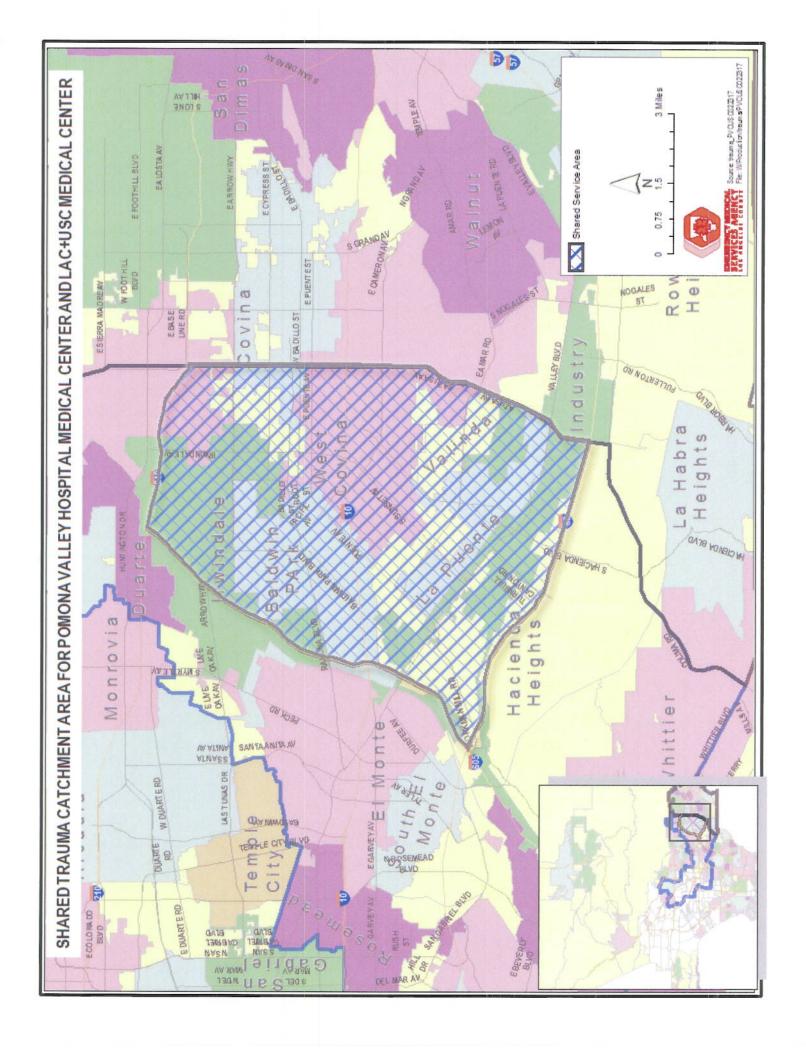
Trauma-Informed Communities

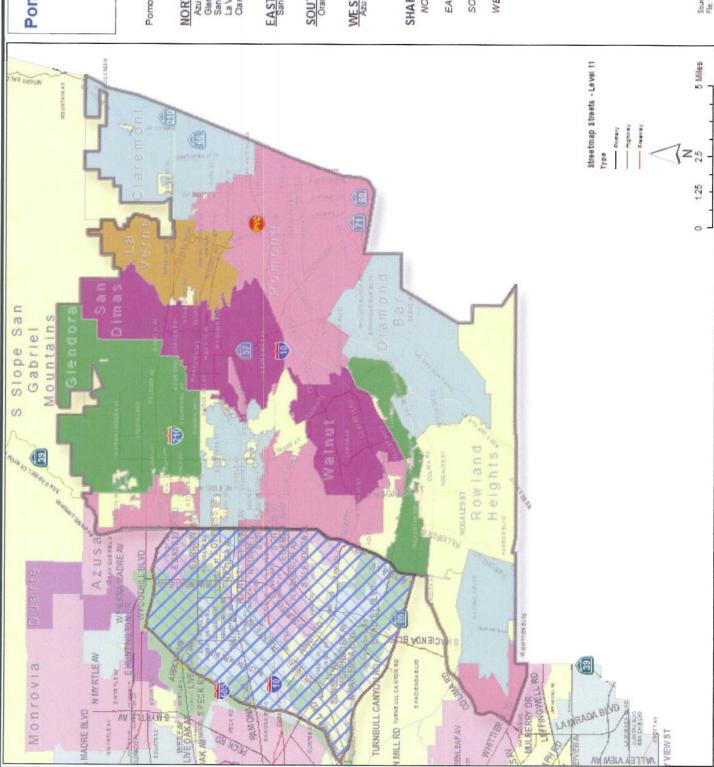
In response to the high rates of trauma in South LA, the Health Agency proposes launching an initiative in that region that would build on the concept of a "trauma-informed community." Trauma-informed communities are defined by SAMHSA as settings "...where people realize how widespread trauma is, recognize signs and symptoms, respond by integrating knowledge into practice, and resist doing further harm." SAMHSA's six principles of a trauma-informed approach include:

- Safety: prevents violence across the lifespan and creates safe physical environments
- Trust and Transparency: Fosters positive relationships among residents, government, police, schools, and others
- Empowerment: Ensures opportunities for growth are available to all
- Collaboration: Promotes involvement of residents and partnership among agencies
- Peer Support: Engages residents to work together on issues of common concern
- History, Gender, Culture: Values and supports history, culture and diversity

The Health Agency proposes the following goals and specific initiatives with respect to building a trauma-informed community in South Los Angeles:

- Reduce childhood trauma:
- Provide parenting support through home visits, workshops, respite care services, peer-to-peer coaching, and access to economic and social supports
- Create safe spaces (violence-free zones) at parks, libraries, schools and community centers
 - Offer social and emotional learning opportunities for all students in pre-k-8 schools along with support for cooperative discipline models
 - Offer comprehensive and integrated physical health, mental health and substance abuse services
 - Ensure trauma-informed and sensitive 'helping', 'educating', 'policing' and 'serving' organizations/institutions
 - Train staff at schools, faith-based institutions, child care facilities, police/sheriff departments, trauma centers, and social service agencies around positive nurturing and trauma practices (using evidence-based models)
 - Reduce the stigma of behavioral health; partner with faith and other spiritual communities, neighborhood associations, and business to promote emotional and behavioral services
 - Establish 'trauma centers' in community spaces to offer a range of community and individual supports for survivors of trauma (healing circles, group and individual therapy, peer-to-peer support, advocates/navigators of criminal justice system) and to coordinate community prevention actions
 - Build a culture of peace
 - Create 'neighborhood-based' trauma response teams (that can be activated to respond to incidents of violence) and offer team members training in psychological first aid and community healing strategies
 - Establish hospital-based violence prevention programs that work with victims, survivors, and their family members during and after a hospitalization related to violence
 - Support resident-led neighborhood affiliations organizing to build peace
 - Expand the number of 'violence-interrupters' available to help ensure safe places in communities and provide support to survivors and perpetrators of violence (connecting folks to services, educational opportunities and job training, and jobs)
 - Support organizations working to create positive pathways for youth most likely to be perpetrators or victims of violence; work closely across sectors (i.e. education, health, probation, diversion and criminal justice) to connect 'high-risk' youth to these organizations and opportunities
 - Create physical spaces that promote safety, beauty, diversity and inclusion





Pomona Valley Hospital Medical Center Trauma Center Catchment Area

Pomona Valley Hospital Med. Ctr.

a Valley Hospital Med

NORTHERN BOUNDARY

Azusa Northern City Limit Gendora Northern City Limit San Drivas Northern City Limit La Verne Northern City Limit Claremont Northern City Limit

EASTERN BOUNDARY San Bernadino County Line

SOUTHERN BOUNDARY Orange County Line

WE STERN BOUNDARY
AZUSS AVE.

SHARED AREA

NORTHERN BOUNDARY: 210 Fwy

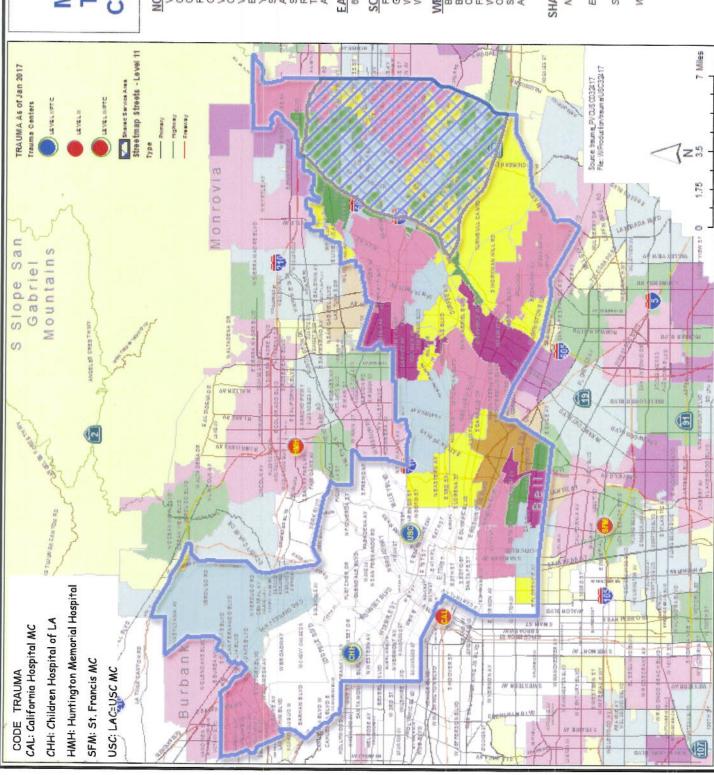
EASTERN BOUNDARY: Azusa Ave.

SOUTHERN BOUNDARY: 60 Fwy

WESTERN BOUNDARY: 605 Fwy



Source trauma_PVC032817 File: WiProduction traum aPVC22817



CatchmentArea **Medical Center Trauma Center** LAC+USC

NORTHERN BOUNDARY

Rosemead Northern CityLimits Temple City Southern CityLimits Arcadia Eastern CityLimits San Gabriel Southern City Limits Victory Blvd.
Golden State Fvy. (5)
Golden State Fvy. (5)
Glendale Western City Limits
Foo thill Fwy. (210)
Glendale Fwy. (2)
Verdugo Blvd.
Sandugo Blvd.
Werdugo Rd
Eagle Rock Blvd.
York Blvd. South Pasadena City Limits Alhambra City Limits

EASTERN BOUNDARY

SOUTHERN BOUNDARY Florence Ave. Garfield Ave.

Washington Blvd. Whittier Blvd.

WE STERN BOUNDARY
Burbank Western City Limits
Barham Blvd.
Cah uenga Blvd.
Franklin Ave. Western Ave. Olympic Blwd. San Pedro St.

SHARED AREA

NORTHERN BOUNDARY: 210 Fwy

EASTERN BOUNDARY: Azusa Ave.

SOUTHERN BOUNDARY: 60 Fwy

WESTERN BOUNDARY: 605 Fwy

