



**LOS ANGELES COUNTY
BOARD OF SUPERVISORS**

Hilda L. Solis

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Janice Hahn

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COMMISSIONERS

Ellen Alkon, M.D.

Southern California Public Health Assn.

Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Lt. Brian S. Bixler

Peace Officers Association of LA County

Erick H. Cheung, M.D., Chairman

Southern CA Psychiatric Society

Marc Eckstein, M.D.

LA County Medical Association

John Hisserich, Dr. PH.

Public Member (3rd District)

Lydia Lam, M.D.

American College of Surgeons

James Lott, PsyD., MBA

Public Member (2nd District)

Mr. Robert Ower

LA County Ambulance Association

Margaret Peterson, Ph.D.

Hospital Association of Southern CA

Paul S. Rodriguez

CA. State Firefighters' Association

Nerses Sanossian, MD, FAHA

American Heart Association

Western States Affiliate

Carole A. Snyder, RN

Emergency Nurses Association

Mr. Colin Tudor

League of Calif. Cities/LA County Division

Atilla Uner, MD

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn

Public Member (5th District)

Chief David White, Vice-Chair

Los Angeles Area Fire Chiefs Association

Pajmon Zarrineghbal

Public Member (4th District)

VACANT

Public Member (1st District)

Cathy Chidester

Executive Director

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

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

(562) 347-1604 FAX (562) 941-5835

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

DATE: November 15, 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

- Mobile Stroke Unit Ribbon Cutting

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

1 MINUTES

September 20, 2017

2 CORRESPONDENCE

- 2.1 (11-02-2017) Linda Bradley, Chief Executive Officer, Centinela Hospital Medical Center: Designation as a Primary Stroke Center.
- 2.2 (10-30-2017) Chief Robert E. Barnes, Bell Gardens Police Department: Thank you for six (6) years of voluntary service as a commissioner.
- 2.3 (10-30-2017) Michael Lang, Fire Chief, Arcadia Fire Department, et al: 2017 Mission Lifeline Award from the American Heart Association.
- 2.4 (10-20-2017) Fax/E-mail Distribution: West Hollywood Halloween Festival 2017.
- 2.5 (10-14-2017) Fax/E-mail Distribution: Taste of Soul 2017.
- 2.6 (10-11-2017) Richard E. Yochum, President/CEO, Pomona Valley Hospital Medical Center: Shared Trauma Catchment Area.
- 2.7 (10-05-2017) Martin Serna, Fire Chief, Torrance Fire Department: Ondansetron Pilot Approved.

3. COMMITTEE REPORTS

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

4. POLICIES

None to review

5. BUSINESS (Old)

- 5.1 Community Paramedicine (*September 2017*)
- 5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
 - o LA County Dispatch and Law Enforcement Survey (Draft)
- 5.3 Ad Hoc Committee (Wall Time/Diversion)
 - o EMSA APOT1 and APOT2 Reporting Matrix (attached)

New

- 5.4 Emergency Medical Services Commission Annual Report (attached)
- 5.5 EMT Curriculum for Mental Health Report (attached)
- 5.6 Sexual Assault Response Team (SART) Center Support Letter
- 5.7 Appointment of Nominating Committee

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of January 17, 2018)

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

CONSENT CALENDAR

November 15, 2017

1. MINUTES

September 20, 2017

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September 20, 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	Marianne Gausche-Hill	Medical Director
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Amelia Chavez	Commission Liaison
☑ Marc Eckstein, M.D.	L.A. County Medical Assn	Lucy Hickey	EMS Staff
☑ John Hisserich	Public Member, 3 rd District	Cathlyn Jennings	EMS Staff
☑ Lydia Lam, M.D.	CAL/ACEP	Adrian Romero	EMS Staff
☑ James Lott	Public Member, 2 nd District	Gary Watson	EMS Staff
☑ 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		
* Atilla Uner, M.D.	CAL/ACEP		
☑ 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	Sam Chao	Water
Alain Seba	MLKCH	Kevin Millikan	Torrance FD
Joan Dolan	Long Beach Fire Department	Samantha Verga-Gates	LA-APCC
Josh Hogan	Long Beach Fire Department	Lucia Munoz	Harbor UCLA Med. Ctr.
Dr. Clayton Kazan	Los Angeles Co. Fire Dept.		
Richard Roman	Compton Fire Department		

(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 1:07 PM by Chairman Erick 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 and guests.

Dr. Gausche-Hill, Medical Director, EMS Agency, announced that the National Highway Traffic Safety Administration (NHTSA) has developed a process to look at EMS in the future; the EMS Agenda 2050. In 1995 there was an "EMS Agenda of the future" that was published and served as a

template. NHTSA is looking for feedback from EMS stakeholders in terms of where EMS should be going in the future. The EMS Agency 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 ten (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 a vision is established that will incorporate a wide range of perspectives. The first meeting will be held in Los Angeles, CA on January 17, 2018. Further information may be obtained at <http://emsgaenda2050.org>

Dr. Gausche-Hill is serving on the technical expert panel for this NHTSA project.

CONSENT CALENDAR:

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

Motion by Commissioner Flashman/Snyder to approve the Consent Calendar, excluding item 4.4 Reference No. 817: *Regional Mobile Response Team* for further discussion. Motion carried unanimously.

Ms. Cathy Chidester, Director, EMS Agency, reiterated information on the following items from Correspondence:

- 2.1** Trauma Catchment Boundaries: Pomona Valley Hospital has requested that their trauma catchment area include the Angeles Forest area north of their location. This area is currently covered by Huntington Hospital and most transports are by air ambulance. To evaluate the catchment area in question, Richard Tadeo, Assistant Director, and Ms. Chidester, Director participated in a ride-along with the Sheriff's Department, which was helpful to the EMS Agency staff to get a better understanding of this area and air transport times. Based on the ride along and data analysis, the EMS Agency has determined that Highway 39 and areas west of Highway 39 remain within Huntington Hospital's (HMH) trauma catchment area and incident locations east of Highway 39 will be reassigned to PVHMC and added to their catchment area. Of course, pilot discretion will supersede the designated area destination as safety is the first priority. The letter in your agenda has been sent to Huntington Hospital and if they choose to dispute this revision to their catchment area they are afforded "Due Process", which is defined as a hearing before the EMS Commission who will determine the action to be taken. To date we have not heard what action Huntington Hospital will take.

Dr. Gausche-Hill reiterated information on the following item from Correspondence:

- 2.9** Temporary Medication Reduction during Nationwide Drug Shortage: The EMS Agency approved request to temporarily reduce minimum inventory amounts of Epinephrine (0.1mg/mL), Epinephrine (1mg/mL) and Atropine (0.1mg/mL).

Commissioner Hisserich requested clarification on item 4.1, Reference No. 408: *Assessment Unit*

- 4.1** Question: What happens if an assessment unit is called and they do not have an ALS unit?
Ms. Chidester responded that all providers have ALS units, no one operates with just assessment units; however, if the assessment unit has called for an ALS

Ambulance, but they feel it would be for the patient's benefit to transport him/her, they can transport. In Los Angeles County (LA County), in order to be an ALS unit, a configuration of two (2) paramedics or one (1) paramedic and one (1) MICN is needed; an assessment unit has one (1) paramedic only.

Commissioner Uner inquired via e-mail on item 4.2, Reference No. 520: *Transfer of Patients from Catalina Island*.

- 4.2** Commissioner Uner recommended for the policy to refer to Private Air Ambulance licensed in LA County instead of identifying a specific company (Mercy Air). Dr. Gausche-Hill was in communication Commissioner Uner and it was agreed to revisit this policy at a later time since he was being deployed to Mexico as part of the response to the earthquake.

Commissioner Hisserich inquired on item 4.3, Reference No. 803: *Emergency Medical Technician (EMT) Scope of Practice*.

- 4.3** Question: Would there be any improvement on training for handling behavioral emergencies?

Ms. Chidester responded that Paramedics and EMTs have in their curriculum a number of primary training hours for behavioral training; however, it has been identified that it has been lacking in the number of hours. The curriculum requirements for paramedics and EMT programs are set in State regulations so any requirement of a specific number of hours or topics would need to be taken back to the State to revise the appropriate regulations.

Motion by Commissioner Hisserich/Rodriguez to request a report from either the EMS Agency or Education Advisory Committee on current skills, assessment and management of behavioral emergencies for EMTs required in the primary training programs. Motion carried unanimously.

Ms. Chidester provided information on item 4.4, Reference No. 817: *Regional Mobile Response Team*, which was held from consent calendar for discussion:

- 4.4** Reference No. 817 was an existing policy that addressed the Hospital Emergency Response Team (HERT). Most recently, UCLA Medical Center approached the EMS Agency about being interested in operating within the 9-1-1 system with a Mobile Stroke Unit (MSU), as a pilot project, and being attached to a research project on a National level. The MSU has a mobile head CT scanner in it, is staffed with a Nurse, paramedic, a Radiology Technician, and either a neurologist is on board the MSU or there is the capability of transmitting the CT results to the hospital for review. The idea is for the MSU to be attached to the EMS system to be dispatched with the EMS providers to the call where someone is exhibiting signs and symptoms of a stroke. We do not want to interfere with provider's ambulance Exclusive Operating Areas (EOAs), thus UCLA would need to have an agreement with the provider they will be working with, and to be connected with their dispatch system.

Reference No. 817 was the appropriate policy to incorporate the MSU and the respective requirements because it is identified as an additional type care that is not provided by the 9-1-1 providers. This policy was not taken through the normal chain because UCLA had a short timeline to get the MSU up and running in order to participate in the national research study. UCLA has developed an

agreement with the City of Santa Monica and Santa Monica Fire Department, and began operating as of September 11, 2017.

The Los Angeles County Fire Department (LACoFD) is interested in participating with UCLA and the MSU program. The County Board of Supervisors authorized allocating Measure B funds to cover costs of operating the MSU beyond the operation parameters of the research study. Long Beach, Compton and other areas in LA County and Los Angeles City are also being considered. This policy talks about how the mobile team will be included into the EMS system. Due to the starting time frame and having the need to have other entities look at this policy, approval by the EMS Commission is needed today.

Commissioners Ower/Eckstein were in agreement that just as the HERT always has an Emergency Medicine Physician and a Surgeon as minimum staffing, this policy, when taken back to the committee process, should be edited to address the minimum staffing for the MSU as well.

Commissioner Uner had inquired via e-mail about the equipment list for the HERT having a brand name helmet and the concern that the policy would need to be updated if the helmet would be no longer produced; his suggestion is to use generic or to add "or equivalent". Dr. Gausche-Hill commented that this was brought up at the Medical Advisory Council meeting where it was opted for the policy to remain, as is, since it is functional and because the revision would be a lengthy process.

Motion by Commissioners Sanossian/Ower to approve consent calendar item 4.4 Reference No. 817: *Regional Mobile Response Team*, which was held for discussion. Motion carried unanimously.

5. BUSINESS (old)

5.1 Community Paramedicine (September 2017)

Cathy Chidester announced that Los Angeles Fire Department (LAFD) has submitted an application to the State Emergency Medical Services Authority (EMSA) for two (2) pilot projects that consist of transporting patients to alternate destinations including Psychiatric Urgent Care Center and to a Sobering Center. LACoFD submitted their application for a pilot project to transport their patients to an alternate destination including Psychiatric Urgent Care Center. LACoFD's pilot would be in the Martin Luther King Community Hospital area. Both applications, consisting of three (3) total projects, were submitted with letters of support from the EMS Agency. The curriculum for the required training is being developed.

Commissioner Eckstein, Medical Director, LAFD mentioned he is not certain when the projects will be approved, but EMSA had responded very quickly with additional questions for which responses have been provided.

5.2 Prehospital Care of Mental Health and Substance Abuse Emergencies Report

Kay Fruhwirth, Assistant Director, EMS Agency, reported that she and Ms. Chidester met with the representatives from the Los Angeles Police Chiefs Association including Chief Barnes and three (3) of his fellow Chiefs to talk about the

dispatch of mental health calls (MH) and how to make progress on the recommendations that came out of the Ad Hoc Committee report. The landscape with mental health patients is understood and the role and the interaction with law enforcement has evolved over the last couple years, especially with all the work that is being done at the District Attorney's Office, the criminal justice trainings, as well as the attention we have brought to it. Additionally, a majority of the Police Departments now have mental health teams comprised of a Sworn Officer and a Clinician from the Department of Mental Health (DMH); some are sharing the MH team between cities and some cities have full time coverage. The Sheriff's Department, as well as, the Los Angeles Police Department (LAPD) are increasing their MH coverage and now provide 24-hour coverage.

To get a better picture of what actions law enforcement agencies have taken to address MH response by first responders, it was decided to conduct a survey. Additionally, it was discussed that Ms. Fruhwirth would attend the two-day Mental Health Awareness training that patrol officers are attending.

Ms. Chidester requested assistance from the commissioners especially from law enforcement and from a psychiatric expert to form a sub-committee to work on the survey questions. Commissioners Cheung and Bixler volunteered to work with Ms. Chidester and Ms. Fruhwirth.

BUSINESS (New)

5.3 APOT Ad Hoc Committee for (Wall Time / Diversion)

Ms. Chidester reported that Commissioner Snyder chaired the previous Ad Hoc Committee meeting in which there was a discussion centered around the definition for wall time and what the committee and the County agree are reasonable average off-load times. The State EMSA has published twenty (20) minutes as the acceptable APOT but the County can make its own determination of what an appropriate and/or acceptable time to transfer care is. The EMS Agency is discussing how the system's EMS providers could be empowered to make the determination of putting hospitals on diversion or not transporting to a hospitals that they experience delays in transferring care. EMS providers have more technology and tools available to for their use such as ReddiNet and a good communication between ambulances to make the best destination determinations.

EMSA is interested in receiving the LA County's wall time data, but it is not consistently collected yet. At this time, the providers are still being trained to put in the time they transfer the care of the patients.

Furthermore, The EMS Agency supports the Emergency Care systems Initiative (EC SI) that is sponsored by Hospital Association of Southern California (HASC), in an effort to address the California's emergency care system, which now faces Californian's turning to hospital emergency departments in record numbers. The EMS system continues to work on the statewide definition of wall time by looking into best practices and toolkits and by being able to present data to the State and to the individual hospitals; financial penalties, as practiced in the State of Nevada, are not supported by the EMS system.

Commissioner Lott requested for Mr. Jaime Garcia, Regional Vice-President, HASC, to share how the hospital industry reacts and what the hospital response is on financial penalties.

Mr. Garcia stated that financial penalties for wall time would not solve the problem as the entire system needs to be evaluated. It is necessary to look at ways to improve the continuum of care for individuals – particularly when we look at mental health and ED crowding. We recently launched a pilot program with the Department of Mental Health (DMH) that allows certain non LPS designated facilities to have trained staff to be able to evaluate and triage an individual and place them on or remove a 5150 hold. This can help reduce wall-time, and we are now in the process of looking at engaging three (3) additional hospitals. The goal with DMH is to have ten hospitals throughout the county participate in the two-year pilot. Thus far, this first quarter, positive results in terms of stats obtained from the hospitals, and DMH has actually seen this make a difference in the system. This illustrates an opportunity for us to collaborate together to improve the quality of care for individuals. Simply penalizing a hospital when you don't have access and community resources isn't going to solve wall-time.

5.4 Cannabis Data Submission

Ms. Christine Clare, Chief Hospital Programs, EMS Agency provided a presentation on Cannabis Data Submission. Ms. Clare informed attendees that the data presented has not been published; therefore, handouts cannot be provided. She added that the cannabis workgroup meets on a bi-weekly basis to review and discuss the different data submitted by participants and that while the EMS Agency submits data for the entire County, the workgroup data on covers the County's unincorporated areas only. The committees are under the Chief Executive Office (CEO), which is establishing the cannabis related regulations for the unincorporated areas of the county; each city has the ability to make their own rules regarding the legalization of marijuana. At this time, the EMS Agency gathers data from the trauma database, which contains patients who meet trauma criteria (not all EMS patients), and who are screened for drug use and have a positive result for cannabis. Next year, as the EMS Report forms (patient care record) are revised additional data on suspected cannabis use will be collected. LACoFD is changing their electronic documentation system to gather more information on cannabis and will be submitting it to the EMS Agency before it is submitted system-wide for EMS.

The data is reported to the Board of Supervisors by Service Planning Areas (SPA), as it is gathered, specific data is also provided by patient so that it can be divided by age, gender, etc.

In an analysis done in Colorado, it was found that alcohol use went down when cannabis was legalized.

Currently, while the consumption of cannabis for non-medical reasons, is not legal until January of 2018, law enforcement is taking the approach to not arrest individuals when found to possess marijuana, although it is a misdemeanor.

5.5 Measure B Advisory Board (MBAB)

Ms. Chidester announced that to address the motion of the Board of Supervisors to create a MBAB, the EMS Agency has reached out to the entities identified in the motion to designate a representative; one of these entities is the EMS Commission. The request is for the Chair of the EMSC or his/her designee to be a member of the MBAB.

**Commissioner Ower/White moved to have Dr. Cheung represent the EMS Commission on the Measure B Advisory Board Committee.
Motion carried unanimously.**

5.6 Quarterly Update on Trauma Prevention Efforts and Trauma Care Expansion

Ms. Chidester announced that EMS Agency staff have been working with Department of Public Health (DPH) and providing them with our trauma center data that has information consisting of location and type of trauma, and also working with the trauma hospitals and the trauma prevention programs within LA County, and having DPH assist to augment these programs.

6. COMMISSIONERS COMMENTS/REQUESTS

- Commissioner Barnes announced that after six (6) years of service, this is the last meeting he will be attending as a commission member. Chief Barnes also introduced Chief John Incontro, who soon will be appointed to become a member of the EMS Commission.

On behalf of the EMSC and the EMS staff, Commissioner Cheung extended his warm gratitude to Commissioner Barnes for his service and welcomed Chief John Incontro. Ms. Chidester added that Commissioner Barnes was the first Police Chief to be an EMSC member.

- Commissioner Hisserich shared that a subcommittee of the National EMS Advisory Council (NEMSAC) has promulgated a recommendation that all EMTs be called Paramedics and that the whole field be called Paramedicine. They do specify that if the State law says otherwise, they do not intend to change it, but they will push forward the idea.

7. LEGISLATION

Ms. Chidester provided an update on legislative activity using the EMSAAC legislative report. Legislation of interest include:

SB 523, Medi-Cal: Emergency Medical Transport Providers: Quality Assurance Fees
This Bill is moving forward and progressing.

AB 263, Emergency Medical Services Workers: Rights and Working Conditions
This has become a two-year Bill.

Dr. Gausche-Hill announced the following:

SB 443, Pharmacy: Emergency Medical Services Automated Drug Delivery System

This Bill has passed both houses. Dr. Gausche-Hill thanked Dr. Clayton Kazan, Medical Director, LACoFD, for being instrumental in working with the Board of Pharmacy and garnering support for this bill.

Commissioner Hisserich added:

AB 1250, Counties: Contracts for Personnel Services

This Bill was moved to the suspense file, but it may come back in January 2018 as a two-year Bill. The Bill would affect the county's ability to contract with private entities to carry out services and lot of Mental Health Agencies are private entities. It was fought very vigorously by private Mental Health agencies and the Board of Supervisors did not support it.

8. DIRECTOR'S REPORT

Annually, the American Heart Association (AHA) gives out the **Mission Lifeline Awards**. The Awards are based on compliance with achievement measures related to data collection on STEMI patients. This year, as we were applying for the award, we recognized that the data is coming from the Fire Department EMS providers. The Fire Departments and the EMS Agency are recipients of the 2017 Mission Lifeline Gold Award. This is the first award the Fire Departments have received for providing their data.

The EMS Agency wants to recognize Chief Martin Serna, Torrance Fire Department, for putting together an annual data report for the City of Torrance and using that data to impact the health and well-being of his community. Specifically, Torrance's data showed they have a high volume of falls as a chief complaint and they have a low percentage of cardiac arrests that receive Citizen Cardiopulmonary Resuscitation (CPR) and a low percentage of patients that have return of spontaneous circulation (ROSC). They published a second annual data report was this year, and included all that the Fire Department has been working on to address the issues that were identified in their first annual data report. They describe they are partnering with the hospitals, the library and community groups to provide fall prevention programs in the City. Dr. Mitchell Katz, Director, Health Agency, reached out to Supervisor Hahn to share the report. The Board of Supervisors recognized Torrance Fire Department and presented the involved staff with scrolls at the Board meeting on September 19, 2017.

Ms. Chidester announced that the Executive Office of the Board of Supervisors sent out a Commission Manual to all Commissioners. This manual provides a template for commission annual reports to the Board of Supervisors. Using this template the EMS Agency is developing the annual report for FY 16-17 and will bring the report to November 2017 EMSC meeting. Additionally, in reviewing the document there is a statement that the Commission cannot take a position on legislative bills but can make recommendations to the Board of Supervisors.

Dr. Gausche-Hill announced that the EMS Agency was notified by the Department of Public Health (DPH) of a local outbreak of Hepatitis A amongst the homeless population or others at risk. This outbreak is due to person-to-person transmission which can be prevented through the use of PPE and good hand hygiene practices. We have reached out to DPH and looked at the guidance from Center for Disease Control (CDC) relative to safe practices. Given the severity of the outbreak in San Diego County, it is important to reiterate these safe practices. At this time, the plan is

to work together with DPH and provide guidance to first responders relative to Hepatitis A. The EMS Agency website is being updated with links that provide outbreak information and useful recommendations.

A copy of the 6th EMS Agency Annual Data Report, which contains data received from all the EMS providers in LA County, was handed out. Dr. Gausche-Hill provided an overview of the data.

9. ADJOURNMENT

The Meeting was adjourned by Chairman, Erick Cheung, MD., at 3:04 PM. The next meeting will be held on November 15, 2017.

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

Recorded by:
Amelia Chavez
Secretary, Health Services Commission



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SERVICES AGENCY**
LOS ANGELES COUNTY

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

November 2, 2017

Linda Bradley
Chief Executive Officer
Centinela Hospital Medical Center
555 East Hardy Street
Inglewood, CA 90301

DESIGNATION AS A PRIMARY STROKE CENTER

Dear Ms. Bradley:

The Emergency Medical Services (EMS) Agency is pleased to announce that Centinela Hospital Medical Center (CNT) has been designated as a Primary Stroke Center (PSC). Effective November 6, 2017, CNT may begin receiving patients who are transported by the 9-1-1 system and meet the criteria outlined in Reference No. 521, Stroke Patient Destination.

The EMS Agency requires each PSC to participate in data submission of all patients transported by 9-1-1 providers and meet the inclusion criteria as stated in the Los Angeles County EMS Agency Stroke Data Definitions.

Please complete and return the attached Confirmation Agreement within 15 days of receipt. Upon return, EMS Agency will sign the Agreement and return the original to your facility.

Congratulations and thank you again for your commitment to the PSC program. If you have any questions, please feel free to contact me at (562) 347-1600 or Lorrie Perez, Stroke Center Coordinator at (562) 347-1655.

Respectfully,

Cathy Chidester for Marianne Gausche-Hill, M.D.
Marianne Gausche-Hill, M.D.
Medical Director

MGH:lp
11-02

Enclosure

c: Director, EMS Agency
Emergency Medical Services Commission
Medical Director Stroke Program, Centinela Hospital Medical Center
Stroke Program Coordinator, Centinela Hospital Medical Center



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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/>

October 30, 2017

Chief Robert E. Barnes
Bell Gardens Police Department
7100 S. Garfield Avenue
Bell Gardens, CA 90201

Dear Chief Barnes:

On behalf of the Emergency Medical Services (EMS) Agency and the EMS Commission, I would like to thank you for your six (6) years of volunteer service as a commissioner. As the EMS Commission representative for Los Angeles County Chief Association, you provided valuable insight and direction for current and futures issues impacting the EMS system.

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

It has been a great pleasure working with you.

Sincerely,

Cathy Chidester
Executive Director

CC:ac

c: EMS Commission



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Medical Director

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October 30, 2017

Michael Lang, Fire Chief
Arcadia Fire Department
710 S. Santa Anita Avenue
Arcadia, CA 91006


Dear Chief ^{Mike} Lang:

Enclosed is a certificate recognizing your department as a **"2017 Mission Lifeline, Gold"** recipient. This award, from the American Heart Association recognizes EMS teams for their vital role in providing timely treatment for ST Elevation Myocardial Infarction (STEMI) patients and celebrating the achievement of the pre-hospital providers and their collaboration with each other and destination hospitals specific to STEMI patient care. Your department is a recipient for meeting achievement measures related to the care of STEMI patients and is based on the data your department collects and submits to the EMS Agency. The Mission: Lifeline is awarded in Bronze, Silver and Gold, with Gold being awarded for meeting the highest standard.

As a Mission Lifeline: Gold awardee your department has demonstrated your commitment to emergency medical services and quality patient care. This award is very significant as our collective system's first award for data collection, interpretation and patient related services.

Congratulations to your department on this achievement and thank you for your leadership and commitment to EMS.

Sincerely,


Cathy Chidester
Director

Enclosure

CC:cc



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



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October 14, 2017

TO: FAX/E-Mail Distribution
FROM: Cathy Chidester 
Director
SUBJECT: **TASTE OF SOUL 2017**

This is to advise you of the Taste of Soul Event scheduled to take place on Saturday, October 21, 2017 in the City of Los Angeles. The reported event hours are as follows:

- Saturday, October 21st, from 10:00 a.m. to 7:00 p.m.

The estimated number of participants over the course of the day is 250,000. The event will be taking place on Crenshaw Blvd., between Stocker St. and Rodeo Road. During last year's Taste of Soul there were a total of 9 patients treated at surrounding facilities. This year, event medical treatment stations will be utilized to help reduce the impact of patients to surrounding hospitals.

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

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

CC:rb



Health Services
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Taste of Soul 2017
October 14, 2017
Page 2

Distribution:

Paramedic Coordinator, Los Angeles City Fire Department
Prehospital Care Coordinator, Each Hospital
Emergency Department Director, Kaiser West Los Angeles
Emergency Department Director, Olympia Medical Center
Emergency Department Director, Southern California Hospital at Culver City
Emergency Department Director, Centinela Hospital Medical center
Emergency Department Director, California Hospital
Emergency Department Director, LAC+USC Medical Center
Emergency Department Director, Good Samaritan Hospital
Emergency Department Director, Saint Vincent Medical Center
Emergency Department Director, Cedars Sinai Medical Center
Emergency Department Director, Kaiser Sunset
Emergency Department Director, Hollywood Presbyterian Hospital
Emergency Department Director, Children's Hospital Los Angeles
Emergency Department Director, Community Hospital of Huntington Park
Emergency Department Director, Marina Del Rey Hospital
Emergency Department Director, White Memorial Medical Center
Emergency Department Director, Ronald Reagan UCLA
Emergency Department Director, Martin Luther King Jr. Community Hospital



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Director

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Medical Director

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Fax: (562) 941-5835

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October 20, 2017

TO: FAX/E-Mail Distribution

FROM: Cathy Chidester 
Director

SUBJECT: **WEST HOLLYWOOD HALLOWEEN CARNAVAL 2017**

This is to advise you of the West Hollywood Halloween Carnival scheduled to take place on Tuesday, October 31, 2017 in the City of West Hollywood. The event will start at 5:00 p.m. and is expected to end at approximately 3:00 a.m. on November 1, 2017. The estimated number of participants is 150,000 to 250,000.

During last year's Halloween Carnival there were a total of 21 patients treated at surrounding hospitals. Event medical treatment stations will be used to help minimize the impact to surrounding hospitals. The Emergency Medical Services (EMS) Agency encourages Emergency Departments in the area to prepare and staff adequately. The Medical Alert Center (MAC) will conduct a ReddiNet® Multi-Casualty Incident (MCI) poll to manage patient destinations. It is imperative that hospitals complete the MCI poll "Victim List" for patient tracking purposes of all event-related patients, including those who may self-transport.

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

CC:rj



Health Services
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West Hollywood Halloween Carnaval
October 20, 2017
Page 2

Distribution:

Paramedic Coordinator, Los Angeles County Fire Department
Prehospital Care Coordinator, Each Hospital
Emergency Department Director, California Hospital Medical Center
Emergency Department Director, Cedars-Sinai Medical Center
Emergency Department Director, Centinela Hospital Medical Center
Emergency Department Director, Childrens Hospital of Los Angeles
Emergency Department Director, Encino Hospital Medical Center
Emergency Department Director, Glendale Adventist Med. Center/Adventist Health
Emergency Department Director, Glendale Memorial Hospital and Health Center
Emergency Department Director, Good Samaritan Hospital
Emergency Department Director, Hollywood Presbyterian Medical Center
Emergency Department Director, Kaiser Foundation Hospital – Panorama City
Emergency Department Director, Kaiser Foundation Hospital – Sunset
Emergency Department Director, Kaiser Foundation Hospital – West Los Angeles
Emergency Department Director, LAC+USC Medical Center
Emergency Department Director, Marina Del Rey Hospital
Emergency Department Director, Olympia Medical Center
Emergency Department Director, Providence Saint Joseph Medical Center
Emergency Department Director, Providence Saint John's Health Center
Emergency Department Director, Ronald Reagan – UCLA Medical Center
Emergency Department Director, Saint Vincent Medical Center
Emergency Department Director, Santa Monica/UCLA Medical Center
Emergency Department Director, Sherman Oaks Hospital
Emergency Department Director, Southern California Hospital at Culver City
Emergency Department Director, Valley Presbyterian Hospital
Emergency Department Director, White Memorial Medical Center/Adventist Health



**EMERGENCY MEDICAL
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LOS ANGELES COUNTY

CORRESPONDENCE 2.6

October 11, 2017

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Fax: (562) 941-5835

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Richard E. Yochum, President/CEO
Pomona Valley Hospital Medical Center
1798 North Garey Avenue
Pomona, CA 91767

Mr. Yochum:

SHARED TRAUMA CATCHMENT AREA

The EMS Agency is in receipt of your letter dated September 21, 2017 requesting a time audit for all trauma center criteria patients transported from the trauma catchment area shared between LAC+USC Medical Center (USC) and Pomona Valley Hospital Medical Center (PVC) from April 1, 2017 through September 30, 2017. While the EMS Agency recognizes that PVC wishes to ensure that patients are being transported to the closest trauma center by time, the ultimate transport decision is the responsibility of the field paramedic caring for the trauma patient.

Due to a multitude of factors, traffic and construction being just two, the provider is responsible for determining the most accessible trauma center for the patient. The EMS Agency does not have the ability to retrospectively evaluate each individual case as the circumstances around transport are fluid at the time of the incident.

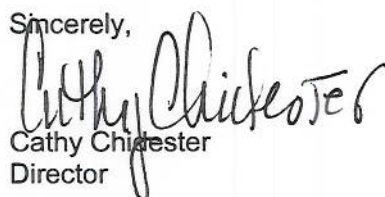
The EMS Agency has conferred with Los Angeles County Fire Department (CF), as they transport the majority of patients from this shared area, to determine any difficulties or problems with the current trauma destination policies for USC and PVC. CF did not identify any recurring problems or issues with the destination policies. Their ultimate goal is to transport and transfer care to the most accessible receiving trauma center as quickly as possible.

We are confident that the paramedics are using technology to continuously assess traffic patterns and make destination decisions based upon which trauma center they can get to fastest, to ensure the patient receives the definitive care expeditiously. CF management has confirmed that paramedics strive to limit the time spent in the back of an ambulance with a seriously injured patient.

CF administration has assured the EMS Agency that their paramedics are complying with the trauma destination policies for USC and PVC. If PVC has specific incidents where PVC feels a seriously injured trauma patient was transported to USC in error, please provide specific details so that the EMS Agency can conduct a case review.

If you have any questions or need additional information, please contact me or Christy Preston, Trauma Program Manager at (562) 347-1660 or cpreston@dhs.lacounty.gov

Sincerely,


Cathy Chidester
Director

CC:RT:cac
10-01

c: Trauma Medical Director, Pomona Valley Hospital and Medical Center
Trauma Program Manager, Pomona Valley Hospital and Medical Center



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CORRESPONDENCE 2.7

October 5, 2017

Martin Serna, Fire Chief
Torrance Fire Department
1701 Crenshaw Boulevard
Torrance, CA 90501

Dear Chief Serna:


ONDANSETRON PILOT APPROVED

This is to inform you that Torrance Fire Department (TF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for a pilot study evaluating the administration of ondansetron for nausea and/or vomiting in patients not requiring base hospital contact transported by basic life support personnel.

The approved quality improvement process required for implementation and evaluation of the pilot will be reviewed during your annual Program Review or as deemed necessary by the EMS Agency. Additionally, TF may be required to report and provide outcome data on the status of the pilot to the EMS Agency Medical Advisory Council for purposes of peer review and system evaluation.

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

Sincerely,


Marianne Gausche-Hill, MD
Medical Director

MGH:sm
10-09

c: Director, EMS Agency
Medical Director, TF
EMS Director, TF
Paramedic Coordinator, TF
EMS Nurse, TF



County of Los Angeles • Department of Health Services
Emergency Medical Services Agency

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

October 11, 2017



MEMBERSHIP / ATTENDANCE

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/>	Mark Eckstein, M.D., Chair	EMS Commission
<input type="checkbox"/>	Margaret Peterson, Vice Chair	EMS Commission
<input type="checkbox"/>	Carol Snyder, RN.	EMS Commission
<input type="checkbox"/>	Erick Cheung, Ph.D.	EMS Commission
<input checked="" type="checkbox"/>	Jessica Strange	Northern Region
<input checked="" type="checkbox"/>	Karyn Robinson	Northern Region
<input type="checkbox"/>	Annette Cornell	Northern Region, Alternate
<input checked="" type="checkbox"/>	Kristina Crews	Southern Region
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region
<input type="checkbox"/>	Laurie Mejia	Southern Region
<input type="checkbox"/>	Natalie Burciago	Southern Region, Alternate
<input checked="" type="checkbox"/>	Christine Farnham	Southern Region, Alternate
<input type="checkbox"/>	Paula Rosenfield	Western Region
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region
<input checked="" type="checkbox"/>	Alex Perez-Sandi	Western Region, Alternate
<input checked="" type="checkbox"/>	Laurie Sepke	Eastern Region
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region
<input type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate
<input checked="" type="checkbox"/>	Lila Mier	County Hospital Region
<input checked="" type="checkbox"/>	Emerson Martell	County Hospital Region
<input checked="" type="checkbox"/>	Jose Garcia	County Hospital Region, Alternate
<input type="checkbox"/>	Mike Hansen	Provider Agency Advisory Committee
<input type="checkbox"/>	Michael Murrey	Provider Agency Advisory Committee, Alt.
<input checked="" type="checkbox"/>	Jazmin Gonzalez	MICN Representative
<input type="checkbox"/>	Jeff Warstler	MICN Representative, Alt.
<input checked="" type="checkbox"/>	Robin Goodman	Pediatric Advisory Committee
<input type="checkbox"/>	Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.
PREHOSPITAL CARE COORDINATORS		
<input type="checkbox"/>	Kevin Lennox (AMH)	<input type="checkbox"/> Adrienne Roel (AMH)
<input type="checkbox"/>	Courtney Derryberry (AVH)	<input type="checkbox"/> Rosie Romero (CAL)
<input type="checkbox"/>	Dee Josing (HMN)	<input checked="" type="checkbox"/> Rachel Caffey (NRH)
<input type="checkbox"/>	Heidi Ruff (NRH)	<input type="checkbox"/> Gloria Guerra (QVH)
		GUESTS
		Khadija Ismail, M.D. Harbor-UCLA
		Mathew Conroy LAFD
		Caroline Jack, Torrance FD
		<input checked="" type="checkbox"/> Laura Leyman (SFM)
		<input type="checkbox"/> Kelly Arroyo (SMM)

- CALL TO ORDER:** The meeting was called to order at 1:05 P.M. by Chairperson Mark Eckstein, M.D.
- APPROVAL OF MINUTES:** The June 14, 2017, meeting minutes were approved as submitted.
M/S/C (Burgess/Sepke)
- INTRODUCTIONS/ANNOUNCEMENTS:**
 - Self-Introductions were made by all.
 - Lucy Hickey and her team will be participating in the Breast Cancer Awareness Walk on October 22, 2017, please offer your support.

4. REPORTS & UPDATES:

4.1 Base Hospital Agreement (R. Tadeo)

The Base Hospital Agreement is currently on the first year extension with the option to extend an additional year. Negotiations for a new agreement may begin in early 2018 if there are substantive changes that need to be made. The one issue raised regarding the agreement is the requirement for Base Hospital Meetings. The EMS Agency will re-evaluate this requirement and come back to the group with some recommendations.

4.2 Treatment Protocols (R. Tadeo)

The draft Treatment Protocols for the pilot project have been completed and training began in October with Burbank Fire, Pasadena Fire, Providence St. Joseph, and Huntington Memorial Hospital. The start date for the pilot project is scheduled for early December and will continue for a period of three months. Data from base forms and feedback from MICN's will be collected during the pilot project to guide with education, training, and the required documentation of Treatment Protocols.

4.3 Ambulance Patient Offload Times (APOT) (R. Tadeo)

The APOT work group has made progress in defining "start" and "stop" times. The State definitions have been adopted, state time will be documented once the provider ambulance has parked in the ambulance bay and the stop time will be document once the patient has been offloaded onto hospital equipment. Providers will be responsible for documenting times. Lengthy discussion ensued regarding accurate documentation of offload times, acceptable "wall times", and hospital diversions as a result of excessive wall time.

4.4 Comprehensive Stroke System (Dr. Gausche-Hill)

Request for Application (RFA) was released at the end of September. Applications were due back at the beginning of October. Feedback has been provided to all applicants and we are moving forward with the designation of the Comprehensive Stroke Centers (CSC). Re-routing of stroke patients to designated CSC's will begin early 2018.

Although the primary responsibility to transfer complex stroke patients from a Primary Stroke Center (PSC) to a CSC, for higher level of care, is the responsibility of the sending hospital, the CSC's are being required to have a transportation agreement with a private ambulance company with the appropriate level of transport medical personnel, and must be available at the CSC within 60 minutes. Utilization of the 9-1-1 system to conduct interfacility transports of stroke patients is not acceptable.

4.5 EMS Update 2018 (R. Tadeo)

EMS update is estimated to begin in mid-2018, the planning phase will begin once the Treatment Protocol project has concluded. Lengthy discussion ensued regarding implementation date of Treatment Protocols, lack of understanding of provider impression by the providers, and adequate training time of Treatment Protocols.

5. UNFINISHED BUSINESS:

No unfinished business

6. NEW BUSINESS:

6.1 Reference No. 520, Transport of Patients From Catalina Island

M/S/C (Crews/Verga-Gates)

6.2 Reference No. 520.1

M/S/C (Crews/Verga-Gates)

6.3 Reference No. 817, Regional Mobile Response Teams

Revisions for Reference No. 817, Regional Mobile Response Team were reviewed, with the following recommendations.

- Reference No. 817 should be divided into two references, with Ref. No. 817 remaining as Hospital Emergency Response Team (HERT). The Mobile Stroke Unit (MSU), and all reference to the MSU, should be allocated as a reference in the 500 series.
- Page 3, Policy 1, A. 5, to read as follows: The Team Leader will determine the ultimate size and composition of the team based upon the magnitude, nature of the incident, and limitations and availability of resources for transportation to the incident.

7. OPEN DISCUSSION:

In depth conversation ensued regarding IFT of critical trauma patients. Patients which require lifesaving drips or are on a mechanical ventilator and receiving sedation and paralytics must be transported with a CCT team. Each hospital should have a policy in place to support the transport of this type of patient.

8. **NEXT MEETING:** BHAC's next meeting is scheduled for **December 13, 2017**, at the EMS Agency @ 1:00 P.M.

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

ACCOUNTABILITY: Lorrie Perez

9. **ADJOURNMENT:** The meeting was adjourned at 2:15P.M.



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EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, October 11, 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 OCTOBER 2017



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



County of Los Angeles
Department of Health Services

**EMERGENCY MEDICAL SERVICES COMMISSION
EDUCATION ADVISORY COMMITTEE MINUTES**

Wednesday, October 18, 2017

Attendance



Members

- ☒ Carole Snyder, RN, Chair
- ☐ Gary Washburn, Vice-Chair
- ☒ Ellen Alkon, MD, Commissioner
- ☒ Alina Candal, RN
- ☒ Tina Crews, RN
- ☐ Alex Perez-Sandi, RN
- ☒ Joanne Dolan, RN
- ☐ Susan Hayward, RN
- ☒ Sean Stokes, RN
- ☐ Luis Vazquez, PM
- ☒ Jim Karras, EMT
- ☐ Tish Hamilton, RN
- ☐ Mark Ferguson, RN
- ☐ Jacqueline Rifenburg, RN
- ☐ Ray Mosack, PM
- ☒ Jamie Hirsch, PM
- ☐ Heather Davis, PM
- ☐ Stanley Bakey, PM
- ☐ Aaron Aumann, PM
- ☐ Sean Lyons, PM
- ☒ Adrienne Roel, RN
- ☐ Jazmine Gonzalez, RN
- ☐ Charles Drehsen, MD
- ☐ VACANT
- ☒ Ken Leasure, PM
- ☐ James Altman, PM
- ☐ Scott Buck, PM
- ☐ William Gonzales, PM
- ☐ Anthony Mendoza, PM
- ☐ VACANT
- ☐ Jeff Pollakoff, EMT
- ☒ Scott Jaeggi, PM
- ☐ Ryan Carey, EMT

Organization

- EMSC/Cal-ENA
- EMSC/Public Member 5th District
- EMSC/SC PH Association
- APCC
- APCC
- APCC - alternate
- LAAFCA
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA
- LACAA - alternate
- PTI Paramedic Education
- PTI Paramedic Education- alternate
- Mt SAC Paramedic Education
- Mt SAC Paramedic Education - alternate
- UCLA Paramedic Education
- UCLA Paramedic Education - alternate
- UAV Paramedic Education
- UAV Paramedic Education - alternate
- MICN
- MICN - alternate
- Med Council
- Med Council - alternate
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA - alternate
- EMS Educator – Non PD
- EMS Educator – Non PD - alternate
- EMT Program Director
- EMT Program Director
- EMT Program Director - alternate

EMS Agency Staff Present

- Kay Fruhwirth, RN
- Lucy Hickey, RN
- Joan Lockwood, RN
- Susan Mori, RN

Position

- Assistant Director
- Chief, Cert/Program App
- Program Approvals
- Systemwide QI

Others Present

- Paula LaForge
- Nanci Medina
- Marc Cohen, MD
- Robin Goodman

Agency/Representing

- LACoFD
- LAFD
- Mt SAC Paramedic Program
- PedAC

★ - Excused

1. CALL TO ORDER - C. Snyder, Chair called the meeting to order at 10:15 a.m.

2. APPROVAL OF MINUTES - October 19, 2016 and August 16, 2017 minutes approved by committee

3. INTRODUCTIONS AND ANNOUNCEMENTS

4. REPORTS & UPDATES

- 4.1 California Prehospital Program Directors (CPPD) (Hirsch)
No report
- 4.2 California Council of EMS Educators (C²E²) (Karras)
No report
- 4.3 Association of Prehospital Care Coordinators (APCC) (Candal)
No report
- 4.4 California Association of Nurses and EMS Professionals (CALNEP) (Dolan)
No report
- 4.5 Disaster Training Unit (Hickey)
Statewide Disaster Drill November 16th
- 4.6 EMS Quality Improvement Report (Mori)
LEMSA CQI Coordinators working on best practices conference. Will update once further details are available. Expected capacity will be for about 70 attendees. B. Larmon is developing template EMT training for aspirin, naloxone, epinephrine auto-injector and glucometer to meet regulatory requirements.

4.7 EMS Update (Hickey)

2018 training may be delayed due to a pilot program with Pasadena and Burbank Fire Departments

4.8 EMT (Lockwood)

EMT Forum will be held on November 14, 2017. Updated skills will be provided on a thumb drive and posted on the website in the near future.

4.9 Treatment Protocols (Hickey)

Discussed in conjunction with item 4.7

5.UNFINISHED BUSINESS

6.NEW BUSINESS

7.OPEN DISCUSSION

J. Hirsch requested the four paramedic training programs in Los Angeles County meet in advance of the anticipated revision of State paramedic program regulations. The process for regulation revision, constituency participation and public comment were briefly discussed. MSAC would be willing to host the meeting live and with conference calling.

K. Fruhwirth discussed the designation of Comprehensive Stroke Centers by January 2018. Plans are to submit for approval from the Board of Supervisors in December 2017.

S. Jaegui expressed interest in EMT program directors and staff meeting to discuss program administration and management. Committee continued last meeting's discussion regarding conducting presentations relevant to education such as lessons learned, training issues, exam development, etc. Discussed whether meeting separately or combined in the EMT curriculum meeting in 2018 versus following EAC which may increase participation. Discussion to be continued at the next meeting.

8.ADJOURNMENT - The meeting adjourned at 11:17 a.m. Next meeting: Wednesday, December 20, 2017 at 10:00 a.m.



County of Los Angeles
Department of Health Services



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES COMMISSION

PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, October 18, 2017

MEMBERSHIP / ATTENDANCE

MEMBERS

- ☒ Dave White, Chair
- ☒ Robert Ower, Vice-Chair
- ☐ LAC Ambulance Association
- ☐ LAC Police Chiefs' Association
- ☐ Jodi Nevandro
 - ☒ Sean Stokes
- ☒ Nick Berkuta
 - ☐ Clayton Kazan, MD
 - ☒ Victoria Hernandez
- ☒ Ken Leasure
 - ☐ Susan Hayward
- ☒ Richard Roman
 - ☒ Mike Beeghly
- ☐ Josh Hogan
 - ☒ Joanne Dolan
- ☐ Mike Hansen
 - ☐ Michael Murrey
- ☐ Corey Rose
 - ☐ Ellsworth Fortman
- ☒ Luis Vazquez
 - ☐ Tisha Hamilton
- ☐ Jenny Van Slyke
 - ☒ Alina Chandal
- ☒ Andrew Respicio
 - ☐ Andrew Gano
- ☐ Maurice Guillen
 - ☐ Scott Buck
- ☐ Marc Eckstein, MD
 - ☐ Stephen Shea, MD
- ☐ Ian Wilson
 - ☐ Vacant

ORGANIZATION

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

EMS AGENCY STAFF PRESENT

- | | |
|---------------------------|----------------------|
| Marianne Gausche-Hill, MD | Richard Tadeo |
| Nichole Bosson, MD | Denise Whitfield, MD |
| Lucy Hickey | Cathlyn Jennings |
| Nnabuike Nwanonyi | Phillip Santos |
| Susan Mori | Christine Zaiser |
| Michelle Williams | Chris Clare |
| Christy Preston | Gary Watson |

OTHER ATTENDEES

- | | |
|-----------------|-----------------------|
| Kevin Millikan | Torrance FD |
| Michael Barilla | Pasadena FD |
| Kristina Crews | Torrance Memorial |
| Sam Chao | W.A.T.E.R. |
| Nanci Medina | LAFD |
| Paula Lafarge | LACoFD |
| Adrienne Roel | UCLA Ctr Prehosp Care |
| Rachel Caffey | UCLA Ctr Prehosp Care |
| Jacob Wagoner | Lynch Ambulance |
| Marc Cohen, MD | Torrance FD |
| Micah Bivens | LACo Lake Lifeguards |
| Matt Conroy | LAFD |
| Mike Fountain | West Covina FD |
| Lyle Hanson | Care Ambulance |

LACAA – Los Angeles County Ambulance Association LAAFA – 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 1:04 p.m.

1. **APPROVAL OF MINUTES (Berkuta/Leasure)** August 16, 2017 minutes were approved as written.
2. **INTRODUCTIONS / ANNOUNCEMENTS**
3. **REPORTS & UPDATES**

3.1 EMS Update 2018 (Richard Tadeo)

- Treatment Protocols: Pilot studies for the new Treatment Protocols are planned to begin on December 4, 2017. This 2-3 month pilot program will involve two fire departments and two base hospitals.
- Prehospital personnel from Burbank Fire Department and MICNs from Providence St. Joseph Medical Center have started education of the new protocols in October; and

prehospital personnel from Pasadena Fire Department and MICNs from Huntington Hospital will begin their education in November 2017.

- System-wide implementation of the new Treatment Protocols was planned to begin in July 2018, utilizing EMS Update 2018. However, the EMS Agency felt that the program may need to be postponed until August or September 2018; Committee feedback is requested.
- This topic will be brought back to Committee in December for further discussion and comments.

3.2 Drug Shortages (Marianne Gausche-Hill, MD)

- There continues to be a nationwide drug shortage of Epinephrine 0.1mg/ml, Atropine Sulfate, Calcium Chloride, Sodium Bicarbonate; and most recently, Morphine Sulfate.
- In attempts to meet your needs during this shortage, providers are encouraged to:
 - Contact other pharmaceutical vendors for availability
 - Reduce unit PAR levels
 - Transfer partial stock to busier unit(s)
 - Reach out to neighboring private ambulance companies for loan
- Dilution of Epinephrine 0.1mg/mL (to create a mixture equivalent to Epinephrine 0.1mg/mL) is least preferred and providers needing to dilute should notify the EMS Agency Medical Director; at which point the EMS Agency will provide a letter that explains the dilution process.
- Compounding of medications were found not to be practical for pre-hospital use due to the high cost per unit, a very short shelf-life (30-days) and having very few compounding pharmacies that are capable of making “sterile” products for intravenous use.
- FDA Approved Extension of Expiration Dates – providers wishing to utilize expired medications that are approved by the FDA, should notify the EMS Agency’s Medical Director prior to implementation.
- Once shortage is resolved, all expired medications must be properly disposed and the minimum inventory amounts must return according to inventory policies.

3.3 Hepatitis A Outbreak (Marianne Gausche-Hill, MD)

- Los Angeles County continues to experience an outbreak of Hepatitis-A (HEP A), mainly in the homeless and drug abuse population.
- Los Angeles County Department of Public Health (DPH) has recommended that all EMS and law enforcement personnel receive the HEP A vaccination.
- Last week, the Governor of California declared a Public Health Emergency in the State of California, which has allowed the EMS Agency to submit a request to the State EMS Authority (EMSA) for local, Optional Scope of Practice, which would allow paramedics in Los Angeles County to vaccinate their colleagues. This application is in process.
- DPH has also asked the EMS Agency to obtain approval from EMSA, allowing paramedics to vaccinate the public. After a lengthy discussion, this Committee showed interest in moving forward. However, Committee Chair has asked that this topic be presented at the next Los Angeles Area Fire Chiefs Association (LAAFC) meeting and to possibly have the EMS Agency partner with a fire department that would assist with moving this project forward.
- If there are any further comments or suggestions, please contact Marianne Gausche-Hill, MD, at MGausche-Hill@dhs.lacounty.gov.

3.4 Comprehensive Stroke Center – Implementation Plan (Richard Tadeo)

The EMS Agency is in the final stages of reviewing applications for Comprehensive Stroke Center (CSC) designation. The EMS Agency anticipates Board of Supervisor’s approval for CSC designation on December 12, 2017. If approved, implementation will be on January 4, 2018 and providers affected by this change will be notified approximately 2 weeks prior to this start date.

3.5 Pediatric Color Code – Mobile Application (Marianne Gausche-Hill, MD)

Upcoming new Treatment Protocols will include adult standardized formulary to calculate adult medication dosages, similar to the pediatric standardized formulary found in Reference No. 1309, Color Code Drug Doses – L.A. County Kids.

Survey Monkey: The EMS Agency is conducting an online survey about the paramedic's experience with pediatric medication dosing before and after the new pediatric standardized formulary found in Reference No. 1309. Each paramedic working for a 911 public provider agency in Los Angeles County is asked to participate in this voluntary, 4-minute survey. The final results of the survey will be shared with you and the EMS community.

You can access the survey at the following link:

https://www.surveymonkey.com/r/LA_County_Kids_Drug_Doses

Please contact the lead researcher, Dr. Bosson (nbosson@dhs.lacounty.gov), with any questions you may have about this study.

Mobile Application: The EMS Agency received funding to develop a mobile application (App) that will give the user, real-time access to all Los Angeles County Treatment Protocols. This App would also allow easy access to any related items pertaining to the Protocols. Once completed, the EMS Agency will be asking for volunteers to test the App and provide valuable feedback.

3.6 EMT Regulations Implementation (Lucy Hickey)

The EMS Agency will be conducting a presentation on the new EMT Regulations that went into effect July 1, 2017. This presentation will take place at the EMS Agency on November 14, 2017. Target audience include: EMT training / skills personnel and CE providers. Since space is limited, please RSVP to Lucy Hickey, ladams@dhs.lacounty.gov

4. UNFINISHED BUSINESS

No unfinished business.

5. NEW BUSINESS

5.1 Reference No. 817, Regional Mobile Response Teams (Richard Tadeo)

Policy reviewed and Tabled until further revisions by the EMS Agency. Will be brought back to next PAAC on December 20, 2017.

TABLED: Reference No. 817, Regional Mobile Response Teams.

6. OPEN DISCUSSION:

No open discussion items.

7. NEXT MEETING: December 20, 2017

8. ADJOURNMENT: Meeting adjourned at 2:08 p.m.

[DRAFT 11/6/17]

SURVEY: LA COUNTY 9-1-1 RESPONSE TO MENTAL HEALTH AND SUBSTANCE ABUSE EMERGENCIES

Author: Los Angeles County Emergency Medical Services Commission

The Emergency Medical Services Commission (EMSC) is an advisory body to the Board of Supervisors and the Director of Health Services regarding County policies, programs and standards for emergency medical care services throughout the County. In September 2015, the EMSC established an Ad Hoc Committee to address the significant issues identified by representatives of Fire Departments, EMS, and Law Enforcement personnel in the prehospital care of behavioral emergencies. Key members of the committee included representatives from the Los Angeles Area Police Chiefs Association (LAAPCA).

The committee's final report, titled "*The Ad Hoc Committee on Prehospital Care of Mental Health and Substance Abuse Emergencies Final Report*" highlighted nine recommendations for change to the mental health / substance abuse field response, processes of care, and disposition by emergency medical services (EMS) and law enforcement. The report can be found at: http://file.lacounty.gov/SDSInter/dhs/1006550_EMSCAdHocCommitteeReportNovember2016.pdf

One area of focus relates to 9-1-1 dispatch and triage of mental health calls. The EMSC in coordination with the LAAPCA, seeks a more thorough understanding of the challenges that LA County's law enforcement agencies encounter in 1) dispatching 9-1-1 mental health calls, and 2) responding to mental health emergencies. We also seek input on potential future solutions that could improve the care of such individuals in crisis.

We kindly request that your Agency/Department complete the following survey. The survey is divided into two sections: Section 1 addresses the 9-1-1 dispatch process for mental health related calls. Section 2 addresses the Law Enforcement field response. More than one person may need to be involved in completing the survey.

Deadline to complete the survey: 12/31/17

Please contact EMS Agency staff, Kay Fruhwirth, with any questions or concerns at: kfruhwirth@dhs.lacounty.gov

SURVEY RESPONDENT INFORMATION

Law Enforcement Agency / Department: _____

Dispatch Center for your Agency / Department _____

Contact information for person completing Dispatch Section of survey:

Name: _____

Title: _____

Email: _____

Phone: _____

Contact information for person completing Field Response Section of survey:

Name: _____

Title: _____

Email: _____

Phone: _____

SECTION 1: DISPATCH OF 9-1-1 MENTAL HEALTH CALLS

1. What is the estimated number of 9-1-1 calls that your Agency/Department's dispatch center received in calendar year 2016?

Comments:

2. Does your agency dispatch 9-1-1 calls directly to Law Enforcement (LE) personnel, Emergency Medical Services (EMS) personnel, or Both?
- a. LE
 - b. EMS
 - c. Both

Comments:

3. Do your dispatchers have a "script" of specific questions they ask callers that would assist them in identifying a call as a mental health emergency?

_____ Yes _____ No

Comments:

4. Of the total 9-1-1 calls, please estimate the percentage of 9-1-1 calls that are coded as mental health emergencies:

_____ %

5. In responding to a 9-1-1 mental health call, estimate the percentage of time that your agency/department deploys LE personnel only, EMS personnel only (either directly or to EMS dispatch), or both LE and EMS (response should total 100%).

LE only:	_____ %
EMS (or EMS dispatch) only:	_____ %
Both:	_____ %

6. For mental health calls, what criteria or triggers would lead your dispatchers to deploy EMS only (or transfer to EMS dispatch)?

Comments:

7. What criteria or triggers would lead your dispatchers to refer the call to BOTH LE and EMS?

Comments:

8. Estimate the percentage of 9-1-1 mental health dispatch calls that include the following (can total more than 100%):

- a. Suicidal thoughts, (with no attempt) _____%
- b. Suicide attempt _____%
- c. Homicidal thoughts or behaviors, or other potentially dangerous behaviors like aggressiveness, agitation _____%
- d. Other mental health emergencies with no dangerous behaviors _____%

Comments:

9. If your agency directly employs or contracts with mental health clinicians, a MET/SMART team, or has a special response such as mental health trained officers, does your agency have a protocol that determines when to dispatch such a response?

_____ Yes _____ No

If yes, please describe or provide a copy of your protocol that determines what type of response to send, or describe below:

10. How would you improve the dispatch protocols for 9-1-1 mental health emergencies?

Comments:

SECTION 2: LAW ENFORCEMENT FIELD RESPONSE TO 9-1-1 MENTAL HEALTH CALLS

1. Does your agency / department have mental health clinicians (such as social workers, psychologists, nurse practitioners, physicians), or a MET/SMART team, embedded in your department and responding to mental health emergencies?

Yes_____ No_____

If yes, what is their availability?

Days a week _____ Hours each day _____

If no, what prevents your agency from contracting with Los Angeles County Department of Mental Health for this service?

____ Not enough mental health calls to justify the cost

____ Not enough funding, even though the service is needed

____ Other (describe):

2. Have your sworn officers and/or staff received mental health related trainings **in the past 5 years?**

Training	% of Sworn Staff that attended	% of Other staff that attended	Length of Course (in hours)
<i>Mental Health Awareness: Crisis Intervention for First Responders</i>	____ %	____%	____ hours
<i>Mental Health Intervention Training</i>	____ %	____%	____ hours
<i>Crisis Intervention Training</i>	____ %	____%	____ hours
<i>Mental Health First Aid</i>	____ %	____%	____ hours
Other (list):	____ %	____%	____ hours
	____ %	____%	____ hours

3. What percentage of time do mental health trained officers, clinicians, or a "special response" team (including MET/SMART) respond to 9-1-1 mental health emergencies handled by your agency?

_____ %

Comments:

4. For the next two questions please select the number that best represents how much you agree with the statement:

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Individuals who are experiencing a 9-1-1 mental health emergency would benefit from increased training of officers in managing mental health emergencies	1	2	3	4	5
Individuals who are experiencing a 9-1-1 mental health emergency would benefit from a response by EMS personnel as opposed to law enforcement, if there is no acute violence or safety issue	1	2	3	4	5

5. Please estimate the final destination and/or outcome of 9-1-1 mental health field encounters (answers should total 100%):

Psychiatric Urgent Care Centers (Exodus UCC, Oliveview Urgent care, etc...)	_____ %
Free standing Psychiatric Hospital	_____ %
Psychiatric Emergency Department (e.g. Harbor-UCLA, LAC+USC, or Olive View)	_____ %
Other local hospital emergency department	_____ %
Jail	_____ %
Sobering Center	_____ %
Leave at scene	_____ %
Other (describe):	_____ %

6. What are the most significant challenges for your department or agency in responding to mental health emergencies?

Comment:

7. Describe ways that you believe that the overall 9-1-1 mental health emergency response system could be improved:

Comment:

Ambulance Patient Offload Delay - 2017 Reporting Matrix (Version 05-30-17)**APOT - 1****LEMSA:** Los Angeles County EMS Agency**APOT Standard:** 30 minutes

Directions: List all LEMSAs authorized 9-1-1 emergency ambulance receiving Hospitals (add rows as needed). Enter the total 9-1-1 emergency ambulance transports (transport denominator) to the hospital and the 90th percentile patient offload time for that hospital in minutes and seconds (00:00), or you may round to the nearest minute. Enter EMS system aggregate totals at the bottom of each month.

Hospital	January		February		March	
	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time	Transports	90th Percentile APOT Time
Alhambra Hospital	291	19	227	17	206	17
Methodist Hospital of Southern California	449	25	351	20	431	18
Antelope Valley Hospital	0		1	8	1	102
Beverly Hospital	129	11	150	18	135	13
Southern California Hospital at Culver City	225	40	170	39	174	28
California Hospital Medical Center	686	43	595	45	610	43
Children's Hospital Los Angeles	89	10	121	12	105	10
Community Hospital of Huntington Park	148	51	124	45	115	53
Centinela Hospital Medical Center	741	53	652	44	683	44
Coast Plaza Doctors Hospital	22	68	9	34	12	43
Cedars Sinai Medical Center	984	24	915	25	847	27
PIH Health- Downey	252	52	256	49	307	49
Marina Del Rey Hospital	406	34	407	30	374	33
Lakewood Regional Medical Center	104	46	78	37	81	33
East Los Angeles Doctors Hospital	32	22	25	19	27	17
Encino Hospital Medical Center	142	14	136	14	107	14
Foothill Presbyterian Hospital	33	12	5	9	13	18
Garfield Medical Center	212	10	167	10	172	8

Ambulance Patient Offload Delay - 2017 Reporting Matrix (Version 05-30-17)

APOT - 1

Greater El Monte Community Hospital	2	23	4	10	5	25
Glendale Memorial Hospital and Health Center	449	22	415	21	394	21
Good Samaritan Hospital	752	29	615	30	611	30
Glendale Adventist Medical Center	791	36	626	27	620	26
Providence Holy Cross Medical Center	612	22	583	21	493	19
Glendora Community Hospital	1	3	0		0	
Harbor-UCLA Medical Center	275	28	239	31	260	34
Huntington Hospital	1,004	18	937	18	1,009	18
Henry Mayo Newhall Hospital	6	15	4	20	4	20
West Hills Hospital and Medical Center	688	39	605	30	591	34
Citrus Valley Medical Center- Inter-Community Ca	110	32	77	15	93	20
Kaiser Foundation - Baldwin Park	42	31	20	26	39	14
Kaiser Foundation - Bellflower	198	43	173	37	198	45
Kaiser Foundation - South Bay	314	42	265	41	248	41
Kaiser Foundation - Los Angeles	303	32	344	31	343	29
Kaiser Foundation - Woodland Hills	342	30	316	35	284	39
Kaiser Foundation - Panorama City	361	27	303	28	300	26
Kaiser Foundation - West Los Angeles	691	29	618	29	661	29
Community Hospital of Long Beach	238	19	220	21	249	21
Long Beach Memorial Medical Center	429	20	335	10	408	11
Palmdale Regional Medical Center	0		0		0	
Providence Little Company of Mary Medical Center	348	25	347	34	375	29
Mission Community Hospital	376	28	296	22	263	18
Memorial Hospital of Gardena	230	34	165	26	214	28
Olympia Medical Center	513	24	406	20	460	27
Martin Luther King, Jr. Community Hospital	819	45	846	40	883	37
Monterey Park Hospital	77	8.4	60	11	77	10
Los Angeles Community Hospital at Norwalk	2	6	3	6	4	8
Northridge Hospital Medical Center	960	22	890	22	778	20
LAC Olive Medical Center	209	23	190	16	217	15
Pacifica Hospital of the Valley	215	15	214	16	264	17
PIH Health - Whittier	111	6	86	10	111	5

Ambulance Patient Offload Delay - 2017 Reporting Matrix (Version 05-30-17)

APOT - 1

College Medical Center	189	27	139	18	164	20
Pomona Valley Hospital Medical Center	120	20	107	20	109	17
Hollywood Presbyterian Medical Center	639	29	573	27	543	22
Citrus Valley Medical Center - Queen of the Valley	216	17	175	15	185	18
San Dimas Community Hospital	8	34	5	7	5	15
St. Francis Medical Center	205	23	239	20	251	19
San Gabriel Valley Medical Center	166	22	140	26	145	14
Providence Saint John's Health Center	338	41	315	42	290	40
Providence Saint Joseph Medical Center	987	25	843	20	947	23
Santa Monica - UCLA Medical Center	378	31	311	31	368	30
St. Mary Medical Center	421	18	412	20	444	16
Sherman Oaks Hospital	702	19	582	16	514	18
Providence Little Company of Mary Medical Center	386	28	305	24	331	24
St. Vincent Medical Center	596	41	536	37	509	34
Torrance Memorial Medical Center	209	29	177	23	195	23
Providence Tarzana Medical Center	472	21	386	24	406	22
Ronald Reagan UCLA Medical Center	462	24	431	22	522	20
LAC+USC Medical Center	1,676	33	1,519	34	1,508	33
USC Verdugo Hills Medical Center	238	21	171	17	200	21
Valley Presbyterian Hospital	539	19	455	19	473	22
Whittier Hospital Medical Center	5	14	5	11	3	15
Adventist Health White Memorial	317	30	315	27	253	27

EMS System Total (Aggregate)	25,682	43	22,732	39	23,221	41
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THESE NUMBERS DO NOT INCLUDE LOS ANGELES COUNTY FIRE DEPARTMENT AS THEY HAVE NOT SUBMITTED PATIENT CARE RECORDS FOR THE TIME PERIOD. THE FOLLOWING FIRE DEPARTMENTS SUBMIT LOGICAL AND PRESENT VALUES LESS THAN 75% OF THE TIME: Culver City Fire Department, Long Beach Fire Department, Monrovia Fire Department, Montebello Fire Department, Redondo Beach Fire Department, Santa Monica Fire Department, Santa Fe Springs Fire Department, Torrance Fire Department.

APOT - 2

Directions: List all LEMSA authorized 9-1-1 emergency ambulance receiving hospitals adding additional rows as needed, then for the indicated month; Utilizing the same denominator from APOT 1 (total 9-1-1 emergency ambulance transports)

2.1 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department

2.2 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 21-60 minutes of arrival at the Hospital Emergency Department

2.3 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 61-120 minutes of arrival at the Hospital Emergency Department

2.4 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 121-180 minutes of arrival at the Hospital Emergency Department

2.5 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care more than 180 minutes after arrival at the Hospital Emergency Department

Hospital	January						February						March					
	2.1	2.2	2.3	2.4	2.5		2.1	2.2	2.3	2.4	2.5		2.1	2.2	2.3	2.4	2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%
Alhambra Hospital	284	93%	284	6%	284	1%	284	0%	284	0%	227	97%	227	3%	227	0%	206	94%
Methodist Hospital of Southern California	449	87%	449	12%	449	1%	449	0.2%	449	0%	351	91%	351	8%	351	0.9%	431	91%
Antelope Valley Hospital	0		0		0		0	100%	1	0%	1	0%	1	0%	1	0%	1	100%
Beverly Hospital	129	99%	129	1%	129	0%	129	0%	129	0%	150	94%	150	5%	150	1%	135	98%
Southern California Hospital at Culver City	225	64%	225	32%	225	3%	225	0.4%	225	0.4%	170	59%	170	37%	170	0%	174	76%
California Hospital Medical Center	686	62%	686	34%	686	3%	686	0.6%	686	0.3%	595	64%	595	31%	595	0.5%	610	63%
Children's Hospital Los Angeles	89	99%	89	1%	89	0%	89	0%	89	0%	121	94%	121	6%	121	0%	121	0%
Community Hospital of Huntington Park	148	51%	148	41%	148	9%	148	0%	148	0%	124	49%	124	48%	124	3%	115	52%
Centinela Hospital Medical Center	741	51%	741	40%	741	7%	741	0.8%	741	0.4%	652	56%	652	39%	652	0.9%	638	54%
Coast Plaza Doctors Hospital	22	77%	22	9%	22	5%	22	9%	22	0%	9	67%	9	22%	9	11%	9	0%
Cedars Sinai Medical Center	984	84%	984	15%	984	1%	984	0.2%	984	0.1%	915	84%	915	16%	915	0.3%	847	82%
PIH Health- Downey	252	70%	252	24%	252	5%	252	0%	252	1%	256	70%	256	24%	256	5%	307	69%
Marina Del Rey Hospital	406	71%	406	27%	406	2%	406	0%	406	0%	407	74%	407	23%	407	2%	374	67%
Lakewood Regional Medical Center	104	74%	104	19%	104	5%	104	0%	104	2%	78	74%	78	23%	78	3%	81	83%
East Los Angeles Doctors Hospital	32	88%	32	13%	32	0%	32	0%	32	0%	25	92%	25	4%	25	4%	25	0%
Encino Hospital Medical Center	142	95%	142	5%	142	0%	142	0%	142	0%	136	96%	136	4%	136	0%	136	0%
Foothill Presbyterian Hospital	33	88%	33	12%	33	0%	33	0%	33	0%	5	100%	5	0%	5	0%	5	0%
Garfield Medical Center	212	97%	212	3%	212	0%	212	0%	212	0%	167	95%	167	5%	167	0%	167	0%
Greater El Monte Community Hospital	2	50%	2	50%	2	0%	2	0%	2	0%	4	100%	4	0%	4	0%	4	0%
Glendale Memorial Hospital and Health Center	449	88%	449	10%	449	1%	449	0%	449	0%	415	89%	415	10%	415	0.7%	394	90%
Good Samaritan Hospital	752	76%	752	23%	752	1%	752	0%	752	0.1%	615	77%	615	21%	615	1%	615	0.2%
Glendale Adventist Medical Center	791	79%	791	16%	791	4%	791	0.8%	791	0%	626	83%	626	15%	626	0.6%	626	0%
Providence Holy Cross Medical Center	612	88%	612	11%	612	0.2%	612	0%	612	0.5%	583	90%	583	10%	583	0.3%	583	0.2%
Glendora Community Hospital	1	100%	1	0%	1	0.0%	1	0%	1	0.0%	0		0		0		0	
Harbor-UCLA Medical Center	275	84%	275	12%	275	3%	275	0.8%	275	0%	239	83%	239	12%	239	3%	239	2%
Huntington Hospital	1004	92%	1044	7%	1044	0.6%	1044	0%	1044	0%	937	93%	937	7%	937	0.3%	937	0%
Henry Mayo Newhall Hospital	6	100%	6	0%	6	0%	6	0%	6	0%	4	75%	4	25%	4	0%	4	0%
West Hills Hospital and Medical Center	688	70%	688	25%	688	4%	688	0.2%	688	0.2%	605	76%	605	23%	605	1%	605	0.2%
Citrus Valley Medical Center- Inter-Community Campus	110	85%	110	10%	110	5%	110	0%	110	0%	77	95%	77	5%	77	0%	77	0%
Kaiser Foundation - Baldwin Park	42	81%	42	19%	42	0%	42	0%	42	0%	20	75%	20	25%	20	0%	20	0%
Kaiser Foundation - Bellflower	198	75%	198	21%	198	3%	198	1%	198	0%	173	72%	173	26%	173	0%	173	0%
Kaiser Foundation - South Bay	314	63%	314	32%	314	4%	314	1%	314	0.3%	265	63%	265	35%	265	2%	265	0.4%
Kaiser Foundation - Los Angeles	303	74%	303	24%	303	2%	303	0%	303	0%	344	75%	344	24%	344	0.6%	344	0.3%
Kaiser Foundation - Woodland Hills	342	80%	342	17%	342	3%	342	0.3%	343	0%	316	77%	316	20%	316	3%	316	0.3%
Kaiser Foundation - Panorama City	361	81%	361	17%	361	1%	361	0%	361	0%	303	81%	303	18%	303	1%	303	0%
Kaiser Foundation - West Los Angeles	691	76%	691	24%	691	0.7%	691	0%	691	0%	618	75%	618	24%	618	1%	618	0%
Community Hospital of Long Beach	238	92%	238	7%	238	1%	238	0%	238	0%	220	90%	220	10%	220	0%	220	0.5%
Long Beach Memorial Medical Center	429	91%	429	7%	429	0.2%	429	0.5%	429	0.7%	335	95%	335	3%	335	0.9%	335	0.3%
Palmdale Regional Medical Center	0		0		0		0		0		0		0		0		0	
Providence Little Company of Mary Medical Center - Torran	348	86%	348	13%	348	0.6%	348	0.3%	348	0%	347	82%	347	15%	347	3%	347	0%
Mission Community Hospital	376	82%	376	15%	376	2%	376	0%	376	0%	296	88%	296	11%	296	1%	296	0%
Memorial Hospital of Gardena	230	75%	230	22%	230	2%	230	0.9%	230	0%	165	82%	165	14%	165	2%	165	0.6%
Olympia Medical Center	513	85%	513	15%	513	0.4%	513	0.4%	513	0%	406	91%	406	9%	406	0%	406	0%
Martin Luther King, Jr. Community Hospital	819	68%	819	26%	819	5%	819	0.7%	819	0.1%	846	65%	846	31%	846	0%	846	0.1%
Monterey Park Hospital	77	94%	77	5%	77	1%	77	0%	77	0%	60	95%	60	5%	60	0%	60	0%
Los Angeles Community Hospital at Norwalk	2	100%	2	0%	2	0%	2	0%	2	0%	3	100%	3	0%	3	0%	3	0%
Northridge Hospital Medical Center	960	87%	960	13%	960	0.1%	960	0.1%	960	0.1%	890	88%	890	10%	890	0.2%	890	0.1%
LAC Olive Medical Center	209	89%	209	10%	209	0.5%	209	0.5%	209	0.5%	190	96%	190	4%	190	0.5%	190	0%
Pacific Hospital of the Valley	215	94%	215	5%	215	1%	215	0%	215	0%	214	93%	214	7%	214	0%	214	0%
PIH Health - Whittier	111	99%	111	1%	111	0%	111	0%	111	0%	86	95%	86	5%	86	0%	86	0%
College Medical Center	189	85%	189	14%	189	1%	189	0%	189	0%	139	91%	139	9%	139	0%	139	0%
Pomona Valley Hospital Medical Center	120	91%	120	8%	120	0.8%	120	0%	120	0%	107	91%	107	9%	107	0%	107	0%
Hollywood Presbyterian Medical Center	639	78%	639	21%	639	0.6%	639	0.2%	639	0.3%	573	79%	573	20%	573	0.7%	573	0%

Directions: List all LEMSA authorized 9-1-1 emergency ambulance receiving hospitals adding additional rows as needed, then for the indicated month; Utilizing the same denominator from APOT 1 (total 9-1-1 emergency ambulance transports)

- 2.1 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care within 20 minutes of arrival at the Hospital Emergency Department
- 2.2 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 21-60 minutes of arrival at the Hospital Emergency Department
- 2.3 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 61-120 minutes of arrival at the Hospital Emergency Department
- 2.4 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care between 121-180 minutes of arrival at the Hospital Emergency Department
- 2.5 Enter the number (transport numerator) and percentage of patients transported by EMS personnel that experience a transfer of care more than 180 minutes after arrival at the Hospital Emergency Department

Hospital	January										February					March				
	2.1		2.2		2.3		2.4		2.5		2.1		2.2		2.3		2.4		2.5	
	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%	transp	%
Citrus Valley Medical Center - Queen of the Valley Campus	216	95%	216	4%	216	0.5%	216	0.5%	216	0%	175	95%	175	5%	175	0.6%	175	0%	175	0%
San Dimas Community Hospital	8	75%	8	25%	8	0%	8	0%	8	0%	5	100%	5	0%	5	0%	5	0%	5	0%
St. Francis Medical Center	205	87%	205	9%	205	4%	205	0%	205	0.5%	239	89%	239	10%	239	0.8%	239	0%	239	0%
San Gabriel Valley Medical Center	166	90%	166	8%	166	2%	166	0%	166	0%	140	89%	140	9%	140	1%	140	0%	140	0.7%
Providence Saint John's Health Center	338	70%	338	25%	338	4%	338	1%	338	0.3%	315	69%	315	28%	315	3%	315	0.3%	315	0%
Providence Saint Joseph Medical Center	987	83%	987	15%	987	1%	987	0%	987	0%	843	91%	843	9%	843	0.1%	843	0%	843	0%
Santa Monica - UCLA Medical Center	378	80%	378	16%	378	3%	378	0.5%	378	0%	311	83%	311	13%	311	4%	311	0.6%	311	0%
St. Mary Medical Center	421	92%	421	8%	421	0.7%	421	0%	421	0%	412	92%	412	7%	412	1%	412	0%	412	0%
Sherman Oaks Hospital	702	91%	702	8%	702	0.9%	702	0%	702	0%	582	95%	582	5%	582	0.3%	582	0%	582	0%
Providence Little Company of Mary Medical Center - San Pe	386	83%	386	13%	386	2%	386	0.8%	386	0.3%	305	84%	305	15%	305	1%	305	0.3%	331	86%
St. Vincent Medical Center	596	67%	596	29%	596	4%	596	0.7%	596	0.3%	536	71%	536	26%	536	3%	536	0.2%	509	71%
Torrance Memorial Medical Center	209	83%	209	14%	209	2%	209	1%	209	0%	177	86%	177	11%	177	6%	177	0%	177	0%
Providence Tarzana Medical Center	472	89%	472	11%	472	0.2%	472	0%	472	0%	386	86%	386	11%	386	0.8%	386	0.3%	386	0%
Ronald Reagan UCLA Medical Center	462	85%	462	14%	462	0.4%	4692	0%	462	0%	431	88%	431	11%	431	0.5%	431	0%	431	0.2%
LAC+USC Medical Center	1676	71%	1676	27%	1676	1%	1676	0%	1676	0.3%	1519	71%	1519	27%	1519	2%	1519	0.1%	1519	0.1%
USC Verdugo Hills Medical Center	238	90%	238	10%	238	0.4%	238	0%	238	0%	171	92%	171	7%	171	0.6%	171	0%	171	0%
Valley Presbyterian Hospital	539	91%	539	9%	238	0.4%	238	0%	238	0%	455	92%	455	7%	455	0.7%	455	0%	473	88%
Whittier Hospital Medical Center	5	80%	5	20%	5	0%	5	0%	5	0%	5	100%	5	0%	5	0%	5	0%	3	100%
Adventist Health White Memorial	317	81%	317	17%	317	2%	317%	1.0%	317	0%	315	82%	315	17%	315	0.3%	315	0.3%	253	82%

Totals may not add up equal 100% due to rounding

THESE NUMBERS DO NOT INCLUDE LOS ANGELES COUNTY FIRE DEPARTMENT AS THEY HAVE NOT SUBMITTED PATIENT CARE RECORDS FOR THE TIME PERIOD

THE FOLLOWING FIRE DEPARTMENTS SUBMIT LOGICAL AND PRESENT VALUES LESS THAN 75% OF THE TIME: Culver City Fire Department, Long Beach Fire Department, Monrovia Fire Department, Montebello Fire Department, Redondo Beach Fire Department, Santa Monica Fire Department, Santa Fe Springs Fire Department, Torrance Fire Department

ANNUAL REPORT TO THE BOARD OF SUPERVISORS



EMERGENCY MEDICAL SERVICES COMMISSION

JULY 1, 2016 – JUNE 30, 2017

Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Telephone No. (562) 347-1500
Fax No. (562) 941-5835
Website: <http://ems.dhs.lacounty.gov>

EMERGENCY MEDICAL SERVICES COMMISSIONERS



Erick H. Cheung, M.D.
Chairman
Southern California
Psychiatric Society



Fire Chief David White
Vice-Chairman
Los Angeles Area Fire Chiefs'
Association



Ellen Alkon, M.D.
The Southern California
Public Health Association



Chief Robert E. Barnes
Los Angeles County
Police Chiefs' Association



Lt. Brian S. Bixler
Peace Officers Association of
Los Angeles County



Marc Eckstein, M.D.
Los Angeles County
Medical Association



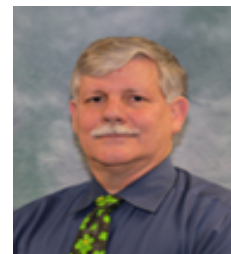
John C. Hisserich, Dr. PH.
Public Member
Third Supervisorial District



Lydia Lam, M.D.
American College of
Surgeons



James Lott, Psy.D.
Public Member
Second Supervisorial District



Mr. Robert Ower
Los Angeles County
Ambulance Association



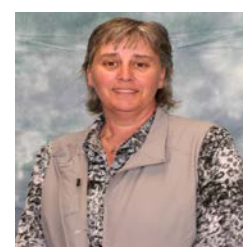
Margaret Peterson, Ph.D.
Hospital Association of
Southern California



FF/Paramedic Paul Rodriguez
CA State Fire Fighters'
Association



Nerses Sanossian, M.D., FAHA
American Heart Association
Western States Affiliate



Carole A. Snyder, RN
Emergency Nurses
Association



Mr. Colin Tudor
League of California
Cities/L.A. County Division



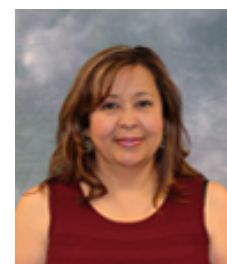
Mr. Gary Washburn
Public Member
Fifth Supervisorial District



Mr. Pajmon Zarrineghbal
Public Member
Fourth Supervisorial District



Ms. Cathy Chidester
Executive Director
Director, EMS Agency



Ms. Amelia Chavez
Secretary, Health Services
Commission

VACANCIES

Public Member, First
Supervisorial District

CA Chapter-American
College of Emergency
Physicians (CAL/ACEP)

MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely compassionate and quality emergency and disaster medical services. The Emergency Medical Services Commission (EMSC) mission complements the County's mission through improving the quality of life for the people and community of Los Angeles County (LA County).

ROLES AND RESPONSIBILITIES:

The Commission performs the functions defined in Sections 1750 et seq. of the Health and California Safety (H&S) Code.

- Act in an advisory capacity to the Board of Supervisors (Board) and the Director of Health Services (DHS) regarding County policies, programs, and standards for emergency medical care services throughout the County, including paramedic services.
- Establish appropriate criteria for evaluation and conduct continuous evaluations on the basis of these criteria of the impact and quality of emergency medical care services throughout LA County.
- Conduct studies of particular elements of the emergency medical care system as requested by the Board, the Director of DHS or on its own initiative; delineate problems and deficiencies and to recommend appropriate solutions.
- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services.
- Report its findings, conclusions and recommendations to the Board at least every twelve months.
- Review and comment on plans and proposals for emergency medical care services prepared by LA County departments.
- Recommend, when the need arises, that LA County engages independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which cannot be performed by members of the classified service, and for which the LA County otherwise has the authority to contract.
- Advise the Director and the DHS on the policies, procedures, and standards to control the certification of mobile intensive care nurses and paramedics. Advise on proposals of any public or private organization to initiate or modify a program of paramedic services or training.

HISTORICAL BACKGROUND

The EMSC was established by the Board in October 1979 and on April 7, 1981 the Board approved and adopted Ordinance No. 12332, of Title 3 – Advisory Commissions and Committees, Los Angeles County Code, Chapter 3.20, Emergency Medical Services Commission, to establish the Commission in accordance with California H&S Code Sections 1797.270, 1797.272, 1797.274, and 1797.276.

On January 29, 2008, the Board approved amending the subject ordinance to revise the selection of the licensed paramedic representative previously nominated by the California Rescue and Paramedic Association and Paramedic Association be made by the California State Firefighters Association, Emergency Medical Services Committee, as the previous entity had ceased to operate.

On November 1, 2011, the Board, at the request of the EMSC, amended the ordinance to add two Commissioners; a members nominated by the Los Angeles County Police Chief Association (LACPCA) and a member nominated by the Southern California Public Health Association (SCPHA). These additions are beneficial to the EMSC and the LA County and will allow for insightful law enforcement and public health expert input.

FOCUS IN PAST YEARS

- Community Paramedicine Pilot Project in the County (ongoing).
- Physician Services for Indigent Program (PSIP) – Proposed reimbursement rates.
- Transport of 5150 Patients: The EMSC recommended that an Ad Hoc committee be identified to develop a blueprint for addressing behavioral substance abuse emergencies in the prehospital setting.
- Monitor legislation of interest to emergency medical services.
- Long Beach Fire Department's two-year Rapid Medical Deployment (RMD) pilot project – 1+1 Paramedic staffing.
- Implementation of electronic data using electronic Patient Care Record (ePCR) systems.

SIGNIFICANT OUTCOMES

- Conducted a Public Hearing on September 17, 2014 regarding PSIP proposed reimbursement rate increase for services, FY 2014/2015
- In January 2015, requested \$2.43 million in Measure B funds to be allocated to the EMS Agency to support the expansion of the ePCR use by jurisdictional fire departments and emergency ambulance transportation service providers. The Board approved this request on June 9, 2015. Through a Request for Application process, all 15 applicants were selected and approved to receive funding.
- A Public Hearing was held in conjunction with the September 16, 2015 regular meeting of the EMSC to discuss a proposed PSIP increase of the reimbursement rate for FY 2015/2016.
- Approved the 2014/2015 EMS Annual Report at the September 16, 2015 meeting.
- Recognized key players in the Community Paramedicine pilot project at the November 18, 2015 EMSC meeting; also upon his departure from the EMSC, Commissioner David Austin, representing the Los Angeles County Ambulance Association (LACAA) was honored for his many years of service to the EMSC and the EMS community
- The EMSC approved development of an Ad Hoc Committee on November 18, 2015, to address the Prehospital Care of Mental Health and Substance Abuse emergencies (The Report).
- Approved the draft Emergency Ambulance Transportation Agreement RFP in concept.
- The EMS Agency drafted an ordinance change to appoint a member of the Southern California Chapter of the American College of Surgeons to replace a member of Los Angeles Surgical Society, which was disbanded. The ordinance change was adopted by the Board on February 11, 2016.

ANNUAL WORK PLAN

UPCOMING GOALS/OBJECTIVES

- Support Community Paramedicine pilot projects;
- Monitor legislation affecting the EMS system;
- Educate stakeholders on EMS issues;

- Provide feedback and support to the EMS Agency as they work on implementing the recommendations developed by the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies, and
- Monitor the progress of the Ad Hoc Ambulance Patient Off-Load Time (APOT) and review and provide feedback to the committee's recommendations.

PRIOR YEAR ACCOMPLISHMENTS

STATUS

- Monitored progress and results of two Community Paramedicine pilot projects. Both projects concluded in June 2017.
- The EMSC approved The Report of the Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergency at the November 16, 2016 meeting. The Report is an analysis of the system and summary of recommendations to improve the system. The report was shared with stakeholders, such as the Sheriff, District Attorney, Public Health, Mental Health, Police Chiefs, Fire Chiefs and the National Alliance on Mental Illness.
- The EMSC reviewed the purpose and function of the Education Advisory Committee (EAC) to determine its relevance and the curriculum for Emergency Medical Technician (EMT) and Paramedics are based on a national standard. In the 1980's, when the committee was formed, there was not a standardized curriculum; therefore, the focus of the EAC was on program requirements and curriculum development.
- Approved the 2015-2016 Annual Report of the EMSC at the November 16, 2016 meeting.
- EMSC recommended approval of 27 Prehospital Care policies.

ONGOING LONG-TERM PROJECTS

Review and approve EMS Agency Policies.

Work on the implementation of the recommendations made by Ad Hoc Committees.

Approval of transporting 9-1-1 patients to sobering centers and two psychiatric urgent care centers (Alternate Destination).

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY

SKILL, ASSESSMENT AND MANAGEMENT OF BEHAVIORAL EMERGENCIES FOR EMERGENCY MEDICAL TECHNICIANS REPORT

BACKGROUND

The Los Angeles County Emergency Medical Services (EMS) Agency system utilizes two levels of providers, the Emergency Medical Technician (EMT) Basic and the Paramedic.

EMT BASIC	PARAMEDIC
Focus is to provide basic emergency medical care and transport for critical and emergent patients who access the EMS system.	An allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the EMS system.

NATIONAL EMS EDUCATION STANDARDS

California Regulations require EMT and Paramedic training to follow the 2009 National EMS Education Standards for EMS personnel. These standards are approved by the U. S. Department of Transportation National Highway Safety Transportation Association.

EMT COURSE HOURS	PARAMEDIC COURSE HOURS
National EMS Education Standards: Minimum 150-190 hours. California Regulations: Minimum 170 hours.	Not defined in the National EMS Education Standards. California Regulations: Minimum 1090 hours.
PSYCHIATRIC CONTENT	PSYCHIATRIC CONTENT
Level: Simple depth/simple breadth Basic principles of the mental health system Fundamental depth/foundational breadth: Assessment and management of acute psychosis, suicide risk and agitated delirium.	Same as EMT plus anatomy, physiology, epidemiology, pathophysiology, psychosocial impact, presentations, prognosis and management. Complex depth/comprehensive breadth: acute psychosis and agitated delirium. Fundamental depth/foundational breadth: Cognitive disorders, thought disorders, mood disorders, neurotic disorders, substance related disorders/addictive behavior, somatoform disorders, factitious disorders, personality disorders, patterns of violence/abuse/neglect and organic psychoses.

<p>PATIENTS WITH SPECIAL CHALLENGES</p> <p>Fundamental depth/foundational breadth:</p> <p>Healthcare implications of: Abuse, neglect, homelessness poverty.</p>	<p>PATIENTS WITH SPECIAL CHALLENGES</p> <p>Complex depth/comprehensive breadth:</p> <p>Healthcare implications of: Abuse, neglect, homelessness poverty.</p>
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LOS ANGELES COUNTY TRAINING PROGRAM SURVEY

Program Directors of Los Angeles County approved EMT and Paramedic training programs were asked to identify the number of hours covered on “Behavioral Emergencies” in their program.

<p>EMT programs reported a range of 2 to 6 hours on behavioral emergencies and patient scenarios.</p>	<p>Paramedic programs reported a 4 hour lecture on behavioral emergencies and 2-3 hours on patients with special needs plus “simulations” with psychiatric patient scenarios.</p>
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EMS Commission Meeting: November 15, 2017



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



October 31, 2017

The Honorable Janice Hahn
Fourth Supervisorial District
822 Kenneth Hahn Hall of Administration
Los Angeles, California 90012

Dear Supervisor Hahn:

The Los Angeles County Sheriff's Department Special Victims Bureau utilizes the knowledge and expertise of Sexual Assault Response Team (SART) Centers in Los Angeles County, and are very appreciative of the level of care and thoroughness that victims of sexual assault receive at SART Centers.

SART exams make a significant difference in our investigations and in prosecuting these types of crimes. Special Victims Bureau detectives have been able to foster relationships through each of these SART Centers and have established an improved coordination of care for victims.

Nurses and physicians who are specially trained in the area of forensics and conducting forensic examinations provide critical evidence and testimony in court. Many of these cases are "pled out" or defendants are convicted based primarily on evidence collected by these specialists

It is the goal of SART Centers throughout Los Angeles County to counter the experience of sexual assault with a sensitive and competent multidisciplinary response, and to support efforts to restore the well-being to victims, and to bring persons responsible for these horrific acts to justice.

SART Centers play a significant role in promoting public safety in their communities by working in a coordinated team approach. In addition to meeting victims' needs and enhancing the quality of investigations, SART members can also become involved in educating their communities about the

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

Supervisor Hahn

- 2 -

October 31, 2017

services that are available for the intervention and prevention of sexual violence.

It is for these reasons the Los Angeles County Sheriff's Department Special Victims Bureau recognizes and fully supports the outstanding services provided by SART Centers throughout Los Angeles County.

Should you have any questions, please contact me at (562) 936-7901.

Sincerely,

JIM McDONNELL, SHERIFF

A handwritten signature in black ink, appearing to read 'Carlos A. Marquez', is positioned above the printed name.

Carlos A. Marquez, Captain
Special Victims Bureau