

**ANNUAL REPORT  
TO THE  
BOARD OF SUPERVISORS**



**EMERGENCY MEDICAL SERVICES COMMISSION**

**JULY 1, 2016 – JUNE 30, 2017**

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## 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**  
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**Mr. Robert Ower**  
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**Nerses Sanossian, M.D., FAHA**  
 American Heart Association  
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**Carole A. Snyder, RN**  
 Emergency Nurses  
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**Mr. Colin Tudor**  
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**Ms. Cathy Chidester**  
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 Director, EMS Agency



**Ms. Amelia Chavez**  
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### VACANCIES

Public Member, First  
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 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 polices.

### **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).