



**LOS ANGELES COUNTY  
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**COMMISSIONERS**

**Ellen Alkon, M.D.**

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**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

**Joseph Salas**

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

**John Hisserich, Dr. PH., Vice-Chair**

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

**Lydia Lam, M.D.**

American College of Surgeons

**James Lott, PsyD., MBA**

Public Member (2<sup>nd</sup> District)

**Mr. Robert Ower**

LA County Ambulance Association

**Margaret Peterson, Ph.D.**

Hospital Association of Southern CA

**Paul S. Rodriguez**

CA. State Firefighters' Association

**Nurses Sanossian, MD, FAHA**

American Heart Association

Western States Affiliate

**Carole A. Snyder, RN**

Emergency Nurses Association

**Mr. Colin Tudor**

League of Calif. Cities/LA County Division

**Atilla Uner, MD**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

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

**Chief David White**

Los Angeles Area Fire Chiefs Association

**Pajmon Zarrineghbal**

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

**VACANT**

Los Angeles County Police Chiefs Assn.

**Cathy Chidester**

Executive Director

(562) 378-1604

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

**Denise Watson**

Secretary, Health Services Commission

(562) 378-1606

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

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

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

(562) 378-1604 FAX (562) 941-5835

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

**DATE:** July 18, 2018

**TIME:** 1:00 – 3:00 PM

**LOCATION:** Los Angeles County EMS Agency

10100 Pioneer Boulevard, EMSC Hearing Room – 1<sup>st</sup> Floor  
Santa Fe Springs, CA 90670

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

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

**AGENDA**

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

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

Redondo Beach Police Officer – K-9 Transports

Sidewalk CPR Video – June 5, 2018

**III. CONSENT AGENDA** (Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.)

**1. MINUTES**

May 16, 2018

**2. CORRESPONDENCE**

2.1 (06-04-2018) Distribution: Healthcare Coalition Surge Exercise: After-Action Evaluation Meeting

2.2 (06-20-2018) Distribution: Arrive Alive ePCR Pilot/Lucas™ Approval – Beverly Hills Fire Department

2.3 (06-20-2018) Distribution: Arrive Alive ePCR Pilot/Lucas™ Approval – Los Angeles County Fire Department

2.4 (06-21-2018) Distribution: Public Safety Naloxone Program Approval – Manhattan Beach Police Department

2.5 (06-21-2018) Distribution: Public Safety Naloxone Program Approval – South Gate Police Department

2.6 (06-22-2018) Distribution: Emergency Department Status of Community Medical Center Long Beach

2.7 (06-27-2018) Distribution: Revised Prehospital Treatment Protocols and Medical Control Guidelines

2.8 (06-28-2018) Distribution: Emergency Medical Services Authority's Approval of L.A. County's 2017 Trauma System Status Report

**3. COMMITTEE REPORTS**

3.1 Base Hospital Advisory Committee

3.2 Data Advisory Committee – Cancelled

3.3 Education Advisory Committee - Cancelled

3.4 Provider Agency Advisory Committee

#### **4. POLICIES**

- 4.1 Policy No. 503.1: Diversion Request Requirements for Emergency Department Saturation
  - Attachment A: Policy Review Summary by Committee
  - Attachment B: Summary of Comments Received

#### **END OF CONSENT AGENDA**

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#### **IV. BUSINESS**

##### **Old Business**

- 5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
- 5.2 Ad Hoc Committee (Wall Time/Diversion) – Draft: Reference No. 503.1
- 5.3 Updates from Physio-Control/Stryker on the ePCR for the Los Angeles County Fire Department

##### **New Business**

#### **V. COMMISSIONERS COMMENTS/REQUESTS**

#### **VI. LEGISLATION**

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

#### **VIII. ADJOURNMENT**

(To the meeting of September 19, 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.



# COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

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

(562) 378-1604 FAX (562) 941-5835

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

**May 16, 2018**

## **LOS ANGELES COUNTY BOARD OF SUPERVISORS**

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COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
<input checked="" type="checkbox"/> Ellen Alkon, M.D.	So. CA Public Health Assn.	Cathy Chidester	Executive Director
<input checked="" type="checkbox"/> Lt. Brian S. Bixler	Peace Officers Assn. of LAC	Denise Watson	Commission Secretary
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Karolyn Fruhwirth	Assistant Director
<input checked="" type="checkbox"/> Marc Eckstein, M.D.	L.A. County Medical Assn	Richard Tadeo	Assistant Director
<input checked="" type="checkbox"/> Joseph Hamer	Public Member, 1 <sup>st</sup> District	Nicole Bosson	Asst. Medical Director
<input checked="" type="checkbox"/> John Hisserich	Public Member, 3 <sup>rd</sup> District	Gary Watson	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	CAL/ACEP	Christine Zaiser	EMS Staff
* James Lott	Public Member, 2 <sup>nd</sup> District	Michelle Williams	EMS Staff
<input checked="" type="checkbox"/> Robert Ower	LAC Ambulance Association	Chris Clare	EMS Staff
<input checked="" type="checkbox"/> Margaret Peterson, PhD	HASC	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Susan Mori	EMS Staff
<input checked="" type="checkbox"/> Nerses Sanossian, M.D.	American Heart Association	John Telmos	EMS Staff
<input checked="" type="checkbox"/> Carole Snyder	Emergency Nurses Assn.	David Wells	EMS Staff
<input checked="" type="checkbox"/> Colin Tudor	League of California Cities		
<input checked="" type="checkbox"/> Atilla Uner, M.D.	CAL/ACEP		
* Gary Washburn	Public Member, 5 <sup>th</sup> District		
* Chief David White	LA Chapter-Fire Chiefs Assn.		
<input checked="" type="checkbox"/> Pajmon Zarrineghbal	Public Member, 4 <sup>th</sup> District		
<b>GUESTS</b>			
Roy Arreola	MLK CH	Joanne Dolan	Long Beach Fire Dept.
Stefan Viera	Torrance Fire Department	Lauri Mejia	LBM/APCC
Nick Berkuta	LACo Fire Department	Matthew Conroy	L.A. Fire Department
Natalie Gedikli	Stryker - (LACoFD)	Lt. John Gannon	LACo Sheriff's Dept.
Sanjay Shah, LCSW	LACo Dept. Mental Health		

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

**I. CALL TO ORDER:**

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Boulevard, Santa Fe Springs, CA 90670. The meeting was called to order at 1:07 p.m. by Chairman Erick Cheung, M.D. A quorum was present with 15 Commissioners in attendance.

**II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS:**

Chairman Cheung thanked all the Commissioners and EMS Agency staff who attended the Public Hearing for the closure of Community Hospital in Long Beach on April 11, 2018, and confirmed that the Impact Report was completed as part of the EMS Commission objective.

Cathy Chidester, EMS Agency Director and Commission Executive Director, introduced and welcomed Joseph Salas as our newest Commissioner representing First District Supervisor Hilda Solis.

Self-introductions were made starting with EMSC members and followed by EMS Agency staff and guests.

Ms. Chidester introduced Lieutenant John Gannon of the Los Angeles County Sheriff's Department (LASD) Mobile Enforcement Team (MET), and stated that he would be giving a presentation at the request of the Commission and the interest in the transport of patients placed on 5150 holds by law enforcement. She stated that Lieutenant Gannon brought with him new transport vehicles the sheriffs' have that are designed to transport mental health patients. Commissioner Bixler, who represents the Peace Officers Association of L.A. County, also brought the LAPD vehicle that is different but has the same purpose. She stated that after the presentation everyone would take a walk out to the parking lot to see those vehicles and what is different about them than the patrol cars, and why it seems to be working well.

Lieutenant John Gannon and Dr. Sanjay Shah of the Department of Mental Health (DMH) gave a PowerPoint presentation as part of a co-response team between LASD and DMH, working with mentally ill patients within the County of Los Angeles (County). This presentation is available on the EMS Commission web page.

Lieutenant Gannon stated that at a recent Behavioral Health Council in Washington, D.C., he learned that the least amount of money is being invested in this most seriously ill population here in the United States. He stated the reason law enforcement is continually dealing with this 4% mentally ill population is because if this population has insurance they burn through it very quickly, but the majority tend not to have insurance and/or may be receiving public assistance. Therefore, the default location for treating most of these individuals is the jail.

**III. CONSENT AGENDA:**

Chairman Erick Cheung, M.D., called for approval of the Consent Agenda sent out in the Minutes.

***Motion by Commissioners Hisserich/Snyder to approve the Consent Agenda was carried unanimously.***

Chairman Cheung noted some edits to the Agenda that were handed out at the table, and deferred to Ms. Chidester for elements of the Consent Agenda that should be discussed.

**1. MINUTES:**

March 21, 2018 Minutes were approved.

## **2. CORRESPONDENCE:**

### **2.1 SART Forensic Exams Rate Increase**

Ms. Chidester stated that the Commission requested a letter be sent to the Board of Supervisors (BOS) in support of the Sexual Assault Response Team (SART), and acknowledged their value to local law enforcement, the emergency departments, and foremost to patients. She stated the Board letter and report had been done, the BOS voted and had a motion and did vote to increase the amount that the SART is paid for each exam.

### **2.2 Paramedic Communication with UCLA Base Hospital**

Ms. Chidester stated that the EMS Agency is responsible for the paramedic communication system, and that the requirement is that two mechanisms be in place for the paramedic unit to communicate with the base hospital, and a handheld radio and a radio biocom within the unit, and that all of the communication over the years has been done by radio, and with radio antennas and radios on hilltops, and each base hospital be required to have radio communication and each agency should have two mechanisms to communicate with the base hospital. With the advent with cell phones, all of the provider agencies are now utilizing cell phones. UCLA asked for a project (outside our policy to remove the actual radio system communication and have cell phone communication only). They reported 99% of their calls are by cell phone. Radio communication is secondary as a backup. The paramedics and ambulances use for backup communication that would happen in a disaster is the concern. The EMS Agency is working with our Disaster programs on policies on how the paramedics and basic life support (BLS) ambulances would figure out where to take the patients to. This is a one-year project. UCLA has some backup systems, and is also working with ReddiNet and considering satellite as being a backup.

### **2.3 Patient Outcome Data**

Ms. Chidester stated that the EMS Agency sent out a letter requesting patient outcome data from the hospitals for the new EMS Update project.

### **2.4 General Public Ambulance Rates July 1, 2018, through June 30, 2019**

Ms. Chidester stated the general public ambulance rates were included to show the actual rate increases.

Commissioner Atilla Uner commented on the UCLA correspondence that it does not take a huge disaster for cell phone towers to be overloaded; therefore, it is necessary to have some backup. He stated there are also regular EMS calls going on during a disaster that have nothing to do with the disaster, such as STEMI Centers and Stroke Centers.

Ms. Chidester readdressed paramedic communications stating that the Los Angeles Regional Interoperable Communications System Authority (LA-RICS) has started their broadband operations, and that their capabilities are outside of the public domain for communication on cell phones. She stated that FirstNet will be taking over LA-RICS, and FirstNet has dedicated, public-safety lines. She stated that in the event of a large-scale emergency, there should be broadband bandwidth for the first responders.

Commissioner Uner commented on the patient data correspondence that data collection for all runs instead of just ALS runs will increase the workload significantly, and questioned if any funding is attached for this. He asked if the Commission could give this to the Base with the mention of improving electronic health records to extract that data.

Richard Tadeo, EMS Assistant Director, responded that the EMS Agency is not asking the hospitals to dedicate a person or an FTE, we are seeking a technological solution that can be used with their EMR. In a simplistic way, if the EMR can collect the sequence number and the provider agency unit code, then it would simplify the identification of the patient in order to obtain outcome data.

Commissioner Uner questioned if this would happen at ambulance triage.

Mr. Tadeo stated EMS will leave it up to the hospitals to determine how to capture the data. The Treatment Protocol pilot program clearly showed that hospitals have different workflows which affect how the data will be best collected.

Commissioner Uner asked if there is any anticipation on how many cases will be looked at by the hospitals, i.e., four (4) BLS calls every one (1) advanced life support (ALS) call.

Mr. Tadeo stated that EMS data shows approximately 40% BLS calls and 60% ALS calls, and that it was surprising that there were actually more ALS calls.

**3. COMMITTEE REPORTS:**

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

**4. POLICIES:**

- 4.1 Policy Review Summary by Committee
- 4.2 Policy No. 202.1: Summary of Comments Received
- 4.3 Policy No. 503.1: Diversion Request Requirements for Emergency Department Saturation

**IV. BUSINESS:**

**BUSINESS (OLD)**

- 5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report  
Chairman Cheung reported the current status is that a survey went out in February or March from the EMS Agency to law enforcement providers and dispatch providers surveying their readiness, availability of services related to mental health and responses, as well as searching for ways that the system might be improved. Chairman Cheung stated that it was good Lieutenant Gannon was there and hoped LASD data could be gathered in the near future to complete that and be able to report results on that at the next EMS Commission meeting.
- 5.2 Ad Hoc Committee (Wall Time/Diversion) – Draft: Reference No. 503.1  
Mr. Tadeo stated that included in the EMS Commission packet is the draft policy Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation, and that this is the product of the Ad Hoc Committee. The revisions in the draft are consensus recommendations and ready to be moved to the committee level – Provider Agency Advisory Committee, Base Hospital Advisory Committee, and the Hospital Association's Emergency Health Services Committee.

Discussions followed regarding diversion and the impact of the policy in patients.

**5.3 Updates from Physio-Control/Stryker on the ePCR for the Los Angeles County Fire Department**

Mr. Tadeo stated that the good news is the EMS Agency has been receiving data from Los Angeles County Fire. They started sending data on April 18. To date, they have submitted 641 files, and that one file may contain up to 1,000 records. Forty-one files were rejected because of validation errors which were sent back to the fire department for corrections. There will be some data quality issues, such as trauma mechanism of injury, because there are data elements that do not match therefore derived from other data elements.

From July 1, 2016 to December 2016, the EMS Agency received 170,000 records which is part of their normal volume, and from January 2016 to June 30, 2016, we had 157,000 for a total of 327,000. We anticipate submission of the outstanding records will be completed by June, and then we move towards Version 7 which will cover the Fiscal Year 2017-2018.

Mr. Tadeo stated this is positive, and that we are still working with L.A. City to receive their data from 2017.

**BUSINESS (NEW)**

**5.4 Pending Closure Emergency Department – Impact Evaluation Report**

Ms. Chidester thanked all of the commissioners for doing a great job, and said everyone was very impressed with how the commissioners listened to the public and the public comments. The Impact Report was filed with the Board of Supervisors and then sent to the California Department of Public Health (CDPH) to be filed. She stated the complete report is available on the EMS Agency website, and noted that the hearing process was valuable to the community to let policymakers and politicians understand what they feel the impact will be and what the needs are.

Ms. Chidester stated that based on the hearing, we gave recommendations to advise CDPH that the loss of the emergency department will have negative impact on the community and is not in the best interest of the community; to support AB 295 which is the O'Donnell Bill which will delay seismic requirements for this facility; to support the addition of psychiatric beds within the County and the geographic area of east Long Beach; to support the Gibson Bill 1795 which is to allow paramedics to transport patients to psychiatric urgent cares and sobering centers; to ensure the SART program is continued to be contracted with Long Beach Memorial and moved to their campus; instruct the EMS Agency to continue to monitor the APOT times of the impacted hospitals and ensure that MemorialCare provides public information campaign and outreach program to direct the public to the appropriate use of urgent cares in the impacted areas and to the other available facilities.

Ms. Chidester stated we continue to work with MemorialCare. The patient census has been about two (2) patients in the ICU consistently; between 15-20 patients in the hospital; about 20-25 psychiatric patients; and 50-60 patients going into the emergency department daily. They have given their employees their 60 day notice of closure and job termination. At this point, they are starting to really wind down. This hospital will close. There has been some interest in having a different type of facility or another facility, not sure who or where that is going.

**5.5 Update 2018**

Mr. Tadeo stated the first EMS Train-the-Trainer class was launched on May 15, and there were 38 participants for a day-long session. He gave details on the instructor-led training, with break-out sessions and scenarios. There were some concerns about the changes in the system and having two protocols, but the trainers are confident that this is a good change.

**5.6 Measure B Advisory Board Funding Proposal**

Karolyn Fruhwirth, EMS Agency Assistant Director, stated the Board of Supervisors made a recommendation several months ago that a committee be formed with the EMS Agency and CEO as co-chair to look at available Measure B funding. The committee had two meetings, and part of the process was to come up with a process for entities to have more of the Measure B funding. Ms. Fruhwirth stated that each commissioner represents a peer group that may be eligible for Measure B funding, and requested they inform their peers of the County's process and if there is a project they want evaluated and considered, the EMS Commissioner or the peer themselves could bring it to the committee. The process will be throughout the year beginning January through August 15 of each year, and any individual who has a project that meets the goals of Measure B (trauma care, emergency services, bioterrorism preparedness), can put their project together and once a year the committee will hear all the projects at their October meeting. The ultimate decision will be the Board of Supervisors, but the committee will rank order and determine how they will rank: high, medium, and low priority projects, and a report will be sent to the Board. The proposals will go to Ms. Fruhwirth, and at the October meeting the entity who submitted the proposal will present it to the members of the Measure B Advisory Board, they will take the whole into consideration, and by December a memo will be sent to the Board.

**V. COMMISSIONERS COMMENTS/REQUESTS:**

None.

**VI. LEGISLATION:**

Ms. Chidester referenced AB 1776, the bill to authorize ambulances to transport injured police K-9s, and stated that at the next EMS Commission meeting a SWAT officer for Redondo Beach Police Department will attend to discuss why he believes this is an important legislation and to seek EMS support policy wise.

Ms. Chidester stated AB1795 is the Gibson Bill for the ability for paramedics to transport to psychiatric and sobering centers. She noted the difference that DMH contracts with private ambulance companies to do the transport to whatever facility DMH directs them to, and the ambulance are staffed with medical technicians. If they are outside of the 9-1-1 system, they have flexibility on where the patient can be transported to. If they are in the 9-1-1 system they are limited.

Ms. Chidester stated SB 944 Hertzberg Bill, came from California Professional Firefighters (CPF), community paramedic bill. The Gibson Bill focuses on triage and where to transfer to. Hertzberg focuses on a community paramedic program that would allow paramedics to assess tuberculosis patients and make sure they take their medicine, assessing patients after they leave the hospital and to make sure they are taking their congestive heart failure medication, so this is a community paramedic bill, but they also grabbed the alternate transport destination and put it into the Hertzberg Bill.



Ms. Chidester referenced AB 2293 which changes the licensure requirements for EMTs and paramedics. There is some opposition to this bill but it comes out of the fire season last year where there was a lot of interest in inmates becoming firefighters.

**VII. DIRECTOR'S REPORT:**

Ms. Chidester stated June 5 is the Sidewalk CPR Day, and that fire departments and ambulances and hospitals will participate in the event, and the main event with the press conference, which Dr. Gausche-Hill has put in a lot of work on this with the American Heart Association and Cal-ACEP. L.A. County EMS Agency staff, L.A. County Fire and City will be at Universal Studios. We will have a flash mob to come out at 10 a.m., and we will show video to the commission at the next meeting and report how many people were able to get trained.

Ms. Chidester stated LAC+USC held a trauma patient reunion the prior weekend, which was done very well, and noted they have repeat trauma patients come every year and this is their ninth year. Ms. Chidester spoke with family members who were appreciative of the reunions, who said it helps them see how far their loved one has progressed every year and allows them to provide emotional support to each other. She noted that Harbor's is coming up this Saturday, and Cal has one coming up soon.

**VIII. ADJOURNMENT:**

The Meeting was adjourned by Chairman Erick Cheung at 2:52 p.m. The next meeting will be held on July 18, 2018.

**Next Meeting:      Wednesday, September 19, 2018  
EMS Agency  
10100 Pioneer Boulevard, Suite 200  
Santa Fe Springs, CA 90670**

Recorded by:  
Denise Watson  
Secretary, Health Services Commission



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

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

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



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

June 4, 2018

**Mr. James West**  
President and CEO  
PIH Health Hospital - Whittier  
12401 E. Washington Boulevard  
Whittier, CA 90602

Dear Mr. West:

**HEALTHCARE COALITION SURGE EXERCISE: AFTER-ACTION  
EVALUATION MEETING**

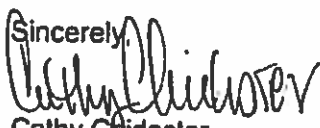
The Los Angeles County (LAC) Emergency Medical Services (EMS) Agency would like to thank you and your staff for participating in the inaugural Healthcare Coalition Surge Exercise (HCSE) on April 25, 2018. The HCSE was a "no-notice exercise" that was designed to help our health care coalition identify gaps in our medical surge plans. A "no-notice exercise" is important in ensuring that our health care coalition can transition quickly and efficiently into "disaster mode" and provide a more realistic picture of readiness than pre-announced exercises.

As part of the exercise process, we are conducting an After-Action Evaluation and would like to invite you and your respective exercise team to attend the meeting:

**Meeting:** HCSE After-Action Evaluation Meeting  
**Date/Time:** June 26, 2018 / 9 a.m. to 11 a.m.  
**Location:** Los Angeles County EMS Agency  
10100 Pioneer Boulevard, Hearing Room  
Santa Fe Springs, CA 90670

The HCSE is a requirement of the Hospital Preparedness Program (HPP) and is sponsored by the U.S. Department of Health and Human Services, Office of the Assistant Secretary of Preparedness and Response (ASPR). As an HPP hospital, your willingness to participate in the initial conduct of the exercise was extremely valuable.

PIH Health Hospital – Whittier's support of our emergency preparedness activities will allow LAC to continue to enhance our emergency response and recovery capabilities. If you have any questions or need additional information, please contact Joe Palacio at (562) 378-1642 or [jpalcacio@dhs.lacounty.gov](mailto:jpalcacio@dhs.lacounty.gov).

Sincerely,  
  
Cathy Chidester  
Director

CC:JP:dw



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

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**Marianne Gausche-Hill, MD**  
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**Health Services**  
<http://ems.dhs.lacounty.gov>

June 20, 2018

**Gregory Barton, Fire Chief**  
**Beverly Hills Fire Department**  
445 N. Rexford Drive  
Beverly Hills, CA 90210

Dear Chief Barton,

**ARRIVE ALIVE ECPR PILOT/LUCAS™ APPROVAL**

This letter is to confirm that Beverly Hills Fire Department (BH), in collaboration with the Los Angeles County Fire Department (CF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to participate in the Arrive Alive ECPR pilot study. Additionally, BH is approved to utilize the LUCAS™ Chest Compression System during cardiopulmonary resuscitation for patients not enrolled in the study.

The quality improvement process approved for participation in the pilot study and utilization of the LUCAS™ will be reviewed during your annual Program Review or as deemed necessary by the EMS Agency. BH may be required to assist CF in reporting to the Medical Advisory Council for purposes of peer review and system evaluation. Additionally, BH may be required to submit data to the EMS Agency for purposes of aggregate reporting on the LUCAS™.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any questions or concerns.

Sincerely,

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

MGH:JT:sm  
06-13

- c: **Cathy Chidester, Director, EMS Agency**  
**Medical Director, Beverly Hills Fire Department**  
**Paramedic Coordinator, Beverly Hills Fire Department**  
**QI Coordinator/Nurse Educator, Beverly Hills Fire Department**



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

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**Cathy Chidester**  
Director

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

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

Tel: (562) 378-1500  
Fax: (562) 941-5835

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June 20, 2018

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

Dear Chief Osby,


**ARRIVE ALIVE ECPR PILOT/LUCAS™ APPROVAL**

This letter is to confirm that Los Angeles County Fire Department (CF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to implement the Arrive Alive ECPR pilot study. Additionally, CF is approved to utilize the LUCAS™ Chest Compression System during cardiopulmonary resuscitation for patients not enrolled in the study.

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

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any questions or concerns.

Sincerely,

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

MGH:JT:sm  
06-12

c: **Cathy Chidester, Director, EMS Agency**  
**Medical Director, Los Angeles County Fire Department**  
**EMS Director, Los Angeles County Fire Department**  
**QI Program Director, Los Angeles County Fire Department**



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June 21, 2018

Derrick Abell, Chief of Police  
Manhattan Beach Police Department  
420 15<sup>th</sup> Street  
Manhattan Beach, CA 90266

Dear Chief Abell,

**PUBLIC SAFETY NALOXONE PROGRAM APPROVAL**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved the Manhattan Beach Police Department (MBPD) for the utilization of intranasal naloxone for persons with suspected opiate overdose.

As part of the quality improvement process required for implementation, MBPD will be required to submit quarterly reports to the EMS Agency for purposes of system evaluation and aggregate reporting on the utilization of naloxone by public safety personnel.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD  
Medical Director

MGH:JT:sm  
06-16

c: Director, EMS Agency



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**Cathy Chidester**  
Director

**Marianne Gausche-Hill, MD**  
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Fax: (562) 941-5835

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June 21, 2018

**Randy Davis, Chief of Police**  
**South Gate Police Department**  
**8620 California Avenue**  
**South Gate, CA 90280**

Dear Chief Davis,

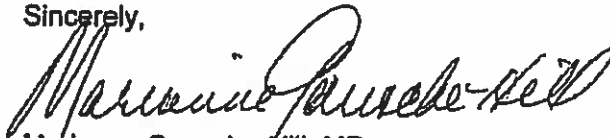
**PUBLIC SAFETY NALOXONE PROGRAM APPROVAL**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved the South Gate Police Department (SGPD) for the utilization of intranasal naloxone for persons with suspected opiate overdose.

As part of the quality improvement process required for implementation, SGPD will be required to submit quarterly reports to the EMS Agency for purposes of system evaluation and aggregate reporting on the utilization of naloxone by public safety personnel.

Please contact me at (562) 378-1600 or Susan Mori at (562) 378-1681 for any question or concerns.

Sincerely,



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

MGH:JT:sm  
06-15

c: Director, EMS Agency  
Captain Jim Teeple, South Gate Police Department



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**Cathy Chidester**  
Director

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

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

June 22, 2018

VIA E-MAIL

TO: Distribution

FROM: Cathy Chidester   
Director

SUBJECT: **EMERGENCY DEPARTMENT STATUS OF  
COMMUNITY MEDICAL CENTER LONG BEACH**

Community Medical Center Long Beach (LBC) located at 1720 Termino Avenue, Long Beach, will be closing its Emergency Department effective Monday, June 25, 2018 at 6:00 a.m. **Effective Monday, June 25 at 1:00 a.m., ALL 9-1-1 transports to LBC's Emergency Department shall be discontinued.** The ReddiNet will display LBC as being on Internal Disaster.

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

Thank you for your attention to this matter. If you have any questions, please call me or Richard Tadeo, Assistant Director at (562) 378-1610 or [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov).

CC:cac  
06-01

**Distribution:**

Medical Director, EMS Agency  
Emergency Medical Services Commission  
Hospital Licensing Unit, Health Facilities Division  
Medical Alert Center  
Hospital Association of Southern California  
Fire Chief, Compton Fire Department  
Paramedic Coordinator, Compton Fire Department  
Fire Chief, Long Beach Fire Department  
Paramedic Coordinator, Long Beach Fire Department  
Fire Chief, Los Angeles County Fire Department  
Paramedic Coordinator, Los Angeles County Fire Department  
CEO, Care Ambulance Company  
Operations Manager, Care Ambulance Company  
CEO and ED Director, College Medical Center  
CEO and ED Director, Community Hospital Long Beach  
CEO and ED Director, Lakewood Regional Medical Center  
CEO and ED Director, Long Beach Memorial Medical Center  
CEO and ED Director, Dignity Health – St. Mary Medical Center  
Prehospital Care Coordinator, Long Beach Memorial Medical Center  
Prehospital Care Coordinator, Dignity Health – St. Mary Medical Center  
Orange County EMS Agency



June 27, 2018

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Medical Director

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Santa Fe Springs, CA 90670

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Fax (562) 941-5835

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**TO:** ED Nurse Managers, All 9-1-1 Receiving Hospitals  
ED Medical Directors, All 9-1-1 Receiving Hospitals  
CEOs, All 9-1-1- Receiving Hospitals

**FROM:** Marianne Gausche-Hill, M.D.  
Medical Director

**SUBJECT: REVISED PREHOSPITAL TREATMENT PROTOCOLS AND  
MEDICAL CONTROL GUIDELINES**

This to advise you that the Emergency Medical Services (EMS) Agency has been revising the Los Angeles County Prehospital Treatment Protocols (TP) and the Medical Control Guidelines (MCGs) in the past two years. The revisions align the TPs and MCGs with EMS Provider Impressions as approved and mandated by the California EMS Authority.

The transition to Provider Impression is a national trend toward a more comprehensive approach to paramedic patient assessment. As you are well aware, patients with the same disease may have differing symptoms and presentations. Conversely, patients with similar signs and symptoms may have very different diagnoses. The formulation of a Provider Impression encourages paramedics to account for pertinent medical history and recent events that may be related to the current medical condition. Aligning the TPs and MCGs with the Provider Impressions provides better guidance to prehospital treatment based on Provider Impression rather than just the chief complaint.

The revised TPs and MCGs provide greater clarity of instruction, based on provider impression and enhance the role of online medical direction by Base Hospitals to individualize care in complex patients. These increases the autonomy and responsibility of our paramedics and mobile intensive care nurses.

The revised TPs and MCGs were first implemented as a Pilot Study involving two 9-1-1 Receiving Hospitals and two EMS Provider Agencies. The Pilot Study provided opportunities to further refine the protocols and guidelines prior to countywide implementation. This is a substantive change for our EMS system and is being rolled out to the various Base Hospitals and EMS Provider Agencies over a six-month period (June 1 through November 30, 2018).

The impact of these changes to the 9-1-1 receiving hospitals are as follows:

- Notification of patient arrival by Base Hospitals – The Base Hospitals will be notifying the receiving hospitals on a lesser frequency due to the decrease in Base Hospital contacts. Classic patient presentations that previously required base contact may now be treated by paramedics using the new TPs. Base Hospitals will continue to make the notification calls to receiving hospitals on all patients in which base contact was made and online medical direction was provided.



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- Notification of patient arrival by EMS provider – In order to expedite the care of the advanced life support (ALS) patient, EMS providers will be notifying receiving hospitals directly when transporting patients who meet the notification criteria listed below. Every effort must be made to accommodate the patient rapidly as these are patients that require advanced level prehospital care.
- Notification Criteria for EMS provider – At minimum, paramedics are required to notify the receiving hospital when any of the following conditions apply:
  - a. Persistent altered level of consciousness
  - b. Cardiac chest pain
  - c. CPAP is applied
  - d. Dysrhythmia
  - e. HAZMAT (may be appropriate for BLS transport after notification of receiving hospital)
  - f. Labor
  - g. Moderate or severe respiratory distress
  - h. Poor perfusion
  - i. STEMI
  - j. Traumatic cardiac arrest
- Notification Requirements for EMS provider – The receiving hospital notification shall include but not limited to the following:
  - a. Sequence number
  - b. Provider Code/Unit number
  - c. Provider Impression
  - d. Patient age and gender
  - e. For pediatric patients: Weight (kg) and Color Code from length-based resuscitation tape
  - f. Critical information that is needed for the receiving hospital to prepare for the patient
  - g. Estimated time of arrival
- Quality Review / Issue Resolution – EMS providers and Base Hospitals have defined parameters for quality review and are encouraged to develop collegial relationship with the their receiving hospitals for issue resolution. EMS provider agencies have appointed Paramedic Coordinators, Nurse Educators and/or EMS Captains who is/are the designated liaison to receiving hospitals. The EMS Agency highly recommends that receiving hospitals identify a liaison in their emergency department to be the point person for prehospital care issues. Hospitals are highly encouraged to provide constructive feedback to the EMS providers with regard to patient outcome and patient care.
- Patient Outcome Data – The EMS Agency is currently seeking technological solutions in order to obtain outcome data on all patients transported to the hospital via 9-1-1. Patient outcome is essential to drive quality care and must be obtained on all patients.

Revised TPs/MCGs  
June 27, 2018  
Page 3

If you or your staff are interested in a more comprehensive overview of the TPs and MCS, the EMS Agency has also developed a short video that can be viewed through the following link [http://lacountymediahost.granicus.com/MediaPlayer.php?clip\\_id=6733](http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=6733)

For your reference, enclosed are the most pertinent protocols related to the TPs/MCGs changes affecting the receiving hospitals.

Please do not hesitate to contact me if you have any questions or Richard Tadeo, Assistant Director, at [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov) or (562) 378-1610.

MGH:rt

- c. Director, EMS Agency  
Assistant Medical Director, EMS Agency  
Chief, Hospital Programs, EMS Agency  
Prehospital Care Coordinators, All Base Hospitals

**Attachments:**

- Ref. No. 1200.1, Treatment Protocol – General Instructions, Page 3 and 4
- Ref. No. 1200.3, Treatment Protocol – Provider Impressions
- Ref. No. 1340, Medical Control Guideline – Online Medical Control and Receiving Hospital Notification

**EMERGENCY MEDICAL SERVICES AUTHORITY**

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



June 28, 2018

Cathy Chidester, RN, MSN  
Administrator  
Los Angeles County Agency  
10100 Pioneer Blvd  
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

The EMS Authority (EMSA) has approved Los Angeles County's 2017 Trauma System Status Report. Thank you for providing the report in compliance with EMSA's Annual Trauma System Status Report Guidelines. All Los Angeles County's trauma system information provided in the report and subsequent correspondence is in compliance with California Code of Regulations, Title 22 Trauma Care Systems.

In accordance with the regulations, Section 100253, the local EMS agency shall submit to the EMS Authority an annual trauma system status report. Upon review of the report, the EMS Authority has the following required actions/recommendations/comments:

**Trauma System Summary**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☐ Comment

**Changes in Trauma System**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☐ Comment

**Number and Designation Level of Trauma Centers**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☒ Comment

Congratulations on the success of designating Pomona Valley Hospital Medical Center (PVC) as a Level II Trauma Center.

EMSA looks forward to hearing about the designation of a Level I Trauma Center in serving the community of South Los Angeles in SPA 6, when it occurs and in your 2018 Trauma System Status Report.

**Trauma System Goals and Objectives**

☒ Accepted as Written ☐ Required Action ☒ Recommendation ☒ Comment

Cathy Chidester  
June 28, 2018  
Page 2

Los Angeles County EMS continues to complete goals and establish new ones in an effort to ensure the delivery of quality patient care. EMSA appreciates the level of detail throughout the TSSR.

**Recommendation:**

There is a date of completion in the "Outcomes" column in all but one of the completed goals (Page 6). To be consistent, please enter a date of completion for all goals/objectives, where applicable.

**Changes to Implementation Schedule**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☐ Comment

**System Performance Improvement**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☐ Comment

**Progress on Addressing EMS Authority Trauma System Plan/Status Report  
Action Items**

☒ Accepted as Written ☐ Required Action ☐ Recommendation ☐ Comment

Thank you again for submitting a report on Los Angeles County's Trauma System. Your next Trauma System Status Report will be due on or by April 12, 2019 (see attached format). Please provide us with an electronic copy. If you have any questions, please contact Elizabeth Winward at (916) 431-3649 or [elizabeth.winward@emsa.ca.gov](mailto:elizabeth.winward@emsa.ca.gov)

Sincerely,



Howard Backer, MD, MPH, FACEP  
Director

Attachment



# **Emergency Medical Services Authority**

## **Trauma System Plan Revision & Annual Trauma System Status Report Guidelines**

**Edmund G. Brown Jr.**  
**Governor**  
**State of California**

**Diana S. Dooley**  
**Secretary**  
**Health and Human Services Agency**

**Howard Backer, MD, MPH, FACEP**  
**Director**  
**Emergency Medical Services Authority**

---

Updated, June 2012



**This document is intended to provide Emergency Medical Services (EMS) Agencies with instructions and minimum guidelines for preparing Trauma System Plan Revisions and Annual Trauma System Status Reports.**

### **TRAUMA SYSTEM PLAN**

California statute, Health and Safety Code Section 1798.162, allows local emergency medical services (EMS) agencies to implement a trauma system if the system meets the minimum standards set forth in the regulations. For preparation of the Trauma System Plan, refer to EMSA #151 - Trauma Plan Development Guidelines, January 2000. The guideline is available on the EMS Authority website: [www.emsa.ca.gov/emsddivision/trauma\\_plan\\_cover.asp](http://www.emsa.ca.gov/emsddivision/trauma_plan_cover.asp).

### **TRAUMA SYSTEM PLAN SIGNIFICANT CHANGES**

If significant changes to the trauma system occur after the Trauma System Plan has been approved, the Trauma System Plan must be revised and submitted to the EMS Authority for review and approval prior to the implementation of the changes. The California Code of Regulations outlines the requirements for significant changes to a Trauma System Plan.

- ⬇ **Section 100253 (i):** After approval of a trauma system plan, the local EMS agency shall submit to the EMS Authority for approval any significant changes to that trauma system plan prior to the implementation of the changes. In those instances where a delay in approval would adversely impact the current level of trauma care, the local EMS agency may institute the changes and then submit the changes to the EMS Authority for approval within thirty (30) days of their implementation.

Significant changes would include designation or de-designation of trauma care facilities, changes in use of outside trauma care systems, change of trauma care system design, or major policy changes. Two copies of the revised Trauma System Plan should be submitted to the EMS Authority with a cover letter that clearly outlines the major changes.

Generally, significant changes will require the entire Trauma System Plan to be revised. However, specific section changes will be accepted only if they clearly fit within the old plan (i.e., page numbering remains the same, new sections are complete). A letter clearly outlining the changes must accompany two copies of

the section changes. Please contact the EMS Authority Trauma Coordinator to determine if section changes would be appropriate at (916) 322-4336.

The EMS Authority should be notified immediately upon any changes to the number of trauma centers. If a trauma center is added, a letter should be sent to the EMS Authority that includes the name of the trauma center, the street address, whether the trauma center is a public or private facility, the phone number for the hospital and the trauma office, the trauma center designation level, and the date it was designated.

The local EMS Agency should immediately contact the EMS Authority to alert them as to any possible de-designation or reduction in designation level of a trauma center and update the Authority as additional information becomes available. If the trauma center is ultimately de-designated or the designation level is reduced, a letter should be sent to the EMS Authority indicating the name, address and the level of the trauma center, and the date of de-designation or designation level reduction. The trauma plan should also be updated to indicate the addition or deletion of the trauma center and show how trauma patients will be cared for.

### **ANNUAL TRAUMA SYSTEM PLAN STATUS REPORT**

Local EMS Agencies are required to include a trauma system status report as part of the annual EMS Plan update according to the California Code of Regulations.

- ↓ **Section 100253 (j):** The local EMS agency shall submit a trauma system status report as part of its annual EMS Plan update. The report shall address, at a minimum, the status of trauma plan goals and objectives.

The report is to be a separate chapter of the EMS Plan and is due one year from the approval of the most current EMS Plan. The report should include a summary of the trauma system, a description of any changes to the trauma system, the number and designation level of the trauma centers, an update of the status of the Trauma System Plan's goals and objectives and any modifications, progress toward or changes to the implementation schedule, and progress toward addressing any comments made in the EMS Authority's review of the Trauma System Plan. Any changes and/or additions to the Trauma System Plan should also be enclosed with the status report and clearly marked for incorporation into the trauma plan. A general format for the trauma system status report follows.

## **EMS PLAN: TRAUMA SYSTEM STATUS REPORT**

**Trauma System Summary** – Brief summary of trauma care system.

**Changes in Trauma System** – Describe any changes in the trauma care system and/or progress toward implementation.

**Number and Designation Level of Trauma Centers** – List the designated trauma centers and indicate any potential problems or possible changes in designation.

**Trauma System Goals and Objectives** – Provide update on progress toward meeting goals and objectives listed in the Trauma System Plan. Modify goals and objectives as appropriate.

**Changes to Implementation Schedule** – Indicate completion of activities and modify schedule as appropriate.

**System Performance Improvement** – Provide a description of trauma system review processes accomplished during the reporting year.

**Progress on Addressing EMS Authority Trauma System Plan Components** – Trauma System Plan approval letters may include issues to be addressed or commented upon by the local EMS Agency. The status report should include an update of progress toward completion of these items along with any required changes accomplished as required in the approval letter. Changes should be accompanied by a cover letter which clearly indicates where the changes should be added to the Trauma System Plan.

**Other Issues** – Local EMS Agencies may include any other relevant issues as deemed appropriate.





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

**BASE HOSPITAL ADVISORY COMMITTEE  
MINUTES**

June 13, 2018

**MEMBERSHIP / ATTENDANCE**



REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Mark Eckstein, M.D., Chair	EMS Commission	Dr. Marianne Gausche-Hill
<input type="checkbox"/> Margaret Peterson, Vice Chair	EMS Commission	Dr. Nichole Bosson
<input type="checkbox"/> Lydia Lam, M.D.	EMS Commission	Richard Tadeo
<input checked="" type="checkbox"/> John Hisserich	EMS Commission	Christine Clare
<input checked="" type="checkbox"/> Rachel Caffey	Northern Region	Michelle Williams
<input type="checkbox"/> Melissa Carter	Northern Region	Christy Preston
<input checked="" type="checkbox"/> Heidi Ruff	Northern Region, Alternate	Cathy Jennings
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	Susan Mori
<input checked="" type="checkbox"/> Laurie Mejia	Southern Region	Gary Watson
<input checked="" type="checkbox"/> Shelly Trites	Southern Region	David Wells
<input checked="" type="checkbox"/> Christine Farnham	Southern Region, Alternate	Christine Zaiser
<input checked="" type="checkbox"/> Paula Rosenfield	Western Region	Lorrie Perez
<input checked="" type="checkbox"/> Ryan Burgess	Western Region	Jennifer Calderon
<input type="checkbox"/> Alex Perez-Sandi	Western Region, Alternate	
<input type="checkbox"/> Susana Sanchez	Western Region, Alternate	
<input checked="" type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input checked="" 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	
<input type="checkbox"/> Yvonne Elizarraz	County Hospital Region	
<input type="checkbox"/> Alec Miller	Provider Agency Advisory Committee	
<input type="checkbox"/> Michael Murrey	Provider Agency Advisory Committee, Alt.	
<input checked="" type="checkbox"/> Laarni Abdenoja	MICN Representative	
<input type="checkbox"/> Adrienne Roel	MICN Representative, Alt.	
<input type="checkbox"/> Robin Goodman	Pediatric Advisory Committee	
<input type="checkbox"/> Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	
PREHOSPITAL CARE COORDINATORS		GUESTS
<input checked="" type="checkbox"/> Michael Natividad (AMH)	<input checked="" type="checkbox"/> Charlene Tamparang (NRH)	Shira Schlesinger, M.D. (HGH)
<input checked="" type="checkbox"/> Kelly Arroyo (SMM)	<input type="checkbox"/> Gloria Guerra (QVH)	
<input checked="" type="checkbox"/> Coleen Harkins (AVH)	<input checked="" type="checkbox"/> Jessica Strange (SJS), APCC Pres.	
<input type="checkbox"/> Laura Leyman (SFM)	<input checked="" type="checkbox"/> Karyn Robinson (GWT), APCC Pres. Elect.	

- 1. CALL TO ORDER:** The meeting was called to order at 1:04 P.M. by Chairperson Mark Eckstein, M.D.
- 2. APPROVAL OF MINUTES:** The meeting minutes for February 14, 2018 were approved as submitted.

**M/S/C (Hisserich/Mejia)**

### **3. INTRODUCTIONS/ANNOUNCEMENTS:**

- Self-introductions were made by all.
- Jennifer Calderon, previously from LAC+USC Medical Center, was introduced as a new EMS employee in Certification & Program Approvals.
- LAFD has partnered with LAPD and Los Angeles World Airports Police (LAWA) to allow for the use of intranasal Narcan.

### **4. REPORTS & UPDATES:**

#### **4.1 EMS Update 2018: Train the Trainer**

Appreciation was extended to all PCC's for efforts in moving forward with the revised Treatment Protocols (TP) and Medical Control Guidelines (MCG) for EMS Provider Impression. The EMS Agency received positive feedback from the Train-the-Trainer sessions, which took place in May. Additional training sessions are scheduled for July/August which will be geared toward the perspective of the paramedic provider. If additional instruction is needed we strongly encourage attending the July/August training sessions. Please RSVP with Vanessa Gonzales at (562) 378-1607 or [VGonzalez3@dhs.lacounty.gov](mailto:VGonzalez3@dhs.lacounty.gov).

Additional updates to the TPs were emailed out June 12, 2018. Base hospital personnel training is in June, July and August and Provider agencies during September, October and November. Countywide implementation of the revised TPs will be on December 1, 2018, however, as provider agencies complete training, they may transition their department to using the revised TPs.

#### **4.2 Side-Walk CPR**

Los Angeles County EMS Agency partnered with the AHA for hands only Side-Walk CPR located at Universal City Walk. It was a fun day, with a Flash Mob and hands only CPR instruction. It is estimated that 5000 individuals were trained Countywide on the importance of "Hands-Only-CPR and saving lives. Thank you to everyone who participated in making this day a success.

### **5. UNFINISHED BUSINESS:**

None

### **6. NEW BUSINESS:**

#### **6.1 Reference No. 503.1, Diversion Request Requirements For Emergency Department Saturation**

Concerns were expressed regarding the accuracy of Provider arrival and offload times. It was recommended that before a hospital is placed on diversion due to ED Saturation, the hospital be contacted by the MAC to verify accuracy of information.

Recommendation: Page 2, Principles, add: "9. Provider provides accurate documentation of arrival and offload time."

Recommendation: Page 4, C. The Medical Alert Center shall:, add: "Contact ED charge nurse to verify information, once information has been verified hospital can be placed on diversion for ED Saturation."

**M/S/C (Strange/Verga-Gates)**

**6.2     Reference No. 521, Stroke Patient Destination**

Recommendation: Page 1, Definitions: Last Known Well Time, specify time in military time.

Clarification provided for wake up stroke. Wake up strokes are based on the last time the patient was known to be well.

**6.3     EMS Update 2018 – QI and Documentation Requirements (Addendum)**

Recommendation: 1. Base Hospital, A. & B. Patient outcomes be provided to QI Coordinator/ EMS Educator every 45 days from incident date instead of bi-weekly.

There was in-depth discussion regarding the new QI and documentation requirements. It was agreed that timely feed back to the providers regarding significant incidents or fall outs is of the utmost importance.

**7. OPEN DISCUSSION: None**

**8. NEXT MEETING:** BHAC's next meeting is scheduled for **August 8, 2018**, location is the EMS Agency, Hearing Room @ 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 2:57 P.M.



**Los Angeles County  
Board of Supervisors**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

CC

**Cathy Chidester**  
Director

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

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

Tel: (562) 378-1500  
Fax: (562) 941-5835

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

## **EMERGENCY MEDICAL SERVICES COMMISSION DATA ADVISORY COMMITTEE**

### **MEETING NOTICE**

Date & Time: Wednesday, June 13, 2018 10:00 A.M.  
Location: EMS Agency, First Floor Hearing Room  
10100 Pioneer Boulevard  
Santa Fe Springs, 90670-3736

## **DATA ADVISORY COMMITTEE DARK FOR JUNE 2018**



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



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



**EDUCATION ADVISORY COMMITTEE  
MEETING CANCELTATION NOTICE**

**DATE:** June 11, 2018

**TO:** Education Advisory Committee Members

**SUBJECT: CANCELTATION OF MEETING**

Due to a lack of agenda items, the Education Advisory Committee meeting scheduled for June 20, 2018 has been canceled.

**INFORMATION IN LIEU OF MEETING:**

1. EMS Update 2018 training for Base Hospital personnel is underway. The focus of this year's training is the system-wide implementation of the provider impression treatment protocols and medical control guidelines. Train-the-Trainer sessions for ALS Provider Agencies will occur in July.

**NEXT MEETING:**

**Date:** Wednesday, August 15, 2018  
**Time:** 10:00 am  
**Location:** EMS Agency Headquarters  
EMS Commission Hearing Room  
10100 Pioneer Blvd, Room 128  
Santa Fe Springs, CA 90670



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, June 20, 2018

MEMBERSHIP / ATTENDANCE

**MEMBERS**

- ☒ Dave White, Chair
- ☒ Robert Ower, Vice-Chair
- ☒ Paul Rodriguez
- ☐ Brian Bixler
- ☒ Jodi Nevandro
  - ☒ Sean Stokes
- ☒ Nick Berkuta
  - ☒ Clayton Kazan, MD
  - ☐ Victoria Hernandez
- ☒ Ken Leasure
  - ☐ Susan Hayward
- ☒ Richard Roman
  - ☒ Mike Beeghly
- ☒ James Flint
  - ☐ Joanne Dolan
- ☐ Alec Miller
  - ☐ Michael Murrey
- ☐ Corey Rose
  - ☐ Ellsworth Fortman
  - ☐ Doug Zabitski
- ☒ Luis Vazquez
  - ☐ Tisha Hamilton
- ☐ Rachel Caffey
  - ☐ Heidi Ruff
  - ☒ Jenny Van Slyke
- ☒ 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.
- Area H, Alt.
- Employed Paramedic Coordinator
- Employed Paramedic Coordinator, Alt.
- Prehospital Care Coordinator
- Prehospital Care Coordinator, Alt.
- 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**

- |                    |                  |
|--------------------|------------------|
| Nichole Bosson, MD | Richard Tadeo    |
| Chris Clare        | Cathlyn Jennings |
| Laurie Lee-Brown   | Susan Mori       |
| Christy Preston    | Paula Rashi      |
| John Telmos        | David Wells      |
| Michelle Williams  | Christine Zaiser |
| Jennifer Calderon  | Gary Watson      |

**OTHER ATTENDEES**

- |                    |                     |
|--------------------|---------------------|
| Ivan Orloff        | Downey FD           |
| Caroline Jack, RN  | Torrance FD         |
| Paula LaForge      | LACoFD              |
| Stefan Viera       | Torrance FD         |
| Monica Bradley, RN | Culver City FD      |
| Dave Rindels       | Culver City FD      |
| Nicole Steeneken   | LACoFD              |
| Matthew Conroy     | LAFD                |
| Nanci Medina       | LAFD                |
| Marc Cohen, MD     | El Segundo FD,      |
|                    | Manhattan Beach FD, |
|                    | Torrance FD         |

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

**CALL TO ORDER:** Committee Chair, Commissioner David White called meeting to order at 1:05 p.m.

1. **APPROVAL OF MINUTES (Berkuta/Roman)** April 18, 2018 minutes were approved as written.
2. **INTRODUCTIONS / ANNOUNCEMENTS**

2.1 Changes to LAAFCFA Membership (David White)

Los Angeles Area Fire Chiefs Association has had the following leadership changes:  
Ivan Orloff (Downey FD) and Andrew Gano (Glendale FD) will be replacing Nick Berkuta and Roger Braum.

## **2.2 Drug Shortage Survey (John Telmos)**

- Recently, the EMS Agency emailed a drug shortage survey to all providers. The purpose of this survey is to determine which medications providers have had difficulty obtaining, and what, if any, alternate methods have been implemented to address the shortage issues.
- To date, 86% of the public providers and 36% of the private providers have responded to this survey. Survey will be closing at the end of June so if your agency has not already completed, please do so.
- Dr. Gausche-Hill is planning to bring the survey results to the State and federal levels and hopefully push forward legislation to make specific drugs readily available and decrease shortages.

## **2.3 Emergency Medical Technician (EMT) Optional Scope of Practice (John Telmos)**

Due to the July 2017 changes in the California EMT regulations, there have been additional therapies listed in the EMT scope/optional scope of practice. Some of the additional therapies require local EMS Agency approval. Please refer to Reference No. 802, EMT Scope of Practice, for guidance and to determine whether your agency needs to obtain approval from the EMS Agency prior to implementation.

## **2.4 Community Medical Center Long Beach – Closure (Richard Tadeo)**

On Monday, June 25, 2018, the above hospital's Emergency Department (ED) will be closing. At 1:00 am, all 9-1-1 traffic will stop; and at 6:00 am, ED will be placed on "Internal Disaster". Memo's and ReddiNet announcements will be sent out prior.

# **3. REPORTS & UPDATES**

## **3.1 Disaster Section Update (Laurie Lee-Brown)**

- Los Angeles Disaster Healthcare Coalition Advisory Committee
  - This Committee meets three times a year and is comprised of healthcare organizations, government agencies and providers who work together to strengthen emergency preparedness, response and recovery for Los Angeles County.
  - Advisory Committee is seeking alternate representatives from both public and private providers to represent their sectors.
  - Those interested or wishing more information may contact either Roel Amara at [ramara@dhs.lacounty.gov](mailto:ramara@dhs.lacounty.gov) or Elaine Forsyth at [eforsyth@dhs.lacounty.gov](mailto:eforsyth@dhs.lacounty.gov)
- Annual MCI Training – June 28, 2018. Open to EMTs, Paramedics, and EMS nurse educators.
  - Currently, class is full. However, the wait list is open and spaces usually become available due to cancellations.
- Ebola Outbreak – Democratic Republic of Congo
  - Due to the May 8, 2018 Ebola outbreak in Congo, the EMS Agency has updated the *LA County 9-1-1 EMS Providers Ebola Virus Disease (EVD) Patient Assessment and Transportation Guidelines*. Handouts made available at this Committee meeting.
  - Questions should be directed to Ami Boonjaluksa at [aboonjaluksa2@dhs.lacounty.gov](mailto:aboonjaluksa2@dhs.lacounty.gov)

## **3.2 Reference No. 506, Trauma Triage (Richard Tadeo)**

- Policy presented as information only.
- Reference No. 506.1, Trauma Triage Decision Scheme, will soon be available.

# **4. UNFINISHED BUSINESS**

## **4.1 EMS Update 2018 (Richard Tadeo)**

- Base hospital Train-the-Trainer classes were completed in May 2018, with 120 participants.
  - As a result of the four training sessions, updates to the education were made. If you attended the May classes and have not received the recent updates to the Treatment Protocols, please contact Richard Tadeo at [rtadeo@dhs.lacounty.gov](mailto:rtadeo@dhs.lacounty.gov)

- Provider agency Train-the-Trainer classes will begin in July 2018. To attend, please RSVP with Vanessa Gonzalez at (562) 378-1607 or [vgonzalez3@dhs.lacounty.gov](mailto:vgonzalez3@dhs.lacounty.gov).

*(This topic remains on PAAC Agenda until project is complete)*

## 5. NEW BUSINESS

### 5.1 Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation *(Richard Tadeo)*

After lengthy discussion, policy approved with the following recommendation:

- Definitions, Diversion:  
Last sentence to read *"Basic Life Support (BLS) patients may not be diverted with the exception of diversion due to internal disaster."*
- Definitions, Hospital Diversion Threshold Categories, (1) Resuscitative:  
Remove "pulse oximetry <90"
- Definitions, EMS Provider Agency Diversion Threshold:  
Definition to include BLS units
- Page 4 or 5: Policy II, B. 3:  
To read: "If it is determined that the EMS provider agency's threshold is met, contact the Medical Alert Center (MAC) and request that the facility to be placed on diversion due to ED saturation."

*(The EMS Agency acknowledges that this policy was extensively reviewed by the EMS Commission's Ambulance Patient Offload Times (APOT) AdHoc Workgroup; because of this, the EMS Agency will review previous notes to ensure that this Committee's recommendations do not conflict with the workgroup's recommendations.)*

**M/S/C (Berkuta/Leasure) Approve Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation, with above recommendations.**

### 5.2 Reference No. 521, Stroke Patient Destination *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

- Page 3 of 4, Policy III, A:  
Replace wording "LAMS of less than 4." with "LAMS of 3 or less."

**M/S/C (Nevandro/Berkuta) Approve Reference No. 521, Stroke Patient Destination, with above recommendation.**

### 5.3 Reference No. 834, Patient Refusal of Treatment/Transport And Treat and Release at Scene *(Richard Tadeo)*

Policy reviewed as information only.

## 6. OPEN DISCUSSION:

### 6.1 Huntington Hospital Continuing Education *(Jenny Van Slyke)*

Huntington Hospital is hosting an advanced airway and intra-osseous training class utilizing the cadaver lab. This class is for prehospital providers only and will take place in October 2018. RSVP is required by contacting Jenny Van Slyke at [jenny.vanslyke@huntingtonhospital.com](mailto:jenny.vanslyke@huntingtonhospital.com)

## 7. NEXT MEETING: August 15, 2018

## 8. ADJOURNMENT: Meeting adjourned at 2:03 p.m.



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **DIVERSION REQUEST REQUIREMENTS  
FOR EMERGENCY DEPARTMENT SATURATION**

REFERENCE NO. 503.1

**PURPOSE:** To outline the minimum requirements for hospitals to be placed on diversion of advanced life support (ALS) patients due to emergency department (ED) saturation.

**DEFINITIONS:**

**Ambulance patient offload time (APOT):** Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes responsibility for care of the patient.

**Diversion:** Hospital Diversion is a request by a hospital or an EMS provider agency to have advanced life support (ALS) patients bypass a facility for a limited period of time and should be requested only when necessary. This is **not** an absolute closure (see Principle 7). Basic life support (BLS) patients may not be diverted with the exception of diversion due to internal disaster.

**Diversion hour:** Hospitals and EMS provider agencies may request diversion to ED Saturation for any amount of time up to 60 minutes. If the hospital is not re-opened by the end of the 60 minute period, it will be automatically re-opened by the ReddiNet system.

**EMS provider agency diversion threshold:** Three 9-1-1 transport ambulances (ALS and BLS) are all waiting to offload patients for over 30 minutes.

**Hospital diversion threshold categories:** All ED treatment bays are full and 30% or greater of the ED has patients who fall into one or both categories below, including ED beds occupied by admitted patients but excluding fast track beds and waiting room patients.

- (1) **Resuscitative (unstable condition):** the patient is hemodynamically unstable, requires an immediate airway or emergency medications. Other criteria: already intubated, apneic, pulseless, severe respiratory distress, acute mental status changes or unresponsive
- (2) **Immediate/Emergent (requires timely treatment):** the patient has symptoms indicative of a potential threat to life and their condition is likely to change to "resuscitative" without aggressive intervention. Examples include but are not limited to the following: stable but active chest pain; stroke symptoms; abdominal pain in pregnancy or suspected pregnancy; suicidal or homicidal ideation; new onset confusion; lethargy or disorientation; severe pain

**Special considerations:** Unusual circumstances that overwhelm ED resources and are documented by hospital administration.

EFFECTIVE DATE: 11-27-06

REVISED: XX-XX-XX

SUPERSEDES: 07-01-14

PAGE 1 OF 5

APPROVED: \_\_\_\_\_

Director, EMS Agency

Medical Director, EMS Agency

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**PRINCIPLES:**

1. High quality emergency medical services (EMS) is the result of prehospital care providers, emergency departments and hospitals working together as a team to care for ill and injured patients.
2. Prolonged diversion and APOT is are not an emergency department problem alone; it is a hospital and EMS systemwide issue, both have negative impacts to the EMS providers' ability to respond to subsequent 9-1-1 medical calls which results in prolonged response times and may affect public safety and patient outcomes.
3. Each hospital shall have a diversion policy and a multidisciplinary team approach to ensure the ability of the facility to remain open and to flex to Surge Capacity, thereby preventing or minimizing time of hospital diversion and APOT.
4. As per EMTALA, the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.
5. Hospitals that have a consistently prolonged APOT should assign appropriate personnel to remain with patients while awaiting for an ER treatment bay in order to release EMS personnel back to the community.
6. Hospital personnel shall acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.
7. In accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Whether the diversion request will be honored depends on available system resources.
8. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT. The APOT Standard for Los Angeles County is 90% of all ambulance transports have an APOT of 30 minutes or less.
9. The accurate documentation by EMS providers of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

**POLICY:**

- I. Responsibilities Prior to reaching Hospital Diversion Threshold
  - A. ED Charge Nurse
    1. Identifies that all ED treatment bays are occupied and patients are waiting for an open treatment bay.
    2. Consults with all ED team members to determine if patient discharges or admissions can be expedited.

- 
3. Ensures that all ED treatment bays are appropriately utilized.
  4. Notifies the Laboratory and Radiology departments to expedite orders.
  5. Notifies the Nursing Supervisor that the ED is near threshold.
- B. Hospital Administration (CEO or administrative designee)**
1. Consults with the ED physician and ED charge nurse.
  2. Performs a walk-through of the ED and reviews options that can be utilized to prevent hospital diversion (CEO or administrative designee).
  3. Assesses the ED for special considerations.
  4. Activates the hospital's internal multidisciplinary surge plan.
  5. Assesses the Medical/Surgical, Intensive Care and Telemetry units for available beds and possible discharges.
  6. Expedites environmental services, ancillary services and patient admissions as necessary.
  7. Approves diversion to ED saturation via the ReddiNet when ED capacity reaches the defined diversion threshold.
  8. Reassesses ED capacity during diversion with the goal of remaining open.
  9. Monitors hospital diversion hours.
  10. Includes diversion in the ED performance improvement process.
- C. Hospitals may request ED diversion via the ReddiNet for up to one hour at a time. At the end of one hour of diversion, ReddiNet will automatically re-open the hospital to all 9-1-1 traffic. The hospital may request additional ED diversion time in one-hour increments.**

**II. Request for diversion of a hospital by an EMS Provider Agency**

An EMS provider agency may request to put a hospital on diversion due to ED saturation when the EMS provider agency diversion threshold is met. Each EMS provider agency shall have a diversion request policy that is consistent with the following guidelines:

- A. EMS provider agency personnel who are waiting to offload and transfer care to hospital staff shall contact the EMS provider agency's on-duty supervisor and provide the following information:**
1. Units waiting to offload
  2. Time of arrival at hospital of the unit waiting the longest to offload

- 
3. Time of arrival at hospital of the unit waiting the shortest to offload
  4. Estimated time to offload, obtain from ED Charge Nurse
- B. The EMS provider agency's on-duty supervisor shall
1. Physically visit the emergency department and verify the report provided by the transport crew(s).
  2. Collaborate with the charge nurse, on-duty physician, or house supervisor to identify alternatives to facilitate the transfer of the patients from EMS personnel to emergency department staff.
  3. If the EMS provider agency diversion threshold is met, contact the Medical Alert Center and request the facility to be placed on Diversion due to ED Saturation.
- C. The Medical Alert Center shall:
1. Obtain all the necessary information to verify diversion threshold is met.
  2. Place the hospital on diversion due to ED Saturation.
  3. Contact the hospital emergency department to verify information provided by the EMS provider agency's on-duty supervisor.
  4. Notify hospital administration or designee that the hospital has been placed on diversion.
- D. Hospital Administration (CEO or administrative designee)
1. Reassess ED capacity during diversion with the goal of lifting the diversion status.
  2. Monitors diversion hours
  3. Includes diversion in the ED performance improvement process.
- E. Diversion requests will be up to one hour at a time. Additional diversion time may be requested in one hour increments if the EMS provider agency diversion threshold is met. Diversion request shall be made through the Medical Alert Center.

**III. Diversion Audits**

The EMS Agency reserves the right to conduct unannounced diversion audits as indicated.

**CROSS REFERENCE:**

Prehospital Care Manual:

Reference No. 502, **Patient Destination**

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

**SUBJECT: DIVERSION REQUEST REQUIREMENTS  
FOR EMERGENCY DEPARTMENT SATURATION**

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**REFERENCE NO. 503.1**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting

*Los Angeles County EMS Agency***POLICY REVIEW SUMMARY BY COMMITTEE****Reference No. 503.1, Diversion Request Requirements for Emergency  
Department Saturation**

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
<b>EMS ADVISORY COMMITTEES</b>	Provider Agency Advisory Committee	6/20/18	6/20/18	Y
	Base Hospital Advisory Committee	6/13/18	6/13/18	Y
	Data Advisory Committee			
	Education Advisory Committee			
<b>OTHER COMMITTEES/RESOURCES</b>	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California	6/27/18	6/27/18	N
	County Counsel			
	Other:			

\* See attached **Summary of Comments Received**

## Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions: Diversion	PAAC 6-20-18	Replace "units" with "patients"	Change made
Definitions: EMS provider agency diversion threshold	PAAC 6-20-18	Add "(ALS and BLS)" after ambulances	Change made
Definitions: Hospital diversion threshold categories (1)	PAAC 6-20-18	Delete "pulse oximetry <90"	Change made
Principles	BHAD 6-13-18	Add Principle 9 – "The accurate documentation by EMS providers of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT."	Change made
Policy II.B.3	PAAC 6-20-18	Revise language to state "If the EMS provider agency diversion threshold is met, contact the Medical Alert Center and request the facility to be placed on Diversion due to ED Saturation."	Change made
Policy II.C.3	BHAD 6-13-18	Add #3 – "Contact the hospital emergency department to verify information provided by the EMS provider agency's on-duty supervisor"	Change made