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: **March 20, 2019**
TIME: **1:00 – 3:00 PM**
LOCATION: **Los Angeles County Emergency Medical Services Agency**
10100 Pioneer Boulevard, EMSC Hearing Room 128, 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

I. CALL TO ORDER – John Hisserich, Dr.PH., Chairman

II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

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
January 16, 2019

2. CORRESPONDENCE
2.1 (01-22-2019) Distribution: Public Safety Naloxone Program Approval
2.2 (01-29-2019) Distribution: System-Wide Provider Impression Quality Improvement Fallout Tracking
2.3 (02-05-2019) Distribution: Ambulance Patient Offload Time Report
2.4 (02-05-2019) Distribution: Electronic Patient Care Record Submission
2.5 (02-05-2019) Distribution: Letter to Chief Keith Kauffman, LA County Police Chiefs' Association
2.6 (02-13-2019) Distribution: Clarification with Treatment Protocol Quality Improvement Requirements
2.7 (02-19-2019) Distribution: Public Safety Naloxone Program Approval
2.8 (02-28-2019) Distribution: Letter to Jennifer Quan, League of California Cities
2.9 (03-05-2019) Distribution: Letter to Chief Eugene Harris, LA County Police Chiefs' Association
2.10 (03-12-2019) Distribution: Measure B Advisory Board Recommendations

3. COMMITTEE REPORTS
3.1 Base Hospital Advisory Committee – Cancelled
3.2 Data Advisory Committee – Cancelled
3.3 Education Advisory Committee – No Meeting
3.4 Provider Agency Advisory Committee

4. POLICIES
4.1 Policy No. 416: Assessment Unit
Attachment A: Policy Review – Summary by Committee
Attachment B: Policy Review – Summary of Comments

END OF CONSENT AGENDA

IV. BUSINESS

BUSINESS (OLD)

5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
5.2 Ad Hoc Committee (Wall Time/Diversion)
5.3 Updates from Physio-Control/Stryker on ePCR for Los Angeles County Fire Department
5.4 Measure B Funding
5.5 Nominations (Standing Committee Appointments – 2019)

BUSINESS (NEW)

5.6 Measure B Advisory Board Committee (EMS Commission Seat)
5.7 Community Medical Center Long Beach to Reopen

V. COMMISSIONERS' COMMENTS/REQUESTS

VI. LEGISLATION

VII. EMS DIRECTOR'S REPORT

VIII. ADJOURNMENT

To the meeting of May 15, 2019

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.

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MINUTES
January 16, 2019

COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
☐ Ab-Ellen Alkon, M.D.	So. CA Public Health Assn.	Kay Fruhwirth	Assistant Director
☒ Lt. Brian S. Bixler	Peace Officers' Assn. of LAC	Denise Watson	Commission Liaison
☒ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Marianne Gausche-Hill	Medical Director
☒ Marc Eckstein, M.D.	L.A. County Medical Assn.	Richard Tadeo	Assistant Director
☒ Chief Eugene Harris	LAC Police Chiefs' Assn.	Nichole Bosson	Asst. Medical Director
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Roel Amara	Assistant Director
☒ Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	David Wells	EMS Staff
☐ Ab-James Lott, MBA	Public Member, 2nd District	Christine Zaiser	EMS Staff
☒ Robert Ower	LAC Ambulance Association	Lorrie Perez	EMS Staff
☒ Margaret Peterson, PhD	Hospital Assn. of So. CA	Sara Rasnake	EMS Staff
☒ Paul S. Rodriguez	CA State Firefighters' Assn.	Jacqui Rifenburg	EMS Staff
☒ Joseph Salas	Public Member, 1st District	Jennifer Calderon	EMS Staff
☐ *-Nerses Sanossian, M.D.	American Heart Association	Susan Mori	EMS Staff
☒ Carole Snyder	Emergency Nurses Assn.	Gary Watson	EMS Staff
☒ Colin Tudor	League of CA Cities/LAC	Puneet Gupta	EMS Staff
☒ Atilla Uner, M.D.	American College of Emergency Physicians	Denise Whitfield	EMS Staff
	CAL-ACEP	John Telmos	EMS Staff
☒ Gary Washburn	Public Member, 5th District	Dorothy Habrat	EMS Staff
☒ David White	L.A. Area Fire Chiefs' Assn.	Adrian Romero	EMS Staff
☐ Ab-Pajmon Zarrineghbal	Public Member, 4th District		

GUESTS

Nicole Steeneken	LACoFD	Laurie Mejia	APCC
Saman Kashani	LAFD	Gregg Caplani	AMBU, Inc.
Scott Martin	Redondo Beach PD	Carol Meyer	McCormick Ambulance
Jennifer Nulty	Torrance Fire Dept.	Stefan Viera	Torrance Fire Dept.
Jaime Garcia	HASC	Richard Roman	Compton Fire Dept.
Roy Arreola	MLK CH		

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

I. CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMSC Hearing Room at 10100 Pioneer Boulevard, Santa Fe Springs, CA 90670. Chairman Erick Cheung called the meeting to order at 1:00 p.m.

II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS:

Chairman Cheung opened the meeting with self-introductions, starting with EMSC members followed by EMS Agency staff and guests.

III. CONSENT AGENDA:

Chairman Cheung asked for a motion to approve the Consent Agenda.
Motion by Commissioners White/Bixler to approve the Consent Agenda was carried unanimously.

1. **MINUTES:**
   September 19, 2018 Minutes were approved.

2. **CORRESPONDENCE:**
   2.1 Public Safety Naloxone Program Approval
   Attachment: Public Safety Agencies Naloxone Approved as of 1/8/19
   Kay Fruhwirth, EMS Assistant Director, reported in the absence of Cathy Chidester, EMSC Executive Director, that currently 27 out of 42 law enforcement agencies (jurisdictional police departments in Los Angeles County) are approved to administer naloxone (NARCAN) to patients. Ms. Fruhwirth explained that the use of NARCAN is in the scope of paramedics and has been for years, but new legislation was an expansion for police officers as well because they are frequently first on scene but require approval from the local EMS agency to use it.

   There was discussion surrounding possible concerns from law enforcement agencies, City Managers and City Attorneys over risk and liability issues, and a recommendation was made to present the practical application side rather than risks to these agencies given that the drug is reportedly safe with very few side effects. Outreach to the unapproved agencies was also recommended.

   Commissioner Harris expressed that a frequently asked questions and answers (FAQ) sheet might be helpful to facilitate an at-a-glance understanding of why, where and how to properly apply naloxone, and that training and trust that the drug would be applied properly may remove some barriers.

   Chairman Cheung stated a follow-up action would be to first compose a letter with the talking points and explanation of the program for the law enforcement agencies that are not yet supplying naloxone. and then follow up with further outreach. He recommended adding an agenda item towards the end of the year to review how the naloxone approved agencies' list is progressing.

   2.2 Sponsorship of Emergency Medical Services' 50th Anniversary
   Ms. Fruhwirth advised the Commission that registration for the EMS 50th Anniversary Celebration on March 21, 2019, is open.

   2.3 Hospital Service Area Boundaries
   2.4 Comprehensive Stroke Center Annual Fee

2.5 Basic Tactical Casualty Care
2.6 Public Safety AED Service Provider Program Approval

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. 312: Pediatric Liaison Nurse
4.2 Policy No. 506: Trauma Triage
4.3 Policy No. 704: Assessment Unit Inventory
4.4 Policy No. 840: Medical Support During Tactical Operations
Attachments: A) Summary by Committee; B) Summary of Comments
4.5 Policy No. 1010: Mobile Intensive Care Nurse (MICN) Certification
4.6 Policy No. 1011: Mobile Intensive Care Nurse (MICN) Field Observation
Attachment: MICN Recertification Field Observation CE Documentation

END OF CONSENT AGENDA

IV. BUSINESS:

BUSINESS (OLD)

5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies Report
Chairman Cheung reported that he attended District Attorney Jackie Lacey's Mental Health Commission Meeting and presented this finalized version of the Prehospital Care of Mental Health and Substance Abuse (MHSA) Emergencies Report which has now been reviewed and approved by the ad hoc committee.

Chairman Cheung highlighted the summary of findings for dispatch and law enforcement agencies and noted that of the 42 dispatch agencies surveyed 28 responded for a 66% response rate. He noted that of the 46 law enforcement agencies surveyed 28 responded for a 61% response rate. All data being reported are for the calendar year 2017.

Chairman Cheung noted key findings from the survey: Over 90% of the emergency MHSA calls were initially dispatched to law enforcement. Only 18% of the dispatch agencies reported having a protocol to follow or having something standardized to help distinguish the type or severity of MHSA emergencies. Many agencies agreed that a standardized dispatch protocol would be very helpful to determine what type of mental health emergency is occurring. About 27% of the calls resulted in a co-dispatch with EMS. Per survey respondents, it is very rare for EMS to be dispatched without law enforcement to mental health and substance abuse emergency calls.

Chairman Cheung stated that 76% of the law enforcement agencies reported having at least some embedded mental health clinicians, but the availability is highly varied among agencies. In general, this capability is very limited, almost no24 hours/seven-days-a week service, oftentimes a couple days a week where they existed. He noted that on average 54% of in-field encounters resulted in the placement of an involuntary

psychiatric hold which varied significantly by agency (i.e., range from 2% to 99%). Law enforcement agencies believe that response systems could be improved by more teams available 24/7, establishing a better process for dispatchers to pre-screen incoming calls, and increased training for responders. He noted 24% of mental health or 9-1-1 calls related to suicidal ideation, suicidal attempt, ideation with no attempt, or violent attempt such as homicidal ideation.

Chairman Cheung cited the six recommendations that came from this survey, and are now before the Commission. (See attached report.)

Further discussion ensued surrounding recommendation number four (4) on the report, "Explore protocols for dispatching EMS along with, or after, LE [law enforcement] response." Concerns were expressed about mental health emergencies as part of medical emergencies, and it was suggested that this also relates to expanding destinations for EMS transport to include psychiatric urgent care centers. It was stated that this would also perhaps be read broadly as a recommendation back to DMH that emergency response teams that are not distinctly attached to any facility be considered for expansion which could fit into a hierarchical response model. Some recommendations should be included on a broader scope.

Chairman Cheung addressed the recommendation that reads, "Explore protocols…", and stated mental health emergencies are medical emergencies, and we understand that the way the system currently operates, law enforcement agencies have more distinct options than the medical personnel do. Even though we would like to reinforce that mental health emergencies are part of the medical emergencies, you do not want a law enforcement agent handling a mental health emergency if you can help it.

Commissioner Uner observed that if we agree that a mental health emergency is a medical emergency, then every 9-1-1 receiving hospital needs to be able to handle that emergency like everybody else. Need to have a psychiatrist on call and every 9-1-1 receiving hospital needs to carry that load not just the LPS facility because they are suffering just the same.

Chairman Cheung asked for a motion to support the report as written.
Motion by Commissioners Hisserich/Harris to approve the report was carried unanimously. The main report recommendations will be brought back to the next EMS Commission meeting to review these recommendations.

5.2 Ad Hoc Committee (Wall Time/Diversion)
Richard Tadeo, EMS Assistant Director, gave an update on the changes to the Diversion Policy when providers request to be put on diversion, and stated when providers call into the Medical Alert Center (MAC) for diversion of a hospital, that the EMS provider initiated diversion data are not captured because the hospital staff places the hospital on diversion prior to the EMS provider call. The changes to the diversion policy are encouraging the field supervisor and charge nurse into having discussions which helps with decompressing and offloading the patients.

Mr. Tadeo presented data from Ambulance Patient Offload Times (APOT) report that identified data from the transport units. The exclusive operating areas (EOA) transport agencies are Care Ambulance, AMR, Schaefer and West Med, and those are the agencies we are requesting data from in lieu of County Fire. This report will be

provided to our Provider Advisory Committee and Data Advisory Committee to further define this data.

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

Mr. Tadeo stated Physio-Control/Stryker is in the last stages of Version 7, and we received the last upload of test files which passed our validation from computer standpoint. We will monitor data contained in hardcopy or pdf to confirm it matches what is sent to us. This is the last upgrade barring any problems with that download. We are complete up to June 30, 2017, and our Annual Report is completed and in print and should be available for the next EMS Commission meeting.

5.4 Measure B Funding

Ms. Fruhwirth reviewed the establishment and purpose of the Measure B Advisory Board (MBAB) The MBAB met in October and November, 2018, and all projects were submitted. Approximately $25 million in requests were received. The committee ranked the priority of those requests, high, medium, or low, and has been working on a memo to the Board of Supervisors (Board) who decides on funding. Two projects are with hospitals, and the County has the ability to do intergovernmental transfers where local monies are sent through the state to the feds and it comes back double which reduces the request by about $10 million dollars. We would need $16 million to fund all the projects. The MBAB will repeat this process again in 2019, so if there are projects you or your represented association feel fall under the intent of Measure B, or if you have questions you may contact Cathy Chidester or myself. The MBAB has begun accepting new projects due by August of the year, and in October a meeting will be held to evaluate the projects. Each year the projects vary, and there is not a set amount of money. The Commission will receive a copy of the memo to the Board.

5.5 Nominating Committee

Commissioner Snyder informed the Commission of the Nominating Committee's conference call which included herself, Commissioner Peterson and Commissioner Sanossian, and presented their recommendation for John Hisserich as Chairman, and Joseph Salas as Vice-Chair for 2019.

Chairman Cheung opened the floor for nominations from the floor, and there were none.

Chairman Cheung asked for a motion to approve the Chairman and Vice-Chair nominations for 2019.

Motion by Commissioners Tudor/Rodriguez to approve the nominations for Chairman and Vice-Chair for 2019 was carried unanimously.

BUSINESS (NEW)

5.6 Nominations (Standing Committees – 2019)

Chairman Cheung asked for a motion to approve the Standing Committees' Nominations.

Motion by Commissioners Eckstein/Tudor to approve the Nominations (Standing Committees – 2019) was carried unanimously.

5.7 Education Advisory Committee

Ms. Fruhwirth noted in the EMS Commission Bylaws that the Education Advisory Committee is an as needed meeting, and therefore not scheduled for every other

month. She recommended moving forward that no meetings be scheduled unless one is requested, and to monitor requests over the next year or two to see if any requests are made and review necessity at that time.

Commissioner Snyder recommended keeping it in place, and there should be at least a couple of meetings scheduled each year. She stated the meetings were cancelled due to lack of agenda items, and raised the question, "If there are no scheduled meetings, do you have a committee or not?"

Dr. Gausche-Hill commented that while the EMS Agency is involved in education, the construct of the Education Advisory Committee meetings is not conducive to these type of activities (i.e., EMS Update, launching Emergi Press with Dr. Whitfield, CME Learning Management System).

Ms. Fruhwirth stated Provider Advisory and Base Advisory have the representation, and we bring educational issues to them as well which really represents most of the people who are on Education Advisory. The only two entities that do not go to Provider or Base meetings are leadership from paramedic and EMT primary training centers. However, requirements for these training programs are in regulation and outlined national standards through the Department of Transportation. Therefore, the education we are developing is targeted to the Provider and Base hospital personnel because it is at the practitioner delivery of EMS level.

Chairman Cheung asked for a consensus to moving the Education Advisory Committee to "as needed," but scheduling at minimum one meeting per year to hold some regularity to the committee. No motion required because it is already established in the Bylaws to be an "as needed" meeting, and at least holding one meeting per year is a good idea to maintain the committee.

5.8. ECG Task Force Recommendations and Implementation Plan

Dr. Nichole Bosson, EMS Agency Assistant Medical Director, presented the Electrocardiography (ECG) Task Force Recommendations and provided the background that In Los Angeles County EMS systems, paramedics acquired ECGs in the field to identify patients with ST-segment elevation myocardial infarction (STEMI) and route those patients to STEMI receiving center hospitals for primary percutaneous coronary interventions (PCI). This is a very time sensitive therapy, and our data supports that by identifying these patients in the field and activating the team for the PCI early prior to the patient's arrival, we can save about 15 minutes in their management from EMS contact to in-hospital intervention and that has real implications for their outcomes.

Dr. Bosson discussed one of the ways hospitals could improve their accuracy in determining whether or not to activate the catheterization laboratory (cath lab) from the field is to receive the ECG from the paramedics and then make the determination whether or not to activate the cath lab. In 2015, we found that all of our providers had ECG transmission capabilities, but the frequency of successful transmission was about 30% in our system that is reported by the STEMI receiving centers, and that raised some concerns that we needed to address this and improve.

Dr. Bosson stated that subsequently, there were multiple localized quality improvement projects that demonstrated successes up to 70% to 100%, but these took a lot of resources and local champions to maintain sustainability. In addition,

there was still delay in receiving ECG. So, in 2017, we convened the ECG Transmission Task Force to gather stakeholders from all elements of the process, from prehospital providers, educators, hospital personnel, vendors for the ECG machines who provide connectivity, and Verizon-wireless provider. The group met monthly over one year to develop a comprehensive set of recommendations with a goal of 100% successful transmission within one minute of acquiring ECG on the patient in the field.

Dr. Bosson stated after the recommendation was complete in July 2018, EMS Agency administrators met internally to come up with a plan. The packet is the attached set of recommendations from the Task Force, and a table that pairs them with the EMS Agency implementation plan.

V. COMMISSIONERS' COMMENTS/REQUESTS:

Commissioner Uner questioned if Consent Agenda Item 4.1 Policy No. 312: Pediatric Liaison Nurse contained redundancy in terms of developing a mechanism to track and monitor pediatric continuing education.

Mr. Tadeo stated that all special care centers and hospitals that already have a process in place, that process is acceptable and the policy is not asking for redundancy.

Commissioner Uner questioned the role of MICNs on tactical EMS duties referenced in Consent Agenda Item 4.4 Policy No. 840: Medical Support During Tactical Operations.

Mr. Tadeo expressed that there are some dual certifications with paramedics and MICNs, and our current staffing for ALS Unit configurations can be staffed by paramedics or MICNs.

Commissioner Uner questioned if an MICN with only one eight-hour ride along as their only field experience can function safely in a tactical environment with no practical experience in airway management, wound packing, bleed or thoracostomy. He would encourage MICNs interested in tactical medicine to consider paramedic school where they get some courses and practical experience as this is not what is taught to MICNs.

Commissioner Eckstein agreed that the concern is the lack of experience with scene safety, and the risk/benefit equation makes it particularly concerning.

Commissioner Uner noted that along with medical management, it is the safety of the officers that are of paramount concern and they should not be taking comfort in the idea that a nurse is on scene when in fact that nurse does not have the proper training to be there.

Dr. Gausche-Hill stated that the EMS staff would look at the language and modify as needed to address these concerns.

Chairman Cheung stated that we will get follow up on Policy 840.

VI. LEGISLATION:

Ms. Fruhwirth reported that there is no legislative report. EMSAAC has their first legislative call tomorrow, and we will bring what is being proposed to the March EMS Commission meeting.

VII. DIRECTOR'S REPORT:

Ms. Fruhwirth reminded everyone of the EMS 50th Anniversary Celebration. She referenced handouts on flu which in the western part of the U.S. is widespread. We have seen some

impact, an increase in diversion hours and EDs are busy although not excessively as yet. A copy of “Influenza Watch” was provided.

Dr. Gausche-Hill discussed leveraging our data and how important our data are to drive changes in policy. There are a number of publications that have come out that the EMS Agency staff have participated in. One is setting guidelines for emergency department readiness that was published in Pediatrics.

Dr. Gausche-Hill stated that Dr. Bosson led a group of investigators to look at the safety and effectiveness of Nitroglycerin in patients with suspected STEMI. Many people believe with an inferior STEMI, there is some concern over potential for causing low blood pressure. They found a non-clinically significant drop in blood pressure for all patients. She also highlighted that Nitroglycerin is given to patients with chest pain to decrease pain which is its main purpose for STEMI.

Dr. Gausche-Hill provided information on the EMS Fellowship program. As part of the Fellowship program, we started a monthly conference call inviting other programs in Los Angeles to join, including County USC Fellows who have been very active in the program. Now, every Fellowship program in California joins the Skype call. Our Fellowship conferences were highlighted at NAEMSP a number of years ago as innovation for education for EMS Fellows. Just this year, it was published in Academic Emergency Medicine Education Training.

Dr. Gausche-Hill stated we have a number of abstracts that will be presented: automated dispensing systems in collaboration with L.A. County Fire; glucose testing for cardiac arrest, in which we make the recommendations that glucose testing should not be done until after ROSC; and non-inferiority trial for Midazolam intra-nasal versus other routes. The non-inferiority trial demonstrated that with the current dosing with intra-nasal Midazolam we have to re-dose about 25% of the time so we are looking at increasing the intra-nasal Midazolam dose to 0.2mg/kg.

In addition, Dr. Bosson and I have evaluated our Medical Control Guideline 1309 Color Coding LA County Kids, and what we have found is a 15% increase in accuracy and also with a mixed methods quality study learning that paramedics feel much more comfortable, less anxiety, and they feel they are faster at the scene in delivering these meds.

Dr. Gausche-Hill reported that Dr. Bosson will be going to the international stroke conference in February this year. We implemented a comprehensive stroke system which is now two-tiered as of January 8, 2018, and what we found is very striking. We found that the public access to important clot retrieval technologies which has been shown to improve outcomes increased from 40% access to these therapies to 93% access after implementation of our system. The abstract also reported a decrease in need to transfer stroke patients for needed therapies as the patients are being transported primarily by EMS to the appropriate level of stroke centers.

Ms. Fruhwirth thanked Chairman Cheung for serving as Chairman of the EMS Commission, and welcomed Commissioner John Hisserich as Chairman and Commissioner Joe Salas as Vice Chair for 2019.

VIII. ADJOURNMENT:

To the meeting of March 20, 2019.

Next Meeting: **Wednesday, March 20, 2019**
EMS Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission

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.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

January 22, 2019

Steve Hunt, Chief of Police
Azusa Police Department
725 N. Alameda Avenue
Azusa, CA 91702

Dear Chief Hunt,

PUBLIC SAFETY NALOXONE PROGRAM APPROVAL

This letter is to confirm Azusa Police Department has been approved by the Emergency Medical Services (EMS) Agency for the utilization of intranasal naloxone for persons with suspected opiate overdose.

As part of the quality improvement process required for implementation, Azusa Police Department 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
01-35

c: Director, EMS Agency
Lieutenant Chris Grant, Azusa Police Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

January 29, 2019

TO: Michael Beeghly, Paramedic Coordinator, Santa Fe Springs Fire Rescue
Bettyann Welland, Nurse Educator, Santa Fe Springs Fire Rescue

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: SYSTEM-WIDE PROVIDER IMPRESSION QUALITY IMPROVEMENT FALLOUT TRACKING

Congratulations on completing EMS Update 2018 and implementing the new treatment protocols at Santa Fe Springs Fire Rescue (SS) on December 1, 2018.

The Emergency Medical Services (EMS) Agency will continually monitor and evaluate the effectiveness of the revised treatment protocols. In order to facilitate this, the EMS Agency is eliciting your assistance in providing protocol utilization and fallout data so that we may gain a "systemwide" perspective to determine whether revisions are needed.

You are possibly utilizing the Quality Improvement (QI) fallout tracking tool provided during EMS Update Train-the-Trainer, and Ref. No. 1373, Treatment Protocol Quality Improvement Fallout Data Dictionary, to track treatment protocol utilization and fallouts. Information gathered in this tool already contains data the EMS Agency is requesting. We are asking that you submit the following treatment protocol data:

- Total number of protocols utilized for the month, reported by protocol number
- Total number of EMS Report Forms reviewed, for the month, reported by protocol number
- Total number of protocol fallouts, reported by individual protocol number, and fallout code (as described in Ref. No. 1373)

The EMS Agency recognizes there is a learning curve in the implementation of the treatment protocols and the development of a QI process to review utilization. The QI goal was to conduct a 100% review for the first three months of protocol implementation data and 25% ongoing review thereafter.

Please submit SS's December 2018 – February 2019 QI data by March 31, 2019. March 2019 data will be due to the EMS Agency by April 30, 2019. Thereafter, QI data submission will be on a quarterly basis, due to the EMS Agency 30 days after the end of each quarter as outlined below:

1st quarter data (January 1st – March 31st) due April 30th
2nd quarter data (April 1 – June 30th) due July 31st
3rd quarter data (July 1st – September 30th) due October 31st
4th quarter data (October 1st – December 31st) due January 31st, 2020

Data should be submitted electronically to Gary Watson (gwatson@dhs.lacounty.gov) and copied to John Telmos (jtelmos@dhs.lacounty.gov).

The EMS Agency developed a QI fallout tracking tool that lists all the protocols and their potential fallout codes which should streamline the tracking process. Utilization of this tool is optional, but highly recommended, and is available on the EMS Agency Webpage at: Provider Impression.

If you have any questions or concerns, please contact John Telmos, Chief Prehospital Operations, at (562) 378-1677 or Gary Watson, Prehospital Programs Coordinator at (562) 378-1679.

MGH:jt
02-02

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

10100 Pioneer Blvd, Suite 200
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Tel: (562) 378-1500
Fax: (562) 941-5835

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

February 5, 2019

TO: Emergency Department Director, Each 9-1-1 Receiving Hospital

FROM: Cathy Chidester
Director

SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME REPORT**

This letter is to introduce the concept and further development of "Ambulance Patient Offload Time" (APOT) to hospital leadership. State Assembly Bill 1223 was passed in 2015, defined APOT and directed the California Emergency Medical Services (EMS) Authority to develop a standard methodology to measure and report APOT statewide.

In 2016, the EMS Authority released its Standardized Methods for Data Collection and Reporting which included the following key concepts:

- Ambulance transport is defined as a 9-1-1 emergency ambulance transport of a patient from the prehospital EMS system to an approved EMS receiving hospital.
- APOT is the time interval between the time the patient arrives at the receiving hospital at the location outside the hospital ED where the patient will be unloaded from the ambulance to the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes the responsibility for care of the patient.
- APOT time interval is measured in minutes and seconds then aggregated and reported at the 90th percentile.

In response to this Bill, the Los Angeles County EMS Agency, at the direction of the EMS Commission, created an APOT workgroup with representatives from hospital leadership, EMS providers, EMS Commissioners, and the Hospital Association of Southern California. The workgroup determined that the APOT Standard for Los Angeles County is 90% of all 9-1-1 emergency ambulance transports have an APOT of 30 minutes or less.

The EMS Agency has been working with the 9-1-1 providers to collect the APOT for the past few years. Because of the size and complexity of our system, we have had difficulty with several aspects of the data collection. With education and cooperation, the reporting from the field Electronic Patient Care Record (EPCR) has improved but is not consistent. The major inconsistency at this time is the fire department and/or ambulance company's inability to transmit the APOT to the EMS Agency's data system TEMIS.

Because of the legislative requirement and our desire to see the data accuracy and consistency improve, we believe that reporting the APOT will increase awareness and improve the overall data quality, along with heightening the hospital administration's awareness of APOT at their facility.

Attached is the APOT Report for the first three quarters of 2018. The report is organized by geographic region. The major limitation to this report is the absence of data from Los Angeles Fire Department and the following contracted ambulance providers that provide transport for the Los Angeles County Fire Department - American Medical Response, Schaefer Ambulance Service, and McCormick

Ambulance Service. As such, your APOT data is incomplete if your facility primarily receives patients from these providers.

The EMS Agency is striving to work collaboratively with our hospital partners to improve and decrease APOT to return the ambulance back to the 9-1-1 system. Please contact Richard Tadeo, Assistant Director at rtadeo@dhs.lacounty.gov or (562) 378-1610 for any questions.

Attachment

c: Director, DHS
EMS Commission
Hospital Association of Southern California
Medical Director, Emergency Department, Each 9-1-1 Receiving Hospital
Prehospital Care Coordinator, Each Paramedic Base Hospital

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

February 5, 2018

Mike McBrady
President and Chief Executive Officer
Image Trend Incorporated
20855 Kensington Boulevard
Lakeville, MN 55044

Dear Mr. McBrady:

ELECTRONIC PATIENT CARE RECORD (ePCR) SUBMISSION

Image Trend Incorporated has successfully submitted ePCR data in accordance with Reference No. 607, *Electronic Submission of Prehospital Data,* to the Los Angeles County EMS Agency. As a result, Image Trend is now approved as an ePCR vendor in Los Angeles County.

At this time, there is one (1) private EMS provider in Los Angeles County that is utilizing Image Trend to meet their ePCR needs and comply with the EMS Agency's data submission requirements.

Please feel free to contact Michelle Williams, Chief, Data Management, at michwilliams@dhs.lacounty.gov or (562) 378-1658 if you have any questions.

Sincerely,

Cathy Chidester
Director

CC:mw
02-01

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

February 5, 2019

Keith Kauffman
Redondo Beach Police Chief
Acting President
Los Angeles County Police Chiefs' Association
401 Diamond Street
Redondo Beach, CA 90277

Dear Chief Kauffman:

This letter is to share the results of the "*Los Angeles County's 9-1-1 Dispatch and Field Response to Mental Health and Substance Abuse Emergencies Survey*" (Attachment) with your Association, and to request that you consider what, if any, action will be taken related to recommendations that resulted from the survey responses.

Background
The Emergency Medical Services Commission (EMSC) is an advisory body to the Board of Supervisors and the Director of Health Services regarding Los Angeles County (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, emergency medical services (EMS), and law enforcement (LE) personnel in the prehospital care of behavioral emergencies. Key members of the committee included representatives from the Los Angeles County Police Chiefs' Association (LACPCA).

An important area of focus relates to 9-1-1 dispatch and triage of mental health and substance abuse (MH/SA) calls. The EMSC, in coordination with the LACPCA, conducted a survey in early 2018 to develop a more thorough understanding of the challenges that L.A. County law enforcement agencies encounter in dispatching 9-1-1 mental health calls and responding to mental health emergencies. Additionally, the EMSC sought input on potential future solutions that could improve the care of such individuals in crisis.

Recommendations Based on Survey Responses
Based on responses to the survey, the following recommendations were approved by the EMSC at the January 16, 2019 meeting:

1. Consider a pilot project to evaluate whether diversion or co-triage of calls related to suicidal ideation without attempt to the Suicide Prevention Lifeline is feasible, and whether it would reduce field responses, mental health holds and emergency department utilization while increasing referrals to appropriate mental health resources.

2. Recommend identification of the appropriate agencies to develop follow-up referrals or instructions for individuals who are not transported (left at scene).
3. Explore the feasibility/utility of developing standardized dispatch protocols that aid in identifying when 9-1-1 calls are MH/SA related.
4. Explore protocols for dispatching EMS along with, or after, LE response.
5. Explore avenues of funding for increased number and availability of 24/7 emergency mental health response teams, as well as resources for LE officers' MH/SA training.
6. Investigate the large variance in law enforcement agency's rate of utilization of 5150 psychiatric holds for 9-1-1 mental health emergencies (which was reported as between 2% and 99%).

While we understand that not all the above recommendations are within the control of law enforcement, the EMS Agency and EMS Commissioners are interested in attending any LACPCA meeting to discuss these results and recommendations and assist in identifying next steps.

If you have any questions, please contact Kay Fruhwirth, EMS Agency Assistant Director, at (562) 378-1596 or kfruhwirth@dhs.lacounty.gov. We look forward to working with the LACPCA on this very important issue.

Sincerely,

John Hisserich, Dr.PH.
EMS Commission Chairman

Cathy Chidester, RN, MSN
EMS Commission Executive Director

CC:KF:dmw

Attachment

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

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

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

February 13, 2019

TO: **Paramedic Coordinator/Nurse Educator Each ALS Approved Agency**

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

SUBJECT: **Clarification with Treatment Protocol Quality Improvement Requirements**

This is to provide an update to the memorandum, dated January 29, 2019, regarding the provider agency quality improvement (QI) requirements for the recently implemented field Treatment Protocols (TP). Subsequently, the EMS Agency was advised that some provider agencies did not collect or document QI findings as described in the memorandum. These provider agencies voiced concern regarding the additional time and resources that will be dedicated to conduct a 100% retrospective review and data collection to comply with these requirements.

The EMS Agency recognizes that provider agencies have dedicated enormous amounts of time and resources implementing these revised TPs, conducting quality improvement activities and providing necessary feedback to field personnel. To meet the EMS Agency's goal to evaluate the effectiveness of these TPs and identify potential systemwide issued, the EMS Agency is revising its QI requirements as follows:

Provider agencies that implemented the TPs prior to December 1, 2018, and did not collect data as per the memorandum is requested to provide a "summary" of their QI findings of the 100% review conducted during the first quarter of implementation. The results of the 25% review shall be submitted on a quarterly basis, as outlined in the original letter sent on January 29, 2019.

Provider agencies that implemented on December 1, 2018, have the option of providing a "summary" of their December and January 100% form review and subsequently providing 100% form review on fallout data for the month of February 2019. Thereafter, you would follow the 25% quarterly submission process as outlined in the original letter.

In addition to the updates above, we are asking that adult and pediatric (≤14 years of age) treatment protocols be reported separately on separate spreadsheets. The spreadsheet for pediatrics is available on our website and is labeled as such and color-coded in blue. The 1373 fallout categories are identical to the adult spreadsheet and treatment protocols not applicable to the pediatric population have been removed (1211 and 1214).

If you have any questions or concerns, please feel free to contact me directly or John Telmos, Chief Prehospital Operations at, (562) 378-1677 or Gary Watson, Prehospital Program Coordinator at, (562) 378-1679.

MGH:jt
02-62

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

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

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

February 19, 2019

David Reynoso, Chief of Police
El Monte Police Department
11333 Valley Boulevard
El Monte, CA 91731

Dear Chief Reynoso,

PUBLIC SAFETY NALOXONE PROGRAM APPROVAL

This letter is to confirm El Monte Police Department has been approved by the Emergency Medical Services (EMS) Agency for the utilization of intranasal naloxone for persons with suspected opiate overdose.

As part of the quality improvement process required for implementation, El Monte Police Department 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
02-58

c: Director, EMS Agency
Lieutenant Christopher Cano, El Monte Police Department

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

February 28, 2019

Jennifer Quan, Executive Director
Regional Public Affairs Manager
League of California Cities
Los Angeles County Division
jquan@cacities.org<mailto:jquan@cacities.org

Dear Jennifer,

I am writing to request a replacement nominee to represent the League of California Cities/Los Angeles County Division for the Emergency Medical Services (EMS) Commission since Mr. Colin Tudor is no longer with the City of Claremont and submitted his resignation from the EMS Commission.

Critical issues often come before the EMS Commission, and it is imperative that we maintain a full Commission to conduct required business.

Please forward your association's nominee for the EMS Commission to the Los Angeles County Board of Supervisors for consideration. Nominations should be addressed to:

Celia Zavala, Executive Officer
Los Angeles County Board of Supervisors
Kenneth Hahn Hall of Administration
500 W. Temple Street, Room 383
Los Angeles, CA 90012

In addition, please forward a copy of the nomination letter to me via email or the address above, and feel free to contact me at (562) 378-1604 or Cchidester@dhs.lacounty.gov if you have any questions or need assistance.

Sincerely,

Cathy Chidester
Executive Director

CC:dmw

c: Celia Zavala, L.A. County Board of Supervisors
John Hisserich, EMS Commission Chairman

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

March 5, 2019

Chief Eugene Harris
LA Area Police Chiefs Association
San Gabriel Police Department
625 S. Del Mar Ave.
San Gabriel, CA 91776

Dear Chief Harris,

I'm writing to discuss the use of naloxone (Narcan) in the out-of-hospital setting for law enforcement personnel. Narcan has been in use in the pre-hospital setting by paramedics for over 40 years very safely, and can now be administered by EMT- basic providers, law enforcement officers, and the public. It is considered the standard of care for the reversal of the effects of opioids on respiration in patients who take either illegal opioids, such as heroin, or prescribed medications such as hydrocodone (Vicodin).

Overall, the law enforcement use of Narcan has also been well documented to be safe and effective both for officers who may be exposed to drugs, such as fentanyl in illicit laboratories, or for the treatment of patients with signs or symptoms of overdose. I believe there's more potential liability at this point and time for law enforcement if they don't have access to this potentially life-saving medication.

Please contact me if you have any questions regarding this letter.

Respectfully,

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS
Medical Director, Los Angeles County EMS Agency
Professor of Clinical Emergency Medicine and Pediatrics,
David Geffen School of Medicine at UCLA
Clinical Faculty, Departments of Emergency Medicine and Pediatrics
Harbor-UCLA Medical Center

c: Cathy Chidester; Karolyn Fruhwirth

County of Los Angeles
CHIEF EXECUTIVE OFFICE
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
http://ceo.lacounty.gov

SACHI A. HAMAI
Chief Executive Officer

March 12, 2019

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

MEASURE B ADVISORY BOARD RECOMMENDATIONS FOR SPENDING AVAILABLE UNALLOCATED MEASURE B FUNDS

On July 11, 2017, the Board of Supervisors (Board) approved a motion by Supervisors Barger and Hahn that directed the Chief Executive Officer (CEO) to implement the Measure B Advisory Board (MBAB) to advise the Board on options and/or recommendations for spending unallocated Measure B funds. This is the first report to the Board regarding the work completed by the MBAB and recommendations for spending unallocated Measure B funds.

BACKGROUND

In November 2002, voters in the County of Los Angeles (County) approved Measure B, which authorized the County to levy a special tax on the structural improvements located within the County to provide funding for the countywide system of trauma centers, particularly those trauma hospitals operated by the County, emergency medical services, and for bioterrorism response throughout the County. Measure B was intended to stabilize the Department of Health Services' (DHS) fiscal condition, to provide an ongoing, dedicated revenue source to support its comprehensive safety net health care system, as well as to provide support for the countywide system of trauma centers, including those operated by non-County hospitals.

As directed in the Board motion, the MBAB will provide advice to the Board on options and/or recommendations for spending future unallocated funds. Actual allocation of funding will be solely at the discretion of the Board and contingent upon Board approval.

The MBAB is co-chaired by the CEO Health and Mental Health Services Division and the County's Emergency Medical Services Agency (EMS) and includes one member from each of the following entities: Auditor-Controller, DHS, Department of Public Health (DPH), County of Los Angeles Fire Department (County Fire), a representative of non-County trauma hospitals, as appointed by the Hospital Association of Southern California, the chair (or delegate) of the LA County Emergency Medical Services Commission, a surgeon practicing at a trauma hospital in the County as appointed by the Southern California chapter of the American College of Surgeons, and a registered nurse practicing in an emergency department of a designated trauma hospital in the County, as appointed by the California Nurses Association.

The MBAB held its first meeting on January 10, 2018 and met quarterly thereafter. At these meetings, the group reviewed the historical aspect of Measure B, finalized bylaws, implemented the funding proposal process, and reviewed the first set of proposals for funding. Additional information on the Measure B funding process can be found in Attachment I. To ensure that there was widespread distribution of the Measure B Funding Proposal form and process, each member of the MBAB was asked to share information about the one-time funding opportunity with the constituent group(s) they represent. Additionally, the form and process were shared with the EMS Commission, which is comprised of 14 members that represent the various constituent groups that interface with the EMS system and five public members that represent the Board. Each Commissioner was also encouraged to share this funding opportunity with the constituents they represent.

MEASURE B PROPOSALS FOR FISCAL YEAR 2018-19

The MBAB received 14 funding proposals for consideration; however, two proposals were withdrawn prior to the MBAB's review of proposal submissions. The amount of Measure B unallocated funding available to fund these projects totaled approximately $25.7 million. Of the 12 funding proposals that were considered by the MBAB members, six proposals were for ongoing funding. Those entities that submitted proposals for ongoing funding understood that the MBAB would only be making recommendations on one-time funding proposals. Proposals that needed ongoing funding would need to be re-submitted/re-evaluated in subsequent years if the entity submitting the proposal were to continue to want Measure B to fund the project. The proposals were evaluated and voted upon by the committee members. The description of each proposal received is included in Attachment II.

RECOMMENDATIONS

Based on the evaluation conducted by the MBAB, the need for on-going vs. one-time funding, and the limited funding available to cover the cost of these requests, the CEO is recommending that the Board approve one-time funding for all 12 proposals totaling $16.6 million, as shown on Attachment II. If the Board approves these recommendations, the CEO will work with EMS and the impacted County and non-County entities to implement these initiatives.

Given there was $25.7 million in available funding, and accounting for the use of an inter-governmental transfer for the non-County hospital-based requests, the total amount that would be allocated is $16.6 million. This leaves a Measure B unallocated fund balance of $9.1 million, which the Board could allocate for other Board priority items. As such, the Board approved a motion on February 19, 2019 to allocate $6.0 million of these remaining one-time funds to be used to start-up DPH's Office of Violence Prevention. The Board also approved a motion on March 12, 2019 to allocate $1.7 million to expand the mobile stroke unit pilot project. Additionally, any remaining Measure B unallocated fund balance could be carried over for the MBAB to use in accepting proposals to be considered in the future.

It should be noted that one of the requests for County Fire to fund two new Assistant Medical Directors requires ongoing funding. In the event this request is not allocated future one-time or ongoing Measure B funds, the Department has provided a plan to the CEO to cover the ongoing cost for these positions. A second request for County Fire includes the use of positions for the Advanced Provider Response Units pilot project that will utilize existing County positions, on an overtime basis or via contracted staff, and will not require ongoing funding.

Based on sufficient available funding for all proposals, unless otherwise instructed by the Board by April 4, 2019, the CEO will work with the EMS and DHS to allocate funding as outline herein, to the requesting organizations.

If you have any questions, please contact Mason Matthews, Budget and Finance Division, at (213) 974-2395 or mmatthews@ceo.lacounty.gov.

SAH:JJ:MM
MM:bjs

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller
California Nurses Association
Emergency Medical Services Commission
Fire
Health Agency
Health Services
Hospital Association of Southern California
Public Health
Southern California Chapter, American College of Surgeons

MEASURE B FUNDING PROPOSAL PROCESS

Proposals for Measure B funding can be submitted each year from April 1 through July 15 of that year. The Measure B Advisory Board (MBAB) will review all submitted requests for Measure B funding at the September meeting of each year. If additional time is needed to review and evaluate the requests, another meeting will be scheduled in October of that year. If the request for use of the funding does not meet the intent of Measure B, the proposal will be rejected.

Below are the steps for submitting a proposal:

1. Complete the Measure B Funding Proposal form and submit it, along with any supporting documents, to the Los Angeles County EMS Agency, no later than July 15 of the year, to allow adequate time for the proposals to be distributed and reviewed prior to the September MBAB meeting. Supporting documents would include price quotations for equipment purchases, detailed profit and loss statement for funding requests that are addressing operational losses for providing a specific service (i.e. Trauma Services), the profit and loss statement must be detailed enough to show revenue from all sources, as well as all expenses used to demonstrate the profitability of the service, a detailed budget providing personnel, equipment, supplies and services costs for requests to fund positions within a department or operational unit. Additionally, when positions are requested and involve ongoing funding for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost if Measure B funding is not available in future years.

2. Proposers are encouraged to attend the September MBAB meeting to be available to answer any questions the members of the MBAB may have related to their proposal. If a meeting is scheduled for October to complete the review of proposals, the proposers are encouraged to attend the October meeting as well.

3. Following the October MBAB meeting, the proposer will be notified of the ranking score their proposal was given. However, the ranking score given by the MBAB does not guarantee approval by the Board.

Evaluating and Rank Ordering of the Proposals

After reviewing all proposals submitted for a given year, the MBAB will rank the proposals using a three-level ranking system. Each qualified proposal will be given a high-priority (Score of 3), medium-priority (Score of 2) or low-priority (Score of 1) score. MBAB members and/or the entity they represent are eligible to submit proposals and the member may vote on all proposals being considered. The ranking will be done by each MBAB voting member ranking the proposal and an average score will be determined using all voting member rankings for each proposal.

The committee may take into consideration the following when evaluating each proposal:

- Consistency with the original intent of Measure B;
- Regional or system-wide application and impact;
- Improves overall services of trauma, EMS or bioterrorism;
- Addresses any major gap in the system to ensure access and health equity; and
- Feasibility of proposed project, given the available time and resources.

Board Consideration

A memo to the Board providing information on all the proposals that were submitted and reviewed will be written by the Co-chairs. It is the Board's sole discretion and decision on what proposals are funded and the amount of funding awarded.

Once a proposal is approved by the Board, additional processes may need to be implemented prior to the funding being made available. This could include entering into a written agreement with the County outlining the use of the funding and the timeframe for incurring expenses. Typically, any Measure B funds that are awarded should be expended within 12-months of award. All Measure B funding is awarded on a reimbursement basis, with the receiving entity incurring the expense and then requesting reimbursement from DHS, Health Services Administration, Finance Division - Special Funds Program.

MEASURE B ADVISORY BOARD
PROPOSAL NAME/DESCIPTION

#	Proposal Name/Description	Funding Request
1.	Physician Reimbursement Advisory Committee requests funding to allow the Physician Services for Indigents Program (PSIP) to expend the full $5.3 million allocated to PSIP for trauma claims to also cover emergency room claims if not fully expended on trauma claims. No additional funding needed, this just allows the total $5.3 million already allocated to PSIP for trauma claims to be expended by PSIP to physicians caring for patients with emergency conditions that are not designated as trauma.	$0
2.	Los Angeles City Fire Department requests funding for the Helicopter Terrain Awareness Warning System (HTAWS) for air ambulances used for operator and patient safety during air ambulance transports.	$566,691
3.	Northridge Hospital Medical Center requests funding to cover losses from operations associated with being a community hospital based Pediatric Trauma Center. The request is for $2.0 million and is made up of $1.0 million in Measure B funds for an intergovernmental transfer (IGT) and another $1.0 million in federal matching funds.	$1,000,000
4.	Department of Public Health (DPH) requests funding for Response Vehicles for the department to respond to suspected biological threat events.	$327,639
5.	DPH requests funding for laboratory equipment and supplies to test both biological and environmental specimens in the Public Health Laboratory.	$62,501
6.	Hospital Association of Southern California on behalf of the Non-County Trauma Hospitals requests to increase the Measure B funding to cover trauma program costs that have increased. The request is for $18.0 million and is made up of $9.0 million in Measure B funds for an IGT and another $9.0 million in federal matching funds.	$9,000,000
7.	Los Angeles County Fire Department requests funding to cover the cost of their personnel completing the EMS Update 2018 Training which is required to maintain the standard of care for patients in the prehospital setting.	$1,790,616
8.	LAC+USC Medical Center requests funding to expand the Wellness Center contract addressing long-term recovery needs of traumatic injury to include supportive social services and primary medical care after initial discharge from hospital.	$10,000
9.	Los Angeles County Fire Department requested ongoing funding to hire two (2) Assistant Medical Directors. They understand that this is one-time funding and have provided a plan to the CEO to cover the ongoing cost for these positions.	$792,000

MEASURE B ADVISORY BOARD
PROPOSAL NAME/DESCIPTION

10.	Los Angeles County Fire Department requests funding to pilot two (2) Advanced Provider Response Units which will perform more advanced assessments and simple interventions in the field. This pilot will utilize existing County positions on an overtime basis or contracted staff and will not require ongoing funding	$1,900,000
11.	The Regents of the University of California Los Angeles Campus requests funding to pilot an Immersive Trauma Simulation Program, which would create a trauma training program that incorporates using high fidelity manikins to simulate a more realistic environment for trauma training. The request includes $497,918 for the equipment and supplies and $91,990 for staff to manage the pilot.	$589,908
12.	Antelope Valley Hospital Medical Center (AVH) requests funding to cover the cost of training 500 people and the necessary supplies in the *Stop the Bleed* program. The MBAB is recommending that all 15 trauma hospitals participate, the funding will be divided evenly among the 15 trauma hospitals.	$550,500
	Total	**$16,589,855**

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

EMERGENCY MEDICAL SERVICES
BASE HOSPITAL ADVISORY COMMITTEE

MEETING NOTICE

Date: February 13, 2019
Time: 1:00 P.M.
Location: EMS Headquarters
EMS Commission Hearing Room 1st Floor
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670

The Base Hospital Advisory Committee meetings are open to the public. You may address the Committee on any agenda item before or during consideration of that item, and on other items of interest that are not on the agenda, but are within the subject matter jurisdiction of the Committee.

BASE HOSPITAL ADVISORY COMMITTEE
DARK FOR FEBRUARY 13, 2019

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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.

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

EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE

MEETING NOTICE

Date & Time: Wednesday, February 13, 2019 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

DATA ADVISORY COMMITTEE
DARK FOR FEBRUARY 2019

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION
10100 Pioneer Blvd, Suite 200 Santa Fe Springs, CA 90670
(562) 378-1500 FAX (562) 941-5835

EDUCATION ADVISORY COMMITTEE
NO MEETING HELD

DATE: February 20, 2019

TO: Education Advisory Committee Members

SUBJECT: NO MEETING HELD

Due to a lack of agenda items, the Education Advisory Committee meeting for February 20, 2019 was not held.

NEXT MEETING:

Date: Wednesday, April 17, 2019
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, February 20, 2019

MEMBERSHIP / ATTENDANCE

MEMBERS	ORGANIZATION	
☑ Paul Rodriquez, Chair	EMSC, Commissioner	
☑ David White, Vice-Chair	EMSC, Commissioner	
☐ Eugene Harris	EMSC, Commissioner	
☐ Brian Bixler	EMSC, Commissioner	
☑ Jodi Nevandro	Area A	
☑ Sean Stokes	Area A, Alt.	*(Rep to Med Council, Alt)*
☐ Nick Berkuta	Area B	
☑ Clayton Kazan, MD	Area B, Alt.	
☑ Victoria Hernandez	Area B, Alt.	*(Rep to Med Council)*
☐ Ken Leasure	Area C	
☐ Susan Hayward	Area C, Alt.	
☑ Ivan Orloff	Area E	
☑ Mike Beeghly	Area E, Alt.	
☐ James Flint	Area F	
☐ Joanne Dolan	Area F, Alt.	
☐ Alec Miller	Area G	*(Rep to BHAC)*
☑ Christopher Morrow	Area G, Alt.	*(Rep to BHAC, Alt.)*
☑ Doug Zabilski	Area H	
☐ Anthony Hardaway	Area H, Alt.	
☐ Matthew Conroy	Area H, Alt.	*(Rep to DAC)*
☑ Luis Vazquez	Employed Paramedic Coordinator	
☐ Tisha Hamilton	Employed Paramedic Coordinator, Alt.	
☐ Rachel Caffey	Prehospital Care Coordinator	
☐ Jenny Van Slyke	Prehospital Care Coordinator, Alt.	
☐ Andrew Respicio	Public Sector Paramedic	
☑ Andrew Gano	Public Sector Paramedic, Alt.	
☑ Maurice Guillen	Private Sector Paramedic	
☐ Scott Buck	Private Sector Paramedic, Alt.	
☐ Marc Eckstein, MD	Provider Agency Medical Director	
☐ Stephen Shea, MD	Provider Agency Medical Director, Alt.	
☐ Vacant	Private Sector Nurse Staffed Ambulance Program	
☐ Vacant	Private Sector Nurse Staffed Ambulance Program, Alt.	

EMS AGENCY STAFF PRESENT

Marianne Gausche-Hill, MD	Nichole Bosson, MD
Denise Whitfield, MD	Richard Tadeo
Puneet Gupta, MD	Elaine Forsyth
Cathlyn Jennings	Susan Mori
Christy Preston	Jacqueline Rifenburg
John Telmos	Michelle Williams
Gary Watson	

OTHER ATTENDIES

Charlene Tamparong	Center for Prehospital Care
Aaron Aumann	University of Antelope Valley
Ivan Orloff	Downey FD
Matt Donohue	PRN Ambulance
Todd McClung	REACH AIr
Rikin Patel	Premier Ambulance
Jennifer Nulty	Torrance FD
Ashley Sanello, MD	Compton FD
Micah Bivens	LACo Lifeguards
Josh Ward	Pasadena FD

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

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

2. **INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

   There were no Announcements / Presentations

3. **APPROVAL OF MINUTES (Hernandez/Gano)** December 19, 2018 minutes were approved as written.

4. **REPORTS & UPDATES**

4.1 Disaster Service Update *(Elaine Forsyth)*

4.1.1 EMS Provider Infection Control Re-Assessment

During 2016-2017, the EMS Agency and Public Health personnel conducted an infection control assessment of public provider's practices. As a follow up, a reassessment is currently being scheduled.

4.1.2 Emerging Infectious Disease (EID) Functional Drill – February 20, 2019

A functional drill was conducted this morning with the EMS Agency's Central Dispatch Office (CDO) and the High Risk Ambulances (HRA) [American Medical Response, Care Ambulance and McCormick Ambulance]. The drill was to test the process of dispatching a HRA to the scene of high risk patients.

4.1.3 Emerging Infectious Disease (EID) Full Scale Exercise – April 16, 2019

On this day, there will be a Los Angeles County full-scale exercise that will involve dispatching of HRA to the scene of an "infectious disease patient"; calling out Public Health and EMS Agency personnel; determining the appropriate receiving hospital; and the transportation of the patients to an "Emergency Infectious Disease Hospital".

4.1.4 Ongoing Ebola Outbreak in the Democratic Republic of Congo – Health Advisory

Information was provided to Committee on an ongoing Ebola outbreak concern in the Democratic Republic of Congo. More information can be obtained by reviewing the Health Alert issued by the Los Angeles County Health Advisory Network (LAHAN): http://publichealth.lacounty.gov/eprp/Health%20Alerts/CDPHAdvisoryEbola021519.pdf

4.2 Emergi-Press Newsletter *(Denise Whitfield, MD)*

Short discussion on the continued growth and development of the Emergi-Press Newsletter. Currently, there are approximately 4700 recipients of the monthly Newsletter.

4.3 ECG Transmission Task Force Update *(Nichole Bosson, MD)*

- Task force is complete which had a goal of finding ways to reduce false positive STEMI activation rates and to have 100% successful transmissions within one minute of ECG acquisition.
- Recommendations from this task force were broken down into the following 7 steps: Dispatch, Decision to Obtain ECG, Acquiring ECG, Interpreting the ECG, Transmitting the ECG, Receiving the ECG and Providing Feedback. Dr. Bosson provided further explanation of each step.
- These recommendations will be brought to the SRC Advisory Committee and implemented into the standard of care for the Los Angeles County EMS system.

4.4 EMS Update 2019-2020 *(Denise Whitfield, MD)*

- Train-the-Trainer for EMS Update 2020 is being planned for Spring 2020 and then back to the regular schedule in summer 2020.
- Currently, the EMS Agency is reviewing the possibility of utilizing Target Solutions as a platform for delivering future EMS Updates. During Spring 2019, there will be three fire departments (Santa Monica, Burbank and Long Beach) who will pilot the dissemination of the Emergi-Press via Target Solutions.
- If all goes well with this pilot, the hope is for future EMS Updates be moved to Target Solutions.

4.5 Midazolam Dose Change *(Marianne Gausche-Hill, MD)*

Changes to Reference No. 1309, Color Code Drug Doses, will go into effect on July 1, 2019 and include:

- Policy name change to read "Color Code Drug Doses" (removing "LA County Kids")
- Adding a "Black" section for adult medication dosing
- Midazolam dosage for intranasal route only change from 0.1mg/kg to 0.2mg/kg
- Phone application of the Color Code Drug Doses, is still being piloted. Providers will be notified once this is available.

4.6 Ketorolac / Ketamine Implementation *(Marianne Gausche-Hill, MD)*

- During a recent Los Angeles County drug shortage survey, the EMS Agency received feedback from providers stating an interest in adding Ketorolac and/or Ketamine to the current ALS Unit inventory. This change will provide paramedics with additional options to address patient pain control, especially during the times of critical medication shortages. Based on this information, the EMS Agency is seeking approval from the EMS Authority to add the two medications to the paramedic's Optional Scope of Practice.
- The current plan is to include training of Ketorolac and Ketamine in the upcoming EMS Update 2019/2020.
- Reference No. 703, ALS Unit Inventory, will be adjusted to reflect reasonable inventory amounts of each required controlled drug.

4.7 PHAST-TSC – Trial Study in Treating Acute Strokes in the Prehospital Setting *(Nichole Bosson, MD)*

Pre-Hospital Ambulance Stroke Trial – Trans Sodium Crocetinate (PHAST-TSC)

- In collaboration with UCLA, USC and sponsored by Fusion Pharmaceuticals, this trial is pending Institutional Review Board (IRB) approval. Once approval is received, trial is expected to begin in June 2019 and will last approximately 18 months. There will be 20 Los Angeles County stroke hospitals and 10 fire departments participating in the trial.
- The following meetings are scheduled with the study nurse coordinators and study investigators, at the EMS Agency in the Hearing Room (additional meetings are being considered):
  - February 25, 2019, 12:00 – 1:00 pm
  - February 27, 2019, 1:00 – 2:00 pm
- Fire departments who have not been contacted or who are interested in participating in the trial, may contact either Nichole Bosson, MD (nbosson@lacounty.dhs.gov), John Telmos (jtelmos@dhs.lacounty.gov) or Gary Watson (gwatson@dhs.lacounty.gov).

5. UNFINISHED BUSINESS

5.1 Reference No. 416, Assessment Unit *(Richard Tadeo)*

Policy reviewed and approved as written.

M/S/C (Kazan/Orloff) Approve Reference No. 416, Assessment Unit.

6. NEW BUSINESS

No new business.

7. OPEN DISCUSSION:

7.1 Schaefer Ambulance Going Out of Business *(Clayton Kazan, MD / Maurice Guillen)*

Committee members announced recent news that Schaefer Ambulance is planning to go out of business in the near future.

8. NEXT MEETING: April 17, 2019

9. ADJOURNMENT: Meeting adjourned at 2:05 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(PARAMEDIC, MICN)

SUBJECT: **ASSESSMENT UNIT** REFERENCE NO. 416

PURPOSE: To provide a mechanism for approved primary provider agencies in Los Angeles County to provide early assessment and initial lifesaving therapy to patients by a paramedic prior to the arrival of an ALS unit.

DEFINITION: An Assessment Unit (AU) is an emergency response unit utilized by an approved primary provider agency which complies with the operational criteria outlined in this policy.

PRINCIPLE: AUs may be used only by approved paramedic provider agencies or primary provider agencies that contract with an approved paramedic provider.

POLICY:

I. Assessment Unit Approval

A. The provider agency shall submit a request for approval, in writing, to the Director of the Los Angeles County EMS Agency. The request must include the following:

1. Description of need

2. Assigned geographical area of proposed AU

3. Identification, location, and average response times of the ALS Unit assigned to the geographic area

4. Proposed identification and location of AU, include whether the unit will be designated as full-time (24 hours 7 days a week) or part-time (based on staff availability)

5. Description of AU staffing

6. A statement indicating whether an approved paramedic radio and/or alternative mechanism to establish base hospital contact will be included in the inventory

7. A mechanism for direct field observation by the EMS Agency and base hospital personnel

8. Desired implementation date

APPROVED: _____ _____
Director, EMS Agency Medical Director, EMS Agency

B. The EMS Agency will:

1. Assign the proposed unit(s) to a base hospital

2. Perform an inventory, as outlined in Ref. No. 704, Assessment Unit Inventory, of the proposed AU(s)

3. Conduct a brief orientation for department personnel, reviewing the staffing and operational requirements outlined in this policy

4. Submit a written response to the requesting provider agency within five (5) working days after the inventory is successfully completed, to approve or deny the proposed AU(s)

II. Staffing/Equipment Requirements

A. Staffing, at a minimum, shall include one paramedic accredited in Los Angeles County and one EMT certified in the State of California

B. AUs shall be equipped with standardized inventory specified in Ref. No. 704, Assessment Unit Inventory. This equipment must be secured for use by AU paramedic personnel only

III. Operational Requirements

A. For ALS patient responses, the closest available ALS Unit shall be dispatched simultaneously with an AU

B. If the AU arrives on scene prior to the ALS Unit, the paramedic shall:

1. Assess the patient

2. Institute basic life support and first aid procedures if indicated

3. Institute patient care as per Ref. No. 1200, Treatment Protocols, et al.

4. Transfer care of patients to paramedics on the ALS Unit upon their arrival; assist as needed

5. Establish base contact if:

a. The ALS unit has an extended ETA and the patient's condition warrants immediate transport prior to the ALS Unit's arrival (and transportation is on-scene); base contact shall be made by the AU paramedic

b. The ALS unit has not arrived on scene, and the patient refuses treatment or transport, and the patient meets base hospital contact criteria; base contact shall be established prior to the patient signing against medical advice (AMA)

6. Cancel ALS Unit if ALS services are not required

C. An ALS Unit should never be canceled by an AU if the patient meets criteria for Base Hospital Contact or Receiving Hospital Notification as listed in Ref. No. 1200.1 Treatment Protocols General Instructions and/or upon assessment, is determined to require ALS intervention or ALS monitoring for potential deterioration.

EXCEPTION:

If emergency ambulance transportation (ground or air) is on scene prior to the arrival of the ALS Unit AND the patient's condition warrants immediate rapid transport, transportation should NOT be delayed to await the arrival of the ALS Unit (e.g., major trauma).

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

D. Assessment Unit Deployed with Strike Teams:

1. The AU's primary responsibility is providing assessment and treatment of strike team members in the absence of a FireLine EMT-Paramedic in congruence with the Incident Medical Plan.

2. While emergency medical care for civilians (general public) is still the responsibility of the local EMS system and or the Incident's Medical Group, it is appropriate for the AU paramedic to provide emergency medical care to injured civilians encountered during a strike team assignment.

3. The AU paramedic shall notify the Medical Alert Center at (866) 940-4401 at the time of their deployment and demobilization.

4. The AU paramedic shall complete a Patient Care Record for every patient encounter during the deployment. The completed Patient Care Record shall be submitted to the Los Angeles County EMS Agency and a copy to the jurisdictional EMS Agency at the conclusion of the deployment.

5. The AU paramedic will function within the Los Angeles County paramedic scope of practice and Ref. No. 1200, Treatment Protocols, et al, and Ref. No. 1300, Medical Control Guidelines.

E. Each AU will be assigned to a base hospital. The base hospital shall provide all services normally offered to assigned ALS Units.

IV. Monitoring/Evaluation Requirements

The provider agency must provide:

A. A mechanism for direct field observation of the AU by EMS Agency and base hospital personnel.

B. A mechanism to educate EMS personnel on appropriate required documentation, to include identification of the Unit as ALS (when unit is staffed with a paramedic) or BLS (when paramedic staffing is not available).

C. A mechanism to monitor appropriate required documentation as part of the provider agency's quality improvement program that is auditable by the EMS Agency.

V. Temporary Upgrade to an ALS Unit

A. The temporary upgrade of an AU to an ALS Unit will be authorized for a period of no longer than 30 days.

B. Temporary upgrades of AUs to ALS units will be based upon the availability of paramedic staffing and with the understanding that the upgraded units are to augment the provider agencies baseline number of ALS units, not as a replacement for an in-service front-line unit.

C. In order to allow for a temporary unit upgrade, the AU must have previously been inventoried, approved and assigned to a Los Angeles County base hospital by the EMS Agency.

D. Once upgraded, the ALS unit must comply with Ref. No. 408, ALS Unit staffing, Ref. No. 703, ALS Unit Inventory, and Ref. No. 702, Controlled Drugs Carried on ALS Units.

E. Controlled substances must be stored under a double locking mechanism on the upgraded unit and inventoried as outlined in Ref. No. 702.

F. Upgrade process:

1. Complete a unit inventory inspection in accordance with the most current Ref. No.703, to include a mechanism for the unit to establish base hospital contact and to ensure the security of controlled substances as outlined in Ref. No. 702.

2. Station administrative staff (Captain or Battalion Chief level) must sign the Ref. No. 416.1, Temporary Upgrade of an Assessment Unit to an ALS Unit, attesting that all supplies/equipment are present on the unit and in good working order.

3. Retain the original copy of the signed Ref. No. 416.1 form (or digitally signed form) within station files.

4. Ensure that the unit is identified as a "paramedic" unit.

G. Downgrade Process

1. Complete a unit inventory inspection in accordance with Ref. No.704, Assessment Unit Inventory, ensuring that all equipment/supplies authorized for ALS units have been removed.

2. Ensure controlled substances are removed and stored according to Ref. No. 702.

3. Station administrative staff (Captain or Battalion Chief level) must sign the Ref. No.416.2, Downgrade of an ALS Unit from Temporarily Upgraded Assessment Unit, attesting that all supplies/equipment consistent with the assessment unit level are the only supplies/equipment remaining on the apparatus.

4. Retain the original copies of the signed Ref. No. 416.1 and 416.2 forms (or digitally signed forms) within station files.

CROSS REFERENCES:

Prehospital Care Manual:
Ref. No. 304, **Role of the Base Hospital**
Ref. No. 408, **Advanced Life Support (ALS) Unit Staffing**
Ref. No. 416.1 **Temporary Upgrade of an Assessment Unit to an ALS Unit**
Ref. No. 416.2 **Downgrade of an ALS Unit from Temporarily Upgraded Assessment Unit**
Ref. No. 502, **Patient Destination**
Ref. No. 702, **Controlled Drugs Carried on ALS Units**
Ref. No. 703, **ALS Unit Inventory**
Ref. No. 704, **Assessment Unit Inventory**
Ref. No. 804, **Fireline Emergency Medical Technician-Paramedic (FEMP)**
Ref. No. 1200, **Treatment Protocols**, et al.
Ref. No. 1300, **Medical Control Guidelines**, et al.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

POLICY REVIEW - SUMMARY BY COMMITTEE ATTACHMENT A

Reference No. 416, Assessment Unit

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	11/17/2018	02/20/2018	Y
	Base Hospital Advisory Committee	12/19/2018	12/19/2018	
	Data Advisory Committee			
	Education Advisory Committee			
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee			
	Other:			

***See **Summary of Comments** (Attachment B)

POLICY REVIEW - SUMMARY OF COMMENTS ATTACHMENT B

Reference No. 416 – Assessment Unit

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
III. B. 5.	PAAC - 12/19/18	Proposed language conflicts with Section III.C. Exception 1 and 2 "If the ALS unit has an extended ETA and the patient's condition warrants immediate transport prior to the ALS Unit's arrival (and transportation is on-scene), base contact shall be made by the AU paramedic prior to transport."	Tabled
	PAAC - 02-20-19	Revised proposed language: Establish base contact if: a. The ALS unit has an extended ETA and the patient's condition warrants immediate transport prior to the AKS Unit's arrival (and transportation is on-scene); base contact shall be made by the AU paramedic	Change accepted
III. B. 6.	PAAC - 12/19/18	Proposed language conflicts with Section III.C. Exception 1 and 2 "If ALS unit has not arrived on scene and the patient refuses treatment or transport, base contact shall be established prior to patient signing against medical advice (AMA)"	Tabled
	PAAC - 02/20/19	Revised proposed language: Establish base contact if: b. The ALS unit has not arrived on scene, and the patient refuses treatment or transport, and the patient meets base hospital contact criteria; base contact shall be established prior to the patient signing against medical advice (AMA)	Change accepted

LOS ANGELES COUNTY
EMERGENCY MEDICAL SERVICES COMMISSION

Los Angeles County's 9-1-1 Dispatch and Field Response to Mental Health and Substance Abuse Emergencies Survey

Rev. 1/7/19
Approved EMS Commission 1/16/19

BACKGROUND

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 County Police Chief's Association (LACPCA).

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*

An important area of focus relates to 9-1-1 dispatch and triage of mental health and substance abuse (MH/SA) calls. The EMSC in coordination with the LACPCA, conducted a survey in early 2018 to develop 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.

Additionally, the Commission sought input on potential future solutions that could improve the care of such individuals in crisis.

This document summarizes the findings of the survey conducted by the EMS commission on the Los Angeles County 9-1-1 Dispatch and Field Response to Mental Health and Substance Abuse Emergencies.

SUMMARY OF FINDINGS

Details of the survey results are described in this report. 66% (28 of 42) of dispatch agencies and 61% (28 of 46) of law enforcement (LE) agencies responded to questions regarding mental health 9-1-1 calls that they received in 2017.

The overall key findings are as follows:

- 8% of 9-1-1 calls were coded as MH/SA emergencies by dispatchers.
- Only 1 in 5 agencies (18%) report having a standardized dispatch protocol for MH/SA emergencies. Many agencies agreed that a standardized dispatch protocol to determine whether the call is related to mental health related would be beneficial.
- Over 90% of the emergency MH/SA calls are initially dispatched to LE. Approximately 27% of calls will result in an EMS co-dispatch. It is extremely rare for EMS to be dispatched without LE to MH/SA calls (4%).
- 76% of law enforcement agencies have at least some embedded mental health clinicians, but their availability varies widely and is overall quite limited (often not 24 hours or 7 days a week).
- MH/SA training has increased significantly for LE officers. The current data suggests that MH/SA trained officers are able to respond to MH/SA emergencies 58% of the time.
- 96% of LE agencies agree that individuals who are experiencing a MH/SA emergency would benefit from continued and increased training of officers in managing such situations.
- 54% of MH/SA field encounters resulted in the placement of an involuntary psychiatric hold (range 2% to 99% depending on the LE agency)
- Main challenges in responding to MH emergencies included lack of resources (including for people who need services but do not meet hold criteria), time spent transporting/waiting in hospitals, stigma/lack of MH education, and lack of access to specialized mental health teams.
- 54% of LE provider respondents felt that the patient would benefit from EMS response
- LE agencies believe the response system could be improved by including more specialized MH/SA teams available 24/7, improved training for dispatchers to screen MH/SA calls, increasing training for LE responders.
- 28% of MH 9-1-1 calls were related to suicidal ideation without an attempt.
- Limitations: Data were obtained by survey only (no independent verification of data response), and results were not weighted resulting in average estimates. There may be substantial variation between agencies, based on size of department, volume of calls or encounters, geographic location, and proximity to nearby resources (such as psychiatric emergency department or mental health urgent care).

RECOMMENDATIONS

1. Consider a pilot project to evaluate whether diversion or co-triage of calls related to suicidal ideation without attempt to the Suicide Prevention Lifeline is feasible, and whether it would reduce field responses, mental health holds, and emergency department utilization, while increasing referral to appropriate mental health resources.
2. Recommend identification of the appropriate agencies to develop follow-up referrals or instructions for individuals who are not transported (left at scene).
3. Explore the feasibility / utility of developing standardized dispatch protocols that aid in identifying when 9-1-1 calls are MH/SA related.
4. Explore protocols for dispatching EMS along with, or after, LE response.
5. Explore avenues of funding for increased number and availability of 24/7 emergency mental health response teams, as well as resources for LE officers' MH/SA training.
6. Investigate the large variance in law enforcement agency's rate of utilization of 5150 psychiatric holds for 9-1-1 mental health emergencies (which was reported as between 2 and 99%).

DETAILED SURVEY RESULTS

GENERAL NOTES

- Two simultaneous surveys were conducted for Law Enforcement Dispatch and Field Response.
- Law Enforcement Dispatch Survey Response Rate: 28 of 42 (66%) LA County Law Enforcement Dispatch agencies responded to the dispatch survey. The majority of police departments and the Sheriff do their own dispatch and only dispatch for their department. There is one regional law enforcement dispatch center that dispatches for six (6) police departments.
- Law Enforcement (LE) Field Response Survey Response Rate: 28 of 46 (61%) Law Enforcement Agencies completed the survey with reliable data (31 total responded, 3 were either duplicate or unusable data).
- All data reported are for calendar year 2017.

DISPATCH AGENCIES SURVEY RESULTS

1. ***How often do dispatch agencies receive MH/SA emergency calls?***
   - On average, 8% of 9-1-1 calls received by dispatch agencies were coded as MH/SA emergencies by dispatch. Note: many agencies report the unreliability of their estimates, given no standard classification system, and reliance on public reported incidents.
   - Dispatch providers estimated the proportion of mental health calls in the following categories:

Suicidal Thoughts (no attempt)	28%
Suicide Attempt	13%
Homicidal thoughts, behaviors; agitation; erratic or dangerous behaviors	30%
Other non-suicidal, non-homicidal, non-dangerous mental health issues	29%

   - The estimated number of total 9-1-1 calls received by survey respondents was 5,881,851 for calendar year 2017.

2. ***How often are the calls dispatched to law enforcement (LE), EMS, or both?***
   - While >90% of the emergency calls are initially dispatched to LE, in a little more than 1/4 of the cases (27%) EMS will also be co-dispatched. 4% of the time EMS is dispatched independently.
   - Triggers to dispatch EMS include: known injury or medical issue (such as accidental overdose of prescription medication, panic attack, unconscious subjects, self harm requiring medical attention), if the situation was clearly recognized as non-dangerous / non-violent, expectations that the patient will require an ambulance transport, drug/alcohol use, delirium tremens or excited delirium.
   - It appears that the identification of "mental illness" is sufficiently risky or variable in terms of dangerousness that LE are typically dispatched.

3. ***Do dispatchers have triage protocols, or standardized lines of determining if a call is mental health related?***
   - A large majority, 82% (23 of 28) of dispatch agencies do not have a procedure that includes defined questions to determine if this call is related to a MH/SA emergency.
   - Roughly 1 in 5 agencies (18%) report having a standardized dispatch protocol. Many agencies commented that a standardized dispatch protocol that aids in determining whether the call is mental health related would be beneficial.

4. ***Do dispatchers have a protocol to determine if/when mental health trained personnel should respond? (MET/SMART, mental health trained officers, or mental health clinicians)***
   - Roughly half of the dispatch agencies have a protocol that determines when to deploy the specialized response (57% with protocol, 43% without)
   - Often, the responding police unit determines whether a special mental health teamresponse is needed (e.g. SMART, MET) response.
   - Due to limited availability, the MH/SA clinician is often not the first responder.

5. ***Open Response: How would you improve the dispatch protocols for 9-1-1 mental health emergencies?***
   - Increased training for dispatchers on specific mental illnesses, verbal queues, and trigger words
   - Standardized protocol/defined questions and training for dispatch to triage MH/SA conditions
   - Requesting to have a full time clinician with an officer instead of just have one periodically
   - If "drop off" procedure could be streamlined that so that LE wouldn't have to wait in EDs for hours while person is being evaluated
   - Having the officer who handled a call which turns out to be mental health related (though not originally recognized as such) advise the dispatchers that it was a MH/SA emergency, in order to improve data accuracy
   - "Have mental health experts attend more patrol line training to touch base with officers and dispatchers and advise them of available resources to use as referrals."

LAW ENFORCEMENT FIELD RESPONSE SURVEY RESULTS

1. ***What types of MH/SA emergencies do LE encounter?***
   - LE providers estimated the proportion of mental health calls in the following categories:

Suicidal Thoughts (no attempt)	36%
Suicide Attempt	11%
Homicidal thoughts or behaviors; agitation; erratic or dangerous behaviors	27%
Other non-suicidal, non-homicidal, non-dangerous mental health issues	26%

2. ***What is the availability of embedded mental health clinicians?***
   - 76% of departments (n=22) have embedded mental health clinicians (social workers, psychologists, or physicians) responding to mental health emergencies.
   - 14% (n=4) do not have embedded mental health clinicians.
   - The real-time availability of mental health clinicians is varied:
     - 7 days / week (5 departments)
     - 3-6 days / week (Mon-Thu) (10 departments)
     - 0.5-2 days / week (7 departments).
     - (Vast majority 8-10hrs/day, 4 agencies have 20-24hr/day coverage)

3. ***How often do mental health trained personnel respond to MH/SA emergencies?***
   - 58% of the time a mental health trained officer, clinician and/or a "special response" team (including MET, SMART) is able to respond to 9-1-1 mental health emergencies. Eight (8) agencies reported a MH/SA trained response in 90-100% of cases.

4. ***What kind of training do sworn officers receive?***
   - Sources of mental health training for sworn officers in the past 5 years included the following:

Mental Health Awareness: Crisis Intervention for Law Enforcement	50%
Mental Health Intervention Training	29%
Crisis Intervention Training (CIT)	16%
Mental Health First Aid	24%

(Total percentages >100% due to training in more than one course)

Other courses that officers attended: Mental Health Decision Making, L.A.P.D/SMART Team training, Policing the Mentally Ill, Mental Health Domestic Violence, Interacting with the Mentally Ill, Investigations within Mental Health, Field Encounters with the Mentally Ill, Emergency Personnel Response to Individuals with Mental Illness.

5. ***How adequate is the training for LE?***
   - 96% of respondents agree or strongly agree that individuals who are experiencing a mental health emergency would benefit from increased training of officers in managing such situations

6. ***Who is the most appropriate first responder?***
   - 54% agree or strongly agree that 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 issues.
   - 32% disagree or strongly disagree (9 departments), 14% undecided (4 departments)

7. ***What are the barriers to increased mental health training?***
   - The barriers to increased mental health training for officers were reported as follows:

Barrier	Agree or strongly agree
Lack of funding	75%
Lack of time	75%
Individual officers' resistance	29%

8. ***Where do Law Enforcement transport patients to for mental health emergencies?***
   - Average of law enforcement agency responses (not weighted for actual # of encounters)

Destination	Percentage
Psychiatric Urgent Care Centers (such as Exodus, Olive View UCC)	26%
Free standing Psychiatric Hospital	14%
Psychiatric Emergency Service (Harbor-UCLA, LAC+USC or Olive View)	21%
LPS designated hospital emergency department	18%
Non-LPS designated hospital emergency department	5%
Jail	3%
Sobering Center	2%
Leave at Scene	12%
Other (describe)	1%

9. ***What is the frequency of involuntary detainment in the field?***
   - 54% of mental health field encounters result in the placement of a 5150 involuntary psychiatric hold (range 2% to 99%)

10. ***Open ended question: What are the most significant challenges for your agency/department in responding to mental health emergencies?***
    - More mental health cases than resources available
    - Challenge to locate available beds at facilities other than LAC+USC in order to not overutilize their hospital
    - Not enough LPS hospital beds and placement options
    - Time spent transporting/waiting in hospitals
    - Not enough resources to deal with juveniles
    - Lack of resources for people who need MH services but do not meet LPS hold criteria
    - Repeated calls regarding pts after just being treated
    - Responding to mental health calls takes an extended amount of time
    - Stigma, cultural barriers/lack of education
    - No access to SMART/MET team, not enough staffing, time

11. ***Open ended question: Describe ways that you believe that the 9-1-1 mental health emergency response system could be improved***
    - More MET staff/teams available 24/7 to respond to calls
    - More hospital beds and placement options
    - More housing facilities
    - Dispatchers better trained to screen mental health related calls for service
    - Increased training for both dispatches and first responders
    - Continued efforts for multi-agency and multi-disciplinary training and education
    - Diverting more calls away from police response to medical, mental health, or crisis line
    - More psychiatric urgent care facilities, long term placements and housing

- Access to MH services for those who do not meet 5150 criteria
- Allow paramedics to transport to LPS facilities outside their area
- Better solutions to drug abuse

EMERGENCY MEDICAL SERVICES COMMISSION
STANDING COMMITTEE APPOINTMENTS
2019

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

COMMITTEE	2017	2018	2019
Provider Agency Advisory Committee **PAAC**	*Chair:* ***Dave White*** *Vice Chair:* ***Robert Ower, RN*** *Commissioners:* *Brian Bixler* *Robert Barnes* *Staff:* ***Gary Watson***	*Chair:* ***Dave White*** *Vice Chair:* ***Robert Ower, RN*** *Commissioners:* *Brian Bixler* *Paul Rodriguez* *Staff:* ***Gary Watson***	*Chair:* ***Paul Rodriguez*** *Vice Chair:* ***Dave White*** *Commissioners:* *Brian Bixler* *Eugene Harris* *Staff:* ***Gary Watson***
Base Hospital Advisory Committee **BHAC**	*Chair:* ***Marc Eckstein, MD*** *Vice Chair:* ***Margaret Peterson, PhD*** *Commissioners:* *Erick Cheung, MD* *Staff:* ***Lorrie Perez***	*Chair:* ***Marc Eckstein, MD*** *Vice Chair:* ***Margaret Peterson, PhD*** *Commissioners:* *John Hisserich* *Lydia Lam, MD* *Staff:* ***Lorrie Perez***	*Chair:* ***Robert Ower, RN*** *Vice Chair:* ***Erick Cheung, MD*** *Commissioners:* *Atilla Uner, MD, MPH* *Margaret Peterson, PhD* *Staff:* ***Lorrie Perez***
Data Advisory Committee **DAC**	*Chair:* ***Nerses Sanossian, MD*** *Vice Chair:* ***Paul Rodriguez*** *Commissioners:* *John Hisserich* *Colin Tudor* *Staff:* ***Michelle Williams***	*Chair:* ***Nerses Sanossian, MD*** *Vice Chair:* ***Pajmon Zarrineghbal*** *Commissioners:* *James Lott* *Colin Tudor* *Staff:* ***Michelle Williams***	*Chair:* ***Nerses Sanossian, MD*** *Vice Chair:* ***Pajmon Zarrineghbal*** *Commissioners:* *Lydia Lam, MD* *James Lott* *Colin Tudor* *Staff:* ***Sara Rasnake***
Education Advisory Committee **EAC**	*Chair:* ***Carole Snyder, RN*** *Vice Chair:* ***Gary Washburn*** *Commissioners:* *Ellen Alkon, MD* *Staff:* ***David Wells***	*Chair:* ***Carole Snyder, RN*** *Vice Chair:* ***Atilla Uner, MD, MPH*** *Commissioners:* *Ellen Alkon, MD* *Gary Washburn* *Staff:* ***David Wells***	*Chair:* ***Carole Snyder, RN*** *Vice Chair:* ***Marc Eckstein, MD*** *Commissioners:* *Gary Washburn* *Ellen Alkon, MD* *Staff:* ***David Wells***

LOCAL NEWS

Long Beach reaches tentative deal to reopen Community Hospital

The agreement will come to the City Council at its March 12 meeting for approval.

Long Beach Mayor Robert Garcia joined the California Nurses Assn., politicians and community members to speak at a press conference held outside Community Medical Center Long Beach to accuse MemorialCare Health System of deliberate actions accelerating the hospital's closure. Long Beach March 16, 2018. Photo by Brittany Murray, Press Telegram/SCNG

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Community Hospital closed last year after its former operator, MemorialCare, determined that a required seismic retrofitting would be too costly for the facility to remain financially viable. But Long Beach still owns the land, so the city quickly chose a new operator, Molina, Wu, Network, LLC, to reopen it.

The two parties have been negotiating the terms of the property's lease ever since.

Some of the provisions of the agreement announced Friday are:

- Community Hospital's operation will be a public-private partnership between Long Beach and MWN;
- The lease lasts 45 years, with the option of two 10-year extensions, at a lease rate of $1 a year;
- The two sides will share funding responsibility of Community Hospital's seismic retrofit costs for up to $50 million, meaning Long Beach will pay for up to $25 million, and MWN will be responsible for any additional costs of the retrofitting;
- The property shall be used for the operation and maintenance of an acute care facility, professional office building, and other ancillary medical uses;
- MWN will make a good faith effort to provide sobering center beds, medical detox beds, recuperative care, and psychiatric beds to address community needs identified in Long Beach's Everyone Home task force report, subject to appropriate licensure and regulatory approvals.

"Community Hospital provides important services for our residents across Long Beach," said Councilmember Daryl Supernaw, who represents the 4th District, where the facility is located. "I look forward to joining my colleagues next week in reviewing the proposed major terms and provisions and making a decision based on the public's best interest."

The agreement will come to the City Council at its Tuesday, March 12 meeting, for approval. If the council OKs the deal, Long Beach will then work with the Office of Statewide Hospital Planning and Development and the State Legislature on a plan for seismic compliance. Meanwhile, MWN will finish the application for a new hospital license, which will require approval from the California Department of Public Health.

A statement from city staff said that if all moves forward according to plan, Community Hospital, at 1720 Termino Ave., could reopen later this year, although it did not provide a more specific timeframe.