**EXECUTIVE DIRECTOR**
**Cathy Chidester**
*(562) 378-1604*
*CChidester@dhs.lacounty.gov*

**COMMISSION LIAISON**
**Denise Watson**
*(562) 378-1606*
*DWatson@dhs.lacounty.gov*

# COUNTY OF LOS ANGELES
# EMERGENCY MEDICAL SERVICES COMMISSION

**10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670**
**(562) 378-1604 FAX (562) 941-5835**
**http://ems.dhs.lacounty.gov**

**DATE:** **May 20, 2020**
**TIME:** **1:00 – 3:00 PM**
**LOCATION:** **Zoom Video Conference Meeting**
Join Zoom Meeting:
https://zoom.us/j/94618846720

**Meeting ID: 946 1884 6720**

**One tap mobile:**
+16699009128,,94618846720# US (San Jose)
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**Dial by your location: (Use any number)**
+1 669 900 9128 US (San Jose)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 646 558 8656 US (New York)

***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 INPUT YOUR NAME if you would like to address the Commission.**

## AGENDA

**I. CALL TO ORDER – John Hisserich, Dr.PH, Chairman**
**Instructions for Zoom**:
1) Please use your computer to join the Zoom meeting to see documents. https://zoom.us/j/94618846720
2) Join Zoom meeting by computer (preferable) or phone.
3) Input your name when you first join so we know who you are.
4) You can join Zoom by one tap mobile dialing. No password required.
5) Join meeting by landline using any of the "dial by location" numbers and manually entering the Meeting ID and following # prompts.
6) Mute and unmute yourself by clicking on the microphone icon at the bottom of computer screen, or *6 by phone.
7) Volume is adjusted by using the little arrow next to the microphone icon.

**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 15, 2020 (March 18, 2020 Meeting Cancelled)

**2. CORRESPONDENCE**

2.1 (01-02-2020) From EMS Authority: LA EMS Agency 2017-18 Children System Plan Approval
2.2 (01-07-2020) Distribution: Fire Chief, Each Fire Department: Electronic Patient Care Report
2.3 (01-07-2020) Emergency Department Closure of St. Vincent Medical Center
2.4 (01-08-2020) Mark Gillaspie, Downey Fire: Approval: AutoPulse™ and ResQPOD®
2.5 (01-08-2020) Chief Kurt Norwood, Sierra Madre Fire: Fentanyl Program Approval
2.6 (01-08-2020) Xavier Espino, Long Beach Fire Chief: Approval: Intraosseous Infusion – Humeral Placement
2.7 (01-08-2020) Andranik Bableyan, FirstMed Ambulance: TCP Program Approval
2.8 (01-09-2020) From St. Vincent Medical Center: Closure of St. Vincent Medical Center
2.9 (01-13-2020) Margaret Pfeiffer, Interim CEO, St. Vincent: Closure of St. Vincent Medical Center
2.10 (01-14-2020) Distribution: Prehospital Care Coordinator – Each Base Hospital: Prehospital Administration of Stroke Therapy-Trans Sodium Crocetinate (PHAST-TSC) Trial Study
2.11 (01-19-2020) Tom McGinnis, EMS Authority: 2017/2018 EMS Plan for Los Angeles County EMS Agency
2.12 (01-23-2020) Melissa Harris, AmbuServe Ambulance, Inc.: Kings LTS(D) Airway Program Approval for Specialty Care Transport
2.13 (01-23-2020) Rick Fields, PRN Ambulance, Inc.: Kings LTS(D) Airway Program Approval for Specialty Care Transport
2.14 (02-06-2020) Edward Mirzabegian, Antelope Valley Hospital: Delay of Patient Prehospital Transport
2.15 (02-06-2020) Richard Allen, Palmdale Regional Medical Center: Delay of Patient Prehospital Transport
2.16 (02-13-2020) Mildred Carlisle, Liberty Ambulance: King LTS(D) Airway Program Approval for Specialty Care Transport
2.17 (02-28-2020) Clayton Kazan, MD, Los Angeles County Fire: Telemedicine for Alternate Destination Pilot Project Approval
2.18 (03-03-2020) Distribution: Sidewalk CPR Training Coordinators: Sidewalk CPR Toolkit
2.19 (03-05-2020) Daryn Dryum, Manhattan Beach Fire Chief: Approval: AutoPulse™
2.20 (03-05-2020) Vincent Capelle, West Covina Fire Chief: Approval: Intraosseous Infusion – Humeral Placement
2.21 (03-10-2020) Boris Krutonog, AMWest Ambulance: CPAP Program Approval
2.22 (03-10-2020) Paul Scarborough, Premier Medical Transport: King LTS(D) Airway Program Approval for Specialty Care Transport
2.23 (03-12-2020) From LA County Counsel to Susan Fanelli, California Department of Public Health: Closure of St. Vincent Medical Center
**2.24 (03-19-2020) Distribution: 9-1-1 Dispatch Centers and Paramedic Provider Agencies: Screening Calls and Not Dispatching a Resource**
**2.25 (03-19-2020) Distribution: Trauma Centers: Trauma Center Leadership COVID-Update**
**2.26 (03-23-2020) From Mark Eckstein, MD, Los Angeles City Fire: Letter of Support Re: Telehealth Pilot**
**2.27 (03-31-2020) Distribution: Hospital CEOs: USNS Mercy Patient Transfer Process**
**2.28 (04-01-2020) Distribution List: Change in SART Center Designation**
**2.29 (04-02-2020) Distribution: Fire Department Chiefs, Public and Private Provider Medical Directors, Private Ambulance Company CEOs, Public and Private Sector Nurse Educators: Process for Acquiring Positive COVID-19 Results of an EMS Transported Patient**

2.30 (04-03-2020) Rick Fields, PRN Ambulance, Inc.: EMT Local Optional Scope Program Approval
**2.31 (04-06-2020) Distribution: Receiving Hospitals, Base Hospitals, Fire Departments, Ambulance Operators, EMS Providers: COVID-19 Update #7: EMS Handoffs**
**2.32 (04-06-2020) Distribution: Receiving Hospital CEOs and Emergency Department Medical Directors: Hydroxychloroquine Sulfate Availability**
**2.33 (04-07-2020) Distribution: Receiving Hospitals, Base Hospitals, Fire Departments, Ambulance Operators, EMS Providers: COVID-19 Update #8: Los Angeles County EMS Agency Approvals for Alternate Destinations (ADs)**
**2.34 (04-07-2020) Distribution List: Temporary Closure of Perinatal Services – PIH Health Hospital – Downey**
2.35 (04-08-2020) From EMS Authority: Response to LA County's Request for Extension to Submit Annual Maddy Fund Report

**3. COMMITTEE REPORTS**
3.1 Base Hospital Advisory Committee (February 12, 2020)
3.2 Data Advisory Committee (April 8, 2020 Meeting Cancelled)
3.3 Provider Agency Advisory Committee (February 19, 2020)

**4. POLICIES**
4.1 Reference No. 506: Trauma Triage
4.2 Reference No. 506.2: 9-1-1 Trauma Re-Triage

**END OF CONSENT AGENDA**

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**IV. BUSINESS**

**BUSINESS (OLD)**
5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
5.2 Ambulance Patient Offload Time (APOT)
5.3 Criteria for 9-1-1 Receiving Center Designation (Reference No. 302 Attached)

**BUSINESS (NEW)**
5.4 Update to Commission on EMS Agency Activities related to Coronavirus (COVID-19)
5.5 LA County COVID-19 Modeling
5.6 EMS Personnel Administering Vaccinations

**V. COMMISSIONERS' COMMENTS / REQUESTS**

**VI. LEGISLATION**

**VII. EMS DIRECTOR'S REPORT**

**VIII. ADJOURNMENT**
To the meeting of July 15, 2020

# 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/**

## MINUTES
## JANUARY 15, 2020

| COMMISSIONERS | ORGANIZATION | EMS AGENCY STAFF | POSITION |
|---|---|---|---|
| ☐ Vacant | So. CA Public Health Assn. | Cathy Chidester | Executive Director |
| ☒ Lt. Brian S. Bixler | Peace Officers' Assn. of LAC | Denise Watson | Commission Liaison |
| ☒ Erick H. Cheung, M.D. | So. CA Psychiatric Society | Richard Tadeo | Assistant Director |
| ☐ Vacant | L.A. County Medical Assn. | Kay Fruhwirth | Assistant Director |
| ☒ Chief Eugene Harris | LAC Police Chiefs' Assn. | Nichole Bosson | Asst. Medical Director |
| ☒ John Hisserich, Dr.PH | Public Member, 3rd District | Natalia Alvarez | EMS Staff |
| ☒ Lydia Lam, M.D. | So. CA Chapter American College of Surgeons | Saranya Srinivasan | EMS Staff |
| ☐ (Ab) James Lott, MBA | Public Member, 2nd District | Christine Clare | EMS Staff |
| ☒ Robert Ower | LAC Ambulance Association | Sara Rasnake | EMS Staff |
| ☐ (*) Margaret Peterson,PhD | Hospital Assn. of So. CA | Jacqui Rifenburg | EMS Staff |
| ☒ Paul S. Rodriguez | CA State Firefighters' Assn. | Joel Mendoza | EMS Staff |
| ☒ Joseph Salas | Public Member, 1st District | Adrian Romero | EMS Staff |
| ☒ Nerses Sanossian, M.D. | American Heart Association | John Telmos | EMS Staff |
| ☒ Carole Snyder | Emergency Nurses Assn. | David Wells | EMS Staff |
| ☐ Vacant | League of CA Cities/LAC | Lorrie Perez | EMS Staff |
| ☐ (*) Atilla Uner, M.D. | American College of Emergency Physicians CAL-ACEP | | |
| ☒ Gary Washburn | Public Member, 5th District | | |
| ☒ David White | L.A. Area Fire Chiefs' Assn. | | |
| ☐ (Ab) Pajmon Zarrineghbal | Public Member, 4th District | | |

### GUESTS

| | | | |
|---|---|---|---|
| Clayton Kazan | LA County Fire Department | Shelly Trites | Torrance Memorial |
| Jaime Garcia | Hospital Assn. Southern Cal. | Jeffrey Rollman | So.Cal.Pub.Hlth.Assn. |
| Jennifer Nulty | Torrance Fire Department | Diego Caivano | LA County Med.Assn. |
| Richard Roman | Compton Fire Department | | |
| Roxanna Yoonessi-Martin | LA County Medical Assn. | | |

(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, and was called to order at 1:10 p.m. by Chairman John Hisserich. A quorum was present with 12 Commissioners in attendance.

## II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS:

Self-introductions were made starting with EMSC members followed by Emergency Medical Services (EMS) Agency staff and guests.

## III. CONSENT AGENDA:

Chairman John Hisserich, Dr.PH., called for approval of the Consent Agenda.

***Motion/Second by Commissioners Bixler/Cheung to approve the Consent Agenda was carried unanimously.***

### 1. MINUTES

November 20, 2019 Minutes were approved.

### 2. CORRESPONDENCE

Executive Director Cathy Chidester reported on Correspondence:

2.1 (11-07-2019) Letter From Los Angeles County Ambulance Association, Inc.: Request to Update Ambulance Ordinance 7.16

The Los Angeles County Ambulance Association is requesting an update on an outstanding draft ordinance section 7.16 for ambulance licensing. The draft ordinance is in process, but has complex overlapping issues with the Treasurer and Tax Collector (TTC). This is pending further discussion with County Counsel and meetings with the TTC.

2.2 (11-12-2019) Dave Duncan, MD, EMS Authority: Request for Proposal for Emergency Ambulance Transportation Services 9-1-1 Response for the City of Monrovia, Exclusive Operating Area Two

The EMS Agency is requesting the California State Emergency Medical Services Authority (EMSA) review the Request for Proposal (RFP) for emergency ambulance service in EOA2.

2.3 (12-15-2019) Lisa Galindo, EMS Agency Rancho Cordova: EMS Plan Addendum (Fiscal Year 2017-2018)

2.4 (12-24-2019) Matt Armstrong, LACAA: Response to Ambulance Ordinance Inquiry

2.5 (12-31-2019) Distribution: EMS Update 2020 Train-the-Trainer (Revised)

2.6 (01-02-2020) Letter From EMS Authority: LA EMSC Plan Approval

The EMS Authority reviewed and approved the EMS for Children System Plan.

The EMS Agency is waiting for EMS Authority approval for the recently submitted EMS Agency Plan and a draft policy that would change the patient destination policy to allow triage to alternate destinations, specifically to approved sobering and psychiatric centers. In a January 19, 2020 letter, the EMS Agency addressed EMSA inquiries about the level, amount and types of education the paramedics would receive.

### 3. COMMITTEE REPORTS

3.1 Base Hospital Advisory Committee
3.2 Data Advisory Committee – Dark
3.3 Provider Agency Advisory Committee

**4. POLICIES**

4.1 Policy No. 320: ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) Standards
4.2 Policy No. 320.3: SRC Performance Measures
4.3 Policy No. 418: Authorization and Classification of EMS Aircraft
4.4 Policy No. 702: Controlled Drugs Carried on ALS Units

**END OF CONSENT AGENDA**

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## IV. BUSINESS:

**BUSINESS (OLD)**

5.1 **Prehospital Care of Mental Health and Substance Abuse Emergencies**

Commissioner Cheung reported on an EMS Commission project to develop dispatch and triage protocols that would divert low-acuity 9-1-1 calls into law enforcement dispatch to the Didi Hirsch Suicide Prevention Hotline for triage and disposition, and noted the project is on hold due to funding issues related to the LA County Department of Mental Health (DMH). It is believed the program would safely decrease the number of incidents that law enforcement responds to while still providing mental health and substance abuse callers with appropriate and timely treatment. The EMSC and District Attorney Jackie Lacey are in support of this project. Commissioner Cheung and Commissioner Bixler will follow up.

Ms. Chidester reported on recent participation in a meeting with law enforcement, the fire department, sheriffs' and DMH, at the request of Dr. Jonathan Sherin, DMH Director, to discuss using DMH clinicians and DMH's therapeutic transport vans when dispatching mental health and substance abuse calls. The discussion addressed the overlapping of services and resources, and how best to utilize them given that resources are limited. Subsequently, she met with Supervisor Janice Hahn's office of the LA County Board of Supervisors (Board) and they are working on a motion for assessing what type of system issues exist in this area. One idea from these meetings was to have an advisory committee to DMH, and hopefully this will become part of the Board's motion.

5.2 **Ambulance Patient Offload Time (APOT)**

Richard Tadeo, EMS Agency Assistant Director, reported on APOT data, and noted no significant changes anticipated until fourth quarter.

5.3 **Criteria for 9-1-1 Receiving Center Designation**

Ms. Chidester reported the EMS Agency has a policy for designation of 9-1-1 Receiving Hospitals; and, in a prior EMSC discussion on psychiatric patients held in the emergency departments (ED), it was asked if this policy can be updated to reflect some best practices including adding psychiatrists to the ED call panel. The policy will be sent to the Commissioners and will be discussed further at the next EMSC meeting.

5.4 **Nominating Committee – Nominations**

Commissioner Snyder reported on the Nominating Committee conference call, which included herself, Commissioner Peterson, Commissioner Sanossian, and Commission Liaison Denise Watson. The Committee's nominations for 2020 were:

John Hisserich as Chairman, and Paul Rodriguez as Vice Chair. The floor was open for discussion. No additional nominations were made.
***Motion/Second by Commissioners Salas/Bixler to approve the Nominating Committee Nominations was carried unanimously.***

**BUSINESS (NEW)**
None.

## COMMISSIONERS' COMMENTS/REQUESTS:

Commissioner Sanossian reported that the International Stroke Conference will be held at the Los Angeles Convention Center on February 19-21, 2020, and there will be a presentation of data from the LA County EMS database.

## VI. LEGISLATION:

Ms. Chidester reported there has been no legislative action, and no lists have been generated. Ms. Chidester and Jaime Garcia of HASC reported on a seismic safety, standards-compliance bill by Senator Portantino, SB 758.

## VII. DIRECTOR'S REPORT:

Ms. Chidester reported St. Vincent's Hospital is in the process of closing their emergency department, and the EMS Agency stopped ambulance traffic on Wednesday, January 8, 2020. Because the closure was not planned, but was the result of buyer fallout, the sudden decision to close does not require a public hearing by the EMSC; however, the EMS Agency is required to prepare an Impact Report to be submitted to the Board of Supervisors. Good Samaritan Hospital will be admitting the patients from St. Vincent's, and the majority of the 9-1-1 transports.

Community Hospital Long Beach will reopen and will be given until 2025 for seismic compliance. They have not opened yet as they are waiting for the Office of Statewide Health Planning and Development (OSHPD) and licensing approval. The EMS Agency committed to opening them up to 9-1-1 traffic as soon as possible once they reopen.

The Paul George Buddy Foundation donated Clipper basketball tickets to the paramedics and EMTs of the Los Angeles County Fire Department, specifically for EMS personnel in the Palmdale area. They will also be donating Paul George Shadow Buddies to LA County Fire and LA City Fire to distribute to children whose parent or family member may be ill and calls 9-1-1.

Dr. Nicole Bosson, EMS Agency Assistant Medical Director, reported on flu season activity noting that Influenza B incidents are high, deaths are on the rise as well as the number of flu patients, and Public Health is encouraging people to get vaccinated.

Dr. Bosson updated the Commission on a few projects:

PHAST-TSC is the trial of Trans Sodium Crocetinate (TSC) to be administered for acute stroke in the field, and targets 120 patients over 18 months. The study has full approval and will begin with Culver City Fire and UCLA Medical Center to roll out on January 20, 2020.

The extracorporeal membrane oxygenation (ECMO) project is targeted at refractory ventricular fibrillation, out-of-hospital cardiac arrest patients. Arrive Alive was the initial quality improvement project with LA County Fire in June 2018, which expanded the program to include USC Medical Center. This allows for routing to various ECMO centers, to be able

to identify and route appropriate patients, and to capture a larger patient population with access to full data collection. Currently, UCLA and USC are approved for ECMO and the project is awaiting final approval of Cedars which is anticipated by March 2020.

Some discussion ensued on epinephrine dosing and benefits.

Ms. Chidester welcomed the new EMS Commission members, and thanked departing Commissioners for their active participation and work in the Commission.

**VIII. ADJOURNMENT:**

Adjournment by Chairman Hisserich at 2:17 pm to the next meeting of March 18, 2020.

**Next Meeting:** **Wednesday, March 18, 2020**
**EMS Agency**
**10100 Pioneer Boulevard**
**1st Floor Hearing Room 128**
**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 non-compliance exists.

# COUNTY OF LOS ANGELES
# EMERGENCY MEDICAL SERVICES COMMISSION

**10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670**
**(562) 378-1604 FAX (562) 941-5835**
**http://ems.dhs.lacounty.gov/**



**Cathy Chidester**
*Executive Director*
*(562) 378-1604*
*CChidester@dhs.lacounty.gov*

**Denise Watson**
*Commission Liaison*
*(562) 378-1606*
*DWatson@dhs.lacounty.gov*

**DATE:** **MARCH 18, 2020 – CANCELLED**
**TIME:** **1:00 – 3:00 PM**
**LOCATION:** **Los Angeles County Emergency Medical Services Agency**
10100 Pioneer Boulevard, EMSC Hearing Room – 1st Floor
Santa Fe Springs, CA 90670

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

# AGENDA

**NEXT MEETING: MAY 20, 2020, 1:00 PM**

**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 periods of time as the noncompliance exists.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY

GAVIN NEWSOM, *Governor*

**EMERGENCY MEDICAL SERVICES AUTHORITY**
10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875

January 2, 2020

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

Dear Cathy,

The EMS Authority (EMSA) has reviewed the 2017-2018 Los Angeles EMS Agency's EMS for Children system plan submitted on December 17, 2019, in accordance with the California Code of Regulations, Title 22, Chapter 14 EMS for Children. The 2018 Los Angeles EMS Agency's EMS for Children system plan is in compliance with the EMS for Children regulations and is approved.

In accordance with the Section 100450.217 of the EMS for Children regulations, your EMS for Children System Status Report will be due by January 2, 2021.

Please contact Heidi Wilkening at (916) 384-0556 or heidi.wilkening@emsa.ca.gov for any questions and technical assistant.

Sincerely,

Tom McGinnis, EMT-P
Chief, EMS Systems Division

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 7, 2019

TO: Fire Chief, Each Fire Department

FROM: Cathy Chidester
Director

**SUBJECT: ELECTRONIC PATIENT CARE REPORT (e-PCR)**

The Emergency Medical Services (EMS) Agency's plan for implementation of EMS electronic data capture was to allow each Fire Department to procure their vendor for electronic patient care report (e-PCR). The e-PCR must have the capability to transmit data to the EMS Agency's data system. This process works best for our system for it allows extensive reporting for system evaluation and quality improvement purposes.

In 2017, legislation was passed requiring each e-PCR vendor used by EMS Advanced Life Support (ALS) Providers to be compliant with the National Emergency Medical Services Information System (NEMSIS) Standards. The State EMS Authority has notified the EMS Agency that our EMS data system is out of compliance with legislation.

The EMS Agency has contacted Digital EMS Solutions Inc. (Digital EMS) regarding this concern from the EMS Authority. Digital EMS has advised the EMS Agency that it will begin investigating the process and will most likely start programming this January 2020.

The EMS Agency will continue to work closely with Digital EMS to plan for your department to become compliant with the legislation. If you have any questions, please contact Richard Tadeo, Assistant Director, at (562) 378-1610 or rtadeo@dhs.lacounty.gov.

c. Digital EMS

Distribution:

Alhambra Fire Department
Arcadia Fire Department
Beverly Hills Fire Department
Burbank Fire Department
Compton Fire Department
Culver City Fire Department
Downey Fire Department
El Segundo Fire Department
Glendale Fire Department
La Habra Heights Fire Department
La Verne Fire Department
Long Beach Fire Department
Los Angeles County Sheriff's Dept.
Manhattan Beach Fire Department
Monrovia Fire Department
Montebello Fire Department
Monterey Park Fire Department
Pasadena Fire Department
San Gabriel Fire Department
San Marino Fire Department
Santa Fe Springs Fire Department
Santa Monica Fire Department
Sierra Madre Fire Department
South Pasadena Fire Department
West Covina Fire Department

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 Boulevard, 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

January 7, 2020

TO: Distribution

FROM: Cathy Chidester
Director

SUBJECT: **EMERGENCY DEPARTMENT CLOSURE OF ST. VINCENT MEDICAL CENTER**

St. Vincent Medical Center (SVH), located at 2131 W. 3rd Street, Los Angeles, will be closing their Emergency Department effective Wednesday, January 8, 2020. **Effective Wednesday, January 8 at 11:00 p.m., ALL 9-1-1 transports to SVH's Emergency Department shall be discontinued.**

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

Thank you for your attention to this matter. If you have any questions, please contact me or Christine Clare, Chief-Hospital Programs, at (562) 378-1661 or cclare@dhs.lacounty.gov.

CC:cac
06-01

Distribution:
Medical Director, EMS Agency
Emergency Medical Services Commission
Hospital Licensing Unit, Health Facilities Division
Medical Alert Center
Hospital Association of Southern California
Fire Chief, Los Angeles Fire Department
EMS Director, Los Angeles Fire Department
CEO and ED Director, California Hospital Medical Center
CEO and ED Director, Children's Hospital Los Angeles
CEO and ED Director, Good Samaritan Hospital
CEO and ED Director, Olympia Medical Center
CEO and ED Director, Hollywood Presbyterian Medical Center
CEO and ED Director, Kaiser Los Angeles Medical Center
CEO and ED Director, Adventist Health White Memorial Hospital
Prehospital Care Coordinator, California Hospital Medical Center
Prehospital Care Coordinator, Cedars Sinai Medical Center
Prehospital Care Coordinator, LAC+USC Medical Center

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

January 8, 2020

Mark Gillaspie, Fire Chief
Downey Fire Department
11111 Brookshire Avenue
Downey, CA 90241

Dear Chief Gillaspie,

**APPROVAL: AutoPulse™ and ResQPOD®**

This letter is to confirm that Downey Fire Department (DF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to implement the AutoPulse™ Resuscitation System and ResQPOD® Impedance Threshold Device for patients receiving cardiopulmonary resuscitation.

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

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:sm
1-07

c: Cathy Chidester, Director, EMS Agency
Medical Director, Downey Fire Department
EMS Division Chief, Downey Fire Department

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

January 8, 2020

Chief Kurt Norwood
Sierra Madre Fire Department
232 Sierra Madre Boulevard
Sierra Madre, CA 91024

Dear Chief Norwood,

**FENTANYL PROGRAM APPROVAL**

This letter is to confirm Sierra Madre Fire Department (SI) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of Fentanyl in the treatment of moderate to severe pain.

As a reminder, paramedics may only carry one narcotic; therefore, all morphine inventory must be removed prior to adding fentanyl.

The quality improvement process required for implementation and tracking the utilization of fentanyl may be reviewed during SI Program Review or as deemed necessary by the EMS Agency. Additionally, SI may be required to submit data to the EMS Agency for purposes of system evaluation and aggregate reporting on the use of fentanyl.

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:sm
12-20

c: Director, EMS Agency
Gary Watson, Prehospital Program Coordinator, EMS Agency
Paramedic Coordinator, Sierra Madre Fire Department

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 8, 2020

Xavier Espino, Fire Chief
Long Beach Fire Department
3205 N. Lakewood Boulevard
Long Beach, CA 90808-1733

Dear Chief Espino,

**APPROVAL: INTRAOSSEOUS INFUSSION - HUMERAL PLACEMENT**

This is to confirm that Long Beach Fire Department (LB) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of intraosseous (IO) infusion with humeral placement.

The approved quality improvement process required for implementation of humeral IO placement will be reviewed during your annual program review or as deemed necessary by the EMS Agency. LB will be required to report outcome data to the Medical Advisory Council for purposes of peer review. Additionally, LB may also be required to submit data to the EMS Agency on humeral IO placement for purposes of systemwide evaluation and aggregate reporting.

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
01-09

c: Director, EMS Agency
Gary Watson, Prehospital Program Coordinator, EMS Agency
Medical Director, Long Beach Fire Department
EMS Director, Long Beach Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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

January 8, 2020

Andranik Bableyan, President
FirstMed Ambulance Service
8630 Tamarack Avenue
Sun Valley, California 91352

Dear Mr. Bableyan,

**TCP PROGRAM APPROVAL**

This is to confirm that First Med Ambulance (FM) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the use of transcutaneous cardiac pacing (TCP) utilized in the treatment of symptomatic bradycardia.

The quality improvement process required for implementation of TCP will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. FM may also be required to submit data to the EMS Agency on the use of TCP for purposes of systemwide evaluation and aggregate reporting.

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:SM:gk
1-08

c: Director, EMS Agency
Medical Director, First Med Ambulance
Emilio Gaoana, First Med Ambulance
QI Coordinator, First Med Ambulance
Christine Zaiser, Prehospital Program Coordinator, EMS Agency

St. Vincent Medical Center
A Part of Verity Health

2131 West 3rd Street, Los Angeles, CA 90057

January 9, 2020

**VIA OVERNIGHT DELIVERY**

Cathy Chidester
Director, Emergency Medical Services
Los Angeles County EMS Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

**Re: Closure of St. Vincent Medical Center (FEIN 91-2154438)**

Dear Ms. Chidester:

This letter is notice pursuant to California Health & Safety Code section 1255.1 that St. Vincent Medical Center (the "Hospital"), located at 2131 W. Third Street, Los Angeles, CA 90057 will close effective **January 27, 2020** (the "Closure Date"). The Hospital is requesting waiver of the 90-day notice required for emergency department closures and permission to immediately close its emergency department and cease serving as a STEMI Receiving Center.

On August 31, 2018, Verity Health System of California, Inc. and seventeen of its affiliated corporations, including St. Vincent Medical Center, filed voluntary petitions for relief under Chapter 11 of the United States Bankruptcy Code. The cases are jointly administered under Case No. 18-20151 before the Honorable Ernest M. Robles in the United States Bankruptcy Court for the Central District of California. The Bankruptcy Case filings are publicly available at KCCLLC.net/verity. Because of its dire financial situation, the Hospital can no longer afford to operate, and we are unable to provide the 90-day advance notice. We are sending this notice concurrent with a request to the Bankruptcy Court for approval of closure of the Hospital.

We will work closely with local emergency services providers, such as the fire department, to make them aware of the closure, as well as local 911 receiving hospitals to inform them of the change. Proper signage will be posted in public areas to make it clear to the public that emergency services will no longer be provided at this facility.

The three nearest available facilities with Emergency Services, which serve Medicare, Medi-Cal, Commercial, and Self-Pay patients, in the community include:

- Good Samaritan Hospital located at 1225 Wilshire Blvd, Los Angeles CA 90017. Telephone number (213) 977-2121.
- Hollywood Presbyterian Hospital located at 1300 N. Vermont Ave, Los Angeles CA 90027. Telephone number (213) 413-3000.
- Dignity Health-California Medical Center located at 1401 S. Grand Ave, Los Angeles CA 90015. Telephone number (213) 748-2411.

Respectfully,

Margaret Pfeiffer
Interim Chief Executive Officer

cc: Paula Rashi
STEMI Program Coordinator
Los Angeles County EMS Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

**Service Plans / Entities Under Contract**

Aetna
AltaMed Health Network
America's Choice Provider Network
Blue Cross
Blue Shield
Blue Shield Value Network
Care 1st Health Plan
Choice Care / Humana
CIGNA
Citizens Choice Health Plan
Easy Choice Health Plan
HealthCare Partners
Health Net
Heritage Provider Network
Interplan
Integrated Health Plan
Kaiser Foundation Hospitals
LA Care Health Plan
Molina Healthcare
Multiplan
SCAN
Seaside Health Plan
Synermed/EHS
Three Rivers Provider Network
Tri-Care
United HealthCare/PacifiCare
St. Vincent IPA

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

January 13, 2020

2.9 CORRESPONDENCE



**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.

Margaret Pfieffer
Interim Chief Executive Officer
St. Vincent Medical Center
2131 West 3rd Street
Los Angeles, CA 90057

**RE: Closure of St. Vincent Medical Center**

Dear Ms. Pfieffer:

The EMS Agency is in receipt of your correspondence requesting a waiver of the 90-day notice requirement for the downgrade or closure of an emergency department (ED). The EMS Agency does not have the legal authority to grant this waiver.

For patient safety and EMS system coordination, your hospital was placed on 9-1-1 diversion due to Internal Disaster on January 9, 2020. This is to stop all 9-1-1 transports to your ED. An official written notice of the ED closure was also sent to surrounding hospitals and the EMS provider agencies responding in St. Vincent's catchment area. All patients transported via the 9-1-1 system that would have been transported to your facility are being routed to other 9-1-1 receiving hospitals.

The EMS Agency will be conducting an Impact Evaluation Report (IER) on the closure of St. Vincent Medical Center. The IER is anticipated to be completed within 60-days of your written notice to close the hospital. The IER will be submitted to the Board of Supervisors and subsequently to the California Department of Public Health.

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

Sincerely,

Cathy Chidester
Director

CC:rt

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



January 14, 2020

**VIA E-MAIL**

TO: Prehospital Care Coordinator - Each Base Hospital
Paramedic Coordinator - Each Public Provider Agency

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

**SUBJECT: Prehospital Administration of Stroke Therapy-Trans Sodium Crocetinate (PHAST-TSC) Trial Study**

This is to inform you that the PHAST-TSC trial study will begin implementation on **Monday, January 20, 2020. This implementation will only impact Culver City Fire Department and Ronald Reagan UCLA Medical Center.** The EMS Agency will provide subsequent notifications as additional Stroke Centers and EMS Provider Agencies participate in the trial study. Ultimately, the study will be conducted at 20 Los Angeles County Designated Stroke Centers and the EMS Provider Agencies that transport to these Stroke Centers. The trial is anticipated to continue for 18 months, or until the target enrollment of 120 patients is met.

PHAST-TSC is a double-blind, randomized, placebo-controlled phase 2 trial of a neuroprotective agent, Trans Sodium Crocetinate (TSC), for acute stroke. Participating paramedics will be contacting the study physicians for patients who meet enrollment criteria and administering TSC in the field when directed by the physician.

There will be no other changes in field medical care or destination beyond the administration of the study drug. Field care will continue per Treatment Protocol 1232, Stroke/CVA/TIA. Destination decision will be in accordance with Ref. No. 521, Stroke Patient Destination.

Please forward any questions regarding PHAST-TSC to Dr. Nichole Bosson, Assistant Medical Director, at nbosson@dhs.lacounty.gov or (562) 378-1602.

c. Director, EMS Agency
Medical Director, Culver City Fire Department
Paramedic Coordinator, Culver Fire Department
ED Director, Ronald Reagan UCLA Medical Center
Prehospital Care Coordinator, Ronald Reagan UCLA Medical Center

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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Director

Marianne Gausche-Hill, MD
Medical Director

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January 19, 2020

Tom McGinnis
Chief, EMS Systems Division
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

**RE: 2017/2018 EMS Plan for Los Angeles County EMS Agency (LAC EMS Agency)**

Dear Mr. McGinnis:

This is in response to your correspondence dated November 20, 2019, requesting clarification on several items in the Los Angeles County's Annual Emergency Medical Services (EMS) Plan Update. Although your letter refers to 2019 Plan, it is the 2017/2018 Plan that is being amended. The amendment was submitted to the Emergency Medical Services Authority (EMSA) on August 1, 2019 and a subsequent amendment was submitted on October 10, 2019.

Following are the responses to your request for clarification:

I. Response and Transportation

A. Alhambra Fire Department – The EMS Agency will work with County Counsel to develop an ALS Agreement.

B. Avalon Fire Department – This provider is a Basic Life Support (BLS) EMS Provider only, therefore, an Advanced Life Support (ALS) Provider Agreement with the EMS Agency is not required.

C. Reach Air Ambulance Services – See Exhibit 1, ALS Agreement with the EMS Agency

D. San Gabriel Fire Department – The EMS Agency will work with County Counsel to develop an ALS Agreement.

E. Sierra Madre Fire Department – The EMS Agency will work with County Counsel to develop an ALS Agreement.

II. Facilities and Critical Care Center

The following exhibits demonstrate that the trauma data from all trauma centers are current in data submission:

Exhibit 2 – Pomona Valley Hospital Medical Center
Compliant for 2017/2018 EMS Plan:
1st, 2nd, 3rd Qtrs. 2017 were submitted on December 17, 2017.
4th Qtr. 2017 was submitted on March 14, 2018.
1st Qtr. 2018 was submitted on June 22, 2018.
2nd Qtr. 2018 was submitted on August 26 2019.

Exhibit 2 (continued) – Pomona Valley Hospital Medical Center

For 2020 EMS Plan Update submission:

3rd Qtr. 2018 were submitted on August 26, 2019.
4th Qtr. 2018 was submitted on March 12, 2019.
1st Qtr. 2019 was submitted on October 17, 2019.

Exhibit 3 – Harbor-UCLA Medical Center

Compliant for 2017/2018 EMS Plan:

1st Qtr. 2018 was submitted on June 26, 2018; this had validation errors; data was resubmitted January 2, 2020.

For 2020 EMS Plan Update submission:

2nd Qtr. 2018 was submitted on November 21, 2019.
3rd Qtr. 2018 was submitted on December 12, 2018.
4th Qtr. 2018 was submitted on March 11, 2019.
1st Qtr. 2019 was submitted on September 30, 2019.

Exhibit 4 – Hospitals listed below are compliant for 2017/2018 EMS Plan, data submission in question are for 2020 EMS Plan Update submission:

Children's Hospital of Los Angeles
1st Qtr. 2019 was submitted on October 17, 2019.
Huntington Hospital
1st Qtr. 2019 was submitted on October 17, 2019.
Dignity Health – Northridge Hospital Medical Center
1st Qtr. 2019 was submitted on October 17, 2019.
Ronald Reagan – UCLA Medical Center
1st Qtr. 2019 was submitted on October 17, 2019.
St. Francis Medical Center
1st Qtr. 2019 was submitted on October 17, 2019.

III. Data Collection and System Evaluation

A. No submission of CEMSIS/NEMSIS compliant data.

LAC EMS Agency Response: The EMS Agency continues to work with its data vendor, Lancet Technology, to develop CEMSIS export for EMS data. EMS data in Los Angeles County is collected on a per patient basis rather than CEMSIS format which is on a per response vehicle. All response vehicles are documented on a single patient care report to eliminate duplication of records. Extensive reprogramming of the export is necessary to submit data on a per response vehicle. The EMS Agency anticipates sending its test files to EMSA during the first quarter of 2020.

In light of the recent merger of Lancet Technology and ESO Solutions, the EMS Agency is also exploring the feasibility of submitting data via ESO Solutions, a NEMSIS compliant software.

B. Lancet Technology is NEMSIS Compliant for import only.

LAC EMS Agency Response: There is no regulatory requirement mandating a local EMS Agency to use a NEMSIS compliant software.

C. No submission of Ambulance Patient Offload Time Data (3rd Qtr. 2019)

LAC EMS Agency Response: The EMS Agency believes it is compliant with 2017/2018 EMS Plan. As per EMSA's request in a memorandum dated July 17, 2019, the EMS Agency notified EMSA on October 30, 2019, that the EMS Agency will not be able to meet the "30 days after the end of each quarter" APOT reporting requirement. EMS Providers in Los Angeles County are afforded 30 days after the last day of the preceding month to submit data to the EMS Agency. This is to allow the EMS Providers and the EMS Agency to validate data for accuracy and correct data errors prior to data analysis. The 3rd Qtr. APOT report was submitted to EMSA on December 16, 2019.

D. EMS Providers not using CEMSIS/NEMSIS compliant software.

LAC EMS Agency Response: The EMS Agency has confirmed with Digital EMS that it will be pursuing NEMSIS compliance. The EMS Agency anticipates that this process will take between 12-18 months to complete. The EMS Agency has also advised the EMS Provider Agencies utilizing Digital EMS that they are out of compliance with state regulations requiring paramedics to document patient care in a NEMSIS compliant software.

With respect to Avalon Fire Department, the provider is a Basic Life Support provider; therefore, is not required per regulations to document patient care on a NEMSIS compliant software.

Lancet Technology is not an ALS Provider; therefore, is not required by regulations to be NEMSIS compliant. However, the vendor continues to pursue full compliance with NEMSIS standards.

Schaefer Ambulance Service is no longer an emergency medical transport provider in Los Angeles County. This ambulance operator only conducts interfacility transports.

IV. Patient Destination Policies

A. Detailed training curriculum and any competency testing

LAC EMS Agency Response: All ALS Provider Agencies in the County have continuing education (CE) programs that comply with county policy and state regulations regarding CE. The EMS Agency conducts routine audits of all CE programs to ensure each program has the capability of developing sound curriculum content and competency testing. Therefore, these destination policies were designed to provide general guidance to the EMS Provider Agency to develop its training curriculum and competency testing based on the demographics it serves. The policies require the EMS Agency's approval on the content and competency testing prior to training and program approval. The EMS Agency will provide EMSA with training

curriculums and competency testing when an EMS Provider Agency applies to implement these destination policies.

B. Confirm facilities utilized as alternative destinations

LAC EMS Agency Response: Information can be found under the Facilities Tab of Amendment.

C. Quality Improvement Plan

LAC EMS Agency Response: These facilities will be required to develop a Quality Improvement (QI) Program that meets the requirements of the EMS Agency prior to designation as a Psychiatric Urgent Care Center or Sobering Center destination facility. The EMS Agency's QI requirements are listed in Exhibit 5 (Ref. No. 620, EMS Quality Improvement Program). The EMS Agency will forward the QI Plan of any facility that meets the designation standards.

V. Disaster Medical Response

Enclosed are:
Exhibit 6 – Los Angeles County Medical and Health Operations Area Coordination Plan
Exhibit 7 – Adjunct Documents MHOAC Manual

Thank you for giving the LAC EMS Agency the opportunity to clarify the issues you raised in your November 20, 2019, correspondence. We look forward to implementing the revised EMS Plan with the approval of the EMSA.

Please do not hesitate to contact me if you have any questions.

Sincerely,

Cathy Chidester
Director

CC:rt

Exhibits

c. Director, EMSA
EMS Commission

EMERGENCY MEDICAL SERVICES AGENCY
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Cathy Chidester
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Marianne Gausche-Hill, MD
Medical Director

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Health Services
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January 23, 2020

Ms. Melissa Harris
President
AmbuServe Inc.
15105 Broadway Avenue
Gardena, CA. 90248

Dear Ms. Harris,

**KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved AmbuServe Ambulance (AU) for the utilization of the King LTS-D airway for Specialty Care Transport to include, Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. AU may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

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:gk
01-22

c: Director, EMS Agency
Scott Topiol, CCT Coordinator, AmbuServe Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs

EMERGENCY MEDICAL SERVICES AGENCY
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http://ems.dhs.lacounty.gov

January 23, 2020

Mr. Rick Fields
General Manager
PRN Ambulance Inc.
8928 Sepulveda Blvd
North Hills, CA. 91343

Dear Mr. Fields,

**KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved PRN Ambulance (PN) for the utilization of the King LTS-D airway for Specialty Care Transport to include, Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. PN may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

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:gk
01-21

c: Director, EMS Agency
Joshua Parker, Paramedic Coordinator, PRN Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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Director

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Medical Director

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February 6, 2020

Mr. Edward Mirzabegian
Chief Executive Officer
Antelope Valley Hospital
1600 West Avenue J
Lancaster, CA 93534

**SUBJECT: DELAY OF PATIENT PREHOSPITAL TRANSPORT**

The Emergency Medical Services (EMS) Agency would like to make you aware of a delay in the prehospital transport of a patient in cardiac arrest, in part, due to prolonged ambulance patient offload time (APOT) at your hospital.

In late December 2019, Los Angeles County Fire Department (CF) paramedics were dispatched to the residence of a 66-year-old male in cardiac arrest with the family performing CPR. Advanced life support resuscitation was successful and resulted in the patient regaining a return of spontaneous circulation.

Although the exclusive operating area ambulance operator, American Medical Response (AR), was dispatched simultaneously with CF, the transport ambulance arrived at the incident 45 minutes after the dispatch call was received.

Upon review of the incident, the EMS Agency has found that there were compounding issues that contributed to the delay in the arrival of an ambulance which included weather conditions and availability of ambulances. AR reported 13 ambulances waiting to off load patients in the emergency departments of Antelope Valley Hospital and Palmdale Regional Medical Center. Prior to the incident, AR had already repositioned 4 ambulances from the Santa Clarita Valley to augment the Antelope Valley resources due to prolonged APOT at both facilities.

We are bringing this incident to your attention to ensure that you, as the CEO, are aware of the potential adverse effects of prolonged APOT to the EMS system and your community.

For years, the EMS Agency has coordinated and participated in multidisciplinary workgroups to address prolonged APOT and community health related issues in the Antelope Valley. I believe it is time for more aggressive action and hospital resources to be utilized to resolve and decrease your hospital's APOT. Increasing staffing, fast track and hiring clinical staff such as nurse aides to sit and monitor patients arriving by ambulance are potential solutions.

Attached is your hospital's APOT report. Please let me know if you would like to schedule a meeting to discuss further options and plans.

Sincerely,

Cathy Chidester
Director, EMS Agency

CC:jt
02-02

Attachment

c. Emergency Department Medical Director, Antelope Valley Hospital
Emergency Department Director, Antelope Valley Hospital
Medical Director, Los Angeles County Fire Department
General Manager, American Medical Response of Southern California

Los Angeles County Emergency Medical Services Agency

# AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT

## ANTELOPE VALLEY HOSPITAL

**APOT Standard: within 30 minutes, 90% of the time**

| CY 2019 | No. of valid records | </=30 mins | | 30-60 mins | | 60-120 mins | | >120 mins | |
|---|---|---|---|---|---|---|---|---|---|
| 2nd Quarter 2019 (April 1 through June 30) | 4,731 | 3,219 | 68% | 974 | 21% | 376 | 8% | 162 | 3% |
| 3rd Quarter 2029 (July 1 through September 30) | 4,001 | 2,482 | 62% | 1,028 | 26% | 368 | 9% | 123 | 3% |

* No data from Los Angeles Fire Department

** No data from McCormick Ambulance



% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 11-14-2019

EMERGENCY MEDICAL SERVICES AGENCY
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Health Services
http://ems.dhs.lacounty.gov

February 6, 2020

Mr. Richard Allen
Chief Executive Officer
Palmdale Regional Medical Center
38600 Medical Center Drive
Palmdale, CA 93551

**SUBJECT: DELAY OF PATIENT PREHOSPITAL TRANSPORT**

The Emergency Medical Services (EMS) Agency would like to make you aware of a delay in the prehospital transport of a patient in cardiac arrest, in part, due to prolonged ambulance patient offload time (APOT) at your hospital.

In late December 2019, Los Angeles County Fire Department (CF) paramedics were dispatched to the residence of a 66-year-old male in cardiac arrest with the family performing CPR. Advanced life support resuscitation was successful and resulted in the patient regaining a return of spontaneous circulation.

Although the exclusive operating area ambulance operator, American Medical Response (AR), was dispatched simultaneously with CF, the transport ambulance arrived at the incident 45 minutes after the dispatch call was received.

Upon review of the incident, the EMS Agency has found that there were compounding issues that contributed to the delay in the arrival of an ambulance which included weather conditions and availability of ambulances. AR reported 13 ambulances waiting to off load patients in the emergency departments of Antelope Valley Hospital and Palmdale Regional Medical Center. Prior to the incident, AR had already repositioned 4 ambulances from the Santa Clarita Valley to augment the Antelope Valley resources due to prolonged APOT at both facilities.

We are bringing this incident to your attention to ensure that you, as the CEO, are aware of the potential adverse effects of prolonged APOT to the EMS system and your community.

For years, the EMS Agency has coordinated and participated in multidisciplinary workgroups to address prolonged APOT and community health related issues in the Antelope Valley. I believe it is time for more aggressive action and hospital resources to be utilized to resolve and decrease your hospital's APOT. Increasing staffing, fast track and hiring clinical staff such as nurse aides to sit and monitor patients arriving by ambulance are potential solutions.

Attached is your hospital's APOT report. Please let me know if you would like to schedule a meeting to discuss further options and plans.

Sincerely,

Cathy Chidester

Cathy Chidester
Director, EMS Agency

CC:jt
02-02

Attachment

c. Emergency Department Medical Director, Palmdale Regional Medical Center
Emergency Department Director, Palmdale Regional Medical Center
Medical Director, Los Angeles County Fire Department
General Manager, American Medical Response of Southern California

Los Angeles County Emergency Medical Services Agency

# AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT

## PALMDALE REGIONAL MEDICAL CENTER

**APOT Standard: within 30 minutes, 90% of the time**

| CY 2019 | No. of valid records | </=30 mins | | 30-60 mins | | 60-120 mins | | >120 mins | |
|---|---|---|---|---|---|---|---|---|---|
| 2nd Quarter 2019 (April 1 through June 30) | 2,220 | 1,175 | 53% | 527 | 24% | 338 | 15% | 180 | 8% |
| 3rd Quarter 2029 (July 1 through September 30) | 1,845 | 896 | 49% | 568 | 31% | 263 | 14% | 118 | 6% |

* No data from Los Angeles Fire Department

** No data from McCormick Ambulance



% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 11-14-2019

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

February 13, 2020

Mrs. Mildred Carlisle, President
Liberty Ambulance
9441 Washburn Street
Downey, CA. 90242

Dear Ms. Carlisle,

**KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved Liberty Ambulance (LT) for the utilization of the King LTS-D airway for Specialty Care Transport to include, Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. LT may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

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:gk
02-14

c: Director, EMS Agency
Roberta Moritz RN, SCT Coordinator, Liberty Ambulance
Dr. Sameer Mistry, Medical Director, Liberty Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs

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.*

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

February 28, 2020

Clayton Kazan, MD
Medical Director
Los Angeles County Fire Department
Emergency Medical Services Bureau
1255 Corporate Center, Suite 212
Monterey Park, California 91754

**CERTIFIED**

Dear Dr. Kazan:

**TELEMEDICINE for ALTERNATE DESTINATION PILOT PROJECT APPROVAL**

This letter is to confirm that Los Angeles County Fire Department (CF) has been approved by the Emergency Medical Services (EMS) Agency for the Telemedicine for Alternate Destination pilot project. The project is approved for 12 months at which time the pilot will be re-evaluated for efficacy and feasibility.

The quality improvement plan required for implementation and evaluation of the pilot requires CF to submit quarterly reports to the EMS Agency containing at minimum, the following items:

- Number of contacts for telemedicine consult
- Number of patients meeting inclusion criteria when physician was unavailable
- Number of patient contacts meeting inclusion criteria and transported to Exodus Recovery Services (EXM)
- Number of patient contacts meeting exclusion criteria transported to EXM or not transported
- Adverse reactions or complications
- Outcome data for patients transported to EXM to include the following:
  - Secondary transport to an emergency department or mental health facility
  - Treated at EXM and discharged or left against medical advice
- Appropriate statistical evaluation

In addition to the above requirements, please report all sentinel events within 24 hours of occurrence.

Quarterly reports should be addressed to me and are due 30 days after the end of each quarter, with the first report being due March 31, 2020.

Sincerely,

Marianne Gausche-Hill, M.D.
Medical Director

MGH:JT:sm
02-16

c. Fire Chief, Los Angeles County Fire Department
Director, EMS Agency
Deputy Chief, EMS Bureau, Los County Fire Department

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March 3, 2020

TO: SideWalk CPR Training Coordinators

FROM: Cathy Chidester

**SUBJECT: SIDEWALK CPR TOOLKIT**

This is to confirm your registration as a participant in the SideWalk CPR 2020 "Hands-Only CPR" training event during the week of June 1-7th. We know from national and local data that training citizens to perform quality hands-only CPR improves bystander CPR rates and return of spontaneous circulation. With over 10 million residence in Los Angeles County, SideWalk CPR provides a great opportunity to further our efforts in training thousands of people in this truly life-saving skill.

You can elect to provide multiple training events in your community during the first week of June or before in March through April 2020. Please include these events when you report your organization's numbers trained to the EMS Agency in June.

The following resource documents (attachments) will enhance your success and help to make the training run smoothly:

- Instructor Guide
- LAC CPR Fact Sheet for trainers/participants
- AHA CPR Fact Sheets – English & Spanish
- CPR instruction cards for participants
- Attendance Record/Sign-in Roster
- *Ready Check Go!* Resource and Checklist

In addition to the above documents, we encourage you to showcase your organization and create your own signage with the message, "Learn Hands-Only CPR Today!" that is large enough to attract people to your training area. Also included is a copy of the Los Angeles County EMS Agency SideWalk CPR logo as option for your handouts and/or banners.

Below are links to additional American Heart Association resources for posters, information sheets or to purchase CPR Anytime Training Kits:

https://cpr.heart.org/en/cpr-courses-and-kits/hands-only-cpr/hands-only-cpr-resources

https://cpr.heart.org/en/cpr-courses-and-kits/cpr-anytime

For questions or assistance contact me at (562) 378-1604 or Susan Mori at (562) 378-1681 or sumori@dhs.lacounty.gov.

**Thank you for your support in this important event!**

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



March 5, 2020

Daryn Drum, Fire Chief
Manhattan Beach Fire Department
400 15th Street
Manhattan Beach, CA 90266

Dear Chief Drum,

**APPROVAL: AutoPulse™**

This letter is to confirm that Manhattan Beach Fire Department (MB) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to implement a pilot study utilizing the AutoPulse™ Resuscitation System for patients receiving cardiopulmonary resuscitation.

The quality improvement process approved for implementation and evaluation of the pilot study requires quarterly reports to be submitted to the EMS Agency. Additionally, the Medical Director or representative from MB will be required to provide an informal report on the pilot progress at the Medical Advisory Council meetings when available for purposes of peer review and system evaluation.

Upon implementation of the AutoPulse™, the quarterly reports should be addressed to me and are due 30 days after the end of each quarter. The reports should include at minimum, the following:

- Number of AutoPulse™ applications
- Time to AutoPulse™ application
- Initial cardiac rhythm
- Number of endotracheal intubations
- Capnography values at initial AutoPulse™ placement and at return of spontaneous circulation (ROSC) or termination of resuscitation (TOR)
- Number ROSC achieved
- Number with ROSC at receiving hospital
- Number transported without ROSC achieved
- Number of TOR and not transported

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:sm
03-02

c: Cathy Chidester, Director, EMS Agency
Gary Watson, EMS Agency, Prehospital Operations
Medical Director, Manhattan Beach Fire Department
EMS Division Chief, Manhattan Beach Fire Department
Nurse Educator, Manhattan Beach Fire Department

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

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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March 5, 2020

Vincent Capelle, Fire Chief
West Covina Fire Department
1444 West Garvey Avenue
West Covina, CA 91790

Dear Chief Capelle,

**APPROVAL: INTRAOSSEOUS INFUSSION - HUMERAL PLACEMENT**

This letter is to confirm that West Covina Fire Department (WC) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of intraosseous (IO) infusion with humeral placement.

The approved quality improvement process and data requirements for implementation of humeral IO placement as a local expanded scope of practice will be reviewed during your annual program review or as deemed necessary by the EMS Agency. WC's Medical Director or representative may be required to provide an informal report to the Medical Advisory Council for purposes of peer review.

Additionally, WC may be required to submit data to the EMS Agency on humeral IO placement for purposes of systemwide evaluation and aggregate reporting.

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:sm
03-15

c: Director, EMS Agency
Gary Watson, Prehospital Program Coordinator, EMS Agency
Medical Director, West Covina Fire Department
EMS Director, West Covina Fire Department
Nurse Educator, West Covina Fire Department

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 advance the health of our communities by ensuring quality emergency and disaster medical services."*

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

March 10, 2020

Boris Krutonog, President
AMWest Ambulance
7650 Lankershim Boulevard
North Hollywood, CA 91605

Dear Mr. Krutonog,

**CPAP PROGRAM APPROVAL**

This letter is to confirm AMWest Ambulance (AW) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for training and implementation of Continuous Positive Airway Pressure (CPAP) for the prehospital treatment of moderate to severe respiratory distress.

The quality improvement process required for implementation of the CPAP program will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. AW may also be required to submit data to the EMS Agency on the use of CPAP for purposes of systemwide evaluation and aggregate reporting.

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:RT:SM:gk
03-17

c: Director, EMS Agency
Sameer Mistry, MD, Medical Director, AMWest Ambulance
Maurice Guillen, Paramedic Coordinator, AMWest Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

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Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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March 10, 2020

Mr. Paul Scarborough, President
Premier Medical Transport
260 North Palm Street Suite 200
Brea, CA. 92821

Dear Mr. Scarborough,

**KING LTS(D) AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved Premier Medical Transport (PE) for the utilization of the King LTS-D airway for Specialty Care Transport to include, Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency. PE may also be required to submit data to the EMS Agency on the use of the King Airway for purposes of system wide evaluation and aggregate reporting.

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

Sincerely,

Marianne Gausche-Hill

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:SM:gk
03-16

c: Director, EMS Agency
Ian Wilson, CCT Coordinator, Premier Medical Transport
Dr. Lee Weiss, Medical Director, Premier Medical Transport
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs

COUNTY OF LOS ANGELES
OFFICE OF THE COUNTY COUNSEL
648 KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET
LOS ANGELES, CALIFORNIA 90012-2713

MARY C. WICKHAM
County Counsel

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(213) 974-1925
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(213) 680-2165
TDD
(213) 633-0901
E-MAIL
bchu@counsel.lacounty.gov

March 12, 2020

Susan Fanelli
Director/State Public Health Officer
California Department of Public Health
P.O. Box 997377 MS 500
Sacramento, California 95899-7377

**Re: Closure of St. Vincent Medical Center**
**Address**

Dear Ms. Fanelli:

I am general counsel who represents the Los Angeles County Department of Health Services Emergency Medical Services Agency ("LAEMSA").

Verity Health Systems of California ("Verity"), the owner of St. Vincent Medical Center ("SVH"), located at 2131 West 3rd Street, Los Angeles, California, informed LAEMSA on January 6, 2020 that it would be closing SVH within 30 days. This is to advise you that LAEMSA does not believe that California Health and Safety Code (H&S) section 1300 applies to the court-ordered closure of SVH and, therefore, that the County of Los Angeles will not be submitting an Impact Evaluation Report ("IER") to the Department of Public Health (DPH).

As you know, Verity filed a Chapter 7 bankruptcy petition on August 31, 2018, under which it undertook a sale of its assets, including SVH. The anticipated sale of SVH by December 27, 2019 did not materialize. Consequently, Verity sought and received an emergency order from the United States Bankruptcy Court on January 9, 2020, under which it was authorized to close SVH in its entirety within 30 days of its order. As of this date, SVH is permanently closed. For your reference, I have attached a copy of the January 9, 2020 Order that authorized SVH's closure.

Under normal circumstances, LAEMSA would be required under H&S Section 1300 to serve notice and conduct a pre-closure public hearing within the

community served by the hospital. Under the County's policy, the Board of Supervisors would approve an IER prepared by LAEMSA and authorize its transmittal to DPH. However, the Bankruptcy Court's Order makes clear that Verity's assets are under the jurisdiction of the U.S. Bankruptcy statutes and that state statutes, i.e., H&S Section 1300, do not apply where the sale of SVH is contemplated and authorized by the Court.

Although SVH is closed, please be assured that LAEMSA has mitigated the impact on the surrounding community by ensuring that the hospitals within the five-mile radius were adequately notified of the closure so that they could prepare to absorb the modest impact (SVH operated eight ED beds) to their EDs. Currently, the bulk of the emergency room visits have been absorbed by Good Samaritan Hospital, who reports no significant issues arising in the past 2 months. LAEMSA will continue to monitor the medical services activity of the community formerly served by SVH to ensure that adequate resources are available.

Should you have any questions or comments, please do not hesitate to contact me.

Very truly yours,

MARY C. WICKHAM
County Counsel

By
BRIAN T. CHU
Principal Deputy County Counsel
Health Services Division

BTC:jm

c: Cathy Chidester
Department of Health Services
Emergency Medical Services Agency

Enclosure

Docket #3933 Date Filed: 1/9/2020



UNITED STATES BANKRUPTCY COURT

CENTRAL DISTRICT OF CALIFORNIA—LOS ANGELES DIVISION

In re: Verity Health System of California, Inc., *et al.*,

Debtors and Debtors in Possession.

☒Affects All Debtors

☐ Affects Verity Health System of California, Inc.
☐ Affects O'Connor Hospital
☐ Affects Saint Louise Regional Hospital
☐ Affects St. Francis Medical Center
☐ Affects St. Vincent Medical Center
☐ Affects Seton Medical Center
☐ Affects O'Connor Hospital Foundation
☐ Affects Saint Louise Regional Hospital Foundation
☐ Affects St. Francis Medical Center of Lynwood Medical Foundation
☐ Affects St. Vincent Foundation
☐ Affects St. Vincent Dialysis Center, Inc.
☐ Affects Seton Medical Center Foundation
☐ Affects Verity Business Services
☐ Affects Verity Medical Foundation
☐ Affects Verity Holdings, LLC
☐ Affects De Paul Ventures, LLC
☐ Affects De Paul Ventures - San Jose Dialysis, LLC

Debtors and Debtors in Possession.,

Lead Case No.: 2:18-bk-20151-ER
Chapter: 11

Jointly Administered With:
Case No. 2:18-bk-20162-ER;
Case No. 2:18-bk-20163-ER;
Case No. 2:18-bk-20164-ER;
Case No. 2:18-bk-20165-ER;
Case No. 2:18-bk-20167-ER;
Case No. 2:18-bk-20168-ER;
Case No. 2:18-bk-20169-ER;
Case No. 2:18-bk-20171-ER;
Case No. 2:18-bk-20172-ER;
Case No. 2:18-bk-20173-ER;
Case No. 2:18-bk-20175-ER;
Case No. 2:18-bk-20176-ER;
Case No. 2:18-bk-20178-ER;
Case No. 2:18-bk-20179-ER;
Case No. 2:18-bk-20180-ER;
Case No. 2:18-bk-20181-ER;

Chapter 11 Cases.

**MEMORANDUM OF DECISION GRANTING DEBTORS' EMERGENCY MOTION FOR AUTHORIZATION TO CLOSE ST. VINCENT MEDICAL CENTER**

**[RELATES TO DOC. NO. 3906]**

Date: January 8, 2020

Time: 10:00 a.m.

Location: Ctrm. 1568
Roybal Federal Building
255 East Temple Street
Los Angeles, CA 90012

1820151200109000000000024

Before the Court is the Debtors' emergency motion (the "Motion") for authorization to implement a plan to close St. Vincent Medical Center and St. Vincent Dialysis Center, Inc. (collectively, "St. Vincent"). The Court conducted a hearing on the Motion at the above-captioned date and time. Because the Motion was heard on an emergency basis, the Court allowed parties who had not filed a written opposition to the Motion to present arguments at the hearing.[1] For the reasons set forth below, the Motion is GRANTED.

## I. Facts

On August 31, 2018 (the "Petition Date"), Verity Health System of California ("VHS") and certain of its subsidiaries (collectively, the "Debtors") filed voluntary petitions for relief under Chapter 11 of the Bankruptcy Code. The Debtors' cases are being jointly administered.

As of the Petition Date, the Debtors operated six acute care hospitals in the state of California. On December 27, 2018, the Court authorized the Debtors to sell two of their hospitals—O'Connor Hospital and Saint Louise Regional Hospital—to Santa Clara County (the "Santa Clara Sale").[2] The Santa Clara Sale closed on February 28, 2019.

On February 19, 2019, the Court entered an order establishing bidding procedures (the "Bidding Procedures Order")[3] for the auction of the Debtors' four remaining hospitals—St. Francis Medical Center ("St. Francis"), St. Vincent Medical Center (including St. Vincent Dialysis Center) ("St. Vincent"), Seton Medical Center ("Seton"), and Seton Medical Center Coastside ("Seton Coastside") (collectively, the "Hospitals"). Under the Bidding Procedures Order, Strategic Global Management ("SGM") was designated as the stalking horse bidder.

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[1] In addition to the oral presentations made at the hearing, the Court considered the following papers in adjudicating the Motion:

1) Debtors' Emergency Motion for Authorization to Close St. Vincent Medical Center (the "Motion") [Doc. No. 3906];
   a) Order Setting Hearing on Debtors' Emergency Motion for Authorization to Close St. Vincent Medical Center [Doc. No. 3907];
   b) Notice of Hearing on Debtors' Emergency Motion for Authorization to Close St. Vincent Medical Center [Doc. No. 3909];
   c) Declaration of Service by Kurtzman Carson Consultants, LLC Regarding Docket Numbers 3906, 3907 and 3909 [Doc. No. 3913];
2) Opposition by California Nurses Association to Debtors' Emergency Motion for Authorization to Close St. Vincent Medical Center [Doc. No. 3914];
3) Opposition to Emergency Motion Filed by Marc Girsky, M.D., Chief of Staff of St. Vincent Medical Center [Doc. No. 3916]; and
4) Opposition to Emergency Motion Filed by Samuel K. Lee [Doc. No. 3926].

[2] For a description of the Santa Clara Sale, see *In re Verity Health Sys. of California, Inc.*, 598 B.R. 283 (Bankr. C.D. Cal. 2018) ("*Verity I*").

[3] *See* Order (1) Approving Form of Asset Purchase Agreement for Stalking Horse Bidder and for Prospective Overbidders, (2) Approving Auction Sale Format, Bidding Procedures and Stalking Horse Bid Protections, (3) Approving Form of Notice To Be Provided to Interested Parties, (4) Scheduling a Court Hearing to Consider Approval of the Sale to the Highest Bidder and (5) Approving Procedures Related to the Assumption of Certain Executory Contracts and Unexpired Leases; and (II) An Order (A) Authorizing the Sale of Property Free and Clear of All Claims, Liens and Encumbrances [Doc. No. 1572].

SGM's bid for all four of the Hospitals was $610 million. The Bidding Procedures Order approved an Asset Purchase Agreement (the "APA") between the Debtors and SGM.

The Hospitals were extensively marketed by the Debtors' investment banker, Cain Brothers, a division of KeyBank Capital Markets, Inc. ("Cain Brothers"). Cain Brothers notified ninety parties of the auction process. Sixteen of these parties requested continued access to a data room containing information about the Hospitals.

Notwithstanding Cain Brothers' thorough marketing efforts, the Debtors did not receive any qualified bids for all of the Hospitals. The Debtors received one bid to purchase only St. Vincent and one bid to purchase only St. Francis. After consulting with the Official Committee of Unsecured Creditors (the "Committee") and the largest secured creditors, the Debtors determined not to conduct an auction. On May 2, 2019, the Court entered an order finding that SGM was the winning bidder and approving the sale to SGM (the "SGM Sale").[4]

On November 27, 2019, the Court entered a memorandum of decision and accompanying order finding that as of November 19, 2019, all conditions precedent under the APA to SGM's obligation to close the SGM Sale had been satisfied.[5] The Court found that pursuant to § 1.3 of the APA, SGM was obligated to close the SGM Sale by no later than December 5, 2019. *Id.* SGM did not close the sale by December 5, 2019.[6] On December 27, 2019, the Debtors sent SGM a notice terminating the APA and asserting that SGM had materially breached the APA.[7]

The Debtors seek authorization to implement a plan to close St. Vincent (the "Closure Plan"). The Debtors assert that there is no buyer interested in purchasing St. Vincent as a going-concern; that the operating losses generated by St. Vincent threaten the viability of the entire Verity Health System; and that if the Debtors do not immediately begin implementing the Closure Plan, they will lack sufficient funds to conduct an orderly closure.

The timeline contemplated by the Closure Plan is as follows (all dates are calculated with reference to entry of an order granting the Motion):

- Order + 1 day: Notify Emergency Medical Services and place St. Vincent on diversion protocol for all patients. Begin process of transferring patients, along with their medical information, to a hospital of their choice.
- Order + 3 days: Complete closure of emergency department.
- Order + 5 days: Cease scheduling all elective procedures.
- Order + 7 days: Conclude and cease all elective surgeries and other procedures.
- Order + 21 days: Complete closure of the dialysis department.
- Order + 30 days: Complete closure of the transplant department.

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[4] *See* Order (A) Authorizing the Sale of Certain of the Debtors' Assets to Strategic Global Management, Inc. Free and Clear of Liens, Claims, Encumbrances, and Other Interests; (B) Approving the Assumption and Assignment of Unexpired Leases Related Thereto; and (C) Granting Related Relief [Doc. No. 2306].

[5] *See* Memorandum of Decision Finding that SGM is Obligated to Close the SGM Sale By No Later than December 5, 2019 [Doc. No. 3723] and Order (1) Finding that SGM is Obligated to Close the SGM Sale By No Later than December 5, 2019 and (2) Setting Continued Hearing on Debtors' Motion for Approval of Disclosure Statement [Doc. No. 3274].

[6] *Id.*

[7] *See* Notice Re Termination of Asset Purchase Agreement with Strategic Global Management, Inc. [Doc. No. 3899].

- Order + 30 days: Complete closure and cease clinical operations.

**Summary of the California Nurses Association's Opposition to the Motion**

The California Nurses Association (the "CNA"), which represents registered nurses employed at St. Vincent, opposes the Motion. The CNA makes the following arguments and representations in support of its opposition:

The Debtors have not demonstrated that they have provided the notice of the contemplated closure that is required under California law. Specifically, the contemplated closure violates the following provisions of the Cal. Health & Safety Code:

- Cal. Health & Safety Code § 1255.1(a) requires that any hospital providing emergency medical services give 90 days' advance notice of the elimination of such services to "the state department, the local government entity in charge of the provision of health services, and all health care service plans or other entities under contract with the hospital to provide services to enrollees of the plan or other entity."
- Cal. Health & Safety Code § 1225.1(b) requires a hospital to provide 90 days' advance notice of the closure "in a manner that is likely to reach a significant number of residents of the community" serviced by the hospital.
- Cal. Health & Safety Code § 1255.25(a)(1) requires that not less than 30 days prior to the closure, the hospital (1) post notice of the closure "at the entrance to all affected facilities" and (2) provide notice of the closure to the department and the board of supervisors of the county in which the hospital is located.
- Cal. Health & Safety Code § 1255.25(b)(2) requires that not less than 30 days prior to closure, the hospital provide notice to Medicare and Medi-Cal beneficiaries, including information on the nearest available facilities providing similar healthcare services.

The notification requirements serve a vital role in helping underserved communities prepare for the devastating loss of essential healthcare services. As set forth in a January 7, 2020 letter from California State Senator Maria Elena Durazo and California State Assembly Member Wendy Carrillo, who represent constituents in the district in which St. Vincent is located, closure of the hospital will be "devastating" for the district, and the public notice requirement "is crucial because it gives [the public] time to figure out where patients should be going to receive care in the area" and "ensure[s] workers are not left unemployed …."

In *Norris Square Civic Ass'n v. St. Mary Hosp. (In re St. Mary Hosp.)*, the Bankruptcy Court enjoined a hospital from closing because it had failed to comply with applicable notice requirements imposed by state law. 86 B.R. 393, 400 (Bankr. E.D. Pa. 1988). The Motion should be denied based on the Debtors' failure to comply with the notice requirements imposed by California law.

The timeframe proposed by the Debtors for closing the emergency department creates an unreasonable risk to public safety. The Debtors plan to close the emergency department within three days after entry of an order granting the Motion. Even if ambulances are placed on diversion status, many residents of the community will still drive to the emergency department to receive care. Based on the most recent filing with the California Office of Statewide Health Planning and Development, the emergency department receives approximately 83 visits per day.

## II. Discussion

### A. CNA's Opposition to the Motion is Overruled

CNA asserts that the Closure Plan cannot be approved because the Debtors have failed to provide notification of the closure in accordance with the provisions of the Cal. Health & Safety Code. CNA's argument incorrectly assumes that the Cal. Health & Safety Code's notice provisions are controlling within the bankruptcy context.

Title 28 U.S.C. § 959(b) requires the Debtors to "manage and operate the property" in their possession "according to the requirements of the valid laws of the State in which such property is situated, in the same manner that the owner or possessor thereof would be bound to do if in possession thereof." However, § 959(b) applies only to property used in connection with an operating business; it does not apply to property where business operations have ceased and the assets are being liquidated. In *In re Gardens Reg'l Hosp. & Med. Ctr., Inc.*, this Court held that § 959(b) did not apply to the sale of a closed hospital. 567 B.R. 820, 829 (Bankr. C.D. Cal. 2017). *See also S.E.C. v. Wealth Mgmt. LLC*, 628 F.3d 323, 334 (7th Cir. 2010) ("Modern courts have ... concluded that § 959(b) does not apply to liquidations"); *Alabama Surface Min. Comm'n v. N.P. Min. Co. (In re N.P. Min. Co., Inc.)*, 963 F.2d 1449, 1460 (11th Cir. 1992) ("A number of courts have held that section 959(b) does not apply when a business's operations have ceased and its assets are being liquidated"); *Saravia v. 1736 18th St., N.W., Ltd. P'ship*, 844 F.2d 823, 827 (D.C. Cir. 1988) (viewing § 959(b) "as applying only to operating businesses, not ones that were in the process of being liquidated").

Upon initiation of the Closure Plan, St. Vincent will enter the process of liquidation and will no longer be an operating business. Therefore, § 959(b) does not require the Debtors to comply with the notice deadlines of the Cal. Health & Safety Code when implementing the Closure Plan.

This case provides a compelling illustration of why the Bankruptcy Court's authority to supervise the use of estate property under § 363(b) must trump the Cal. Health & Safety Code. The Debtors worked to close the SGM Sale, which would have allowed St. Vincent to continue operating, until December 27, 2019. Compliance with the Cal. Health & Safety Code's notice requirements would have required the Debtors to provide notice that St. Vincent would be closing at a time when the Debtors reasonably expected that the SGM Sale would close. The provision of such notice would have interfered with St. Vincent's operations, disrupting the Debtors' efforts to close the SGM Sale. Premature publication of notice of closure would have harmed employee retention and morale, confused patients, and caused vendors to cease furnishing critical supplies. These serious harms would have undercut the central objective of the § 363 sale process—providing the Debtors the opportunity to realize the optimal value of their assets. *Simantob v. Claims Prosecutor, LLC (In re Lahijani)*, 325 B.R. 282, 288–89 (9th Cir. BAP 2005).

CNA's opposition suffers from an additional defect. As a party in interest, CNA "may appear and be heard on any issue" in these cases. § 1109(b). However, the Court must still assess whether CNA has standing to assert that the Closure Plan violates the Cal. Health & Safety Code. The Court finds that it does not.

The provisions of the Cal. Health & Safety Code cited by CNA are enforced by the California Department of Public Health (the "CDPH"). CDPH did not file a written opposition to the Motion.[8] CNA's opposition essentially seeks to enforce various provisions of the Cal. Health

[8] At the hearing, Deputy Attorney General Kenneth K. Wang, who represents the California Department of Health Care Services, alleged that the Motion had not been properly served upon

& Safety Code against the Debtors on CDPH's behalf. That is not appropriate, because the Health & Safety Code does not create a private right of action. The California Supreme Court has explained that a private right of action exists under the following circumstances:

> A violation of a state statute does not necessarily give rise to a private cause of action. Instead, whether a party has a right to sue depends on whether the Legislature has "manifested an intent to create such a private cause of action" under the statute....
>
> A statute may contain " 'clear, understandable, unmistakable terms,' " which strongly and directly indicate that the Legislature intended to create a private cause of action. For instance, the statute may expressly state that a person has or is liable for a cause of action for a particular violation. (See, e.g., Civ.Code, § 51.9 ["A person is liable in a cause of action for sexual harassment" when a plaintiff proves certain elements]; Health & Saf.Code, § 1285, subd. (c) ["Any person who is detained in a health facility solely for the nonpayment of a bill has a cause of action against the health facility for the detention"].) Or, more commonly, a statute may refer to a remedy or means of enforcing its substantive provisions, i.e., by way of an action.

*Lu v. Hawaiian Gardens Casino, Inc.*, 50 Cal. 4th 592, 597, 236 P.3d 346, 348 (2010) (internal citations omitted).

None of the sections cited by CNA contains language expressly creating a private right of action. Further, there is no indication that the legislature intended for private entities to have the ability to enforce those provisions against hospitals. *See Lu*, 50 Cal. 45th at 600 (providing that if a statute does not expressly create a private right of action, there must be a "clear indication" that the legislature intended to do so). To the contrary, the structure of the statute indicates that the legislature delegated enforcement responsibilities solely to the CDPH. The provisions cited by CNA are contained within the chapter of the statute pertaining to licensure. That chapter also contains provisions setting forth the circumstances under which a health facility's license may be revoked, including the manner in which the CDPH must conduct hearings on license revocation. *See* Cal. Health & Safety Code § 1294 (the "state department may suspend or revoke any license

---

the CDPH. The Court finds that the CDPH received sufficient notice of the Motion. On January 6, 2020, the Motion was served upon Deputy Attorney General David K. Eldan, Deputy Attorney General Kenneth K. Wang, and Deputy Attorney General Scott Chan, via e-mail. Doc. No. 3913, Ex. B. On January 6, 2020, the Debtors provided telephonic notice of the hearing to Attorney General Xavier Becerra and Deputy Attorney General Kenneth K. Wang. *Id.* at Ex. A. On January 6, 2020, the Debtors served the Motion, via overnight mail, upon Attorney General Xavier Becerra, Deputy Attorney General Kenneth K. Wang, Deputy Attorney General David Eldan, the Office of the Attorney General located in Los Angeles, and the Consumer Law Section of the Office of the Attorney General. *Id.* at Ex. D. On January 7, 2020, at 5:48 p.m. (Pacific Time), the Debtors served the Motion electronically upon the CDPH, at seven different e-mail addresses. Doc. No. 3924. On that same date, the Debtors provided telephonic notice of the Motion and the hearing date to counsel to the CDPH. *Id.* CDPH had sufficient notice of the Motion to have a team of representatives onsite at St. Vincent preparing for the contemplated closure at the same time that the hearing was being conducted, as represented by Debtors' counsel at the hearing.

or special permit issued under the provisions of this chapter upon any of the following grounds ...."); *id.* at § 100171 (containing procedures for hearings on licensure).

In addition, at least one court has held that a provision contained within Division 2 of the Health & Safety Code (the same division containing the provisions cited by CNA) does not create a private right of action. *See John Muir Health v. Glob. Excel Mgmt.*, No. C-14-04226 DMR, 2014 WL 6657656, at *4 (N.D. Cal. Nov. 21, 2014) (dismissing a claim brought under Cal. Health & Safety Code § 13714(b) because the provision did not create a standalone private right of action).

**B. The Debtors Are Authorized to Implement the Closure Plan to Effect an Orderly Closure of St. Vincent**

Section 363(b) authorizes a debtor to use property of the estate outside the ordinary course of business upon court approval. The debtor must articulate a "business justification" to use property outside the ordinary course of business. *In re Walter*, 83 B.R. 14, 19–20 (B.A.P. 9th Cir. 1988). Whether the articulated business justification is sufficient "depends on the case," in view of "all salient factors pertaining to the proceeding." *Id.* at 19–20.

The Debtors' decision to close St. Vincent constitutes a "use" of estate property within the meaning of § 363(b). The Debtors have articulated a sufficient business justification for closing St. Vincent. The following facts have been established by the declarations submitted in support of the Motion:

- No buyer has presented a realistic bid to purchase St. Vincent as a stand-alone hospital. Moloney Decl. at ¶ 4. Although James M. Moloney, the Debtors' investment banker, had a telephone conversation with a potential bidder on January 6, 2020, that bidder had conducted limited due diligence and did not have experience with the regulatory approval process required to purchase a hospital. *Id.* Further, the bidder's intended use for St. Vincent was as a real-estate investment if the bidder's hospital operating partner could not develop a viable plan to profitably operate St. Vincent. *Id.*
- St. Vincent is generating substantial operating losses. As of the Petition Date, St. Vincent accounted for approximately 23% of the patient volume of the entire Verity Health System, but was responsible for 60% of the operating losses. Chadwick Decl. at ¶ 6. If the Debtors do not implement the Closure Plan rapidly, they will lack sufficient funds to conduct an orderly closure of St. Vincent. Adcock Decl. at ¶ 7.
- The Debtors lack sufficient funds to continue to subsidize St. Vincent's operating losses. Absent the closure of St. Vincent, the Debtors will be unable to continue operating their other hospitals. Chadwick Decl. at ¶ 9.

Since it is not feasible for the Debtors to continue St. Vincent's operations, implementation of the Closure Plan is necessary to sustain public health and welfare. Public safety would be jeopardized if the Debtors allowed St. Vincent to remain open while lacking sufficient funds to support its operations. In this respect, the Court notes that the Debtors do not have the ability to borrow under any debtor-in-possession financing facility. The Debtors' cases are being financed by a consensual cash collateral stipulation executed between the Debtors and the principal secured creditors (the "Cash Collateral Stipulation"). Under the Cash Collateral Stipulation, the Debtors' ability to use cash collateral terminates on January 31, 2020.

CNA asserts that the Debtors are entitled to damages from SGM for its failure to perform under the APA, and that St. Vincent's operations could be funded from these breach damages. CNA overlooks the fact that the Court has not made a finding as to whether SGM has breached the APA. The issue of SGM's alleged breach is subject to ongoing litigation, which will not be resolved in the near term. Sustaining St. Vincent's operations requires immediately available liquidity, which the Debtors lack. The speculative possibility of a future cash infusion based upon SGM's alleged breach is not a solution to St. Vincent's current funding crisis. Nor is pursuing a sale, another alternative suggested by CNA. There are no firm expressions of interest. Even if a buyer was identified, the sale process and review by the Attorney General's office would take months to conclude.

The Closure Plan preserves patient safety. Acute care patients will be transferred to Good Samaritan Hospital, which is located approximately one mile from St. Vincent. Adcock Decl. at ¶ 8. St. Joseph Hospital has agreed to assume care of the kidney transplant patients who are part of the St. Vincent Transplant Program, subject to approval of the United Network for Organ Sharing. *Id.*

1. The Timeline Set Forth in the Closure Plan is Approved, Except that the Deadline for Physicians to Vacate St. Vincent's Medical Office Facilities is Extended by 30 Days

At the hearing, multiple parties testified regarding the impact of the Closure Plan upon physicians, employees, patients, and other stakeholders. Having considered the evidence before it, the Court approves the deadlines set forth in the Closure Plan, with the exception of the deadline for physicians to vacate St. Vincent's medical office facilities, which is extended by 30 days to April 30, 2020.

The Court places substantial weight upon the testimony of Dr. Jacob Nathan Rubin, the Court-appointed Patient Care Ombudsman. Dr. Rubin testified as follows:

- To protect patient safety, St. Vincent must be closed as quickly as possible following the announcement of the hospital's closure. Once closure is announced, key members of St. Vincent's medical staff will immediately leave to seek employment elsewhere. Replacing experienced staff with temporary workers is not feasible because the temporary workers will be unfamiliar with St. Vincent's systems, procedures, and electronic medical records. There will not be a sufficient number of experienced staff remaining to adequately train the large influx of temporary workers. The result of the rapid departure of experienced staff will be a marked decline in the quality of patient care, seriously jeopardizing patient safety.
- The transfer of existing patients to other hospitals will not impair patient safety. Patients are routinely transferred from one hospital to another, and the hospital resources within St. Vincent's immediate vicinity are more than sufficient to accommodate St. Vincent's patients.

Alice Kirchner, director of Dialysis Services at St. Vincent, asserted that the Closure Plan did not provide sufficient notice to enable the smooth relocation of patients. Ms. Kirchner stated that the Closure Plan's deadlines were creating stress and trauma for affected patients, staff, and physicians. Ms. Kirchner requested that the Dialysis Unit be provided a minimum of 30 days to relocate patients before being shut down.

In view of Dr. Rubin's testimony, the Court does not find it appropriate to extend the deadlines set forth in the Closure Plan. In fact, Dr. Rubin testified that if the deadlines were to be modified, they should be shortened, not extended. The Court understands the difficulties that the Closure Plan's deadlines place upon stakeholders. However, the Court's first priority must be protecting patient safety, and that requires a rapid closure.

St. Vincent leases office space to physicians who provide outpatient services. Dr. Marc Girsky, St. Vincent's Chief of Staff, stated that the March 31, 2020 deadline for physicians to vacate the office space would not provide physicians adequate time to relocate their practices. Dr. Girsky requested that physicians be provided at least six months to relocate. Dr. Samuel Lee, St. Vincent's former Chief of Staff, and Ryan Yant, counsel for St. Vincent Independent Physicians Association, made statements in support of Dr. Girsky's request. The Court also received a letter signed by numerous physicians who lease office space at St. Vincent requesting that the deadline to relocate by extended to June 30, 2020.[9]

In response to the physicians' requests, the Debtors proposed extending the relocation deadline by 30 days, to **April 30, 2020**. The Court finds the compromise proposed by the Debtors to be appropriate. The April 30 deadline provides physicians approximately four months to relocate.

## III. Conclusion

The Court is fully cognizant of the hardship that closure of St. Vincent will have upon employees and members of the surrounding community. The absence of any serious purchaser willing to acquire St. Vincent as a going-concern has placed all constituencies in this case in a difficult position. However, forcing the Debtors to keep St. Vincent open when there is insufficient money to operate it would only make the situation far worse for St. Vincent and for the patients of the Debtor's other hositals.

The Motion is **GRANTED** to the extent set forth herein. Notwithstanding Bankruptcy Rule 6004(h), the order granting the Motion shall take effect immediately upon entry. By no later than **January 23, 2020**, the Debtors shall submit a Status Report regarding implementation of the Closure Plan. Subsequent Status Reports shall be submitted every fourteen days until the Closure Plan has been fully implemented.[10] The Court will enter an order consistent with this Memorandum of Decision.

###

Date: January 9, 2020

Ernest M. Robles
United States Bankruptcy Judge

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[9] Doc. No. 3926.

[10] No hearings will be conducted in connection with the Status Report unless otherwise ordered by the Court.

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Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

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

*"To advance the health of our communities by ensuring quality emergency and disaster medical services."*

March 19, 2020

**TO:** Distribution Via Electronic Mail

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

**SUBJECT: SCREENING CALLS AND NOT DISPATCHING A RESOURCE**

It has come to the attention of the Emergency Medical Services (EMS) Agency that there are incidences of 9-1-1 dispatch centers screening callers and determining independently whether to send a resource to the scene. This is unacceptable and must stop immediately.

The EMS Agency anticipates that the COVID-19 pandemic will heighten, and the call volume to dispatch centers will increase with complaints of flulike symptoms, cough and congestion. Regardless of the complaint, it is inappropriate for a dispatcher to medically screen a caller and not send an EMS resource to the location. Doing so is a disservice to the citizens we serve, and creates a legal liability for your department, should there be poor patient outcome.

MGH:jt
03-23

Distribution:

Medical Director, Each 9-1-1 Dispatch Center
Fire Chief, Each 9-1-1 Paramedic Provider Agency
Dispatch Manager, Each 9-1-1 Dispatch Center

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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

March 19, 2020

# MEMORANDUM

TO: Trauma Medical Directors
Trauma Program Managers

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: **Trauma Center Leadership COVID-Update**

Dr. Shepherd's email yesterday sparked quite a response and it appears that many have concerns about the viability of maintaining our trauma system during an escalating COVID-19 pandemic. First, I wanted to thank all of you for your continuing efforts to preserve the capacity of our Trauma System. We at the Los Angeles County EMS agency are working 7 days a week to collaborate with public health, the Hospital Association, Red Cross and all of our stakeholders to ensure that we meet the needs of the public we serve, as well as maintain our healthcare workforce. **We also are committed to keep all our Trauma Centers open.**

Dr. Cryer has sent us the American College of Surgeons Committee on Trauma statement: *"Maintaining Trauma Center Access and Care during the COVID-19 Pandemic: Guidance Document for Trauma Medical Directors".* Please share with hospital administration and other leaders in your trauma center to make a commitment to keep the trauma centers open and the trauma system whole throughout this crisis.

Regional planning is particularly pertinent to THAC and the Department of Health Services. We are not revising any of our Trauma Triage and Destination Policies at this time but be aware that emergency departments may become negatively impacted by the pandemic. The individual hospital disaster plan- outlines things that should be well underway by now but require constant updates and revisions with leadership, including the Trauma Center Medical Director (TMD.) The TMD should interact with Emergency Department (ED) leadership on a daily basis to insure efficient and safe care of patients and the trauma team. Protection and support of the trauma team is critical and requires constant support by the TMD and Trauma Program Manager (TPM) to maintain an environment of care that is safe and preserves the health of the trauma team. Additionally, a contingency plan needs to be developed to enlist the help of other capable and willing general surgeons and specialists who likely will be giving up elective surgery to help out in the event that trauma team members need to be quarantined.

Christine Clare, cclare@dhs.lacounty.gov, will be the point of contact at the LAC EMS Agency for issues related to our Trauma System. We ask that you email her directly if issues arise related to the ability of a Trauma Center to provide trauma care. We are monitoring the status of all our hospitals and are committed to keep our Trauma System intact.

# CITY OF LOS ANGELES
CALIFORNIA

ERIC GARCETTI
MAYOR

FIRE DEPARTMENT

RALPH M. TERRAZAS
FIRE CHIEF

200 NORTH MAIN STREET
ROOM 1800
LOS ANGELES, CA 90012

(213) 978-3800
FAX: (213) 978-3815

HTTP://WWW.LAFD.ORG

March 23, 2020

Cathy Chidester, Director
Marianne Gausche-Hill, M.D., Medical Director
Los Angeles County EMS Agency
10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester and Dr. Gausche-Hill:

Letter of Support Re: Telehealth Pilot

I am very pleased to send you this letter to confirm our strong support of the Los Angeles Fire Department's participation in a pilot project for Telehealth care of 911-callers.

The Los Angeles Fire Department is one of the largest providers of 911 response in the United States, and as you know has been a leader in recent years in *responsible* innovation in dispatch operations and measured implementation of mobile integrated healthcare strategies. This has included the safe and effective launch of the Los Angeles Tiered Dispatch System (LA-TDS), use of advanced practice providers (APPs) in the field, alternative destination transport by APPs, launch of a dedicated Sobriety Emergency Response (SOBER) Unit, and most recently two state pilot programs to permit paramedics with additional training to transport select mental health and alcohol intoxicated patients to Exodus facilities. The success of these programs and safety of our patients has been predicated on our close medical oversite of these initiatives and our open collaboration with your offices.

The Telehealth Pilot proposed herein is to augment current operations and allow highly trained providers based at our 911-call center to identify a select cohort of patients who can be managed by direct video assessment. All 911-patients will be assessed by standard 911-calltaker protocols, including receiving an appropriate assessment of their life status indicator; and all patients will have the option for on-scene assessment if desired. However, for a highly select set of patients who show no priority symptoms, they will be transferred to an emergency physician or APP with training in telehealth and offered a video evaluation with the intent of providing an additional layer of triage. This process will be geared toward identifying select patients who may be suited for outpatient follow-up or self-quarantine at their residence.

Given anticipated demands on our agency in light of the current pandemic, this pilot is essential to help keep ambulances available for time-critical patients and also minimize un-necessary exposures to our healthcare workforce.

I am confident that under the leadership of our Emergency Medical Services Bureau (EMS Bureau) Medical Directors, along with the guidance of the Los Angeles County EMS Agency, that this will be a successful pilot program to help us better serve our patients and the greater Los Angeles Community. Every facet of this pilot program is framed around patient safety. We will provide quarterly reports and any other metrics as requested by your agency.

Thank you for your support.

Sincerely,

Marc Eckstein, M.D., MPH, FACEP, Medical Director
EMS Bureau Commander, Los Angeles Fire Department
Professor of Emergency Medicine, University of Southern California

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

March 31, 2020



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

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

*"To advance the health of our communities by ensuring quality emergency and disaster medical services."*

TO: Hospital CEO

FROM: Cathy Chidester

SUBJECT: **USNS MERCY PATIENT TRANSFER PROCESS**

For patient transfers to the USNS Mercy, please refer to the updated documents attached including an updated USNS Mercy Patient Screening tool (Attachment 2), COVID-19 Testing strategies, and hospital ship capability information.

In addition, the EMS Agency will be hosting a webinar via Zoom on Thursday, April 2, 2020 at 2:00 pm to discuss COVID-19 EMS Considerations for Hospitals, including a discussion on procedures to transfer patients to the USNS Mercy.

Join Zoom Meeting
https://zoom.us/j/627765013

As a reminder, procedures to transfer a patient to the USNS Mercy are as follows:

The USNS MERCY is unable to accommodate patients who have tested positive for COVID-19 infection or who have signs and symptoms suspicious for COVID-19 infection. Transferred patients must meet COVID-19 Testing Criteria.

*COVID-19 Testing Criteria: Must be performed < 72 hours prior to arrival at the pier. Results must be finalized prior to arrival at pier. Patients will not be eligible if they have a fever (>100.4F), cough, or dyspnea without alternative explanation.*

Hospitals located in Los Angeles County that are transferring patients to the USNS Mercy must abide by the following guidelines:

1. Provide discharge planning coordination for those patients, including a discharge plan and any durable medical equipment required when the transferred patient is ready for hospital discharge from the USNS Mercy.

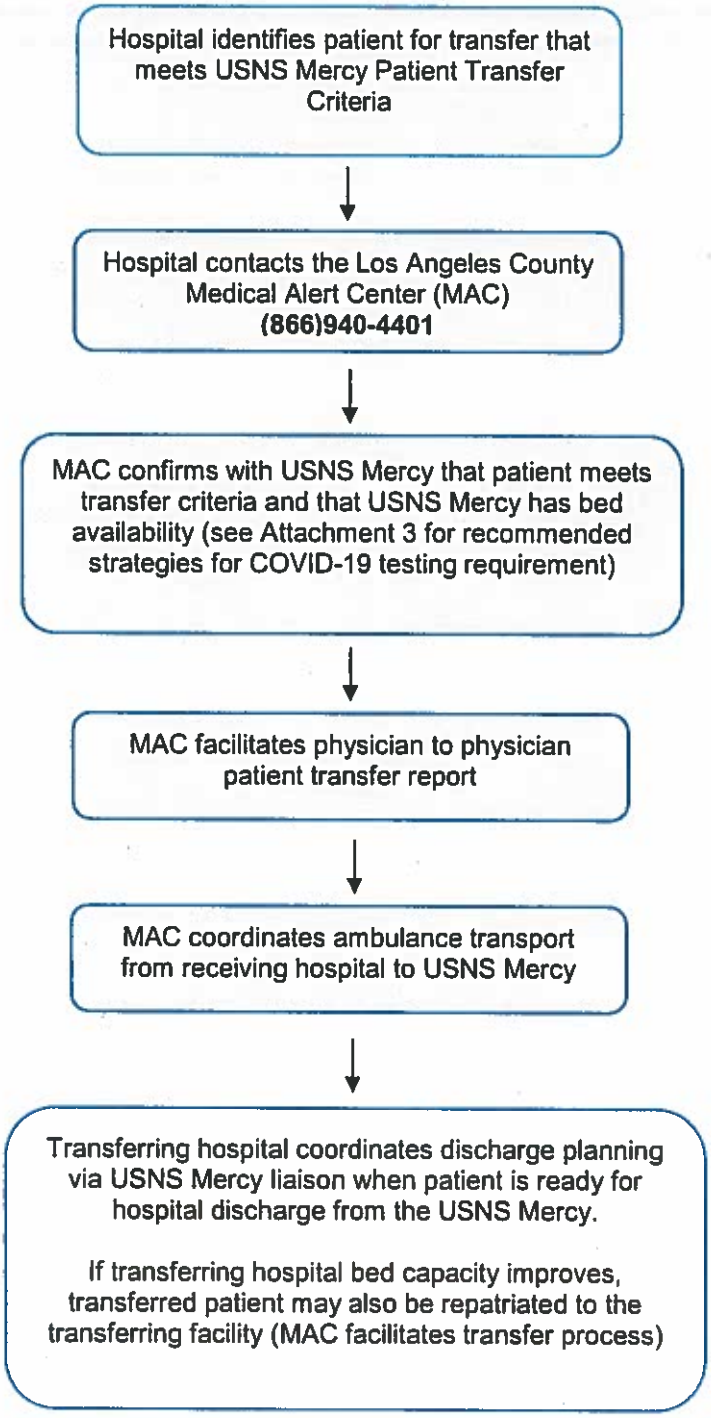
2. As capacity allows, repatriate patients that have been transferred to the USNS Mercy including those that later test positive for COVID-19.

**All transfers to and from the USNS will be coordinated by the MAC.**

c: Director Department of Health Services
Chief Medical Officer, each hospital
Emergency Department Medical Director
Emergency Department Director

ATTACHMENT 1
MARCH 31,2020

# USNS Mercy Patient Transfer Algorithm



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



**Cathy Chidester**
Director

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

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

*"To advance the health of our communities by ensuring quality emergency and disaster medical services."*

April 1, 2020

TO: Distribution **VIA E-MAIL**

FROM: Cathy Chidester
Director

SUBJECT: **CHANGE IN SART CENTER DESIGNATION**

This is to advise you that, **effective immediately**, Emanate Health Queen of the Valley Hospital (QVH) is no longer a Sexual Assault Response Team (SART) Center.

When considering the destination for sexual assault victims, every effort should be made to transport them to the most accessible receiving facility that has an affiliated approved SART Center in accordance with Reference No. 508, Sexual Assault Patient Destination. In all cases, however, the health and wellbeing of the patient is the overriding consideration in determining hospital destination.

If you have questions, please contact Karen Rodgers, RN, Pediatric and SART Program Coordinator, at krodgers@dhs.lacounty.gov or (562) 378-1659.

CC: kr
03-22

c. Medical Director, EMS Agency
Medical Alert Center, EMS Agency
CEO, Emanate Health Queen of the Valley Hospital
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, West Covina Fire Department
Paramedic Coordinator, West Covina Fire Department
Fire Chief, La Verne Fire Department
Paramedic Coordinator, La Verne Fire Department
Prehospital Care Coordinator, Emanate Health Queen of the Valley Hospital
Prehospital Care Coordinator, Methodist Hospital of Southern California
Prehospital Care Coordinator, PIH Health Hospital - Whittier
Prehospital Care Coordinator, Pomona Valley Hospital Medical Center

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*"To advance the health of our communities by ensuring quality emergency and disaster medical services."*

April 2, 2020

TO: Distribution

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: **PROCESS FOR ACQUIRING POSTIVE COVID-19 RESULTS OF AN EMS TRANSPORTED PATIENT**

The purpose of this notification is to develop a coordinated and timely process to make available to provider agencies COVID-19 test results of patients transported by emergency medical services.

The Emergency Medical Services (EMS) Agency, and the Los Angeles County Department of Public Health (PH) have had many calls from private and public provider agencies requesting test results of patients. The EMS Agency will serve as the intermediary between the hospitals and provider agencies.

To coordinate the reporting efforts of the hospitals, PH, and the EMS Agency, please follow the process outlined below to report exposures of EMS personnel to Patients Under Investigation (PUIs) and obtain the test results of these patients:

- Each provider agency Medical Director will serve as the liaison between the EMS Agency and your department. **DO NOT** contact PH unless you have been directed to do so by your Medical Director.
- The Medical Director will determine the Exposure Risk Category (ERC) for each provider who has been exposed utilizing the CDC standard ERC tool www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. Your medical director will determine if EMS personal require testing and if the exposure level warrants obtaining the PUIs test results.
- If it is suspected that EMS personnel have been exposed to a patient with suspected COVID-19, only the provider's Medical Director or designee shall contact Cathlyn Jennings, RN at (562) 378-1680 or Cajennings@dhs.lacounty.gov.
- The EMS Agency will contact PH to obtain the results and then report those findings to the provider's medical director (keep in mind this process can take 2-3 days).

Please follow the procedure listed above to alleviate multiple request for the same incident and to expedite the reporting process. If you have any questions or concerns, please contact me at (562) 378-1500 or Cathlyn Jennings.

Distribution: Fire Chiefs, All Fire Department
Medical Directors, Public and Private Providers
CEO, All Private Ambulance Companies
Nurse Educators, Public and Private Sector

Log 04-04

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LOS ANGELES COUNTY



10100 Pioneer Blvd, Suite 200
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*To ensure timely, compassionate and quality emergency and disaster medical services*

April 3, 2020

Mr. Rick Fields
General Manager
PRN Ambulance Inc.
8928 Sepulveda Blvd
North Hills, CA. 91343

Dear Mr. Fields,

**EMT LOCAL OPTIONAL SCOPE PROGRAM APPROVAL**

This letter is to confirm PRN Ambulance (PN) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the implementation of the following EMT local optional scope of practice skills:

- Perform finger stick glucose testing for suspected hypoglycemia

The quality improvement process required for implementation of the new EMT skills will be reviewed as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during annual site visits and upon request from the EMS Agency

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:JT:gk
04-08

c: Director, EMS Agency
Joshua Parker, Paramedic Coordinator, PRN Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs
Nnabuike Nwanonenyi, Nursing Instructor, Ambulance Programs
Medical Director, PRN Ambulance

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

April 6, 2020

# MEMORANDUM

**TO:** **See Distribution**

**FROM:** **Marianne Gausche-Hill, MD**
**Medical Director, Los Angeles County EMS Agency**

SUBJECT: **COVID – 19 UPDATE # 7: EMS Handoffs**

EMS providers have received differing instructions from hospital personnel regarding how the handoff should occur including when to doff PPE and what aerosol-generating procedures (AGPs) must be discontinued prior to entry into the hospital. While the situation is rapidly changing, and each hospital will develop its own protocols, this document is intended to provide guidance on the recommended processes for handoff of EMS patients to the hospitals during the COVID-19 pandemic.

**Recommendations for EMS handoff, including location and timing of prehospital provider doffing of PPE:**

EMS providers must maintain required level of PPE until patient handoff. Regardless of the location, there should be advanced communication regarding the planned location of hand-off at the time of EMS notification. Some hospitals are choosing to meet EMS in an external triage area for patient hand-off; after handoff, EMS doff PPE, decontaminate the ambulance, and return to service. If the handoff occurs in the emergency department (ED), EMS providers must maintain PPE until patient is moved onto hospital gurney and they have released care of the patient. We recommend that they follow same protocol as hospital staff for doffing PPE in the ED.

**Recommendations for discontinuing aerosol-generating procedures (AGPs):**

AGPs associated with increased risk of transmission of COVID-19, based on studies of SARS-CoV-1, include nebulized medications, CPAP, BMV, advanced airway placement, suctioning and chest compressions. We recommend discontinuing these high-risk AGPs prior to entry into the ED and coordination with EMS so that the patient can be brought directly to a room where any essential AGP may be resumed. One exception is if the patient is intubated with a viral filter in place, consideration may be given to continuing ventilations in that case. However, we recommend discontinuing ventilations via BMV or King even if a viral filter is in place due to the incomplete seal. Paramedics shall still leave the advanced airway, King or ETT, in place and pause ventilations as appropriate. For patients with ongoing CPR, we recommend identifying an enclosed resuscitation room (negative pressure room preferred) near the entrance and moving the patient directly to that

room to continue the resuscitation. CPR should be paused while moving through the hallway given it is an AGP. For supplemental oxygen delivery, we recommend continuation with surgical mask covering the nasal cannula or the ports on the oxygen mask. For prehospital care, we recommend limiting the flow of oxygen to the lowest required to maintain oxygen saturation ≥90%.

**Recommendations for screening providers prior to entry into the ED:**

All Provider Agencies are screening personnel for symptoms before work each day. Therefore, there is no need to screen EMS providers as they enter the ED.

Distribution:

CEO's, 9-1-1 Receiving Hospitals
ED Medical Directors, 9-1-1 Receiving Hospitals
Prehospital Care Coordinators, Base Hospitals
Fire Chief, Fire Departments
CEOs, Ambulance Operators
Paramedic Coordinators, EMS Providers
Nurse Educators, EMS Providers

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

April 7, 2020

**Sent via E-mail**

**TO:** **CEO, 9-1-1 Receiving Hospital**
**ED Medical Director, 9-1-1 Receiving Hospital**

**FROM:** **Marianne Gausche-Hill, MD**
**Medical Director, EMS Agency**

**SUBJECT:** **HYDROXYCHLOROQUINE SULFATE AVAILABILITY**

The Los Angeles County EMS Agency received a supply of hydroxychloroquine sulfate from the Strategic National Stockpile (SNS) under Emergency Use Authorization (EUA). We are notifying hospitals that this medication is available for use in hospitalized COVID-19 positive patients. The quantities that will be distributed to any one hospital will be based on the submission of a resource request as well as current numbers of hospitalized COVID-19 patients.

Requirements for use of hydroxychloroquine sulfate from the SNS provided through the EUA include the following:

- Hydroxychloroquine sulfate is a Food and Drug Administration (FDA) approved product being used for an unapproved indication during the COVID-19 pandemic.
- Clinicians must limit its use to hospitalized adults and adolescents who weigh 50 kg (110 pounds) or more who are being treated for COVID-19 for whom participation in a clinical trial is not available or feasible.
- The recommended dose is 800mg on the first day of treatment and then 400mg for four to seven days of total treatment. Other dosing regimens may be implemented based on recommendations from hospital infectious disease experts.
- The Letter of Authorization and Fact Sheets should be disseminated to patients and caregivers of those receiving hydroxychloroquine sulfate. These are available at: https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#covidtherapeutics (attached).
- The prescribing health care provider and/or the provider's designee is responsible for reporting medication errors and adverse events (death, serious adverse events) occurring during hydroxychloroquine sulfate treatment within seven (7) calendar days from the onset of the event. The reports should be submitted to FDA MedWatch (https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program), and include unique identifiers and the words "Hydroxychloroquine Sulfate Treatment under Emergency Use Authorization (EUA)." Information on how to report is included in the Fact Sheet.

If you have any questions, please contact me at (562) 378-1600 or mgausche-hill@dhs.lacounty.gov.

Attachment

c: Emergency Management Officer

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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

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

*"To advance the health of our communities by ensuring quality emergency and disaster medical services."*

April 7, 2020

# MEMORANDUM

**TO:** **See Distribution List**

**FROM:** **Marianne Gausche-Hill, MD**
**Medical Director, EMS Agency**

**SUBJECT:** **COVID-19 UPDATE #8: Los Angeles County EMS Agency Approvals for Alternate Destinations (ADs)**

The California EMS Authority (EMSA) has authorized Local EMS Agencies to develop programs for triage and transport by EMT-Ps to Alternate Destinations (ADs)during the COVID-pandemic.

The Los Angeles (LA) County EMS Agency will apply to EMSA for approval for ADs to which EMS will be transporting.

Triage to ADs directed by an advanced practitioner (NPs or MDs) does not require EMSA approval but does require approval by the LA County EMS Agency.

***This document provides guidance on the approval processes for all AD proposals.***

**1) ADs on the hospital campus**

A. Alternate triage/care sites adjacent to the Emergency Department (ED) of the 9-1-1 Receiving Facility (not requiring secondary transport):
   i. Alternate triage sites which do not require secondary transport, that is, they are adjacent to or in relative proximity to the ED are authorized to proceed without prior approval.
   ii. Submit your plan to the LA County EMS Agency and notify the Provider Agencies in your region including:
      1. Implementation date
      2. Location and structure of the alternate site
      3. Criteria for transport to the alternate site
      4. Requirements and mechanism for notification of EMS transport to the AD

B. Alternate triage/care sites not adjacent to the ED and/or requiring transport to get the patient to the ED:
   i. Alternate sites which require secondary transport to the ED require pre-approval by the LA County EMS Agency and California EMSA.
   ii. Submit your plan to the LA County EMS Agency for approval including:
      1. Location and structure of the alternate site; including distance and travel time from the affiliated emergency department with comprehensive services
      2. Criteria for EMS transport to the alternate site
      3. Plan for receipt and immediate evaluation by an advanced provider (NP or MD)

4. Plan for relocation of patients to the ED as their condition requires utilizing non-911 ambulance provider(s) or hospital resources (9-1-1 may be utilized if immediate redirection to the ED is required)
5. Scope of the alternate site (e.g., triage only, treatment – level of care provided, outpatient and/or inpatient capacity)
6. Training materials including training for EMS providers and plan for dissemination
7. Requirements and mechanism for notification of EMS transport to the AD

**2) ADs off-campus**

A. ADs remote from the 911 Receiving Center with EMT-P transporting to those sites require pre-approval by the LA County EMS Agency and California EMSA.
   i. The LAC EMS Agency will review the proposal and, if approved, will submit to EMSA for their approval.
B. Submit your plan to the LA County EMS Agency for approval including:
   i. Specifics regarding the alternate site
      1. Location and structure; including distance and travel time from the affiliated emergency department with comprehensive services
      2. Detailed capabilities
      3. Approval of the alternate site by the Health Officer if not an established medical care center (e.g., field hospital or temporary medical facility)
      4. Staffing which must include:
         a. A physician licensed in the State of California on site at all times
         b. A registered nurse licensed in the State of California on-site at all times
      5. Operational hours
   ii. Criteria for EMS transport to the alternate site
      1. Age (adult and/or pediatric)
      2. Level of care (Basic Life support (BLS) or Advanced Life Support (ALS))
      3. Inclusion criteria (Provider impressions, chief complaints, vital signs, etc./)
      4. Exclusion criteria: Should exclude patients that EMS providers anticipate need for ongoing resuscitation or advanced airway management
   iii. Policies and procedures at the alternate site including:
      1. Method for EMS pre-arrival notification
      2. Plan for receipt and immediate evaluation, short term management and monitoring of patients by an advanced provider (NP or MD)
      3. Plan for timely transfer of patients who require higher level of care to an acute care hospital utilizing non-911 ambulance provider(s)

4. Plan for immediate transfer of patients with emergency medical condition that cannot be managed at the AD to the most accessible 9-1-1 receiving facility/emergency department
5. Record keeping of EMS Report Forms and data reporting according to requirements established by the EMS Agency
6. Willingness to accept patients regardless of ability to pay

iv. Equipment and supplies including:
   1. Equipment and supplies to meet the need of the patients being transported to that site
   2. Dedicated telephone line to facilitate direct communication with EMS personnel

v. Participating Provider Agencies
vi. Training materials including training for EMS providers and plan for dissemination
vii. Representative to act as the liaison between the EMS Agency, the alternate site and the EMS Provider Agencies. This EMS liaison officer will:
   1. Implement and ensure compliance with the protocol as submitted and approved by the EMS Agency
   2. Maintain direct involvement with development, implementation and review of policies and procedures related to receiving patients triaged by paramedics
   3. Serve as the key personnel responsible for addressing variances in the care and sentinel events as it relates to patients triaged by paramedics
   4. Liaison with EMS Provider Agencies and law enforcement agencies
   5. Serve as the contact person for the EMS Agency and be available upon request to respond to County business

C. Other requirements for approval:
   i. The EMS Agency reserves the right to perform scheduled site visits or request additional data from the AD at any time.
   ii. The AD shall immediately (within 72 hours) provide written notice to the Director of the EMS Agency if unable to adhere to any of the provisions set forth in the approved proposal.
   iii. The AD shall immediately notify the Director of the EMS Agency if there are any changes to their capabilities affecting EMS transport and/or if they intend to withdraw as an AD.

Distribution:
CEO's, 9-1-1 Receiving Hospitals
ED Medical Directors, 9-1-1 Receiving Hospitals
Prehospital Care Coordinators, Base Hospitals
Fire Chief, Fire Departments
CEOs, Ambulance Operators
Paramedic Coordinators, EMS Providers
Nurse Educators, EMS Providers

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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

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



April 7, 2020

TO: Distribution **VIA E-MAIL**

FROM: Cathy Chidester
Director

SUBJECT: **TEMPORARY CLOSURE OF PERINATAL SERVICES**

This is to advise you that PIH Health Hospital – Downey (DCH) is temporarily withdrawing as a Perinatal Center effective April 11, 2020.

Effective Friday, **April 10, 2019 at 2359**, patients who are at least 20 weeks pregnant and have a complaint related to their pregnancy shall no longer be transported via the 9-1-1 system to DCH. These patients shall be transported to surrounding perinatal centers in the area in accordance with Reference No. 511, Perinatal Patient Destination.

You will be notified when they resume perinatal services. If you or your staff have any questions or require further information, please contact Chris Clare, Chief Hospital Programs, at cclare@dhs.lacounty.gov or (562) 378-1661.

CC:cac
04-03

c. Medical Director, EMS Agency
Medical Alert Center, EMS Agency
CEO, PIH Health Hospital - Downey
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, Downey Fire Department
Paramedic Coordinator, Downey Fire Department
Fire Chief, Santa Fe Springs Fire Rescue
Paramedic Coordinator, Santa Fe Springs Fire Rescue
Director of Operations, Care Ambulance Service
Prehospital Care Coordinator, PIH Health Hospital – Whittier
Prehospital Care Coordinator, St. Francis Medical Center
Prehospital Care Coordinator, MemorialCare Long Beach Medical Center
Prehospital Care Coordinator, LAC+USC Medical Center

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY
GAVIN NEWSOM, *Governor*

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

April 8, 2020

Ms. Cathy Chidester, EMS Director
LAC – Department of Health Services
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Dear Ms. Chidester:

This letter is in response to LA County's March 17, 2020 request for an extension of the April 15, 2020 deadline for submission of your annual Maddy Fund Report.

Due to the outbreak of Coronavirus (COVID-19), we understand it may be necessary to re-prioritize the county responsibilities to maintain the public health and safety net of the citizens in California. The EMS Authority is granting an extension for the submission of your Maddy Fund Report. The Maddy Fund Report will be due 45 days following the cancellation of the COVID-19 State of Emergency declared by Governor Gavin Newsom.

If you have any questions regarding the extension, please contact Lori O'Brien, at (916) 431-3679.

Sincerely,

Angela Wise
Assistant Chief, EMS Systems Division

cc: Jessica Luu

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

# BASE HOSPITAL ADVISORY COMMITTEE MINUTES

**February 12, 2020**

## MEMBERSHIP / ATTENDANCE

| | REPRESENTATIVES | | EMS AGENCY STAFF |
|---|---|---|---|
| ☒ | Robert Ower, RN., Chair | EMS Commission | Dr. Marianne Gausche-Hill |
| ☐ | Carole Snyder, RN., Vice Chair | EMS Commission | Dr. Nichole Bosson |
| ☐ | Joe Salas | EMS Commission | Richard Tadeo |
| ☒ | Rachel Caffey | Northern Region | Christine Clare |
| ☐ | Melissa Carter | Northern Region | John Telmos |
| ☒ | Charlene Tamparang | Northern Region, Alternate | Jackie Rifenburg |
| ☒ | Samantha Verga-Gates | Southern Region | Michelle Williams |
| ☒ | Laurie Donegan | Southern Region | Paula Rashi |
| ☒ | Shelly Trites | Southern Region | Susan Mori |
| ☒ | Christine Farnham, APCC Pres. Elect. | Southern Region, Alternate | Karen Rodgers |
| ☒ | Paula Rosenfield | Western Region | Joel Mendoza |
| ☒ | Ryan Burgess | Western Region | Gary Watson |
| ☒ | Alex Perez-Sandi | Western Region, Alternate | David Wells |
| ☐ | Erin Munde | Western Region, Alternate | Dr. Denise Whitfield |
| ☐ | Laurie Sepke | Eastern Region | Dr. Natalia Alvarez |
| ☒ | Alina Candal | Eastern Region | Jennifer Calderon |
| ☒ | Jenny Van Slyke | Eastern Region, Alternate | Natalie Greco |
| ☒ | Lila Mier | County Hospital Region | **GUESTS** |
| ☒ | Emerson Martell | County Hospital Region | Dr. Clayton Kazan, LACOFD |
| ☐ | Yvonne Elizarraz | County Hospital Region, Alternate | Nicole Steeneken, LACOFD |
| ☒ | Antoinette Salas | County Hospital Region, Alternate | Shane Cook, LACOFD |
| ☐ | Alec Miller | Provider Agency Advisory Committee | Melanie Pham, (HGH) |
| ☒ | Jennifer Nulty | Provider Agency Advisory Committee, Alt. | Joseph Friedrich, (HGH) |
| ☐ | Laarni Abdenoja | MICN Representative | Dr. Shira Schlesinger (HGH) |
| ☒ | Jennifer Grere | MICN Representative, Alt. | Ashley Sanello, Compton Fire |
| ☒ | Robin Goodman | Pediatric Advisory Committee | |
| ☐ | Kerry Gold-Tsakonas | Pediatric Advisory Committee, Alt. | |

| | PREHOSPITAL CARE COORDINATORS | | | | |
|---|---|---|---|---|---|
| ☒ | Gloria Guerra (QVH), APCC Pres. | ☐ | Heidi Ruff (HMN) | ☒ | Laura Leyman (SFM) |
| ☐ | Karyn Robinson (GWT) | ☐ | Jessica Strange (SJS) | ☐ | Chad Sibbett (SMM) |
| ☒ | Coleen Harkins (AVH) | ☒ | Michael Natividad (AMH) | | |

1. **CALL TO ORDER:** The meeting was called to order at 1:01 P.M. by Robert Ower, Chairperson.

2. **APPROVAL OF MINUTES**: The meeting minutes for December 11, 2019, were approved as written.

   **M/S/C (Van Slyke/Goodman)**

## 3. INTRODUCTIONS/ANNOUNCEMENTS:

- Self-introductions were made by all.
- The Annual EMS System Report for 2019 is available on-line, http://file.lacounty.gov/SDSInter/dhs/1068221_2019EMSAnnualDataReport.pdf
- 2020 Annual EMSAAC Conference, May 27-28, 2020.
- 2020 APCC Board Members Announcement, roster provided.

## 4. REPORTS & UPDATES:

4.1 EMS Update 2020/Train-the-Trainer

The Train-the-Trainer classes are scheduled for the following dates:

| | | |
|---|---|---|
| Wednesday | March 4, 2020 | 8:00 – 11:00 am |
| Wednesday | March 4, 2020 | 1:00 – 4:00 pm |
| Thursday | March 12, 2020 | 8:00 – 11:00 am |

If you have not done so, please RSVP with Vanessa Gonzales at (562) 378-1607 or VGonzalez3@dhs.lacounty.gov.

EMS Update will be offered via a learning management system through Advanced Problem Solving (APS). The EMS Agency will sponsor accounts for all MICNs and Base Hospital Physicians. The account will be based on the e-mail address provided on the MICN application. Both continuing education (CE) and field care audit (FCA) hours will provided.

The attendees will receive the course in advance, for preview, to allow for questions and an interactive Train-the-Trainer experience.

4.2 PHAST-TSC

Update: The first PHAST-TSC trial study patient was enrolled on Monday, January 20, 2020. At this time, only Culver City Fire and Ronald Reagan UCLA Medical Center are involved in the study. The EMS Agency will provide notification as additional Provider Agencies and Stroke Centers enroll in the study.

4.3 ECMO Pilot Program (Attachment 1)

Several providers – Los Angeles County Fire, Los Angeles City Fire, Culver City Fire, and Beverly Hills Fire; in conjunction with LAC+USC, Cedars Sinai Medical Center, and Ronald Reagan UCLA, will be participating in the ECMO Pilot Program. Due to the specificity of the study's inclusion criteria, a limited number of patients will bypass a closer SRC to be transported to an ECMO center. The pilot is pending IRB approval and the anticipated target launch date is April 1, 2020. This date may change, and the EMS Agency will provide an official start date once determined.

## 5. UNFINISHED BUSINESS:

The following References were provided for information only.

5.1 Ref. No. 326, Psychiatric Urgent Care Center Standards

5.2 Ref. No. 328, Sobering Center Standards

5.3 Ref. No. 526, Behavioral/Psychiatric Crisis Patient Destination

5.4 Ref. No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center

5.5 Ref. No. 528, Intoxicated (Alcohol) Patient Destination

5.6 Ref. No. 528.1, Medical Clearance Screening Tool for Sobering Center

**6. NEW BUSINESS:**

Changes made to the following Treatment Protocols (Ref. No. 1204, Ref. No. 1237, Ref. No. 1241) are reflective of the capnography addition. Not included below is Ref. No. 1305, Capnography which is now on the website and will be effective April 1, 2020.

6.1 Ref. No. 1204, Fever/Sepsis

**M/S/C (Burgess & Guerra)**

6.2 Ref. No. 1237, Respiratory Distress

**M/S/C (Burgess & Guerra)**

6.3 Ref. No. 1241, Overdose/Poisoning/Ingestion

**M/S/C (Burgess & Guerra)**

6.4 Ref. No. 1317.22, MCG: Drug Reference – Ketorolac

**M/S/C (Guerra & Van Slyke)**

6.5 Ref. No. 1330, MCG, Medication Orders and Administration

**M/S/C (Guerra & Van Slyke)**

6.6 Ref. No. 1345, MCG, Pain Management

**M/S/C (Guerra & Van Slyke)**

**7. OPEN DISCUSSION:**

None

**8. NEXT MEETING:** BHAC's next meeting is scheduled for **April 8, 2020**, location is the EMS Agency, Hearing Room @ 1:00 P.M.

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

**ACCOUNTABILITY:** Lorrie Perez

**9. ADJOURNMENT:** The meeting was adjourned at 13:59 P.M.

# Los Angeles County Refractory Ventricular Fibrillation/Ventricular Tachycardia ECMO Pilot Program Base Hospital Guidance

(ATTACHMENT 1)

Principles:

1. For study patients, participating field providers will contact the ECMO-center Base to provide notification and for online medical direction. MICNs and Base Physicians should be familiar with the differences in the field management for these patients.
2. As with all OHCA patients, management should be conducted as to minimize interruptions in chest compressions and prioritize proven therapies for VF/VT cardiac arrest, including chest compression and defibrillation.
3. While usual protocols emphasize prolonged on scene resuscitation for refractory VF/VT, study patients for whom a mechanical CPR device is available to maintain quality chest compression during transport should be transported as soon as possible after the 3rd defibrillation in order to minimize the low-flow time prior to cannulation for ECMO.
4. Patients should have an advanced airway (ETT or King Airway) in place prior to transport with an Impedance Threshold Device (ITD) attached.
5. Patients should not receive more than 3 dose of epinephrine during the resuscitation. Additional epinephrine for patients who re-arrest into a non-shockable rhythm should be considered on a case-by-case basis, since additional epinephrine is associated with worse outcomes.
6. The patient should be a confirmed study patient prior to transport (including VF/VT refractory to 3 shocks) in order to reduce the potential harm resulting from premature transport for patients who are not ECMO candidates.
7. Additional patients may be considered for ECMO on a case-by-case basis, although they are not study patients. This would include patients who have recurrent VF arrest (rather than refractory) and/or cardiogenic shock after ROSC prior to 3 shocks, or patients with pilot study contraindications for whom the ECMO team still feels could benefit. However, take care not to extend transport times for patients who are not study patients; ECMO has been shown to improve outcomes in patients with refractory VF/VT.

Guidelines:

1. Upon notification of a study patient, confirm patient meets ALL inclusion criteria and has no known exclusion criteria.
2. Confirm patient is on LUCAS, has an advanced airway, ITD in place and capnography monitoring.
3. Ensure immediate transport to your ECMO center.
4. Provide guidance on post-ROSC management prn, including IV fluids and push-dose epinephrine.
5. Activate the ECMO team AND Cardiac Cath Lab immediately while patient is en route.
6. Ensure patient is tracked for entry into the study database (patient must be entered regardless of treatment and outcome).

# Los Angeles County Refractory Ventricular Fibrillation/Ventricular Tachycardia ECMO Pilot Program Field Protocol

**INITIATE TREATMENT OF NON-TRAUMATIC CARDIAC ARREST PER TP 1210**

**Potential Study Patient?**

- VF or VT cardiac arrest
- Age ≥15 and ≤75
- Within 30 minutes of ECMO Center
- **NO** obvious contraindication to study (Noncardiac etiology, DNR, terminal illness, chronic nursing home resident/dependent due to cognitive impairment, pregnancy, cannot apply LUCAS)

**NO** → Proceed with usual treatment per TP 1210*

**Yes to ALL**

DEFIBRILLATION #1

- Continuous chest compressions (limit interruptions ≤5 sec)
- Apply LUCAS device as soon as available
- Establish IV/IO access

**Persistent VF/VT at 2 minutes?**

**NO** → Proceed with usual treatment per TP 1210*

**Yes**

DEFIBRILLATION #2

- Maintain continuous chest compressions (manual or LUCAS as soon as available)
- Administer epinephrine 1mg IV/IO q 5 minutes (3 doses total)
- Insert advanced airway and apply ITD (if not done with BMV)
- Begin packaging and preparing patient for transport

**Persistent VF/VT at additional 2 minutes?**

**NO** → Proceed with usual treatment per TP 1210*

**Yes**

DEFIBRILLATION #3

- **Confirm study patient - Meets ALL indications? NO contraindications?**
- Maintain continuous chest compressions (ensure LUCAS applied prior to transport)
- Administer Amiodarone 300mg IV/IO
- Contact ECMO center Base Station to notify of study patient
- Initiate transport with ongoing resuscitation

*ITD/LUCAS should be also used by participating units whenever available for all OHCA patients.

1 Does Patient Meet **ALL** Inclusion Criteria*? NO → Not a study patient, do not enter data.

YES

- Age 15-75 (inclusive)
- Initial rhythm VF/VT
- 3 shocks delivered in field without ROSC - includes AED
- Amiodarone IV/IO administered
- Transport time ≤30 minutes to ECMO center

*ALL patients who meet these 5 criteria must be entered, regardless of field care, destination, and outcome.

2 Provider Agency initiates data entry in REDCap.

3 Does Patient have **ANY** Exclusion Criteria? YES → Provider Agency selects exclusion criteria that apply – **DONE**.

NO

- Suspected/known non-cardiac etiology
- Unable to apply LUCAS device
- Existing DNR order
- Known terminal illness
- Chronic nursing home resident/poor baseline neuro status (i.e., dependent due to cognitive impairment)
- Known pregnancy

4 ECMO Center is notified of study patient via email; record is visible in REDCap.

5 ECMO Center completes the Hospital Data entry – **DONE**.

ALTERNATE PATH

1a ECMO Center identifies a patient who meets **ALL** Inclusion Criteria not entered by Provider Agency and notifies Provider Agency to complete record. Go to step 2.

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 Boulevard, Suite 200
Santa Fe Springs, CA 90670

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

*"To advance the health of our communities by ensuring 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, April 8, 2020 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

# DATA ADVISORY COMMITTEE
# DARK FOR APRIL 2020

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 19, 2020

### MEMBERSHIP / ATTENDANCE

| MEMBERS | ORGANIZATION |
|---|---|
| ☑ Paul Rodriquez, Chair | EMSC, Commissioner |
| ☑ David White, Vice-Chair | EMSC, Commissioner |
| ☐ Eugene Harris | EMSC, Commissioner |
| ☐ Brian Bixler | EMSC, Commissioner |
| ☑ Sean Stokes | Area A |
| ☐ Justin Crosson | Area A, Alt. *(Rep to Med Council, Alt)* |
| ☑ Dustin Robertson | Area B |
| ☑ Clayton Kazan, MD | Area B, Alt. |
| ☐ Victoria Hernandez | Area B, Alt. *(Rep to Med Council)* |
| ☐ Ken Leasure | Area C |
| ☑ Lyn Riley | Area C, Alt. |
| ☑ Ivan Orloff | Area E |
| ☑ Mike Beeghly | Area E, Alt. |
| ☑ Wade Haller | Area F |
| ☑ Brenda Bridwell | Area F, Alt. |
| ☑ Alec Miller | Area G *(Rep to BHAC)* |
| ☑ Jennifer Nulty | Area G, Alt. *(Rep to BHAC, Alt.)* |
| ☑ Doug Zabilski | Area H |
| ☐ Anthony Hardaway | Area H, Alt. |
| ☐ Matthew Conroy | Area H, Alt. *(Rep to DAC)* |
| ☐ Julian Hernandez | 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 |
| ☑ Daniel Dobbs | Public Sector Paramedic, Alt. |
| ☐ Maurice Guillen | Private Sector Paramedic |
| ☐ Scott Buck | Private Sector Paramedic, Alt. |
| ☑ Ashley Sanello, MD | Provider Agency Medical Director |
| ☐ Vacant | Provider Agency Medical Director, Alt. |
| ☐ Andrew Lara | Private Sector Nurse Staffed Ambulance Program |
| ☐ Gary Cevello | Private Sector Nurse Staffed Ambulance Program, Alt. |
| ☑ Michael Kaduce | EMT Training Program |
| ☐ Scott Jaeggi | EMT Training Program, Alt. |
| ☐ Danny Lopez | Paramedic Training Program |
| ☐ Heather Davis | Paramedic Training Program, Alt. |

| EMS AGENCY STAFF PRESENT | |
|---|---|
| Nichole Bosson, MD | Denise Whitfield, MD |
| Terry Cramer | Elaine Forsyth |
| Cathlyn Jennings | Susan Mori |
| Sara Rasnake | Jacqueline Rifenburg |
| John Telmos | David Wells |
| Joel Mendoza | Christina Eclarino |
| Troy Goodspeed | Gary Watson |

| OTHER ATTENDEES | |
|---|---|
| Ashley Sanello, MD | Compton FD |
| Emmanuel Godeniz | University of Antelope Valley |
| Luis Vasquez | AMR Ambulance |
| Nicole Steeneken | LACo FD |
| Adrienne Roel | Culver City FD |
| CJ Bartholomew | Care Ambulance |
| Jack Ewell | LACo Sheriff |
| Craig Hammond | Glendale FD |
| Catherine Borman | Santa Monica FD |
| Chris Backley | San Gabriel FD |
| Daniel Graham | Liberty Ambulance |
| Mike Fountain | West Covina FD |
| Marc Cohen, MD | El Segundo FD, Torrance FD, Manhattan Beach 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 1:02 p.m.

## 2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS

**2.1** 2020 Annual EMSAAC Conference *(Paul Rodriguez)*

This year's Conference is scheduled for May 27 & 28, 2020 at the Omni San Diego Hotel. Reservations can be made at the following weblink: www.EMSAAC.org

**2.2** Changes to Committee Membership *(Paul Rodriguez)*

Chair announced the following changes to Committee membership:

- Area C, Alternate Representative:
  Jennifer Nulty, RN, Torrance FD; replacing Chris Morrow.
- Area F, Primary Representative:
  Wade Haller, Captain, Long Beach FD; replacing James Flint.
- Area F, Alternate Representative:
  Brenda Bridwell, RN, Long Beach FD; replacing Joanne Dolan
- Area G, Alternate Representative:
  Lyn Riley, RN, UCLA Center for Prehospital Care; replacing Philip Ambrose.

## 3. APPROVAL OF MINUTES (White/Respicio) December 16, 2019 minutes were approved as written.

## 4. REPORTS & UPDATES

**4.1** Disaster Services Update

Reference to 4.2 below.

**4.2** 2019 Novel Coronavirus *(Terry Cramer)*

EMS Agency staff provided the following update on the Corona Virus:

- Public Health is diligently monitoring the situation and is actively participating in the screening process at Los Angeles International Airport (LAX)
- Passengers identified as either returning from China or who have been around someone ill, are being quarantined.
- The EMS Agency, LAFD and UCLA-Ronald Reagan Hospital, have developed a transport plan for patients arriving at LAC, with suspected Coronavirus. This plan is similar to the current MERS and SARS protocols developed years ago.
- All 9-1-1 receiving hospitals are capable of receiving patients with the suspected virus.
- Providers are advised to use PPE (respiratory/droplet precautions) while providing care to patients suspected of having the Coronavirus; utilizing N95 masks, goggles or face shield, gown and gloves.

In January 2020, the EMS Agency's Medical Director distributed two memorandums on the screening, identification and use of PPE while caring for patients suspected of having the Coronavirus. One memorandum was sent to all EMS providers and another to all dispatch centers. Memorandums were available during this meeting.

To assist with providing the most up-to-date information on the Coronavirus, Committee requested improved communication between Los Angeles County Public Health Department and all EMS provider agencies.

Trauma Throw Kits *(Terry Cramer)*

EMS Agency thanked providers for their participation in answering a questionnaire regarding the number supervisor units each department has in service. This will help to ensure all providers have the needed supply of "Stop the Bleed" kits, which will be provided by the EMS Agency.

**4.3** Innovation, Technology and Advancement Committee (ITAC) Update *(Denise Whitfield)*

The following topics are currently being reviewed by ITAC members and results will be shared once review is complete:

- Auragain Laryngeal Mask Airway
- Turkel Needle Decompression Device
- Language Interpretation Software
- Point of Care Testing

**4.4** EMS Update 2020 *(Denise Whitfield)*

Dr. Whitfield provided the following update:

- Train-the-Trainer classes are scheduled for March 4, 2020 and March 12, 2020.
- Those registered for the class will receive an email within the next few weeks, which will provide information on accessing a training module. The EMS Agency is asking that you review the training module prior to attending the training session. Recommended changes can be sent to Dr. Whitfield at dwhitfield@dhs.lacounty.gov
- During the training sessions, each person in attendance will receive a thumb-drive containing training material that can be used at their facility.

**4.5** PHAST-TSC *(Nichole Bosson, MD)*
*Pre-Hospital Administration of Stroke Therapy – Trans Sodium Crocetinate*

Dr. Bosson provided the following information on the current PHAST-TSC Trial:

- This is a trial study to help researchers understand if the drug (TSC) helps to minimize the long-term effects of stroke. This trial is being conducted in Virginia and Los Angeles County.
- Currently, there are five fire departments who are participating: Culver City FD, Los Angeles County FD, Santa Monica FD, Burbank FD and Torrance FD.
- It's expected that more fire departments will become involved in the trial, once additional hospitals are approved.
- When paramedics administer the trial medication, it does not change the treatment protocol they follow nor does it change patient destination.
- Trial study will last approximately 1 ½ years

**4.6** ECMO Trial *(Nichole Bosson, MD)*
*Extracorporeal Membrane Oxygenation*

Dr. Bosson provided the following information on the upcoming ECMO Trial:

- Anticipated start date is April 1, 2020.
- This trial is an expansion of the already ongoing "Arrive Alive" study, which involves Beverly Hills FD, Los Angeles County FD, Culver City FD, UCLA-Ronald Regan Medical Center and Cedars Sinai Hospitals.
- The ECMO Trial will include providers and hospitals listed above and will include Los Angeles FD and LAC+USC Medical Center.
- The purpose of the study is to collect data from hospitals and fire departments on the use of ECMO, in order to understand the impact on our system and to evaluate whether ECMO should be expanded to all hospitals in the County.
- Providers and hospitals require EMS Agency approval if wanting to participate in this study.
- Field protocol and base guidance handouts were provided to Committee.

## 5. UNFINISHED BUSINESS

**5.1** Reference No. 326, Psychiatric Urgent Care Center (PUCC) Standards *(John Telmos)*

Policy reviewed and approved with the following recommendation:

- Page 3, III. Add wording: PUCC is to notify the EMS Agency of patient transfers requiring re-transport.

**M/S/C (Robertson/Zabilski) Approve Reference No. 326, Psychiatric Urgent Care Center (PUCC) Standards, with recommendation.**

**5.2** Reference No. 328, Sobering Center (SC) Standards *(John Telmos)*

Policy reviewed and approved with the following recommendation:

- Page 3, III. Add wording: SC is to notify the EMS Agency of patient transfers requiring re-transport.

**M/S/C (Kazan/Miller) Approve Reference No. 328, Sobering Center (SC) Standards, with recommendation.**

**5.3** Reference No. 526, Behavioral / Psychiatric Crisis Patient Destination

Policy reviewed and approved with the following recommendations:

- Page 4, III. A. 6. a.: Change glucose range to read "60 mg/dL and less than 300 mg/dL"
- Page 4, III. B. 12: To be consistent with other policies, change wording to read: "GCS <13"
- Page 4, III. B. 15: At end of sentence, add: "(Refer to Medical Control Guideline 1355, Perfusion Status)"
- Page 5, III. B. 18: At end of sentence, add: "(Refer to Reference No. 1208, Agitated Delirium)"

**M/S/C (Orlof/Kazan) Approve Reference No. 526, Behavioral / Psychiatric Crisis Patient Destination, with above recommendations.**

**5.4** Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center *(John Telmos)*

Policy reviewed and approved with the following recommendations:

- Change glucose range to read "60 mg/dL and less than 300 mg/dL"

**M/S/C (Orlof/Kazan) Approved, Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center, with above recommendation.**

**5.5** Reference No. 528, Intoxicated (Alcohol) Patient Destination

Upon review, Committee had the following recommendations:

- Re-define the definition of "Alcohol Intoxication"
- Page 2, II. E.: Remove and place in Reference No. 328, Sobering Center (SC) Standards
- Page 3, III. A. 4. g.: At end of sentence, add wording "(Syncope or Seizure)"
- Page 3, III. A. 5. c.: Delete sentence from policy
- Page 4, III. B. 10.: Replace with "GCS < 13"
- Page 4, III. B. 12.: At end of sentence, add wording "(Refer to Medical Control Guideline 1355, Perfusion Status)"

After lengthy discussion surrounding the definition of "Alcohol Intoxication", policy was tabled.

The EMS Agency will review Reference No. 824, Patient Refusal of Treatment or Transport; and Treatment Protocol, Reference No. 1241, Overdose/Poisoning/Ingestion, to ensure consistency with definitions and base hospital requirements.

**TABLED: Reference No. 528, Intoxicated (Alcohol) Patient Destination**

**5.6** Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center

Policy reviewed with the following recommendations:

- Change glucose range to read "60 mg/dL and less than 300 mg/dL"

After lengthy discussion surrounding the definition in Reference No. 528 (above), policy tabled.

**TABLED: Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center.**

## 6. NEW BUSINESS

**6.1** Reference No. 1204, Treatment Protocol: Fever / Sepsis

Policy reviewed and approved as presented.

**6.2** Reference No. 1237, Treatment Protocol: Respiratory Distress

Policy reviewed and approved with the following recommendation:

- Special Considerations, 5.: Modify language to ensure clarity

**6.3** Reference No. 1241, Treatment Protocol: Overdose / Poisoning / Ingestion

Policy reviewed and approved with the following recommendation:

- Special Considerations, 2.: Modify language to ensure clarity; and consistent with Reference No. 1237 (above)

**6.4** Reference No. 1317.22, Medical Control Guideline: Drug Reference – Ketorolac

Policy reviewed and approved as presented.

**6.5** Reference No. 1330, Medical Control Guideline: Medication Orders / Administration

Policy reviewed and approved as presented.

**6.6** Reference No. 1345, Medical Control Guideline: Pain Management

Policy reviewed and approved with the following recommendation:

- Principle: Committee recommended a new Principle to state that paramedics should utilize critical thinking skills during the pain management selection.

**M/S/C (Kazan/Kaduce) Approved, policies 6.1 through 6.6, with recommendations listed above.**

## 7. OPEN DISCUSSION:

**7.1** Transmission of 12-Lead Electro-Cardiograms *(John Telmos)*

Providers are reminded to ensure that the 12-lead ECG being transmitted to hospitals have the "software interpretation" printed on the ECG.

## 8. NEXT MEETING: April 15, 2020

## 9. ADJOURNMENT: Meeting adjourned at 2:47 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **TRAUMA TRIAGE** REFERENCE NO. 506

PURPOSE: To establish criteria and standards which ensure that patients requiring the care of a trauma center are appropriately triaged and transported.

AUTHORITY: California Code of Regulations, Title 13, Section 1105(c) California Code of Regulations, Title 22, Section 100236 et seq. Health and Safety Code, Div. 2.5, Section 1797 et seq., and 1317.

PRINCIPLES:

1. Trauma patients should be secured and transported from the scene as quickly as possible, consistent with optimal trauma care.

2. Paramedics shall make base hospital contact and/or notification to the receiving trauma center on all injured patients who meet trauma triage criteria and/or guidelines, or if in the paramedic's judgment it is in the patient's best interest to be transported to a trauma center. Contact shall be accomplished in such a way as not to delay transport.

3. Do not delay transport of hypotensive patients with penetrating torso trauma in order to apply spinal motion restriction.

4. EMT personnel may immediately transport hypotensive patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the Most Accessible Receiving (MAR), when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center.

5. When pediatric and adult trauma patients are transported together in one aircraft, the receiving trauma center shall be both a trauma center and a pediatric trauma center.

POLICY:

I. Trauma Criteria – Requires immediate transportation to a designated trauma center

Patients who fall into one or more of the following categories are to be transported directly to the designated trauma center, if transport time does not exceed 30 minutes.

A. Systolic blood pressure less than 90 mmHg, or less than 70 mmHg in infants age less than one year

B. Respiratory rate greater than 29 breaths/minute (sustained), less than 10 breaths/minute, less than 20 breaths/minute in infants age less than one year, or requiring ventilatory support



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

C. Cardiopulmonary arrest with penetrating torso trauma unless based upon the paramedic's thorough assessment is found apneic, pulseless, asystolic, and without pupillary reflexes upon arrival of EMS personnel at the scene

D. All penetrating injuries to head, neck, torso, and extremities proximal to the elbow or knee

E. Blunt head injury associated with a suspected skull fracture, altered level of consciousness (Glasgow Coma Score less than or equal to 14), seizures, unequal pupils, or focal neurological deficit

F. Injury to the spinal column associated with acute sensory or motor deficit

G. Blunt injury to chest with unstable chest wall (flail chest)

H. Diffuse abdominal tenderness

I. Suspected pelvic fracture (excluding isolated hip fracture from a ground level fall)

J. Extremity with:

1. Neurological/vascular compromise and/or crushed, degloved, or mangled extremity

2. Amputation proximal to the wrist or ankle

3. Fractures of two or more proximal (humerus/femur) long-bones

4. Bleeding not controlled by direct pressure requiring the usage of a hemorrhage control tourniquet or hemostatic agent (approved provider agencies only)

K. Falls:

1. Adult patients from heights greater than 15 feet

2. Pediatric patients from heights greater than 10 feet, or greater than 3 times the height of the child

L. Passenger space intrusion of greater than 12 inches into an occupied passenger space

M. Ejected from vehicles (partial or complete)

N. Auto versus pedestrian/bicyclist/motorcyclist thrown, run over, or with significant (greater than 20 mph) impact

O. Unenclosed transport crash with significant (greater than 20 mph) impact

P. Major / Critical Burn (excluding those in which the MAR is a recognized Burn Center, e.g., LAC+USC Medical Center, Torrance Memorial Medical Center, West Hills Hospital):

1. Patients 15 years of age or older with 2nd (partial thickness) and 3rd (full thickness) degree burns involving equal to or greater than 20% Total Body Surface Area (TBSA)

2. Patients ≤ 14 years of age with 2nd (partial thickness) and 3rd (full thickness) degree burns involving equal to or greater than 10% TBSA

II. Trauma Guidelines – Mechanism of injury and patient history are the most effective methods of selecting critically injured patients before unstable vital signs develop. Paramedics and base hospital personnel should consider mechanism of injury and patient history when determining patient destination. At the discretion of the base hospital, transportation to a trauma center is advisable for:

A. Passenger space intrusion of greater than 18 inches into any unoccupied passenger space

B. Automobile versus pedestrian/bicyclist/motorcyclist (impact equal to or less than 20 mph)

C. Injured victims of vehicular crashes in which a fatality occurred in the same vehicle

D. Patients requiring extrication

E. Vehicle telemetry data consistent with high risk of injury

F. Injured patients (excluding isolated minor extremity injuries):

1. on anticoagulation therapy, other than aspirin-only

2. with bleeding disorders

III. Special Considerations – Consider transporting injured patients with the following to a trauma center:

A. Patients in blunt traumatic full arrest who, based on a paramedic's thorough patient assessment, was not found apneic, pulseless, and without organized ECG activity (narrow complex supraventricular rhythm) upon the arrival of EMS personnel at the scene

B. Adults age greater than 55 years

C. Systolic blood pressure less than 110 mmHg may represent shock after age 65 years

D. Pregnancy greater than 20 weeks gestation

E. Prehospital judgment

IV. Extremis Patients - Requires immediate transportation to the MAR:

A. Patients with an obstructed airway or those with concern for imminent airway obstruction due to inhalation injury

B. Patients, as determined by the base hospital personnel, whose lives would be jeopardized by transportation to any destination but the MAR

V. When, for whatever reason, base hospital contact cannot be made, the destination decision for injured patients will be made by paramedics using the principles set forth above.

VI. 9-1-1 Trauma Re-Triage – This section applies to injured patients in emergency departments of non-trauma centers whose injuries were initially estimated by EMS to be less serious (under triaged) or patients who self-transported (walk-in) to a non-trauma center, and subsequently assessed by the non-trauma center physician to require immediate trauma center care. The referring facility shall utilize the procedure outlined below to expedite transfer arrangements and rapid transport to the trauma center. This process should be reserved for patients with life-threatening traumatic injuries requiring emergent surgical intervention.

A. Determine if the injured patient meets any of the following 9-1-1 Trauma Re-Triage criteria:

1. Persistent signs of poor perfusion

2. Need for immediate blood replacement therapy

3. Intubation required

4. Glasgow Coma Score less than 9

5. Glasgow Coma Score deteriorating by 2 or more points during observation

6. Penetrating injuries to head, neck and torso

7. Extremity injury with neurovascular compromise or loss of pulses

8. Patients, who in the judgement of the evaluating emergency physician, have high likelihood of requiring emergent life- or limb-saving intervention within two (2) hours.

B. Contact the designated receiving trauma center or pediatric trauma center if the patient is less than or equal to 14 years of age and transport does not exceed 30 min. Do not delay transfer by initiating any diagnostic procedures that do not have direct impact on immediate resuscitative measures.

C. Contact 9-1-1 for transportation. The paramedic scope of practice (Ref. No. 803) does not include paralyzing agents and blood products.

D. Prepare patient and available medical records for immediate transport. Do not delay transport for medical records which could be sent at a later time.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506.1 **Trauma Triage Decision Scheme**
Ref. No. 506.2 **9-1-1 Trauma Re-Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**

**Reference No. 506.2, 9-1-1 Trauma Re-Triage (New Policy)**

| | Committee/Group | Date Assigned | Approval Date | Comments* (Y if yes) |
|---|---|---|---|---|
| EMS ADVISORY COMMITTEES | Provider Agency Advisory Committee | | | |
| | Base Hospital Advisory Committee | | | |
| | Data Advisory Committee | | | |
| | Education Advisory Committee | | | |
| OTHER COMMITTEES/RESOURCES | Medical Council | | | |
| | Trauma Hospital Advisory Committee | 01/22/2020 | 01/22/2020 | No |
| | Ambulance Advisory Board | | | |
| | EMS QI Committee | | | |
| | Hospital Association of So California | | | |
| | County Counsel | | | |
| | Other: | | | |
| | | | | |

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

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL, PARAMEDIC, MICN)

SUBJECT: **9-1-1 TRAUMA RE-TRIAGE**

REFERENCE NO. 506.2

**STEP 1**

Determine if patient meets 9-1-1 Trauma Re-triage Criteria:

Perfusion:
- Persistent signs of poor perfusion
- Need for immediate blood replacement therapy

Respiratory Criteria:
- Intubation required

GCS / Neurologic Criteria:
- GCS <9
- GCS deteriorating by 2 or more during observation

Anatomic Criteria:
- Penetrating injuries to head, neck, chest, or abdomen
- Extremity injury with neurovascular compromise or loss of pulses

Provider Judgment:
- Patients, who in the judgment of the evaluating emergency physician, have a high likelihood of requiring emergent life- or limb-saving intervention within 2 hours

**STEP 2**

**Contact the designated Trauma Center for a *"9-1-1 Trauma Re-triage"***

Do NOT delay transport by initiating any diagnostic procedure that do not have direct impact on immediate resuscitative measures

Designated Trauma Center:
XXXXXXXXXXXXXXXX
Contact Number:
999.999.9999
Notify:
Transfer Center / Trauma Surgeon / Emergency Physician

**STEP 3**

**Contact 9-1-1 for transportation**

Standard Paramedic Scope does **NOT** include paralyzing agents, blood products.

**STEP 4**

Prepare patient, diagnostic imaging, and paperwork (to include initial EMS Report Form if applicable) for immediate transport

**9-1-1 Trauma Re-triage:** The movement of patients meeting specific high-acuity criteria from a non-trauma center to a trauma center for trauma care.

**Trauma Transfer:** The movement of other trauma patients to a trauma center that do not meet 9-1-1 Emergency Trauma Re-triage criteria.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **9-1-1 RECEIVING HOSPITAL REQUIREMENTS** REFERENCE NO. 302

PURPOSE: To outline the guidelines to be approved as a 9-1-1 receiving hospital.

AUTHORITY: Health & Safety Code 1797.88, 1798.175(a)(1)(2)

DEFINITIONS:

**9-1-1 Receiving Hospital**: A licensed, general acute care hospital with a permit for basic or comprehensive emergency medicine service and approved by the Los Angeles County EMS Agency to receive patients with emergency medical conditions from the 9-1-1 system.

PRINCIPLES:

1. Patients who call 9-1-1 receive optimal care when transported to a facility that is staffed, equipped and prepared to administer emergency medical care appropriate to their needs.

2. Emergency departments equipped with the communications required of 9-1-1 receiving facilities drill regularly with other system participants and can communicate effectively during multi-casualty incidents and disasters.

3. Data collection and evaluation is critical to assess system performance and evaluate for educational and improvement needs.

POLICY:

I. Procedure for Approval to be a 9-1-1 Receiving Hospital

   A. Submit a written request to the Director of the Emergency Medical Services (EMS) Agency to include:

      1. The rationale for the request to be a 9-1-1 receiving hospital.

      2. A document verifying the hospital has a permit for basic or comprehensive emergency medical service.

      3. The proposed date the emergency department (ED) would open to 9-1-1 traffic.

   B. Communications

      1. All 9-1-1 Receiving Hospitals in Los Angeles County are required to:

         a. Have an operational ReddiNet terminal with redundant connectivity via satellite and internet.



APPROVED: Director, EMS Agency

Medical Director, EMS Agency

b. Collaboration with provider agencies, to provide and maintain a printer capable of printing electronic records received from prehospital care providers, when applicable.

2. Install VMED28 for communication with paramedic providers and the Medical Alert Center during multiple casualty incidents.

3. Install a dedicated telephone line to facilitate direct communication with the paramedic base hospitals, 9-1-1 personnel, and the Medical Alert Center.

C. Site Visit

1. Once all required communication systems are installed and hospital staff training on the equipment is complete, the EMS Agency will coordinate a site visit.

2. Administrative and field personnel from local EMS provider agencies will be invited to exchange contact information, participate in the VMED28 and the ReddiNet system tests, and become familiar with the physical layout of the facility.

3. Representatives from the nearest base hospital (Administrative, Medical Director and/or Prehospital Care Coordinator) will provide contact information, explain the role and function of the paramedic base, and discuss how patient information is communicated to the surrounding 9-1-1 receiving hospitals.

D. Transfer Policies

1. All 9-1-1 Receiving Hospitals in Los Angeles County are required to develop and submit to the EMS Agency for approval an interfacility transfer policy that addresses the following:

a. Compliance with Title XXII transfer requirements and EMTALA

b. Utilization of appropriate transport modality, specifically when to contact private ambulance companies and what situations warrant appropriate use of the 9-1-1 system [e.g., 9- 1-1 Trauma Re-Triage (Ref. No. 506) and confirmed STEMI patient (Ref. No. 513.1)]. The jurisdictional 9-1-1 provider may only be contacted if the estimated time of arrival of a private ambulance is delayed and the condition of the patient suggests that there is an acute threat to life or limb that warrants an immediate response and transport. Patient destination will then be determined as outlined in the applicable patient destination policy.

c. A mechanism shall be implemented to ensure that each transfer on which 9-1-1 was used is reviewed for appropriateness, and correction measures are taken when problems and issues arise to prevent future similar problems from occurring.

d. A tracking mechanism to capture all transfers utilizing the 9-1-1 system and document the results of the review

5. EMS Agency role at the site visit:

a. Conduct ReddiNet drills and VMED28 tests

b. Explain the role of the Medical Alert Center and provide contact information

c. Discuss disaster preparedness activities

d. Review the Prehospital Care Policy Manual, Medical Control Guidelines, Treatment Protocols and other relevant materials:
   i. Ref. No. 502, Patient Destination
   ii. Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients
   iii. Ref. No. 620.1, Notification of Personnel Change
   iv. EMS Agency staff contacts
   v. Base hospital/receiving hospital contacts
   vi. EMS Agency meeting calendar
   vii. Situation Report/Problem resolution
   viii. EmergiPress

II. Responsibilities: the 9-1-1 Receiving Hospital shall:

A. Maintain communication requirements listed in Section I.B. of this policy

B. Attend EMS Agency sponsored meetings for 9-1-1 Receiving Hospitals to stay current with EMS practice, policy and equipment.

C. Provide updated contact information to the base hospital and the EMS Agency whenever there is a change in key personnel.

D. Maintain an accurate list of hospital services and contact information in the ReddiNet for disaster and MCI purposes

E. Collect and submit data to the EMS Agency on patients transported via the 9-1-1 system by 2018. Data submission requirements will be defined in Ref. No. 610, 9-1-1 Receiving Hospital Data Dictionary.

F. Implement measures to ensure compliance with Section I.D of this policy.

CROSS REFERENCES:

Prehospital Care Manual:
Reference No. 304, **Role of the Base Hospital**
Reference No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**

Reference No. 503.1, **Hospital Diversion Request Requirements for Emergency Department Saturation**
Reference No. 506, **Trauma Triage**
Reference No. 610, **9-1-1 Receiving Hospital Data Dictionary**
Reference No. 621, **Notification of Personnel Change**
Reference No. 621.1, **Notification of Personnel Change Form**
Reference No. 513.1, **Emergency Department Interfacility Transport of Patients with ST-Elevation Myocardial Infarction**