



**LOS ANGELES COUNTY
BOARD OF SUPERVISORS**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

COMMISSIONERS

Captain Brian S. Bixler

Peace Officers Association of LA County

Diego Caivano, M.D.

LA County Medical Association

Erick H. Cheung, M.D.

Southern CA Psychiatric Society

Chief Eugene Harris

Los Angeles County Police Chiefs' Assn.

John Hisserich, Dr.PH.

Public Member (3rd District)

Lydia Lam, M.D.

American College of Surgeons

James Lott, PsyD., MBA

Public Member (2nd District)

Carol Meyer, RN

Public Member (4th District)

Gloria Mollada

League of Calif. Cities/LA County Division

Garry Olney, DNP

Hospital Association of Southern CA

Robert Ower, RN

LA County Ambulance Association

Chief Kenneth Powell

Los Angeles Area Fire Chiefs Association

Mr. Paul S. Rodriguez – Chairman

CA State Firefighters' Association

Mr. Jeffrey Rollman

Southern California Public Health Assn.

Mr. Joe Salas – Vice Chair

Public Member (1st District)

Nerses Sanossian, MD, FAHA

American Heart Association

Western States Affiliate

Carole A. Snyder, RN

Emergency Nurses Association

Atilla Uner, MD, MPH

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn

Public Member (5th District)

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 19, 2021

TIME: 1:00 – 3:00 PM

LOCATION: Zoom Video Conference Meeting

Join Zoom Meeting:

<https://zoom.us/j/97565380793?pwd=L1dhaUVybnMyK2tiZE95Q29jK3RDdz09>

Meeting ID: 975 6538 0793

Passcode: 991629

One tap mobile

+16699009128,,97565380793# US (San Jose)

+13462487799,,97565380793# US (Houston)

Dial by your location (Use any number)

+1 669 900 9128 US (San Jose)

+1 346 248 7799 US (Houston)

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 – Chairman Paul Rodriguez

Instructions for Zoom:

- 1) Please use your computer to join the Zoom meeting to see documents.
- 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.
- 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

March 17, 2021

2. COMMITTEE REPORTS

- 2.1 Base Hospital Advisory Committee
- 2.2 Data Advisory Committee
- 2.3 Provider Agency Advisory Committee

3. POLICIES

No policies for review.

END OF CONSENT AGENDA

IV. BUSINESS

BUSINESS (OLD)

- 4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
 - 4.1.1 Ad Hoc Workgroup on the Pre-Hospital Care of Mental Health and Substance Abuse Emergencies – Recommendation Eight
- 4.2 Ambulance Patient Offload Time (APOT)
- 4.3 LA County COVID-19 Modeling – EMS Agency Data
- 4.4 EMS Update

BUSINESS (NEW)

- 4.5 EMS Commission Membership – Vote Required
 - 4.5.1 Paramedic Representation – California State Firefighters Association (CSFA) to California Professional Firefighters (CPF)
 - 4.5.2 American Heart Association Representation

V. LEGISLATION

VI. EMS DIRECTOR'S AND MEDICAL DIRECTOR'S REPORT CORRESPONDENCE

- 6.1 (03-01-2021) Angela Wise, EMS Authority: EMS System Plan Update FY 2019-20
- 6.2 (03-15-2021) Chris Gordon, AMR-Inland Empire: Temporary Approval of AMR Inland Empire ALS Unit to Provide Standby ALS Coverage at State Vaccination Site
- 6.3 (03-10-2021) Distribution: COVID-19 EMS Directive #3 – Suspension of Service Area Boundaries
- 6.4 (03-15-2021) Assembly Member Freddie Rodriguez: EMS and COVID-19 Vaccination Issues
- 6.5 (03-15-2021) James R. West: Good Samaritan Hospital Service Area Boundaries and Ambulance Patient Offload Times
- 6.6 (03-15-2021) Distribution: Submission of Measure B Funding Proposals for 2021
- 6.7 (03-16-2021) Distribution: Sidewalk “Hands-Only” CPR
- 6.8 (04-09-2021) Distribution: General Public Ambulance Rates July 1, 2021 through June 30, 2022
- 6.9 (04-15-2021) Distribution: Pacific Gardens Medical Center 9-1-1 Receiving Hospital Designation

VII. COMMISSIONERS' COMMENTS / REQUESTS

VIII. ADJOURNMENT

To the meeting of July 21, 2021



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Ms. Gloria Molleda

League of Calif. Cities/LA County Division

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**MINUTES
MARCH 17, 2021
Zoom Meeting**

<input checked="" type="checkbox"/> Lt. Brian S. Bixler	Peace Officers' Assn. of LAC	Cathy Chidester	Executive Director
<input checked="" type="checkbox"/> Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	Commission Liaison
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Marianne Gausche-Hill	EMS Medical Director
<input checked="" type="checkbox"/> Chief Eugene Harris	LAC Police Chiefs' Assn.	Nichole Bosson	Asst. Medical Director
<input checked="" type="checkbox"/> John Hisserich, Dr.PH	Public Member, 3 rd District	Roel Amara	Assistant Director
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Richard Tadeo	Assistant Director
<input checked="" type="checkbox"/> James Lott, PsyD, MBA	Public Member, 2 nd District	Kay Fruhwirth	Nursing Director
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 th District	John Telmos	EMS Staff
<input type="checkbox"/> *Gloria Molleda	League of CA Cities/LA County	Michelle Williams	EMS Staff
<input checked="" type="checkbox"/> Robert Ower, RN	LAC Ambulance Association	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Garry Olney, DNP	Hospital Assn. of So. CA	Denise Whitfield	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Christine Clare	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Jacqueline Rifenburg	EMS Staff
<input checked="" type="checkbox"/> Jeffrey Rollman	So. CA Public Health Assn.	David Wells	EMS Staff
<input checked="" type="checkbox"/> Joseph Salas	Public Member, 1 st District	Cathlyn Jennings	EMS Staff
<input checked="" type="checkbox"/> Nerses Sanossian, M.D.	American Heart Association	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	Gary Watson	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	American College of Emergency Physicians	Christy Preston	EMS Staff
	CAL-ACEP	Lorrie Perez	EMS Staff
<input type="checkbox"/> *Gary Washburn	Public Member, 5 th District	Adrian Romero	EMS Staff
		Susan Mori	EMS Staff
GUESTS			
Clayton Kazan, MD	LA County Fire Department	Jennifer Nulty	Torrance Fire Dept.
Jaime Garcia	Hospital Assn. Southern Cal.	Shelly Trites	Torrance Memorial
John Franklin Sierra	DMH	Lt. John Gannon	LASD
Samantha Verga Gates			

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

I. CALL TO ORDER

The Emergency Medical Services Commission (EMSC) meeting was held via Zoom Video Communications Conference Call due to the California Statewide Safer at Home Order related to the Coronavirus (COVID-19) pandemic. The meeting was called to order at 1:02 p.m. by Chairman Paul Rodriguez. A quorum was present with 17 Commissioners on the call.

II. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Executive Director Cathy Chidester did roll call of the Commissioners, acknowledged members of the public and EMS Agency staff. General Instructions on using Zoom were provided to participants. Commissioners were asked to state their names when making a motion/second to ensure the accurate reporting.

Chairman Rodriguez announced and congratulated Commissioner Atilla Uner on his appointment as Chairman of the State EMS Commission for 2021.

III. CONSENT AGENDA

Chairman Rodriguez called for approval of the Consent Agenda and opened the floor for discussion.

Motion/Second by Commissioners Bixler/Meyer to approve the Consent Agenda was approved and carried unanimously.

Ms. Chidester requested to move Correspondence from the Consent Agenda and include it in the Director's Report, as this is information only and requires no approval; move the Director's Report up higher on the Agenda and rename it EMS Director's and Medical Director's Report.

Motion/Second by Commissioners Ower/Hisserich to move Correspondence from the Consent Agenda and include it in the Director's Report; move the Director's Report up higher on the Agenda and rename it EMS Director's and Medical Director's Report was approved and carried unanimously.

1. MINUTES

January 20, 2021 Minutes were approved.

2. CORRESPONDENCE

- 2.1 (01-12-21) Distribution: Shoring Up for the Surge of COVID-19 patients
- 2.2 (01-21-21) Martin Serna: Paramedic Vaccination Program Approval
- 2.3 (02-22-21) Stephen Albrecht: Psychiatric Urgent Care Center Designation (Star Behavioral Health - City of Industry)
- 2.4 (02-22-21) Stephen Albrecht: Psychiatric Urgent Care Center Designation (Star Behavioral Health - Long Beach)
- 2.5 (03-15-21) Distribution: Submission of Measure B Funding Proposal for 2021

3. COMMITTEE REPORTS

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

4. POLICIES

- 4.1 Reference No. 218: Trauma Hospital Advisory Committee (THAC)
- 4.2 Reference No. 222: Downgrade or Closure of 9-1-1 Receiving Hospital or Emergency Medical Services (Attachments: AB 2037 and All Facilities Letter from CDPH)
- 4.3 Reference No. 508: Sexual Assault Patient Destination
- 4.4 Reference No. 606: Documentation of Prehospital Care
- 4.5 Reference No. 814: Determination / Pronouncement of Death in the Field
- 4.6 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

END OF CONSENT AGENDA

IV. BUSINESS

BUSINESS (OLD)

5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies

5.1.1 Ad Hoc Workgroup on the Pre-Hospital Care of Mental Health and Substance Abuse Emergencies – Recommendation Eight

Ms. Chidester provided background on the Prehospital Care of Mental Health and Substance Abuse Emergencies report that the EMSC published in 2015 and how this work was groundbreaking and is now informing the work the Department of Mental Health (DMH) is doing. She noted that DMH has established three ad hoc groups to address the interface of law enforcement and mental health.

5.1.2 John Franklin Sierra, Ph.D., Senior Staff Analyst, LA County Department of Mental Health – Process Overview

John Franklin Sierra from DMH and Lieutenant John Gannon from the Los Angeles Sheriff's Department (LASD) gave presentations on the work that DMH is doing and how this relates to prehospital care of mental health and substance abuse emergencies.

Mr. Sierra discussed DMH's response to a Board motion to address the individual 9-1-1 crisis calls and how best to coordinate care between entities and provide the most appropriate response to either mental health psychiatric urgent care centers or sobering centers, and to provide alternatives to hospitalization or incarceration.

He also reported that the adoption by the Federal Communications Commission of the 9-8-8 number for suicide emergencies is scheduled to go live by the middle of 2022, and this would change how these calls are routed as they will go directly into the National Suicide Hotline, therefore possibly reducing 9-1-1 calls for mental health issues. Currently, Didi Hirsch is the only National Suicide Prevention Hotline in the County.

Lieutenant John Gannon reported on the work he is doing to develop standardized dispatch protocols, and the need for a set of uniform standards for law enforcement agencies countywide during the early screening process to ensure proper dispatch handling. He presented a draft matrix that the DMH committee is working on to create uniform language for linkage between various agencies, as well as to determine which agency is appropriate to respond to behavioral health calls into 9-1-1/9-8-8. Work is being done to create direct linkage between 9-1-1 and 9-8-8 that will allow agencies to transfer calls between facilities in real time.

Commissioner Brian Bixler reported positive responses related to the pilot project where Los Angeles Police Department is diverting 9-1-1 calls from suicidal persons to Didi Hirsch, reducing law enforcement involvement on calls that require behavioral health assistance only.

Commissioner Erick Cheung commented that success of these initiatives is reliant upon hospital-to-hospital communication, and access to health information exchange is essential to better understand the care of patients between facilities and where patients have established their care.

5.2 Ambulance Patient Offload Time (APOT)

Mr. Tadeo, EMS Assistant Director, reported that APOT times are low, and this translates into very low diversion time. The plan is to revise the diversion policy, maintaining BLS diversion capability to be incorporated as part of ReddiNet. Provider agencies can continue to request diversion when multiple units are waiting to offload patients at a hospital. The policy drafts will be presented to Base, Provider and the Hospital Association of Southern California (HASC) for input, and will be brought back to the Commission at the May 2020 EMS Commission meeting.

Chairman Rodriguez reported that the State EMS Commission will be establishing an APOT task force to look at APOT on a State level.

5.3 LA County COVID-19 Modeling – EMS Agency Data

Dr. Gausche-Hill reported on the latest COVID-19 modeling and reviewed data related COVID-19. Key points from the presentation included:

- The modeling tries to predict where we will be in the future. The Effective Transmission Number “R” is still below one (<1), and once we get above one (>1) we are in a surge or have the potential for more widespread outbreak.
- Cardiac arrests have increased the entire time of the pandemic. The Coroner has seen an increase in substance abuse deaths which may present as cardiac arrests. Traumatic injuries initially declined and then we saw an increase in trauma.
- With COVID-19-related provider impressions, there was an overall decrease in number of runs until we had the significant surge in December 2020 and January 2021.
- Hospital capacity data was also shared. During the December 2020 - January 2021 surge, over 50% of all patients admitted to hospitals were COVID-19 positive with over 90% patients in the ICU being COVID-19 positive. Ventilator use saw marked uptick in this period as well, but no one ran out of ventilators, and over 400 ventilators were deployed to hospitals in this timeframe which also could be used to deliver hi-flow O2 by nasal cannula.
- Hospital bed demand is way down almost at the lowest level ever during the pandemic with around 500 COVID-19 hospitalizations. We have been able to meet the beds needed, but hospitals surged into tents and other non-traditional patient-care areas to meet the need during the recent surge. The peak hospitalizations were over 8,000 and the date of the peak was January 6, 2021.

Following the presentation, there was a brief discussion about lessons learned throughout the pandemic. The expansion of care utilizing nurses and paramedics, non-traditional space for patient care, clinical spaces being expanded to ICU, and utilizing outside tents helped in terms of triage. Working with fire departments and medical directors with creative solutions provided additional resources for hospitals and EMS. The California Department of Public Health is asking hospitals for their best practices and lessons learned. HASC is looking to engage a consultant to work with hospitals and conduct the After-Action Report.

- 5.4 Olympia Medical Center ED Closure – Impact Evaluation Report – February 24, 2021
(Control + Click to follow link below to view report)
http://file.lacounty.gov/SDSInter/dhs/1103517_CDPHNotification2021-02-24.pdf
Mr. Tadeo reported that notice was issued on Monday, March 15, 2021, to stop 9-1-1 traffic as of Wednesday, March 24, 2021. All walk-in traffic will stop as of Tuesday, March 30, 2021. The Impact Evaluation Report (IER) was forwarded to the Los Angeles County Board of Supervisors.

BUSINESS (NEW)

- 5.5 EMS Commission Representative to the Measure B Advisory Board
Ms. Chidester provided background on the Measure B Advisory Board (MBAB), which was established to make recommendations to the County Board of Supervisors on how to use/allocate unallocated Measure B funds. The EMS Commission representative on the MBAB is the Chair or their designee. Since the EMS Commission has a new chair, Commissioners need to approve a new MBAB representative.

Motion/Second by Commissioners Hisserich/Salas to appoint Chairman Paul Rodriguez to represent the EMS Commission on the MBAB was made. Commissioner Carol Meyer requested to represent the EMS Commission on the MBAB stating prior experience and subject matter knowledge. Chairman Rodriguez respectfully declined appointment and made a new motion.

Motion/Second by Chairman Rodriguez/Commissioner Snyder to appoint Commissioner Meyer to represent the EMS Commission on the MBAB was made. Commissioner Salas requested to amend the motion to include Chairman Rodriguez as alternate. Chairman Rodriguez accepted.

Motion/Second to appoint Chairman Paul Rodriguez to represent the EMS Commission on the MBAB was rescinded by Commissioners Hisserich/Salas.

Motion/Second by Commissioners Salas/Lott to appoint Commissioner Meyer to represent the EMS Commission on the MBAB with Chairman Rodriguez as alternate was approved and carried unanimously.

- 5.6 Measure B Advisory Board Proposal Submission 2021
Kay Fruhwirth, EMS Agency Nursing Director, provided an overview of the MBAB process, and reported project proposal documents will be provided to Commissioners. The Commissioners were asked to share these with their constituent groups they represent to ensure widespread distribution of the documents and participation in the MBAB process.

V. COMMISSIONERS' COMMENTS / REQUESTS

Commissioner Garry Olney inquired about in-patient and ER experience scores, noting both scores have been impacted by the pandemic. He will inquire into whether or not Medicare is taking that into consideration and bring a response back to the Commission.

VI. LEGISLATION

Ms. Chidester provided highlights of the following bills:

AB 7 - Subsidizes personal protective equipment for the ambulance employees to purchase PPE, particularly multi-threat body protective gear.

AB 261 - Authorizes emergency vehicles to operate in HOV lanes.

AB 3389 – Allows RFP contracting for ambulance. Allows fire departments to subcontract for emergency ambulance services.

AB 805 – PPE distribution reporting for the MHOAC.
AB 988 – Allows 9-8-8 as a mental health crisis hotline.
AB 1229 – Emergency task force to review APOT and EMS Authority.
AB 1254 – Healthcare coverage of mobile stroke units.

VII. EMS DIRECTOR'S REPORT

1. The EMS Agency did a video for Sidewalk CPR. The annual event was cancelled due to the pandemic.
2. EMS Agency is demobilizing a lot of equipment sent out during COVID-19.

VIII. ADJOURNMENT:

Adjournment by Chairman Rodriguez at 2:45 pm to the meeting of May 19, 2021.

Motion/Second by Commissioners Cheung/Snyder to adjourn to the meeting of Wednesday, May 19, 2021, was approved and carried unanimously.

Next Meeting: Wednesday, May 19, 2021, 1:00-3:00pm
Join by Zoom Video Conference Call

Join Zoom Meeting

<https://zoom.us/j/97565380793?pwd=L1dhaUVybnMyK2tiZE95Q29jK3RDdz09>

Meeting ID: 975 6538 0793

Passcode: 991629

One tap mobile

+16699009128,,97565380793# US (San Jose)

+13462487799,,97565380793# US (Houston)

Dial by your location

+1 669 900 9128 US (San Jose)

+1 346 248 7799 US (Houston)

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 • Department of Health Services
Emergency Medical Services Agency



BASE HOSPITAL ADVISORY COMMITTEE MINUTES

April 14, 2021

MEMBERSHIP / ATTENDANCE VIA ZOOM

REPRESENTATIVES		EMS AGENCY STAFF	
<input checked="" type="checkbox"/>	Carol Meyer., Chair	EMS Commission	Dr. Marianne Gausche-Hill
<input checked="" type="checkbox"/>	Carole Snyder, RN., Vice Chair	EMS Commission	Dr. Nichole Bosson
<input type="checkbox"/>	Atila Uner, MD, MPH	EMS Commission	Richard Tadeo
<input checked="" type="checkbox"/>	Lydia, Lam, MD	EMS Commission	Christine Clare
<input type="checkbox"/>	Diego Caivano, MD	EMS Commission	Dr. Dipesh Patel
<input type="checkbox"/>	Erick Cheung, MD	EMS Commission	Jackie Rifenburg
<input checked="" type="checkbox"/>	Garry Olney	EMS Commission	John Telmos
<input checked="" type="checkbox"/>	Rachel Caffey	Northern Region	Christy Preston
<input checked="" type="checkbox"/>	Melissa Carter	Northern Region	Cathy Jennings
<input checked="" type="checkbox"/>	Charlene Tamparong	Northern Region, Alternate	Susan Mori
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region	Karen Rodgers
<input checked="" type="checkbox"/>	Laurie Donegan	Southern Region	Sara Rasnake
<input checked="" type="checkbox"/>	Shelly Trites	Southern Region	Fritz Bottger
<input checked="" type="checkbox"/>	Christine Farnham, APCC President	Southern Region, Alternate	Gary Watson
<input checked="" type="checkbox"/>	Paula Rosenfield	Western Region	David Wells
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region	Dr. Denise Whitfield
<input checked="" type="checkbox"/>	Susana Sanchez	Western Region, Alternate	Christine Zaiser
<input checked="" type="checkbox"/>	Erin Munde	Western Region, Alternate	Natalie Greco
<input checked="" type="checkbox"/>	Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region	
<input checked="" type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate	
<input checked="" type="checkbox"/>	Lila Mier	County Hospital Region	John Hisserich, Commissioner PACC
<input checked="" type="checkbox"/>	Emerson Martell	County Hospital Region	Gloria Molleda, Commissioner DAC
<input checked="" type="checkbox"/>	Yvonne Elizarraz	County Hospital Region, Alternate	Jim Lott, Commissioner DAC
<input checked="" type="checkbox"/>	Antoinette Salas	County Hospital Region, Alternate	Dr. Tyler Leppke, HGH Resident
<input checked="" type="checkbox"/>	Shira Schlesinger, MD	Medical Council Representative	Dr. Saman Kashani, LACoFD
<input type="checkbox"/>	Roger Yang, MD	Medical Council Representative, Alt.	Dr. Ashley Sanello, Compton Fire
<input checked="" type="checkbox"/>	Alec Miller	Provider Agency Advisory Committee	
<input checked="" type="checkbox"/>	Jennifer Nulty	Provider Agency Advisory Committee, Alt.	
<input checked="" type="checkbox"/>	Laarni Abdenoja	MICN Representative	
<input checked="" type="checkbox"/>	Jennifer Breeher	MICN Representative, Alt.	
<input checked="" type="checkbox"/>	Heidi Ruff	Pediatric Advisory Committee	
<input checked="" type="checkbox"/>	Michael Natividad	Pediatric Advisory Committee, Alt.	
PREHOSPITAL CARE COORDINATORS			
<input checked="" type="checkbox"/>	Jessica Strange (SJS)	<input checked="" type="checkbox"/>	Lorna Mendoza (SFM)
<input checked="" type="checkbox"/>	Melissa Turpin (SMM)	<input checked="" type="checkbox"/>	Karyn Robinson (GWT)
<input checked="" type="checkbox"/>	Coleen Harkins (AVH)	<input checked="" type="checkbox"/>	Erica Candelaria (QVH)

1. **CALL TO ORDER:** The meeting was called to order at 1:05 P.M. by Carol Meyer, Chairperson.

2. **APPROVAL OF MINUTES:** The meeting minutes for February 10, 2021, were approved as submitted.

M/S/C (Burgess/Farnham)

Base Hospital Advisory Committee

April 14, 2021

3. INTRODUCTIONS/ANNOUNCEMENTS:

- Susan Mori: Out of hospital cardiac arrest is on the rise, Dr. Patel has produced “Hands Only CPR” instructional video, <https://youtu.be/jHaicno95sk> . Please share the provided link.
- EMSAAC Conference (VIRTUAL) is scheduled for June 2-3, 2021, you can register at <https://www.emsaac.org/conference>.
- Dr. Gausche-Hill: National Pediatric Readiness Assessment begins May 1st. In preparation for the survey, we encourage participating hospitals to access the assessment tool at www.pedsready.org.
- Richard Tadeo: Announced Pacific Gardens Medical Center (TRI) located in Hawaiian Gardens has been designated as a 9-1-1 receiving center, effective Monday, April 19, 2021.

4. REPORTS & UPDATES:

4.1 EMS Update 2021

Train the Trainer is scheduled for Thursday, Apr 29th, 8:00am – 11:00am, (<https://zoom.us/join/joinMeeting?jEseuprj8oGNSQIEOn7udl7SqxFIcNo3>), and Thursday, May 6th, 8:00am – 11:00am, (<https://zoom.us/join/joinMeeting?tJMrdOqurj0rHNWuKBdSPF5E8unjw7iVNNoc>), trainers must preregister by April 16th to allow adequate time to access material, before the scheduled training date.

EMS Update topics include:

- Out of hospital cardiac arrest, including traumatic cardiac arrest, adult & pediatrics.
- Ref. No. 834, Patient Refusal of Treatment or Transport (Treat and Refer).
- QI modules on the recognition of anaphylaxis and sepsis.

4.2 EmergiPress

The next edition of EmergiPress will be presented at the end of April and will cover Medical Control Guideline (MCG) 1337, Leave Behind Naloxone, ECG of the month, and a video addressing Mass Casualty Incident (MCI) management.

Please continue to submit feedback and suggestions for future topics to Dr. Denise Whitfield at, dwhitfield@dhs.lacounty.gov.

4.3 ECMO Pilot

The ECMO Pilot will resume April 21, 2021. Participating hospitals include Ronald Regan UCLA and Cedars Sinai, participating providers include Beverley Hills Fire, Culver City Fire, and specific Los Angeles County Fire Stations (Units in Inglewood 171-173, Ladera Heights, and West Hollywood). On May 3, 2021, the Pilot will be expanding to include LAC+USC Medical Center and Los Angeles City Fire.

For qualifying patients, participating providers will bypass the closest STEMI Receiving Center (SRC) to transport to an ECMO Receiving Center, as long as the transport time is within 30 minutes. Surrounding SRCs should be minimally impacted.

4.4 Data Collaboratives

SRC Collaborative: The collaborative has been studying the impact of COVID on STEMI and out of hospital cardiac arrests. It was determined that during the stay at home order, out of hospital cardiac arrests increased and the number of STEMI calls decreased. A publication has been accepted by the Journal of American Heart Association, once published, it will be shared with the group.

Examining trends and impact to specialty centers for the recent COVID surge (December 2020 – January 2021).

Examining outcomes for: time to intervention of STEMI patients, STEMI outcomes, and out of hospital cardiac arrest outcomes.

Stroke Data Collaborative: Is analyzing effects on volume, patient outcomes, and impact projection of a growing two-tiered stroke system.

BEST-MSU Study was presented at the International Stroke Conference 2021, shows stroke better outcomes with less disability, faster tPA administration times, and improved 90-day Modified Rankin Scores.

Pediatrics: Currently collecting data on out of hospital cardiac arrest in the pediatric population, more to come on this topic.

Future pediatric studies: Pedi Dose, Pedi Part, and a study on BRUE.

4.5 Ref. No. 1335, Medial Control Guideline: Needle Thoracostomy

New language (Page 2, Guideline 7) was presented which addresses thoracostomy needle placement and insertion depth in the adult patient and the pediatric patient (under 15 years).

5. OLD BUSINESS:

5.1 Health Data Exchange (HDE)

Update provided by Richard Tadeo: The HDE project has been temporarily placed on hold. It is estimated that installation/implementation of the data exchange system will take an average of 16 weeks and the deadline for funding by the CARES Act Provider Relief Fund is June 30, 2021. Although the CARES COVID Relief Fund was extended from December 31, 2020 to December 31, 2021, the Provider Relief Fund has not been extended. We will be applying for the American Rescue & Recovery Grant; this is a multiyear grant which allows for a longer timeline. More information to come.

6. NEW BUSINESS:

6.1 MICN – Ride Along

The MICN – Ride Along requirement was waived in early 2020 and remains in effect. For those MICNs that wish to, there are departments that are offering ride along opportunities, some restrictions may apply.

As a reminder, for MICN renewal, the requirement of 40 hours of Continuing Education will continue until further notice.

For questions contact Jackie Rifenburg at jrifenburg@dhs.lacounty.gov.

6.2 Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients

Approved with recommended change:

- Page 2, Procedure: B. 1., add verbiage as last line "BLS Diversion requires approval by the EMS Agency."

M/S/C (Donegan/Farnham)

6.3 Ref. No. 503.1, Hospital Diversion Request Requirements for Emergency Department Saturation

Approved with recommended change:

- Page 1, Definitions: requested definition for APOT data source.
- Page 5, IV. C., add verbiage at beginning "After regional/system analysis,"

M/S/C (Burgess/Candal)

A recommendation was made to develop a Quick Reference Guide to list the various Diversion Categories and the time parameters associated with each category.

6.4 Ref. No. 815, Honoring Prehospital Do-Not-Resuscitate (DNR) Orders

Approved as presented.

M/S/C (Van Slyke/Donegan)

6.5 Ref. No. 816, Physician at the Scene

M/S/C (Schlesinger/Burgess)

7. OPEN DISCUSSION:

Dr. Nichole Bosson provided clarification on the ordering/use of nitroglycerin for patients experiencing STEMI without chest pain. As indicated in Ref. No. 1211, Cardiac Chest Pain, nitroglycerin is useful in the treatment of chest pain. For patients experiencing STEMI without chest pain, there is no indication for the administration of nitroglycerin.

8. NEXT MEETING: BHAC's next meeting is scheduled for **June 9, 2021**, location is to be determined.

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

ACCOUNTABILITY: Lorrie Perez

9. ADJOURNMENT: The meeting was adjourned at 2:27 P.M.



**EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE
WEDNESDAY, APRIL 14, 2021**



MEMBERSHIP / ATTENDANCE		
MEMBERS	ORGANIZATION	EMS AGENCY
<input checked="" type="checkbox"/> Jeffrey Rollman, Chair	EMS Commissioner (Southern California Public Health Assn.)	Nichole Bosson
<input type="checkbox"/> Joe Salas, Vice Chair	EMS Commissioner (Public Member, 1 st District)	Denise Whitfield
<input checked="" type="checkbox"/> Nerses Sanossian	EMS Commissioner (AHA/Western States Affiliate)	Richard Tadeo
<input checked="" type="checkbox"/> Jim Lott	EMS Commissioner (Public Member, 2 nd District)	Christine Clare
<input type="checkbox"/> Gloria Molleda	EMS Commissioner (League of Calif. Cities/LA County Division)	John Telmos
<input checked="" type="checkbox"/> Gary Washburn	EMS Commissioner (Public Member, 5 th District)	Sara Rasnake
<input checked="" type="checkbox"/> Matt Armstrong	Ambulance Advisory Board (LACAA)	Susan Mori
<input checked="" type="checkbox"/> Kris L. Thomas	Ambulance Advisory Board (alternate)	Lorrie Perez
<input checked="" type="checkbox"/> Christine Farnham	Base Hospital Advisory Committee (BHAC) (RN)	Allen Chang
<input checked="" type="checkbox"/> Shelly Trites	BHAC (alternate)	
<input checked="" type="checkbox"/> Ryan Burgess	Hospital Association of Southern California (HASC)	OTHERS
<input type="checkbox"/> Nathan McNeil	HASC (alternate)	Doug Zabalski, LAFD
<input checked="" type="checkbox"/> Don Gerety	Long Beach Fire Department (LBFD)	John Balagatas, LBFD
<input type="checkbox"/> Brenda Bridwell	LBFD (alternate)	Chelsea Davis, LBFD
<input checked="" type="checkbox"/> Sean Stokes	Los Angeles Area Fire Chiefs Association	
<input type="checkbox"/> VACANT	LA Area Fire Chiefs Association (alternate)	
<input checked="" type="checkbox"/> Nicole Steeneken	Los Angeles County Fire Department (LACoFD)	
<input type="checkbox"/> Victoria Hernandez	LACoFD (alternate)	
<input checked="" type="checkbox"/> Matthew Potter	Los Angeles Fire Department (LAFD)	
<input type="checkbox"/> John Smith	LAFD (alternate)	
<input checked="" type="checkbox"/> Marc Cohen	Medical Council (MD)	
<input type="checkbox"/> VACANT	Medical Council (alternate)	
<input type="checkbox"/> Daniel Dobbs	Provider Agency Advisory Committee (PAAC)	
<input type="checkbox"/> Ivan Orloff	PAAC (alternate)	
<input type="checkbox"/> Tchaka Shepherd	Trauma Hospital Advisory Committee (THAC) (MD)	
<input checked="" type="checkbox"/> David Hanpeter	THAC (MD) (alternate)	
<input checked="" type="checkbox"/> Marilyn Cohen	THAC (RN)	
<input checked="" type="checkbox"/> Gilda Cruz-Manglapus	THAC (RN) (alternate)	
<input checked="" type="checkbox"/> Present *Excused <input type="checkbox"/> Absent		

- 1. CALL TO ORDER:** The meeting was called to order at 10:03 am by Commissioner Rollman.
- 2. APPROVAL OF MINUTES:** The minutes of the June 12, 2019 and August 12, 2020 were approved as written.
- 3. INTRODUCTIONS/ANNOUNCEMENTS**
 - Jeffrey Rollman is the new Chair for the Data Advisory Committee (DAC) who represents the Southern California Public Health Association on the EMS Commission. Commissioner Rollman is a paramedic who has worked as an EMS provider and educator and is a PhD student who is involved in research and data.

4. REPORTS & UPDATES

4.1 Service Changes (Sara Rasnake/Richard Tadeo)

9-1-1 Receiving Facility Closure

Olympia Medical Center closed as of April 1, 2021

9-1-1 Receiving Facility Opening

Pacific Gardens Medical Center opened during the pandemic as a walk-in Emergency Department as a part of the state's response for a COVID surge hospital and has recently

been approved to accept ambulance traffic. On Monday, April 19, 2021, Pacific Gardens Medical Center will be designated as a 9-1-1 Receiving Facility.

Comprehensive Stroke Centers (CSCs)

The following hospitals are now Comprehensive Stroke Centers:

- Emanate Health Queen of the Valley, effective February 3, 2021
- Lakewood Regional Medical Center, effective February 10, 2021

4.2 CF/CI Data Submission (*Sara Rasnake*)

Los Angeles County Fire Department (CF) transitioned from Stryker to Imagetrend on July 1, 2020. As of April 14, 2021, CF has submitted data for the first and second quarter of 2020 and January-April 2021. There is a gap on data submission for the third and fourth quarter of 2020 due to validation errors related to PD on Scene and Provider Impression.

Los Angeles City Fire (CI) is still working with Stryker as their vendor. As of April 14, 2021, CI is current with data submission through June 2020. CI is having similar issues with validation errors and both providers are working with their vendor to resolve the issues.

4.3 Lancet by ESO Health Data Exchange (*Richard Tadeo*)

The Health Data Exchange (HDE) project, which is a Software as a Service platform designed to exchange pdf and native data between the hospitals and EMS providers, was presented at the DAC meeting held on August 12, 2020. The EMS Agency applied and was approved to proceed with the project through the CARES Act Provider Relief Fund. Through the multi-layer approval and contracting process, it was deemed that the majority of the allocated funds could not be expended by June 30, 2021, the HDE project has been placed on hold. The EMS Agency has applied for funding through the American Rescue and Recovery Act. The approved projects through this funding source is anticipated to be announced by late May or early June. The committee will be updated on the progress of the project at the next meeting.

5. NEW BUSINESS

5.1 Reference No. 606, Documentation of Prehospital Care (*Sara Rasnake/Richard Tadeo*)

Information only. Approved by the EMS Commission on March 17, 2021.

5.2 Prehospital Research Studies (*Nichole Bosson, MD*)

Dr. Bosson presented recent publications, ongoing prehospital research studies, and data collaborative projects.

Recent Publications:

- Implementation of Targeted Temperature Management After Out-of-Hospital Cardiac Arrest (OHCA) in LA County was published in the Journal of the American Heart Association
- Utility of Glucose Testing and Treatment of Hypoglycemia in Patients with OHCA
- The Effectiveness of Intranasal Midazolam for the Treatment of Prehospital Pediatric Seizures

Ongoing Prehospital Research Studies:

- Extracorporeal Membrane Oxygenation (ECMO) pilot identifies patients in the field with refractory ventricular fibrillation cardiac arrest and transports those patients to the closest ECMO-capable center. The pilot was placed on hold due to the COVID-19 surge; however, the pilot will resume on April 27, 2021.

- Non-Transport Quality Improvement (QI) project involves a group of residents and EMTs who reach out to patients who have declined transportation to the hospital to explore the rationale for declination and to follow-up on their current status
- A pilot project that focuses on the use of iGel as a supraglottic airway in patients in the prehospital care setting will be launched in June 2021

Data Collaborative Projects:

- STEMI Receiving Center (SRC), Stroke, and Trauma Collaboratives have several ongoing projects that look at the impact of COVID-19 on the specialty care centers
- SRC Collaborative presented the variation in post OHCA management at American Heart Association 2019, Stroke Collaborative published the study of the impact of changing to a two-tier system, and the BEST-Mobile Stroke Unit (MSU) Study was presented at International Stroke Conference 2021
- The Southern California Trauma Consortium have several studies in the planning stages such as research on imaging for pregnant trauma patients and a preliminary proposal grant for funding was submitted to research the use of intramuscular versus intravenous tranexamic acid (TXA) for hemorrhagic shock
- The pediatric group is currently working on the data collection tool used for pediatric OHCA. There are two future projects in place: Pedi Dose which looks at fixed aged-based dosing for pediatric seizures and Pedi Part which will study the best airway management for pediatric patients in the prehospital setting

5.3 COVID-19 Data Reports (*Richard Tadeo*)

Richard Tadeo presented the most current Hospital COVID Assessment and Provider Impression (PI) weekly reports to the committee. The Hospital COVID Assessment report shows that the bed utilization and hospital census has dropped within the last couple of weeks for COVID and suspected COVID patients. The PI report provides a comparison of 2019-2021 data for PI's related to COVID and non-COVID. Both reports are updated weekly and are available on the LA County EMS Agency website.

5.4 Annual Data Report Draft (*Richard Tadeo*)

A draft of the Annual Data Report was sent electronically to the all the committee members on March 31, 2021. Richard Tadeo proposed that the next Annual Data Report focuses on the comparison of 2020 and 2021 data. The committee agreed that 2019 data should not be excluded to demonstrate trends, that EMS times continue to be presented, and to incorporate COVID-19 reports in the next report. The committee suggested that Ambulance Patient Offload Times (APOT) and EMS Response versus Transport versus Non-Transport times be presented in the Annual Data Report. Due to the delays in data submission from the larger providers, APOT reporting will be deferred for now and Richard Tadeo will explore the data for non-transports to see if this request can be granted. If CF/CI submits their 2020 data, sample APOT reports will be presented to the committee at the next meeting.

6. NEXT MEETING: June 9, 2021 at 10:00 a.m. via Zoom

7. ADJOURNMENT: The meeting was adjourned at 10:51 am by Commissioner Rollman.



County of Los Angeles
Department of Health Services
EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, April 21, 2021

Due to the ongoing COVID-19 pandemic and to comply with the Health Officer's Order on Social Distancing, this meeting was conducted via ZOOM conference call-in. General public and Committee Members' attendance was verified by presence of name on the participant list. Quorum was reached and the meeting continued.

MEMBERSHIP / ATTENDANCE**MEMBERS**

- ☒ Robert Ower, Chair
- ☒ Kenneth Powell, Vice-Chair
- ☐ Gene Harris
- ☒ Paul Rodriguez
- ☐ Brian Bixler
- ☒ John Hisserich
- ☒ Sean Stokes
 - ☐ Justin Crosson
- ☒ Dustin Robertson
 - ☐ Clayton Kazan, MD
 - ☐ Victoria Hernandez
- ☒ Todd Tucker
 - ☐ Lyn Riley
- ☒ Ivan Orloff
 - ☒ Kurt Buckwalter
- ☒ Wade Haller
 - ☐ Brenda Bridwell
- ☐ Alec Miller
 - ☒ Jennifer Nulty
- ☒ Doug Zabitski
 - ☐ Anthony Hardaway
 - ☐ Matthew Potter
- ☒ Julian Hernandez
 - ☐ Tisha Hamilton
- ☒ Rachel Caffey
 - ☒ Jenny Van Slyke
- ☒ Andrew Respicio
 - ☒ Daniel Dobbs
- ☐ Maurice Guillen
 - ☐ Scott Buck
- ☒ Ashley Sanello, MD
 - ☐ Vacant
- ☒ Andrew Lara
 - ☐ Gary Cevello
- ☒ Michael Kaduce
 - ☒ Scott Jaeggi
- ☒ David Mah
 - ☐ David Phillip

ORGANIZATION

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

EMS AGENCY STAFF (Virtual)

Marianne Gausche-Hill, MD
Nichole Bosson, MD
Denise Whitfield, MD
Jennifer Calderon
Elaine Forsyth
Cathlyn Jennings
Lorrie Perez
Laurie Lee-Brown
Jacqueline Riffenburg
John Telmos
David Wells
Christine Zaiser
Cathy Chidester
Richard Tadeo
Dipesh Patel, MD
Chris Clare
Natalie Greco
Susan Mori
Christy Preston
Sara Rasnake
Karen Rodgers
Gary Watson
Michelle Williams
Laura Leyman

PUBLIC ATTENDEES (Virtual)

Christina Eclarino
Paula LeFarge
Andrew Roel
Luis Manjarrez
Matthew Armstrong
Marc Cohen, MD
Andrew Reno
Todd McClung
Kristina Crews
Britney Alton
Catherine Borman
Roger Braum
Craig Hammond
Samuel Mistry, MD
S. Gradney
Adrienne Roel
Jack Ewell
Caroline Jack
Aspen Di-Ilo
Jeff Tsay
CJ Bartholomew
Drew Bernard
Alex Wilkie
Simon Concepcion
Tom Phelps
Benjamin Esparza
Joe Nakagawa
Richard Petachenko
Jeff Rollman
Tyler Leppek
LA County Public Health
LACoFD
Culver City FD
Glendale FD
Guardian Ambulance
Three area FDs
Long Beach FD
REACH Air Medical
LACoFD
Burbank FD
Santa Monica FD
Culver City FD
Glendale FD
Several Private Providers
Beverly Hills FD
Culver City FD
Los Angeles Co. Sheriff
Beverly Hills FD
Monterey Park FD
San Marino FD
Care Ambulance
Emergency Ambulance
MedCoast Amb

1. **CALL TO ORDER:** 1:02 p.m.: Chair, Robert Ower, called meeting to order.

2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS

2.1 Area C, New Representatives

Chairman Ower welcomed the following new members to the Committee:

- Todd Tucker, EMS Battalion Chief, Glendale Fire Department: Area C Representative.
- Lyn Riley, UCLA Center for Prehospital Care: Area C Representative, Alternate.

2.2 ALS Unit Ride-Along (*Jacqueline Rifenburg*)

In mid-March 2021, the EMS Agency sent out an email inquiry to all public providers, asking if their department has resumed ride-a-longs for paramedic interns, MICNs, etc. If your department has not replied yet, please provide a response so this information can be relayed to the base hospitals. Also, please notify the EMS Agency if your ride-a-long status/restrictions have changed.

2.3 Side Walk CPR (*Susan Mori*)

- The EMS Agency sent the following “Hands Only CPR” video link to all providers and would like providers to share this video with your community: <https://youtu.be/jHaicno95sk>
- Issues/problems with the link, can be directed to Susan Mori, sumori@dhs.lacounty.gov.

2.4 General Public Ambulance Rates – Adjustment (*John Telmos*)

Annual rate adjustments will go into effect July 1, 2021 and has been sent out to all providers and City Managers. A listing of these rate adjustments will be posted on the EMS Agency’s webpage.

2.5 EMSAAC Conference 2021 (*Richard Tadeo*)

This year’s Emergency Medical Services Administrator’s Association (EMSAAC) conference is scheduled for June 2 and 3, 2021. Registration information can be found at the following weblink: <https://www.emsaac.org/conference>

2.6 Mental Health Emergencies (*Cathy Chidester*)

Ms. Chidester presented information on the joint efforts between Department of Mental Health and three various committees. This joint project involved the exploration of various ways to respond to the mental health crisis’ within Los Angeles County; and involved the roles of dispatch centers and use of alternate destinations.

A Draft document was presented and reviewed entitled “Behavioral Health Crisis Triage” that would be utilized as a guideline for dispatch centers.

3. **APPROVAL OF MINUTES (Tucker/Commissioner Hisserich)** February 17, 2021 minutes were approved as written.

4. REPORTS & UPDATES

4.1 COVID-19 Update (*Marianne Gausche-Hill, MD*)

- Number of positive COVID-19 cases in Los Angeles County continue to trend downward.
- Currently, the COVID-19 vaccine is being offered to any adult over the age of 18. And there are over 500 vaccination sites in the County.

4.2 OB Kits Carried on BLS/ALS Units (*Marianne Gausche-Hill, MD*)

The EMS Agency is exploring various methods to address the concern of neonates arriving into the emergency departments in a hypothermic state. Committee members made recommendation on various items such as additional towels, beanies, warm packs, etc. Discussion and feedback were appreciated.

4.3 Disaster Services *(Jennifer Calderon)*

- COVID-19 Vaccination: Several fire departments and the Sheriff's Department have been working with Department of Public Health and hospitals in assisting those 65 years old and older, who are home-bound disabled population, in receiving their COVID-19 vaccine.
- Influenza Season: This year will be the first year EMS providers will be required to report their influenza data to the EMS Agency on behalf of Public Health. The Influenza vaccination survey will be sent out at the beginning of May 2021 and a response deadline will be May 31st.

4.4 EMS Update 2021 *(Denise Whitfield, MD)*

- Train-the-Trainer sessions are planned for April 29 and May 6, 2021.
- Information regarding these sessions will be emailed to those who have pre-registered.
- Topics include: Out of Hospital Cardiac Arrests (adult and pediatric; and traumatic); Reference 834, Assess, Treat and Refer; QI modules on anaphylaxis and sepsis.

4.5 ITAC Update *(Denise Whitfield, MD)*

- Previous meeting was held on February 1, 2021.
- Committee reviewed a child restraint device, a CPR feedback device and a prehospital integration software.

4.6 EmergiPress Update *(Denise Whitfield, MD)*

- New topics will be posted on the EMS Agency's webpage by the end of the month and include opioid overdose; Reference No. 1337 (Leave Behind Naloxone), electrocardiogram (ECG) review and multi-casualty incidents (MCIs).
- Providers were reminded that there is a program that supplies providers with free naloxone that providers can distribute to the at-risk person as a harm reduction measure. (See Reference 1337 for more information)

4.7 Measure B Funded Learning Modules *(Denise Whitfield, MD)*

- After receiving Measure B funding, Mark Malonzo from UCLA has put together learning modules that are available at no cost.
- Topics include adult traumatic brain injury, spinal motion restriction, mechanical circulatory devices, capnography, and behavioral/psychiatric emergencies.
- Those interested in this free continuing education opportunity may contact Mr. Malonzo at mmalonzo@mednet.ucla.edu

4.8 ECMO Update *(Nicole Bosson, MD)*

- Due to the lower number of COVID-19 cases, this pilot has resumed as of today (April 21, 2021). Notifications were sent to hospitals and providers.
- This pilot will resume for Culver City, Beverly Hills and Los Angeles County Fire Departments that who can transport to participating ECMO hospitals (Cedars-Sinai Medical Center or Ronald Reagan UCLA Medical Center).
- In addition, the ECMO pilot will be expanding on May 3, 2021 to include Los Angeles Fire Department and LAC+USC Medical Center.

4.9 Bag-Valve-Mask: Sizes *(Nicole Bosson, MD)*

- Based on literature review, Los Angeles County will be requiring specific volume amounts of each ventilation bag sizes. Specific bag volumes include:
 - Infant - 200-400 mL
 - Pediatric - 400-700 mL
 - Adult - 650-1000 mL
- This change will affect all inventory policies. Mask sizes will not change.
- Implementation of this change will be determined and announced at a later date.

4.10 Indications for Nitroglycerin *(Nicole Bosson, MD)*

Reminder to all providers: Nitroglycerin is specifically indicated for active chest pain and not be given to a patient whose chest pain has resolved. (See Reference No. 1211, Cardiac Chest Pain)

4.11 Reference No. 1335, Medical Control Guideline: Needle Thoracostomy

(Marianne Gausche-Hill, MD)

Medical Director reviewed policy changes, addressing needle thoracostomy placement specific to the pediatric patient.

5 UNFINISHED BUSINESS

There was no unfinished business.

6 NEW BUSINESS

6.1 Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients

(Richard Tadeo)

Policy reviewed and approved as written.

M/S/C (Zabitski/Haller) Approved Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients.

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

(Richard Tadeo)

Policy reviewed and approved as written.

M/S/C (Zabitski/Haller) Approved Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation.

6.3 Reference No. 815, Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-In-Dying Drug)

(Nicole Bosson, MD)

Policy reviewed and approved as written.

M/S/C (Orloff/Zabitski) Approved Reference No. 815, Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-In-Dying Drug).

6.4 Reference No. 816, Physician at The Scene *(Marianne Gausche-Hill, MD)*

Policy reviewed and approved as written.

M/S/C (Zabitski/Haller) Approved Reference No. 816, Physician at The Scene.

7. OPEN DISCUSSION

No Open Discussion.

8. NEXT MEETING: June 16, 2021

9. ADJOURNMENT: Meeting adjourned at 2:28 p.m.

Chapter 3.20 - EMERGENCY MEDICAL SERVICES COMMISSION

Footnotes:

--- (2) ---

Note— For statutory provisions on county emergency medical care committees, see Health & Safety Code § 1750 et seq.**Editor's note**— Ordinance 12332, passed April 7, 1981, entirely amended the provisions of Ord. 4099 Art. 107, the emergency medical services commission, with the effect of discontinuing six sections. Legislative history for the discontinued sections includes:

20505a	Ords. 12023 § 3 (part), 1979; 12040 § 1 (part), 1979.
20509 to 20511	Ords. 11179 § 1 (part), 1975; 12023 § 3 (part), 1979; 12040 § 1 (part), 1979; 12201 § 1 (part), 1980.
20512	Ords. 12023 § 3 (part), 1979; 12040 § 1 (part), 1979; 12201 § 1 (part), 1980.

3.20.010 - Continuation—Composition.

- A. The Los Angeles County emergency medical services commission, which shall be referred to in this chapter as the "commission," is continued in accordance with California Health and Safety Code Sections 1751 and 1752.
- B. The commission shall have 19 positions. A member of the commission shall be appointed to a vacant position by, and serve at the pleasure of, the board of supervisors, which shall be referred to in this chapter as the "board."

(Ord. 2011-0062 § 1, 2011; Ord. 90-0086 § 12(a), 1990; Ord. 12332 § 1 (part), 1981; Ord. 12201 § 1 (part), 1980; Ord. 12040 § 1 (part), 1979; Ord. 12023 § 3 (part), 1979; Ord. 11179 § 1 (part), 1975; Ord. 4099 Art. 107 § 20501, 1942.)

3.20.020 - Length of service—Vacancy.

- A. Each member of the commission shall serve a term of four years at the pleasure of the board.
- B. No member of the commission may serve more than two consecutive full periods of service as specified in subsection A of this section. The board may, by order, extend this length of service or waive this limit for individuals or the commission as a whole.
- C. A member's position on the commission shall become vacant upon his or her death, resignation,

or removal by the board. In the case of such a vacancy, the board shall appoint a successor to serve until the position next becomes vacant under subsection A of this section.

D. The provisions of Chapter 5.12 of the County Code shall not apply to the commission.

(Ord. 2011-0062 § 2, 2011: Ord. 90-0086 § 12(b), 1990: Ord. 12332 § 1 (part) 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20502, 1942.)

3.20.040 - Composition.

The commission shall be composed as follows:

- A. An emergency medical care physician in a paramedic base hospital nominated by the California Chapter of the American College of Emergency Physicians;
- B. A cardiologist nominated by the American Heart Association, Western States Affiliate;
- C. A mobile intensive care nurse nominated by the California Chapter of the Emergency Department Nurses Association;
- D. A hospital administrator nominated by the Healthcare Association of Southern California;
- E. A representative of a public provider agency nominated by the Los Angeles Chapter of California Fire Chiefs Association;
- F. A representative of a private provider agency nominated by the Los Angeles County Ambulance Association;
- G. A trauma surgeon who practices in Los Angeles County at a designated trauma center nominated by the Southern California Chapter American College of Surgeons;
- H. A psychiatrist nominated by the Southern California Psychiatric Society;
 - I. A physician nominated by the Los Angeles County Medical Association;
- J. A licensed paramedic nominated by the California State Firefighters Association, Emergency Medical Services Committee;
- K. Five public members, one nominated by each member of the Board of Supervisors. No public member shall be a medical professional or affiliated with any of the other nominating agencies;
- L. A law enforcement representative nominated initially by the California Highway Patrol. After the first term of office for this position is completed, the law enforcement representative shall be nominated by the Los Angeles County Peace Officers Association;
- M. A city manager nominated by the League of California Cities, Los Angeles County Chapter;
- N. A police chief nominated by the Los Angeles County Police Chiefs Association;
- O. A representative nominated by the Southern California Public Health Association.

(Ord. 2016-0008 § 1, 2016: Ord. 2011-0062 § 3, 2011: Ord. 2008-0006 § 1, 2008: Ord. 99-0027 § 1, 1999: Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20504, 1942.)

3.20.050 - Compensation.

The members of the commission shall serve without compensation.

(Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20506, 1942.)

3.20.060 - Chairperson.

The chairperson shall be appointed by the commission members in accordance with the commission's rules and regulations.

(Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 4099 Art. 107 § 20505a, 1942.)

3.20.070 - Functions and duties.

- A. The commission shall perform all of the functions of the emergency medical care committee as defined in Health and Safety Code Sections 1750, et seq., and shall have the following duties:
 1. To act in an advisory capacity to the board of supervisors and the director of health services regarding county policies, programs, and standards for emergency medical care services throughout the county, including paramedic services;
 2. To establish appropriate criteria for evaluation and to conduct continuous evaluation on the basis of these criteria of the impact and quality of emergency medical care services throughout the county;
 3. To conduct studies of particular elements of the emergency medical care system as requested by the board of supervisors, the director of health services or on its own initiative; to delineate problems and deficiencies and to recommend appropriate solutions;
 4. To acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services;
 5. To report its finding, conclusions, and recommendations to the board of supervisors at least every 12 months;
 6. To review and comment on plans and proposals for emergency medical care services prepared by county departments;
 7. To recommend, when the need arises, that the county engage independent contractors for the performance of specialized temporary or occasional services to the commission which

cannot be performed by members of the classified service, and for which the county otherwise has the authority to contract;

8. To advise the department of health service and its director on the following matters:
 - a. Policies, procedures, and standards to control the certification of mobile intensive care nurses and paramedics;
 - b. Proposals of any public or private organization to initiate or modify a program of paramedic services or training;
 9. To arbitrate differences in the field of paramedic services and training between all sectors of the community, including, but not limited to, county agencies, municipalities, public safety agencies, community colleges, hospitals, private companies, and physicians.
- B. A decision of the commission regarding a matter which the commission hears under its arbitration function pursuant to subparagraph 9 hereinabove will be final and binding upon the parties who appeared before the commission on the matter unless the board of supervisors at any time promulgates policy which is inconsistent with such determination. Further, the commission shall refer to the board of supervisors and any other affected provider agency any such decision of the commission which will either affect the budget of the county, or any other provider agency, for the paramedic program, or operate to change an existing county-approved policy. Such decision shall not become final and binding unless adopted by the board of supervisors. Additionally, any such decision of the commission shall be advisory only if its implementation will affect any county paramedic program matter which the county health officer, the local emergency medical services agency, or board of supervisors has power to regulate pursuant to Health and Safety Code Sections 1480, et seq., and Health and Safety Code Sections 1797.200, et seq.

(Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11909 § 1, 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20505, 1942.)

3.20.080 - Self-government—Meetings.

The commission shall prepare and adopt rules and regulations for the internal government of its business and designating the time and place of holding its meetings, provided that such rules and regulations are not inconsistent with this or any other ordinance or statute.

(Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20507, 1942.)

3.20.090 - Staff.

The director of health services shall provide the staff for the commission and subcommittees thereof.

(Ord. 12332 § 1 (part), 1981: Ord. 12201 § 1 (part), 1980: Ord. 12040 § 1 (part), 1979: Ord. 12023 § 3 (part), 1979: Ord. 11179 § 1 (part), 1975: Ord. 4099 Art. 107 § 20508, 1942.)



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6.1 CORRESPONDENCE

March 1, 2021

Angela Wise
Assistant Chief of the EMS Systems Division
Emergency Medical Services Authority
10901 Gold Center Drive, Suite 400
Rancho Cordova, CA 95670

Dear Ms. Wise:

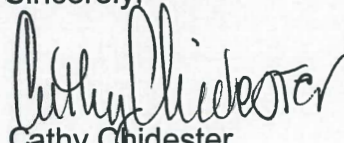
EMS SYSTEM PLAN UPDATE (FISCAL YEAR 2019-2020)

As required by California Code of Regulations, Title 22, Division 9, Chapter 7.1, Article 2, §100270.122; Chapter 7.2, Article 2, §100270.221; and Chapter 14, Article 2, §100450.217, the Los Angeles (LA) County Emergency Medical Services (EMS) Agency is submitting the required Annual EMS System Plan Updates for LA County for fiscal year 2019-2020:

- STEMI Critical Care System – Exhibit 1
- Stroke Critical Care System – Exhibit 2
- Emergency Medical Services for Children – Exhibit 3

Please contact me at (562) 378-1604 or Christine Clare, Chief Hospital Programs at (562) 378-1661 for any questions.

Sincerely,


Cathy Chidester
Director

CC:cac
03-01

c: Medical Director, EMS Agency

EMS Plan Update FY 19-20: STEMI Critical Care System Plan Update

On November 18, 2020 the Los Angeles County EMS Agency received notification from the EMS Authority that “the information provided in the plan update is in compliance with the California Code of Regulations, Title 22, Capture 7.1 STEMI Critical Care Systems”, for FY 18-19.

For FY 19-20, one (1) STEMI Centers was removed from our system secondary to hospital closure, St. Vincent Medical Center, on January 27, 2020. A map of our current STEMI Centers is included for reference (Attachment A).

Changes since the previous plan was submitted and approved include:

- List of Designated STEMI Centers and Agreement Expiration Dates (Attachment B)
- Reference No. 320, ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) Standards- Revised 04-01-2020 (Attachment C)
- Reference No. 320.3, SRC Performance Measures (Attachment D)
- Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient – Revised Destination- Revised 07-01-2019 (Attachment E)
- Reference No. 513.1, Emergency Department Interfacility Transport of Patients With ST-Elevation Myocardial Infarction- Revised 10-01-2019 (Attachment F)
- Reference No. 624, STEMI Receiving Center Advisory – Quality Improvement Committee (SCRA-QIC)- Revised 10-01-2019 (Attachment G)
- Reference No. 1308, Medical Control Guideline: Cardiac Monitoring/12-Lead ECG- Revised 09-01-2019 (Attachment H)
- STEMI Receiving Center Data Dictionary- Revised 07-01-2019 (Attachment I)

The STEMI Center Advisory/QI Committee met on October 1, 2019 and May 6, 2020. Topics included:

- 12-Lead ECG Transmission Taskforce Recommendations – to include process for timely feedback to EMS providers
- STEMI/ROSC/ROSC System-Wide Data Reports
- Performance Measures/Expectations
- ECMO Arrive Alive Pilot Project
- Cardiac Arrest Registry to Enhance Survival (CARES)
- STEMI Care During COVID -19 Crisis
- STEMI Research

EMS Plan Update FY 19-20: Stroke Critical Care System Plan Update

On November 18, 2020 the Los Angeles County EMS Agency received notification from the EMS Authority that “the information provided in the plan update is in compliance with the California Code of Regulations, Title 22, Capture 7.2 Stroke Critical Care Systems”, for FY 18-19.

For FY 19-20, three designated Primary Stroke Centers became designated as Comprehensive Stroke Centers. A map of our current Stroke Centers is included for reference (Attachment A)

Changes since the previous plan was submitted and approved include:

- List of Designated STEMI Centers and Agreement Expiration Dates (Attachment B)
- Reference No. 1232, Treatment Protocol: Stroke/CVA/TIA- Revised 09-01-2019 (Attachment C)

The Stroke Advisory/QI Committee met on August 12, 2019 and February 10, 2020. Topics included:

- Review of system-wide stroke reports
- Mobile Stroke Unit
- System-wide Stroke QI Projects
- PHAST-TSC Trial
- GWTG and LA County Specific Data Elements
- Stroke Center Performance Measures

EMS Plan Update FY 19-20: EMS for Children System Plan Update

On December 8, 2020 the Los Angeles County EMS Agency received notification from the EMS Authority that "The 2019 Los Angeles EMS Agency's EMS for Children system plan is in compliance with the EMS for Children regulations and is approved".

Changes since the previous plan was submitted and approved include:

- Reference No. 316, EDAP Standards- Revised 01-01-2020 (Attachment A)
- Reference No. 318, PMC Standards- Revised 01-01-2020 (Attachment B)
- Reference No. 510, Pediatric Patient Destination- Revised 01-01-2020 (Attachment C)
- Reference No. 703, ALS Unit Inventory- Revised 3-23-2020 (Attachment D)
- Reference No. 703.1, Private Provider Non 9-1-1 ALS Unit Inventory- Revised 3-23-2020 (Attachment E)
- Reference No. 704, Assessment Unit Inventory- Revised 3-23-2020 (Attachment F)
- Reference No. 706, ALS EMS Aircraft Inventory- Revised 3-23-2020 (Attachment G)
- Reference No. 712, Nurse Staffed Specialty Care Transport Unit Inventory- Revised 3-23-2020 (Attachment H)
- Reference No. 713, RCP Staffed SCT Inventory- Revised 3-23-2020 (Attachment I)
- Reference No. 832, Treatment/Transport of Minors- Revised 01-01-2020 (Attachment J)
- Reference No. 1350, Medical Control Guideline: Pediatric Patients- Revised 01-01-2020 (Attachment K)

Pediatric EMS Update and Emergi-Press Topics Included:

Use of capnography; Pain management (nonpharmacologic and pharmacologic), pain scales and introduction of the use of ketorolac; Recognition and Treatment Altered Level of Consciousness- including differential diagnosis; Pediatric Assessment Triangle; Recognition and Treatment of Brief Resolved Unexplained Event (BRUE); Lightning strike/Electrocution and Treatment of same; Recognition and Treatment of Shock/Hypotension; Recognition and Treatment of Bradycardia- including usage of Transcutaneous Pacing (TCP); Recognition and Treatment of Overdose/Poisoning.

The Pediatric Advisory/QI Committee met quarterly. Topics included:

- QI Projects: included IFT study to evaluate transfer delays; patients presenting with Brief Resolved Unexplained Event (BRUE)- in conjunction with the Pediatric Emergency Care Applied Research Network (PECARN)
- EMS-C Regulations
- Pediatric Cardiac Arrest data
- Safe Transport of Children by EMS: Interim Guidance
- 2019 Novel Coronavirus
- National Pediatric Readiness Project (NPRP)



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March 8, 2021

Mr. Chris Gordon
Regional Director
American Medical Response Inland Empire
7825 Center Ave.
Rancho Cucamonga 91730

CERTIFIED

Dear Mr. Gordon:

**TEMPORARY APPROVAL OF AMR INLAND EMPIRE ALS UNIT TO PROVIDE
STANDBY ALS COVERAGE AT STATE VACCINATION SITE**

This is to notify American Medical Response Inland Empire (AR-IE) that the Los Angeles County Emergency Medical Services (EMS) Agency has approved AR-IE to provide standby ALS services for the state operated Covid-19 vaccination site (clinic) located at California State University, Los Angeles.

The approval is effective Saturday, March 6, 2021 through April 30, 2021. If the clinic remains open past April 30th, please notify the EMS Agency, in writing, to request an extension of this approval.

If Inland County paramedics who are not accredited in Los Angeles County are staffing the clinic, they shall provide care consistent with their Inland County scope of practice. It is understood that the unit(s) staffing the clinic are approved only for standby services specifically at the clinic site, during hours of operation. If a patient requires transport to an acute care facility, the jurisdictional 9-1-1 provider agency shall be notified to facilitate transportation.

This temporary approval is contingent on submitting the following items, on a weekly basis, due to the EMS Agency each Friday, for the upcoming week. Please submit this documentation to John Telmos, Chief Prehospital Operations via electronic mail at jtelmos@dhs.lacounty.gov:

- Unit number(s) and vehicle identification number(s) of the ALS unit(s) staffing the clinic
- Paramedic state and county license numbers
- EMT certification numbers

If you have any questions or concerns, please feel free to contact me directly at (562) 378-1500, or John Telmos, Chief prehospital operations at (562) 378-1677.

Sincerely,

Cathy Chidester
Director
03-17

c. Tom Lynch, Director, Inland County Emergency Medical Agency
Michael Frenn, EMSA Rep Vaccination Task Force



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March 10, 2021

VIA E-MAIL

TO: Distribution
FROM: Cathy Chidester, MSN
Director, EMS Agency

**SUBJECT: COVID-19 EMS DIRECTIVE #3- SUSPENSION OF
SERVICE AREA BOUNDARIES**

Effective immediately, Directive #3, Suspension of Service Area Boundaries (Ref. Nos. 509, 509.1 & 1a, 509.2 & 2a, 509.3 & 3a, 509.4 & 4a), issued December 22, 2020, is **rescinded**.

Patients requiring emergency transports via the 9-1-1 system and are located within a designated service area shall be transported to the designated service area hospital in accordance with Ref. Nos. 509, et.al. Service area hospitals are expected to closely monitor ambulance patient offload times (APOT) to ensure timely and appropriate transfer of patient care.

Ref. No. 503.1, Diversion Request Requirements for Emergency Department Saturation, will be revised to allow EMS Providers to request a service area hospital be placed on ALS and/or BLS diversion if the diversion threshold is met due to prolonged APOT.

Thank you for your attention to this matter and your support of the EMS system. If you have any questions or concerns, feel free to contact us at (562) 378-1500.

CC/MGH/cac
03-04

Enclosures: Ref. Nos. 509, et.al.

Distribution: Medical Alert Center
Fire Chief, Each Public EMS Provider Agency
CEO, Ambulance Companies
Medical Director, Each EMS Provider Agency
Paramedic Coordinator Each EMS Provider Agency
Hospital Association Southern California
Prehospital Care Coordinators, Each Paramedic Base Hospital
CEO & ED Director, Adventist Health White Memorial Medical Center
CEO & ED Director, Centinela Hospital Medical Center
CEO & ED Director, Community Hospital of Huntington Park
CEO & ED Director, Dignity Health – California Hospital Medical Center
CEO & ED Director, East Los Angeles Doctor's Hospital
CEO & ED Director, Good Samaritan Hospital



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Director

Marianne Gausche-Hill, MD
Medical Director

March 15, 2021

Mr. Freddie Rodriguez
Assemblymember, 52nd District
Chair, Assembly Committee on Emergency Management
P.O. Box 94249
Sacramento, CA 94249-0052

EMS AND COVID-19 VACCINATION ISSUES

Dear Assemblymember Rodriguez:

Thank you for acknowledging the Emergency Medical Services (EMS) Agency's response efforts to the impacts of the COVID-19 pandemic. Los Angeles (LA) County was heavily impacted during the fall/winter 2020 surge. Our healthcare and EMS systems handled the surge with the support of State agencies and other public and private entities, including emergency medical services providers and their personnel.

EMS Providers and COVID-19 Vaccination

The LA County Department of Public Health (DPH) is the lead agency for the COVID-19 vaccination efforts for the County. To support the mass vaccination campaign in LA County, the EMS Agency applied for the Local Optional Scope of Practice to allow EMS personnel (EMTs and paramedics) to administer the COVID-19 vaccine. The California EMS Authority approved this request. Several EMS provider agencies subsequently applied to the EMS Agency for this Optional Scope of Practice and were approved to administer the vaccine to their workforce.

We are unaware of a State or local goal to train a specific number or percentage of EMS personnel to administer vaccines. Our local vaccination Point of Distribution (POD) sites are sufficiently staffed with other clinical personnel. There have been no requests for EMS personnel to support the POD sites.

LA County DPH recently reached out to public EMS provider agencies in LA County to gauge their willingness to collaborate on a campaign to administer COVID-19 vaccine at residences of homebound residents. LA County DPH will be using the emPOWER (<https://empowerprogram.hhs.gov/>) database to identify residents that may benefit from this effort. This program is in the early planning stages and will depend on the public EMS provider agencies' voluntary participation. LA County DPH did not approach private EMS provider agencies because the current vaccine administration rate by health plans are insufficient to support outreach to homebound residents using private EMS providers. However, LA County DPH is working with a private EMS provider to support its outreach to senior residential complexes.

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Cal-OES/FEMA COVID-19 Vaccination Supersite

The California Office of Emergency Services and the Federal Emergency Management Agency jointly operate the COVID-19 vaccination site at California State University Los Angeles. The only request we received from this operation is for Advanced Life Support ambulances to support the static site on campus and the three mobile vaccination teams. Our agency is a support entity and was not involved in the initial planning and day-to-day operations; therefore, we cannot provide any program evaluation. Lessons learned can best be obtained from the site's incident management team. We can give you the point of contact if needed.

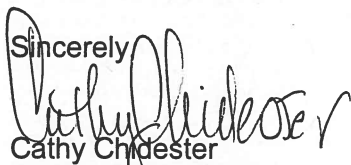
Private EMS Provider Resources

LA County's three exclusive operating area (EOA) emergency medical transport providers utilize FirstWatch, a software application that provides real-time demand analysis using call volume and response times. The EOA providers are contractually required to meet established 9-1-1 response times, and our agency monitors this performance measure. Due to a significant decrease in 9-1-1 medical calls and requests for medical transportation between March 2020 and June 2020, our agency approved a request from the EOA providers to flex the number of ambulance units based on demand. The EOA providers met the response time requirements.

Beginning November 2020, the ambulance patient offload times at emergency departments significantly increased due to the exponential surge of COVID-19 patients seeking medical care. In response to the prolonged offload times that extended up to 10 hours, the EOA providers increased the number of ambulances beyond the minimum contractual requirement to meet the demand. Despite these efforts, the EOA providers were unable to meet the response time requirements. Our agency approved the EOA providers' request to waive the monetary penalties for failure to meet response time requirements during the fall/winter 2020 surge.

The EMS Agency continues to collaborate with our stakeholders to ensure continued monitoring of the healthcare and EMS system to respond timely and adequately for a potential resurgence of the COVID-19 pandemic. We are also partnering with multiple entities to identify best practices and lessons learned to enhance the various response plans at all levels of our EMS constituents.

Thank you for allowing us to respond to your concerns. Please do not hesitate to contact me if you have any other questions.

Sincerely,

Cathy Chidester
EMS Agency Director

CC:ra

c: Christina R. Ghaly, M.D., Director, Los Angeles County Health Services
Barbara Ferrer, M.D., Director, Los Angeles County Public Health
Dave Duncan, M.D., Director, Emergency Medical Services Authority
Marianne Gausche-Hill, Medical Director, LA County EMS Agency



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Director

Marianne Gausche-Hill, MD
Medical Director

March 15, 2021

James R. West
President & Chief Executive Officer
Good Samaritan Hospital
1225 Wilshire Boulevard
Los Angeles, CA 90017

Dear Mr. West,

**GOOD SAMARITAN HOSPITAL SERVICE AREA BOUNDARIES AND
AMBULANCE PATIENT OFFLOAD TIMES**

The EMS Agency is in receipt of your letter dated February 25, 2021 regarding the continued suspension of service area boundaries (EMS Directive #3) and ambulance patient offload times (APOT). Based on the feedback received from all the hospitals with a designated service area, the EMS Agency has reinstated all service area boundaries effective March 10, 2021.

APOT: In December 2016, the California EMS Authority published APOT metrics of which local EMS Agencies, including LA County, are requested to report quarterly. The EMS Agency, as directed by the EMS Commission, convened the APOT Workgroup in 2017. The APOT workgroup has representatives from hospitals, Hospital Association of Southern California, EMS Commission, public EMS providers, private ambulance providers and EMS Agency. The initial goals of the APOT workgroup were to:

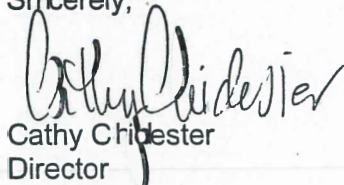
- Establish an APOT standard for LA County
- Develop education for EMS Providers
- Outline strategies to mitigate prolonged APOT

The APOT Workgroup Meeting Agenda and discussions were focused on data accuracy and potential mitigating actions to reduce APOT. The EMS Agency is not aware of any discussion regarding PIH Health "consciously delaying admission or slow-walking patient off-loading".

The Diversion policies are going to be revised to incorporate best practices learned from the most recent surge of COVID-19. The APOT Workgroup will continue to meet on an as needed basis.

Please contact me at (562) 378-1604 or Richard Tadeo at (562) 378-1610 with any questions or to discuss further.

Sincerely,


Cathy Chidester
Director

CC:cac
03-05

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Committee Members

Rachelle Anema
Los Angeles County
Department of Auditor-Controller

Christina Ghaly, M.D.
Los Angeles County
Department of Health Services

Jon O' Brien
Los Angeles County Fire Department

John Hisserich
Los Angeles County EMS Commission

Jaime Garcia
Hospital Association of California

Marcia Santini
California Nurses Association

Lydia Lam
Southern California Chapter of the
American College of Surgeons


Stella Fogleman
Los Angeles County
Department of Public Health

Co-Chairs

Mason Matthews
Los Angeles County Chief Executive Office
Health and Mental Health Services

Cathy Chidester
Los Angeles County
Emergency Medical Services Agency

March 15, 2021

TO: See Distribution
FROM: Cathy Chidester 
Emergency Medical Services Agency Director
Co-chair Measure B Advisory Board

**SUBJECT: SUBMISSION OF MEASURE B FUNDING PROPOSALS
FOR 2021**

This memo is to inform you and your constituents that the Measure B Advisory Board (MBAB) is accepting funding proposals for consideration beginning April 15 through July 15, 2021. Los Angeles County Department of Health Services determined that there is \$13.0 million in unallocated Measure B funds available to fund the projects submitted for consideration.

The MBAB Funding Proposal Process (Attachment I) provides the detailed information on what expenditures are allowable under Measure B and the process for submitting a proposal as well as the process the MBAB uses to evaluate and rank the proposals and make recommendations to the Board of Supervisors.

A virtual submitters conference will be held via Zoom on Tuesday, April 13, 2021 from 10:00 am until 11:30 am. This meeting will address the MBAB Funding Proposal Process. The link to join the submitters conference is:

<https://zoom.us/j/91205762730?pwd=RXVwRDZlUjNpU1I3QzFVQjIKMm1nZz09>
Meeting ID: 912 0576 2730
Passcode: 244688

If you are interested in having a project considered, please complete the Measure B Funding Proposal Form (Attachment II) and submit it to the Emergency Medical Services Agency no later than 5:00 pm on July 15, 2021. Any proposals submitted after July 15, 2021 will not be considered and will be returned to the submitter.

If you have any questions please contact Kay Fruhwirth, Nursing Director, EMS Agency at kfruhwrith@dhs.lacounty.gov or (562) 378-1596.

CC:kf

Attachments

MBAB Funding Proposals

March 15, 2021

Page 2

Distribution:

Measure B Advisory Board Members
Peace Officers Association of Los Angeles County
Southern California Psychiatric Society
Los Angeles County Medical Association
Los Angeles County Police Chiefs Association
Trauma Hospital Advisory Committee
Los Angeles County Ambulance Association
Hospital Association of Southern California
Los Angeles County 9-1-1 Receiving Hospitals
California State Firefighters' Association
American Heart Association, Western States Affiliate
Emergency Nurses Association California Chapter
California Chapter American College of Emergency Physicians
Los Angeles Area Fire Chiefs Association
Los Angeles County Division League of California Cities
Health Deputy, Each Board of Supervisor Office
Los Angeles County Fire Department
Los Angeles County Sheriff Department – Air Operations
Los Angeles City Fire Department – Air Operations
Los Angeles County Department of Public Health
Los Angeles County Department of Health Services
Los Angeles County Hospital and Healthcare Commission
Los Angeles County Public Health Commission
Los Angeles County Emergency Medical Services Agency
Los Angeles County Approved Emergency Medical Technician Training Programs
Los Angeles County Approved Paramedic Training Programs
California Nurses Association Emergency Department Nurses

MEASURE B ADVISORY BOARD
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670

Measure B Funding
Process for Submitting Funding Proposals
2021

Background

Measure B is a special property assessment that was passed by the voters of Los Angeles County on November 5, 2002. This assessment is imposed upon all improvements (buildings) located in Los Angeles County and is added to Los Angeles County property taxes to provide funding for the Countywide System of Trauma Centers, Emergency Medical Services, and Bioterrorism Response.

The use of Measure B funds is restricted to four areas and authorized expenditures must fall within one of these areas:

Trauma Centers	<ul style="list-style-type: none">• Maintain all aspects of countywide system of trauma centers.• Expand system of trauma centers to cover all areas of the county.• Provide financial incentives to keep existing trauma centers within the system• Pay for the costs of trauma centers, including physician and other personnel costs
Emergency Medical Services	<ul style="list-style-type: none">• Coordinate and maintain a countywide system of emergency medical services• Pay for the costs of emergency medical services, including physician and other personnel costs.
Bioterrorism Response	<ul style="list-style-type: none">• Enable stockpiling of safe and appropriate medicines to treat persons affected by a bioterrorism or chemical attack.• Train health care workers and other emergency personnel to deal with the medical needs of those exposed to a bioterrorism or chemical attack.• Provide medical screenings and treatment for exposure to biological or chemical agents in the event of a bioterrorism or chemical attack.• Ensure the availability of mental health services in the event of a terrorist attack.
Administration	<ul style="list-style-type: none">• Defray administrative expenses, including payment of salaries and benefits for personnel in the Los Angeles County Department of Health Services and other incidental expenses• Recover the costs of the special election in 2002• Recover the reasonable costs incurred by the county in spreading, billing and collecting the special tax.

Submitting a Proposal

Proposals for Measure B funding can be submitted each year from April 15 through July 15 of that year. The proposals will be reviewed prior to the Measure B Advisory Board (MBAB) proposal review meeting, to insure the proposed expenditures are authorized for Measure B funding. Any proposals

for expenditures not authorized for under Measure B will be removed and the submitting entity will be notified of this action.

The MBAB will review and rank all submitted requests for Measure B funding with proposed expenditures that are authorized for Measure B at the MBAB proposal review meeting, typically scheduled in September of each year. If additional time is needed to review and evaluate the requests, another meeting will be scheduled typically later in September or in October of that year.

Below are the steps for submitting a proposal:

1. Complete the Measure B Proposal form and submit it, along with any supporting documents, via mail or email to the Los Angeles County EMS Agency no later than 5:00 pm on July 15 of the year to allow adequate time for the proposals to be reviewed and distributed prior to the first MBAB proposal review meeting. Supporting documents include price quotations for equipment purchases, budget, and pertinent financial statements. Financial statements will be required for funding request to offset the operational loss for providing a specific service (e.g. Trauma Services). The financial statements must clearly show direct expenses incurred and revenue received and expected to be received from all sources (including subsidy and donations) for providing the service. For proposed new services or activities, a detailed budget must accompany the funding request, that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined. Additionally, when a request requires the hiring of personnel or incurring other long-term financial obligations (e.g. lease) for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost and these obligations if Measure B funding is not available in future years. Every requesting entities must provide a letter from the organization's Department Head/Executive Office approving the proposal submission.
2. Proposers are encouraged to attend the MBAB proposal review meeting(s) to provide a brief overview of their project, limited to two minutes and be available to answer any questions that the members of the MBAB may have related to their proposal. If a second meeting is also scheduled for review of proposals, the proposers are encouraged to also attend this meeting. The first meeting is typically scheduled in September of the year and if another meeting is needed, it will be scheduled typically later in September or in October of that year.
3. After reviewing all eligible proposals, the MBAB members will rank score the projects while the proposers are in attendance. However, the ranking score given by the MBAB does not guarantee approval by the Board of Supervisors.

Evaluating and Rank Ordering of the Proposals

After reviewing all eligible proposals submitted for a given year, the MBAB will rank the proposals using a three-level ranking system. Each qualified proposal will be given a high priority (Score of 3), medium priority (Score of 2), or low priority (Score of 1) score. All MBAB members may vote on any proposals being considered, even if they are affiliated with the requesting entity, or has an interest in or will benefit from a proposal(s), unless it is deemed inappropriate by the MBAB Co-Chairs. The ranking will be done by each MBAB voting member providing a number ranking and an average score will be determined using all voting member rankings for each proposal.

When evaluating/ranking each proposal, the committee may take into consideration the following:

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

Board Consideration

A memo to the Board of Supervisors providing information on all the eligible proposals that were submitted and reviewed will be written by the Co-Chairs. The Board memo will highlight the amount of unallocated Measure B funding that is available and the rank order score of each proposal. It shall be the Board's sole discretion and decision on what proposals are to be funded, as well as the amount awarded.

Once a proposal is approved by the Board, additional processes may need to be implemented prior to disbursement of the funds. This includes entering into a written agreement with the County outlining the use of the funding and the timeframe for incurring expenses. Typically, any Measure B funds that are awarded should be expended within 12 months of award. All Measure B funding is awarded on a reimbursement basis, with the receiving entity incurring the expense and then submitting the claim or invoice to Los Angeles County - Department of Health Services / Health Services Administration Finance for reimbursement.

If you have any questions regarding submitting a proposal, please contact Kay Fruhwirth, EMS Agency Nursing Director at kfruhwirth@dhs.lacounty.gov or 562-378-1596.

Los Angeles County Measure B Funding Proposal 2021

Measure B funding will be allocated on a one-time basis with all expenditures to be completed within 12 months of award. If the proposal requires year to year funding the proposer must provide supporting documents on how they will cover the on-going costs in future years.

Requesting Entity Name:	
Point of Contact Name:	
Point of Contact Phone:	
Point of Contact email address:	
Amount of Funding Requested:	
Brief Project Description:	
Describe the gap in Emergency Medical Services, Trauma Services or Bioterrorism Preparedness that the requested funds addresses: <i>Discuss the current situation, strategy to solve the identified gap and how the allocation of Measure B funds benefits the citizens of Los Angeles Count)</i>	

<p>Justification: <i>Place a checkmark next to each of the applicable statements and incorporate comments into your brief 2-3 paragraph narrative justification.</i></p>	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Achieves compliance with legal requirements, mandate, citation or audit. </div> <div style="width: 50%;"> <input type="checkbox"/> Provides a new service for patients. </div> <div style="width: 50%;"> <input type="checkbox"/> Increases capacity to meet patient care demand. </div> <div style="width: 50%;"> <input type="checkbox"/> Improves efficiency. </div> <div style="width: 50%;"> <input type="checkbox"/> Provides for improvements in emergency preparedness activities. </div> <div style="width: 50%;"> <input type="checkbox"/> Increases patient safety/reduces risk. </div> <div style="width: 50%;"> <input type="checkbox"/> Improves timely access to healthcare. </div> <div style="width: 50%;"> <input type="checkbox"/> Other </div> </div> <p>Narrative Justification:</p>
<p>Timeline <i>When funds will be needed, how long will it take to implement. Explain/list the major milestones to achieve implementation and the approximate timeline for each.</i></p>	

Provide as separate attachments the following supporting documents:

- List of equipment and price quotations for equipment purchases.
- Financial statements will be required for funding request to offset the operational loss for providing a specific service (e.g. Trauma Services). The financial statements must clearly show direct expenses incurred and revenue received and expected to be received from all sources (including subsidy and donations) for providing the service, with the request for Measure B funding no more than the gap between the revenue and expenses.

- For proposed new services or activities, a detailed budget must accompany the funding request, that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined.
- When a request requires the hiring of personnel or incurring other long-term financial obligations (e.g. lease) for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost and these obligations if Measure B funding is not available in future years.
- If the requesting entity is a Los Angeles County department, provide a letter from the Chief Executive Office approving the addition of the requested item to the department's budget.
- Project Timeline: Include how soon project would begin once funded. For one-time funding, indicate the total time needed to complete project and major milestones along the timeline.

Submit all documents via mail or email no later than July 15 of the year to:

Los Angeles County
Emergency Medical Services Agency
Measure B Advisory Board
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, CA 90670
Attention: Kay Fruhwirth
kfruhwirth@dhs.lacounty.gov



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LOS ANGELES COUNTY

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Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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Santa Fe Springs, CA 90670

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

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6.7 CORRESPONDENCE



SideWalk-CPR
LA County EMS System

March 16, 2021

TO: Distribution

FROM: Cathy Chidester 
Director

SUBJECT: **SIDEWALK "HANDS-ONLY" CARDIOPULMONARY
RESUSCITATION (CPR)**

The Emergency Medical Services (EMS) Agency has coordinated the SideWalk "Hands-Only" CPR program annually since 2012, traditionally held during National CPR and AED Awareness Week.

The COVID-19 pandemic presented new challenges to in-person training at a time when emergency 9-1-1 calls for cardiac arrests have increased. In order to comply with the COVID-19 restrictions, the EMS Agency, in coordination with community partners, released a video on March 10, 2021 demonstrating how to perform and practice Hands-Only CPR with modifications to reduce the transmission of COVID-19.

As healthcare providers, we know that over 70% of all out-of-hospital cardiac arrests occur at home, and performing CPR following a sudden cardiac arrest is a critical link in the chain of survival. Lay rescuer CPR can double or triple the chances of survival.

Through public education and awareness, our numbers of bystander CPR and return of spontaneous circulation have steadily improved in Los Angeles County. It is important that we continue to raise awareness and provide training opportunities during and after the pandemic.

[Learn Hands-Only CPR - YouTube](#)

We hope you will share the Hands-Only CPR video link with your agency or organization, community, family and friends.

Please contact me by email at cchiderster@dhs.lacounty.gov, or Susan Mori at sumori@dhs.lacounty.gov for questions.



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



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

April 9, 2021

TO: Fire Chief, All 9-1-1 Paramedic Provider Agencies
CEO, Private Provider Agencies
City Manager, Each Los Angeles County City

FROM: Cathy Chidester 
Director

**SUBJECT: GENERAL PUBLIC AMBULANCE RATES
JULY 1, 2021 THROUGH JUNE 30, 2022**

Attached are the maximum allowable rates chargeable to the general public for ambulance transportation as of July 1, 2021, as per section 7.16.340, Modification of Rates, of the County Ordinance (attachment I).

Transportation services provided on or after July 1, 2021 may not be billed above the allowable maximum rates per the attached rate schedule.

If you have any questions, please contact John Telmos, Chief Prehospital Operations at (562) 378-1677.

CC:jt
04-14

Attachment

c: Brian Chu, Deputy County Counsel, Health Services
Julio Alvarado, Director, Contracts and Grants
Enrique Sandoval, Contract Manager, Contracts and Grants
Cristina Talamantes, Ordinance liaison, Board of Supervisors
Executive Office

**COUNTY OF LOS ANGELES
GENERAL PUBLIC AMBULANCE RATES
EFFECTIVE JULY 1, 2021**

Section 7.16.280 Rate Schedule For Ambulances

A. A ground ambulance operator shall charge no more than the following rates for one patient:

Rates Effective July 1, 2021

- | | |
|---|-------------------|
| 1. Response to a non-emergency call with equipment and personnel at an advanced life support (ALS) level | \$2,383.00 |
| 2. Response to an emergency 9-1-1 call with equipment and personnel at an advanced life support (ALS) level | \$2,550.00 |
| 3. Response to a nonemergency call with equipment and personnel at a basic life support (BLS) level | \$1,587.00 |
| 4. Response to an emergency 9-1-1 call with equipment and personnel at a basic life support (BLS) level | \$1,702.00 |
| 5. Mileage rate. Each mile or fraction thereof | \$19.00 |
| 6. Waiting time. For each 30-minute period or fraction thereof after the first 30 minutes of waiting time at the request of the person hiring the ambulance | \$135.00 |
| 7. Standby time. The base rate for the prescribed level of service and, in addition, for each 30-minute period or fraction thereof after the first 30 minutes of standby time | \$129.00 |

B. This section does not apply to a contract between the ambulance operator and the County where different rates or payment mechanisms are specified.

Section 7.16.310 Special Charges

A. A ground ambulance operator shall charge no more than the following rates for special ancillary services:

- | | |
|---|------------------|
| 1. Request for services after 7 PM and before 7 AM of the next day will be subject to an additional maximum charge of | \$27.00 |
| 2. Persons requiring oxygen, shall be subject to an additional maximum charge per tank or fraction thereof, and oxygen delivery equipment to include nasal cannula and/or oxygen mask, of | \$102.00 |
| 3. Neonatal transport | \$255.00 |
| 4. Registered nurse or respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time | \$2869.00 |
| 5. Registered nurse and respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time | \$3242.00 |
| 6. Registered Nurse and/or Respiratory Therapist per hour after the first 3 hours | \$162.00 |
| 7. Volume ventilator | \$197.00 |
| 8. Disposable medical supplies | \$29.00 |

- B. Where other special services are requested or needed by any patient or authorized representative thereof, a reasonable charge commensurate with the cost of furnishing such special service may be made, provided that the ambulance operator shall file with the Director of the Department of Health Services a schedule of each special service proposed and the charge therefore, which charge shall be effective unless modified, restricted, or denied by the Director of the Department of Health Services. Special services are defined as services provided to a patient that are unique and individual to a specific patient's needs, and are performed on a limited basis.
- C. Charges for special services provided to patients that are new services, but will become an industry standard, must be reviewed and a rate commensurate with the service developed prior to ambulance operators charging such rate to the general public. Such rates shall not be charged to patients until approved by the Board of Supervisors.
- D. This section does not apply to a contract between an ambulance operator and the County where different rates or payment mechanisms are specified.

Section 7.16.340 Modification of Rates.

The maximum rates chargeable to the general public as set forth in Sections 7.16.280 and 7.16.310 of this chapter shall be adjusted effective July 1, 1992, and on July 1st of each year thereafter, to reflect changes in the value of the dollar. For each of the one year periods respectively beginning July 1, 1992 and July 1, 1993 such adjustments shall be made by multiplying the base amounts by the percentage change in the transportation portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 1994, and on each July 1 thereafter, such adjustments shall be determined by multiplying the base amounts by the average of the percentage changes of the transportation portion and of the medical portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2017, and on every July 1 thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100 .040 - Minimum Wage and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February, except for the following changes: Registered Nurse/Respiratory Therapist per hour after the first three (3) hours adjustment shall be determined by multiplying the current charge by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100 .040 - Minimum Wage; mileage adjustment shall be determined by multiplying the current charge for the percentage change of the transportation line item of the Consumer Price Index for All Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February; and Oxygen, Disposable Medical Supplies, and a Ventilator adjustment shall be determined by multiplying the current charges by the percentage change of the Medical Care line item of the Consumer Price Index for all of the Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12 month period ending with the last day of the prior month of February. The result so determined shall be rounded to the nearest whole number and added or subtracted, as appropriate, to the rate. The result so determined shall be rounded to the nearest whole number and added or subtracted, as appropriate, to the rate. The Director of the Department of Health Services, or authorized designee, shall initiate implementation of these rate changes by notifying in writing each licensed private ambulance operator in Los Angeles County thereof, and any other individual or agency requesting such notification from the Director. Such notice shall be sent by first class mail no later than June 15 of the prior period.



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Health Services
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April 15, 2021

VIA EMAIL

TO: Distribution

FROM: Cathy Chidester
Director, EMS Agency

Reddies for cc

**SUBJECT: PACIFIC GARDENS MEDICAL CENTER 9-1-1 RECEIVING
HOSPITAL DESIGNATION**

Pacific Gardens Medical Center (TRI), located at 21530 Pioneer Boulevard, Hawaiian Gardens, CA, 90716, has been licensed by the State to operate as a general acute care hospital with Basic Emergency Services, and has been designated by the Emergency Medical Services (EMS) Agency as a 9-1-1 Receiving Hospital.

Effective **Monday, April 19, 2021, at 7:00 a.m.**, TRI may begin receiving adult patients (age 15 years and older) transported via the 9-1-1 system. At this time, TRI is NOT an Emergency Department Approved for Pediatrics (EDAP), a Perinatal Center, or any other specialty care center. To assist this new hospital in developing and streamlining their ED and hospital throughput process, the ED is limited to 8 admissions per day. Therefore, **Diversion of ALS and BLS patients shall be honored. EMS providers shall transport to the next closest hospital when TRI is on ED ALS and/or ED BLS diversion.** Diversion status will be communicated via ReddiNet®.

Pacific Gardens Medical Center will be identified with the alpha code (TRI). The main ED telephone number is (562) 860-0401, extension 2772 or 2773. The dedicated telephone number for receiving transport notification from base hospitals and/or provider agencies is:

(562) 667-2076

Please ensure that all relevant hospital and prehospital personnel are notified of this change in status. If you have any questions, please contact Chris Clare, Chief, Hospital Programs at (562) 378-1661 or cclare@dhs.lacounty.gov.

04-02

- c. Medical Director, EMS Agency
Chief Executive Officer, TRI
Emergency Services Medical Director, TRI
Emergency Services Nursing Director, TRI
Emergency Medical Services Commission
Medical Alert Center
Hospital Association of Southern California
Mandi Posner, CA Department of Public Health
Fire Chief, Los Angeles County Fire Department
EMS Director, Los Angeles County Fire Department
Fire Chief, Long Beach Fire Department
Paramedic Coordinator, Long Beach Fire Department
Prehospital Care Coordinators
All Licensed Ambulance Providers
Orange County EMS
ReddiNet