



**COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES**



PROVIDER AGENCY ADVISORY COMMITTEE

MEETING NOTICE

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

DATE: December 20, 2023

TIME: 1:00 pm

LOCATION: IN-PERSON MEETING
Cathy Chidester Conference Room [1st Floor Hearing Room]
Los Angeles County EMS Agency
10100 Pioneer Boulevard
Santa Fe Springs, California 90670

AGENDA

1. CALL TO ORDER

2. INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS

2.1 Committee Member Retirements

- Doug Zabilski, Battalion Chief, Los Angeles Fire Department
Area H Representative 2018-2023
- Paul Rodriguez, Captain, Long Beach Fire Department
EMS Commissioner and PAAC Member 2018-2023

3. APPROVAL OF MINUTES: October 18, 2023

4. REPORTS AND UPDATES

4.1 PediDOSE Trial

4.2 Pedi-PART

4.3 Research Initiatives and Pilot Studies

4.4 EMS Update 2023 / 2024

4.5 ITAC Update

4.6 EmergiPress

4.7 California Office of Traffic Safety (OTS) Grants

4.7.1 Mobile Protocol Application

4.7.2 Health Data Exchange – Trauma Curriculum Needs Assessment

4.8 Medication Cache

4.9 EMS for Children Pediatric Readiness Assessment for Provider Agencies

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No, 420, Private Ambulance Operator Medical Director

Policies for Discussion; No Action Required:

6.2 Reference No. 1307.4, MCG: EMS and Law Enforcement Co-Response

7. OPEN DISCUSSION

8. NEXT MEETING: February 14, 2024

9. ADJOURNMENT



EMERGENCY MEDICAL SERVICES COMMISSION PROVIDER AGENCY ADVISORY COMMITTEE



MINUTES

Wednesday, October 18, 2023

MEMBERSHIP / ATTENDANCE

MEMBERS IN ATTENDANCE	ORGANIZATION	EMS AGENCY STAFF	EMS AGENCY STAFF
	Kenneth Powell, Chair	Richard Tadeo	Denise Whitfield, MD
X	Paul Rodriguez, Vice-Chair	Dipesh Patel, MD	Christine Clare
	Paul Espinosa	Jacqueline Rifenburg	Jennifer Calderon
	James Lott, PsyD, MBA	Lily Choi	Terry Cramer
X	Robert Ower	Mark Ferguson	Aldrin Fontela
	Gary Washburn	Han Na Kang	Laurie Lee-Brown
	Brian Bixler	Laura Leyman	Sandra Montero
	John Hisserich	Nnabuike Nwanonyi	Sara Rasnake
	Jason Tarpley, MD	Andrea Solorio	Denise Watson
		Gary Watson	Gerard Waworundeng
X	Sean Stokes	David Wells	Christine Zaiser
	Justin Crosson	Jake Toy, MD	Michael Kim, MD
	Keith Harter		
	Clayton Kazan, MD		
	Todd Tucker		
X	Jeffrey Tsay		
	Kurt Buckwalter		
X	Ryan Jorgenson		
X	Mick Hannan		
	Andrew Reno		
	Adam Brown		
X	Jennifer Nulty		
X	Doug Zabalski		
	Tyler Dixon		
	David Hahn		
	Julian Hernandez		
X	Tisha Hamilton		
X	Rachel Caffey		
	Jenny Van Slyke		
	Pending		
X	Paul Voorhees		
X	Maurice Guillen		
	Scott Buck		
	Tabitha Cheng, MD		
X	Tiffany Abramson, MD		
	Andrew Lara		
	Jonathan Lopez		
	Michael Kaduce		
	Scott Jaeggi		
	Scott Atkinson		
	David Filipp		
X	Adrienne Roel		
X	Caroline Jack		

GUESTS

Catherine Borman
Kelsie Bond
Angel Montes
Freddy Jimenez
Carlos Garcia
Marc Cohen, MD
Jason Hansen
Valentina Triamarit
Damien Cyphers
Jessie Castillo
Josh Parker
Ed Cunanan
Ky Kalousek
Ryan Cortina
Matthew Hill
David Molyneux
Paula LaFarge
Patrick Nulty
Armando Jurado
Erich Ekstedt
Alfredo Estrado

ORGANIZATION

Santa Monica FD
Harbor-UCLA Medical Ctr
AMR Ambulance
Montebello FD
Montebello FD
Multi-Agency Medical Director
Pasadena FD
LACoFD
Liberty Ambulance
PRN Ambulance
PRN Ambulance
PRN Ambulance
LAFD
Burbank FD
Santa Monica FD
AM West Ambulance
LACoFD
Santa Monica FD
Lifeline Ambulance
Downey FD
Montebello FD

1. CALL TO ORDER - Vice-Chair Paul Rodriguez called meeting to order at 1:02 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 Health Officer's Order Update (Denise Whitfield, MD)

- Dr. Whitfield reviewed the "Order of the Los Angeles County Health Officer", dated September 11, 2023, with a revision date of September 27, 2023.
- This revised Order describes the "Annual Influenza Immunization or Masking Requirements AND Addition of Updated COVID-19 Immunization or Masking Requirement for Healthcare Personnel During the 2023-2024 Respiratory Virus Season." (November 1, 2023 – April 30, 2024)
- Copies of this Health Officer's Order and several fact sheets were provided to this Committee.

2.2 EMS Agency's Meeting Calendar 2024 (Gary Watson)

The 2024 meeting calendar is now available on the EMS Agency's webpage. Date changes from standard meeting dates are noted in red.

2.3 EMS Agency Staff Changes (Richard Tadeo)

Director announced the following EMS Agency staff changes:

- Denise Whitfield, MD, has been appointed as Assistant Medical Director of the EMS Agency.
- Gerard Waworundeng, has been appointed Quality Improvement Coordinator.

2.4 Medical Shortage and Mitigation Strategies (Denise Whitfield, MD)

- Medication shortages are continuing, with the most prevalent currently being Midazolam.
- During any medication shortage, providers are reminded to refer to the mitigation strategies listed in Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.
- Although most medication shortages are unpredictable, the EMS Agency encourages providers to have a process in place that would assist in preventing last-minute ordering and supply issues.

3. APPROVAL OF MINUTES (Stokes / Zabilski) August 16, 2023, minutes were approved as written.

4. REPORTS & UPDATES

4.1 PediDose Trial (Denise Whitfield, MD)

- Providers are encouraged to continue with the self-reporting of pediatric seizures.
- A workgroup combining the PediDose and PediPART trials will meet for the first time on October 25, 2023. Although workgroup members have already been identified; those interested in participating may contact Dr. Whitfield at dwhitfield@dhs.lacounty.gov
- Los Angeles County will move to the "Intervention" phase of this trial sometime in 2024. Further information will be announced in early 2024.

4.2 PediPART Trial (Denise Whitfield, MD)

- In 2024, Los Angeles County will be one of 10 sites within the United States that will be conducting a pediatric airway trial.
- The first step of this trial will review supraglottic airway (i-gel) vs. bag-mask-ventilation (BMV), for the pediatric patient requiring airway management.
- EMS Update 2024 will include training for PediPART trial, with the expectation that training will begin in April/May and training completion by July 1, 2024.

4.3 Research Initiatives and Pilot Studies (Denise Whitfield, MD)

- Pediatric Data Collaborative – this newly formed group will begin meeting in November 2023. The focus of this group will be to evaluate ways in which collected pediatric data can be utilized to improve pediatric care and research within Los Angeles County.

Those interested in participating may contact Denise Whitfield, MD or Nichole Bosson, MD.

- Thora Site Study – The EMS Agency conducted training/education with Compton, Torrance, and Culver City Fire Departments during the summer 2023. As a result of this training, it was found that the Thora Site device does line up with the correct anatomical insertion sites and will move forward to the trial phase.

Torrance FD has begun this trial phase and as data is received, results will be shared with the Committee.

4.4 ECMO Pilot (Denise Whitfield, MD)

- This pilot is ongoing with 130 patients currently in the database; of these 103 met inclusion criteria; 27 patients have been cannulated and received ECMO; with a 30% survival rate. This shows that ECMO has a positive impact on those meeting inclusion.

4.5 EMS and Law Enforcement Co-Response (ELCoR) Task Force (Denise Whitfield, MD)

- Taskforce was developed to review common scenarios, typically with patients experiencing behavioral emergencies, where EMS and law enforcement personnel are approaching the patient with different perspectives.
- The plan is to develop training modules that would be incorporated into EMS Update 2024.
- A Medical Control Guideline is being developed and once finalized with the education component, will be presented to this Committee.

4.6 Airway Management Quality Improvement (Denise Whitfield, MD)

- Data presented, outlining the results of an airway management including the use of i-gel, endotracheal intubations, reasons for advanced airway, patient demographics, Bag-Mask Ventilations, and complications of airway management.

4.7 Stroke Patient's Family Contact Information (Denise Whitfield, MD)

- Providers were reminded of the importance of obtaining family contact information of stroke patients.
- After consulting Los Angeles County Council, it was identified that providing patient's family contact information during base hospital contact, will not violate any patient confidentiality laws.

4.8 EMS Update 2023 (Denise Whitfield, MD)

- The deadline for all base hospitals and ALS providers to complete EMS Update 2023 is December 1, 2023.
- Once a provider completes EMS Update and begins to implement TXA utilization, the EMS Agency requests providers notify the Agency and their assigned base hospitals.
- Since the administration of TXA does not require medical direction from the base hospital, providers may implement TXA prior to the base hospital implementation.

4.9 ITAC Update (Denise Whitfield, MD)

- Next meeting is scheduled for November 6, 2023.
- Meeting on August 7, 2023, reviewed the PAWPER length-based resuscitation tape and a Junctional tourniquet; both had insufficient favorable data to implement in Los Angeles County.

4.10 EmergiPress (Denise Whitfield, MD)

- October 2023 EmergiPress is now available.
- Topics include Pediatric Status Epilepticus, ECG of the Month (submitted by Paramedic Marcus Black from Compton FD), and Video of the Month, discussing oxygen administration for the patient with traumatic brain injury.

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 411, Provider Agency Medical Director (Denise Whitfield, MD)

Policy reviewed and approved as written.

M/S/C (Zabilski / Hannan) Approve: Reference No. 411, Provider Agency Medical Director.

6.2 Reference No. 418, Authorization and Classification of EMS Aircraft (*David Wells*)

Policy reviewed and approved as written.

M/S/C (Jorgenson / Tsay) Approve: Reference No. 418, Authorization and Classification of EMS Aircraft.

6.3 Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation (*Denise Whitfield, MD*)

Policy reviewed and approved as written.

M/S/C (Voorhees / Nulty) Approve: Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation.

The following policies and topics were reviewed; no action required:

6.4 Reference No. 526.1, Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (*Denise Whitfield, MD*)

6.5 Reference No. 528.1, Medical Clearance Criteria Screening Tool for Sobering Center (*Denise Whitfield, MD*)

6.6 Reference No. 607, Electronic Submission of Prehospital Data (*Sara Rasnake*)

6.7 Reference No. 1128, Decontamination Trailer Deployment for Mass Casualty Event (*Terry Cramer*)

6.8 Reference No. 1140, Mobile Medical System Deployment (*Terry Cramer*)

- Recommendation: Add wording "Provider Agency" to read "Role of the Requesting Hospital/Provider Agency"

6.9 Protocol Application (*Denise Whitfield, MD*)

- The EMS Agency received a 1-year grant from the Office of Traffic Safety (OTS), to develop a Treatment Protocol application.
- A workgroup met for the first time in September with a goal of developing an electronic application that includes: integrating the current drug dosing application; a functional tool to assist paramedics with decision making abilities; and may include "just in time" videos for infrequent procedures.
- More information to follow.

6.10 Office of Traffic Safety / Health Data Exchange Grant (*Denise Whitfield, MD*)

- The EMS Agency received a second grant from OTS to develop a Health Data Exchange (HDE) system that would allow data sharing between trauma hospitals in Los Angeles County and would provide outcome data to the provider agencies.

7. OPEN DISCUSSION

7.1 Track Changes for Updated Policies (*Adrienne Roel*)

- Committee members thanked the EMS Agency for posting the track changes of revised policies on the EMS Agency's webpage. Member said posting of the changes have been very helpful.

8. NEXT MEETING - December 20, 2023

9. ADJOURNMENT - Meeting adjourned at 2:01 p.m.

PURPOSE: To describe the role and responsibilities of Medical Directors of licensed Los Angeles County Private Ambulance Operators.

DEFINITION:

Private Ambulance Operator Medical Director: A physician designated by an approved EMS Private Ambulance Operator and approved by the Los Angeles County EMS Agency Medical Director, to provide oversight of all medications utilized by EMTs and paramedics including controlled medications, and oversees the private provider agency's quality improvement process, as defined by the Los Angeles County EMS Agency.

The Private Ambulance Operator Medical Director shall:

- ~~1.~~ Board eligible or certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services or in Emergency Medicine with proof of significant experience and practice in EMS. ~~Be board certified or eligible in emergency medicine or EMS by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.~~
- ~~2.1.~~
- ~~3.2.~~ Engaged in the practice, supervision, or teaching of emergency medicine and/or EMS.
- ~~4.3.~~ Be knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
- ~~4.~~ Attend an EMS system orientation provided by the EMS Agency within six (6) months of hire.
5. Attend the annual program reviews – BLS, ALS, SCT or participate in the exit summary

PRINCIPLE: Medical Directors enhance the quality of prehospital care by providing medical expertise in EMS and serve as a liaison between the EMS Agency Medical Director, hospitals, and other Private and Public Ambulance Operator Medical Directors to ensure the delivery of safe and effective medical care.

POLICY

- I. Role And Responsibilities Of The Private Operator Medical Director
 - A. Medical Direction and Supervision of Patient Care

EFFECTIVE: 10-01-15
REVISED: 10-01-17
SUPERSEDES: 10-01-15

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

1. Advises the private ambulance operator in planning and evaluating the delivery of prehospital medical care by EMTs and, if applicable, paramedics, nurses, and respiratory therapists.
2. Reviews and approves the medical content of all EMS training performed by the private ambulance operator. If approved as a continuing education provider in Los Angeles County, ensures compliance with State and local EMS Agency continuing education requirements.
3. Reviews and approves the medical components of the private ambulance operator's dispatch policies and procedures as demonstrated by a dated signature or other mechanism in place for approval, such as electronic signature.
4. Assists in the development of [policies and](#) procedures to optimize patient care.
5. Evaluates compliance with the legal documentation requirements of patient care.
6. Provides oversight and participates in the private ambulance operator's Quality Improvement program.
7. Ensures private ambulance operator compliance with Los Angeles County EMS Agency controlled substance policies and procedures, if applicable.
8. [Participates as needed with appropriate EMS committees and the local medical community.](#)
9. [Attends at least 50% of the Medical Advisory Council meetings. For meetings in which the medical director is unable to be present, designates an authorized representative may to attend for the purpose of receiving and disseminating information on behalf of the medical director for the remainder of the meetings.](#)

B. Audit and Evaluation of Patient Care

1. Assists the private ambulance operator in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.
2. Evaluates private ambulance operator medical personnel for adherence to medical policies, procedures and protocols of the Los Angeles County EMS Agency.
- 2.3. Provides ongoing periodic review of dispatch and patient care records for identification of potential patient care issues.

3.4. Reviews the delivery and evaluation of patient care with base and receiving hospitals, as applicable.

C. Investigation of Medical Care Issues

1. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.

2. Evaluates medical performance and appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.

3. Ensures that appropriate actions (e.g., training, counseling, etc.) are taken related to patient care issues with adverse outcomes, near misses, etc.

II. Role And Responsibilities Of The Private Ambulance Operator

A. Designates and maintains a Medical Director at all times.

B. Ensures Medical Director is involved in the development of all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.

C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.

D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**

Reference No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**

Reference No. 517, **Private Provider Agency Transport/Response Guidelines**

Reference No. 620, **EMS Quality Improvement Program**

Reference No. 621, **Notification of Personnel Change**

Reference No. 621.1, **Notification of Personnel Change Form**

Reference No. 816, **Physician at the Scene**

Reference No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**

Reference No. 702, **Controlled Drugs Carried on ALS Units**

DEFINITION

Agitation: A hyper-aroused state (ranging in severity from anxious and cooperative to violent and combative) in which the individual exhibits excessive, repeated, and purposeless motor or verbal behaviors (e.g., pacing, fidgeting, clenching fists or teeth, prolonged staring, picking at clothing or skin, responding to internal stimuli such as hallucinations, threatening or carrying out violent acts).

Decision-Making Capacity: The ability to understand the nature and consequences of proposed health care. This includes understanding the significant risks and benefits and having the ability to make and communicate a decision regarding the proposed health care in the patient's primary language, if feasible. A person has decision-making capacity if they are able to:

- Communicate the need for treatment, the implications of receiving and of not receiving treatment, and alternative forms of treatment that are available, and
- Relate the above information to their personal values, and then make and convey a decision.

The lack of decision-making capacity may be:

- Temporarily lost (e.g., due to unconsciousness, influence of mind-altering substances, mental illness, or cognitive impairment)
- Permanently lost (e.g., due to irreversible coma, persistent vegetative state, untreatable brain injury, or dementia)
- Never existed (i.e., due to profound neurodevelopmental disorder, those who are deemed by the Court as incompetent or a person under conservatorship)

Minor: A person less than eighteen years of age.

PRINCIPLES:

1. EMS and Law Enforcement often co-respond to the scene when there is an agitated patient perceived to pose risk to themselves and/or others.
2. EMS focus is on the duty to the patient, whereas Law Enforcement has a duty to the public. This may result in differences in the approach to scene management.
3. Each situation is unique and dynamic such that no guideline can be comprehensive or specific. The flow diagrams below represent general approaches to common scenarios, but must be adapted to the individual circumstances of the response.
4. Early, clear and open communication will facilitate arriving at the best possible outcome for the person. The conflict resolution pathway should be employed whenever there is not full agreement between EMS and Law Enforcement on whether to remain engaged.

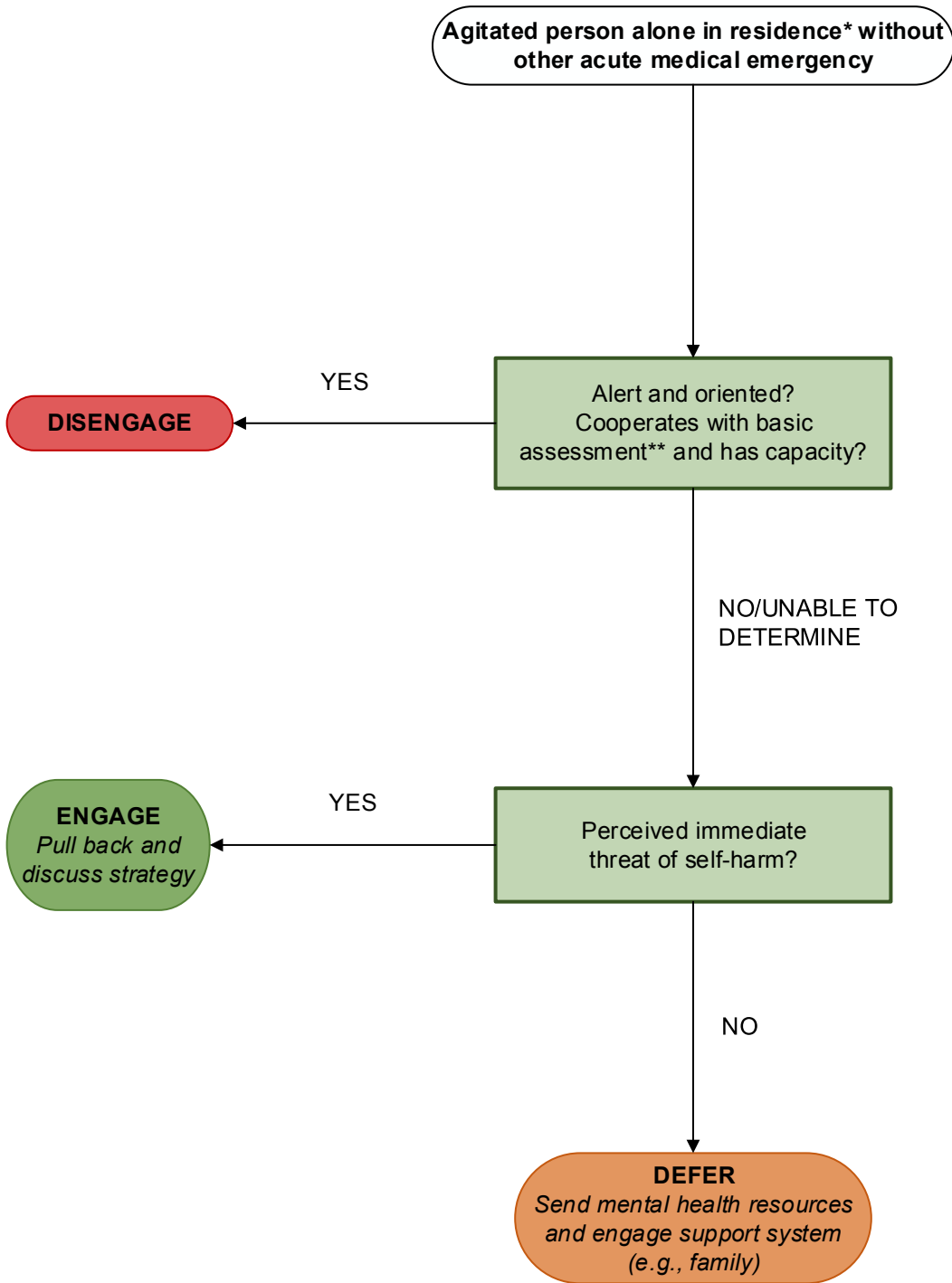
5. Ultimately the decision for Law Enforcement to engage, and/or to apply a 5150 or 5585, will be according to their policies, procedures, and the law. For cases where there is ongoing disagreement and a successful resolution cannot be reached on scene, an after action review shall be undertaken at a later agreed upon date, in collaboration with both agencies.

GUIDELINES:

1. Refer to the flow diagrams below for guidance on specific scenarios.
2. When the agitated person is a minor, apply the guidelines with the following caveats:
 - a. If the minor is alone, the general approach will be to engage.
 - b. If the minor is in the care of a parent or legal guardian, the principles of capacity assessment are applied to that parent or legal guardian, with consideration for how they can assist in de-escalating the situation and provide an alternative to engagement.
 - c. Involve the Department of Child and Family Services as appropriate, <https://dcfs.lacounty.gov/>, 800-540-4000.
 - d. Refer also to Ref. No. 832, Treatment/Transport of Minors.
3. Consider the following Mental Health Resources:
 - e. Request response of local jurisdictional resources as available
 - f. Request a Crisis Response Team from the Department of Mental Health Access Center 24/7 Contact Line: 800-854-7771
 - g. For any patient left on scene, inform the patient of the '988' hotline
4. For situations where Law Enforcement decision is to disengage or defer and EMS remains concerned about immediate risk to the patient and/or others, the following communication strategy should be employed in a stepwise fashion until a final solution is agreed upon:
 - a. The highest ranking EMS and Law Enforcement personnel on scene discuss their rationale for the decision to engage versus disengage.
 - b. Mental health resources are identified and requested to the scene to provide alternative methods for de-escalation and management. Consider contacting the Base Hospital for further guidance on resources and strategies.
 - c. If not already on scene, the EMS and Law Enforcement supervisors are requested to the scene and discuss face-to-face.
 - d. The EMS supervisor speaks with the Law Enforcement Watch Commander.
 - e. If no resolution is achieved, EMS shall defer to Law Enforcement and not engage on their own if there is a perceived risk to EMS personnel and/or the patient.
5. Document decision-making and involved personnel on the ePCR including:
 - a. All responding agencies on scene
 - b. EMS assessment
 - c. Name and assignment of the highest ranking Law Enforcement Officer involved in the decision-making
 - d. Reasons for Law Enforcement decision for disengagement when applicable

- e. Any follow up plans and resources requested and/or provided to the patient for non-transport decisions

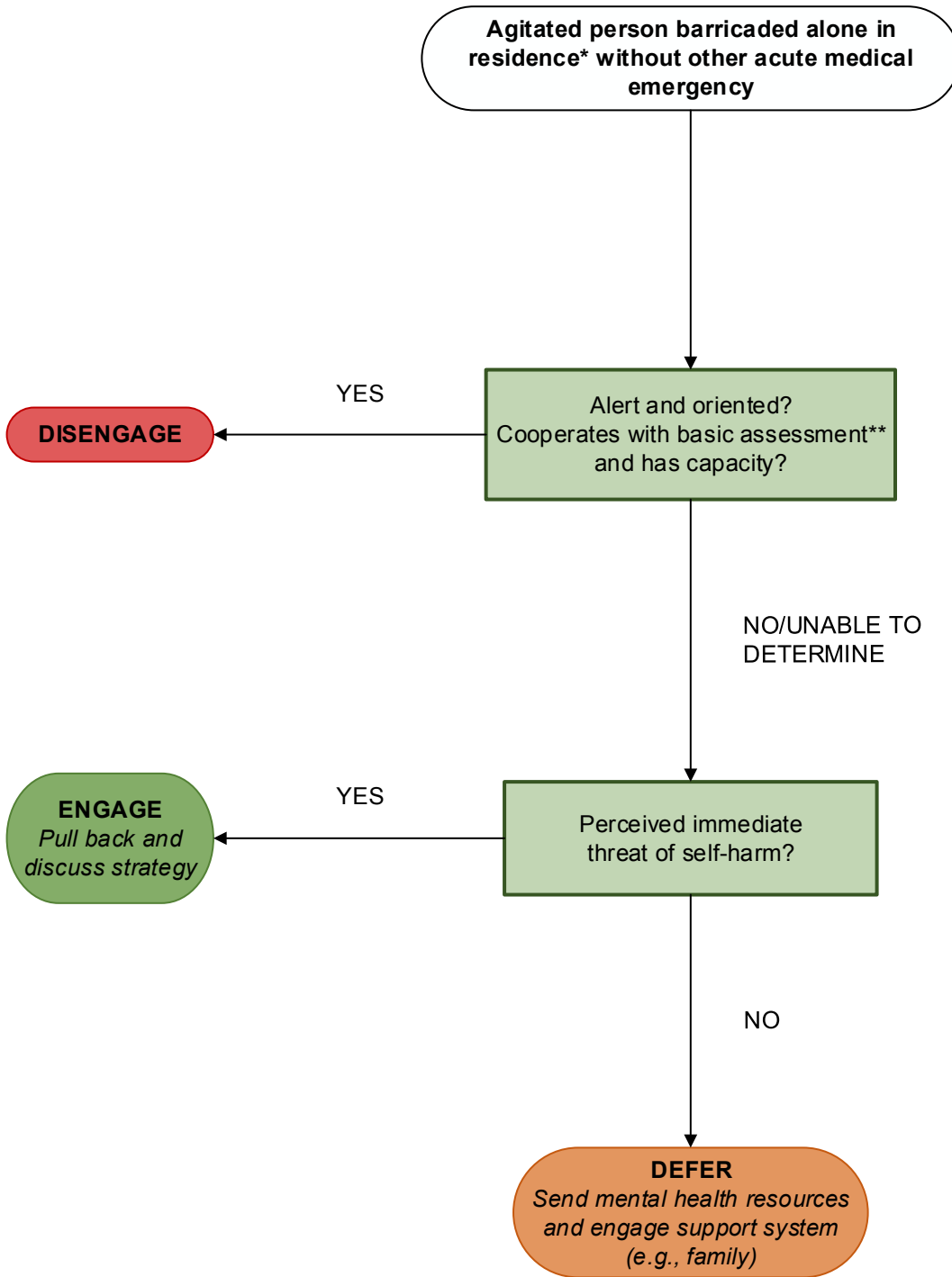
SCENARIO 1



*Permitting entry (with or without weapon)

**May be verbal

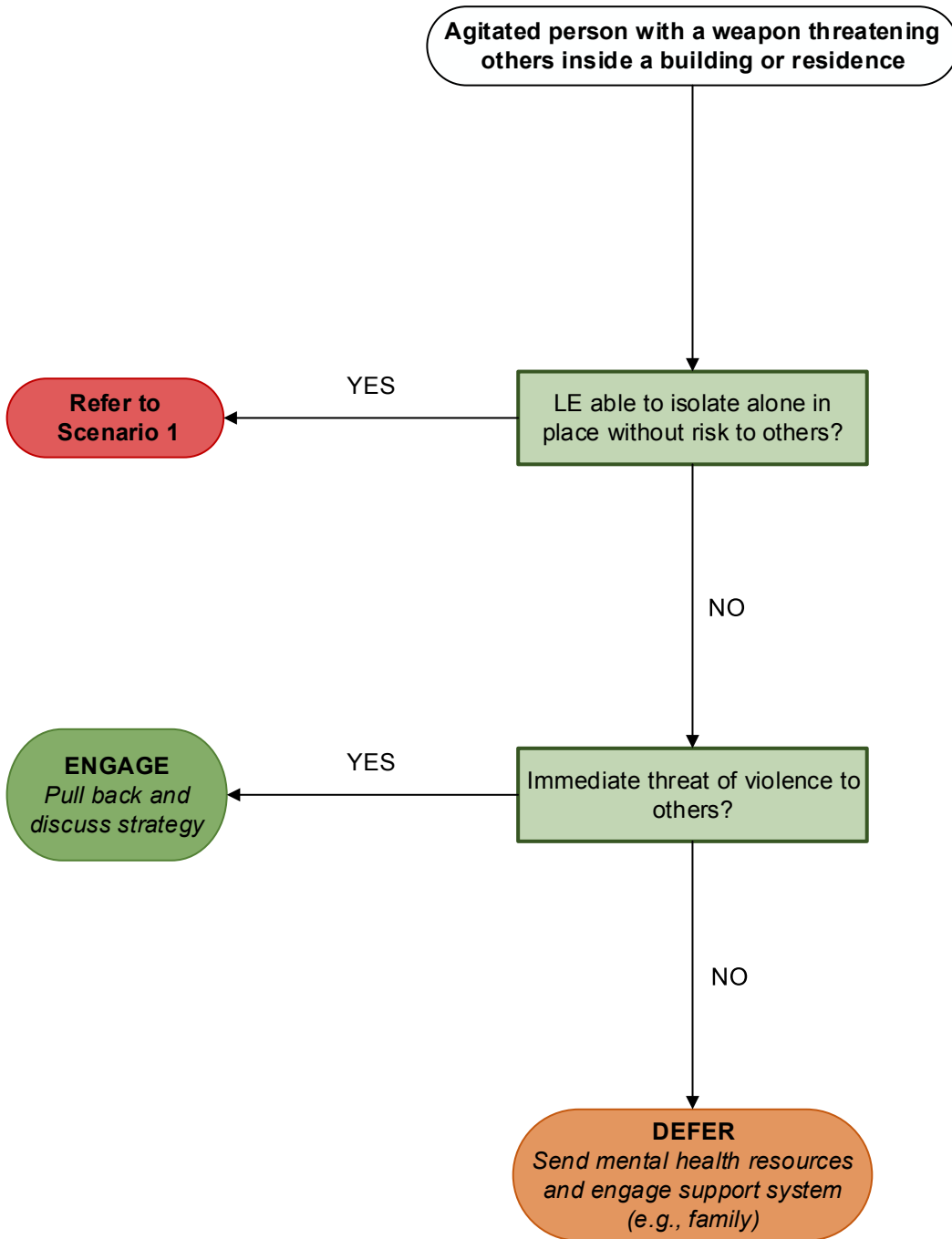
SCENARIO 2



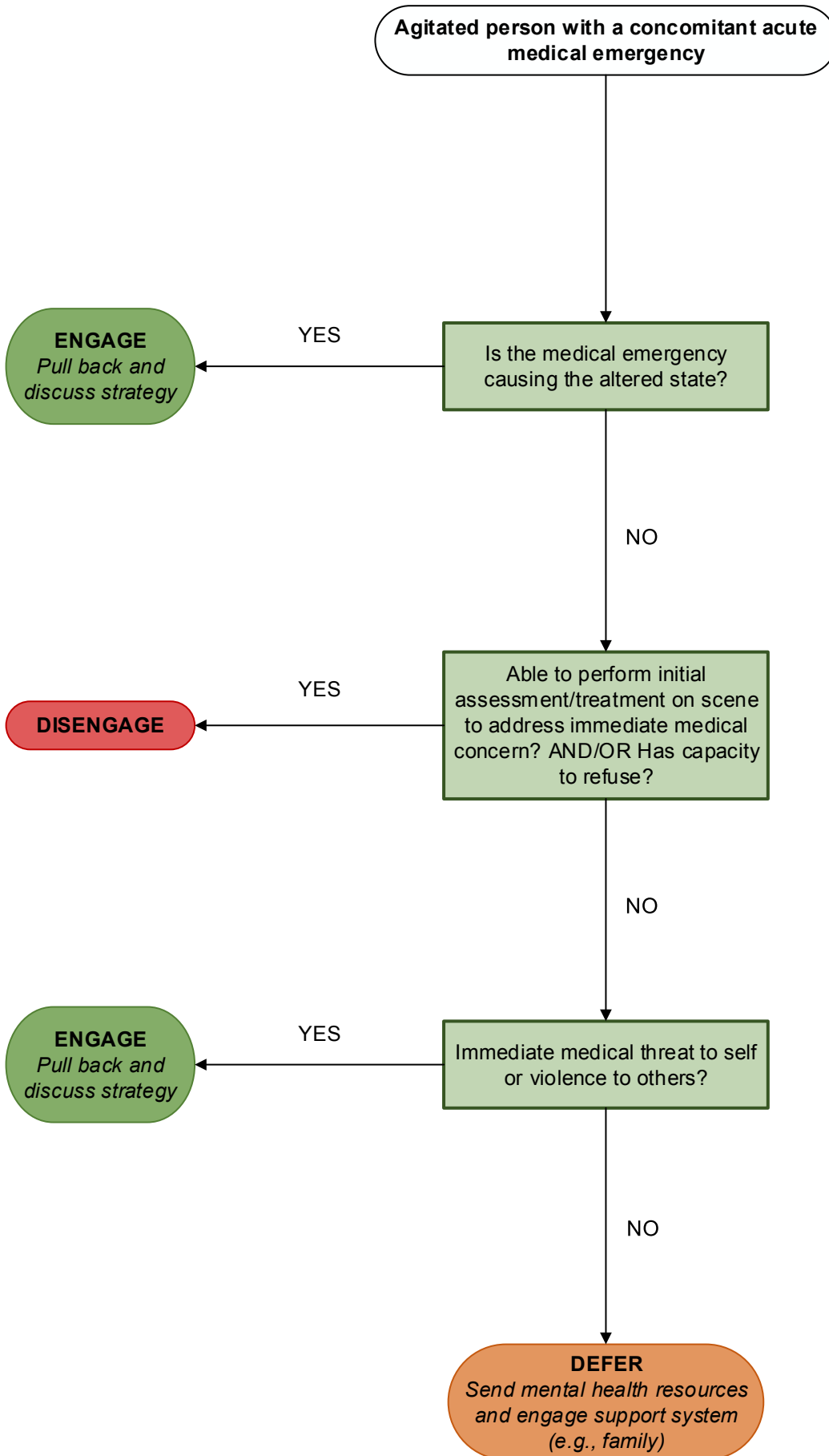
*Permitting entry (with or without weapon)

**May be verbal

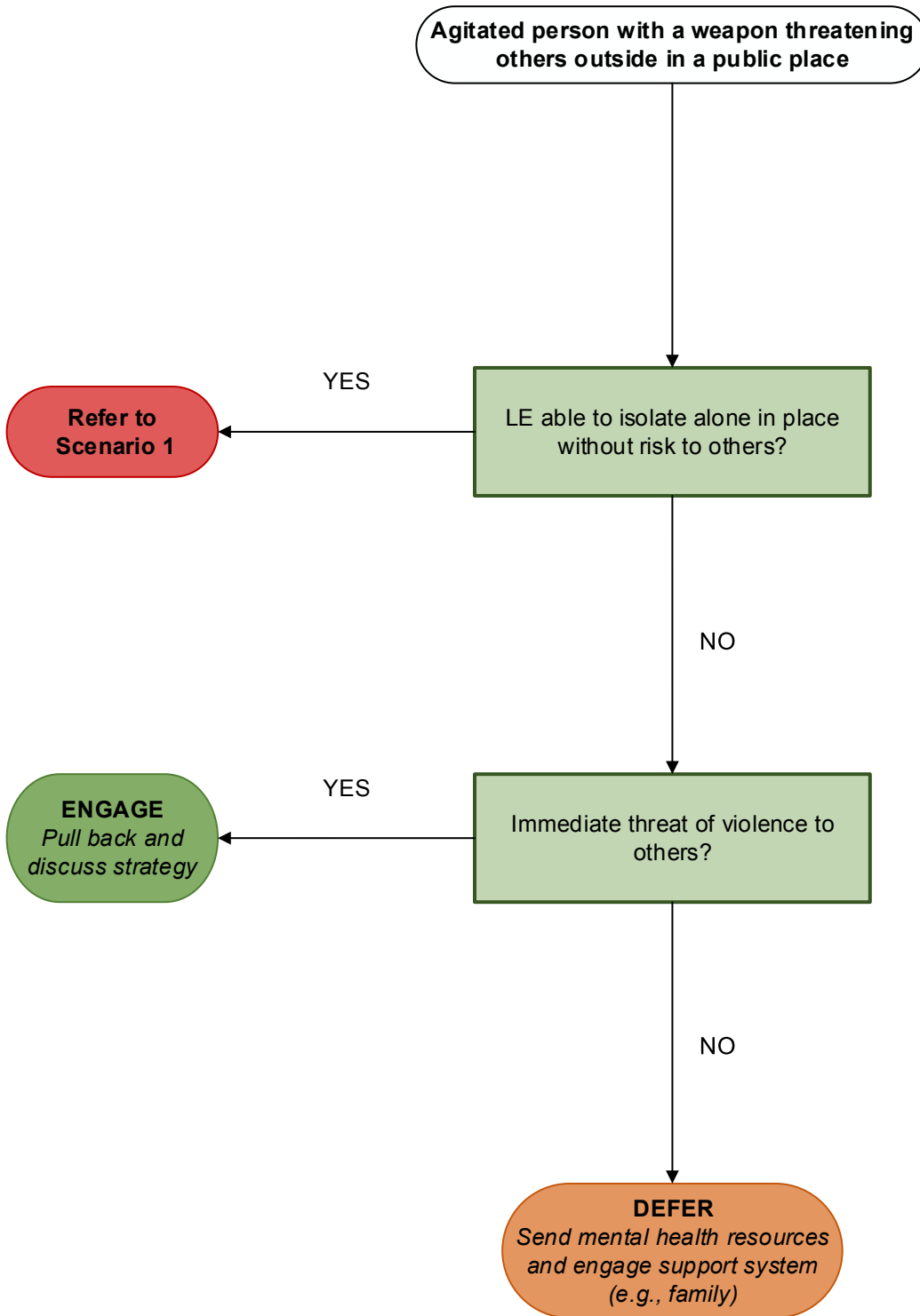
SCENARIO 3



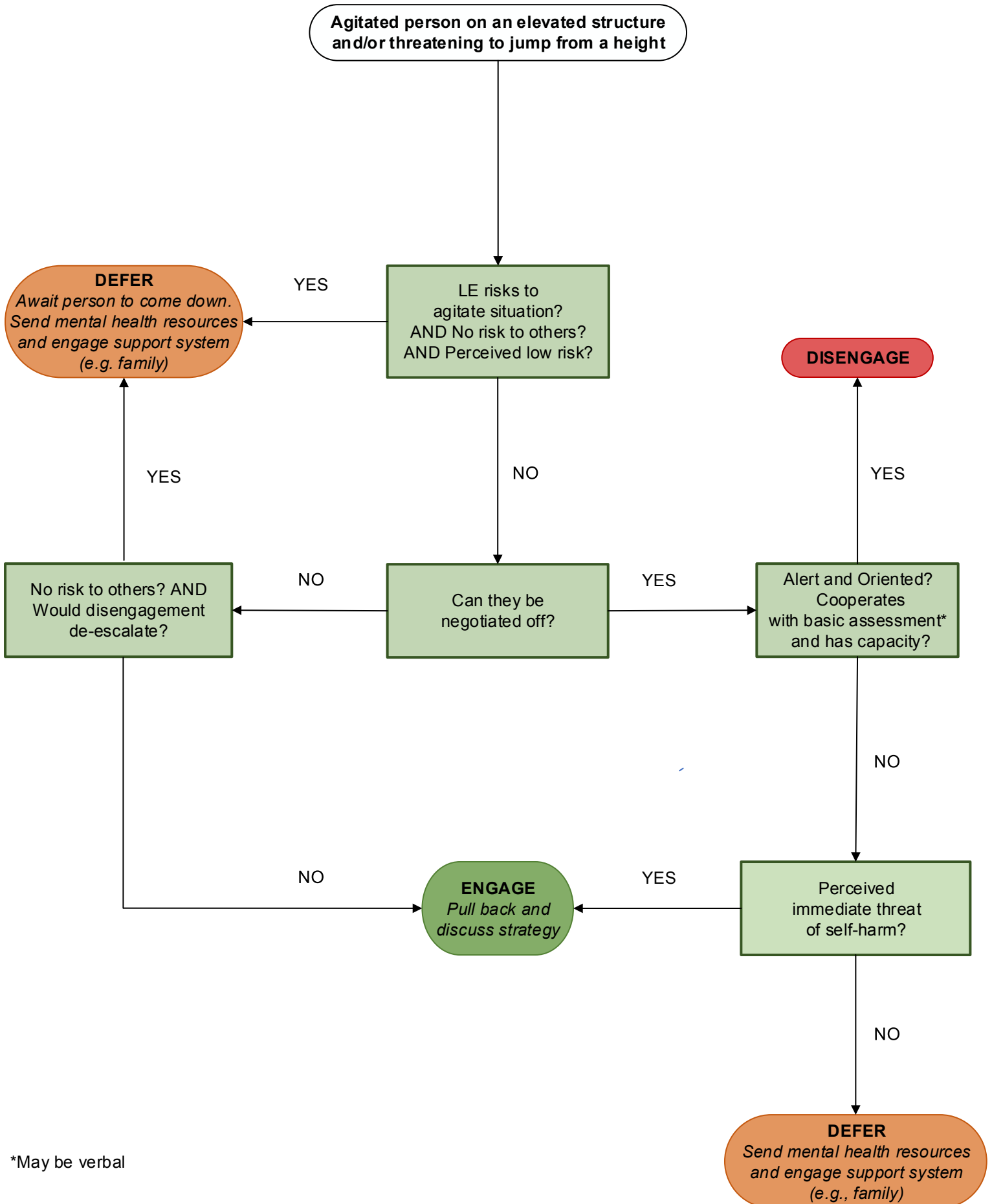
SCENARIO 4



SCENARIO 5



SCENARIO 6



*May be verbal