



**LOS ANGELES COUNTY
BOARD OF SUPERVISORS**

Hilda L. Solis

First District

Holly J. Mitchell

Second District

Lindsey P. Horvath

Third District

Janice Hahn

Fourth District

Kathryn Barger

Fifth District

COMMISSIONERS

Nabila Alam

Southern California Public Health Assn.

Captain Brian S. Bixler

Peace Officers Association of LA County

Diego Caivano, MD

LA County Medical Association

Erick H. Cheung, M.D.

Southern CA Psychiatric Society

Chief Paul Espinosa

Los Angeles County Police Chiefs' Assn.

John Hisserich, Dr. PH.

Public Member (3rd District)

Lydia Lam, MD

American College of Surgeons

James Lott, PsyD., MBA

Public Member (2nd District)

Carol Meyer, RN

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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

CA State Firefighters' Association

Mr. Brian Saeki

League of Calif. Cities/LA County Division

Carole A. Snyder, RN

Emergency Nurses Association

Jason Tarpley, MD, Ph.D., FAHA

American Heart Association

Western States Affiliate

Atila Uner, MD, MPH

California Chapter-American College of
Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn

Public Member (5th District)

VACANT

Public Member (1st District)

EXECUTIVE DIRECTOR

Richard Tadeo

(562) 378-1610

RTadeo@dhs.lacounty.gov

COMMISSION LIAISON

Denise Watson

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DWatson@dhs.lacounty.gov

**COUNTY OF LOS ANGELES EMERGENCY
MEDICAL SERVICES COMMISSION**
10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 378-1610 FAX (562) 941-5835
<http://ems.dhs.lacounty.gov>

DATE: January 18, 2023
TIME: 1:00 – 3:00 PM
LOCATION: Zoom Video Conference Meeting

Join Zoom Meeting:

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0blhckJzTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

Dial by your location (Use any number)

+1 720 707 2699 US (Denver)

+1 253 215 8782 US (Tacoma)

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 ADD YOUR NAME TO THE CHAT if you would like to address the Commission.

AGENDA

1. CALL TO ORDER – Lydia Lam, Chair – 2022

Instructions for Zoom:

- 1.1 Please use your computer to join the Zoom meeting.
- 1.2 Join Zoom meeting by computer (preferable) or phone.
- 1.3 Input your name when you first join so we know who you are.
- 1.4 You can join Zoom by one tap mobile dialing.
- 1.5 You can join Zoom by landline using any “dial by location” number and manually entering the Meeting ID and following # prompts.
- 1.6 Mute and unmute yourself by clicking on the microphone icon at the bottom of computer screen, or *6 by phone.
- 1.7 Adjust volume by using the arrow next to the microphone icon.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

- 2.1 Nabila Alam, Appointed 12/6/2022, So. Cal. Public Health Assn.
- 2.2 Paul Espinosa, Appointed 12/6/2022, LAC Police Chiefs' Assn.

3. NOMINATING COMMITTEE

- 3.1 Nomination of 2023 Chair and Vice Chair (Vote Required)
- 3.2 Chair and Vice-Chair for 2023 Assume Duties
- 3.3 Standing Committee Nominees (Attachment)

4. CONSENT AGENDA: Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.

4.1 Minutes

November 16, 2022

4.2 **Committee Reports**

- 4.2.1 Base Hospital Advisory Committee
- 4.2.2 Provider Agency Advisory Committee

4.3 **Policies**

- 4.3.1 Reference No. 519: Management of Multiple Casualty Incidents

END OF CONSENT AGENDA

5. **BUSINESS**

Business (Old)

- 5.1 Prehospital Care of Mental Health and Substance Abuse Emergencies (Attachment)
- 5.2 Ambulance Patient Offload Time (APOT)
- 5.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County

Business (New)

- 5.4 Measure B Advisory Board (MBAB) – EMSC Representation (Vote Required)
- 5.5 EMSC Bylaws – PAAC Updates (Attachment)
- 5.6 EMSC Ordinance Status

6. **LEGISLATION**

7. **DIRECTORS' REPORTS**

- 7.1 Richard Tadeo, EMSC Executive Director, EMS Director
 - 7.1.1 EMS Organizational Chart & Roster (Attachment)
 - 7.1.2 Annual Data Report (Attachment)
 - 7.1.3 Board Report on Addressing the Inappropriate Transport of Psychiatric Patients in South Los Angeles (Attachment)

Correspondence (Attachments):

- 7.1.4 (12/12/22) PediDOSE Study Cards for Ambulances
- 7.1.5 (12/15/22) Waiver Extension, LA County Ref. No. 455, Private Ambulance Vehicle Age Limit
- 7.1.6 (12/21/22) Expansion of the Los Angeles (LA) County ECMO Pilot to Long Beach Medical Center

- 7.2 Marianne Gausche-Hill, EMS Medical Director
LA County Respiratory Illness Update (COVID, RSV, Influenza)

8. **COMMISSIONERS' COMMENTS / REQUESTS**

9. **ADJOURNMENT**

To the meeting of March 8, 2023 ***This date is moved up one week to second Wednesday***
Teleconferenced meetings continue



EMERGENCY MEDICAL SERVICES COMMISSION

STANDING COMMITTEE NOMINEES

2023

3.3 NOMINATING COMMITTEE



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

COMMITTEE	2021	2022	2023
<i>Provider Agency Advisory Committee</i> PAAC	<p>Chair: Robert Ower Vice Chair: Kenneth Powell</p> <p>Commissioners: Gene Harris Paul Rodriguez Brian Bixler John Hisserich</p> <p>Staff: Gary Watson</p>	<p>Chair: Robert Ower Vice Chair: Kenneth Powell</p> <p>Commissioners: Carl Povilaitis Paul Rodriguez Brian Bixler John Hisserich</p> <p>Staff: Gary Watson</p>	<p>Chair: Kenneth Powell Vice Chair: Paul Rodriguez</p> <p>Commissioners: Paul Espinosa James Lott, PsyD, MBA Robert Ower Gary Washburn Brian Bixler John Hisserich Jason Tarpley, MD</p> <p>Staff: Gary Watson</p>
<i>Base Hospital Advisory Committee</i> BHAC	<p>Chair: Carol Meyer, MPA, RN Vice Chair: Carole Snyder, RN</p> <p>Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Diego Caivano, MD Erick Cheung, MD Garry Olney, DNP</p> <p>Staff: Laura Leyman</p>	<p>Chair: Carol Meyer, MPA, RN Vice Chair: Garry Olney, DNP</p> <p>Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Diego Caivano, MD Erick Cheung, MD Carole Snyder, RN</p> <p>Staff: Laura Leyman</p>	<p>Chair: Erick Cheung, MD, PhD Vice Chair: Garry Olney, DNP</p> <p>Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Diego Caivano, MD Carole Snyder, RN Carol Meyer, RN Brian Saeki Nabila Alam</p> <p>Staff: Laura Leyman</p>



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COMMISSION LIAISON

Denise Watson

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MINUTES
November 16, 2022
Zoom Meeting

<input type="checkbox"/> (Ab) Brian S. Bixler	Peace Officers' Assn. of LAC	Richard Tadeo	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	Jacqui Rifenburg	EMS Staff
<input checked="" type="checkbox"/> John Hisserich, Dr.PH	Public Member, 3 rd District	Marianne Gausche-Hill, MD	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Christine Clare	EMS Staff
<input checked="" type="checkbox"/> James Lott, PsyD, MBA	Public Member, 2 nd District	Nichole Bosson, MD	EMS Staff
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 th District	Vanessa Gonzalez	EMS Staff
<input checked="" type="checkbox"/> Garry Olney, DNP	Hospital Assn. of So. CA	Adrian Romero	EMS Staff
<input checked="" type="checkbox"/> Robert Ower, RN	LAC Ambulance Association	Andrea Solorio	EMS Staff
<input type="checkbox"/> Vacant	LA County Police Chiefs' Assn.	Laura Leyman	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Susan Mori	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Christine Zaiser	EMS Staff
<input type="checkbox"/> Vacant	So. CA Public Health Assn.	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Brian Saeki	League of CA Cities/LA County	David Wells	EMS Staff
<input type="checkbox"/> Vacant	Public Member, 1 st District	Natalie Greco	EMS Staff
<input checked="" type="checkbox"/> Carole A, Snyder, RN	Emergency Nurses Assn.	Kelsey Wilhelm, MD	EMS Staff
<input type="checkbox"/> (Ab) Jason Tarpley, M.D.	American Heart Association	Lorrie Perez	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP	Ami Boonjaluksa	EMS Staff
<input type="checkbox"/> *Gary Washburn	Public Member, 5 th District	Fritz Bottger	EMS Staff
		Jake Toy, MD	EMS Staff

GUESTS

David Molyneux/W-Cst Amb
 Shelly Trites/TMMC
 Shira Schlesinger/H-UCLA
 Gilbert Lopez
 Jorge Vournas, MD

Andy Reno/Long Beach FD
 Britney Alton/BFD
 Puneet Gupta/LACoFD
 Adrienne Roel/CAL-NEP
 Paul Espinosa, LACPCA

Marc R. Cohen, MD
 Priscilla Romero
 Samantha Gates
 Rafael De La Rosa
 Allen Bookatz

Jenn Nulty/Torr-FD
 Clayton Kazan, MD
 Adena Tessler/HASC
 J. Lopez
 E. Catalan

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

I. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held via Zoom Video Conferencing due to the California Statewide Safer at Home Order related to the Coronavirus (COVID) pandemic. The meeting was called to order at 1:01 p.m. by Chair Lydia Lam. Roll call was taken by Executive Director Richard Tadeo. A quorum was present with 13 Commissioners.

II. **INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**

Chair Lam announced EMSC meetings will continue by teleconference until further notice, and requested participants type their names into the chat.

III. **CONSENT AGENDA** – *All matters are approved by one motion unless held.*

Chair Lam called for approval of the Consent Agenda and opened the floor for discussion.

1. **MINUTES**

September 21, 2022 Minutes were approved

2. **COMMITTEE REPORTS**

2.1 Base Hospital Advisory Committee (BHAC)

2.2 Provider Agency Advisory Committee (PAAC)

3. **POLICIES**

3.1 Reference No. 408: Advanced Life Support Unit Staffing

3.2 Reference No. 832: Treatment/Transport of Minors

3.3 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

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

END OF CONSENT AGENDA

IV. **BUSINESS**

BUSINESS (OLD)

4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies

Director Tadeo reported that all providers are compliant with Phase I of the EMS Update annual training which includes igel, and the majority of providers are compliant with Phase II which includes behavioral health emergencies. Los Angeles (LA) County Fire and LA City Fire were granted an extension until December 31, 2022 to complete Phase II and appear to be on track. A report will be given at the EMSC January 2023 meeting.

4.2 Ambulance Patient Offload Time (APOT)

Director Tadeo reported no significant changes in third quarter APOT; but, due to LA City Fire's transition to a new ePCR system from Striker to ImageTrend, Kaiser West Los Angeles was not mapped correctly as a destination, so their data was not included in the report. When this data is received the report will be amended and provided to the Commission.

Commissioner Carole Snyder reported that 50% of the San Gabriel and East Region third quarter data is invalid.

Director Tadeo reported that facility equipment time documentation is usually what is missing and start time is when the ambulance arrives at the hospital and EMTs and EMS crews push a button to indicate start time. End time is indicated on ePCR which is not consistently filled out or there may conflicts with the time filled in for arrival.

Commissioner James Lott requested that notes be made on the APOT data reports the EMS Agency sends to the Commissioners indicating where reporting problems are.

Director Tadeo acknowledged, and EMS will make notes on future reports.

Commissioner Robert Ower requested measures be put in place in conjunction with APOT policy Ref. No. 505 to encourage providers to fill in facility equipment time to ensure current data in order to decrease wall time.

The EMS Agency is looking into building a report to include both hospital and provider compliance rates in terms of completing the APOT data. This will take some time to do but will allow for routine follow up.

4.3 LA County COVID-19 Update – EMS Agency

Marianne Gausche-Hill, MD, EMS Medical Director, reported on COVID, the current pediatric surge and monkeypox.

Weekly COVID data reveals:

- Second Omicron surge
- Increase in COVID cases (not as severe)
- Still seeing death with COVID (not as many)
- Hospitalizations are up
- Co-infections with COVID are being seen
- No big increase in the number of respiratory distress cases
- Healthcare workers are out due to COVID
- Pediatric surge

Pediatric Surge:

There is an increase in pediatric respiratory syncytial virus (RSV) infections up from 2020-21 which had almost no cases. In adults this is a bad cold. In babies, RSV can result in apnea and death. The biggest number of cases currently is in children zero to six months that are presenting with fever and RSV. There is concern that the number of available pediatric beds will continue to decrease due to the influx of pediatrics presenting with rhinovirus, enterovirus, and parainfluenza in addition to influenza. This is being tracked and the EMS Agency has reached out to the Regional Disaster Medical Health Specialist as well as the State. This data is being shared with the State and with Public Health.

There was discussion on tracking diversion by hospital (with diversion hours from all hospitals in the County being 39%) which is a dramatic increase in the last few weeks. There are difficulties transporting sick children to hospitals with pediatric ICUs due to the number of RSV cases. Hospitals need to create additional space for children to be monitored on high flow nasal cannula without the need to transfer; and hospitals should be prepared to manage kids on oxygen for at least 24 hours. There is also a lack of pediatric nurse availability.

Monkeypox:

Monkeypox numbers have decreased significantly, and Public Health had available treatments that the EMS Agency distributed through the Disaster Resource Centers.

Director Tadeo reported the California Department of Public Health (CDPH) has come out with a new streamlined process to request waivers in staffing ratios when expanding pediatric beds. Hospitals have the capability of expanding up to 5% without an official request to CDPH, but CDPH wants to be notified when hospitals do that for tracking

purposes. Any expansion beyond 5% will require an official waiver from CDPH. The link was sent to the Hospital Association of Southern California (HASC) to forward to hospital leadership so that personnel responsible for filling out the waivers get a head start in establishing passwords and account numbers to use the online methodology in requesting waivers. The CDPH and State EMS Authority are not currently considering waivers for nurse staffing ratios but will honor team nursing requests.

Vice Chair Diego Caivano, MD, encouraged healthcare professionals to be prepared to manage codes and morbidity on a pediatric level due to coinfections, and reported several pediatrics six-months to four-years-old have presented with pleural effusions after being infected with RSV and then having a concomitant influenza infection. These patients are in community hospitals because the larger tertiary centers tend to have larger waiting times.

Dr. Gausche-Hill reported reaching out to EMS for Children Innovation and Improvement Center (EIIC) and will share information from them about how to take care of some of these children. There are YouTube videos from Children's Hospital Philadelphia on setting up high flow nasal cannulas that may be helpful. The Los Angeles Pediatric Readiness website has some clinical guideline resources that have been vetted by various children's hospitals.

- 4.4 Ad Hoc Workgroup: Alameda EMS Corps for LA County
Jacqueline Rifenburg, EMS Assistant Director, reported the ad hoc work group met and is now waiting for Mr. Michael Gibson from Alameda EMS Corp to schedule an in-person meeting with the group to move the Los Angeles program forward.
- 4.5 Provider Agency Advisory Committee – Seat Request from California Nurse and EMS Professionals (CAL-NEP) – Adrienne Roel
Ms. Adrienne Roel, CAL-NEP, provided an overview of CAL-NEP as an arm of California Chiefs' and explained their request to have a seat on the PAAC to address concerns from an educational perspective as policies get implemented.

A lot of discussion, questions, and answers surrounded this topic, and a motion was made and amended as follows:

Motion by Commissioners Ower/Lott to add one seat to the Provider Agency Advisory Committee was carried and approved unanimously with amendments being the seat is not specific to CAL-NEP but amended to: Add one EMS educator involved with prehospital education nominated by an approved continuing education provider and selected by the EMS Agency.

BUSINESS (NEW)

- 4.6 Nominating Committee for 2023 Chair and Vice Chair
Commissioners Paul Rodriguez, James Lott and Robert Ower were selected for the Nominating Committee. Commission Liaison Denise Watson will coordinate a meeting in December 2022 to discuss potential candidates.

V. LEGISLATION

Director Tadeo reported that legislation is quiet at this time and he will provide a report after the next legislative session takes place.

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

Director Tadeo reported the EMSC is continuing with virtual meetings and anticipates a directive from the Board of Supervisors (Board) early next year in terms of returning to in-person meetings. Base Hospital Advisory Committee and Provider Agency Advisory Committee meetings will also continue virtual meetings until further notice from the Board.

CORRESPONDENCE

- 6.1 (09-28-2022) Distribution: Emergency Medical Technician (EMT) And Paramedic Vaccination Requirement Update
This is based on a directive from the Los Angeles County Public Health Department mandating that weekly testing of EMS personnel is no longer required.
- 6.2 (10-12-2022) Distribution: Prehospital Care Policy Ref. No. 505, Ambulance Patient Offload Time
This is the final draft and cover letter for APOT Policy Ref. No. 505.
- 6.3 (10-27-2022) Distribution: Executive Order on Waivers Related to COVID
This rescinds all waivers related to COVID-19 based on the declaration of Governor Gavin Newsom for the Health Emergency. All waivers granted for out-of-state practice functioning at a static site by paramedics and EMTs are slated to expire February 28, 2023. Also understanding that a lot of health officers and a lot of MHOACs are very concerned about this and working with CDPH to provide consideration to possibly extend this should the RSV infections for the pediatric population continue beyond February 28, 2023.

Dr. Gausche-Hill reported on the EMS Agency's participation in the National Institute of Health (NIH) trial looking at age-based dosing of midazolam for pediatric seizures. This is in the usual care phase and will move into the interventional phase at some time in the future and will get six months' notice on that.

A grant was submitted for a large NIH trial from National Heart Lung and Blood Institute to institute a post-cardiac arrest bundle of care. The igel is a supraglottic device and is available for paramedics to utilize with bag-valve-mask ventilation (BVM) or with the supraglottic airway device for patients who require respiratory ventilatory support. This is the first time we have implemented a supraglottic airway device in children and will be conducting a quality improvement project. Data collection will be on a quarterly basis and will be reported to the Commission sometime in the future.

Dr. Nichole Bosson, EMS Agency Assistant Medical Director, will be leading an ad hoc workgroup task force on law enforcement disengagement with behavioral health emergencies. Once that group has met, Dr. Bosson will provide a report.

VII. COMMISSIONERS' COMMENTS / REQUESTS

At the request of Commissioner Garry Olney, Jorge Vournas, MD, Providence Little Company of Mary Hospital (LCM) gave a presentation on APOT process improvements in the Emergency Department at Providence utilizing a system they created and began using September 1, 2022 called "Runway." In this system, patients are offloaded onto four temporary hospital gurneys in the runway which allows ambulance gurneys to be offloaded to reduce APOT. A resource nurse will man the runway patient and stay there for 20 to 40 minutes until the patient gets a bed. The patient is transferred to either the waiting room, a bed or remains in the runway. If the patient remains in the runway for a prolonged period they will be triaged and seen by a provider.

Prior to the start of the program, LCM's percentage of APOT less than 30 minutes was in the 50% to 60% range, and since starting their Runway program the APOT has been consistently about 85% of less than 30 minutes which is close to their 90% goal. The results of this new program will be reflected in the fourth quarter numbers since only one month is included in the third quarter APOT report, and they will share their process after reviewing the effectiveness of the system.

Commissioner Lott reported on a complaint coming from Martin Luther King, Jr. Hospital (MLK) in the Second Supervisorial District, that they are being overly burdened by first responders with 5150s from outside of the hospital's catchment area and requested this be looked at to see if it is a systemic issue and not a District problem. He requested the matter be placed on the agenda for future discussion by the Commission if it turns out to be more than just a one-off issue.

Commissioner Ower reported communication with some prehospital care coordinators at various hospitals confirmed that particular hospitals do get dumped on where the EMTs are bypassing the most accessible receiving hospital to get to a hospital that they know does not force them to hold the wall for extended periods of time. This has been shared with the Ambulance Association and requested that it not be done.

Director Tadeo reported the particular issue is not necessarily EMS bypassing, it is more law enforcement bypassing several hospitals to go to a particular hospital to do medical clearance or 5150. Director Tadeo advised the Board office that he would be reaching out to law enforcement, particularly to Sheriffs, to see what can be done about it.

Commissioner Atilla Uner reported this happens in the Antelope Valley as well. The hospital that does not want to get the psychiatric patients tells the ambulance drivers they do not have psychiatric services, and the EMTs are treated unfriendly so they try to not go there. Law enforcement has the same experience and are told the same thing. The other receiving facility then gets inundated, and nobody has an abundance of psychiatric services or beds.

VIII. ADJOURNMENT:

Adjournment by Chair Lam at 2:28 p.m.

Next Meeting: Wednesday, January 18, 2023, 1:00-3:00pm

Join by Zoom Video Conference Call

<https://us06web.zoom.us/j/85816449796?pwd=OVNCZEdPUkM0blhhckJzTkMxUnFwUT09>

Meeting ID: 858 1644 9796

Passcode: 162162

One tap mobile

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+12532158782,85816449796# US (Tacoma)

Dial by your location (Use any number)

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+1 253 215 8782 US (Tacoma)

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.



4.2.1 COMMITTEE REPORTS
County of Los Angeles • Department of Health Services
Emergency Medical Services Agency



**BASE HOSPITAL ADVISORY COMMITTEE
MINUTES**

December 7, 2022

MEMBERSHIP / ATTENDANCE (VIA Zoom)

REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Carol Meyer, RN Chair	EMS Commission	Marianne Gausche-Hill, MD
<input checked="" type="checkbox"/> Carole Snyder, RN., Vice Chair	EMS Commission	Nichole Bosson, MD
<input type="checkbox"/> Atilla Under, MD, MPH	EMS Commission	Denise Whitfield, MD
<input checked="" type="checkbox"/> Lydia Lam, MD	EMS Commission	Kelsey Wilhelm, MD
<input type="checkbox"/> Diego Caivano, MD	EMS Commission	Mark Ferguson
<input type="checkbox"/> Erick Cheung, PhD	EMS Commission	Susan Mori
<input type="checkbox"/> Garry Olney, DNP	EMS Commission	Jacqui Rifenburg
<input checked="" type="checkbox"/> Paul Rodriguez, FF/Paramedic	EMS Commission	Ami Boonjaluksa
<input type="checkbox"/> Jim Lott, PsyD, MBA	EMS Commission	David Wells
<input checked="" type="checkbox"/> John Hisserich	EMS Commission	Lorrie Perez
<input type="checkbox"/> Brian Bixler, Captain	EMS Commission	Lily Choi
<input checked="" type="checkbox"/> Robert Ower, RN	EMS Commission	Susan Mori
<input checked="" type="checkbox"/> Rachel Caffey	Northern Region	Natalie Greco
<input checked="" type="checkbox"/> Melissa Carter	Northern Region	Christine Zaiser
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	Jennifer Calderon
<input type="checkbox"/> Laurie Donegan	Southern Region	Terry Crammer
<input checked="" type="checkbox"/> Shelly Trites	Southern Region	Karen Rodgers
<input checked="" type="checkbox"/> Christine Farnham	Southern Region, Alternate	Denise Watson
<input checked="" type="checkbox"/> Ryan Burgess	Western Region	Gary Watson
<input checked="" type="checkbox"/> Susana Sanchez	Western Region, Alternate	
<input checked="" type="checkbox"/> Erin Munde	Western Region, Alternate	
<input checked="" type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input checked="" type="checkbox"/> Jenny Van Slyke	Eastern Region, Alternate	
<input checked="" type="checkbox"/> Lila Mier	County Region	GUESTS
<input checked="" type="checkbox"/> Emerson Martell	County Region	Jamie Khan, MD
<input checked="" type="checkbox"/> Yvonne Elizarraraz	County Region	Amar Shah, MD
<input type="checkbox"/> Antoinette Salas	County Region	Won Ki Chae, MD
<input checked="" type="checkbox"/> Shira Schlesinger, MD	Base Hospital Medical Director	Clayton Kazan, MD
<input type="checkbox"/> Robert Yang, MD	Base Hospital Medical Director, Alternate	Ashley Sanello, MD
<input checked="" type="checkbox"/> Alec Miller	Provider Agency Advisory Committee	Gabriel Campion, MD
<input checked="" type="checkbox"/> Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
<input checked="" type="checkbox"/> Erica Candelaria	Pediatric Advisory Committee Representative	
<input checked="" type="checkbox"/> Heidi Ruff	PED AC Representative, Alternate	
<input type="checkbox"/> John Foster	MICN Representative	
<input type="checkbox"/>	MICN Representative, Alternate	
PREHOSPITAL CARE COORDINATORS		
<input checked="" type="checkbox"/> Melissa Turpin (SMM)	<input checked="" type="checkbox"/> Travis Fisher (CSM)	<input checked="" type="checkbox"/> Lorna Mendoza (SFM)
<input type="checkbox"/> Jessica Strange (SJS)	<input checked="" type="checkbox"/> Lauren Spina (CSM)	<input checked="" type="checkbox"/> Brandon Koulabouth (AMH)
<input checked="" type="checkbox"/> Karyn Robinson (GWT)	<input checked="" type="checkbox"/> Coleen Harkins (AVH)	

1. CALL TO ORDER: The meeting was called to order at 1:00 by Carol Meyer, Chair.

2. **APPROVAL OF MINUTES:** The meeting minutes for October 12, 2022, were approved as presented.

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

3.1 Shelly Trites, APCC President, announced new Prehospital Care Coordinators Brandon Koulabouth, USC Arcadia Hospital, and Allison Bozigian, Henry Mayo Hospital.

4. **REPORTS & UPDATES:**

4.1 EMS Update 2023 – Dr. Denise Whitfield

EMS Update 2023 will roll out in September 2023.

4.2 EmergiPress – Dr. Denise Whitfield

Online CE education can be accessed through the APS or the EMS website. The next edition will be released in January.

4.3 ECMO Pilot – Dr. Marianne Gausche-Hill

We will continue to enroll patients in the ECMO Pilot Program through July 2023 with a target goal of 80 patients. ECMO patients who meet the criteria and are 30 minutes from an ECMO Center will be routed to UCLA or Cedar Sinai Hospital. USC accepts ECMO patients only if they are the closest SRC facility.

Long Beach Memorial Hospital is completing the participation ECMO Pilot Program requirements, and Long Beach Fire will begin training this month. We hope they will be on board by the end of the year.

We are currently writing up our current ECMO process for refractory V-fib arrest per request from other EMS systems.

4.4 Data Collaboratives – Dr. Marianne Gausche-Hill

The collaborative groups meet quarterly to discuss and explore research opportunities, data collection, and opportunities for system improvement.

SRC Collaborative:

COVID Impact Projects

- Dr. Shavelle is looking at the impact of COVID on STEMI Care. Interestingly, during the COVID pandemic, our system managed to maintain D2B (door to balloon) and FMC (first medical contact) times which is a testament to our well-established system.

Other Aspects

- Dr. Toy has taken the lead on the project of Post Resuscitation Care, looking at our system's post-resuscitation care protocols. The manuscript is currently under revision, and once published, we will share it with this group.
- We are currently in the process of writing up a manuscript on access to CPR training.

Stroke Data Collaborative:

- The manuscript, *Frequency of Thrombectomy in Early and Late Post-Onset Time Windows among EMS Transported Patients with Acute Ischemic Stroke*, has been accepted to the Journal of Stroke Interventional and Vascular Neurology. Once published, we will share it with the group.
- A recent revision has been submitted to the Journal of Stroke, looking at the benefit of routing stroke patients up to 24 hours from LKWT. Evaluation of the

data supports that when patients with a late window stroke time are routed to a CSC, a thrombectomy is performed 25% of the time.

Pediatrics

- Brief, Resolved, Unexplained Events (BRUE) Study. The abstract data has been written and submitted.
- Dr. Kelsey Wilhelm and researchers at CHLA are looking at a descriptive analysis of the current state of pediatric OHCA (out-of-hospital cardiac arrest) in Los Angeles County. Specifically looking at how long providers are staying in the field.
- Re-submitting the grant for National Pediatric Airway Management Trial, if funded, we will be a primary site for that trial which would compare I-gel and BVM in pediatric respiratory emergencies.

Trauma Consortium:

- The current Southern California Regional Trauma Consortium studies are on pregnant patients and isolated sternal fractures. Primarily focus on hospital studies.
- Dr. Denise Whitfield and Dr. Kelsey Wilhelm are taking the lead on a Pilot Study looking at Needle Thoracostomy Safety. The study will look at using a device to locate where to insert the needle for thoracostomy. We will examine how the ThoraSite device compares to our current landmark approach. In the next phase, we will collaborate with Dr. Inaba at USC collecting outcome data from patients across the system who received needle thoracostomy.

Independent

- Cardiac Arrest Study with collaboration from researchers, medical directors, and administrators across California looking at implementing a prospective trial bundle of post-resuscitative care to prevent rearrest, which occurs 40% of the time and is associated with poor outcomes.
- Dr. Toy presented our EMS data on non-transport patients at ACEP. We are in the process of writing up the data which supports the safety of low-risk non-transported patients.

4.5 PediDOSE Study (**P**ediatric **D**ose **O**ptimization for **S**eizure in **E**MS) – Dr. Marianne Gausche-Hill

PediDOSE Study is a National Institute of Health-funded study evaluating age-based dosing for children with seizures. We are in phase one, the Usual Care Phase, which means our protocols remain the same; parental consent is unnecessary. After the transfer of care, the provider and the base hospital (if base contact) will self-report and enter the patient's data at CHLA Hospital. Patient enrollment is six months - 13 years of age with Provider impression of SEPI (Seizure Postictal) or SEAC (Seizure Active). Phase two, the Intervention Phase, Medical Control Guideline: Color Code Drug Doses, Reference No.1309, will change to age-based dosing for midazolam. All providers and base hospitals are entering data except LA County Fire Department, and they will begin reporting in January

5. OLD BUSINESS:

None

6. NEW BUSINESS:

6.1 Ref. No. 519, Management of MCI – Terry Crammer

Approved as presented.

M/S/C (Burgess/Van-Slyke)

Extensive discussion: The revision was to create a simple approach by removing the polling of trauma centers in large-scale MCIs and allowing the MAC to focus on the immediate distribution of patients to the trauma centers.

MGH suggested meeting internally and discussing the process to see if a focus group is necessary to decide if the current process needs improvement.

6.2 Ref. No. 604, Ordering Forms

Item tabled for next meeting.

6.3 Utilization of the ReddiNet Services/Resources Tab – Ami Boonjaluksa

The base hospital utilizes the Services/Resources Tab in ReddiNet®; however, the Service/Resource Tab may not be updated. To help maintain an updated hospital service list in ReddiNet®, the EMS Agency will send out reminders to all hospitals. You can refer to Ref. No. 501, 9-1-1 Receiving Hospital Directory hospital.

6.4 SRC Inclusion Criteria – Lily Choi

An update to the SRC Database Inclusion Criteria was presented:

Patients with STEMI identified prehospital by:

- Provider Impression of Chest Pain – STEMI (CPMI)

Patients transported by 911 with an ED interpretation of STEMI:

- Identified by physician over-read of a prehospital ECG **OR**
- Identified on the first ED ECG within 1 hour of arrival and no prehospital ECG = STEMI **OR**
- Identified on a subsequent ED ECG within 1 hour of arrival

ED inter-facility transfer (IFT) to the SRC via 911 or other private ALS transport for suspected STEMI to be evaluated for emergent PCI

6.5 Law Enforcement Co-Response Task Force – Dr. Marianne Gausche-Hill

The task force will begin in January and include law enforcement, mental health, EMS, and other committee representatives to collaborate on law enforcement disengagement policy for suicidal patients.

6.6 LA County Ebola 9-1-1 Flow Chart – Terry Crammer

The flow chart can be found on the EMS Website and will be posted on The LA Special Pathogens and Education Consortium. The Ebola Treatment Centers are; Ronald Reagan UCLA Medical Center, Kaiser Foundation Hospital Los Angeles, and Cedar-Sinai Medical Center.

Information Only

'Olanzapine' Policy and Use – Dr. Marianne Gausche-Hill: covered in the reference policies below.

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

Patients receiving olanzapine who are cooperative and meet the criteria for screening as per *Ref. 526.1 Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (PUCC)*, may be transported by EMS (basic life support) or law enforcement to an emergency department or PUCC.

6.8 Ref. No.1200.2, Base Contact Requirements

Presented as information only.

6.9 Ref. No. 1209 - Behavioral/Psychiatric Crisis

Base hospital contact is required to treat agitation with Olanzapine for cooperative patients.

6.10 Ref. No. 1317.32, Drug Reference – Olanzapine

Presented as information only.

7. OPEN DISCUSSION

8. NEXT MEETING: BHAC's next meeting is on February 8, 2023.

ACTION: Meeting notification, agenda, and minutes will be distributed electronically before the meeting.

ACCOUNTABILITY: Laura Leyman

9. ADJOURNMENT: The meeting was adjourned at 14.41



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

MINUTES

Wednesday, December 21, 2022

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
- ☒ Paul Rodriguez
- ☐ James Lott, PsyD, MBA
- ☐ Brian Bixler
- ☐ John Hisserich, DrPH

- ☒ Sean Stokes
 - ☐ Justin Crosson
- ☒ Keith Harter
 - ☒ Clayton Kazan, MD
- ☒ Todd Tucker
 - ☒ Jeffrey Tsay
- ☐ Kurt Buckwalter
 - ☒ Ryan Jorgenson
- ☐ Wade Haller
 - ☒ Andrew Reno
- ☒ Alec Miller
 - ☒ Jennifer Nulty
- ☒ Doug Zabalski
 - ☐ Tyler Dixon
 - ☐ David Hahn
- ☐ Julian Hernandez
 - ☐ Tisha Hamilton
- ☒ Rachel Caffey
 - ☒ Jenny Van Slyke
- ☒ Andrew Respicio
 - ☒ Paul Voorhees
- ☒ Maurice Guillen
 - ☐ Scott Buck
- ☒ Tabitha Cheng, MD
 - ☒ Tiffany Abramson, MD
- ☐ Andrew Lara
 - ☐ Gary Cevello
- ☒ Michael Kaduce
 - ☒ Scott Jaeggi
- ☐ Scott Atkinson
 - ☐ David Fillip

ORGANIZATION

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner

- Area A *(Rep to Medical Council)*
- Area A, Alt.
- Area
- Area B, Alt. *(Alt. Rep to Medical 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 Coordinator
- Public Sector Paramedic, Alt.
- Private Sector Paramedic
- Private Sector Paramedic, Alt
- Provider Agency Medical Director
- Provider Agency Medical Director, Alt.
- Private Sector Nurse Staffed Amb Program
- Private Sector Nurse Staffed Amb Program, Alt.
- EMT Training Program
- EMT Training Program, Alt.
- Paramedic Training Program
- Paramedic Training Program, Alt.

EMS AGENCY STAFF (Virtual)

- Richard Tadeo
- Denise Whitfield, MD
- Jacqueline Rifenburg
- Lily Choi
- Mark Ferguson
- Elaine Forsyth
- Laura Leyman
- Miguel Ortiz-Reyes
- Sara Rasnake
- Andrea Solorio
- Gary Watson
- Christina Zaiser
- Marianne Gausche-Hill, MD
- Christine Clare
- Jennifer Calderon
- Terry Cramer
- Aldrin Fontela
- Natalie Greco
- Susan Mori
- Lorrie Perez
- Priscilla Romero
- Denise Watson
- David Wells
- Christina Eclarino, Public Health

PUBLIC ATTENDEES (Virtual)

- Britney Alton
- Catherine Borman
- David Molyneux
- Joseph Nakagawa, MD
- Gloria Guerra
- Jason Hanson
- Jennifer Breeher
- Nicholas Amsler
- Katie Ward
- Karen Tate, MD
- Marianne Newby
- Sam Dominick
- Paula LaFarge
- Teri Salmon
- Kelsey Wilhelm, MD
- Aspen Di Ioli
- Adrienne Roel
- Marc Cohen, MD
- Danielle Ogaz
- Kristina Crews
- Rebecca Mazaira
- Anthony Hildebrand
- Darin Goltara
- Jessie Castillo
- Ryan Weddle
- Saman Kashani, MD
- Shane Cook
- Sheryl Gradney
- Ilse Wogau
- Ryan Cortina
- Chris Huson
- Puneet Gupta, MD
- Christopher Manley
- J Lopez
- Burbank FD
- Santa Monica FD
- West Coast Amb
- McCormick Amb / Hawthorne PD
- Los Angeles County FD
- Pasadena FD
- Alhambra FD
- McCormick Ambulance
- La Habra Heights FD
- Harbor-UCLA Medical Center
- UCLA Ctr for Prehosp Care
- La Verne FD
- Los Angeles County FD
- Los Angeles County FD
- Compton FD
- UCLA Ctr for Prehospital Care
- Culver City FD
- Four Area Fire Departments
- Los Angeles County FD
- Los Angeles County FD
- Downey FD
- Montebello FD
- PRN Ambulance
- Monterey Park FD
- Los Angeles County FD
- Los Angeles County FD
- Los Angeles County FD
- Los Angeles County FD
- Burbank FD
- Monrovia FD
- Los Angeles County FD
- First Rescue Amb

1. **CALL TO ORDER:** Committee Chair, Robert Ower, called meeting to order at 1:00 p.m.

2. **INTRODUCTIONS / ANNOUNCEMENTS / PRESENTATIONS**

2.1 EMS Agency Staff Changes (*Richard Tadeo*)

EMS Agency Director announced the following changes to the EMS Agency staff assignments:

- Mark Ferguson promoted to Chief, Office of Prehospital Certification and Training Program Approvals.
- Miguel Ortiz-Reyes joining the EMS Agency as the new Director, Paramedic Training Institute.

3. **APPROVAL OF MINUTES (Rodriquez/Zabilski)** October 19, 2022 minutes were approved as written.

4. **REPORTS & UPDATES**

4.1 PediDOSE Study (*Marianne Gausche-Hill, MD*)

- All public providers will be participating in the PediDOSE Study effective January 1, 2023.
- Reminder, any child with Seizure, Active (SEAC) or Seizure, Post-Ictal (SEPI) a paramedic self-report must be completed. Non-transported patients do not require a self-report.
- Timely completion of the self-report immediately following the run assists research staff.
- A card was distributed to all providers to be placed in each ALS unit which included the QR code to scan to the report and a contact number which can receive calls/texts for questions.
- There will be a monthly drawing for an Amazon gift card. One entry per self-report completed.
- When the study changes to the intervention phase, the protocols will be revised with concurrent release of EMS Update training.

4.2 Research Collaboratives (*Marianne Gausche-Hill, MD*)

The following projects continue within each Collaborative Group:

- STEMI/OHCA Data Collaborative
- Stroke Data Collaborative
- Pediatric Data Collaborative
- Trauma Data Collaborate
- ThoraSite Needle-T

4.3 ECMO Pilot (*Marianne Gausche-Hill, MD*)

- LBM and LBFD (Long Beach) will be participating in the pilot program starting January 2023.
- Patients meeting criteria can now be transported to RR-UCLA, CSM, or LBM.
- LAC-USC may receive patients if it is the closest SRC

4.4 EMS Update 2023 (*Denise Whitfield, MD*)

- Dr. Whitfield discussed the possibility of having EMS Update 2023 deadline October 1, 2023, with training between July – September 2023.
- Topics for the 2023 Update are still being determined.

4.5 ITAC Update (*Denise Whitfield, MD*)

No updates since previous PAAC meeting.

4.6 EmergiPress (Denise Whitfield, MD)

Next EmergiPress will be released early January 2023.

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

6.1 Reference No. 519, Management of MCI (Terry Cramer)

Policy presented as information only.

6.2 Reference No. 526, Behavioral / Psychiatric Crisis – Patient Destination (Marianne Gausche-Hill, MD)

Policy presented as information only.

7. OPEN DISCUSSION

7.1 Utilizing ReddiNet Services/Resource Tab (Chris Clare)

- After discussion with Base Hospital Advisory Committee, the “Services/Resources” tab will remain active on ReddiNet.
- Hospitals are responsible for updating this tab.
- If there are any discrepancies of information within this tab, providers may contact the EMS Agency who will assist the hospital with any updates.

7.2 NEMSIS 3.5 (Chris Clare)

- The Los Angeles County EMS data collection database is moving towards NEMSIS 3.5 [National EMS Information System] standardization. Projected start date of April 1, 2023.
- The data dictionary is being updated to reflect the NEMSIS 3.5 requirements.
- Users should not be affected by this change.
- Private providers will also be required to be NEMSIS 3.5 compliant with the electronic patient care record platforms.

7.3 EMS Law Enforcement Co-Response Taskforce (David Wells)

- Taskforce has been formed and first quarterly meeting is planned for January 9, 2023.
- An update will be provided to this Committee during next meeting.

7.4 Olanzapine Clarification (Marianne Gausche-Hill, MD)

This topic was discussed thoroughly in Section 6.2 above.

7.5 DEA Regulations (Marianne Gausche-Hill, MD)

The EMS Agency recently met with the local DEA office for clarification and ongoing discussion related to the approval of a practitioner license versus a distributor license for provider agencies.

7.6 Bag-Mask-Ventilator Feedback (Marianne Gausche-Hill, MD)

After considerable amount of feedback regarding the recent changes to adult ventilation and the size of BMV bags, there was a lengthy discussion whether the pediatric or small BMV bags deliver sufficient amounts of oxygen to the adult patient. After a lengthy discussion and evaluating provider feedback, Dr. Gausche-Hill advised that providers do the following:

The main concept during resuscitation, in order to deliver an adequate amount of oxygen to an adult patient, is to squeeze the bag until the chest just starts to rise. To achieve appropriate chest rise, providers may utilize an 800-1000mL bag or an adult bag >1000mL with the use of a manometer, to assist in proper ventilation volumes and pressures. Pasadena FD will pilot the Ambu-Spur II (pediatric bag) with a volume of 683mL and report its findings back to the agency. The EMS Agency will modify unit inventory requirements to require 800-1000mL bags for adults or an adult bag of >1000mL in conjunction with a manometer (20-40cm) to assist in proper ventilation volumes and pressures.

8. NEXT MEETING: February 15, 2023

9. ADJOURNMENT: Meeting adjourned at 2:50 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)
REFERENCE NO. 519

SUBJECT: **MANAGEMENT OF MULTIPLE
CASUALTY INCIDENTS**

PURPOSE: To provide guidelines for the efficient management of multiple casualty incidents (MCI) through coordination between prehospital care personnel, receiving facilities, and the Medical Alert Center (MAC) to allow for maximum resource allocation, patient distribution, and to prevent unnecessary delays in patient care and transport.

To provide guidelines for transition from a MCI response to a Mass Casualty Incident Management Response.

This policy defines the roles of the provider agency, MAC, base hospital, and receiving facilities during an MCI.

DEFINITIONS : Refer to Ref. No. 519.1, Multiple Casualty Incidents (MCI) – Definitions.

PRINCIPLES:

1. The Incident Command System (ICS) should be utilized at all MCI's.
2. Terminology is standardized.
3. Expedient and accurate documentation is essential.
4. The MAC is equipped to communicate with multiple receiving facilities simultaneously and can rapidly assess system wide emergency department bed status, hospital, and ambulance resources.
5. Request for hospital diversion status should be considered when determining patient destination; however, if appropriate, patients may be directed to hospitals requesting diversion (Exception: Internal Disaster).
6. Patients requiring Advanced Life Support (ALS) treatment or procedures should be transported by paramedics whenever possible; however, these patients may be transported by Basic Life Support (BLS) units based on available resources during the MCI. BLS units may transport to other than the Most Accessible Receiving (MAR) facility if the patient meets specialty care center criteria and based on available system resources.
7. The EMS Agency will facilitate a post-incident debriefing of large scale incidents to include all affected agencies.
8. To maintain system readiness, provider agencies, hospitals, MAC, and other disaster response teams should carry out regularly scheduled MCI, disaster drills, and monthly VMED28 radio checks.

EFFECTIVE: 05-01-92
REVISED: XX-XX-XX
SUPERSEDES: 04-01-21

PAGE 1 OF 5

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

9. On any MCI in which the need for air transport is identified, early notification to air operations providers is essential in order to ensure rapid access to medical care and preserve life.

POLICY:

- I. Role of the Provider Agency
- A. Institute ICS as necessary.
 - B. Implement MCI Triage Guidelines (modified START & Jump START) as necessary (see Ref. No. 519.2, MCI Triage Guidelines).
 - C. Establish early communication with either the:
 - 1. MAC for 5 or more patients (via VMED28 when possible) for hospital bed availability, lifting of trauma catchment and service areas; or
 - 2. Base hospital for the purpose of patient destination and/or medical direction.
 - D. If the need for additional BLS transport units exceeds the jurisdictional provider agency's capability, additional transport resources may be requested by the jurisdictional dispatch center or the Fire Operational Area Coordinator (FOAC) as per Ref. No. 519.3, Multiple Casualty Incident Transportation Management.
 - E. Request hospital based medical resources (i.e., HERT) from the MAC as outlined in Ref. No. 817, Regional Mobile Response Team if necessary.
 - F. Provide the following scene information to the MAC or base hospital:
 - 1. Nature of incident
 - 2. Location of incident
 - 3. Medical Communications Coordinator (Med Com) provider unit and agency
 - 4. Agency in charge of incident
 - 5. Total number of estimated immediate, delayed, minor and deceased patients. If indicated, include total number and category of pediatric patients
 - 6. Nearest receiving facilities including trauma centers, PMCs, PTCs, and EDAPs
 - 7. Transporting provider, unit number, and destination
 - 8. Type of hazardous material, contamination, level of decontamination

completed, if indicated

- G. Document the following patient information on the appropriate Patient Care Record:
 - 1. Patient name
 - 2. Chief complaint
 - 3. Mechanism of injury
 - 4. Age
 - 5. Sex
 - 6. Brief patient assessment
 - 7. Brief description of treatment provided
 - 8. Sequence number
 - 9. Transporting provider, unit number, and destination
 - H. Reassess situational status to identify available resources and resource needs. If the anticipated resource needs exceed available local and mutual aid resources, contact the FOAC. Additional resources beyond the operational area shall be requested through the Regional Disaster Medical and Health Coordinator (RDMHC).
 - I. Whenever departmental resources allow, the paramedic provider should consider assigning a provider agency representative to report to the MAC to assist with communications and coordination of patient destination.
- II. Role of the MAC
- A. Provide prehospital care personnel with emergency department bed availability and diversion status as indicated by the ReddiNet poll.
 - B. Assist prehospital care personnel as necessary with patient destinations.
 - C. Arrange for additional ambulance transport units as requested by the FOAC or RDMHC.
 - D. Coordinate activation of Regional Mobile Response Teams as requested.
 - E. Notify receiving facilities of incoming patients immediately via the ReddiNet®.
 - F. Document, under the authority of the EMS Administrator on Duty (AOD) lifting of trauma catchment and service areas.
 - G. Maintain an "open MCI victim list" via the ReddiNet® for 72 hours.

-
- H. Complete a written report to include a summary of the incident and final disposition of all patients involved as indicated.
 - I. Notify the EMS AOD per MAC policies and procedures.
 - J. The EMS Agency, as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles, will assess the situational status and evaluate available resources and resource needs. If the anticipated resource needs exceed the available resources the EMS Agency, via its role as the RDMHC, will request resources from surrounding counties.
 - K. Maintain a paramedic provider agency Medical/Health Resource Directory and assist paramedic providers with MCI resource management when requested.
- III. Role of the Base Hospital
- A. Notify the MAC of the MCI as soon as possible, especially for newsworthy events, HAZMAT, multi-jurisdictional response, and potential terrorism incidents.
 - B. Provide prehospital care personnel with emergency department bed availability and diversion status.
 - C. Assist prehospital care personnel as needed with patient destination.
 - D. Provide medical direction as needed.
 - E. Notify receiving facilities of incoming patients.
- IV. Role of the Receiving Facility
- A. Provide the MAC or base hospital with emergency department bed availability upon request.
 - B. Trauma Centers are automatically designated to accept 20 Immediate patients (adult and pediatric) from MCIs, if needed MAC will distribute patients systemwide as needed based on the incident
 - C. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 20 critically burned patients (includes both adult and pediatric).
 - D. Accept MCI patients with minimal patient information.
 - E. Monitor the VMED 28 and ReddiNet®.
 - F. Provide the MAC or base hospital with patient disposition information, sequence numbers, and/or triage tags when requested and enter information into the ReddiNet®.
 - G. Maintain the "Receiving Facility" copy of the Patient Care Record and/or triage tag as part of the patient's medical record.

H. Ensure that requested patient information is entered as soon as possible into the ReddiNet® "MCI victim list" for all patients received from the MCI. The "MCI victim list" will remain open for 72 hours after the incident.

I. Notify the MAC if resource needs exceed available resources.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 201, **Medical Direction of Prehospital Care**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 506, **Trauma Triage**
Ref. No. 510 **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 519.1, **MCI Definitions**
Ref. No. 519.2, **MCI Triage Guidelines**
Ref. No. 519.3, **Multiple Casualty Incident Transportation Management**
Ref. No. 519.4, **MCI Transport Priority Guidelines**
Ref. No. 519.5, **MCI Field Decontamination Guidelines**
Ref. No. 519.6, **Regional MCI Maps and Bed Availability Worksheets**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 807, **Medical Control during Hazardous Material Exposure**
Ref. No. 814, **Determination/Pronouncement of Death**
Ref. No. 817, **Regional Mobile Response Team**
Ref. No. 842, **Mass Gathering Interface with Emergency Medical Services**

FIRESCOPE's Field Operations Guide ICS 420-1. December 2012

Reference No. 519 Management of Multiple Casualty Incidents

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	10/19/22	10/19/22	N
		Base Hospital Advisory Committee	12/7/22	12/7/22	N
OTHER COMMITTEES/RESOURCES		Medical Council			
		Trauma Hospital Advisory Committee	11/30/22	11/30/22	N
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other:			

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

EMERGENCY MEDICAL SERVICES COMMISSION (EMSC)
SUGGESTED GOALS/OBJECTIVES FOR 2023

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
Work on processes/policies to address and reduce Ambulance Patient Offload Delays (APOD)	Yes	EMSC Ambulance Patient Offload Times (APOT) Workgroup	<ol style="list-style-type: none"> 1. Implementation and rollout of FirstWatch real-time data on ambulances waiting to offload (<i>Completed</i>) 2. Develop separate policy addressing APOT and APOD (<i>Completed</i>) 3. Socialize the CHA APOT Toolkit (<i>Completed</i>) 4. Identify best practices of hospitals 5. Monitor implementation of Ref. No. 505.
Continue working on the recommendations from the <i>Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies</i> specifically address Suicide Risk Protocols	Yes	EMS Agency Santa Monica Fire Dept.	<ol style="list-style-type: none"> 1. Suicide Screening Tool pilot with Santa Monica Fire Department (<i>Pilot Implemented, awaiting 6-month report</i>)
Evaluate the Alameda EMS Corps program that focuses on increasing the number of underrepresented emergency medical health care professions through youth development, mentorship, job training and sponsorship and determine its applicability to Los Angeles County			<ol style="list-style-type: none"> 1. Determine funding (Measure A) https://ems.acgov.org/ems-assets/docs/Cmmtty-Svcs/EMS-Corps/fenton-alameda_county_health_dept-ems_corps_brochure-parallel-fold_v06.pdf

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
			2. Consider State Presentation for LA EMSC WERC (<i>Completed</i>) 3. Convened Workgroup
Evaluate the <i>Joint Statement on Lights and Siren Vehicle Operations on Emergency Medical Services (EMS) Responses</i> and determine what actions if any Los Angeles County should adopt		Develop a workgroup	Considerations: current transportation contracts Multiple jurisdiction – requirements Review Code 3 policies Proceed with caution need extensive collaboration between stakeholders
Develop mechanisms to ensure that during disasters local EMS resources are not deployed outside of the County, if needed, but used locally.		EMS Agency Disaster Services section EMS Provider workgroup	

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION
10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 378-1606 FAX (562) 941-5835

BYLAWS

Article I. General Commission Description

- A. The Emergency Medical Services Commission (EMSC) acts in an advisory capacity to the Board of Supervisors and the Department of Health Services under County Ordinance Chapter 3.20.
- B. The Chairperson shall have general supervision of all matters pertaining to the EMSC.
- C. A Commissioner shall not take any action on behalf of, or in the name of, the EMSC unless specifically authorized to do so by the EMSC.
- D. All EMSC meetings shall be open to the public. This policy shall be stated on all agendas.
- E. EMSC agendas shall be posted ten calendar days in advance of the meeting.

Article II. Officers

The Officers shall consist of a Chair and a Vice Chair to be elected by the EMSC at its January meeting. Officers shall serve a term of one year or until their successors are elected. No EMSC member may serve more than two full terms in succession

Article III. Election and Replacement of Officers

- A. Election of Officers:
 - 1. At the November meeting, the Chair shall appoint three Commissioners to be a Nominating Committee, subject to the approval of the EMSC.
 - 2. At the January meeting, the Nominating Committee shall present a slate of candidates for the offices of Chair and Vice Chair. Additional nominations may be made from the floor if the nominee agrees to serve.
 - 3. An election shall be conducted at the January meeting. If there is only one nominee for an office, the Chair can declare that the nominee is elected; otherwise, election shall be by majority vote of the Commission.

B. Replacement of Officers

1. If, for any reason, the Chair is unable to complete their term of office, the Vice Chair becomes Chair for the remainder of the term.
2. If, for any reason, the Vice Chair is unable to complete their term of office, a new Vice Chair shall be chosen immediately as follows:
 - a. The Chair shall appoint three commissioners to be a Nominating Committee, subject to the approval of the EMSC.
 - b. The Nominating Committee shall present a slate of candidates for the office of Vice Chair at the first regular meeting following their appointment.
 - c. Additional nominations may be made and the election shall be conducted in compliance with Article III, A, Sections 3 and 4 of these Bylaws.
 - d. If neither the Chair nor Vice Chair is able to preside at any EMSC meeting, the following committee chairs shall serve as Chair Pro Tempore in the order listed:
 - i. Chair, Provider Agency Advisory Committee
 - ii. Chair, Base Hospital Advisory Committee

Article IV. Duties of Officers

A. The Chair shall:

1. Preside at all meetings of the EMSC.
2. Rule on all points of order.
3. Appoint the chair of each committee.
4. Be an ex-officio member of all committees.
5. Represent the EMSC at public functions or appoint an EMSC member to do so on their behalf.
6. Approve of all ministerial EMSC matters.
7. Sign all official documents.
8. Ensure that minutes are maintained.

B. The Vice Chair shall:

1. Perform the duties of the Chair in their absence.
2. Perform other duties as assigned to them by the Chair or the EMSC.

Article V. Committees

To facilitate operations and assure thorough coverage of EMSC duties and responsibilities, the EMSC structure shall include the following standing committees:

A. Standing Committees

1. Provider Agency Advisory Committee

This committee is responsible for all matters regarding prehospital licensure, certification and accreditation, policy development pertinent to the practice, operation and administration of prehospital care and the educational components associated with the delivery of prehospital care.

- a. Chaired by an EMS Commissioner.
- b. Two or more EMS Commissioners.
- c. One representative from each major department and public geographic region:
 - i. Area A - Western Region
 - ii. Area B - Los Angeles County Fire Department
 - iii. Area C - Northern Region
 - iv. Area E - Southeast Region
 - v. Area F - Long Beach Fire Department
 - vi. Area G - South Bay Region
 - vii. Area H - Los Angeles Fire Department
- d. One currently employed paramedic coordinator, selected by the Los Angeles County Ambulance Association (LACAA).
- e. One prehospital care coordinator selected by the Base Hospital Advisory Committee.
- f. One public sector paramedic routinely assigned to an Advanced Life Support (ALS) Unit, selected by the Los Angeles Area Fire Chiefs Association (LAAFCA).
- g. One private sector paramedic routinely assigned to an ALS Unit selected by the LACAA.
- h. One provider agency medical director selected by the Medical Council.
- i. One program director from an approved Paramedic Training program selected by the EMS Agency.
- j. One program director from an approved EMT Training program selected by the EMS Agency.
- k. One EMS educator involved with prehospital education nominated by an approved continuing education provider and selected by the EMS Agency.

2. Base Hospital Advisory Committee

This committee is responsible for all matters regarding MICN certification and policy development pertinent to the practice, operation and administration of prehospital care.

- a. Chaired by an EMS Commissioner.
- b. Two or more EMS Commissioners.
- c. Two currently employed base hospital prehospital care coordinators from each of the major geographic regions:
 - i. Northern Region
 - ii. Southern Region

- iii. Western Region
- iv. Eastern Region
- v. County Region
- d. One provider agency representative selected by the Provider Agency Advisory Committee.
- e. One base hospital medical director selected by the Medical Council.
- f. One currently employed MICN selected by the Association of Prehospital Care Coordinators (APCC).

B. Scope and Responsibilities of Standing Committees

- 1. Standing committees shall review, evaluate and make recommendations on issues relating to emergency medical services as referred to them by the Commission or on their own initiative. No action undertaken by any committee shall be deemed official unless and until it has been approved by the Commission.
- 2. The Chair, with the consent of the EMSC, may assign any matter to more than one committee, and those committees may function jointly with respect to that specific matter.

C. Officers and Composition of Standing Committees

- 1. The chair of each standing committee shall be a commissioner appointed by the EMSC Chair.
- 2. The term of each standing committee chair shall be one year. No chair shall serve more than two consecutive terms.
- 3. At least two commissioners shall serve on each standing committee.
- 4. No individual shall serve on more than two standing committees.
- 5. Each standing committee member may have an alternate except for the Base Hospital Advisory Committee, which has one alternate member per region. The alternate member votes or brings motions only when the regular member is not present.

D. Activity Requirements

- 1. Committees will be responsible for their own activities, including the location and frequency of meetings, designation of alternate chairs, and formation and composition of subcommittees, if desired. Generally, the committees meet during alternate months from the EMSC.
 - a. Minutes of committee meetings shall be maintained and distributed to all commissioners ten calendar days before the regular EMSC meeting.

E. Special Committees

1. A special committee may be appointed at the discretion of the EMSC Chair only if the following conditions are met:
 - a. The task will be short term.
 - b. The assignment falls outside the scope of the standing committees.
2. The special committee chair will be appointed by the EMSC Chair with the approval of the EMSC.
3. The EMSC Chair will determine the composition of the Special Committee in consultation with the Special Committee Chair. The Special Committee may include non-Commission members.
4. Special committees will be responsible for their own activities including location and frequency of meetings, designation of an alternate chair, and formation and composition of the subcommittees, if desired. Minutes of committee meetings will be written promptly and distributed to all EMSC members in a time frame determined by the EMSC.

Article VI. Meetings

- A. Regular meetings of the EMSC shall be held at 1:00 P.M. on the third Wednesday of each odd month. If any regular meeting falls on a holiday, the regular meeting shall be held one week later.
- B. A quorum is required for any official business, including regular and special meetings. A quorum shall consist of a majority of the sworn commissioners. Five commissioners constitute a quorum when the EMSC is hearing a matter under its arbitration function, as described in County Code Chapter 3.20, Section 3.20.070, Subsection 9.
- C. Special EMSC meetings may be held on call of the Chair or any five members of the EMSC. The call shall be by telephone notice to all EMSC members not less than three days prior to the date set for the meeting. The telephone notice must specifically set forth the subject matter of the meeting, and no other subject matter may be considered at the meeting.
- D. Executive sessions will be in accordance with provisions found in the State and local laws that govern such sessions.
- E. Unless the voting on a motion is unanimous, the Secretary shall conduct a roll call vote.
- F. Unless otherwise prescribed by these Bylaws, all EMSC meetings and all committee meetings shall be governed by Robert's Rules of Order, Revised.

Article VII. Amendments

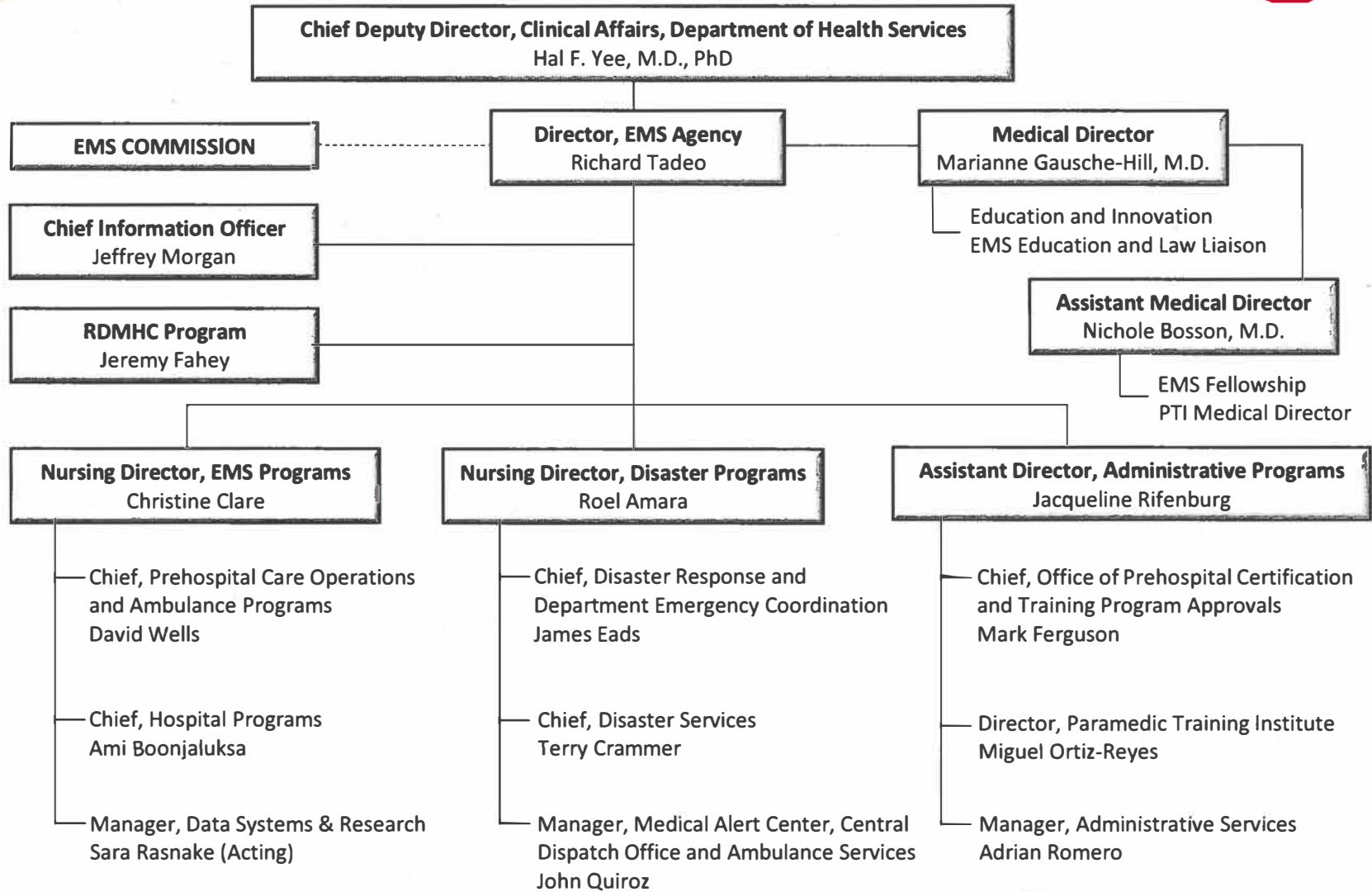
These Bylaws may be amended by a three-fourths (3/4) vote of the sworn members of the EMSC if notice of intention to amend the Bylaws, setting forth the proposed amendments, has been sent to each member of the EMSC not less than ten days before the date set for consideration of the amendments.

Adopted by the Commission 7/15/81

Amended: 3/17/82; 2/16/83; 2/15/84; 1/16/85; 3/19/86; 10/15/86; 4/18/90; 3/17/93; 7/17/96; 11/17/99; 5/19/04; 7/20/05; 11/17/10, 9/18/19; 3/16/2022; 1/18/2023;



**LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY
ORGANIZATIONAL CHART
December 19, 2022**



Approved by: Richard Tadeo

Richard Tadeo
Director, EMS Agency

Approved by: Hal F. Yee, M.D., Ph.D.

Hal F. Yee
Chief Deputy Director, Clinical Affairs



County of Los Angeles • Department of Health Services

LOS ANGELES COUNTY EMS AGENCY

10100 Pioneer Blvd., Suite 200

Santa Fe Springs, CA 90670

(562) 378-1500 • FAX (562) 941-5835

E-mail: (first initial) (last name)@dhs.lacounty.gov

Website - <http://ems.dhs.lacounty.gov>**DIRECTOR'S OFFICE**

Director	Richard Tadeo	(562) 378-1610
Administrative Support	Vanessa Gonzalez	(562) 378-1607
Medical Director	Marianne Gausche-Hill, M.D.	(562) 378-1600
Assistant Medical Director	Nichole Bosson, M.D.	(562) 378-1602
Director of Education and Innovation	Denise Whitfield, M.D.	(562) 378-1663
EMS Educator and CE Specialist	Vacant	(562) 378-1648
Administrative Assistant	Claudia Del Toro	(562) 378-1609
Chief, Information Technology	Jeffrey Morgan	(562) 378-1622
Administrative Assistant	Olivia Castro	(562) 378-1608

ASSISTANT DIRECTOR

Assistant Director	Jacqueline Rifenburg	(562) 378-1640
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Certification & Training Program Approvals

Chief, Certification & Training Program Approvals	Mark Ferguson	(562) 378-1604
Civilian Investigator	Robert Orozco	(562) 378-1633
EMS Training Program Approval Manager	Jennifer Calderon	(562) 378-1638
EMS Training Program Approval Coordinators:	Sandra Montero	(562) 378-1689
	Andrea Solorio	(562) 378-1690
EMS Personnel Certification Manager	Nicholas Todd	(562) 378-1632
EMS Personnel Certification Specialists:		
Paramedic/MICN Accreditation	Lynne An	(562) 378-1637
EMT Certification	Susan Miller	(562) 378-1635
	Vacant	(562) 378-1634

Paramedic Training Institute

Program Director	Miguel Ortiz-Reyes	(562) 378-1571
Medical Director	Dipesh Patel, M.D.	(562) 378-1576
Training Coordinators	Charmaine Kane	(562) 378-1570
	Hannah Deloria	(562) 378-1574
Paramedic Instructors:	Sam Calderon	(562) 378-1573
	Kelsea Mauerhan	(562) 378-1579
	Mariana Munatones	(562) 378-1578
	Steven Robinson	(562) 378-1577
	Enrique Ascencio	(562) 378-1572

Administrative Services**EMS Reimbursement Programs/Contracts & Grants/Personnel/Finance**

Administrative Services Manager	Adrian Romero	(562) 378-1595
Fiscal Services Manager	Maria Morales	(562) 378-1591

Building/Property Management Liaison	Tamara Butler	(562) 378-1589
Contracts Manager	Angelica Maldonado	(562) 378-1593
Reimbursement Program Coordinator	Jimmy Duarte	(562) 378-1590
Reimbursement Program Auditor	Lynn Trevino	(562) 378-1509
Ambulance Overflow Invoice Processing	Sheila Mouton	(562) 378-1501

EMS PROGRAMS

Nursing Director	Christine Clare	(562) 378-1661
EMS Commission Liaison/Administrative Support	Denise Watson	(562) 378-1606

Prehospital Care Operations

Chief, Prehospital Care Operations	David Wells	(562) 378-1677
Prehospital Program Manager	Natalie Greco	(562) 378-1680
Prehospital Program Coordinators		
ALS Public Providers	Gary Watson	(562) 378-1679
ALS Private Providers	Vacant	(562) 378-1684
Specialty Care Transport Providers	Christine Zaiser	(562) 378-1678
Ambulance Licensing Manager	Phillip Santos	(562) 378-1674
Civilian Investigators:	Kurt Kunkel	(562) 378-1687
	Juan Mejia	(562) 378-1691
Ambulance Licensing Hearing Board Manager	Susan Mori	(562) 378-1609
Ambulance Program Monitoring Manager	Christopher Rossetti	(562) 378-1688
Contract Program Auditors:	Helain Hence	(562) 378-1693
	Lily Martini	(562) 378-1686
	Gabriela Ramirez	(562) 378-1692
	Ofelia Rodriguez	(562) 378-1500
EMS System Quality Improvement / Pilot Studies	Susan Mori	(562) 378-1609
EMS Dispatch / AED Programs	Gregory Klein	(562) 378-1685

Hospital Programs

Chief, Hospital Programs	Ami Boonjaluksa	(562) 378-1596
Trauma Center / Paramedic Base Hospital / Stroke Center		
Hospital Program Manager	Lorrie Perez	(562) 378-1655
Hospital Program Coordinator (Stroke)	Frederick Bottger	(562) 378-1653
Hospital Program Coordinator (Base)	Laura Leyman	(562) 378-1654
STEMI Receiving Center / Emergency Department Approved for Pediatrics (EDAP) / Pediatric Medical Center (PMC) / Sexual Assault Response Team (SART)		
Hospital Program Manager	Lily Choi	(562) 378-1652
Hospital Program Coordinator (Peds/SART)	Karen Rodgers	(562) 378-1659
Hospital Program Coordinator (STEMI)	Priscilla Romero	(562) 378-1660

EMS System Data Management

EMS Data Systems Manager	Sara Rasnake (Acting)	(562) 378-1658
EMS Data Coordinators	Aldrin Fontela	(562) 378-1662
	Vacant	(562) 378-
Epidemiologist	Shaohua (Sean) Chen	(562) 378-1657
EMS Data Collection Supervisor	Patricia Hollis	(562) 378-1677
ESO Solutions - Technical Support Staff	Eddie Light, Garrett Sarmiento	
	Trauma One Support (866) 766-9471 Option 3, 3, 4	
	LA TEMIS Support (866) 766-9471 Option 3, 3, 5	

DISASTER PROGRAMS

Nursing Director	Roel Amara	(562) 378-1598
Administrative Support	Claudia Del Toro	(562) 378-1608

Disaster Services

Chief, Disaster Services	Terry Crammer	(562) 378-1646
Administrative Support/DHV	Aracely Campos	(562) 378-1649

Hospital Preparedness Program

DRC, Hospital and Surge Programs	Christopher Sandoval	(562) 378-1645
Ambulatory Surgical Centers, Home Health and Dialysis	Laurie Lee-Brown	(562) 378-1651
Clinics, Long Term Care and EMS Disaster Workgroup	Nnabuike Nwanonenyi	(562) 378-1647
Grant Compliance/Audits	Isabel Sanchez	(562) 378-1642
Business Continuity/Training and Exercises	Darren Verrette	(562) 378-1641
Emergent Infectious Disease	Vacant	(562) 378-1643
Homeland Security Grant Program	Justin Manntai	(562) 378-1650

Disaster Response / Department Emergency Coordination (DEC) Program / MHOAC Program

Chief, Disaster Response	Vacant	(562) 378-2445
Mobile Medical System Program Manager	Jerry Crow	(562) 378-2443
Chempack Program Manager	Jerry Crow	(562) 378-2443
DEC Nurse Consultant and Educator	Elaine Forsyth	(562) 378-1505
Warehouse Supervisor	Robert Smock	(562) 378-2440
Emergency Coordination Program Manager	Vacant	(562) 378-1510
Building Emergency Coordinator	John Opalski	(562) 378-2448
Building Emergency Coordinator Alternate	Aaron Roman	(562) 378-2449
MHOAC Lead Representative	John Opalski	(562) 378-2448
MHOAC Representative Alternate	Aaron Roman	(562) 378-2449
Regional Disaster Medical & Health Specialist	Jeremy Fahey	(562) 378-2454
Regional Disaster Medical & Health Specialist	Javier De La Cerda	(562) 378-2453
Joint Regional Intelligence Center Liaison	Ralph Torres	(562) 378-1151

Public Health Liaison	Christina Eclarino ceclarino@ph.lacounty.gov	(323) 914-1240
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Medical Alert Center (MAC) / Ambulance Services / Central Dispatch Office

Program Manager	John Quiroz	(562) 378-1512
Administrative Support	Dolores (Lola) Cardenas	(562) 378-1508
MAC Operations Manager	Richard Jurado	(562) 378-1502
Nurse Consultant	Olester Santos	(562) 378-1506
Ambulance Services Operations Manager	Robert Moore	(310) 498-7369
EMS Fleet	David Lee	(562) 378-2446
Central Dispatch Office Manager	Mike Jones	(562) 378-1518
QI Coordinator and Educator	James Crabtree	(562) 378-2442



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

LOS ANGELES COUNTY EMS SYSTEM REPORT

DECEMBER 1, 2022

ISSUE 11

Message from the Director and Medical Director

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As we close 2022, we reflect on the resilience of the EMS community to respond to the pandemic, strategize to address workforce challenges, and have the capacity to continue to innovate in prehospital care. As a system we continue to review our data to address trends as well as to improve our service to the public through incorporation of the latest evidence into our treatment protocols and medical control guidelines. This year we have modified our treatment protocols for the care of patients with behavioral or psychiatric crises and have introduced new medical control guideline for the care of the patient with agitation. We also introduced the supraglottic airway, the i-gel, for both adults and children which will expand the options for airway management for all patients with critical illness or injury. We applaud our EMS provider agencies' innovation for participation in a number of pilot projects such as the use of telemedicine in dispatch to direct care with advance practice providers, use of telemedi-



Richard Tadeo
Director

cine in the evaluation of patients with behavioral health complaints and transport to the most appropriate healthcare center including psychiatric urgent care centers, and the use of extracorporeal membrane oxygenation (ECMO) for care of select patients with persistent shockable cardiac arrest. Finally, as a system we are participating in a large National Institutes of Health (NIH) study to evaluate "usual care" versus age-based dosing of midazolam for children with seizures. Participation in this trial allows for the system to receive additional education in care of children with seizures and provides the opportunity for us to expand our knowledge on safe and quality care of children with seizures and provides the opportunity for us to expand our knowledge on safe and quality care of these pediatric patients. Overall we continue to address daily EMS system service needs as we explore with our EMS stakeholder partners new discoveries and improvements in prehospital care that can be integrated into our EMS system to optimize care for the citizens of Los Angeles County.



Dr. Marianne Gausche-Hill
Medical Director

ments in prehospital care that can be integrated into our EMS system to optimize care for the citizens of Los Angeles County.

2022 System Demographics

69 9-1-1 Receiving Hospitals

- 38 EDAP (Emergency Department Approved for Pediatrics)
- 9 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 15 Trauma Centers
- 21 Paramedic Base Hospitals
- 35 STEMI Receiving Centers
- 24 Comprehensive Stroke Centers
- 30 Primary Stroke Centers
- 46 Perinatal Centers
- 42 Hospitals with Neonatal ICU
- 13 SART (Sexual Assault Response Team)
- 13 Disaster Resource Centers

EMS Provider Agencies

- 31 Public Safety EMS Provider Agencies
- 38 Licensed Basic Life Support Ambulance Operators
- 18 Licensed Advanced Life Support Ambulance Operators
- 19 Licensed Critical Care Transport Ambulance Operators
- 5 Licensed Ambulette Operators

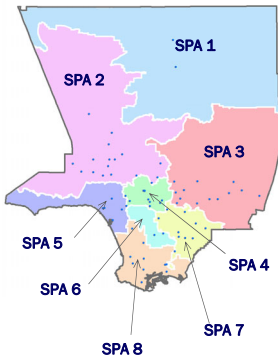
EMS Practitioners

- 4,503 Accredited Paramedics
- 8,457 Certified EMTs by LA Co EMS Agency
- 763 Certified Mobile Intensive Care Nurses

SPECIAL POINTS OF INTEREST:

- ED Disposition and Patient Type (page 11)
- Trauma Mechanism of Injury (page 13)
- Injury Severity Scores (pages 14-15)
- Paramedic Base Hospital Contact Volume (page 20)

ADULT EMS PROVIDER IMPRESSION by Service Planning Area (SPA)



COUNTYWIDE TOP 10 ADULT EMS PROVIDER IMPRESSIONS	2018		2019		2020		2021	
	No.	%	No.	%	No.	%	No.	%
Traumatic Injury	118,549	15%	120,909	15%	102,560	13%	121,487	15%
Behavioral/Psychiatric	56,775	7%	59,877	7%	58,136	8%	60,619	8%
Weakness - General	54,040	7%	53,803	7%	53,409	7%	55,368	7%
No Medical Complaint	49,413	6%	48,151	6%	41,110	5%	35,163	4%
Body Pain-Non Traumatic	39,979	5%	42,973	5%	36,832	5%	38,506	5%
Abdominal Pain	38,587	5%	39,115	5%	35,688	5%	41,024	5%
Respiratory Distress	32,120	4%	32,702	4%	34,205	5%	34,679	4%
Altered Level of Consciousness	35,373	4%	29,465	4%	24,820	3%	24,544	3%
Chest Pain - Suspected Cardiac	21,125	3%	21,812	3%	19,320	3%	21,880	3%
Syncope/Near Syncope	25,396	3%	24,447	3%	18,333	2%	21,125	3%
Total Adult EMS Responses	791,900		801,661		759,972		787,420	

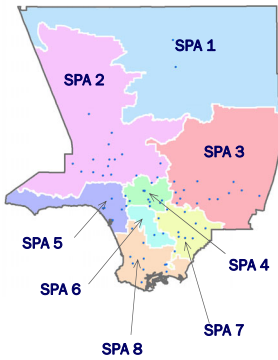
Top 10 Adult EMS Provider Impressions	2018		2019		2020		2021	
	No.	%	No.	%	No.	%	No.	%
SPA 1 Traumatic Injury	7,151	14%	9,788	17%	5,932	11%	6,995	13%
Behavioral/Psychiatric	4,062	8%	4,007	7%	3,443	6%	3,858	7%
Body Pain-Non Traumatic	4,085	8%	4,464	8%	3,492	6%	3,462	6%
Abdominal Pain	3,235	6%	3,201	6%	2,952	5%	3,169	6%
Weakness - General	2,784	5%	2,475	4%	2,952	5%	3,151	6%
Respiratory Distress	1,860	4%	2,179	4%	2,019	4%	2,401	4%
No Medical Complaint	2,788	5%	2,730	5%	1,940	4%	2,220	4%
Chest Pain - Suspected Cardiac	1,554	3%	1,767	3%	1,428	3%	1,682	3%
Altered Level of Consciousness	1,857	4%	1,669	3%	1,395	3%	1,518	3%
Seizure	1,485	3%	1,586	3%	1,287	2%	1,353	2%
Total SPA 1 Adult EMS Responses	51,368		56,824		54,767		55,367	

EMS Provider Impressions	No.		No.		No.		No.	
	No.	%	No.	%	No.	%	No.	%
SPA 2 Traumatic Injury	18,981	14%	18,247	13%	18,243	14%	21,791	15%
Weakness - General	11,077	8%	11,030	8%	11,012	8%	11,707	8%
Behavioral/Psychiatric	9,163	7%	9,707	7%	10,249	8%	10,265	7%
No Medical Complaint	9,131	7%	9,087	7%	8,109	6%	7,865	6%
Abdominal Pain	5,584	4%	5,685	4%	6,350	5%	7,613	5%
Respiratory Distress	6,389	5%	6,620	5%	7,040	5%	6,990	5%
Body Pain - Non-Traumatic	5,429	4%	5,395	4%	5,154	4%	5,945	4%
Syncope/Near Syncope	4,786	4%	5,054	4%	3,867	3%	4,738	3%
Altered Level of Consciousness	6,493	5%	6,683	5%	4,921	4%	4,710	3%
Chest Pain - Suspected Cardiac	3,939	3%	4,043	3%	3,911	3%	4,482	3%
Total SPA 2 Adult EMS Responses	135,030		136,833		132,977		141,562	

EMS Provider Impressions	No.		No.		No.		No.	
	No.	%	No.	%	No.	%	No.	%
SPA 3 Traumatic Injury	22,151	17%	24,900	19%	18,207	15%	21,730	18%
Behavioral/Psychiatric	9,108	7%	8,975	7%	8,412	7%	8,876	7%
Body Pain - Non-Traumatic	7,932	6%	8,008	6%	6,139	5%	5,929	5%
Weakness - General	8,328	6%	7,594	6%	7,531	6%	7,952	6%
Abdominal Pain	6,411	5%	6,124	5%	5,382	4%	5,899	5%
No Medical Complaint	7,398	6%	6,999	5%	5,601	5%	5,683	5%
Respiratory Distress	5,110	4%	5,461	4%	5,508	4%	5,471	4%
Altered Level of Consciousness	5,515	4%	4,571	3%	3,960	3%	3,821	3%
Syncope/Near Syncope	4,348	3%	4,465	3%	3,322	3%	3,664	3%
Chest Pain - Suspected Cardiac	3,102	2%	3,614	3%	3,198	3%	3,445	3%
Total SPA 3 Adult EMS Responses	129,597		131,879		123,464		123,688	

	Top 10 Adult EMS Provider Impressions	2018 No. %	2019 No. %	2020 No. %	2021 No. %
SPA 4	Traumatic Injury	11,649 12%	10,331 11%	10,951 12%	13,366 14%
	Behavioral/Psychiatric	7,098 7%	7,767 8%	7,800 9%	8,346 9%
	Weakness - General	7,059 7%	7,373 8%	7,239 8%	7,710 8%
	No Medical Complaint	6,343 7%	6,604 7%	6,169 7%	5,752 6%
	Abdominal Pain	3,895 4%	4,515 5%	3,915 4%	4,919 5%
	Overdose/Poisoning	2,308 2%	2,920 3%	3,315 4%	4,578 5%
	Body Pain - Non-Traumatic	3,444 4%	4,073 4%	3,954 4%	4,524 5%
	Respiratory Distress	3,401 4%	3,423 4%	4,399 5%	4,118 4%
	Altered Level of Consciousness	4,653 5%	3,688 4%	3,275 4%	3,230 3%
	Seizure	2,835 3%	2,989 3%	2,478 3%	2,473 3%
Total SPA 4 Adult EMS Responses		95,524	95,477	91,353	97,424
	EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 5	Traumatic Injury	10,797 18%	9,190 16%	8,179 17%	9,931 19%
	Behavioral/Psychiatric	3,933 7%	3,981 7%	4,014 8%	4,367 8%
	No Medical Complaint	4,977 8%	4,074 7%	3,352 7%	3,710 7%
	Weakness - General	4,185 7%	3,995 7%	3,352 7%	3,710 7%
	Abdominal Pain	2,011 3%	2,252 4%	1,858 4%	2,280 4%
	Body Pain - Non-Traumatic	1,698 3%	2,119 4%	1,771 4%	2,104 4%
	Respiratory Distress	1,945 3%	1,944 3%	1,858 4%	1,961 4%
	Syncope/Near Syncope	2,582 4%	2,498 4%	1,537 3%	1,860 4%
	Altered Level of Consciousness	2,493 4%	1,949 3%	1,769 4%	1,683 3%
	Chest Pain - Suspected Cardiac	1,508 3%	1,443 3%	1,251 3%	1,458 3%
Total SPA 5 Adult EMS Responses		59,682	56,379	48,224	52,677
	EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 6	Traumatic Injury	14,742 13%	13,758 12%	13,788 12%	15,121 14%
	Behavioral/Psychiatric	8,089 7%	8,892 8%	9,225 8%	8,737 8%
	Weakness - General	7,638 7%	8,160 7%	9,046 8%	8,115 7%
	Abdominal Pain	6,591 6%	7,143 6%	6,378 6%	7,037 6%
	Body Pain - Non-Traumatic	6,585 6%	6,967 6%	6,462 6%	6,378 6%
	No Medical Complaint	6,929 6%	6,954 6%	6,803 6%	6,210 6%
	Respiratory Distress	5,016 4%	5,158 5%	5,550 5%	5,239 5%
	Seizure	3,695 3%	3,950 4%	3,529 3%	3,437 3%
	Cold/Flu	3,609 3%	3,707 3%	4,339 4%	3,239 3%
	Altered Level of Consciousness	4,395 4%	3,346 3%	2,955 3%	2,746 2%
Total SPA 6 Adult EMS Responses		111,500	111,695	112,044	110,085
	EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 7	Traumatic Injury	13,581 15%	14,608 16%	10,740 13%	12,645 16%
	Behavioral/Psychiatric	6,458 7%	7,193 8%	6,397 8%	6,412 8%
	Weakness - General	5,853 7%	5,386 6%	3,340 4%	5,155 6%
	Body Pain - Non-Traumatic	5,773 7%	6,136 7%	4,519 6%	4,124 5%
	Abdominal Pain	4,387 5%	4,194 5%	3,566 4%	3,982 5%
	No Medical Complaint	5,231 6%	5,110 6%	3,340 4%	3,543 4%
	Respiratory Distress	3,276 4%	3,067 3%	3,071 4%	3,388 4%
	Altered Level of Consciousness	3,654 4%	2,712 3%	2,343 3%	2,411 3%
	Chest Pain - Suspected Cardiac	2,463 3%	2,526 3%	2,083 3%	2,313 3%
	Syncope/Near Syncope	2,664 3%	2,554 3%	2,060 3%	2,111 3%
Total SPA 7 Adult EMS Responses		88,437	89,297	80,058	79,913
	EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 8	Traumatic Injury	19,497 16%	20,087 16%	16,919 14%	19,908 16%
	Behavioral/Psychiatric	8,841 7%	8,898 7%	8,839 7%	9,758 8%
	Weakness - General	8,040 7%	8,086 7%	7,696 6%	7,868 6%
	No Medical Complaint	7,156 6%	6,997 6%	5,871 5%	6,360 5%
	Abdominal Pain	6,092 5%	6,142 5%	5,433 5%	6,125 5%
	Body Pain - Non-Traumatic	5,699 5%	6,609 5%	5,532 5%	6,040 5%
	Respiratory Distress	5,123 4%	4,850 4%	4,903 4%	5,111 4%
	Altered Level of Consciousness	6,313 5%	4,847 4%	4,275 4%	4,425 3%
	Chest Pain - Suspected Cardiac	3,385 3%	3,289 3%	2,930 2%	3,369 3%
	Syncope/Near Syncope	4,070 3%	3,821 3%	3,010 3%	3,348 3%
Total SPA 8 Adult EMS Responses		120,762	123,277	120,090	126,704

PEDIATRIC EMS PROVIDER IMPRESSION by Service Planning Area (SPA)



COUNTYWIDE TOP 10 PEDIATRIC EMS PROVIDER IMPRESSIONS	2018 No. %	2019 No. %	2020 No. %	2021 No. %
Traumatic Injury	8,440 23%	8,641 23%	5,736 22%	6,655 25%
No Medical Complaint	5,150 14%	4,746 13%	3,155 12%	2,846 11%
Seizure	4,904 14%	5,609 15%	3,502 14%	3,218 12%
Behavioral/Psychiatric	1,894 5%	1,709 5%	1,351 5%	1,448 5%
Respiratory Distress	1,987 6%	2,140 6%	1,015 4%	1,379 5%
Cold/Flu	1,390 4%	1,453 4%	1,000 4%	1,004 4%
Fever	1,695 5%	1,751 5%	1,083 4%	861 3%
Nausea/Vomiting	865 2%	917 2%	570 2%	847 3%
Syncope/Near Syncope	956 3%	1,025 3%	564 2%	784 3%
Weakness - General	675 2%	886 2%	614 2%	607 2%
Total Pediatric Responses	36,117	36,945	25,675	26,984

Top 10 Pediatric EMS Provider Impressions	2018 No. %	2019 No. %	2020 No. %	2021 No. %
SPA 1 Traumatic Injury	699 21%	830 24%	534 22%	555 22%
No Medical Complaint	531 16%	504 15%	284 12%	243 10%
Seizure	420 13%	475 14%	270 11%	257 10%
Behavioral/Psychiatric	286 9%	245 7%	155 6%	154 6%
Respiratory Distress	197 6%	229 7%	106 4%	155 6%
Cold/Flu	169 5%	141 4%	119 5%	109 4%
Choking	42 1%	78 2%	97 4%	87 4%
Nausea/Vomiting	74 2%	72 2%	32 1%	73 3%
Fever	109 3%	119 3%	84 3%	63 3%
Syncope/Near Syncope	64 2%	83 2%	97 4%	57 2%
Total SPA 1 Pediatric EMS Responses	3,298	3,457	2,425	2,470

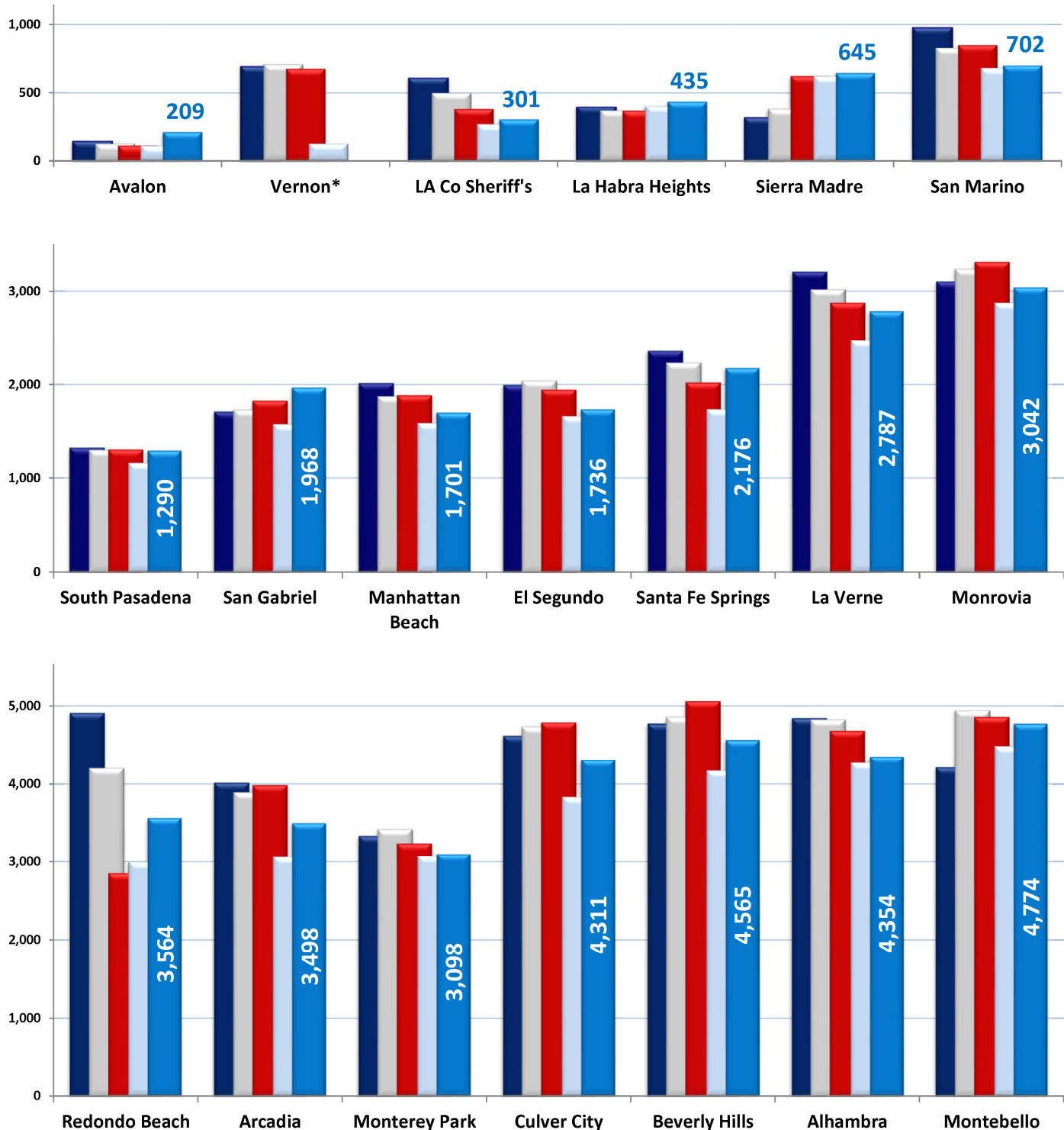
EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 2 Traumatic Injury	926 23%	1,019 19%	844 21%	1,059 23%
Seizure	566 14%	898 17%	620 15%	565 12%
No Medical Complaint	469 12%	688 13%	496 12%	475 10%
Respiratory Distress	210 5%	348 6%	201 5%	235 5%
Behavioral/Psychiatric	252 6%	241 4%	210 5%	242 5%
Fever	167 4%	282 5%	245 6%	242 5%
Behavioral/Psychiatric	252 6%	241 4%	210 5%	242 5%
Cold/Flu	158 4%	307 6%	170 4%	192 4%
Syncope/Near Syncope	150 4%	183 3%	100 2%	178 4%
Nausea/Vomiting	84 2%	170 3%	101 2%	163 4%
Total SPA 2 Pediatric EMS Responses	3,967	5,385	4,069	4,655

EMS Provider Impressions	No. %	No. %	No. %	No. %
SPA 3 Traumatic Injury	1,611 25%	1,792 28%	961 24%	1,184 28%
Seizure	865 13%	911 14%	593 15%	513 12%
No Medical Complaint	936 14%	737 12%	428 10%	353 8%
Behavioral/Psychiatric	341 5%	179 3%	206 5%	232 5%
Behavioral/Psychiatric	341 5%	179 3%	206 5%	232 5%
Respiratory Distress	322 5%	343 5%	122 3%	176 4%
Choking	130 2%	171 3%	159 4%	175 4%
Syncope/Near Syncope	201 3%	203 3%	108 3%	162 4%
Nausea/Vomiting	134 2%	133 2%	159 4%	124 3%
Fever	209 3%	225 4%	180 4%	121 3%
Total SPA 3 Pediatric EMS Responses	6,516	6,333	4,077	4,253

Top 10 Pediatric EMS Provider Impressions		2018		2019		2020		2021	
		No.	%	No.	%	No.	%	No.	%
SPA 4	Traumatic Injury	503	19%	476	18%	361	19%	459	22%
	Seizure	392	15%	471	17%	284	15%	256	12%
	No Medical Complaint	399	15%	360	13%	238	13%	285	13%
	Respiratory Distress	147	5%	142	5%	57	3%	111	5%
	Behavioral/Psychiatric	111	4%	141	5%	100	5%	106	5%
	Cold/Flu	162	6%	148	5%	81	4%	95	4%
	Weakness - General	71	3%	70	3%	43	2%	82	4%
	Nausea/Vomiting	70	3%	70	3%	43	2%	74	3%
	Fever	152	6%	102	4%	87	5%	67	3%
	Allergic Reaction	60	2%	78	3%	66	4%	65	3%
Total SPA 4 Pediatric EMS Responses		2,701		2,705		1,860		2,124	
EMS Provider Impressions		No.	%	No.	%	No.	%	No.	%
SPA 5	Traumatic Injury	643	30%	473	24%	356	27%	381	28%
	No Medical Complaint	258	12%	209	11%	137	10%	137	10%
	Seizure	213	10%	192	10%	134	10%	113	8%
	Sting/Venomous Bites	55	3%	173	9%	168	13%	70	5%
	Allergic Reaction	102	5%	76	4%	31	2%	68	5%
	Respiratory Distress	139	6%	93	5%	45	3%	67	5%
	Behavioral/Psychiatric	72	3%	61	3%	67	5%	61	4%
	Syncopal/Near Syncopal	66	3%	74	4%	27	2%	57	4%
	Nausea/Vomiting	75	3%	84	4%	32	2%	55	4%
	Cold/Flu	84	4%	79	4%	31	2%	45	3%
Total SPA 5 Pediatric EMS Responses		2,175		1,941		1,338		1,360	
EMS Provider Impressions		No.	%	No.	%	No.	%	No.	%
SPA 6	Traumatic Injury	1,350	20%	1,308	20%	1,014	21%	1,115	23%
	Seizure	884	13%	1,032	16%	622	13%	582	12%
	No Medical Complaint	1,001	15%	970	15%	734	15%	662	13%
	Behavioral/Psychiatric	296	4%	310	5%	248	5%	287	6%
	Respiratory Distress	422	6%	400	6%	225	5%	282	6%
	Cold/Flu	497	7%	510	8%	260	5%	249	5%
	Fever	330	5%	328	5%	210	4%	166	3%
	Nausea/Vomiting	198	3%	172	3%	122	3%	163	3%
	Weakness -General	151	2%	192	3%	172	4%	136	3%
	Abdominal Pain	119	2%	124	2%	100	2%	95	2%
Total SPA 6 Pediatric EMS Responses		6,647		6,649		4,865		4,952	
EMS Provider Impressions		No.	%	No.	%	No.	%	No.	%
SPA 7	Traumatic Injury	1,153	22%	1,256	24%	722	22%	790	25%
	Seizure	767	15%	801	16%	512	15%	447	14%
	No Medical Complaint	817	16%	670	13%	369	11%	277	9%
	Respiratory Distress	226	4%	291	6%	105	3%	152	5%
	Behavioral/Psychiatric	256	5%	284	6%	186	6%	148	5%
	Choking	91	2%	143	3%	136	4%	139	4%
	Syncopal/Near Syncopal	178	3%	160	3%	88	3%	80	3%
	Cold/Flu	174	3%	195	4%	105	3%	77	2%
	Nausea/Vomiting	105	2%	99	2%	76	2%	74	2%
	Fever	171	3%	185	4%	112	3%	64	2%
Total SPA 7 Pediatric EMS Responses		5,150		5,152		3,339		3,126	
EMS Provider Impressions		No.	%	No.	%	No.	%	No.	%
SPA 8	Traumatic Injury	1,555	27%	1,487	28%	976	25%	1,112	27%
	Seizure	797	14%	829	16%	501	13%	485	12%
	No Medical Complaint	739	13%	608	11%	488	13%	414	10%
	Behavioral/Psychiatric	280	5%	248	5%	190	5%	218	5%
	Respiratory Distress	324	6%	294	6%	166	4%	201	5%
	Choking	134	2%	124	2%	161	4%	160	4%
	Cold/Flu	197	3%	230	4%	131	3%	148	4%
	Nausea/Vomiting	125	2%	117	2%	78	2%	121	3%
	Allergic Reaction	122	2%	134	3%	86	2%	119	3%
	Syncopal/Near Syncopal	152	3%	138	3%	96	2%	117	3%
Total SPA 8 Pediatric EMS Responses		5,663		5,323		3,883		4,044	

EMS Responses by 9-1-1 Jurisdictional Provider Agency

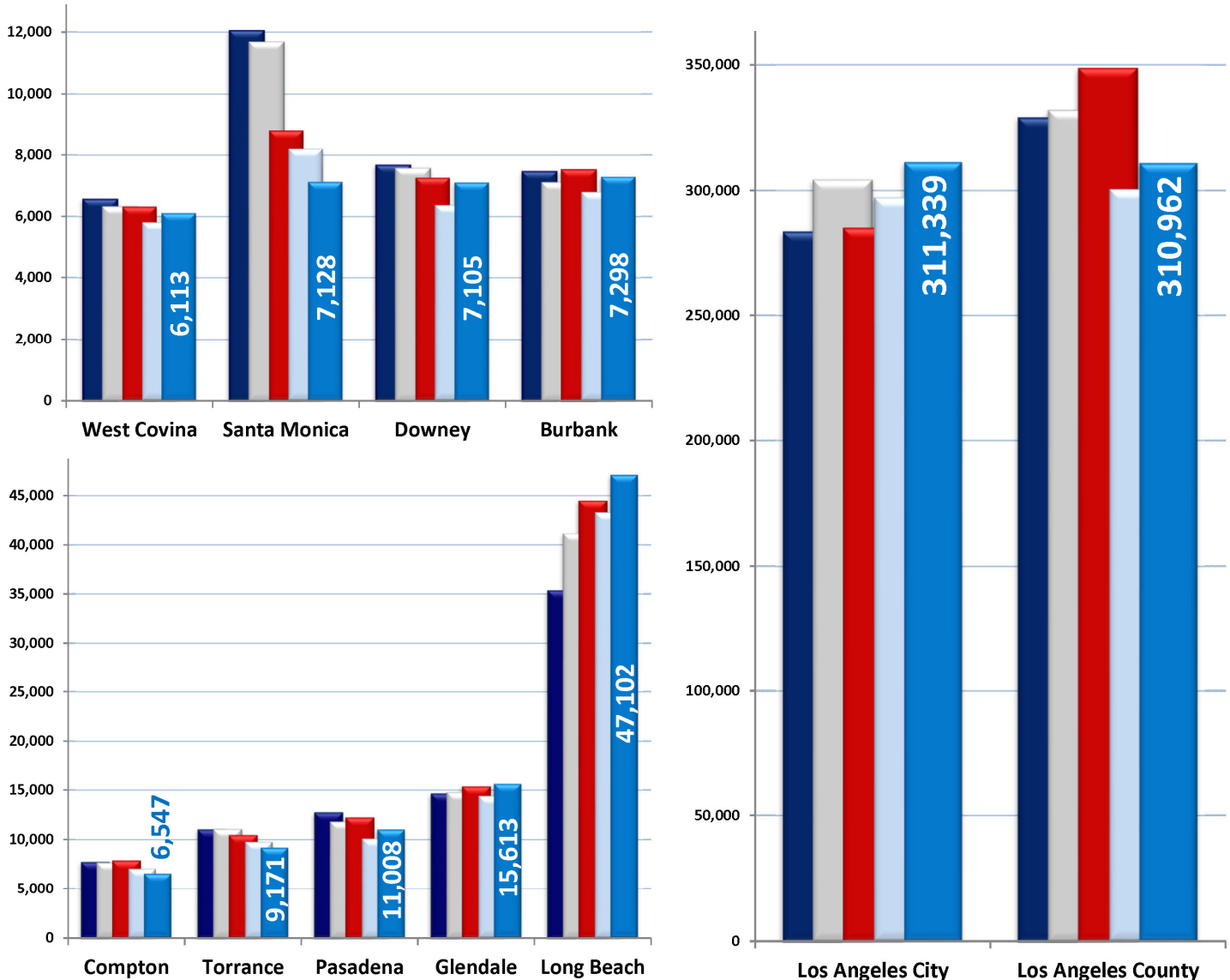
■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021



*In 2021: Vernon contracted with LA County Fire for EMS Services

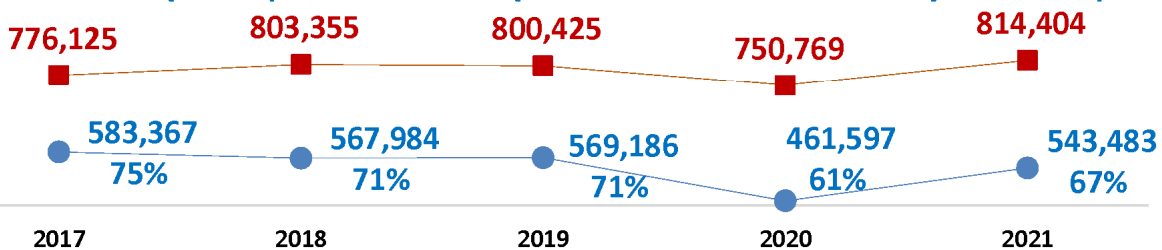
EMS Responses by 9-1-1 Jurisdictional Provider Agency

■ 2017 ■ 2018 ■ 2019 ■ 2020 ■ 2021



■ Total 911 EMS Responses

● Transports (includes transports to out-of-LA County facilities)



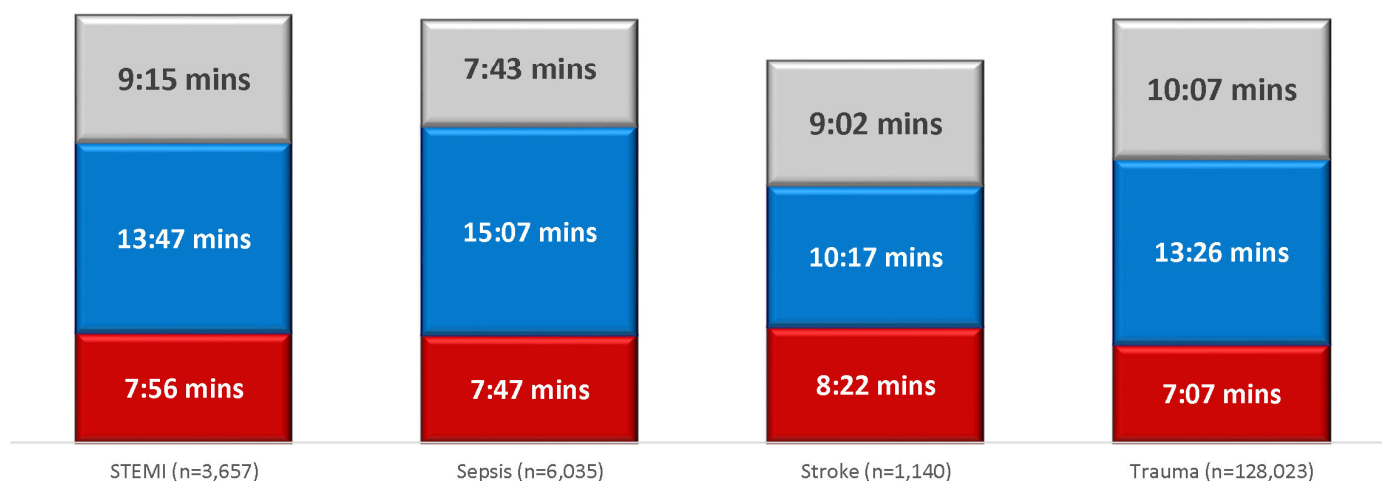
2021 EMS Times: Adult (Median)

LA County EMS Transport Time of ADULT Patients with Provider Impressions STEMI, Stroke, Sepsis and Traumatic Injuries

■ Transport Time (Time Left Scene to Time Arrived at Hospital)

■ Scene Time (Time Arrived at Scene to Time Left Scene)

■ Response Time (Time of Dispatch to Time Arrived at Scene)

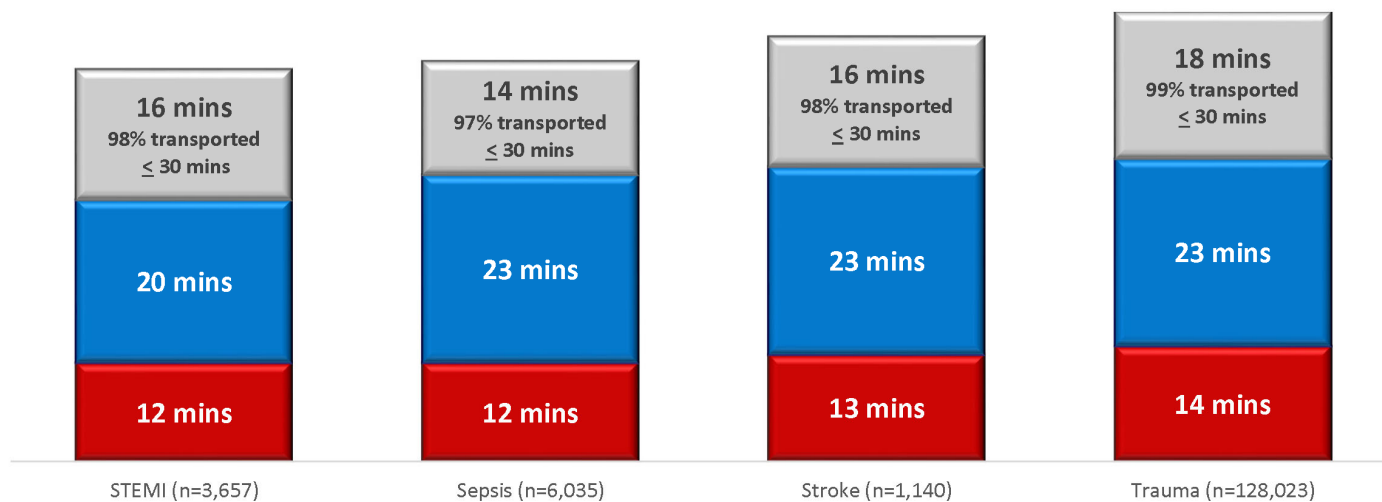


2021 EMS Times (90th Percentile)

■ Transport Time (Time Left Scene to Time Arrived at Hospital)

■ Scene Time (Time Arrived at Scene to Time Left Scene)

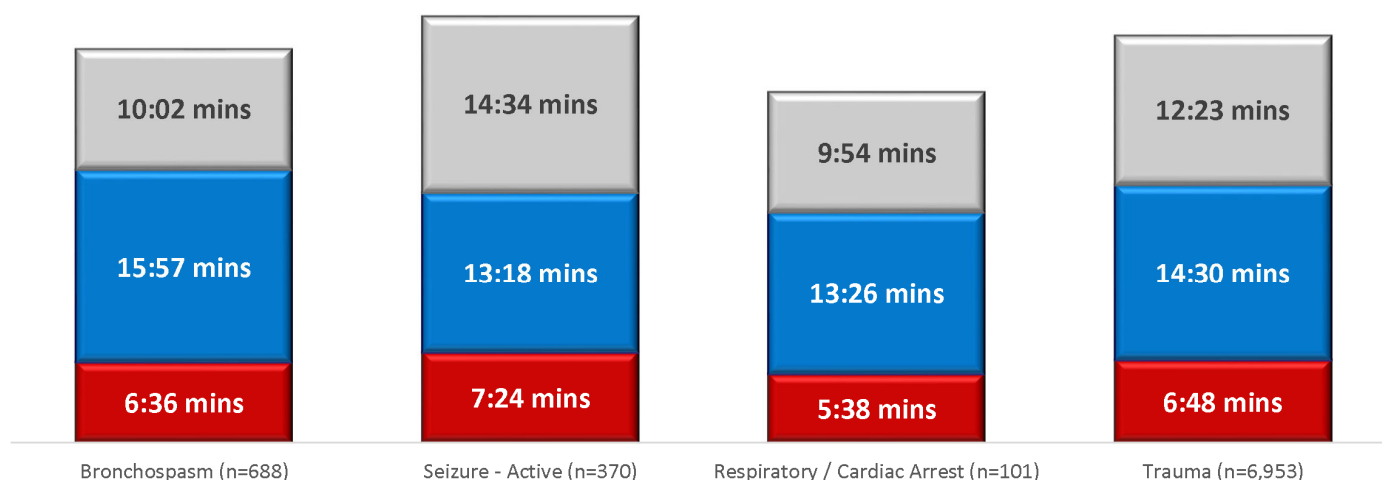
■ Response Time (Time of Dispatch to Time Arrived at Scene)



2021 EMS Times: Pediatric (Median)

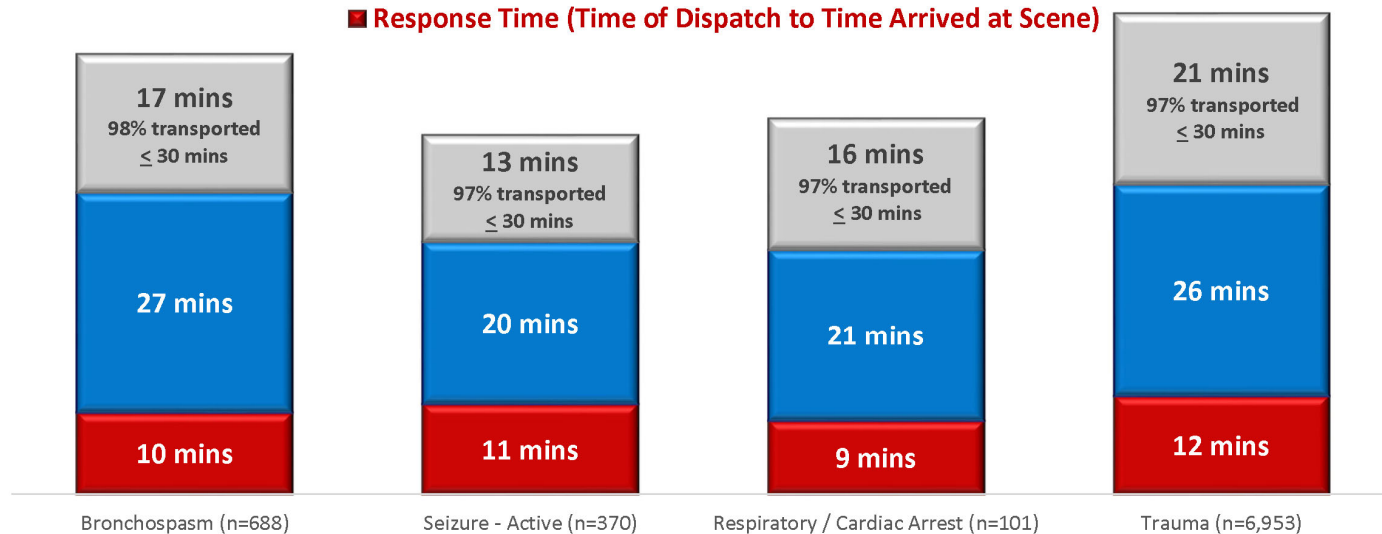
LA County EMS Transport Time PEDIATRIC Patients with Provider Impressions
Bronchospasm, Seizure, Respiratory/Cardiac Arrest and Traumatic Injuries

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



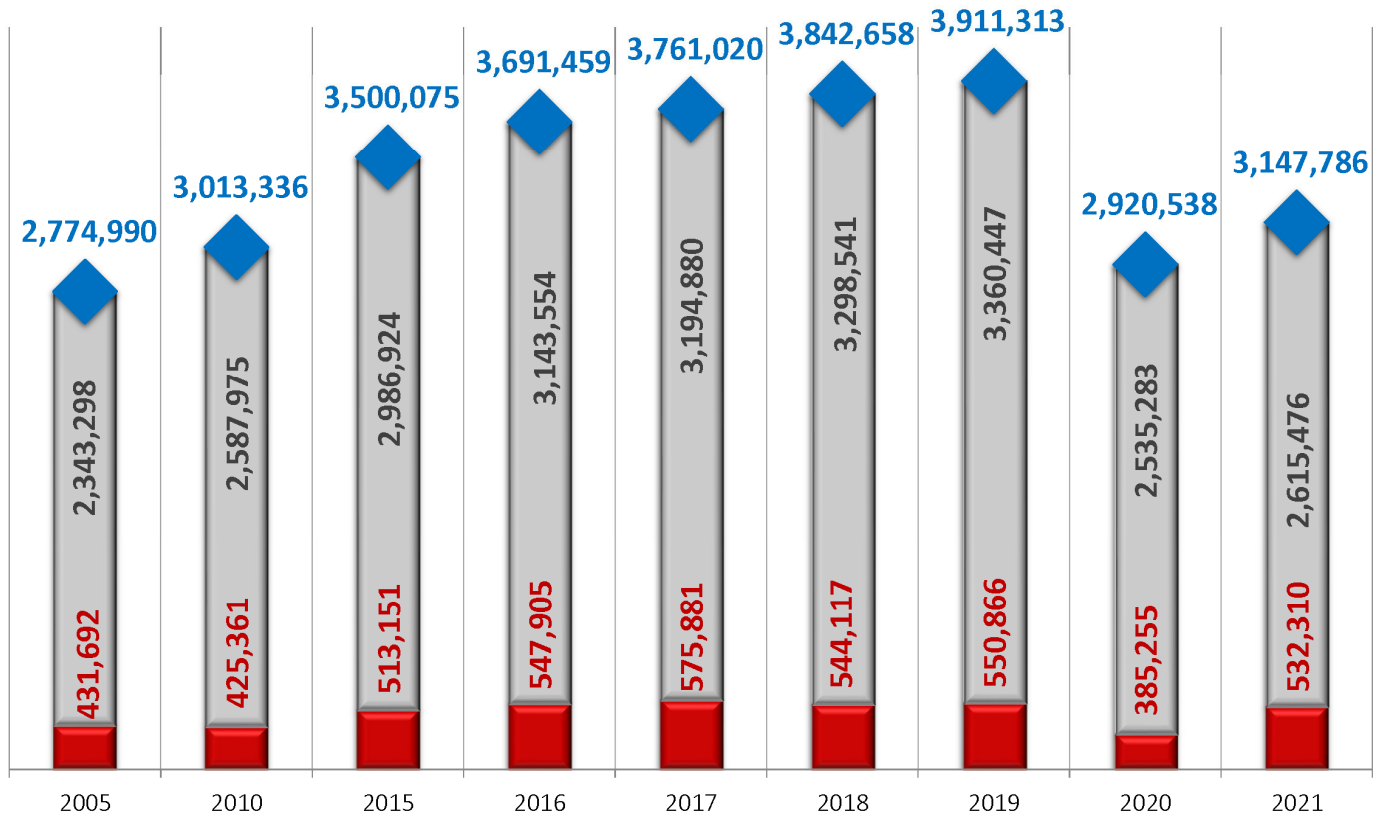
2021 EMS Times: Pediatric (90th Percentile)

- Transport Time (Time Left Scene to Time Arrived at Hospital)
- Scene Time (Time Arrived at Scene to Time Left Scene)
- Response Time (Time of Dispatch to Time Arrived at Scene)



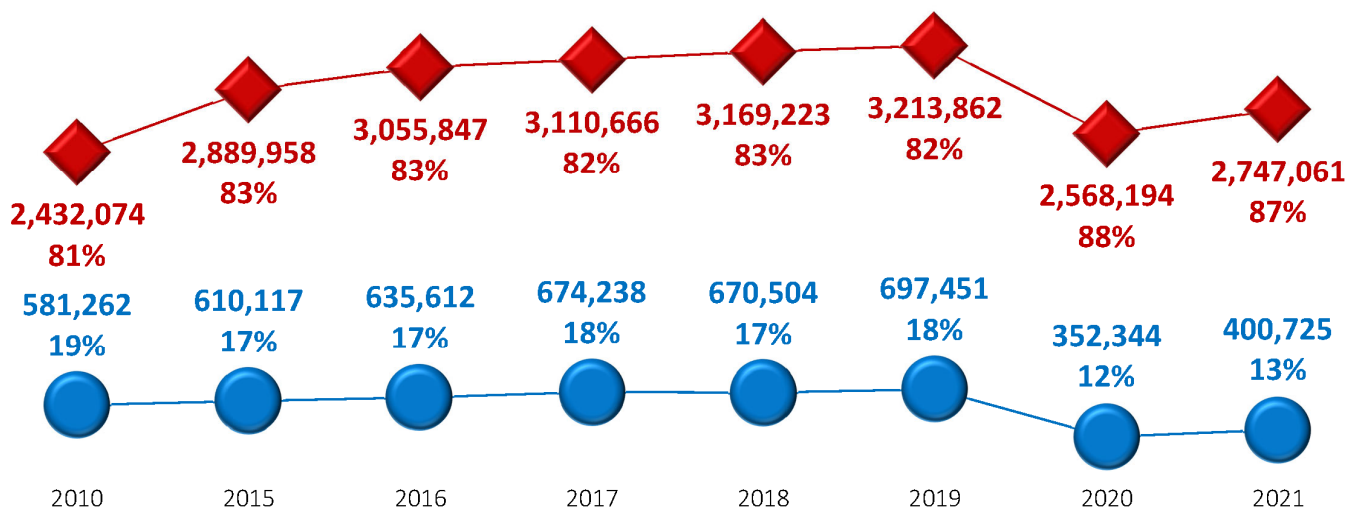
Emergency Department Volume

■ 9-1-1 Transports ■ Walk-In ◆ Reported Annual ED Visits



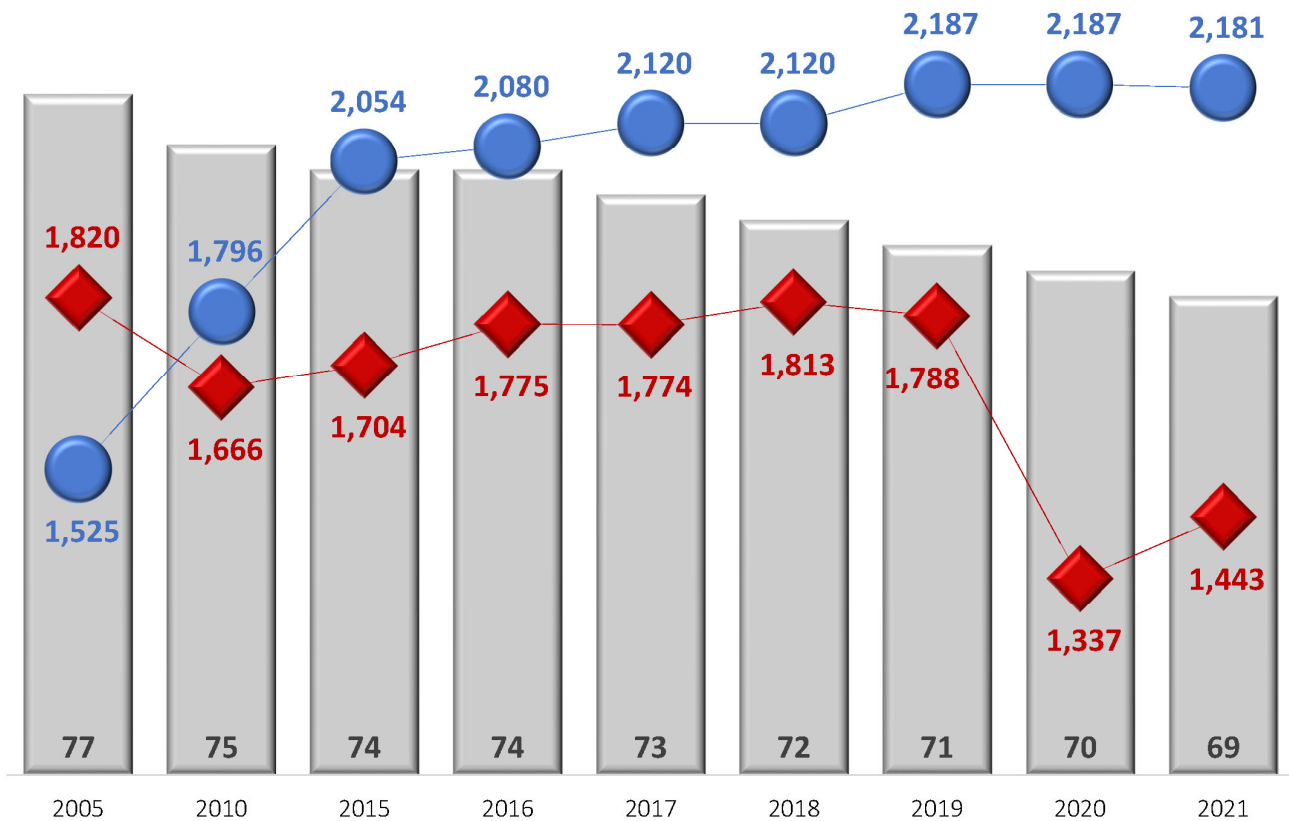
Adult:
15 years and older

Pediatric:
14 years and younger



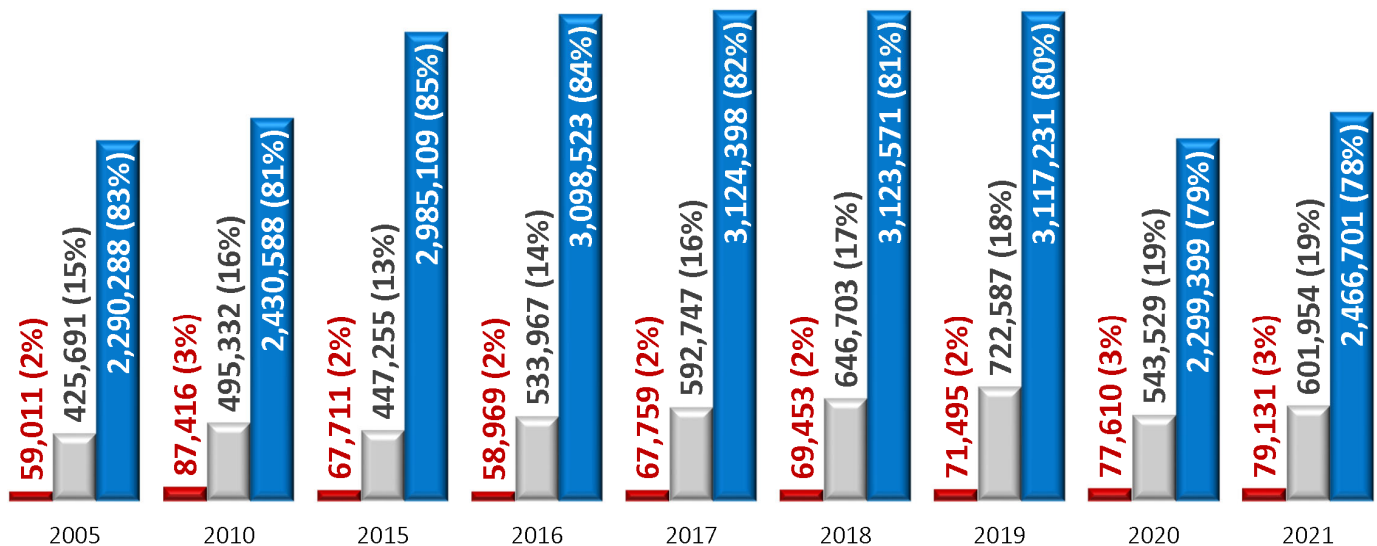
Emergency Department Volume

■ No. of EDs ● ED Treatment Stations ◆ Patients Per ED Treatment Station



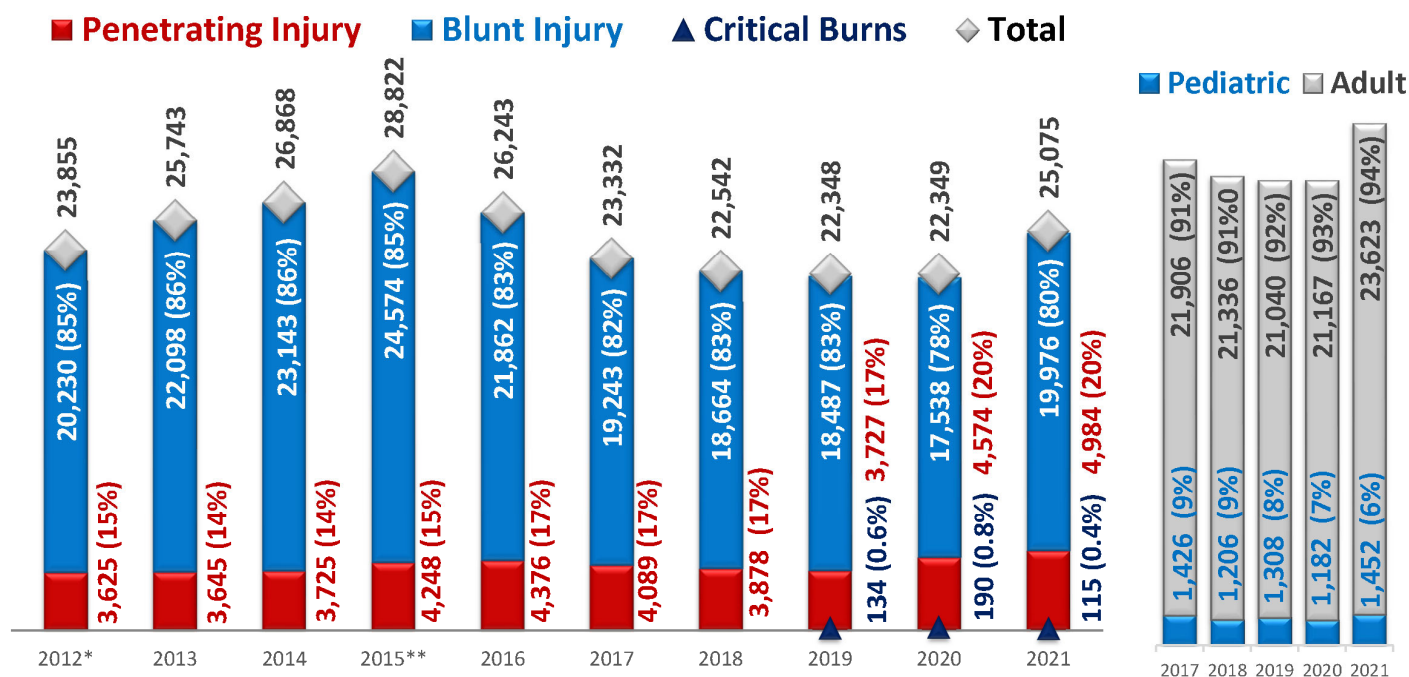
ED Patient Disposition (walk-in and 9-1-1)

■ Admitted to Intensive Care Unit
 ■ Admitted to Non-Intensive Care Unit Area
 ■ Discharged from ED/24 hr Observation





Trauma Center Volume

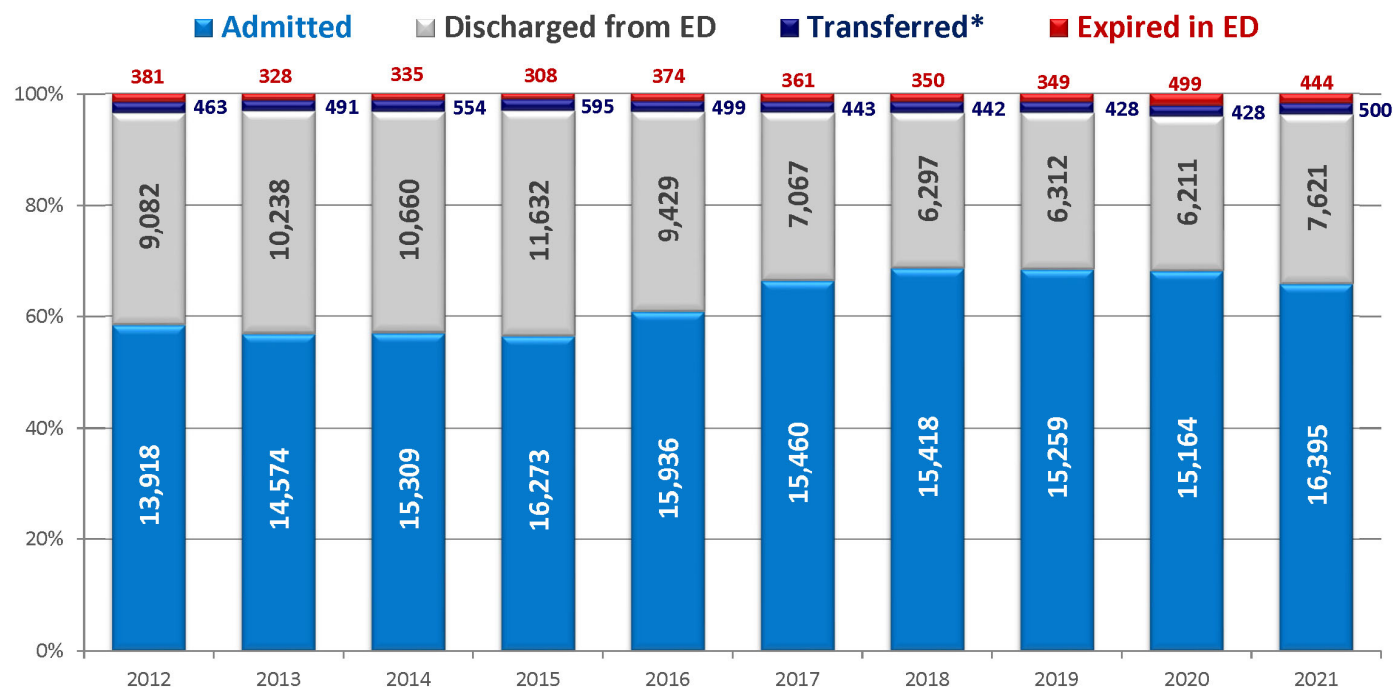


*2012: LA County adopted the Centers for Disease Control and Prevention Guidelines for Field Triage of Injured Patients

**2015: Trauma Center Registry inclusion criteria was reduced.

***2019: Critical Burns added as a Trauma Center Criteria

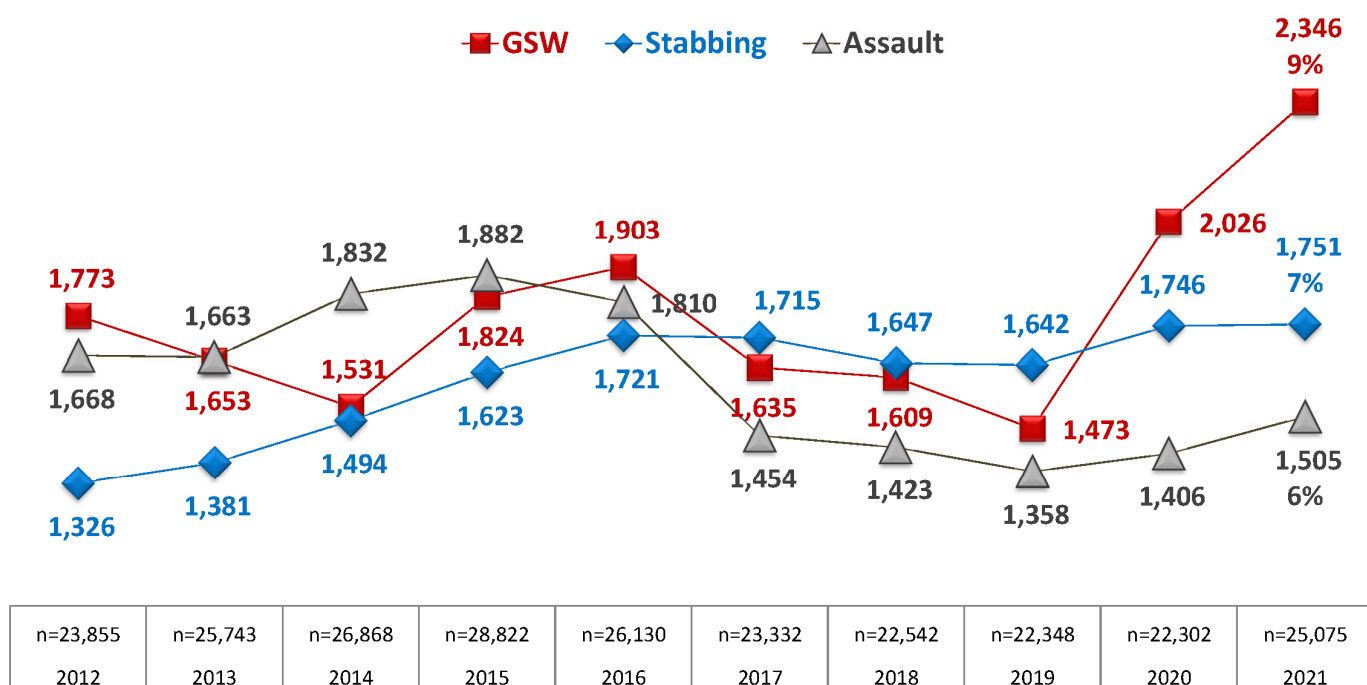
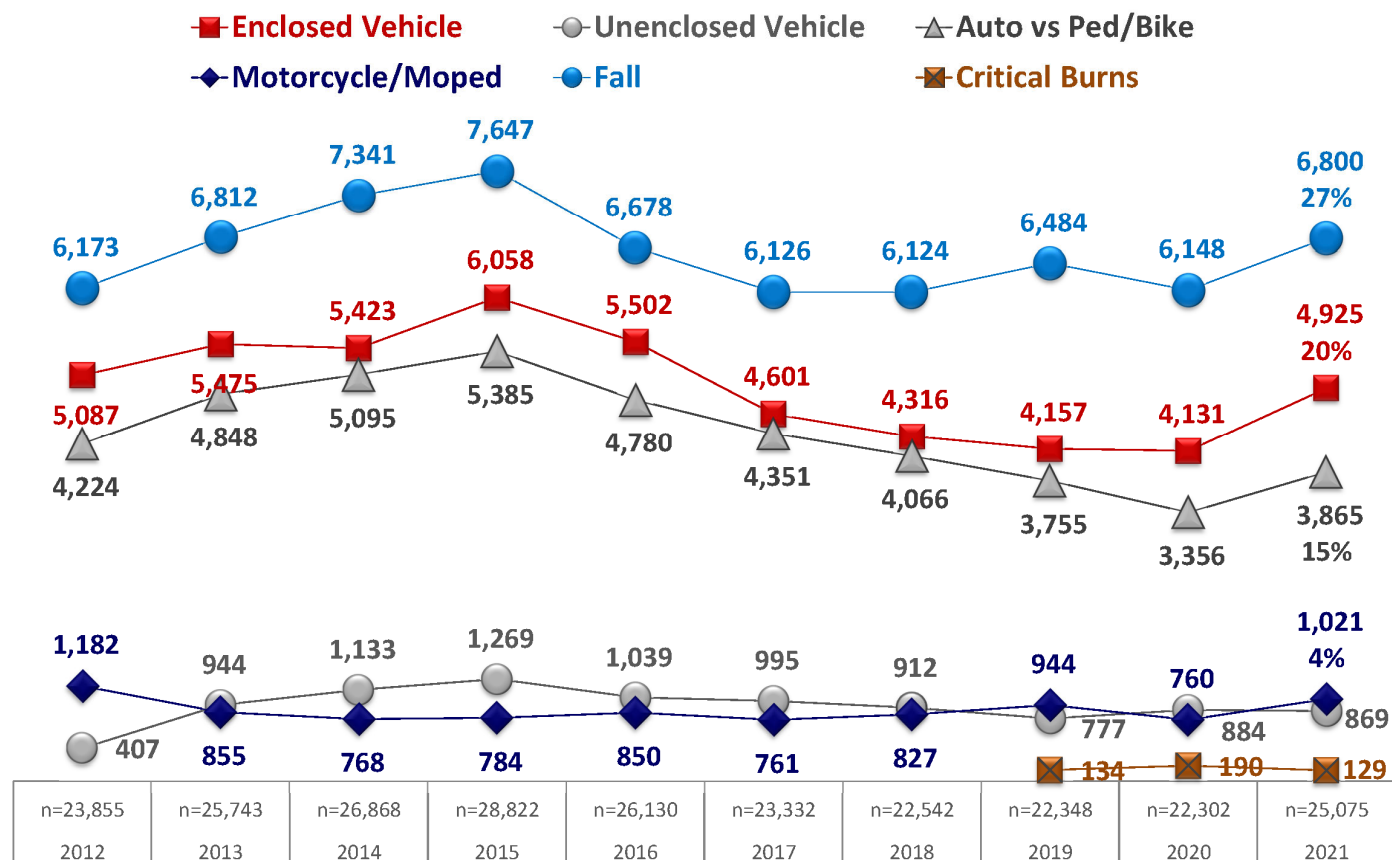
Patient Disposition of Trauma Center Patients



* Transferred to another health facility



Mechanism of Injury: Patients Transported to Trauma Centers

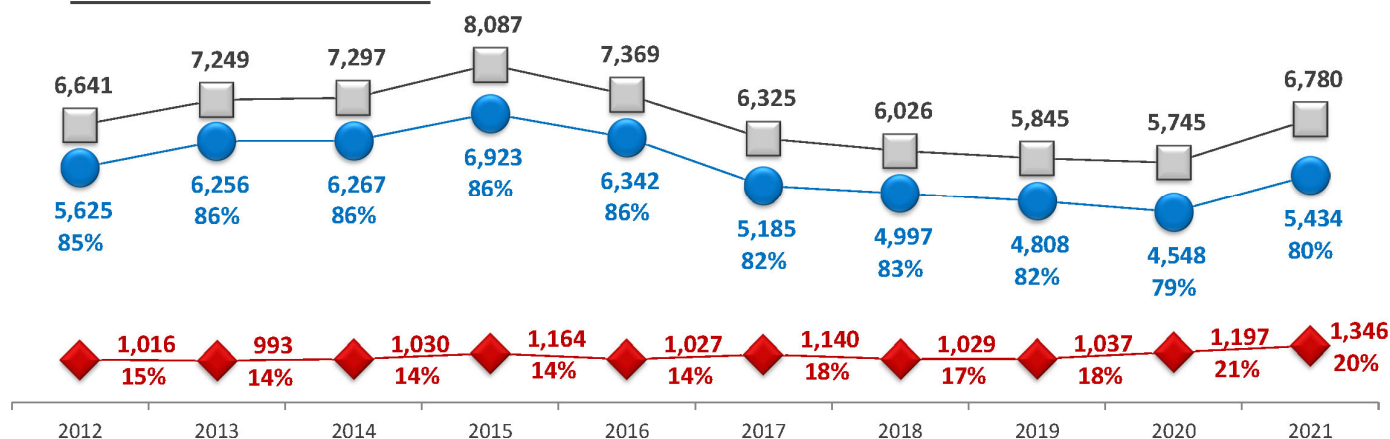




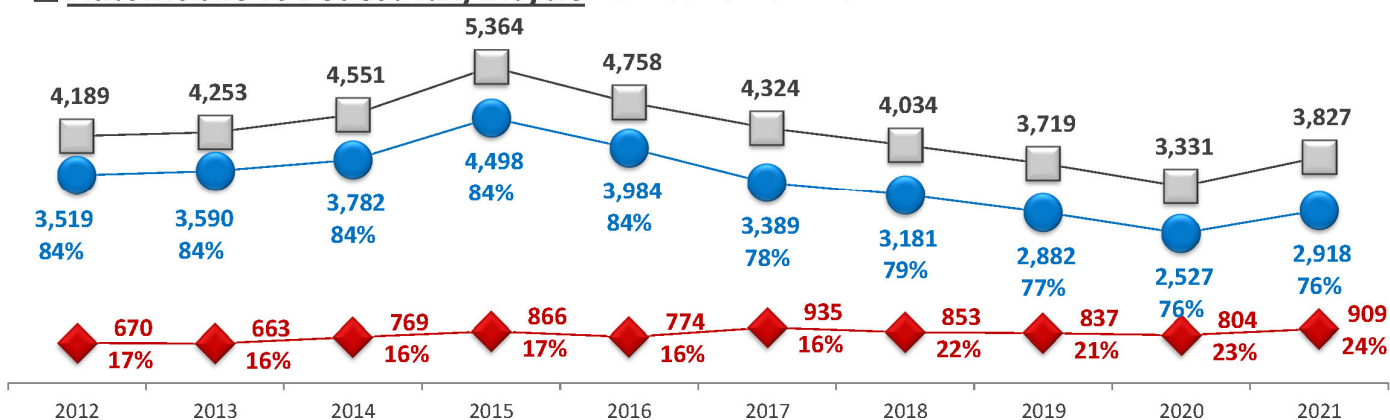
Injury Severity Score by Mechanism of Injury

Injury Severity Score (ISS): Is an established medical score to assess trauma severity. It correlates with mortality, morbidity and hospitalization time after trauma. It is used to define the term major trauma. A major trauma (or polytrauma) is defined as the ISS being greater than 15.

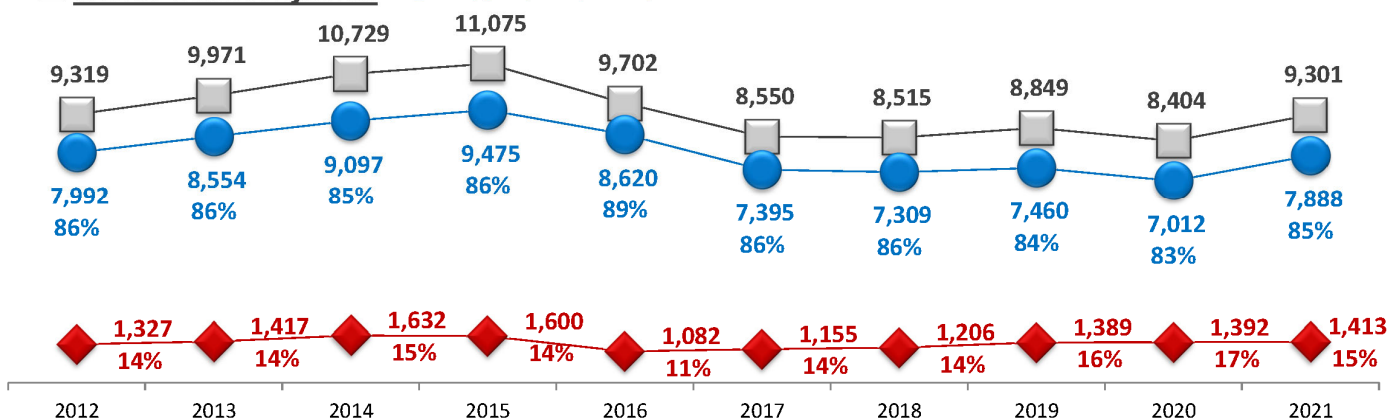
Motor Vehicle Accident



Automobile vs Pedestrian/Bicycle



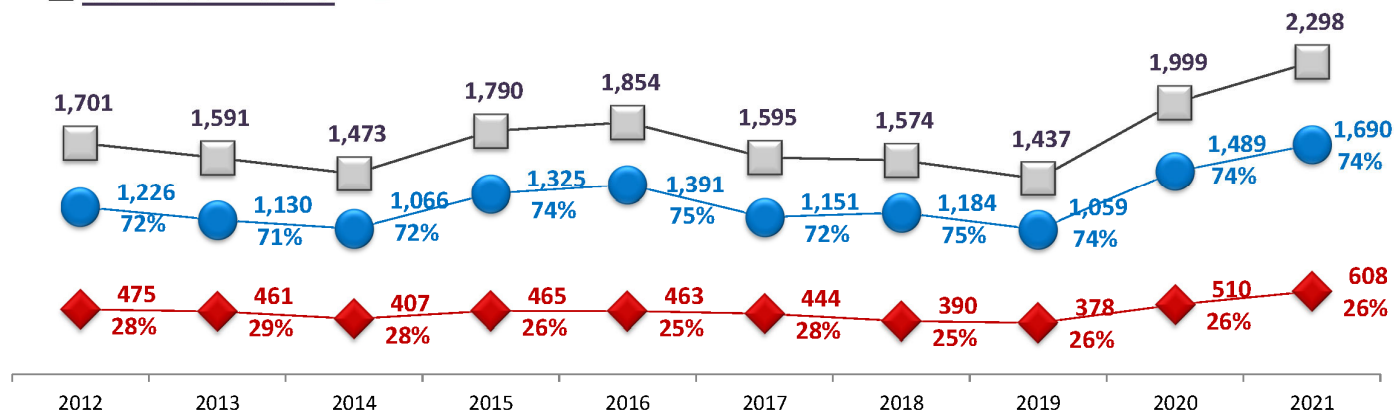
Other Blunt Injuries



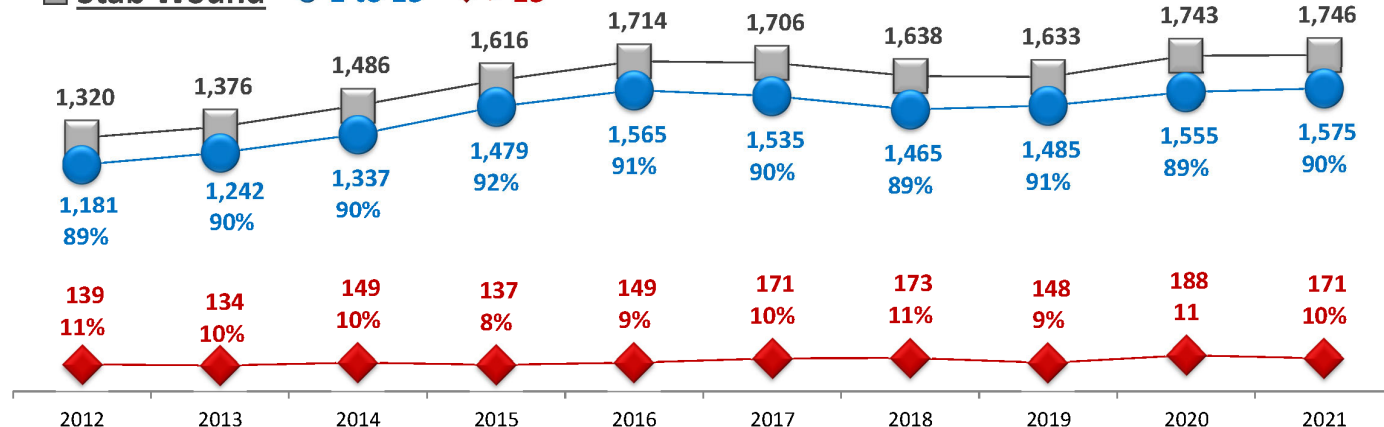


Injury Severity Score by Mechanism of Injury

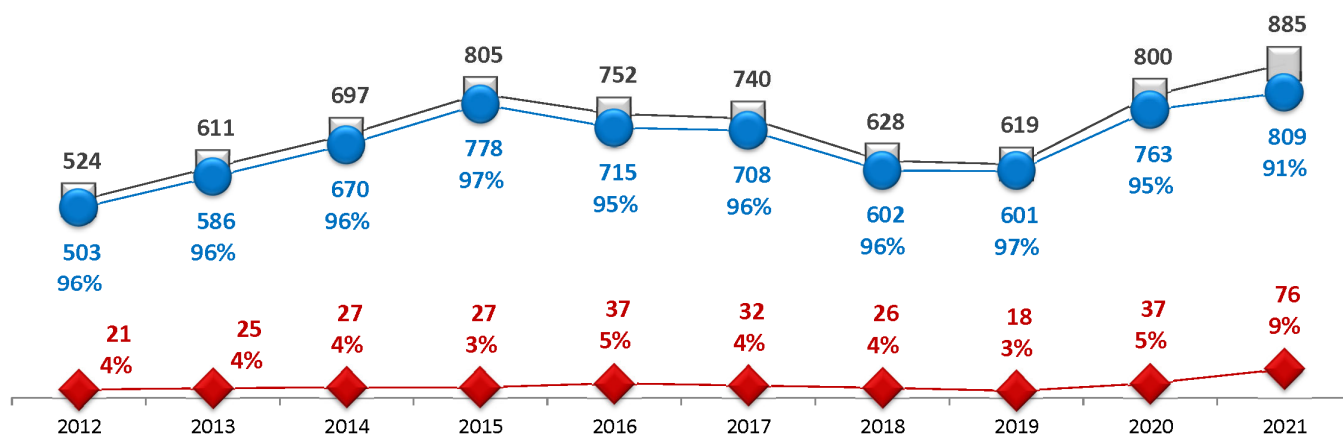
■ Gunshot Wound ● 1 to 15 ◆ > 15



■ Stab Wound ● 1 to 15 ◆ > 15



■ Other Penetrating Injury ● 1 to 15 ◆ > 15





ST-Elevation Myocardial Infarction (STEMI)

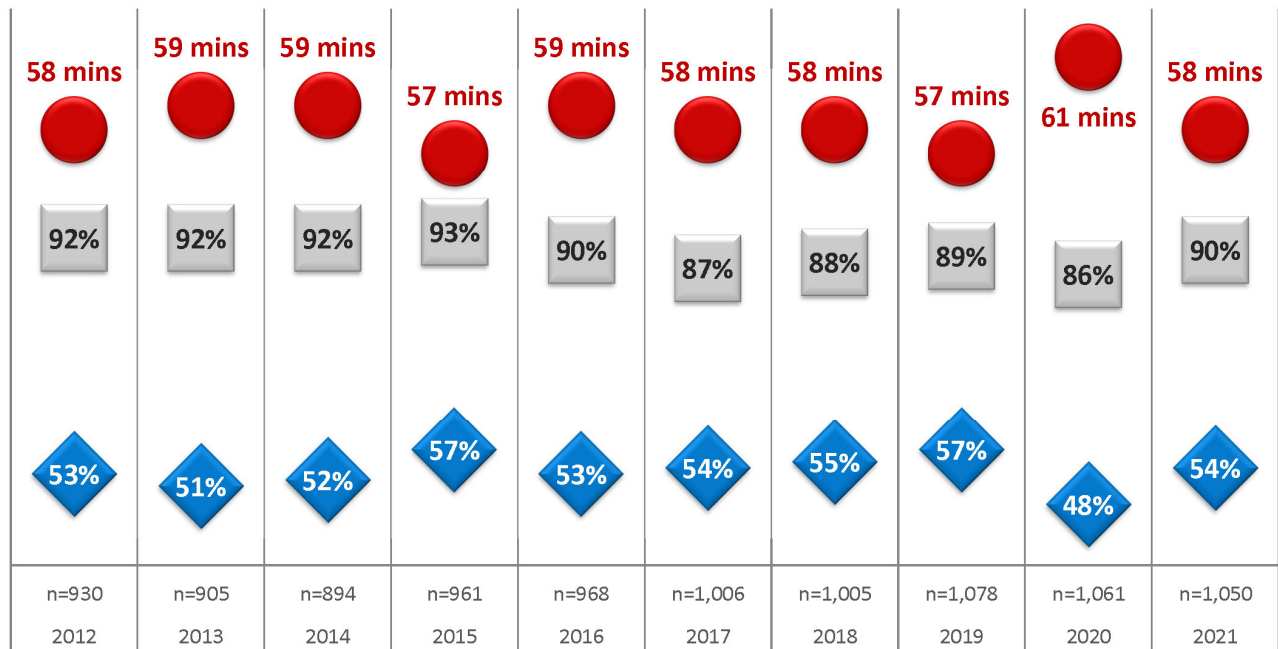
STEMI Receiving Center: Door-to-Device (D2B) Time

LA County Target: within 90 minutes 90% of the time

● Median D2B Time

■ % with D2B < 90 mins

◆ % with D2B < 60 mins



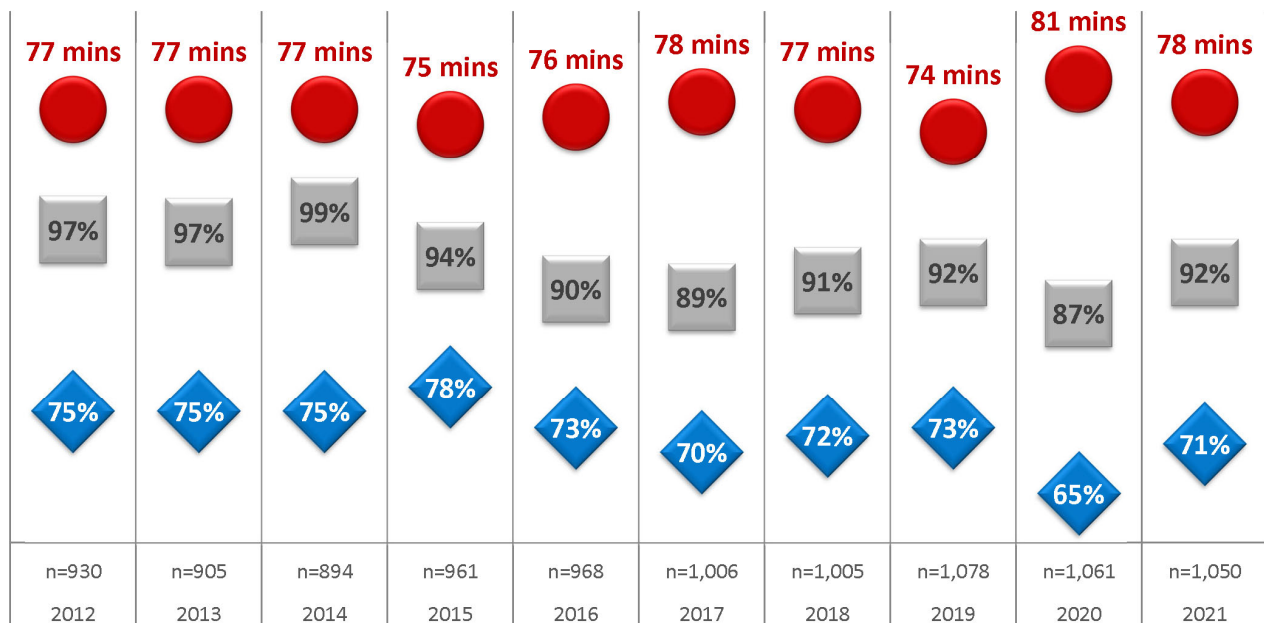
STEMI Receiving Center: EMS Medical Contact-to-Device (E2B) Time

LA County Target: within 120 minutes 90% of the time

● Median E2B Time

■ % with E2B < 120 mins

◆ % with E2B < 90 mins

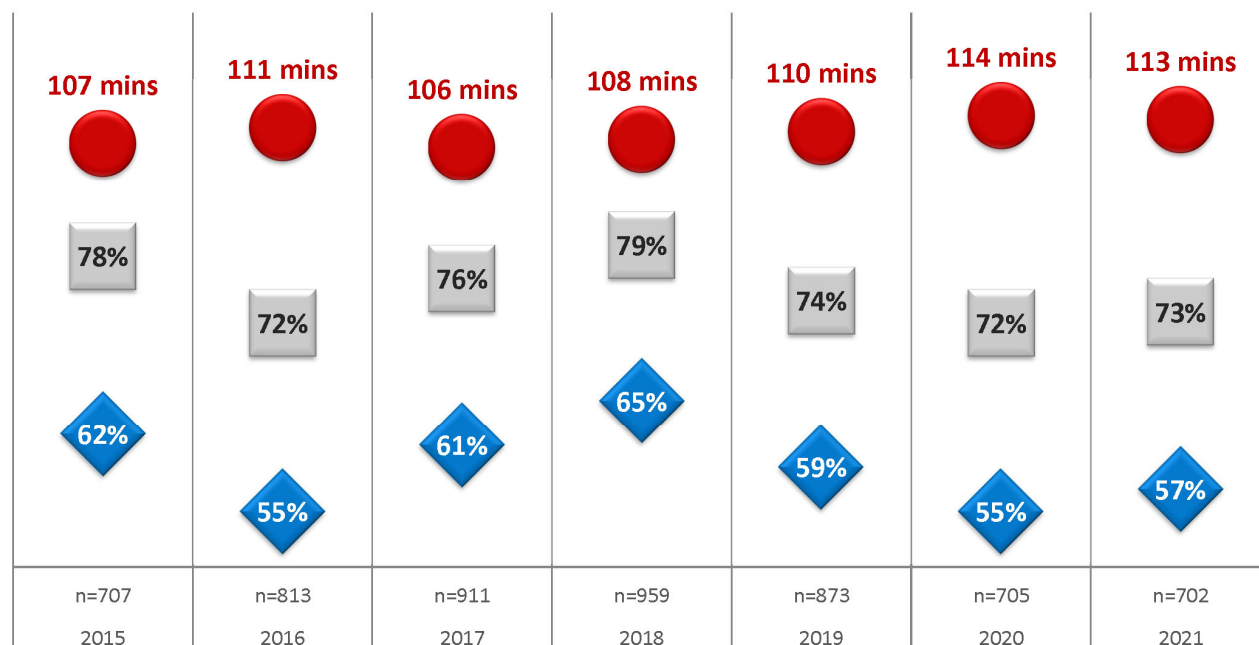




STEMI Referral Facility: Door-to-Device (D2B) Time

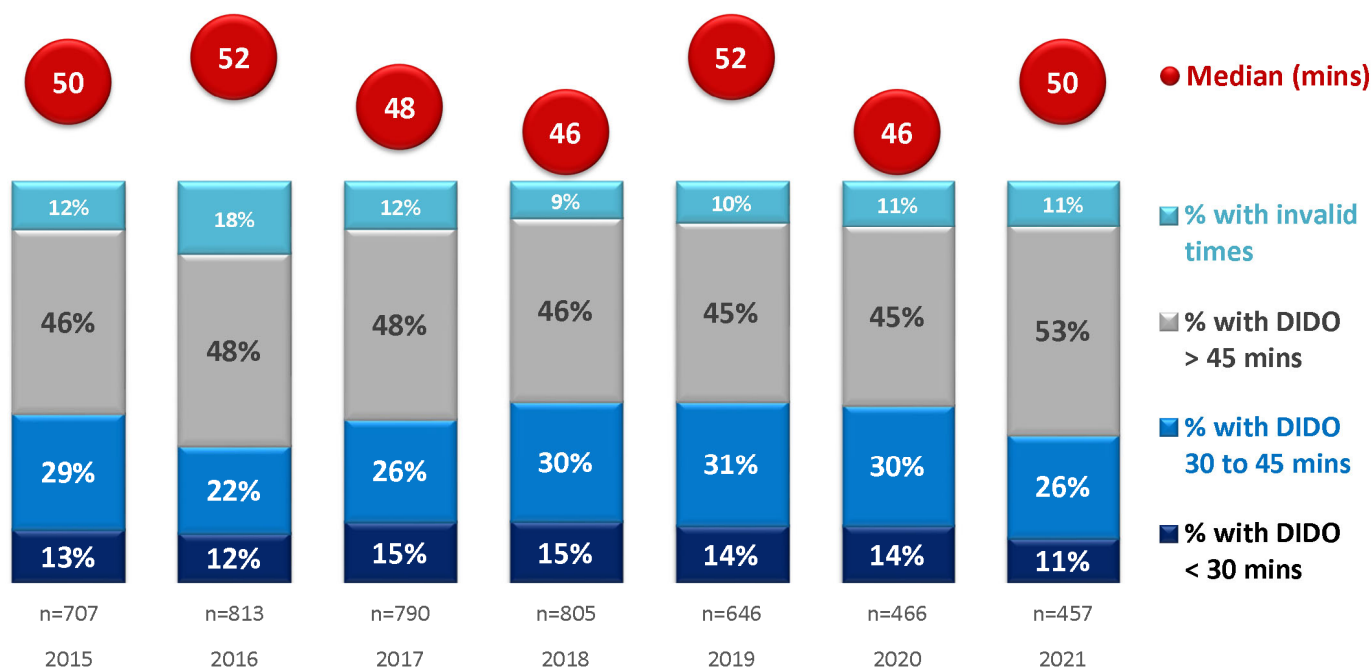
LA County Target: within 150 minutes 90% of the time

● Median SRF D2B Time ■ % with SRF D2B < 150 mins ◆ % with SRF D2B < 120 mins



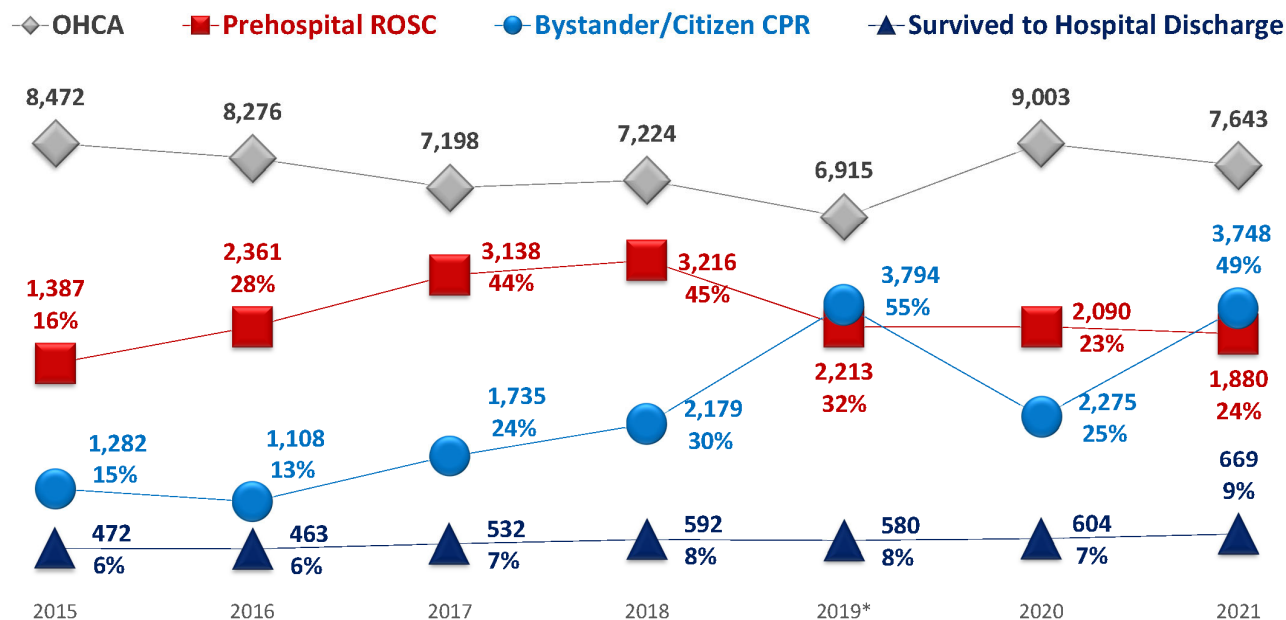
STEMI Referral Facility: Door-in Door-out (DIDO) Time

LA County Target: < 30 minutes

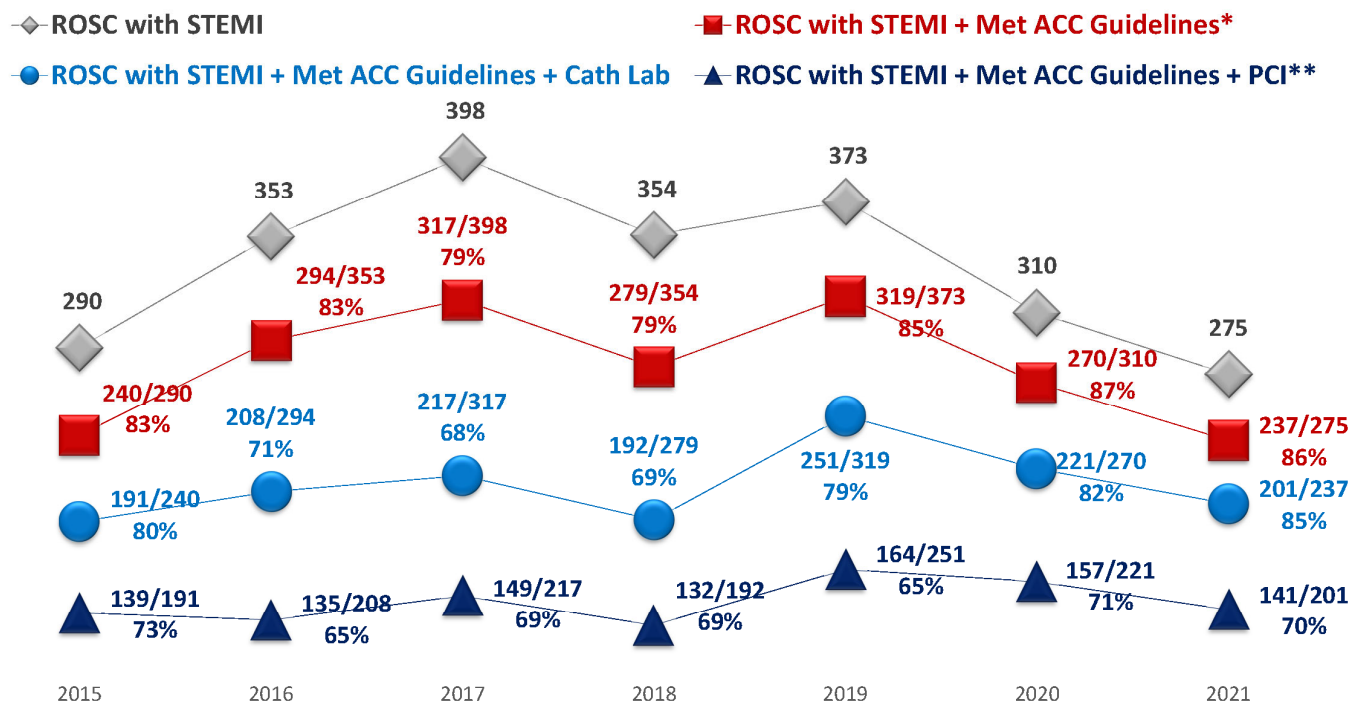




Out of Hospital Cardiac Arrest (OHCA) Return of Spontaneous Circulation (ROSC)



*2019 OHCA population is based on Provider Impression Cardiac Arrest Non-Traumatic, which was fully implemented April 1, 2019. DOAs were excluded.
2015-2018 OHCA population was based on Chief Complaint of Cardiac Arrest.



*ACC Guidelines for coronary angiography include: Age ≥ 18 , pt did not expire, no DNR, no medical condition that precludes coronary angiography, treatment not refused and CL available.

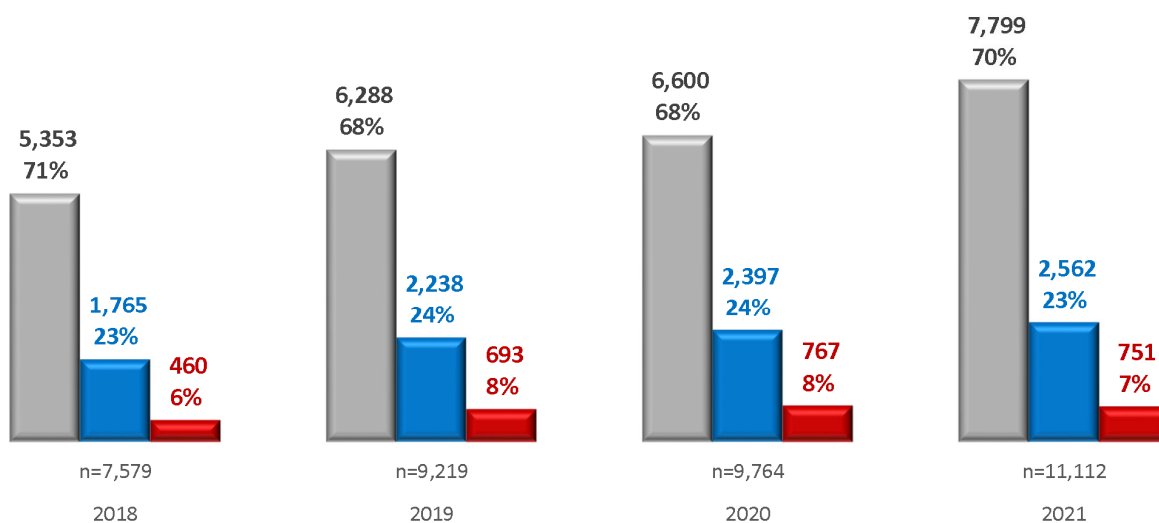
**PCI - Percutaneous Coronary Intervention is a procedure used to open or widen a narrowed or blocked coronary artery to restore blood flow supplying the heart.



Suspected Stroke Patient Destination

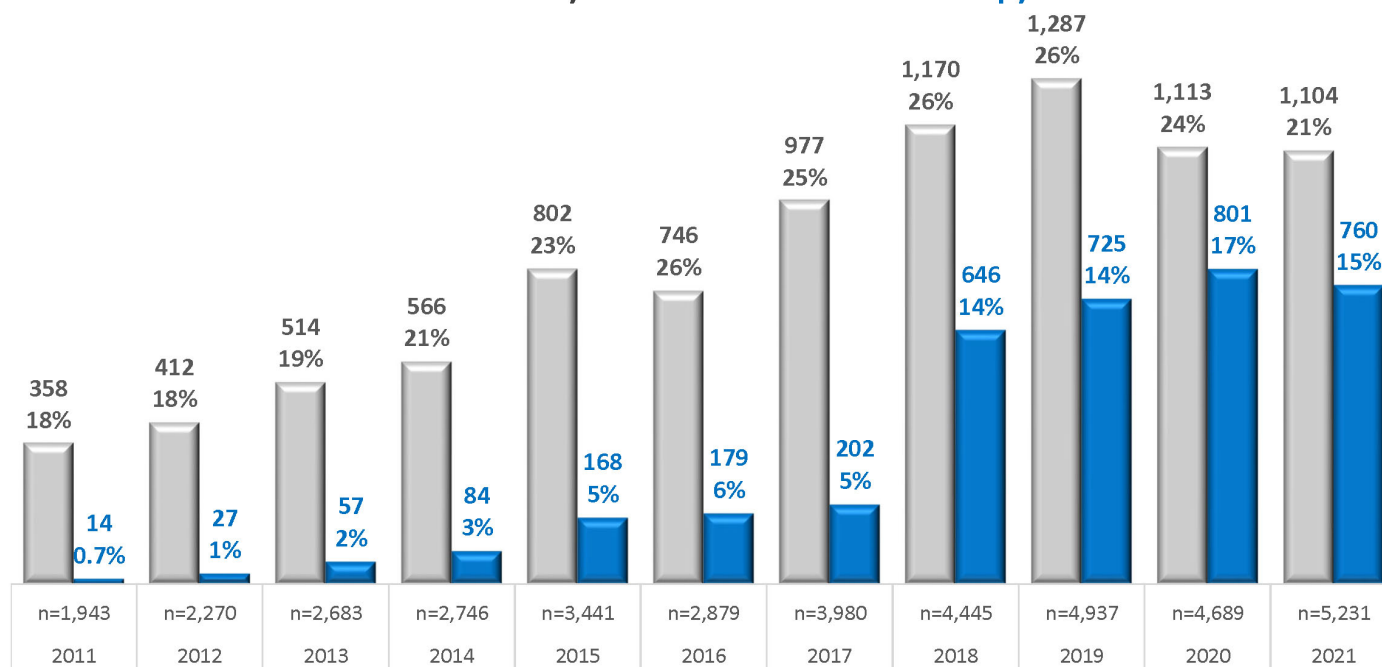
The routing of suspected stroke patients with large vessel occlusions based on a Los Angeles Motor Scale (LAMS) score of 4 or 5 to designated Comprehensive Stroke Centers began on January 8, 2018.

- Transported to a Primary Stroke Center
- Transported to a Comprehensive Stroke Center (also the most accessible stroke center)
- Transported to a Comprehensive Stroke Center (bypassed most accessible Primary Stroke Center)

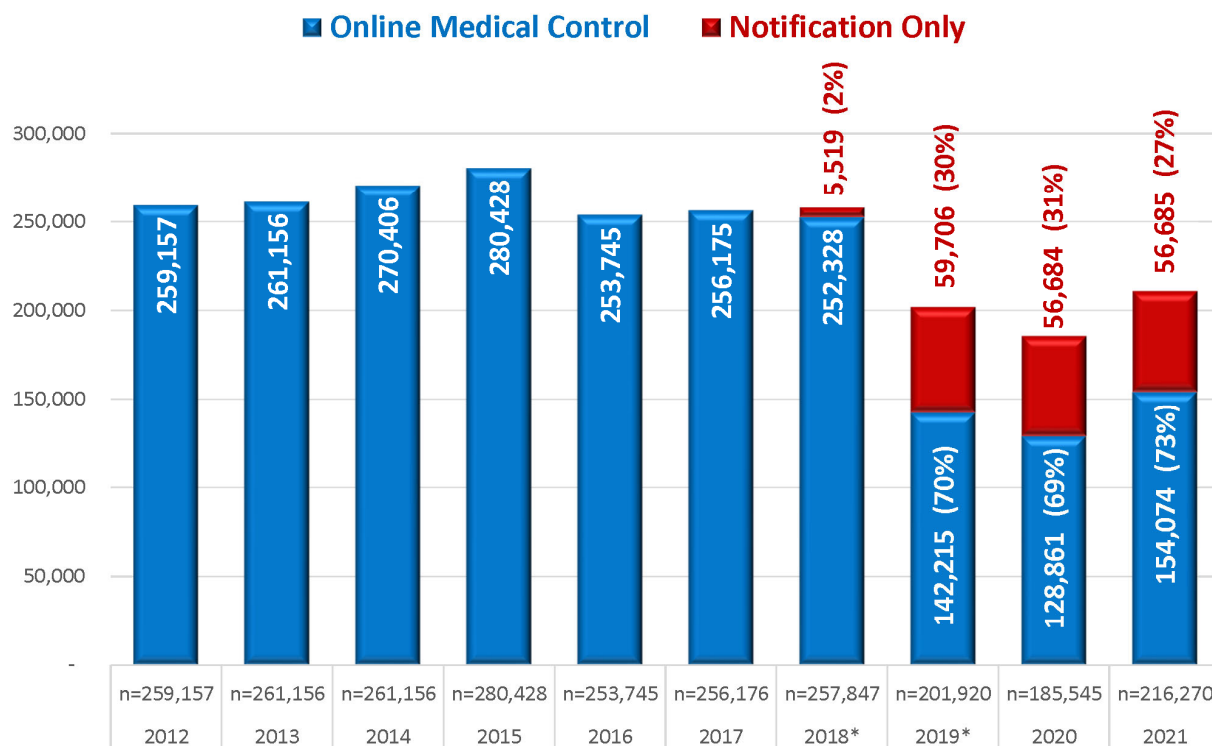


Treatment—All Ischemic Stroke

- Thrombolytics
- Endovascular Therapy



Paramedic Base Hospital Contact Volume



* Phased-in implementation of New Treatment Protocols started in July 1, 2018 and was fully implemented in April 1, 2019. The New Treatment Protocols reduced the number of EMS responses requiring online medical control.

EMS STRONG
RISING TO THE CHALLENGE

EMS AGENCY



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I THEREFORE, MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Health Services, with its Emergency Medical Services Agency, and the Director of the Department of Mental Health to, in **30 days:**
 - a. Create options so ~~Assign a staffed emergency transport vehicle to the~~ Martin Luther King, Jr. (MLK) Medical Campus ~~so~~ patients with medical and/or behavioral health needs on the campus can be timely and appropriately transported without the need to call the already over-burdened regional “9-1-1” system; and
 - b. Provide a written report to the Board on how the transport of psychiatric patients in Los Angeles County (County) by emergency medical services should function and the extent to which County-run hospitals are also receiving inappropriate transports of psychiatric patients from outside their catchment areas

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

2. Direct the Director of the Department of Health Services, through the Emergency Medical Services Agency, ~~in collaboration with~~ and the Director of the Department of Mental Health, in collaboration with County Counsel, the Interim Chief of the Fire Department, the Sheriff, appropriate law enforcement officials, the Hospital Association of Southern California and leadership from the MLK Community Hospital (~~CH~~) and the MLK Medical Campus Exodus Psychiatric Urgent Care Clinic, to report back in writing in **360 days** ~~on the development of~~ equitable operational and legislative options that better ensure ~~limit the transport of psychiatric patients from outside s catchment area to the MLK Medical Campus and its emergency room and to instead ensure they are~~ transported to appropriate mental health treatment and emergency room facilities in their areas of residence.



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



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

December 12, 2022

MEMORANDUM

TO: Distribution

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

SUBJECT: **PediDOSE Study Cards for Ambulances**

On October 1, 2022, the Los Angeles County Emergency Medical Services (EMS) Agency launched the "Pediatric Dose Optimization for Seizures in EMS" (PediDOSE) study, and the EMS system is currently in the "usual care" phase of the study.

Enclosed are cards with information on the PediDOSE study to be stored in each squad or rescue for all our 911 jurisdictional providers. The purpose of these cards is two-fold: 1) to serve as reminder to the EMS Providers about the PediDOSE study and 2) in the rare instance a parent or caregiver asks about the study, the paramedic can give them the number of the Research Coordinator (telephone number provided at bottom of the card). This number is a mobile phone so may receive calls or texts.

The cards are provided as a resource for the paramedic and are **not** to be routinely distributed to patient's families or caregivers.

Each EMS Provider Agency will receive 1 card per vehicle as well as replacement cards. It is up to each EMS Provider Agency to decide the best location for these cards within the vehicle (e.g., drug box or glove compartment).

If you have any questions, please contact Marianne Gausche-Hill at mgausche-hill@dhs.lacounty.gov.

Distribution:
EMS Provider Agency Medical Directors, Paramedic Coordinators, and EMS Educators; Base Hospital Medical Directors and Prehospital Care Coordinators



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Health Services
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December 15, 2022

TO: Licensed Los Angeles County Private Ambulance Providers
City Manager, Each Los Angeles County City

FROM: Richard Tadeo 
Director

SUBJECT: **WAIVER EXTENSION, LOS ANGELES COUNTY
PREHOSPITAL CARE POLICY REFERENCE NO. 455:
PRIVATE AMBULANCE VEHICLE AGE LIMIT**

In a letter dated September 22, 2021, the Director of the Los Angeles County Emergency Medical Services (EMS) Agency waived specific requirements of the Prehospital Care Policy Reference No. 455, Private Ambulance Vehicle Age Limit, as follows:

Maximum "age out" of an ambulance vehicle will be changed from ten (10) years to twelve (12) years if the following requirements are met.

1. **Only ambulance vehicles that have been previously licensed by the County, prior to the vehicles eight (8) year age, are eligible to renew annually up to the twelve (12) year age out limit.**
2. An ambulance over the age of eight (8) years, from date of manufacture, may not obtain a **new** ambulance vehicle license.
3. Exemption requests are no longer required when an ambulance vehicle reaches eight (8) years of age. The vehicle's license can be renewed through the normal fashion, up to the 12-year age out limit.

This is to extend this waiver through December 31, 2023. This waiver may be modified or canceled at any time without cause.

If you have any questions please contact Chris Rossetti, Ambulance Program Manager, at (562) 378-1688.

RT:kk
10-30a

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



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Health Services
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December 21, 2022

MEMORANDUM

TO: Distribution

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

SUBJECT: **EXPANSION OF THE LOS ANGELES (LA) COUNTY ECMO
PILOT TO LONG BEACH MEDICAL CENTER**

This is to inform you that Long Beach Medical Center is now an ECMO-capable STEMI Receiving Center (SRC) and will begin accepting patients who meet criteria for the Los Angeles (LA) County ECMO Pilot on **January 4, 2023**. In addition, Long Beach Fire Department will begin participating in the ECMO pilot on that date. This pilot is inclusive of adult prehospital patients with refractory ventricular fibrillation out-of-hospital cardiac arrest (rVF OHCA) and involves direct pre-notification and early transport, after criteria are confirmed, to ECMO-capable SRCs.

Approved pilot EMS provider agencies now include Beverly Hills, Culver City, LA, LA County, Long Beach and Santa Monica Fire Departments for units equipped with a mechanical compression device for whom an ECMO-capable SRC is within a 30-minute transport time.

Participating crews are directed to contact the ECMO Base directly to provide notification and to confirm the patient is an ECMO candidate. ECMO and Cath Lab teams will be activated while the patient is en route to the ECMO-capable center.

Please see the attached ECMO Pilot Protocol for details.

Paramedics should manage all other patients with non-traumatic OHCA, including rVF OHCA in non-participating areas, according to Treatment Protocol 1210, Cardiac Arrest. For such patients, resuscitation should be continued on scene until return of spontaneous circulation (ROSC) and discussion with the Base Physician shall occur prior to the decision to transport patients with ongoing resuscitation.

If you have any questions, please contact Nichole Bosson, Assistant Medical Director, at nbosson@dhs.lacounty.gov or (562)-378-1602.

Distribution:

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