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: May 17, 2023
TIME: 1:00 – 3:00 PM
LOCATION: ***IN-PERSON MEETING***
10100 Pioneer Boulevard
First Floor Hearing Room
Santa Fe Springs, CA 90670

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

NOTE: Please *sign in* if you would like to address the Commission.

AGENDA – Revised

1. CALL TO ORDER – Commissioner Lydia Lam, Chair

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

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

3.1 **Minutes**
March 8, 2023

3.2 **Committee Reports**
3.2.1 Base Hospital Advisory Committee
3.2.2 Provider Agency Advisory Committee

3.3 **Policies**
3.3.1 Reference No. 503.1: Diversion Request Requirements for Emergency Department Saturation
3.3.2 Reference No. 505: Ambulance Patient Offload Time (APOT)
3.3.3 Reference No. 512: Burn Patient Destination

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)
4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
4.2 Ambulance Patient Offload Time (APOT)
4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County
4.4 Measure B Advisory Board (MBAB)
4.5 EMSC Goals/Workplan – Interfacility Transports (IFTs)

Business (New)
None

5. LEGISLATION

6. DIRECTORS' REPORTS

6.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director

Correspondence

6.1.1 (2/09/23) LACAA – HASC Letter to Board of Supervisors – L.A. Care
6.1.2 (3/15/23) Measure B Funding Proposals for 2023
6.1.3 (3/20/23) Beverly Hospital Withdrawal from EDAP Program
6.1.4 (4/04/23) Temporary Suspension of Primary Stroke Center-Coast Plaza
6.1.5 (4/13/23) PediDOSE Study
6.1.6 (4/13/23) Sidewalk CPR – Monday, June 5, 2023
6.1.7 (4/17/23) Naloxone Approval and Data Registry – CSU-Northridge Police Department
6.1.8 (4/24/23) Arcadia Fire – New Medical Director, Angelica Loza-Gomez, MD
6.1.9 (4/26/23) Approval to Utilize Zoll AED Pro® Automated Defibrillator on Bicycle Assessment Units
6.1.10 (4/27/23) Primary Stroke Center Services Resume at Encino Hospital Medical Center

6.2 Marianne Gausche-Hill, EMS Agency Medical Director

6.2.1 (3/21/23) County of Los Angeles Department of Public Health COVID-19 Vaccine Mandate for EMS Personnel

7. COMMISSIONERS' COMMENTS / REQUESTS

8. ADJOURNMENT

To the meeting of July 19, 2023

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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

MINUTES
March 8, 2023
Zoom Meeting

☐ *Nabila Alam	So. CA Public Health Assn.	Richard Tadeo	Executive Director
☐ *Brian S. Bixler	Peace Officers' Assn. of LAC	Denise Watson	Commission Liaison
☒ Diego Caivano, M.D.	L.A. County Medical Assn.	Marianne Gausche-Hill, MD	EMS Staff
☒ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Jacqui Rifenburg	EMS Staff
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Nichole Bosson, MD	EMS Staff
☒ Carol Kim	Public Member, 1st District	Denise Whitfield, MD	EMS Staff
☐ *Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Kelsey Wilhelm, MD	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Christine Clare	EMS Staff
☒ Carol Meyer, RN	Public Member, 4th District	Phillip Santos	EMS Staff
☒ Garry Olney, DNP	Hospital Assn. of So. CA	Christine Zaiser	EMS Staff
☒ Robert Ower, RN	LAC Ambulance Association	Laura Leyman	EMS Staff
☒ Paul Espinosa	LA County Police Chiefs' Assn.	Vanessa Gonzalez	EMS Staff
☒ Kenneth Powell	LA Area Fire Chiefs' Assn.	Gary Watson	EMS Staff
☒ Paul S. Rodriguez	CA State Firefighters' Assn.	Sara Rasnake	EMS Staff
☒ Brian Saeki	League of CA Cities/LA County	Sandy Montero	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Ami Boonjaluksa	EMS Staff
☐ *Jason Tarpley, M.D.	American Heart Association	Fritz Bottger	EMS Staff
☒ Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP	Susan Mori	EMS Staff
☐ *Gary Washburn	Public Member, 5th District	Andrea Solorio	EMS Staff
		Miguel Ortiz-Reyes	EMS Staff
		Lorrie Perez	EMS Staff
		Mark Ferguson	EMS Staff
		Priscilla Romero	EMS Staff
		Jennifer Calderon	EMS Staff
		Aldrin Fontela	EMS Staff
		Natalie Greco	EMS Staff
		Lily Choi	EMS Staff

GUESTS

David Molyneux/W-Cst Amb	Jennifer Nulty/Torr-FD	Roger Braum	Brit Alton/BFD
Shelly Trites/TMMC	Jessica Strange/ProvSJMC	Clayton Kazan, MD	Laurie Donegan/LBM
Matthew Pall/Conejo Health	Rafael De La Rosa	V. Lemus	Lorna Mendoza/SFM

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

1. 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 1:00 p.m. by Vice Chair Diego Caivano who chaired the meeting. Roll call was taken by Commission Liaison Denise Watson. A quorum of 13 Commissioners were present.

LOS ANGELES COUNTY BOARD OF SUPERVISORS
Hilda L. Solis
First District
Holly J. Mitchell
Second District
Lindsey P. Horvath
Third District
Janice K. Hahn
Fourth District
Kathryn Barger
Fifth District

COMMISSIONERS
Ms. Nabila Alam
Southern California Public Health Assn.
Captain Brian S. Bixler
Peace Officers Association of LA County
Diego Caivano, MD, Vice Chair
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)
Ms. Carol Kim
Public Member (1st District)
Lydia Lam, MD, Chair
American College of Surgeons
James Lott, PsyD., MBA
Public Member (2nd District)
Carol Meyer, RN
Public Member (4th District)
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
Atilla Uner, MD, MPH
California Chapter-American College of Emergency Physicians (CAL-ACEP)
Mr. Gary Washburn
Public Member (5th District)

EXECUTIVE DIRECTOR
Richard Tadeo
(562) 378-1610
RTadeo@dhs.lacounty.gov

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

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Richard Tadeo, EMSC Executive Director, announced that Carol Kim is the newest member to the EMS Commission. Commissioner Kim introduced herself and provided her background. She represents the First Supervisorial District on behalf of Supervisor Hilda Solis.

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

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

3.1 Minutes

3.1.1 January 18, 2023 Minutes were approved

3.2 Committee Reports

3.2.1 Base Hospital Advisory Committee (BHAC)
3.2.2 Provider Agency Advisory Committee (PAAC)

3.3 Policies

3.3.1 Reference No. 326: Psychiatric Urgent Care Center Standards
3.3.2 Reference No. 328: Sobering Center Standards
3.3.3 Reference No. 506: Trauma Triage
3.3.4 Reference No. 506.1: Trauma Triage Decision Scheme
3.3.5 Reference No. 526: Behavioral/Psychiatric Crisis Patient Destination
3.3.6 Reference No. 528: Intoxicated (Alcohol) Patient Destination
3.3.7 Reference No. 604: Prehospital Care Forms

Motion/Second by Commissioners Meyer/Olney to approve the Consent Agenda was held for discussion:

Commissioner Uner recommended Policies Reference Nos. 326, Psychiatric Urgent Care Center (PUCC) Standards, and 328, Sobering Center (SC) Standards, include language that specifies on-call physician's response time for both call-backs and in-person responses, as well as adding that the physician cannot be contracted with a company out of state even if licensed in California.

Director Tadeo reported requirements for these references were based on State regulations from 2022. Although previously approved by the EMSC, these are being brought back to the EMSC for endorsement due to recent revisions of the State regulations.

Discussion continued around the 15-minute transport time for general acute transport and 30 minutes for specialty designation reporting requirements, the adverse events two-hour cut off for immediate notification to the EMS Agency, and 9-1-1 transport reporting to the EMS Agency. It was recommended that the adverse events time of two (2) hours be extended to 48 hours or the duration of the stay at the alternate destination.

Dr. Marianne Gausche-Hill, EMS Agency Medical Director, commented this is important for the EMSC to know:

1. The two-hour reporting was to address the issue that EMS providers cannot adequately screen these patients.
2. For PUCC and SC, the total number of EMS transported patients admitted to another care facility needs to be reported.
3. The total number of EMS transported patients who experience an adverse event

needs to be reported.

4. There needs to be a procedure in place for notifying the EMS Agency of patient transfers from PUCCs requiring 9-1-1 transport within 6 hours of admission to the PUCC.

Motion/Second by Commissioners Meyer/Olney to approve the Consent Agenda was carried by majority vote:

Aye (11):	*Caivano, Cheung, Espinosa, Hisserich, Kim, Meyer, Olney, Ower, Powell, Saeki, Snyder*
No (1):	*Uner*
Abstain(0):	*None*
Absent (7):	*Alam, Bixler, Lam, Lott, Tarpley, Washburn, (Rodriguez – off-call at vote)*

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies

Director Tadeo reported on Alternate Destination Volumes for current PUCCs and SCs including bed availability and volumes received from EMS from 2020 to 2022. Once policies are approved, the EMS Agency will submit an amended EMS Plan to the State requesting approval to implement the project and then reach out to PUCCs and SCs that have not been designated and encourage more EMS providers to participate.

There was discussion about Long Beach Fire Department's (LBFD) and Long Beach Police Department's (LBPD) joint training document that clarifies roles and responsibilities in utilizing their Integrated Medical Intervention Plan for Suspected Excited-Agitated Delirium Patients.

Dr. Gausche-Hill reported having gone to Long Beach to experience the combined training and that it was well-done, and Dr. Nichole Bosson, EMS Agency Assistant Medical Director, is leading a law enforcement multidisciplinary initiative to evaluate policies relative to disengagement.

Dr. Bosson reported that the collaborative group had their first meeting in January with participation from multiple law enforcement agencies, EMS providers and the EMS Agency, and will meet quarterly with the hope to understand how we interact and work together on complex responses to mental health emergencies. This will be shared with the EMSC as the initiative progresses and educational documents are drafted.

Dr. Gausche-Hill thanked Dr. Erick Cheung, Dr. Denise Whitfield, and Adam Kipust, student at UCLA, who have been working on these projects and are helping lead an effort to create the following peer-reviewed manuscripts:

1. Behavioral health initiative launched by EMSC and putting that into perspective and what the outcomes were of that; and
2. The initiation of a training program and development of a verbal de-escalation Medical Control Guideline on agitation; updated restraint policies and treatment protocols on behavioral health and crisis, as well as agitated delirium. The plan is to track data and discuss development of these and share across the medical communities.

4.2 Ambulance Patient Offload Time (APOT)

Director Tadeo reported on Fourth Quarter 2022 APOT data which included data specific to provider agencies as requested by the EMSC. The deficiency in the data is mostly with the contracted emergency ambulance providers. The report was provided to AMR, McCormick and Falck to continue educating their personnel on the importance of complete and accurate documentation of APOT. The EMS Agency continues to monitor the corrective action plans from three hospitals identified in December 2022 with the most egregious APOT. Ref. No. 505 has helped engaging hospital leadership in addressing APOT. In late February, the EMS Agency identified additional hospitals with severe APOT delays and corrective action plans were also requested.

Data was presented on Providence Little Company of Mary Medical Center's "Runway" program developed to address APOT, and with sustained positive results the EMS Agency will endorse the program.

The Los Angeles County Ambulance Association (LACAA) and the Hospital Association of Southern California (HASC) have engaged the EMS Agency in dialogue regarding APOT to look at the possibility of including interfacility transfer (IFT) data as the EMS Agency moves towards upgrading its data system to NEMSIS 3.5 standards. Currently, APOT is calculated based on 9-1-1 transports only. An undercalculation of the real extent of the APOT problem may exist with the exclusion of IFT from the APOT reports. Since, the EMS Agency has not historically collected data for IFTs, it has requested LACAA to conduct a survey or canvass their membership to determine which companies utilize electronic patient care record management systems and which have the capability to transmit IFT data.

Commissioner Ower requested clarification as to why Los Angeles County Fire (LACoFD) APOT data appears favorable, but its ambulance transport providers do not show the same good APOT. Further clarification was provided by Director Tadeo that the APOT varies between LACoFD and the three ambulance transport providers because of the delivery model. LACoFD paramedics are usually released after providing patient report to the ED staff while the ambulance transport crew are released at a later time when an ED bed becomes available for patient offload.

Commissioner Carole Snyder requested clarification on how the EMS Agency identified the next set of hospitals that received requests for corrective action plan. Director Tadeo clarified that the decision was based on the number of occasions the EMS AOD was called by EMS providers to place a hospital on diversion due to APOT delays and the hospitals with the highest percentage of APOT exceeding 120 minutes.

Commissioner Snyder also requested that diversion data be broken down between hospital-initiated versus EMS provider-initiated diversion. The current ReddiNet configuration does not capture EMS provider-initiated diversion when the hospital has already placed itself on diversion. The EMS Agency will discuss with ReddiNet possible options.

The EMS Agency was requested to identify options to assist with the difficulty of hospitals obtaining ambulance transport for IFTs. Director Tadeo reported part of the IFT issues are related to rate reimbursements. Medicare and Medi-Cal reimbursement rates have not increased for many years at around $100 per transport for private ambulance providers, whereas public providers have received an increase of over $900. The EMS Agency is working with County Counsel and the Board of Supervisors to amend the current LA

County Ambulance Ordinance to increase the maximum allowable ambulance rates. The EMS Agency anticipates the increase will be comparable to what is being requested by the ambulance operators. It is going through the approval process and anticipated to be effective July 1, 2023.

Vice Chair Caivano noted that there are hospitals with high APOT that just do not have the rooms to offload patients and the hospitals receiving all the higher level of care transports tend to have better APOT times versus the hospitals that tend to get a lot of the private ambulances and that this is a capacity issue crisis.

4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County

Director Tadeo reported not receiving any information yet but will keep this on the agenda in case Alameda EMS Corp calls back.

4.4 Measure B Advisory Board (MBAB) – EMSC Representation (Vote Required)

Director Tadeo reported the unallocated Measure B funds are anticipated to be $28 million to be available for projects that the MBAB will review. The EMS Agency will send out a letter next week outlining the process. We will have a project submitter's conference on April 12, 2023 which will describe the process. This is on the agenda for the EMSC to vote on who will represent the EMSC on the MBAB Committee.

Motion/Second by Commissioners Ower/Uner to nominate Commissioner Carole Meyer as EMSC Representative on the MBAB was carried unanimously.

Business (New)

4.5 EMSC Goals/Workplan

Director Tadeo asked if the EMSC wanted to add IFT transport delays as an EMSC goal as discussed at the Open Forum section of the January EMSC meeting. A report on IFTs utilizing 911 transports was pulled from the EMS Repository of TEMIS to see the types of IFT calls.

There was discussion about 9-1-1 calls by acute care facilities to effect an IFT, currently only allowed for trauma re-triage and STEMI in the Emergency Department. Hospitals are seeing significant delays with getting private ambulances for IFTs which impacts nurse staffing ratios. Options discussed included: potential to develop a critical care transport model where there would be additional reimbursement that maybe the hospitals could rotate or contribute to and have it regionally located. Roadblocks to getting patients accepted to a tertiary facility; expanded scope for paramedics (PM) involved in the IFT transports of patients on vasopressors. Need to separate issues that fall under EMTALA versus reimbursement issues. Request made to allow 9-1-1 re-triage be considered for neurosurgical emergencies as there are limited resources in the County. There was a recommendation to establish two workgroups to tease out realistic objectives to achieve: one for ALS critical care transport and a separate private IFT workgroup or start with identifying the IFT issues and problems and then move forward.

More discussion ensued specifically on patients awaiting discharge to a SNF; how to measure the number of patients waiting to get discharged back to the SNF and how long they are waiting; the number of patients still in beds greater than 30 days because there is no available SNF to discharge patients to; having an accepting SNF but ambulance to get them transported there; SNF beds reassigned due to delayed or no transport; SNFs buying their own ambulance or provide transportation to take patients who are waiting; and SNFs denying providers and patients due to lack of payment.

Concerns were also raised regarding LA Care and the inadequate services provided. Director Tadeo reported there was a joint letter from HASC and LA Care that was sent out last week. It was requested to include this in the next meeting.

The EMS Agency will talk internally and see what we can come up with in terms of a workgroup for ALS critical care transport, as well as BLS IFTs as recommended.

4.6 Return to In-Person Meetings – FAQs

Director Tadeo reported on the Board motion to end the state of emergency for LA County effective March 31, 2023 and reported the EMSC will resume in-person meetings beginning with the May 17, 2023 meeting. The EMS Agency is not set up to meet the requirements of AB 2449 for a hybrid model at this time but will look into setting up for broadcasting only based on current technical abilities moving forward. The Provider Agency Advisory Committee and Base Hospital Advisory Committee meetings will resume in-person meetings in April.

5. LEGISLATION

Director Tadeo reported on the following legislation:

AB 40: Requires LEMSAs to develop a standard APOT of 30 minutes 90% of the time. EMSAAC is watching this bill closely.

AB 767: Extends the Community Paramedicine or Triage to Alternate Destination Act of 2020 pilot program to January 1, 2031. Currently, AB 1544, which is our psychiatric urgent care and sobering centers, is set to expire January 1, 2024. AB 767 extends the date.

AB 1180: Removes the requirement that the director of the EMS Authority be a licensed physician and surgeon, and changes to an appointee to be the Chief Medical Officer or Medical Director for the EMS Authority.

AB 1601: Allows paramedics and EMTs to place involuntary holds on patients. EMSAAC is watching this bill closely.

AB 1036: Commissioner Meyer reported this requires a physician upon an individual's arrival to the ED to certify that it is an emergency medical condition, and it is concerning because it is after the fact and patients may be stabilized prior to seeing a physician.

SB 402: Commissioner Meyer reported this bill limits police response. Requires 9-1-1 or other service centers be called and not police response for homeless and a variety of cases. This is very concerning.

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

6.1 Richard Tadeo, EMSC Executive Director, EMS Director

Correspondence

6.1.1 (1/12/23) EMT Local Optional Scope Program Approval – La Habra Heights FD
6.1.2 (1/17/23) Lucas Approval – Long Beach FD
6.1.3 (1/17/23) Lucas Approval – San Gabriel FD
6.1.4 (1/31/23) Termination of Ambulnz Health, LLC Ambulance Operations
6.1.5 (2/07/23) Joint Statement on Lights & Siren Vehicle Operations on EMS Response
6.1.6 (2/14/23) Inappropriate Utilization of 9-1-1 for Interfacility Patient Transfers

A February 22, 2023, memorandum from the EMS Authority regarding COVID-19 Recovery was discussed. The State EMS Authority served official notification that the statewide emergency declaration for COVID-19 will effectively end on February 28, 2023, and any resources or equipment previously deployed in response to the COVID-19 epidemic must be recovered by the EMS Authority for future use.

Data capture for the entire data span of COVID-19 and variants from Summer of 2020 through 2023 was reviewed. We have stopped collecting provider impressions. We have stabilized in terms of respiratory distress and also cardiac arrest.

The EMSAAC conference is May 31, and June 1, 2023, at the Omni San Diego Hotel in San Diego, California. The theme is Engineering Excellence, and registration is open.

6.2 Marianne Gausche-Hill, M.D., EMS Medical Director

Dr. Gausche-Hill reported on Influenza season which is a lot bigger this season than the last two years, which was essentially zero with COVID-19, and we are now through it.

The California Department of Public Health (CDPH) is no longer mandating vaccinations for healthcare workers, but they do defer it to the local health departments. We have been in discussion with our local Public Health Department with the idea that mandating COVID-19 vaccines at this time does not really meet the value-added equation, and we would like to see the mandate stop to align with CDPH. We are awaiting the final decision from LA County Public Health Department. There are other issues with the requirements by OSHA and CMS related to COVID-19 vaccines, and those will likely change because the federal guidance for COVID-19 vaccinations changed from the CDC. We are advocating for our EMS colleagues to not have to do this to allow the workforce to reset from where they were from the pandemic.

Dr. Bosson reported on projects in progress:

1. Led by Dr. Jake Toy, EMS Agency Fellow, looking at the impact of our post cardiac arrest resuscitation protocols (ROSC) on re-arrest and outcomes from cardiac arrest.
2. ECMO Program – We published in Resuscitation an article that describes our regional approach to eCPR that shows what is challenging is the implementation in a system. There are varied outcomes in terms of implementation across the world. We have about 30% of our patients receiving eCPR as they are routed so, we feel that our current results demonstrate success.
3. Working with the STEMI and Stroke data collaboratives to understand over time the trends in terms of interventions and outcomes.
4. Will be looking at our cardiac arrest in pediatric patients. That data request is pending and when we get that data, we will look at our current outcomes and interventions so we can understand where we are and then move the needle from there in terms of quality improvement.
5. Collaborating with UCSF to implement a study of pediatric stroke patients. This is an area where there is very limited data and no systems that are routing or have the dedicated data collection for pediatric patients with strokes. Our hope is to understand how children present and then develop an intervention to optimize time to imaging for potential stroke patients so we can improve the care. Rare, but important for those pediatric patients as well.

   Will send those publications to Denise Watson to distribute with the May meeting agenda. We cannot post them publicly, but we can distribute amongst a private list.

Dr. Denise Whitfield, EMS Agency Educational Director, reported on EMS Update 2023 scheduled to go live September 2023, with completion at the end of November 2023. This year, EMS Update will include professionalism delving into the history of EMS in LA County, as well as a theme of Just Culture or constructive feedback and accountability. Patient handoffs, evidence-based tips on how to optimize that, as well as some resiliency techniques, and self-care with the idea that it is a career of service, but it can come with some themes of burn out and how to manage that will be included.

We will have new additions to our protocols introducing tranexamic acid (TXA) for trauma and potentially postpartum hemorrhage, as well as blood transfusion for trauma re-triages so that paramedics can monitor any blood products that have been initiated by the ED. We will also have a module on death notifications. It is an area that does not have a lot of training either in primary or continuing education for EMS or even nursing or physician. The module is about tips on how to communicate with families during cardiac arrest scenarios, and why we are staying on scene. There will be an update to highlight our APOT policy for awareness that EMTs or paramedics shall function within their scope of practice while monitoring patients. And lastly, an update on MCI and NEMSIS documentation.

Dr. Gausche-Hill reported PediDOSE is ongoing – the National Institute of Health (NIH) trial looking at standardized dosing for children based on age with seizures. We are in the usual phase of care where paramedics are doing self-report.

7. COMMISSIONERS' COMMENTS / REQUESTS

Commissioner Robert Ower pointed out correspondence item 6.1.4 regarding Ambulnz Ambulance going out of business and correlated it to revenue reimbursement, staffing, and a multitude of problems, and reported it is something we need to work on as an EMS Agency.

Commissioner Uner commended the EMS Agency for continuously working hard to improve the system and to generate new knowledge in EMS medicine.

8. ADJOURNMENT:

The next EMSC meeting will be Wednesday, May 17, 2023. Adjournment by Vice Chair Caivano at 2:52 p.m.

Motion/Second by Commissioners Uner/Ower to adjourn was approved and carried unanimously.

Next Meeting: Wednesday, May 17, 2023, 1:00-3:00pm
IN-PERSON MEETING
Emergency Medical Services Agency
10100 Pioneer Boulevard
First Floor Hearing Room
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission

Lobbyist Registration: Any person or entity who seeks support or endorsement from the EMS Commission on official action must certify that they are familiar with the requirements of Ordinance No. 93-0031. Persons not in compliance with the requirements of the Ordinance shall be denied the right to address the Commission for such period of time as the non-compliance exists.

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

April 12, 2023

	REPRESENTATIVES		EMS AGENCY STAFF
☑	Erick Cheung, MD, Chair	EMS Commission	Nichole Bosson, MD
☐	Garry Olney, DNP Vice Chair	EMS Commission	Denise Whitfield, MD
☐	Atilla Under, MD, MPH	EMS Commission	Kelsey Wilhelm, MD
☐	Lydia Lam, MD	EMS Commission	Jacqui Rifenburg
☐	Diego Caivano, MD	EMS Commission	David Wells
☐	Carol Meyer, RN	EMS Commission	Ami Boonjaluksa
☑	Carole Snyder, RN.	EMS Commission	Natalie Greco
☑	Brian Saeki	EMS Commission	Lorrie Perez
☐	James Lott, PsyD, MBA	EMS Commission	Andrea Solorio
☐	Nabila Alam	EMS Commission	Karen Rodgers
☐	John Hisserich	EMS Commission	Laura Leyman
☐	Brian Bixler, Captain	EMS Commission	Priscilla Romero
☑	Robert Ower, RN	EMS Commission	Denise Watson
☐	Rachel Caffey	Northern Region	
☑	Jessica Strange	Northern Region	
☐	Karyn Robinson	Northern Region, Alternate	
☑	Samantha Verga-Gates	Southern Region	
☑	Laurie Donegan	Southern Region	
☑	Shelly Trites	Southern Region	
☑	Christine Farnham	Southern Region, Alternate	
☐	Ryan Burgess	Western Region	
☑	Travis Fisher	Western Region	
☑	Lauren Spina	Western Region	
☑	Susana Sanchez	Western Region, Alternate	
☑	Erin Munde	Western Region, Alternate	
☑	Laurie Sepke	Eastern Region	
☑	Alina Cndal	Eastern Region	
☑	Jenny Van Slyke	Eastern Region, Alternate	GUESTS
☑	Lila Mier	County Region	Gloria Guerra, LACoFD
☑	Emerson Martell	County Region	Danielle Ogaz, LACoFD
☑	Yvonne Elizarraraz	County Region	Turi Salmon, LACoFD
☑	Antoinette Salas	County Region	Paul Young, HASC
☐	Shira Schlesinger, MD	Base Hospital Medical Director	Allen Bleyle, ReddiNet/HASC
☐	Robert Yang, MD	Base Hospital Medical Director, Alternate	Dan Bates, EMS Riverside
☑	Adam Brown	Provider Agency Advisory Committee	
☑	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
☐	Vacant	Pediatric Advisory Committee Representative	
☐	Vacant	Ped AC Representative, Alternate	
☐	John Foster	MICN Representative	
☐	Vacant	MICN Representative, Alternate	

	PREHOSPITAL CARE COORDINATORS				
☑	Melissa Turpin (SMM)	☑	Allison Bozigian (HMN)	☐	
☑	Erica Candelaria (QVH)	☑	Melissa Carter (HCH)	☑	Brandon Koulabouth (AMH)

1. **CALL TO ORDER:** The meeting was called to order at 1:06 by Dr. Erick Cheung, Chair.

2. **APPROVAL OF MINUTES**: The December 7, 2022 meeting minutes were approved with changes to update the attendance roster to reflect the region area representatives for 2023.

   M/S/C (Strange/Candal)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

   - Around the room introductions by all BHAC members.

   3.1 FirstWatch Integration and ReddiNet Presentation by Dan Bates (EMS Administrator for the Riverside County EMS Agency) - shared what they have been doing in Riverside County to improve Ambulance Patient Offload Delays, increase transparency, and data sharing with providers and hospitals.

   3.2 Returning to In-Person Meetings –the traditional Brown Act meeting setting requires the voting body to be in person. The hybrid model requires the meeting to be posted and a member to set up the meeting at the offsite location to be open to the public. The EMS Agency does not have the staff to monitor an offsite location. We are currently looking at an option to record the meeting for broadcasting for those unable to attend.

   3.3 EMSAAC Conference – will be held on May 31 & June 1, 2023 in San Diego.

   3.4 29th Annual USC National Trauma, Critical Care, and Acute Surgery Symposium - will be held on May 25 & 26, 2023. (Hybrid: Live Attendance and Virtual)

   3.5 Western Pediatric Trauma Conference - will be held on July 11-13, 2023 in Carlsbad.

   3.6 Los Angeles County ECMO Pilot for Refractory Cardiac Arrest Webinar – will be held on May 15, 2023. The targeted audiences are provider agencies and base station MICNS participating in the pilot. The webinar will include case studies and time for Q & A. Everyone is welcome to attend. At the SRC Advisory meeting in October, there will be a brief introduction for SRCs interested in building an eCPR Program at their facility.

4. **REPORTS & UPDATES:**

   4.1 EMS Update 2023

   EMS Update 2023 will be a two-hour online CE. The topics will include: Professionalism; Death Notification; Administration of Tranexamic acid (TXA); MCG 1363, Transfusion of Blood Products; Handoff Reporting; and policy highlights. EMS Update go live training date is September 1 with completion by November 30, 2023. The tentative train-the-trainer dates are August 22 and 24th, with two daily sessions. Future EMS Updates will be in July.

   4.1.1 Tranexamic Acid – policies related to TXA will be available for review in June. Two indications for TXA are hemorrhagic shock in trauma and post-partum hemorrhage. For hemorrhagic trauma shock, indications include adult patients greater than or equal to 15 years of age, systolic blood pressure less than 90mmHg, or heart rate greater than systolic blood

pressure, and uncontrolled external hemorrhage that is non-compressible. For post-partum hemorrhage, an additional indication will be blood loss estimation greater than 500 ml. TXA dosing will be 1gm infused over ten minutes to be infused enroute, and contraindications include pediatrics, traumatic brain injury, traumatic arrest, patients outside the three-hour window, and patients with a known thrombotic disease.

4.1.2 Blood Products – MCG 1363, Transfusion of blood products only during IFT transport and 9-1-1 trauma Re-Triage. The MCG is not for field use and the paramedic will not initiate blood products. The paramedic will have a physician order and will monitor the transfusion enroute. The infusion will be stopped if there are signs of a reaction during transport.

4.2 EmergiPress

Online CE education can be accessed through the APS Portal or EMS Agency website. The next edition will be released next week, "Hypothermia and associated Bradycardia." Education will include an SVT case, the modified Valsalva maneuver, and a video on pediatric asthma.

4.3 ECMO Pilot

The status of the ECMO Pilot includes four ECMO Centers: Cedar Sinai, UCLA, LAC+USC, and MemorialCare Long Beach Medical Center, and five participating provider agencies: LAFD, LACoFD, Culver City, Burbank, and Long Beach Fire. Eighty patients are enrolled, sixty-five meet the full inclusion criteria, and thirty percent of patients have received eCPR (Extracorporeal Cardiopulmonary Resuscitation). Some fallouts include patients not routed early or patients obtaining ROSC. Consideration has been made for patients who have received transient ROSC or Pseudo-PEA and returned to a shockable rhythm.

4.4 Data Collaboratives

The collaborative groups meet quarterly to discuss and explore research opportunities, data collection, and opportunities for system improvement. The goal is for meaningful data that will drive change in how we provide or improve EMS care and a greater understanding on a regional level.

SRC - looking at the trends over the last fifteen years, such as determining if progress in the right direction with facilities meeting the performance measures, if the care is equitable across our system, and looking to see if there are any disparities because of race or ethnicity.

ECMO - determining what is the impact of the ECMO Pilot on all out-of-hospital cardiac outcomes. Other systems are looking at our system's data to see if it is beneficial or more harmful by shifting the momentum to premature transport for cardiac arrest patients.

Stroke - looking at trends over time since the implementation of the two-tier stroke system over the last five years. With the introduction of more comprehensive stroke centers evaluating if those centers are meeting the performance measures. In addition, mapping out our current stroke centers

and determining how changes made to the current routing of stroke patients and what effects it would have on our system.

Pediatric - looking at pediatric cardiac arrest and understanding the current outcomes with the two years of CARES data and management of pediatric cardiac arrest.

Pediatric Stroke – in the development stages, understanding how we identify pediatric strokes and where pediatric strokes should be routed.

National Pediatric Airway Management Trial - waiting for funding; if approved, we will look at airway devices for pediatrics such as, supraglottic airway device (SGA) vs. bag-mask ventilation (BVM).

Stay-on Scene (SOS)Trial- focus on a targeted bundle of care post-ROSC therapy to prevent rearrest. We will move forward when funding has been approved.

The Southern California Trauma Consortium is focused on hospital-based projects. Dr. Nabe, Dr. Wilhelm, and Dr. Whitfield are looking at needle thoracostomy, its safety, and the efficacy of that intervention. We are hoping to build a prospective QI study around its use. Some providers are evaluating the ThoraSite device, which helps locate the positioning of the needle for the anterior or axillary approach.

4.5 PediDOSE Study (**Pedi**atric **D**ose **O**ptimization for **S**eizure in **E**MS)

PediDOSE Study is a National Institute of Health-funded study evaluating age-based dosing of midazolam for children six months – thirteen years of age with seizures. Currently in phase one, the Usual Care Phase, and will not transition to the Intervention Phase until 2024. It is essential to capture all patients with a provider impression of SEAC or SEPI and enter the information into the base screener or submit a paramedic self-report.

5. OLD BUSINESS:

5.1 Base Contacts and patients that AMA (APCC)

This topic was discussed as part of New Business, 6.2.

6. NEW BUSINESS:

6.1 Ref. No. 512 Burn Patient Destination

Approved as presented

M/S/C (Trites/Sepke)

6.2 Ref. No. 1200.2 Base Contact Requirements

Recommendation: Principle 5: Suggest adding verbiage to include additional scenarios when base contact is not required, such as when the patient elopes, the

paramedic or patient is no longer on the scene, or if the patient has been transported to the hospital.

Add additional bullet in the policy to include base contact is not required when the patient is no longer under the care of the paramedic and the patient is no longer present. (5.1 covered under discussion of 6.2)

Approved with recommendations

M/S/C (Strange/Verga-Gates)

6.3 Ref. No. 834 Patient Refusal of Treatment/Transport and Treat and Release at Scene

A robust discussion on Principle B regarding patient elopes vs. patient leaves. The group agreed to keep the policy as is because the additional bullet will be added in Ref. No. 1200.2 Base Contact Requirements.

Approved as presented

M/S/C (Sepke/Elizarraraz)

7. Information Only

7.1 Ref. No. 1302 Airway Management
7.2 Ref. No. 1365 Transcutaneous Pacing
7.3 Ref. No. 1363 Transfusion of Blood Products
7.4 Ref. No. 803 Paramedic Cope of Practice
7.5 Ref. No. 414 Specialty Care Transport Provider
7.6 Ref. No. 506 Trauma Triage
7.7 Ref. No. 506.1 9-1-1 Trauma Re-Triage
7.8 Process for releasing updated EMS policies

Polices will be released at the beginning of every quarter. The summary of changes will be distributed to the group after the policies are posted to ensure no last-minute changes. Concerns by the group that there isn't enough time before the release of policies to allow time for training of MICNS on the updated policies.

8. Open Discussion

9. NEXT MEETING: BHAC's next meeting is on June 7, 2023.

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

ACCOUNTABILITY: Laura Leyman

10. ADJOURNMENT: The meeting was adjourned at 15:00

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES
Wednesday, April 19, 2023

MEMBERSHIP / ATTENDANCE

	MEMBERS IN ATTENDANCE	ORGANIZATION
	Kenneth Powell, Chair	EMSC, Commissioner
X	Paul Rodriquez, Vice-Chair	EMSC, Commissioner
	Paul Espinosa	EMSC, Commissioner
	James Lott, PsyD, MBA	EMSC, Commissioner
X	Robert Ower	EMSC, Commissioner
	Gary Washburn	EMSC, Commissioner
	Brian Bixler	EMSC, Commissioner
	John Hisserich	EMSC, Commissioner
	Jason Tarpley, MD	EMSC, Commissioner
X	Sean Stokes	Area A *(Rep to Medical Council)*
	Justin Crosson	Area A, Alternate
X	Keith Harter	Area B
X	Clayton Kazan, MD	Area B, Alternate
X	Todd Tucker	Area C
X	Jeffrey Tsay	Area C, Alternate
	Kurt Buckwalter	Area E
	Ryan Jorgenson	Area E, Alternate
	Wade Haller	Area F
X	Andrew Reno	Area F, Alternate
	Adam Brown	Area G *(Rep to BHAC)*
X	Jennifer Nulty	Area G, Alternate
X	Doug Zabilski	Area H
	Tyler Dixon	Area H, Alternate
	David Hahn	Area H, Alternate
X	Julian Hernandez	Employed Paramedic Coordinator
	Tisha Hamilton	Employed Paramedic Coordinator, Alt
X	Rachel Caffey	Prehospital Care Coordinator
X	Jenny Van Slyke	Prehospital Care Coordinator, Alternate
	Andrew Respicio	Public Sector Paramedic Coordinator
X	Paul Voorhees	Public Sector Paramedic Coordinator, Alt
	Maurice Guillen	Private Sector Paramedic
	Scott Buck	Private Sector Paramedic, Alternate
X	Tabitha Cheng, MD	Provider Agency Medical Director
	Tiffany Abramson, MD	Provider Agency Medical Director, Alt
	Andrew Lara	Private Sector Nurse Staffed Amb Program
	Gary Cevello	Private Sector Nurse Staffed Amb Program,
X	Michael Kaduce	EMT Training Program
	Scott Jaeggi	EMT Training Program, Alternate
	Scott Atkinson	Paramedic Training Program
	David Fillip	Paramedic Training Program, Alternate
X	Adrienne Roel	EMS Educator
X	Caroline Jack	EMS Educator, Alternate

EMS AGENCY STAFF	EMS AGENCY STAFF
Richard Tadeo	Marianne Gausche-Hill, MD
Nichole Bosson, MD	Denise Whitfield, MD
Dipesh Patel, MD	Jacqueline Rifenburg
Ami Boonjaluksa	Lily Choi
Aldrin Fontela	Natalie Greco
Laurie Lee-Brown	Laura Leyman
Nnabuike Nwanonenyi	Miguel Ortiz-Reyes
Lorrie Perez	Sara Rasnake
Karen Rodgers	Priscilla Romero
Andrea Solorio	Denise Watson
Gary Watson	David Wells
Christine Zaiser	

GUESTS	ORGANIZATION
Daniel Bates	Riverside County EMS Agency
Zachary Rubin, MD	LA County Public Health
Marita Santos	LA County Public Health
Joseph Nakagawa, MD	McCormick Amb/Hawthorne PD
Marc Cohen, MD	Represents 5 Area FDs
Danielle Ogaz	LACoFD
Jason Hansen	Pasadena FD
Heidi Ruff	LAFD Air-Ops
Jim Goldsworthy	LAFD Air-Ops
Jessie Castillo	PRN Ambulance
Josh Parker	PRN Ambulance
Daniel Graham	Liberty Ambulance
Lyn Riley	LA County Sheriff Dept
Nicholas Amsler	McCormick Ambulance
Jonathan Lopez	Premier Ambulance
Nicholas Macaluso, MD	Harbor UCLA
Catherine Borman	Santa Monica FD
Brittnie Hill	First Med Ambulance
Paula La Farge	LACoFD

1. CALL TO ORDER - Vice-Chair Paul Rodriquez called meeting to order at 1:04 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 Committee Membership Changes *(Vice-Chair Rodriquez)*
Vice-Chair welcomed the new Area F Representative, Mick Hannan (Long Beach FD) who will be replacing Wade Holler.

2.2 FirstWatch® Integration and ReddiNet® *(Richard Tadeo)*

- FirstWatch® tracks in real-time the events when provider agencies transport patients to receiving hospitals and their wall times when waiting to offload a patient. Through this system, provider's administrative personnel can receive alerts when transports or wall times are extended.

- Mr. Tadeo introduced Daniel Bates, Riverside County EMS Agency; and two representatives from ReddiNet®, who presented Riverside County's experience with the integration of FirstWatch® into the ReddiNet® system.
- Providers wanting more information on FirstWatch® may contact Richard Tadeo.

2.3 EMS For Children (EMS) Survey *(Marianne Gausche-Hill, MD)*

- This Federally funded program looks at the pediatric readiness of provider agencies. Each year through the local EMS Agencies (LEMSA), surveys are sent out to all providers to assess their readiness in caring for pediatric patients.
- This program recommends that all provider agencies include the role of "pediatric emergency care coordinator" within their organization.
- In 2024, there will be a large-scale National assessment. LA County EMS Agency is hoping ALL providers participate.
- More information on this Nationwide assessment and the role of "pediatric emergency care coordinator" will be distributed in the near future.

2.4 COVID-19 Update: Health Officer Orders *(Marianne Gausche-Hill, MD)*

- Dr. Gausche-Hill welcomed Zachary Rubin, MD from LA County Public Health to the meeting and thanked him for his continuous support during the EMS Agency's COVID-19 response; and for participating in the weekly COVID-19 update meetings.
- On April 3, 2023, the California Public Health Department discontinued all emergency Health Officer Orders, related to COVID-19; all health requirements are now directed to local Public Health Departments. (i.e., vaccination and masking requirements).
- Due to the ongoing workforce challenges within Los Angeles County, the EMS Agency has met regularly with Public Health and have concluded the following:
  Vaccinations: Health Officer Orders regarding the vaccination requirement is temporarily held for EMS until further notice DUE to a workforce shortage. This will be re-evaluated again in September by the LA County EMS Agency as well as LA Public health. COVID vaccinations will not be required for those entering paramedic training at this time; and the EMS Agency continues to work with hospitals to accept these students for clinical training.
  Masking: All EMS personnel are required to wear masks while providing clinical care within hospitals and patient homes. The EMS Agency is asking providers to comply.
- Providers will be notified if there are any changes to this vaccination and masking requirements.

2.5 Trauma Throw-Packs Project *(Nnabuike Nwanonenyi, EMS Agency Disaster Services)*

- This project involves a rapid dispensing of pre-packaged kits containing essential equipment to stop bleeding in patients with traumatic injuries during large public gatherings. (i.e., mass shootings, etc.)
- Current plan is to provide all EMS supervisor's vehicles with these kits, to be distributed during a mass casualty incident.
- More to come when this project is finalized. Questions can be directed to Nnabuike Nwanonenyi at nnwanonenyi@dhs.lacounty.gov

2.6 Disaster Coalition Advisory Committee *(Nnabuike Nwanonenyi, EMS Agency Disaster Services)*

- This Committee discusses disaster preparedness, response and recovery in Los Angeles County. Meetings are held 3 times per year (next meeting June 1, 2023).
- The EMS Agency is requesting 1-2 participants from the fire department sector. Anyone interested may contact Gary Watson at gwatson@dhs.lacounty.gov or Nnabuike Nwanonenyi at nnwanonenyi@dhs.lacounty.gov

2.7 Returning of In-Person Meetings *(Richard Tadeo)*

- The County Board of Supervisors announced that all meetings which follow the Brown Act (which includes this Committee) may return to having meetings in person.

- Although these meetings may continue virtually, the EMS Agency has decided that due to the very strict guidelines that must be followed during virtual meetings, the Provider Agency Advisory Committee will only meet in person.
- The EMS Agency is exploring the possibility of having these meetings equipped with one-way audio-visual capabilities; more information will follow.

2.8 Sidewalk CPR 2023 *(David Wells)*

- June 1-7 each year is National CPR and AED Awareness Week.
- Los Angeles County has set aside June 5, 2023, to conduct a Sidewalk CPR event in attempts to train as many individuals possible. This information was recently distributed to all providers. Those interested in participating, please complete the application found within this announcement and return to the EMS Agency.
- Those participating on their own are asked to provide the EMS Agency with the total number of individuals trained, which will allow Public Health to report accurate County-wide numbers.
- Questions can be directed to either Natalie Greco at ngreco@dhs.lacounty.gov or Greg Klein at gklein@dhs.lacounty.gov

3. APPROVAL OF MINUTES (Tucker / Zabilski) February 15, 2023 minutes were approved as written.

4. REPORTS & UPDATES

4.1 PediDose Trial *(Marianne Gausche-Hill, MD)*

- Los Angeles County EMS system continues to actively participate in the National Institute of Health, Pediatric Dose Optimization for Seizures (PediDOSE).
- Purpose of this Trial is to understand the benefits of standardized dosing of midazolam for children with seizures in the prehospital setting.
- Paramedics are reminded to continue providing a self-report after each pediatric "Seizure-Active" (SEAC) and "Seizure-Post" (SEPI).
- The EMS Agency recently sent out a memorandum and poster to all providers, reminding of this necessary self-report.

4.2 Data Collaboratives *(Nichole Bosson, MD)*

Collaborative groups are focusing on where our System has been going over the past 10 years and will be looking at any disparities in patient care (gender, race, timely care). These collaborative groups are also looking into possible new areas of focus within Los Angeles County.

STEMI/OHCA
- Reviewing Stay-On-Scene (SOS) study to look at post-ROSC bundle of care.
- EMS Agency will be reviewing bystander CPR rates (reviewing regions, zip codes, spas, etc).
- Pediatrics – reviewing the first 2 years of pediatric CARES data/outcomes. (times on scene, interventions on scene, and traumatic vs. non-traumatic pediatric cardiac arrests.)

STROKE
- It's been 5 years since LA County started the 2-tiered stroke system (PSC and CSC). Collaborative group will be reviewing the system to see if there's a need for adjustment or improvement.
- Collaborative group is partnering with investigators from University of California, San Francisco (UCSF) to study pediatric strokes.

TRAUMA
- LA County participates in a Regional consortium – studies are mainly 'in-hospital' focused and not pertinent to this Committee. However, this group is looking into how to incorporate quality improvement studies for needle thoracostomy usage across California (reviewing frequency, complications and success).

4.3 ECMO Pilot *(Nichole Bosson, MD)*

- Pilot continues to enroll new patients.
- Long Beach Fire Department and MemorialCare Long Beach Medical Center joined the ECMO pilot earlier this year.
- Upcoming webinar announced: LA County ECMO Pilot for Refractory Cardiac Arrest" scheduled for Monday, May 15, 2023, 10:00am – 11:30am.
- October 2023: EMS Agency will be hosting an informal meeting with all SRCs on the future of ECMO in Los Angeles County. More information will come later.

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

- This year's Update will be a 2-hour on-line module. No skill requirements.
- Train-the-Trainer is scheduled for August 2 and August 4, 2023 (invites going out later)
- Paramedic/MICN training is being planned to start on September 1, 2023
- Deadline for completion is November 30, 2023.
- Topics will include professionalism, burn out, patient hand off, just culture/positive safety culture, death notification, new policies (TXA, blood product monitoring), and updates to other County policies.
- EMS Agency is requesting assistance from fire departments to participate in interviews and training for this Update. Those interested may contact Dr. Whitfield at dwhitfield@dhs.lacounty.gov

4.5 Tranexamic Acid (TXA) for Severe Trauma *(Nichole Bosson, MD)*

- Training will take place during EMS Update 2023.
- Indications for TXA include: traumatic hemorrhage in adult patients or post-partum hemorrhage. (more details to follow)
- Applicable protocols and policies will be updated to include TXA.

4.6 ITAC Update *(Denise Whitfield, MD)*

- Previous meeting held on March 30, 2023. The following products were reviewed:
  - EXG – optimizes ECG patch positioning to ensure better tracing. ITAC recommended for PILOT after FDA clearance.
  - X Pneumeric Capnospot Needle Thoracostomy CO2 Detector - color metric device used to ensure correct needle thoracostomy placement. ITAC recommended for PILOT.
  - Neo-Intraosseous Device – ITAC recommended for OPTIONAL USE.
  - SAM ThoraSite – assists with proper placement of needle thoracostomy insertion. Currently, there are three fire departments participating in a PILOT of this product.

4.7 EmergiPress *(Denise Whitfield, MD)*
April 2023 EmergiPress published today.

4.8 Trauma Triage Update *(David Wells)*
Clarity was provided to remind all providers that the new Trauma Triage policy does not go into effect until July 1, 2023.

5. UNFINISHED BUSINESS

5.1 Reference No. 503.1, Diversion Request Requirements for Emergency Department Saturation *(Richard Tadeo)*

Policy reviewed and approved as written.

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

5.2 Reference No. 505, Ambulance Patient Offload Time (APOT) *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

Policy II. D. add language [in bold] to state the following:
"…in order to facilitate EMS field operations, may observe up to 4 patients within their scope of practice at the discretion of the EMS provider'**s on-site supervisor**, while awaiting patient offload to facility equipment."

M/S/C (Tucker / Hernandez) Approve: Reference No. 505, Ambulance Patient Offload Time (APOT) with the above recommendation.

6. NEW BUSINESS

6.1 Reference No. 512, Burn Patient Destination *(Richard Tadeo)*

Policy reviewed and approved with the following recommendation:

- Policy I.: add the following wording immediately after Ref. No. 1200.2: "Ref. No. 506"

M/S/C (Voorhees / Zabilski) Approve: Reference No. 512, Burn Patient Destination with the above recommendation.

6.2 Reference No. 1365, Medical Control Guideline: Transcutaneous Pacing *(Marianne Gausche-Hill, MD)*

Policy reviewed as information only.

6.3 Reference No. 1363, Medical Control Guideline: Transfusion of Blood Products *(Marianne Gausche-Hill, MD)*

Policy reviewed as information only.

The following policies were TABLED due to Committee meeting time constraints:

6.4 Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release at Scene

6.5 Reference No. 1202.2, Treatment Protocol: Base Contact Requirements

6.6 Reference No. 414, Specialty Care Transport Provider

6.7 Reference No. 506, Trauma Triage

6.8 Reference No. 506.2, 9-1-1 Trauma Re-Triage

6.9 Reference No. 803, Los Angeles County Paramedic Scope of Practice

7. OPEN DISCUSSION

There were no Open Discussion items.

8. NEXT MEETING - June 21, 2023

9. ADJOURNMENT - Meeting adjourned at 3:20 p.m.

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **DIVERSION REQUEST REQUIREMENTS FOR EMERGENCY DEPARTMENT SATURATION** REFERENCE NO. 503.1

PURPOSE: To outline the minimum requirements for hospitals to be placed on diversion of advanced life support (ALS) and/or basic life support (BLS) patients due to emergency department (ED) saturation.

DEFINITIONS:

Advanced Life Support Patient (ALS): A patient who requires paramedic assessment and/or intervention listed in Ref. No. 803, Los Angeles County Paramedic Scope of Practice, this includes but not limited to patients meeting Base contact criteria outline in Ref. No. 1200, Treatment Protocols, et al.

Ambulance patient offload time (APOT): Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the emergency department assumes responsibility for care of the patient. The APOT Standard in Los Angeles County is an offload time within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

Basic Life Support Patient (BLS): A patient who **only** requires Emergency Medical Technician (EMT) assessment and/or intervention as listed in Ref. No. 802, Emergency Medical Technician (EMT) Scope of Practice.

Diversion: Hospital Diversion is a request by a hospital or an EMS provider agency to have ALS/BLS patients bypass a facility for a limited period of time and should be requested only when necessary. This is **not** an absolute **closure** (see Principle 7).

ED ALS Diversion Threshold: All ED treatment bays are full and 30% or greater of the ED has patients who fall into one or both categories below, including ED beds occupied by admitted patients but excluding fast track beds and waiting room patients.

(1) Resuscitative (unstable condition): the patient is hemodynamically unstable, requires an immediate airway or emergency medications. Other criteria: already intubated, apneic, pulseless, severe respiratory distress, acute mental status changes or unresponsive

(2) Immediate/Emergent (requires timely treatment): the patient has symptoms indicative of a potential threat to life and their condition is likely to change to "resuscitative" without aggressive intervention. Examples include but are not limited to the following: stable but active chest pain; stroke symptoms; abdominal pain in pregnancy or suspected pregnancy; suicidal or homicidal ideation; new onset confusion; lethargy or disorientation; severe pain

ED BLS Diversion: This is implemented on a case-by-case basis during periods of extreme surge of patients being transported via the 9-1-1 system (i.e. disease outbreak/epidemic/

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

pandemic) and requires the approval of the EMS Agency via the Medical Alert Center. The EMS Agency will evaluate the region to determine whether BLS Diversion is warranted.

EMS Provider Agency Diversion Threshold (Provider ED Diversion): Three ambulance crews (ALS and/or BLS) have each been waiting for over 30 minutes to transfer their patient to hospital equipment (gurney, wheelchair, chair, etc.).

Special considerations: Unusual circumstances that overwhelm ED resources and are documented by hospital administration.

PRINCIPLES:

1. High quality emergency medical services (EMS) is the result of prehospital care providers, emergency departments and hospitals working together as a team to care for ill and injured patients.

2. Prolonged diversion and APOT are not an emergency department problem alone; it is a hospital and EMS systemwide issue, both have negative impacts to the EMS providers' ability to respond to subsequent 9-1-1 calls which results in prolonged response times and may affect public safety and patient outcomes.

3. Each hospital shall have a diversion policy and a multidisciplinary team approach to ensure the ability of the facility to remain open and to flex to Surge Capacity, thereby preventing or minimizing time of hospital diversion and APOT.

4. As per EMTALA, the responsibility for patient care lies with the receiving facility once the patient being transported via ambulance arrives at the hospital property. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

5. Hospitals that have a consistently prolonged APOT should assign appropriate personnel to remain with patients while awaiting for an ED treatment bay in order to release EMS personnel back to the community.

6. Hospital personnel shall acknowledge and provide a visual assessment of patients arriving via ambulance within 10 minutes of arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the emergency department.

7. In accordance with Reference No. 503, Guidelines for Hospitals Requesting Diversion of ALS Patients, final authority for patient destination rests with the base hospital handling the call. Whether the diversion request will be honored depends on available system resources.

8. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT. The APOT Standard for Los Angeles County is 90% of all ambulance transports have an APOT of 30 minutes or less.

9. The accurate documentation by EMS providers of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

POLICY:

I. Responsibilities Prior to reaching Hospital Diversion Threshold

A. ED Charge Nurse

1. Identifies that all ED treatment bays are occupied, and patients are waiting for an open treatment bay.

2. Consults with all ED team members to determine if patient discharges or admissions can be expedited.

3. Ensures that all ED treatment bays are appropriately utilized.

4. Notifies the Laboratory and Radiology departments to expedite orders.

5. Notifies the Nursing Supervisor that the ED is near threshold.

B. Hospital Administration (CEO or administrative designee)

1. Consults with the ED physician and ED charge nurse.

2. Performs a walk-through of the ED and reviews options that can be utilized to prevent hospital diversion (CEO or administrative designee).

3. Assesses the ED for special considerations.

4. Activates the hospital's internal multidisciplinary surge plan.

5. Assesses the Medical/Surgical, Intensive Care and Telemetry units for available beds and possible discharges.

6. Expedites environmental services, ancillary services and patient admissions as necessary.

7. Approves diversion due to ED saturation via the ReddiNet when ED capacity reaches the defined diversion threshold.

8. Reassesses ED capacity during diversion with the goal of remaining open.

9. Monitors hospital diversion hours.

10. Includes diversion in the ED performance improvement process.

II. ED ALS Diversion

A. A hospital may request ED ALS Diversion via the ReddiNet for up to two hours at a time. At the end of the two hours of diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. The hospital may request additional ED ALS diversion time in two-hour increments.

B. An EMS provider agency may request to put a hospital on ED ALS diversion

(displayed on ReddiNet as Provider ED) when the EMS provider agency diversion threshold is met. Each EMS provider agency shall have a diversion request policy that is consistent with the following guidelines:

1. EMS provider agency personnel who are waiting to offload and transfer care to hospital staff shall contact the EMS provider agency's on-duty supervisor and provide the following information:

    a. Units waiting to offload

    b. Time of arrival at hospital of the unit waiting the longest to offload

    c. Time of arrival at hospital of the unit waiting the shortest to offload

    d. Estimated time to offload, obtain from ED Charge Nurse

2. The EMS provider agency's on-duty supervisor shall:

    a. Verify the report provided by the transport crew(s).

    b. Collaborate with the charge nurse, on-duty physician, or house supervisor to identify alternatives to facilitate the transfer of the patients from EMS personnel to emergency department staff.

    c. If the EMS provider agency diversion threshold is met, contact the Medical Alert Center and request the facility to be placed on Provider ED ALS Diversion.

3. The Medical Alert Center shall:

    a. Obtain all the necessary information to verify diversion threshold is met.

    b. Place the hospital on Provider ED ALS diversion. Diversion will be for a two-hour period. At the end of the two-hour diversion, ReddiNet will automatically re-open the hospital to ALS 9-1-1 traffic. EMS providers may request additional ED ALS diversion time in two-hour increments.

    c. Notify hospital administration or designee that the hospital has been placed on Provider ED ALS diversion.

4. Hospital Administration (CEO or administrative designee)

    a. Reassess ED capacity during diversion with the goal of lifting the diversion status.

    b. Monitors diversion hours

    c. Includes diversion in the ED performance improvement process.

C. ED BLS Diversion

1. A hospital or an EMS provider agency may request to place a hospital on ED BLS diversion by contacting the Medical Alert Center. ED BLS diversion requests will be considered for approval when the BLS Diversion Threshold is met and status of system resources.

2. ED BLS diversion will be approved for a four (4) hour period. At the end of the four-hour diversion, ReddiNet will automatically re-open the hospital to BLS 9-1-1 traffic. The hospital may request additional ED BLS diversion time by contacting the Medical Alert Center.

III. Diversion Audits

The EMS Agency reserves the right to conduct unannounced diversion audits as indicated.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 503.2, **Diversion Request Quick Reference Guide**
Ref. No. 505, **Ambulance Patient Offload Time (APOT)**
Ref. No. 802, **Emergency Medical Technician (EMT) Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
Ref. No. 1309, **Color Code Drug Doses**
Ref. No. 1380, **Vital Signs**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting

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

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	2/15/23	2/15/23	No
	Base Hospital Advisory Committee	2/8/23	2/8/23	No
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

SUBJECT: **AMBULANCE PATIENT OFFLOAD TIME (APOT)** REFERENCE NO. 505

PURPOSE: To establish a policy for the safe and rapid transfer of patient care responsibilities from emergency medical services (EMS) personnel to emergency department (ED) medical personnel.

AUTHORITY: California Health and Safety Code, Division 2.5 Sections 1797.120, 1797.225

DEFINITIONS:

Ambulance patient offload time (APOT): Time interval between the arrival of an ambulance at the location outside the hospital ED where the patient will be unloaded from the ambulance and the time the patient is transferred to the ED gurney, bed, chair or other acceptable location and the ED assumes responsibility for the care of the patient. The APOT Standard in Los Angeles County is within 30 minutes, 90% of the time. Currently, the data source for APOT is the EMS Providers' electronic patient care report completed by the transporting unit.

PRINCIPLES:

1. As per the Emergency Medical Treatment & Labor Act (EMTALA), the responsibility for patient care lies with the receiving facility once the patient arrives at the hospital property.

2. Hospitals have the responsibility to ensure policies and processes are in place that facilitate the rapid and appropriate transfer of patient care from EMS personnel. Hospital staff shall make every effort to offload patients from ambulance gurneys as soon as possible.

3. Extended APOT is a healthcare system and hospital throughput issue. Extended APOT negatively impacts EMS providers' ability to respond to subsequent 9-1-1 calls resulting in delayed response times and may affect public safety and patient outcomes.

4. Each hospital shall have a policy and a multidisciplinary team-based approach to ensure the ability of the facility to remain open to accept patients arriving by ambulance in the ED.

5. Hospitals that have extended APOT should assign appropriate personnel to remain with patients while waiting for an ED treatment bay in order to release EMS personnel back to the community.

6. The State of California Emergency Medical Services Authority has adopted Standardized Methods for Data Collection and Reporting of APOT which has been adopted by Los Angeles County.

7. The accurate documentation by EMS professionals of the time metrics for APOT is imperative to appropriately evaluate and monitor APOT.

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

POLICY:

I. Responsibilities of Hospital ED Personnel to Mitigate Extended APOT

A. Immediately acknowledge EMS patient arrival and provide visual assessment; receive verbal patient report as soon as possible upon arrival in the ED to determine whether the patient needs an ED treatment bay or can be sent to other areas of the ED to await urgent or emergency care.

B. Transfer patient to the hospital gurney, bed, chair, wheelchair or waiting room as appropriate for patient condition within 30 minutes of arrival at the ED.

C. If unable to immediately offload patient, provide a safe area in the ED within direct sight of ED medical personnel where the EMS personnel can temporarily wait while hospital's patient remains on the ambulance gurney.

D. Inform the ambulance transport crew of the anticipated time for the offload of the patient.

E. For extended APOT, provide information to the onsite supervisor of EMS personnel regarding the steps that are being taken by the hospital to resolve extended APOT.

F. Notify the Nursing Supervisor/Administrator on Duty that the ED is experiencing extended APOT and request assistance with patient throughput challenges.

II. Responsibilities of EMS Personnel to Mitigate Extended APOT

A. Upon arrival at ED, EMS personnel will present to the customary ambulance receiving area for a triage assessment by assigned ED staff (e.g., charge nurse).

B. Provide a verbal patient report to assigned ED staff, transfer patient to hospital equipment as directed by ED staff.

C. If the APOT estimate is ≥ 30 minutes, and the patient meets **ALL** criteria listed below, EMS personnel will inform the appropriate ED staff (e.g., charge nurse) that the patient will be offloaded in the waiting room. EMS personnel shall provide a transfer of care report to the appropriate ED staff (e.g., triage nurse).

1. Age 18 years or older; or pediatric patients if accompanied by an adult

2. Normal mental status (GCS 15)

3. Normal vital signs upon arrival to the ED per Ref. No. 1380 for adults
   - SBP ≥ 90mmHg
   - HR 60-100
   - RR 12-20
   - O2 Saturation ≥94% on room air
   - Or per Ref. No. 1309 for pediatrics

4. Ambulatory with steady gait without assistance (as appropriate for age)

5. Without suicidal ideation or suspected substance abuse and not on psychiatric hold (i.e., 5585 (pediatric), 5150 (adult))

6. No chest pain, syncope, or acute neurologic symptoms (e.g., focal weakness, dizziness/vertigo)

7. No ongoing ALS intervention required

8. Patients who received medications that may require ongoing reassessment (e.g., naloxone, narcotics, epinephrine) shall be discussed with the appropriate ED staff (e.g., triage nurse) prior to being offloaded in the waiting room.

D. If APOT estimate is > 30 minutes and the patient does not meet the criteria listed in II. C., each individual EMS personnel (EMT or Paramedic), in order to facilitate EMS field operations, may observe up to 4 patients within their scope of practice at the discretion of the EMS provider's supervisor, while awaiting patient offload to facility equipment.

1. Coordination will be done by the EMS Provider agency's on-site supervisor to identify the EMS personnel who will monitor patients awaiting transfer of care to ED staff and those that may be released to accept other emergency calls.

2. Hospitals should provide gurneys or cots for these patients, to allow EMS personnel to maintain their field operations.

3. EMS Provider agency's on-site supervisor may authorize the placement of temporary cots to house EMS patients being observed by EMS personnel awaiting transfer of care to ED staff.

E. Document the "facility equipment time" on the electronic patient care record (ePCR) to capture the time patient care is transferred to ED personnel.

F. Notify EMS Supervisor if Provider ALS Diversion Threshold is met as defined in Ref. No. 503.1.

III. Responsibilities of the EMS Agency

A. The EMS Agency will routinely analyze and report APOT data. Hospitals that do not meet the APOT Standard will be notified and may be requested to develop a corrective action plan.

B. At any given time, the EMS Agency via the Medical Alert Center (MAC) will establish phone notification with hospital administration in instances wherein 3 or more ambulance transport crew are waiting to offload for time periods of 30 minutes or more.

C. After an evaluation of a hospital's status and regional/system resources, the EMS Agency via the MAC may place a hospital on Specialty Care Center Diversion (e.g., Trauma, STEMI, Stroke) in addition to ED ALS and/or ED BLS Diversion in instances wherein the APOT is estimated to exceed 2 hours.

D. In instances whereby extended APOT threatens public health and safety by preventing EMS response to emergency medical incidents, the EMS Agency, with appropriate notification to hospital, may authorize EMS personnel to inform

ED medical personnel that they are transitioning patient care and immediately offloading a patient to a hospital bed or other suitable hospital sitting or reclining device as appropriate for patient condition provided the patient meets **ALL** the criteria listed in II.C**.**

In these instances, EMS personnel shall make every attempt to notify ED Charge Nurse that they must immediately return to service. EMS personnel shall provide a verbal transfer of care report to ED medical personnel.

E. Procedure for requesting corrective action plan from hospitals that have persistent delays in APOT

Month	Action 1	Audit Result	Action 2
1st	EMS Agency audits Hospital's compliance with APOT Standard.	Hospital consistently demonstrate prolonged APOT, and EMS Providers have consistently requested to place Hospital on ALS and/or BLS Diversion	EMS Agency notifies hospital's ED Director and ED Nurse Manager, via email or telephone, of audit results, requests corrective action plan and assists in determining solutions.
2nd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital fails to demonstrate incremental improvement in APOT.	EMS Agency sends a written notice to Hospital's ED Director and Nurse Manager notifying them of the audit results and their non-compliance.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
3rd	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS Agency notifies Hospital's CEO in writing of audit results and request a corrective action plan be submitted within 15 calendar days.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
4th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	Within 15 days of the EMS Agency's receipt of Hospital's corrective action plan, a written approval or request additional modifications to the plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.

Month	Action 1	Audit Result	Action 2
5th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT.	EMS will request modification to Hospital's corrective action plan.
		Hospital implements corrective action plan and demonstrates improvement in APOT.	Monitor to ensure Hospital maintains improvement in APOT.
6th	EMS Agency re-evaluates Hospital's compliance with APOT Standard.	Hospital continues to fail to demonstrate incremental improvement in APOT	See Policy III.F.
		Hospital's compliance threshold improves.	Monitor to ensure Hospital maintains improvement in APOT.

F. Failure of a hospital to implement corrective action plan to improve APOT six months after initial request from EMS to implement corrective action plan may result in additional action from the EMS Agency, which may include but not limited to:

1. Reduction in 9-1-1 transports to hospital
2. Temporary suspension of Specialty Care Center Designation
3. Others as identified

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**

California EMSA: Ambulance Patient Offload Time (APOT) Standardized Methods for Data Collection and Reporting

Reference No. 505, Ambulance Patient Offload Time (APOT)

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	2/8/23	4/19/23	Yes
	Base Hospital Advisory Committee	2/8/23	2/8/23	Yes
OTHER COMMITTEES/RESOURCES	Medical Council	3/21/23	3/21/23	
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 505, Ambulance Patient Offload Time (APOT)

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy II.C.3	BHAC 2/8/2023	Add “upon arrival at ED” after “normal vital signs”	Adopted
Policy II.C	BHAC 2/8/2023	Add “8. Patients who received medications that may require ongoing reassessment (e.g., naloxone, narcotics, epinephrine) shall be discussed with the appropriate ED staff (e.g., triage nurse) prior to being offloaded in the waiting room.”	Adopted
Policy II.D.	PAAC 4/19/2023	Add “supervisor” after “EMS provider” to read “EMS provider’s supervisor”	Adopted
Policy II.D.2.	PAAC 2/15/2021	Add #2 “Hospitals should provide gurneys or cots for these patients, to allow EMS personnel to maintain their field operations.”	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **BURN PATIENT DESTINATION** REFERENCE NO. 512

PURPOSE: To ensure the appropriate destination for Los Angeles County patients who sustain burn injuries.

POLICY:

I. Paramedics should make base contact for patients who sustain burn injuries that meet criteria for Base Contact in Ref. No. 1200.2. and Ref. No 506, Trauma Triage.

II. Determine the destination of burn-injured patients as follows:

A. Major / Critical Burns should be transported to the closest trauma center. If a recognized Burn Center, e.g., Torrance Memorial Medical Center, West Hills Hospital and Medical Center, is more accessible than the Trauma Center, patient should be transported to the recognized Burn Center:

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

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

B. Patients who meet other trauma or Pediatric Medical Center (PMC) criteria and/or guidelines should be transported to the appropriate trauma center or PMC.

C. Patients who do not meet criteria in Sections A or B above should be transported to the closest, most accessible medical receiving facility appropriate for their age.

D. In multi-casualty incidents, see Ref. No. 519, Management of Multiple Casualty Incidents, for destination.

III. The receiving hospital should:

A. Provide appropriate stabilization of the patient

B. Arrange transfer to an appropriate burn center if necessary. Provide the burn center with the following information:

1. Status of airway control

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

2. Percentage, degree, and location of the burns

3. Type of burn (electrical, thermal, chemical, radiation)

4. Level of care the patient requires (ICU, med/surg)

5. Circulatory status (vital signs and perfusion of burned extremity if applicable)

6. Level of consciousness

7. Other injuries

8. Past medical history, pre-existing major systemic disease, and current medications

9. Treatment(s) already rendered and in progress

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1200, **Treatment Protocols**, et al.

Reference No. 512, Burn Patient Destination

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	4/19/23	4/19/23	Yes
	Base Hospital Advisory Committee	4/12/23	4/12/23	
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

POLICY REVIEW - SUMMARY OF COMMENTS REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 512, Burn Patient Destination

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy I	PAAC 4/19/2023	Add "…and Ref. No. 506. Trauma Triage	Adopted

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL

Time Period January 1, 2023 through March 31, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q1 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
ANTELOPE VALLEY - NEWHALL REGION												
Antelope Valley Hospital	3,747	1,903	51%	1,128	59%	456	24%	193	10%	126	7%	35%
Palmdale Regional Medical Center	2,820	1,420	50%	924	65%	314	22%	115	8%	67	5%	11%
Henry Mayo Newhall Hospital	3,257	1,646	51%	1,242	75%	321	20%	79	5%	4	0.2%	15%
ANTELOPE VALLEY TOTAL	*9,824*	*4,969*	*51%*	*3,294*	*66%*	*1,091*	*22%*	*387*	*8%*	*197*	*4%*	20% AVG
SAN FERNANDO VALLEY REGION												
Dignity Health-Northridge Hospital Medical Center	3,338	3,332	100%	2,859	86%	393	12%	73	2%	7	0.2%	16%
West Hills Hospital and Medical Center	1,458	1,354	93%	931	69%	297	22%	108	8%	18	1%	24%
Kaiser Foundation - Woodland Hills	757	717	95%	574	80%	98	14%	38	5%	7	1%	44%
Encino Hospital Medical Center	436	436	100%	415	95%	10	2%	8	2%	3	0.7%	3%
Providence Cedars-Sinai Tarzana Medical Center	1,426	1,398	98%	1,147	82%	204	15%	46	3%	1	0.07%	14%
LAC Olive Medical Center	714	710	99%	627	88%	56	8%	26	4%	1	0.1%	69%
Pacifica Hospital of the Valley	512	512	100%	462	90%	41	8%	7	1%	2	0.4%	49%
Kaiser Foundation - Panorama City	719	717	100%	614	86%	85	12%	18	3%			48%
Providence Holy Cross Medical Center	1,990	1,973	99%	1,822	92%	105	5%	42	2%	4	0.2%	45%
Mission Community Hospital	997	997	100%	886	89%	98	10%	13	1%			13%
Valley Presbyterian Hospital	1,509	1,508	100%	1,322	88%	135	9%	45	3%	6	0.4%	37%
Sherman Oaks Hospital	1,536	1,535	100%	1,291	84%	194	13%	47	3%	3	0.2%	8%
Providence Saint Joseph Medical Center	3,284	3,250	99%	2,420	74%	657	20%	162	5%	11	0.3%	7%
Adventist Health Glendale	1,966	1,929	98%	1,456	75%	329	17%	129	7%	15	0.8%	17%
Dignity Health-Glendale Memorial Hosp. and Health Ctr	1,523	1,521	100%	1,346	88%	135	9%	35	2%	5	0.3%	14%
USC Verdugo Hills Medical Center	676	526	78%	372	71%	96	18%	43	8%	15	3%	47%
SAN FERNANDO VALLEY TOTAL	*22,841*	*22,415*	98%	*18,544*	*83%*	*2,933*	*13%*	*840*	*4%*	*98*	*0.4%*	28% AVG
SAN GABRIEL VALLEY REGION												
Huntington Hospital	3,519	3,008	85%	2,411	80%	386	13%	171	6%	40	1%	29%
Alhambra Hospital	864	862	100%	817	95%	36	4%	7	0.8%	2	0.2%	19%
San Gabriel Valley Medical Center	1,108	786	71%	627	80%	75	10%	59	8%	25	3%	18%
USC Arcadia Hospital	2,330	1,412	61%	743	53%	388	27%	216	15%	65	5%	57%
Greater El Monte Community Hospital	1,729	727	42%	405	56%	202	28%	90	12%	30	4%	31%

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 05-01-2023

Los Angeles County Emergency Medical Services Agency

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL

Time Period January 1, 2023 through March 31, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q1 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
Garfield Medical Center	807	639	79%	591	92%	34	5%	9	1%	5	0.8%	34%
Monterey Park Hospital	460	387	84%	360	93%	17	4%	8	2%	2	0.5%	11%
Kaiser Foundation Hospital - Baldwin Park	1,654	779	47%	367	47%	249	32%	120	15%	43	6%	31%
Emanate Health Inter-Community Hospital	1,562	803	51%	363	45%	237	30%	146	18%	57	7%	24%
Emanate Health Queen of the Valley Hospital	2,707	1,539	57%	906	59%	385	25%	185	12%	63	4%	9%
Emanate Health Foothill Presbyterian Hospital	1,856	835	45%	280	34%	308	37%	179	21%	68	8%	18%
San Dimas Community Hospital	684	337	49%	191	57%	80	24%	43	13%	23	7%	11%
Pomona Valley Hospital Medical Center	4,887	2,489	51%	1,346	54%	773	31%	301	12%	69	3%	15%
SAN GABRIEL VALLEY TOTAL	*24,167*	*14,603*	60%	*9,407*	*64%*	*3,170*	*22%*	*1,534*	*11%*	*492*	*3%*	24% AVG
EAST REGION												
Beverly Hospital	1,265	595	47%	412	69%	132	22%	43	7%	8	1%	15%
Whittier Hospital Medical Center	928	440	47%	291	66%	99	23%	39	9%	11	3%	12%
PIH Health Whittier Hospital	3,798	1,641	43%	737	45%	684	42%	194	12%	26	2%	22%
PIH Health Downey Hospital	1,777	1,269	71%	830	65%	261	21%	130	10%	48	4%	40%
Kaiser Foundation Hospital - Downey	2,054	1,188	58%	474	40%	274	23%	285	24%	155	13%	63%
Los Angeles Community Hospital at Norwalk	489	222	45%	103	46%	56	25%	37	17%	26	12%	15%
Coast Plaza Hospital	889	431	48%	181	42%	108	25%	91	21%	51	12%	12%
Lakewood Regional Medical Center	2,081	1,257	60%	476	38%	305	24%	263	21%	213	17%	29%
EAST REGION TOTAL	*13,281*	*7,043*	53%	*3,504*	*50%*	*1,919*	*27%*	*1,082*	*15%*	*538*	*8%*	26% AVG
METRO REGION												
Dignity Health-California Hospital Medical Center	1,380	1,378	100%	958	70%	249	18%	136	10%	35	3%	65%
PIH Health Good Samaritan Hospital	2,536	2,534	100%	1,899	75%	481	19%	122	5%	32	1%	34%
Adventist Health White Memorial	1,029	800	78%	576	72%	129	16%	73	9%	22	3%	1%
Community Hospital of Huntington Park	2,136	1,130	53%	436	39%	420	37%	211	19%	63	6%	3%
East Los Angeles Doctors Hospital	1,483	794	54%	590	74%	147	19%	48	6%	9	1%	0%
LAC+USC Medical Center	5,126	4,959	97%	3,981	80%	766	15%	185	4%	27	0.5%	39%
Children's Hospital Los Angeles	309	309	100%	302	98%	5	2%	2	0.6%			6%
Hollywood Presbyterian Medical Center	1,813	1,801	99%	1,436	80%	281	16%	79	4%	5	0.3%	29%
Kaiser Foundation Hospital - Los Angeles	903	893	99%	717	80%	145	16%	23	3%	8	0.9%	56%

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 05-01-2023

Los Angeles County Emergency Medical Services Agency

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY 9-1-1 RECEIVING HOSPITAL

Time Period January 1, 2023 through March 31, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q1 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
Cedars Sinai Medical Center	3,360	2,985	89%	2,045	69%	733	25%	197	7%	10	0.3%	49%
METRO REGION TOTAL	*20,075*	*17,583*	88%	*12,940*	*74%*	*3,356*	*19%*	*1,076*	*6%*	*211*	*1%*	28% AVG
WEST REGION												
Southern California Hospital at Culver City	1,118	1,111	99%	725	65%	254	23%	111	10%	21	2%	17%
Kaiser Foundation Hospital - West Los Angeles	1,667	1,550	93%	1,070	69%	336	22%	128	8%	16	1%	45%
Cedars Sinai Marina Del Rey Hospital	1,649	1,423	86%	1,046	74%	284	20%	87	6%	6	0.4%	41%
Providence Saint John's Health Center	1,904	1,650	87%	1,223	74%	307	19%	99	6%	21	1%	13%
Santa Monica - UCLA Medical Center	636	502	79%	404	80%	62	12%	25	5%	11	2%	34%
Ronald Reagan UCLA Medical Center	1,625	1,576	97%	1,341	85%	179	11%	40	3%	16	1%	60%
WEST REGION TOTAL	*8,599*	*7,812*	91%	*5,809*	*74%*	*1,422*	*18%*	*490*	*6%*	*91*	*1%*	35% AVG
SOUTH REGION												
Centinela Hospital Medical Center!	4,195	3,036	72%	1,418	47%	807	27%	441	15%	370	12%	8%
Memorial Hospital of Gardena	2,982	2,397	80%	1,884	79%	400	17%	96	4%	17	0.7%	9%
Martin Luther King, Jr. Community Hospital	2,419	1,845	76%	1,386	75%	314	17%	124	7%	21	1%	33%
St. Francis Medical Center!	3,857	2,578	67%	1,040	40%	505	20%	546	21%	486	19%	14%
LAC Harbor-UCLA Medical Center	2,626	1,923	73%	1,448	75%	274	14%	139	7%	62	3%	48%
Kaiser Foundation Hospital - South Bay	1,341	1,012	75%	701	69%	209	21%	82	8%	20	2%	38%
Torrance Memorial Medical Center	2,606	1,735	67%	1,061	61%	459	26%	178	10%	37	2%	21%
Providence Little Company of Mary Med. Ctr.-Torrance	2,112	1,541	73%	1,059	69%	318	21%	127	8%	37	2%	11%
Providence Little Company of Mary Med. Ctr.-San Pedro	1,972	1,437	73%	1,030	72%	289	20%	95	7%	23	2%	18%
College Medical Center	872	855	98%	665	78%	100	12%	57	7%	33	4%	52%
Dignity Health-St. Mary Medical Center	2,140	2,136	100%	1,575	74%	364	17%	157	7%	40	2%	52%
MemorialCare Long Beach Medical Center	2,437	2,178	89%	1,628	75%	323	15%	136	6%	91	4%	72%
Catalina Island Medical Center	46	45	98%	44	98%			1	2%			N/A
SOUTH REGION TOTAL	*29,605*	*22,718*	77%	*14,939*	*66%*	*4,362*	*19%*	*2,179*	*10%*	*1,237*	*5%*	31% AVG
ALL HOSPITALS	**128,392**	**89,331**	**70%**	**68,437**	**77%**	**18,253**	**20%**	**7,588**	**8%**	**2,864**	**3%**	27% AVG

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 05-01-2023

Los Angeles County Emergency Medical Services Agency

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY PROVIDER

Time Period Janaury 1, 2023 through March 31, 2023

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

EMS Provider Agency	Code	Total # of records	No. of valid records	% of valid records	Q1 2023							
					</=30 mins		30-60 mins		61-120 mins		>120 mins	
Alhambra Fire Department	AH	894	894	100%	870	97%	18	2%	5	1%	1	0.1%
Arcadia Fire Department	AF	601	601	100%	457	76%	112	19%	27	4%	5	0.8%
Beverly Hills Fire Department	BH	545	545	100%	375	69%	133	24%	33	6%	4	0.7%
Burbank Fire Department	BF	1,067	1,067	100%	888	83%	143	13%	35	3%	1	0.1%
Compton Fire Department*	CM	494	487	99%	483	99%	3	0.6%	1	0.2%		
Culver City Fire Department	CC	639	639	100%	475	74%	112	18%	47	7%	5	0.8%
Downey Fire Department	DF	1,281	1,280	100%	964	75%	176	14%	107	8%	33	3%
El Segundo Fire Department	ES	202	202	100%	182	90%	17	8%	2	1%	1	0.5%
Glendale Fire Department	GL	2,433	2,433	100%	1,962	81%	349	14%	105	4%	17	0.7%
Los Angeles Fire Department	CI	46,282	46,265	100%	36,916	80%	6,935	15%	2,075	4%	339	0.7%
Los Angeles County Fire Department*	CF	53,661	25,932	48%	13,003	50%	7,653	30%	3,768	15%	1,508	6%
Los Angeles County Sherriff's Department	CS	20	20	100%	20	100%						
La Habra Heights Fire Department	LH	24	23	96%	23	100%						
La Verne Fire Department	LV	508	508	100%	444	87%	45	9%	13	3%	6	1%
Long Beach Fire Department	LB	6,015	6,014	100%	4,431	74%	937	16%	440	7%	206	3%
Manhattan Beach Fire Department	MB	348	348	100%	336	97%	8	2%	4	1.1%		
Monrovia Fire Department*	MF	82	75	91%	68	91%	5	7%	1	1%	1	1%
Montebello Fire Department	MO	111	101	91%	99	98%	1	1%			1	
Monterey Park Fire Department	MP	701	701	100%	694	99%	6	0.9%	1	0.1%		
Pasadena Fire Department	PF	2,103	2,103	100%	1,771	84%	248	12%	78	4%	6	0.3%
Redondo Beach Fire Department*	RB	347	159	46%	71	45%	51	32%	26	16%	11	7%
San Gabriel Fire Department	SG	361	361	100%	344	95%	13	4%	2	0.6%	2	0.6%
San Marino Fire Department	SA	152	152	100%	128	84%	16	11%	8	5%		
Santa Fe Springs Fire Rescue*	SS	333	147	44%	65	44%	61	41%	15	10%	6	4%
Santa Monica Fire Department*	SM	1,048	714	68%	676	95%	33	5%	5	0.7%		
Sierra Madre Fire Department	SI	135	135	100%	95	70%	26	19%	14	10%		
South Pasadena Fire Department	SP	249	249	100%	215	86%	23	9%	9	4%	2	0.8%
Torrance Fire Department	TF	1,937	1,589	82%	1,083	68%	345	22%	129	8%	32	2%
West Covina Fire Department	WC	899	899	100%	784	87%	94	10%	18	2%	3	0.3%

*Data is not utilized to calculate unless no associated *transport* unit. APOT times are calculated utilizing *transporting* ambulance times.

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 05-01-2023

Los Angeles County Emergency Medical Services Agency

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY PROVIDER

Time Period Janaury 1, 2023 through March 31, 2023

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

EMS Provider Agency	Code	Total # of records	No. of valid records	% of valid records	Q1 2023							
					</=30 mins		30-60 mins		61-120 mins		>120 mins	
American Medical Response	AR	11,544	5,073	44%	2,652	52%	1,512	30%	609	12%	300	6%
CARE Ambulance Service (Faulk)	CA	34,657	14,879	43%	5,817	39%	5,160	35%	2,796	19%	1,106	7%
McCormick Ambulance Service	WM	12,211	5,316	44%	1,833	34%	2,262	43%	935	18%	286	5%
TOTAL ALL PROVIDERS		*65,976*	*31,776*	48%	*15,534*	*49%*	*9,844*	*31%*	*4,644*	*15%*	*1,754*	*6%*

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 05-01-2023

Thursday, February 9, 2023

Sent via U.S. Mail and Electronic Mail

Honorable Supervisor Hilda Solis
Honorable Supervisor Holly Mitchell
Honorable Supervisor Lindsay Horvath
Honorable Supervisor Janice Hahn
Honorable Supervisor Kathryn Barger

Los Angeles County Hall of Administration
500 West Temple Street
Room 383
Los Angeles, CA 90012

RE: Financial and Operational Issues Impacting Care to L.A. Care Members

Dear Honorable Members of the Los Angeles County Board of Supervisors,

We are writing to you on behalf of more than 90 hospitals in Los Angeles County that are members of the Hospital Association of Southern California (HASC), the California Association of Health Facilities (CAHF) representing over 350 nursing facilities and the Los Angeles County Ambulance Association (LACAA) representing 26 ambulance providers with more than 1,200 licensed ambulances. As a group we are deeply concerned and frustrated over the ongoing challenges in providing health care services to patients enrolled in the L.A. Care Health Plan.

For the past several years, we have attempted to work directly with L.A. Care leadership to address the challenges in caring for their patients. This week, L.A. Care leadership shared a high-level overview of their intent to make changes designed to improve engagement with providers. These proposed changes have no timeline and no guarantee of approval/success. In addition, they are not comprehensive as they do not address the requests and recommendations HASC and its members have shared with L.A. Care as recently as last fall. With little improvement seen, many of our member organizations state that the issues have reached a crisis level that threatens care for many of the most vulnerable and underserved individuals in Los Angeles County.

Examples of the issues L.A. Care members and their providers face include:

- Delays in authorization to provide care, which results in delayed access to necessary medical care for many L.A. Care members.

- Hospitals experience countless delays when attempting to discharge medically stable patients to post-acute care settings such as skilled nursing, long-term acute care and home health. L.A. Care's administrative practices of delayed payment, underpayments and delayed authorizations to discharge patients to post-acute care settings significantly contribute to the crippling of the 9-1-1 system and exacerbate delays in emergency response times, placing lives at risk.

- Hospitals outside of the L.A. Care network are also experiencing delays in transferring patients to L.A. Care contracted hospitals and post-acute providers.

- These delays cause L.A. Care patients who need acute inpatient care to wait hours — if not days — in hospital emergency rooms, because hospitals are unable to transfer medically stable patients to more appropriate levels of care. The situation also has a downstream impact on 9-1-1 response times because ambulances are backed up in hospitals waiting for beds to become available.

- The delays described above are exacerbated by an increasing number of contracted acute and post-acute providers that are unwilling to accept L.A. Care patients because of L.A. Care's deficient claims payment practices. Another cause is L.A. Care's seemingly inadequate network of primary, specialty and post-acute providers.

- Delays in claims adjudication have resulted in significant account receivables for many hospitals – a particular concern for safety-net hospitals whose cash flow is critical to their ability to remain viable.

- The issues outlined above exacerbate disparities faced by the low-income and underserved individuals and families that make up L.A. Care's membership. All Med-Cal members deserve access to high-quality and timely health care and we believe the organization can take steps to support better care for this population.

In November 2022, HASC requested that L.A. Care consider the following recommendations to improve patient care, however, we have yet to see significant improvement:

1. Increase transparency through the development of Provider and L.A. Care dashboards that display accurate metrics for claims denial rates, types of denials, total accounts receivable (AR), days in AR, AR over 90 days, administrative days paid, interest payments, etc. The development of metrics could assist in prioritizing actions that result in the greatest improvement for patient care/health outcomes.
2. Increase the infrastructure to support patient care needs including, but not limited to, inpatient admissions, facilitating repatriation to in-network facilities, and ensuring timely post-discharge transitions to appropriate level of care (e.g., skilled nursing facilities) consistently on a 24/7 basis using technology and electronic interfaces.
3. Assess the adequacy and willingness of provider network to ensure there is sufficient post-acute capacity in the L.A. Care network.
4. Assess the capacity and oversight of contracted medical groups and their ability to manage their assigned patients. The lack of access and accountability results in overutilization of emergency services when patients are returned to their independent physician association/medical group with specific and timely follow-up requests but are not always accommodated.
5. Develop a tracking system to ensure receipt of requested documentation and attachments to reduce the number of hours spent by provider staff calling L.A. Care and having to resubmit previous paperwork.
6. Address lack of timeliness of non-emergency medical transportation and non-medical transportation, which leads to delays in patient transfers or hospitals paying for services themselves.
7. Enhance the L.A. Care Provider Portal to reduce the number of subsequent calls to determine the status of a claim.
8. Improve consistency and clarity of communications involving overpayments and offsets on provider remittances.
9. Seek to reduce the collective administrative burden on L.A. Care and its provider partners through the use of technology, deployment of sufficient staff and a collaborative culture of accountability.

We respectfully request that the Board of Supervisors send a five-signature letter to L.A. Care Chief Executive Officer John Baackes and the L.A. Care Board asking that they immediately take the following measures to improve their organizational deficiencies:

- Hire an independent consultant to evaluate current operational and financial infrastructure systems, processes, member and provider communication, and network adequacy.
- Update systems and procedures to improve the timeliness of authorizations for care and transfers to in-network acute and post-acute providers.
- Create a physician advisory board to conduct clinical reviews and determine issues and best practices for patient care.
- Develop a quality improvement plan to assess consistency in quality-of-care management.
- Develop a transparent method for real-time data collection and regular reporting of operational efficiencies to the L.A. Care Board and the LA County Board of Supervisors. This reporting will create a higher level of accountability and help restore public trust.

Furthermore, we ask that you send a copy of the John Baackes letter to the California Department of Health Care Services and Department of Managed Health Care with a request for a thorough review of the issues outlined in this letter.

Sincerely,

George W. Greene, Esq.
President and CEO
Hospital Association of Southern California

Craig Cornett
CEO/President
California Association of Health Facilities

Chad Druten
President
Los Angeles County Ambulance Association

Cc: John Baackes, CEO, L.A. Care
Al Ballesteros, Chair, L.A. Care Board of Governors
Los Angeles Hospital Leadership Group
California Hospital Association
Los Angeles County Health Deputies

March 15, 2023

TO: See Distribution

FROM: Richard Tadeo
Emergency Medical Services Agency Director
Co-chair Measure B Advisory Board

SUBJECT: SUBMISSION OF MEASURE B FUNDING PROPOSALS FOR 2023

This memo is to inform you and your constiuents that the Measure B Advisory Board (MBAB) is accepting funding proposals for consideration beginning April 15 through July 17, 2023. Los Angeles County Department of Health Services determined that there is $28.0 million in unallocated Measure B funds available to fund the projects submitted for consideration.

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

A virtual submitters conference will be held via Zoom on Tuesday, April 13, 2023 from 10:00 am until 11:30 am. This meeting will address the MBAB Funding Proposal Process. The link to join the submitters conference is:

https://us02web.zoom.us/j/82340511880?pwd=bmc3a3BHZkprQVByNzNNckh3QjhOZz09

Meeting ID: 823 4051 1880
Passcode: 039363

If you are interested in having a project considered, please complete the Measure B Funding Proposal Form (Attachment II) and submit it to the Emergency Medical Services Agency no later than 5:00 pm on July 17, 2023. Any proposals submitted after July 17, 2023 will not be considered and will be returned to the submitter.

If you have any questions please contact Jacqui Rifenburg, Assistant Director, EMS Agency at jrifenburg@dhs.lacounty.gov or (562) 378-1640.

RT:jr

Attachments

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

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

Measure B Funding
Process for Submitting Funding Proposals
2023

Background

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

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

Trauma Centers	• Maintain all aspects of countywide system of trauma centers. • Expand system of trauma centers to cover all areas of the county. • Provide financial incentives to keep existing trauma centers within the system • Pay for the costs of trauma centers, including physician and other personnel costs
Emergency Medical Services	• Coordinate and maintain a countywide system of emergency medical services • Pay for the costs of emergency medical services, including physician and other personnel costs.
Bioterrorism Response	• Enable stockpiling of safe and appropriate medicines to treat persons affected by a bioterrorism or chemical attack. • Train health care workers and other emergency personnel to deal with the medical needs of those exposed to a bioterrorism or chemical attack. • Provide medical screenings and treatment for exposure to biological or chemical agents in the event of a bioterrorism or chemical attack. • Ensure the availability of mental health services in the event of a terrorist attack.
Administration	• Defray administrative expenses, including payment of salaries and benefits for personnel in the Los Angeles County Department of Health Services and other incidental expenses • Recover the costs of the special election in 2002 • Recover the reasonable costs incurred by the county in spreading, billing and collecting the special tax.

Submitting a Proposal

Proposals for Measure B funding can be submitted each year from April 15 through July 17 of that year. The proposals will be reviewed prior to the Measure B Advisory Board (MBAB) proposal review meeting, to ensure the proposed expenditures are authorized for Measure B funding. Any proposals for expenditures not authorized for under Measure B will be removed and the submitting entity will be notified of this action.

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

Below are the steps for submitting a proposal:

1. Complete the Measure B Proposal form and submit it, along with any supporting documents, via mail or email to the Los Angeles County EMS Agency no later than 5:00 pm on July 17 of the year to allow adequate time for the proposals to be reviewed and distributed prior to the first MBAB proposal review meeting. Supporting documents include price quotations for equipment purchases, budget, and pertinent financial statements. Financial statements will be required for funding request to offset the operational loss for providing a specific service (e.g. Trauma Services). The financial statements must clearly show direct expenses incurred and revenue received and expected to be received from all sources (including subsidy and donations) for providing the service. For proposed new services or activities, a detailed budget must accompany the funding request, that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined. Additionally, when a request requires the hiring of personnel or incurring other long-term financial obligations (e.g. lease) for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost and these obligations if Measure B funding is not available in future years. Every requesting entities must provide a letter from the organization's Department Head/Executive Office approving the proposal submission.

2. Proposers are encouraged to attend the MBAB proposal review meeting(s) to provide a brief overview of their project, limited to two minutes and be available to answer any questions that the members of the MBAB may have related to their proposal. If a second meeting is also scheduled for review of proposals, the proposers are encouraged to also attend this meeting. The first meeting is typically scheduled in September of the year and if another meeting is needed, it will be scheduled typically later in September or in October of that year.

3. After reviewing all eligible proposals, the MBAB members will rank score the projects while the proposers are in attendance. However, the ranking score given by the MBAB does not guarantee approval by the Board of Supervisors.

Evaluating and Rank Ordering of the Proposals

After reviewing all eligible proposals submitted for a given year, the MBAB will rank the proposals using a three-level ranking system. Each qualified proposal will be given a high priority (Score of 5), medium high priority (Score of 4), medium priority (Score of 3), medium low priority (Score of 2), or low priority (Score of 1). All MBAB members may vote on any proposals being considered, even if they are affiliated with the requesting entity, or has an interest in or will benefit from a proposal(s), unless it is deemed inappropriate by the MBAB Co-Chairs. The ranking will be done by each MBAB voting member providing a number ranking and an average score will be determined using all voting member rankings for each proposal.

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

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

Board Consideration

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

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

If you have any questions regarding submitting a proposal, please contact Jacqui Rifenburg, EMS Agency Assistant Director at jrifenburg@dhs.lacounty.gov or 562-378-1640.

Los Angeles County Measure B Funding Proposal 2023

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

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

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

Provide as separate attachments the following supporting documents:

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

- For proposed new services or activities, a detailed budget must accompany the funding request, that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined.

- When a request requires the hiring of personnel or incurring other long-term financial obligations (e.g. lease) for future years, the requesting entity must provide supporting documentation demonstrating how they will cover the personnel cost and these obligations if Measure B funding is not available in future years.

- If the requesting entity is a Los Angeles County department, provide a letter from the Chief Executive Office approving the addition of the requested item to the department's budget.

- Project Timeline: Include how soon project would begin once funded. For one-time funding, indicate the total time needed to complete project and major milestones along the timeline.

Submit all documents via mail or email no later than July 17 of the year to:

Los Angeles County

Emergency Medical Services Agency

Measure B Advisory Board

10100 Pioneer Boulevard, Suite 200

Santa Fe Springs, CA 90670

Attention: Jacqui Rifenburg

jrifenburg@dhs.lacounty.gov

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County
Board of Supervisors

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First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

Richard Tadeo
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

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

March 20, 2023

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: **BEVERLY HOSPITAL WITHDRAWAL FROM EDAP PROGRAM**

This is to inform you that Beverly Hospital (BEV) is withdrawing as an Emergency Department Approved for Pediatrics (EDAP) effective Monday, March 20, 2023.

Effective **Monday, March 20, 2023 at 2359,** pediatric patients 14 years of age and younger shall no longer be transported via the 9-1-1 system to BEV. These patient shall be transported to surrounding EDAP hospitals in accordance with Reference No. 510, Pediatric Patient Destination.

BEV's Reddinet® Services/Resources tab will be updated to reflect the change.

If you or your staff have any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at (562) 378-1596 or ABoonjaluksa2@dhs.lacounty.gov

RT:ab
04-01

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, Montebello Fire Department
Paramedic Coordinator, Montebello Fire Department
Fire Chief, Monterey Park Fire Department
Paramedic Coordinator, Monterey Park Fire Department
Director of Operations, Falck Ambulance Service
CEO, Beverly Hospital
CNO, Beverly Hospital
Prehospital Care Coordinator, LAC+USC Medical Center
Prehospital Care Coordinator, PIH Whittier Hospital
Prehospital Care Coordinator, USC Arcadia Hospital
Prehospital Care Coordinator, Huntington Hospital
Reddinet®
EMS Commission

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Fifth District

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Director

Marianne Gausche-Hill, MD
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10100 Pioneer Boulevard, Suite 200
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Fax: (562) 941-5835

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

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

April 4, 2023

EMAIL

TO: Distribution

FROM: Richard Tadeo
Director

SUBJECT: TEMPORATY SUSPENSION OF PRIMARY STROKE CENTER SERVICES AT COAST PLAZA HOSPITAL

This is to advise you that the Emergency Medical Services Agency is temporarily suspending Coast Plaza Hospital (CPM) as a Primary Stroke Center (PSC) until further notice. Effective, **April 5, 2023, at 0700**, CPM may no longer receive patients with a provider impression of Stroke.

Suspected stroke patients shall be transported to surrounding stroke centers in the area in accordance with Reference No. 521, Stroke Patient Destination.

To reflect suspension for an extended period, ReddiNet® will be removing the PSC pill for CPM on the Hospital Status Screen. It is imperative that your staff are aware of this change because the diversion option will no longer exist, and therefore will not show the alert in red.

If you or your staff have any questions or require further information, please contact Frederick (Fritz) Bottger, RN, Stroke Program Coordinator, at fbottger@dhs.lacounty.gov or (562) 378-1653.

RT:fb
04-03

c. Director, EMS Agency
Medical Alert Center, EMS Agency
CEO, Coast Plaza Hospital
Fire Chief, Los Angeles County Fire Department
Medical Director, Los Angeles County Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Fire Chief, Downey Fire Department
Paramedic Coordinator, Downey Fire Department
Fire Chief, Santa Fe Springs Fire Department
Paramedic Coordinator, Santa Fe Springs Fire Department
Prehospital Care Coordinator, PIH Health Whittier Hospital
Prehospital Care Coordinator, MemorialCare Long Beach Medical Center
Prehospital Care Coordinator, Saint Francis Medical Center
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LOS ANGELES COUNTY

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Marianne Gausche-Hill, MD
Medical Director

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

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

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

DATE: April 13, 2023

MEMORANDUM

TO: Distribution list

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

SUBJECT: **PediDOSE Study**

As a part of our implementation of the **Pedi**atric **D**ose **O**ptimization for **S**eizures in **E**MS (**PediDOSE)** study, we are redistributing a file which can be printed as an 11X17 inch document and posted in the emergency department or fire stations. We previously distributed a pdf which we asked for all Emergency Departments Approved for Pediatrics (EDAPs) and fire departments to print and post. There was some confusion about which pediatric patients should be entered into the Paramedic Self Report as a part of this study, so we attach the updated pdf.

We are asking once again for each of our EDAPs and fire departments to post this information in the emergency department or fire department station as applicable to remind paramedics of the **PediDOSE** study and the need to complete a Paramedic Self-Report on all pediatric seizure patients aged greater than or equal to 6 months or less than or equal to 13 years.

Participation in this National Institute of Health (NIH) funded study is important for our system to continue to improve our service in the care of children with seizure.

We appreciate your patience as we work to implement this important study.

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

Distribution:
Emergency Departments Approved for Pediatrics, Pediatric Liaison Nurses Base Hospital Medical Directors and Prehospital Care Coordinators, Fire Departments Chiefs, Medical Directors, and Paramedic Coordinators EMS Providers Agencies

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

SideWalk-CPR
LA County EMS System

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

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

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

April 13, 2023

TO: Distribution

FROM: Richard Tadeo
Director

SUBJECT: COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION DAY- MONDAY, JUNE 5, 2023

The Los Angeles County Emergency Medical Services (EMS) Agency is coordinating a countywide SideWalk "Hands Only" Cardiopulmonary Resuscitation (CPR) public education event on **Monday, June 5, 2023**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life saving skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate participation through submission of a pre-registration form (attached). Registration provides contact information for the distribution of the basic curriculum, sample press release, and rosters/sign-in sheets to track the number of persons trained during the event. **Early registration** allows us to list your training site(s) on the web page for press coverage and the community.

Even though June 5 is the main event day, we encourage you to train any time between June 1-7. At the end of training, we ask that each participating organization report the number of citizens trained between June 1-7 to the EMS Agency. We will provide a report on the total number trained in Los Angeles County to Public Health, AHA, EMS community, and interested parties.

The EMS Agency acknowledges that this year's notification was delayed and understands if your facility/agency is unable to participate. Through public education and awareness, our number of bystander CPR and return of spontaneous circulation are steadily improving in Los Angeles County. We hope that you will choose to participate in this year's LA County SideWalk CPR.

Please continue to share the following Hands-Only CPR video link with your agency or organization, community, family and friends:

https://youtu.be/EluCCYOdkVw

Complete the attached registration form and return it to the EMS Agency as soon as possible to allow time for posting your training location on the EMS Agency website.

Please contact Greg Klein gklein@dhs.lacounty.gov for questions.

Attachments

Distribution:
Base Medical Directors, Base Hospitals
Prehospital Care Coordinators, Base Hospitals
Fire Chiefs, Fire Departments
CEOs, Ambulance Operators
Paramedic Coordinators, EMS Providers
Nurse Educators, EMS Providers
SRC Program Medical Director, SRC Designated Hospitals

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

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

April 17, 2023

CERTIFIED

Alfredo Hernandez, Chief of Police
California State University Northridge Police Department
18111 Nordhoff Street
Northridge, CA 91330

Dear Chief Hernandez

PUBLIC SAFETY NALOXONE APPROVAL AND DATA REGISTRY

This letter is to confirm that the Emergency Medical Services (EMS) Agency has approved the California State University Northridge Police Department (CSUN) for the utilization of intranasal naloxone for persons with suspected opiate overdose.

CSUN has been assigned a unique identification number (ID) and password to access the Los Angeles County EMS Agency Public Safety Data Registry. All public safety agencies are required to collect, maintain, and report all naloxone administrations to the EMS Agency as part of the naloxone program approval process. Each agency can utilize their process for data collection; however, the required naloxone data should be entered into the Public Safety Data Registry within 30 days.

The Public Safety Data Registry is a secure reporting system located on the EMS Agency website at ems2.dhs.lacounty.gov/_PSNarcan/. The data registry will serve to facilitate system evaluation and aggregate reporting on the utilization of naloxone in Los Angeles County by public safety personnel.

Upon the initial login, there is a link to a brief tutorial on how to enter data. All approved public safety agencies may utilize the data registry to run reports on their data only and cannot view another agency/department's data. Your agency can enter the data directly or email/send to Greg Klein at gklein@dhs.lacounty.gov for data entry.

CA State University Northridge Police Department ID: **CSUN**; Password: **294710**

Please contact me at (562) 378-1600 or Greg Klein at (562) 378-1685 for any question or concerns.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:sm
04-04

c: Director, EMS Agency
Sergeant Andrew Higgins, CSUN Police Department
Commander Rene Lino, CSUN Police Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Los Angeles County Board of Supervisors

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First District

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Third District

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Fourth District

Kathryn Barger
Fifth District

Richard Tadeo
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

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

April 24, 2023

Richard Oishi, Acting Fire Chief
Arcadia Fire Department
710 South Santa Anita Avenue
Arcadia, California 91006

Dear Chief Oishi:

NEWLY APPOINTED MEDICAL DIRECTOR – ANGELICA LOZA-GOMEZ, MD

This is to acknowledge that on April 20, 2023, the Emergency Medical Services (EMS) Agency received notification from Arcadia Fire Department (AF) that effective immediately Angelica Loza-Gomez, M.D., has been appointed as AF's Medical Director and will be providing medical oversight to AF's paramedic program.

Based on the documents provided to the EMS Agency, Dr. Loza-Gomez meets the requirements as Medical Director set forth in the Los Angeles County Prehospital Care Manual, Reference No. 411, Provider Agency Medical Director.

The EMS Agency has also received the necessary documentation confirming that Dr. Loza-Gomez has agreed to purchase drugs and medical supplies for AF and will be providing complete oversight to AF's controlled substance program.

If there are any questions during this transition or in the future, please don't hesitate to contact me directly.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:gw
4-09

c. Medical Director, Arcadia Fire Department
Paramedic Coordinator, Arcadia Fire Department
Nurse Educator, Arcadia Fire Department
[Copies sent via Email]

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

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

April 26, 2023

CERTIFIED LETTER / EMAIL

Fernando Pelaez, Fire Chief
Montebello Fire Department
600 North Montebello Boulevard
Montebello, California 90640

Dear Chief Pelaez:

APPROVAL TO UTLIZE ZOLL AED PRO® AUTOMATED DEFIBRILLATOR ON BICYCLE ASSESSMENT UNITS

This letter is to provide Montebello Fire Department (MO) with approval from the Emergency Medical Services (EMS) Agency to utilize Zoll's AED Pro® automated defibrillator on MO's previously approved bicycle/Assessment Unit (BK-55).

On July 25, 2022, the EMS Agency conducted an inspection, utilizing Reference No. 704, Assessment Unit Inventory, to approve MO's first bicycle unit (BK-55) which at the time of inspection, carried a full-sized cardiac monitor. This unit may now utilize the newly approved AED Pro®, instead of the full-sized cardiac monitor.

The use of the AED Pro® is only approved for MO's bicycle unit and while assigned to special events. All other fire apparatus that are designated as Assessment Units (i.e., Assessment Truck 55), are still required to maintain a full-sized cardiac monitor.

Thank you for your patience during this review. If you have any questions, please feel free to contact myself or Gary Watson, Prehospital Program Coordinator, at (562) 378-1679.

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:gw
04-16

c: Director, EMS Agency
Medical Director, Montebello Fire Department
Paramedic Coordinator, Montebello Fire Department
Adam Bickford, Montebello Fire Department

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

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

April 27, 2023

TO: Distribution **VIA E-MAIL**

FROM: Richard Tadeo
Director

SUBJECT: **RESUMPTION OF PRIMARY STROKE CENTER SERVICES AT ENCINO HOSPITAL MEDICAL CENTER**

This is to inform you that on Monday, May 1, 2023 at 0700, Encino Hospital Medical Center (ENH) will resume Primary Stroke Center (PSC) services.

Suspected stroke patients can be transported to ENH following Reference No. 521, Stroke Patient Destination.

The Hospital Status Screen in Reddinet® for ENH will be updated to reflect the change.

For any questions, please contact Ami Boonjaluksa, Chief Hospital Programs at ABoonjaluksa2@dhs.lacounty.gov or (562) 378-1596.

RT:ab
04-25

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles Fire Department
Paramedic Coordinator, Los Angeles Fire Department
CEO, Encino Hospital Medical Center
CNO, Encino Hospital Medical Center
Stroke Program Coordinator, Encino Hospital Medical Center
Stroke Program Coordinator, Kaiser Permanente Woodland Hills
Stroke Program Coordinator, Providence Cedars-Sinai Tarzana Medical Center
Stroke Program Coordinator, Valley Presbyterian Hospital
Stroke Program Coordinator, Providence St. Joseph Medical Center
Stroke Program Coordinator, Ronald Reagan UCLA Medical Center
Prehospital Care Coordinator, Dignity Health Northridge Hospital Medical Center
Prehospital Care Coordinator, Providence St. Joseph Medical Center
Prehospital Care Coordinator, Ronald Reagan UCLA Medical Center
Prehospital Care Coordinator, Cedars-Sinai Medical Center

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

March 21, 2023

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

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

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

Barbara Ferrer, PhD, MPH, MEd, Director
Department of Public Health
313 N. Figueroa St., Room 806
Los Angeles, CA 90012

County of Los Angeles Department of Public Health COVID-19 Vaccine Mandate for EMS personnel

Dear Dr. Ferrer:

The County of Los Angeles EMS Agency leadership opposes the continuation of Public Health mandates related to COVID-19 vaccination for EMS personnel. While we support vaccination in general, stakeholder input and EMS workforce impact data reinforce our view that continued mandates erode our ability to provide safe and timely EMS services.

The California Department of Public Health (CDPH) lifted its mandate for healthcare masking and vaccination effective April 3, 2023. The guidance allows for modification based on local resources and community needs.

https://www.cdph.ca.gov/Programs/OPA/Pages/NR23-014.aspx

We have reached out for input from our EMS provider agencies, exclusive operating area (EOA) ambulance providers, and our EMS Medical Director colleagues throughout the state of California to gather information, data, and impressions of the impact such mandates have and will have on EMS services.

Several important points emerged from this input survey on the impact of vaccination mandates:

1. First, and foremost we know that 70% of the current EMS personnel have received at least the initial vaccine and booster. We also are aware of the evidence surrounding natural immunity as well as the effectiveness of therapeutics, such as Paxlovid to prevent severe COVID-19 disease. Initially, there was general vaccine acceptance by some but not all EMS personnel, but since the rollout, there have been reports of side effects of the vaccine that impact younger patients such as myocarditis/pericarditis that have built additional vaccine hesitancy. Finally, many healthcare workers who are fully vaccinated have become infected with COVID-19, not just once but multiple times. All these facts impact vaccine acceptance and lead to vaccine avoidance, even to the point of not choosing healthcare as a career.

2. At a recent statewide meeting involving all the medical directors for local EMS agencies (33 in total covering all 58 counties in the state), there was not one jurisdiction that announced that their local public health officer would continue vaccine mandates for EMS after April 3, 2023. The EMS Medical Directors Association of California (EMDAC), based on knowledge of their various jurisdictions, opposes the COVID-19 vaccine mandates because of the concern for critical workforce shortages throughout the state. Although supportive of the vaccine in concept, the EMS Medical Directors feel that the risk to the public of an inadequate workforce outweighs the benefit of vaccinated EMS personnel to public health. (See attached letter from EMDAC, Kathy Staats, President, EMDAC)

3. In reviewing EOA response times, our data demonstrate that our ambulance providers were able to meet contracted response times 95% of the time on average in 2019 versus 83% of the time on average in 2022 (the lowest during the entire pandemic).

EOA Ambulance Compliance with Contracted Response Times

Year	Average Compliance with Contracted Response Times
2019	95%
2020	95%
2021	91%
2022	83%

The City of Compton Fire Department, serving an under-represented population, reports a non-compliance rate of 22% with the contracted < 9-minute response time expected in their jurisdiction. They frequently report that no ambulances are available for transport, even for critical patients. This situation, which had not previously been encountered in such frequency by EMS personnel, places them in the untenable situation of having to find alternate transport such as in trucks, squad cars or even driving the patient themselves to the hospital in the patient's car. These incidents further undermine public safety, and also public confidence in the EMS system. (See attached letter, Dr. Kelsey Wilhelm, City of Compton Medical Director)

The Los Angeles County Fire Department has also reported similar delays in ambulance responses necessitating the use of non-ambulance vehicles to transport patients to emergency departments.

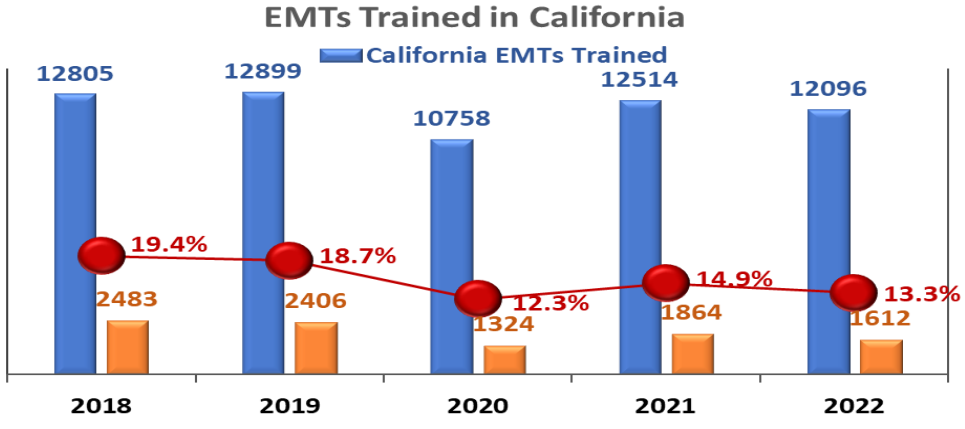
Data from the County of Los Angeles EMS Agency database, obtained on March 23, 2023, demonstrated a decrease in the ability of EMS response to arrive on scene within 8 minutes 11% of the time and extended scene times for time-critical emergencies, such as heart attacks and strokes, increased by 9% in 2022 compared to pre-pandemic times. An increased percentage of longer response intervals reflects true delays in the system, which is a significant public safety concern. These data further reinforce the fact that the County of Los Angeles is struggling with recruiting and retaining a qualified workforce that will only be exacerbated by vaccine mandates.

DISPATCH to ON SCENE Time	2019	Percentage 2019	2022	Percentage 2022	Percentage of change from 2019 to 2022
0 to 7 mins 59 secs	2,874	60%	17,363	49%	-11.21%
8 mins to 14 mins 59 secs	12,180	32%	15,632	44%	12%
15 mins to 59 mins 59 secs	1,223	3%	2,791	8%	5%
Total	**38,296**		**35,786**		

SCENE ARRIVAL to LEFT SCENE TIME	2019	Percentage 2019	2022	Percentage 2022	Percentage of change from 2019 to 2022
0 to 4 mins 59 secs	1,139	3%	533	2%	-1.6%
5 mins to 9 mins 59 secs	5,277	15%	4,349	12%	-2%
10 mins to 14 mins 59 secs	14,389	40%	12,581	36%	-4%
15 mins to 19 mins 59 secs	9,318	26%	10,052	29%	3%
20 mins to 29 mins 59 secs	5,092	14%	6,311	18%	4%
30 mins to 39 mins 59 secs	648	2%	945	3%	0.9%
40 mins to 49 mins 59 secs	118	0.3%	194	0.6%	0.2%
50 mins to 59 mins 59 secs	36	0.1%	68	0.2%	0.09%
Total	**36,017**		**35,033**		

4. In a call, the Los Angeles area Fire Chiefs, representing all the fire departments in the Los Angeles area, reported the direct impact of vaccine mandates, including “extreme high staffing deficits”, difficulty in recruiting and retaining firefighters, forced hires at the paramedic level which has resulted in increased mental health issues amongst EMS personnel, and the need for some departments to send their paramedic trainees to other counties. (See attached letter, Chief Eric Garcia, President LA Area Fire Chiefs Association)

   Whereas the National Registry for EMTs (NREMT) reports that the number of EMTs trained in California overall is approximately 94% of pre-pandemic levels from a nadir of 85% in 2020, Los Angeles County reports 65% (1612/2483) of the number of EMTs trained as compared to pre-pandemic levels (data from NREMT).

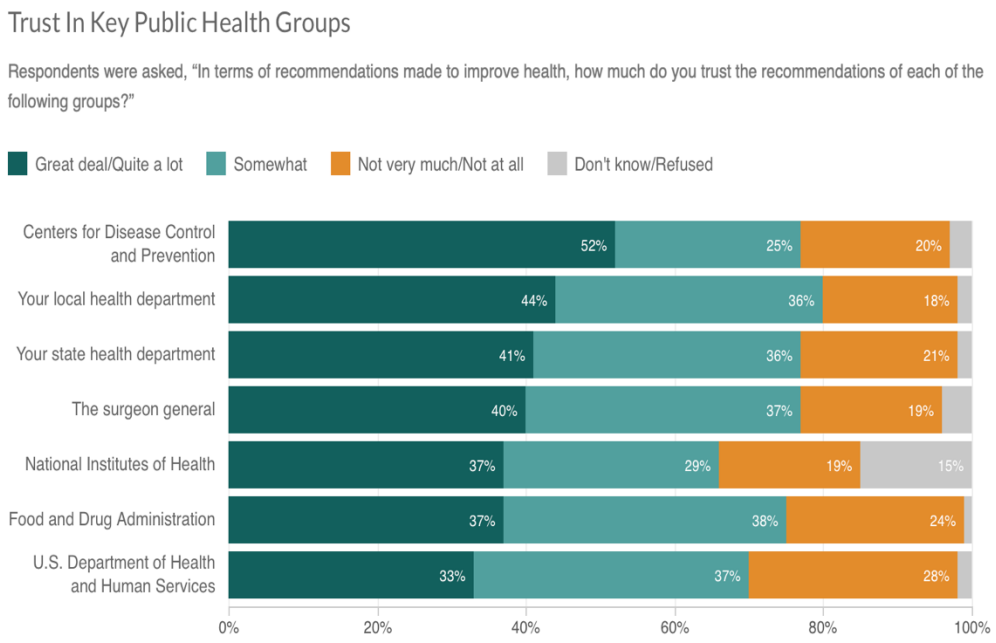


The Los Angeles County Ambulance Association (LACAA) reports difficulty in recruitment and suspension of critical services by three large ambulance services due to staffing issues believed in part due to vaccine mandates. (See letter LACAA letter, Chad Druten President)

5. Culver City Fire Department reported in a letter, that due to the impact of vaccine mandates, their department had to modify their staffing model to have an engine with a paramedic and a rescue ambulance respond to the scene of a 911 call. By local ordinance, Los Angeles County is a two-paramedic response system for all 911 calls requiring advanced life support response (ALS). Although each patient who calls 911 requiring ALS should be evaluated by 2 paramedics on scene, Culver City Fire department reports that 19% of the time they were unable to have an engine available to respond to the scene in conjunction with the rescue ambulance. They also reported that forced staffing hours increased by 620% and expenditures to staff at the paramedic level have increased by 30%. Overworked EMS personnel have put a strain on the health and welfare of their EMS personnel. (See attached letter, Chief Roger Braum, Assistant Fire Chief, Culver City Fire Department)

6. Falck Ambulance Services (EOA ambulance provider), one of the leading ambulance services globally, reported significant operational cost increases attributable to monitoring, tracking, and enforcing current public health mandates. They further report the loss of key personnel, as well as the inability to recruit EMS personnel to their organization. They cite that surrounding counties are at near or exceed previous recruitment levels, whereas their ability to recruit new trainees in Los Angeles County has been severely impacted by public health mandates. (See attached letter, Lyle Hanson, Managing Director, Falck Ambulance (dba Care Ambulance))

7. In a poll published in 2021 by the Robert Wood Johnson Foundation and the Harvard T.H. Chan School of Public Health, 36% of respondents trust their local health department somewhat and 18% do not at all. Only 44% greatly support public health and only 33% trust the US Department of Health and Human Services. Erosion in the public trust may have a significant impact on our ability as a nation to respond to future health crises and pandemics.



Source: Robert Wood Johnson Foundation/Harvard T.H. Chan School of Public Health poll "The Public's Perspective on the United States Health System." The poll, conducted Feb. 11-March 15, surveyed 1,305 U.S. adults, and the margin of error for the overall sample is 3.6 percentage points. This question was asked of half the sample.

Credit: Alyson Hurt/NPR

Overall, the County of Los Angeles EMS Agency believes that continued public health mandates for vaccination will have a significant impact on the rapidity of EMS response in Los Angeles County, directly impacting public safety. **We respectfully and fervently request that the Los Angeles County Department of Public Health release EMS from such mandates to ensure a timely EMS response and to enhance the health and well-being of its workforce.** Long hours and forced recruitments result in poor morale. A fully staffed and capable workforce is the best antidote against the erosion of public trust and ensures that the County has what it needs to safeguard safety in the face of future crises.

Respectfully,

Richard Tadeo
County of Los Angeles EMS Agency
Director

Marianne Gausche-Hill, MD
County of Los Angeles EMS Agency
Medical Director

c: Drs. Muntu Davis, Christina Ghaly, and Hal Yee

Attachments