# 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: July 19, 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

**1. CALL TO ORDER – Commissioner Lydia Lam, Chair**

**2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS**
Trauma Center System 40th Anniversary - Sponsorship

**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**
May 17, 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. 517: Provider Agency Transport/Response Guidelines
3.3.2 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

**END OF CONSENT AGENDA**

**4. BUSINESS**

**Business (Old)**
4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies (Suicide Risk Screening Tool Pilot)
4.2 Ambulance Patient Offload Time (APOT)

4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County
4.4 EMS Commission Ordinance – Update

**Business (New)**

4.5 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers
4.6 IFT Transports
4.7 Medical Control Guideline Ref. No. 1307.4: EMS and Law Enforcement Co-Response

## 5. LEGISLATION

## 6. DIRECTOR'S REPORT

6.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director

**Correspondence**

6.1.1 (5/22/23) EMS Week 2023 "Where Emergency Care Begins"
6.1.2 (5/23/23) Participation in the National Pediatric Readiness Quality Collaborative (PRQC)
6.1.3 (5/25/23) Withdrawal from Perinatal Services – Beverly Hospital
6.1.4 (5/30/23) Newly Appointed Medical Director – Kevin Andruss, MD
6.1.5 (6/07/23) Approval for LUCAS Chest Compression System
6.1.6 (6/13/23) NEMSIS V3.5 Implementation Extension
6.1.7 (6/14/23) Update on Inventory for Bag-Mask-Ventilation Devices and Masks
6.1.8 (6/20/23) Public Safety Naloxone Program Approval – California Highway Patrol
6.1.9 (6/27/23) General Public Ambulance Rates July 1, 2023 Through June 30, 2024
6.1.10 (6/27/23) Name Change for LAC+USC Medical Center
6.1.11 (6/27/23) Temporary Suspension of Primary Stroke Center Designation at San Dimas Community Hospital

## 7. COMMISSIONERS' COMMENTS / REQUESTS

## 8. ADJOURNMENT

To the meeting of September 13, 2023 (Meeting will be held on the 2nd Wednesday in September due to calendar conflicts for the usual 3rd Wednesday.)

# 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
## May 17, 2023
## IN-PERSON MEETING

| | | | |
|---|---|---|---|
| ☐ Vacant | 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. | Jacqui Rifenburg | EMS Staff |
| ☐ *Erick H. Cheung, M.D. | So. CA Psychiatric Society | Kelsey Wilhelm, MD | EMS Staff |
| ☒ John Hisserich, Dr.PH | Public Member, 3rd District | Christine Clare | EMS Staff |
| ☒ Carol Kim | Public Member, 1st District | Laura Leyman | EMS Staff |
| ☒ Lydia Lam, M.D. | So. CA Chapter American College of Surgeons | Vanessa Gonzalez | EMS Staff |
| ☒ James Lott, PsyD, MBA | Public Member, 2nd District | Mark Ferguson | EMS Staff |
| ☒ Carol Meyer, RN | Public Member, 4th District | Priscilla Romero | EMS Staff |
| ☐ *Garry Olney, DNP | Hospital Assn. of So. CA | Aldrin Fontela | EMS Staff |
| ☒ Robert Ower, RN | LAC Ambulance Association | Lily Choi | EMS Staff |
| ☐ *Paul Espinosa | LA County Police Chiefs' Assn. | David Wells | EMS Staff |
| ☒ Kenneth Powell | LA Area Fire Chiefs' Assn. | Hanna Kang | EMS Staff |
| ☒ Paul S. Rodriguez | CA State Firefighters' Assn. | Gerard Waworundeng | EMS Staff |
| ☐ *Brian Saeki | League of CA Cities/LA County | Lorrie Perez | EMS Staff |
| ☐ *Carole A, Snyder, RN | Emergency Nurses Assn. | Adrian Romero | EMS Staff |
| ☐ *Jason Tarpley, M.D. | American Heart Association | | |
| ☒ Atilla Uner, M.D., MPH | American College of Emergency Physicians CAL-ACEP | | |
| ☐ *Gary Washburne | Public Member, 5th District | | |

### GUESTS

| | |
|---|---|
| Jennifer Nulty/Torrance Fire | Laurie Donegan//Memorial Care |

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

## 1. CALL TO ORDER

The Emergency Medical Services (EMS) Commission (EMSC) meeting was held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, CA 90670. The meeting was called to order at 1:06 p.m. by Chair Lydia Lam. Roll call was taken by Commission Liaison Denise Watson. A quorum of 10 Commissioners were present.

## 2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Executive Director Richard Tadeo announced plans to broadcast EMSC meetings to the public once a camera is installed in the Hearing Room.

Chair Lam announced: Commissioner Nabila Alam resigned from the EMSC; Commissioner Brian Bixler is retiring and will also resign from the EMSC; and the Keck School of Medicine of USC will hold their 29th Annual USC National Trauma, Critical Care and Acute Care Surgery Symposium on May 25-26, 2023.

**3. CONSENT AGENDA** – *All matters are approved by one motion unless held.*
Chair Lam called for approval of the Consent Agenda and opened the floor for discussion.

**3.1 Minutes**
3.1.1 March 8, 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. 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

**Discussion – 3.3.2 Reference No. 505:**
**Page 1 – APOT Definition**: The Commission requested removal of language, "… and the ED assumes responsibility for the care of the patient."
- This policy addresses offload time (within 30 minutes) versus Emergency Department (ED) assumption of care. The language is important to remain in the definition to ensure safe patient care and handoff.

**Page 3 – Policy Section III (D)**: The Commission requested to break up the long paragraph into two or three sentences.
- This paragraph will be broken down into sentences.

There was discussion about liability and transfer of patient care from ambulance to hospital as it relates to the Emergency Medical Treatment & Labor Act (EMTALA).

***Motion/Second by Commissioners Ower/Rodriguez to approve the Consent Agenda with recommended changes to Policies Reference No. 505 was carried unanimously.***

**END OF CONSENT AGENDA**

**4. BUSINESS**

**Business (Old)**

4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
Director Tadeo reported on the Suicidal Risk Screening Tool Program piloted by Santa Monica Fire Department. They are in the eighth month of their pilot, and the EMS Agency will update the Commission when their report is received.

4.2 Ambulance Patient Offload Time (APOT)
Director Tadeo reported on 1st Quarter 2023 APOT and noted that seven (7) corrective action letters have been sent out with six (6) corrective action plans received to date. The EMS Agency will continue working with hospitals with problematic APOT. Diversion rates have decreased from an average of 26% about three (3) months ago to 17% and have been consistent for the last 3 weeks.

Slides from Riverside County's ReddiNet system were presented to demonstrate how the planned LA County integration of ReddiNet and FirstWatch will work. This system integration will track the number of ambulances enroute to a hospital, as well as the number of ambulances waiting to offload at the Emergency Department (ED). It will show the carrier, the unit number of the ambulance company, the dispatch chief complaint, and the estimated time of arrival. This integration will be implemented within a 12-week timeframe with anticipated completion by late Summer or early Fall 2023. This should alleviate some of the questions about the data which is currently done manually by the Medical Alert Center (MAC) through FirstWatch but not through ReddiNet. Roll out will be countywide and hospitals will have the ability to access their own data. If they have a transfer of care waiting and then receive the patient, they can go into ReddiNet and accept the patient. If they do not go into ReddiNet, the computer-aided dispatch (CAD) system will automatically update and push that information out to FirstWatch and from FirstWatch to ReddiNet almost instantaneously.

4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County
Director Tadeo reported there has been no response from Alameda EMS Corps. However, this item will be kept on the agenda until the EMS Agency reaches out again and the Commission decides how to proceed.

4.4 Measure B Advisory Board (MBAB)
Director Tadeo reported the MBAB Committee has started receiving proposals and the committee will meet in September 2023 to review them. The deadline for applications is July 17, 2023. There are $28 million dollars available for one-time projects.

4.5 EMSC Goals/Workplan – Interfacility Transports (IFTs)
Director Tadeo reported that the EMS Agency started polling Specialty Care Transports (SCT) to determine which patients requiring SCTs are really critical since there are also critical care transports (CCT) that are being conducted from dialysis centers to clinics. A workgroup will be reconvening to address IFTs and Expanded Scope of Practice for paramedics. The EMS Update will include expanded scope for tranexamic acid (TXA) and blood transfusions for severe trauma and possibly post-partum hemorrhage.

**Business New**
None.

## 5. LEGISLATION

Director Tadeo reported on the following legislation:
EMS Authority Trailer Bill: This bill changes the requirements of the EMS Authority Director from being a licensed physician to an Administrator and adds a Chief Medical Officer (CMO). This would parallel with the local EMS Agency (LEMSA) wherein you have an Administrator and then a Medical Director. However, the way it is written currently does not clarify or codify the responsibility of the CMO who would be responsible for the medical component. It is still written that the medical oversight lies with the Director who may or may not be a physician which is a concern expressed by EMSAAC, EMDAC, and hospitals. There is proposed language to be very specific that medical oversight lies with the CMO as opposed to the Director.

AB 1180: This bill is in line with the EMS Authority Trailer bill but has been moved to a two-year bill. If the trailer bill is approved and moved forward, AB 1180 will likely be withdrawn.

AB 1168: The County of Los Angeles is opposing this bill that would award retroactively the 201 rights of EMS providers, cities, and fire districts. This comes from the lawsuit where the City of Oxnard vs. the County of Ventura had a joint power agreement and Oxnard wanted to separate from the exclusive operating area (EOA) which would leave the less affluent areas without the same level of services and would essentially fragment the EMS System. This would be contrary to the intent of the EMS Act which was to establish a coordinated EMS System. This is at the Senate for hearing.

AB 761: This is tied in with AB 1168. These two bills have to be passed together. AB 761 assures a minimum wage for EMS providers (EMTs and paramedics). We oppose part of the bill that requires LEMSAs to establish prevailing wages. EMSAAC does not feel that is a LEMSA role and prevailing wages should be determined by the market.

AB 40: Requires LEMSAs to develop a standard APOT of 30 minutes 90% of the time. This APOT bill, if it were to pass, will require the EMS Authority to establish APOT policies, APOT monitoring, and APOT reporting. It is very complex that hospitals need to review the APOT data and submit it to the California Department of Public Health and the EMS Authority. It is in the Appropriations Committee right now because it would cost the EMS Authority about $2 million to administer. EMSAAC is watching this bill closely.

AB 1601: This allows paramedics and EMTs to place patients on hold. This has been moved to a two-year bill. We will put this on pause for this year.

SB 402: This is the 9-8-8 vs. 9-1-1 bill wherein law enforcement will not be dispatched to 9-1-1 calls if it is a behavioral health complaint. Concerns were raised in terms of safety for EMTs and paramedics not knowing what they are facing until they are in the field. This is a two-year bill and will be moved to next year.

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

6.1 Richard Tadeo, EMSC Executive Director, EMS Director

EMS Week is May 21-27, 2023. The slogan this year is "Where Emergency Care Begins."

The EMS Agency is planning a celebration for the 40th Anniversary of the Trauma Center System to be held on November 29, 2023, from 11:00 a.m. to 2:00 p.m., at OneLegacy in Azusa, California. OneLegacy is an organ procurement organization. We have invited the Board of Supervisors' Office to participate. We will provide more information on registration, attendance, and sponsorship as we develop the program.

EMS Update will include blood transfusion monitoring for 9-1-1 interfacility trauma transports wherein the referring hospital can start the blood transfusion and paramedics can monitor while they are enroute to the receiving trauma center. TXA is a drip for blood clotting that could be administered over 10 minutes and would help resolve some hemorrhage. TXA was also moved into the basic California paramedic scope of practice as is IV acetaminophen, IV ketorolac, and IV ketamine.

**Correspondence**

6.1.1 (2/09/23) LACAA – HASC Letter to Board of Supervisors – L.A. Care

Roel Amara, EMS Agency Nursing Director, reported that a couple of weeks ago the CEO of LA Care called the DHS Director and they are willing to work on the shortcomings addressed by this letter.

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
This collaboration is with Los Angeles County Fire and American Heart Association and will be held at the Kenneth Hahn Hall of Administration at Grand Park. There will be a press conference at 9:30 a.m. on June 5, 2023.

6.1.7 (4/17/23) Naloxone Approval/Data Registry, CSU-Northridge Police Department

6.1.8 (4/24/23) Arcadia Fire – New Medical Director, Angelica Loza-Gomez, MD
Commissioner Atilla Uner expressed congratulations to Dr. Loza-Gomez.

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
Director Tadeo reported on the current relaxation of the healthcare professional vaccination mandate due to workforce challenges.

**7. COMMISSIONERS' COMMENTS / REQUESTS**
None.

**8. ADJOURNMENT:**
Adjournment by Chair Lam at 2:00 p.m. to the meeting of Wednesday, July 19, 2023.

**Next Meeting:** Wednesday, July 19, 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

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

June 12, 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.*

**SPONSORSHIP OF TRAUMA CENTER SYSTEM 40TH ANNIVERSARY**

In recognition of the 40th anniversary (1983-2023) of the Trauma Center System in Los Angeles County, the EMS Agency has partnered with OneLegacy to host a 40th Anniversary Celebration on November 29, 2023. Los Angeles County was the site of one of the first Trauma Center Systems in the United States and to date is one of the largest nationwide. This event will highlight the important men and women who worked tirelessly to develop the foundation of the innovative Trauma Center System that we have today.

As an integral part of the Trauma Center System, we would like to give your organization the opportunity to sponsor a portion of this important event in the history of EMS. We feel that it is important to mark the 40 years of this vital public service that has saved countless lives and which became the model of EMS service delivery in the nation.

Gold, Silver, Bronze, and Friends of Trauma donation opportunities are outlined in the attached document. If you have any questions prior to selecting your sponsor level, please contact Lorrie Perez at llperez@dhs.lacounty.gov or (562) 378-1655.

For individual ticket purchases, be sure to check the event website at https://www.eventbrite.com/e/los-angeles-county-trauma-system-40th-anniversary-celebration-tickets-646222156867. For sponsorship, please fill out the Mail in Sponsorship form and return it with your check made out to the **Department of Health Services – Emergency Medical Services Agency** (please write **Trauma Center System 40th** on the check).

In order for your sponsorship ad to be included in the event brochure and your logo to be included on the event website, please submit the artwork by October 15, 2023, to Richard Tadeo at rtadeo@dhs.lacounty.gov. Full-size artwork at 300dpi is required.

We look forward to recognizing your organization's sponsorship of this celebration honoring 40 years of service excellence in trauma care.

Thank you for your support on behalf of the 40 Years Trauma Center organizing committee!

Sincerely,

Richard Tadeo
Director, EMS Agency

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

# TRAUMA CENTER SYSTEM
# 40TH ANNIVERSARY CELEBRATION
# NOVEMBER 29, 2023
# SPONSOR OPPORTUNITIES

## GOLD SPONSOR
**$5,000**

- Full-page color ad in event brochure
- Company web link and logo prominently displayed on the event website
- Company recognition at the event
- Eight (8) passes for lunch
- Deadline for artwork submission is October 15, 2023

## SILVER SPONSOR
**$3,000**

- Half-page color ad in event brochure
- Company web link and logo are prevalently displayed on the event website
- Company recognition at the event
- Four (4) passes for lunch
- Deadline for artwork submission is October 15, 2023

## BRONZE SPONSOR
**$1,000 - $2,999**

- Quarter page color ad in event brochure
- Company web link and logo on the event website (Higher Bronze level – better logo location and size)
- Company recognition at the event
- Two (2) passes for lunch
- Deadline for artwork submission is October 15, 2023

## FRIENDS OF TRAUMA
**$150 - $900**

- Sponsorship recognized in event brochure
- One (1) pass for lunch

## EVENT BROCHURE ONLY

- Full Page Color Ad $1,500
- Half Page Color Ad $1,000
- Quarter Page Color Ad $500
- Business Card Color Ad $250
- Deadline for artwork submission is October 15, 2023

**INDIVIDUAL TICKET SALES:** $100.00 + $8.55 service fee, can be made at Eventbrite, Los Angeles County EMS Agency, https://www.eventbrite.com/o/los-angeles-county-ems-agency-57780823183

Contact: Lorrie Perez at, (562) 378-1655 or LLPerez@dhs.lacounty.gov
Make checks payable to: **Department of Health Services – Emergency Medical Services Agency**
(Please write **Trauma Center System 40th** on the check)

Mail to: Trauma Center System 40th Celebration
C/O Emergency Medical Services Agency
Attn: Lorrie Perez
10100 Pioneer Blvd., Suite 220
Santa Fe Springs, CA 90670

For sponsorship, as indicated above, we are able to accept payment in the form of a check or money order only. For individual ticket purchases, we are able to accept a check or money order, or we are able to accept credit card payments via Eventbrite
Tax information will be provided upon request.

## Mail in Sponsorship Form

For sponsorship, please fill out the attached form and return it with your check made out to the **Department of Health Services – Emergency Medical Services Agency** (please write **Trauma Center System 40th** on the check) to:

Trauma Center System 40th Celebration
In Care of: Emergency Medical Services Agency
Attn: Lorrie Perez
10100 Pioneer Blvd., Suite 220
Santa Fe Springs, CA 90670

| | | |
|---|---|---|
| FIRST NAME: | LAST NAME: | |
| COMPANY: | | |
| ADDRESS: | | |
| CITY: | STATE: | |
| ZIP: | | |
| PHONE: | EMAIL: | |
| COMPANY WEBSITE: | SPONSORSHIP LEVEL: | $ AMOUNT |

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

# BASE HOSPITAL ADVISORY COMMITTEE MINUTES

**June 7, 2023**

| | REPRESENTATIVES | | EMS AGENCY STAFF |
|---|---|---|---|
| ☐ | Erick Cheung, MD, Chair | EMS Commission | Nichole Bosson, MD |
| ☐ | Garry Olney, DNP Vice Chair | EMS Commission | Marianne Gausche-Hill, MD |
| ☐ | Atilla Under, MD, MPH | EMS Commission | Richard Tadeo |
| ☐ | Lydia Lam, MD | EMS Commission | Laura Leyman |
| ☐ | Diego Caivano, MD | EMS Commission | Lily Choi |
| ☐ | Carol Meyer, RN | EMS Commission | Mark Ferguson |
| ☑ | 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 | Sara Rasnake |
| ☐ | John Hisserich | EMS Commission | Laura Leyman |
| ☐ | Brian Bixler, Captain | EMS Commission | Priscilla Romero |
| ☑ | Robert Ower, RN | EMS Commission | Denise Watson |
| ☐ | Rachel Caffey | Northern Region | Sandy Montero |
| ☑ | Jessica Strange | Northern Region | Phillip Santos |
| ☑ | Karyn Robinson | Northern Region, Alternate | Christine Zaiser |
| ☑ | Samantha Verga-Gates | Southern Region | Aldrin Fontela |
| ☑ | Laurie Donegan | Southern Region | Gerard Waworundeng |
| ☑ | Shelly Trites | Southern Region | Hanna Kang |
| ☑ | Christine Farnham | Southern Region, Alternate | Miquel Ortiz-Reyes |
| ☑ | 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 | Nancy Alvarez, LACoFD |
| ☑ | Yvonne Elizarraraz | County Region | Leslie Alberti (QVH) |
| ☑ | Antoinette Salas | County Region | |
| ☑ | Shira Schlesinger, MD | Base Hospital Medical Director | |
| ☐ | Robert Yang, MD | Base Hospital Medical Director, Alternate | |
| ☐ | Adam Brown | Provider Agency Advisory Committee | |
| ☐ | Jennifer Nulty | Prov. Agency Advisor Committee, Alternate | |
| ☑ | Heidi Ruff | 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) | ☑ | Annette Mason (AVH) |
| ☑ | Erica Candelaria (QVH) | ☑ | Melissa Carter (HCH) | ☑ | Brandon Koulabouth (AMH) |

1. **CALL TO ORDER:** The meeting was called to order at 1:04 by Carol Snyder, EMS Commissioner without a quorum.

2. **APPROVAL OF MINUTES**: The meeting minutes for April 12, 2023, were tabled until the next meeting on August 9, 2023.

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

- Around the room introductions by all BHAC members.

3.1 Richard Tadeo presented the updated EMS Agency Organization Chart and staff changes. The EMS Agency will send an updated EMS Directory. Disaster services have moved to the EMS Warehouse.

3.2 Western Pediatric Trauma Conference - will be held on July 11-13, 2023 in Carlsbad. (Flyer in the packet)

3.3 State of California Virtual Trauma Summit- will be held on October 3, 2023. (Flyer in the packet)

4. **REPORTS & UPDATES:**

4.1 EMS Update 2023

Train the Trainer will occur on August 22 and 24th, with four sessions offered. Topics will include Professionalism, Death Notification, Administration of Tranexamic Acid (TXA), blood transfusion monitoring, vector changes for ventricular fibrillation cardiac arrest, and all the associated policies.

4.2 EmergiPress

Online CE education can be accessed through the APS Portal or EMS Agency website. This month's case is “Acute Aphasia – Don’t Miss a Stroke,” a pediatric ECG case, and a video that outlines the changes to our trauma triage.

4.3 ECMO Pilot

No significant changes, but enrollment has increased. Last month’s webinar on the ECMO Pilot for Refractory Cardiac Arrest was successful. The webinar is posted on the EMS website under EmergiPress including updates from the Medical Director.

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 – Continue to monitor patient outcomes for cardiac arrest and STEMI.

Stroke – Looking at the LA County stroke system and the two-tier routing five years later to determine what has been the impact, the trends for time to

interventions, patient outcomes, and reevaluating stroke triage given the number of Comprehensive Stoke Centers.

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

Fast Kids – Currently, in the development stage looking at pediatric strokes.

Trauma – Dr. Nabe, Dr. Wilhelm, and Dr. Whitfield are looking at needle thoracostomy safety and the rationale for needle T. They will pilot the Thora Site with a few agencies and hope to partner with the trauma centers to collect data over a prospective time for 1-2 years.

*Publications*: A recent publication in Prehospital Emergency Care on *"The Non-Transport QI Project"* looks at the safety and rationale for patients who chose not to be transported after calling 9-1-1. Specifically, looking at the Treat and Refer population as to why patients are choosing not to go to the hospital and what is the outcome of these patients.

*Upcoming Study*:

Pedi-PART (Pragmatic Airway Resuscitation Trial) will randomize bag valve masks and supraglottic devices (I-gel) for pediatric patients who require support for ventilation for trauma, respiratory failure of any cause, or cardiac arrest.

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 with seizures six months – thirteen years of age. Currently in phase one, the Usual Care Phase. Transition to the Intervention Phase expected in early 2024. The Paramedic Self Report will be the same, and HGH and UCLA will be involved in collecting patient outcomes.

**5. Unfinished Business: None**

**6. New Business**

For Approval (Tabled until the next meeting)
6.1 Ref. No. 516 Cardiac Arrest (Non – Traumatic) Destination
6.2 Ref. No. 517 Private Provider Agency Transport/Response Guidelines

Comment: Pg.6 II., C., 2b. Clarify what is considered a delay. Concern that without defining a time hospitals will misuse 9-1-1.

6.3 Ref. No. 817 Regional Mobile Response Teams

For Discussion
6.4 Ref. No. 1210 Cardiac Arrest (none)
6.5 Ref. No. 1210-P Cardiac Arrest (none)
6.6 Ref. No. 1217 Pregnancy Complication

Reference to TXA: TXA does not require base contact. All medications that require base contact will be specified in the protocol, whether base contact is required before administration or concurrently.

6.7 Ref. No. 1242 Crush Injury/Syndrome

Requesting the exact verbiage from MCG 1317.41 to the protocol to include rapid infusion can increase the risk of hypotension; administer slowly over 10 minutes—consideration to reference MCG 1317.41 Tranexamic Acid (TXA) in the protocol.

6.8 Ref. No. 1243 Traumatic Arrest

No comment

6.9 Ref. No. 1244 Traumatic Injury

No comment

6.10 Ref. No. 1317.41 Tranexamic Acid (TXA)

No comment

6.11 Ref. No. 1333 Monitoring of Blood Products

Suggestions: Pg. 2.,4b, instead of “changing the IV tubing”, change to “disconnect the tubing and flush the port to preserve the IV patency”.

Pg. 2.,8, concern that if a patient has an adverse reaction to the blood products and the responsibility of the receiving hospital is only to notify the sending facility. How can you ensure that they are following the proper procedures? Concern that there is no straightforward process in place for notification. Richard Tadeo stated that he would bring this policy to HASC so they can help disseminate this information to the hospitals.

6.12 Ref. No. 1370 Traumatic Hemorrhage Control

No comment

**Old Business**

Informational
7.1 Ref. No. 506 Trauma Triage
7.2 Ref. No 506.2 9-1-1 Trauma Re-Triage
7.3 Ref. No. 803 Paramedic Scope of Practice
7.4 Ref. No. 803.1 Paramedic Field Reference

**7. Open Discussion**

Comments on Ref. No. 519, Management of Multiple Casualty Incidents, a discussion was raised regarding the trauma centers' automatic designation to accept 20 immediate patients in the event of an MCI and the unease that one hospital could potentially receive

all immediate patients and patients not being distributed equitably.

Per Richard Tadeo, policy 519 was pulled because more discussion is needed. Trauma Centers do not have to receive 20 patients, only in a rare mass casualty incident. The MAC's role is to provide the hospital availability to the Incident Commander (IC), and the IC determines the patient's destination. The idea is not to inundate the closest trauma hospital but to distribute the patients equitably. The policy will be reviewed internally and then go back to the work group.

Ref. No. 1232, Stroke/CVA/TIA, request to add Zofran for nausea and vomiting in the Stroke protocol as indicated in other protocols, such as Ref. No. 1244, Traumatic Injury, Ref. No. 1203, Diabetic Emergencies, and Ref. No. 1204, Fever/Sepsis. Consideration will be made to adding Zofran or developing a better solution for common medications.

**9. NEXT MEETING: August 9, 2023**

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

**ACCOUNTABILITY:** Laura Leyman

**10. ADJOURNMENT:** The meeting was adjourned at 14:04

# EMERGENCY MEDICAL SERVICES COMMISSION
# PROVIDER AGENCY ADVISORY COMMITTEE

**MINUTES**

Wednesday, June 21, 2023

## MEMBERSHIP / ATTENDANCE

| | MEMBERS IN ATTENDANCE | ORGANIZATION |
|---|---|---|
| X | Kenneth Powell, Chair | EMSC, Commissioner |
| | 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 |
| | | |
| | 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 |
| | Todd Tucker | Area C |
| | Jeffrey Tsay | Area C, Alternate |
| | Kurt Buckwalter | Area E |
| | Ryan Jorgenson | Area E, Alternate |
| X | Mick Hannan | Area F |
| | 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 |
| X | David Hahn | Area H, Alternate |
| X | Julian Hernandez | Employed Paramedic Coordinator |
| | Tisha Hamilton | Employed Paramedic Coordinator, Alt |
| | Rachel Caffey | Prehospital Care Coordinator |
| X | Jenny Van Slyke | Prehospital Care Coordinator, Alternate |
| | Pending | Public Sector Paramedic Coordinator |
| | Paul Voorhees | Public Sector Paramedic Coordinator, Alt |
| X | Maurice Guillen | Private Sector Paramedic |
| | Scott Buck | Private Sector Paramedic, Alternate |
| X | Tabitha Cheng, MD | Provider Agency Medical Director |
| X | Tiffany Abramson, MD | Provider Agency Medical Director, Alt |
| | Andrew Lara | Private Sector Nurse Staffed Amb Program |
| | Gary Cevello | Private Sector Nurse Staffed Amb Program, |
| | Michael Kaduce | EMT Training Program |
| | Scott Jaeggi | EMT Training Program, Alternate |
| | Scott Atkinson | Paramedic Training Program |
| | David Filipp | Paramedic Training Program, Alternate |
| | Adrienne Roel | EMS Educator |
| | Caroline Jack | EMS Educator, Alternate |

| EMS AGENCY STAFF | EMS AGENCY STAFF |
|---|---|
| Richard Tadeo | Marianne Gausche-Hill, MD |
| Nichole Bosson, MD | Denise Whitfield, MD |
| Christine Clare | Ami Boonjaluksa |
| Jennifer Calderon | Lily Choi |
| Mark Ferguson | Natalie Greco |
| Laurie Lee-Brown | Laura Leyman |
| Nnabuike Nwanonenyi | Miguel Ortiz-Reyes |
| Lorrie Perez | Sara Rasnake |
| Priscilla Romero | Phillip Santos |
| Andrea Solorio | Gary Watson |
| Christine Zaiser | Gerard Waworundeng |
| Han Na Kang | |

| GUESTS | ORGANIZATION |
|---|---|
| Jim Goldsworthy | LAFD – Air Operations |
| Nicholas Amolev | McCormick Ambulance |
| Paula La Farge | LACoFD |
| Kristina Crews | LACoFD |
| Dillon Brock | Lifeline Ambulance |
| Joe Nakagawa, MD | McCormick Amb/Hawthorne PD |
| Ilse Wogau | LACoFD |
| Ben Gomory | Monterey Park FD |
| Mario Ienni | Monterey Park FD |
| Danielle Ogaz | LACoFD |
| Brian Fong, MD | MedReach Ambulance |
| Damian Cyphers | Liberty Ambulance |
| Jessie Castillo | PRN Ambulance |
| Josh Parker | PRN Ambulance |
| Ed Cunanan | PRN Ambulance |
| Daniel Graham | Liberty Ambulance |
| Nicholas Leyutt | |
| Nanci Medina | LAFD |
| Ky Kalousek | LAFD |
| Ben Esparza | LAFD |
| Johnathan Lopez | Premier Ambulance |
| Carlos Garcia | Montebello FD |
| Kelsey Wilhelm, MD | Compton FD |
| Erich Ekstedt | Downey FD |
| Catherine Borman | Santa Monica FD |

**1. CALL TO ORDER -** Chair Kenneth Powell called meeting to order at 1:05 p.m.

**2. INTRODUCTIONS AND ANNOUNCEMENTS**

**2.1** Equipment Left at Hospitals *(Gary Watson)*
The EMS Agency received notification from multiple hospitals that there are several pieces of unlabeled equipment (backboards, etc.) that are being left at hospitals. Providers were reminded to please pick up any equipment that have been left at hospitals.

**2.2** Homelessness and EMS Survey *(Tiffany Abramson, MD)*
Dr. Abramson requested assistance from public provider EMTs and paramedics to participate in a survey on the interaction between EMS personnel and individuals experiencing homelessness. An instructional flyer was available at the Committee meeting and will be emailed next week to all public providers. More information may be obtained by contacting Dr. Tiffany Abramson at tiffany.abramson@med.usc.edu

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

**4. REPORTS & UPDATES**

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

- Trial continues in Los Angeles County and 21 other EMS Agencies around the United States.
- Paramedics were encouraged to continue completing the report form for all pediatric seizure patients, even if not transported.
- Children's Hospital of Los Angeles will be handing out gift cards during monthly drawings to paramedics with the highest number of reports completed.
- The EMS Agency will be providing all public providers with a report of the number of surveys each department has completed.
- During the year 2024, Los Angeles County anticipates transitioning to the "Intervention" phase of this trial, which involves age-based dosing of midazolam. Once this phase is identified to be implemented, Ref. No. 1309, MCG: Color Code Drug Doses, will be revised and training will be provided to accommodate the change in medication dosing.

**4.2** Data Collaboratives *(Nichole Bosson, MD)*

- The stroke collaborative group is reviewing the Los Angeles County's current 2-tiered Stroke destination system to determine if changes are needed.
- Los Angeles County is collaborating with several other Local EMS Agencies (LEMSAs) across the State; this collaborative group is reviewing intubations within EMS systems and post-cardiac arrest care.
- In collaboration with Clayton Kazan, MD, Medical Director, Los Angeles County Fire Department, recent publication was released regarding the non-transport of patients during COVID-19. This publication was recently published in the *Prehospital Emergency Care Journal*.

**4.3** ECMO Pilot *(Nichole Bosson, MD)*

- In May 2023, there was a successful ECMO webinar, with over 100 participants. Dr. Bosson thanked all those who participated.
- Pilot is continuing and has received an increasing number of enrollments, with a focus on refractory ventricular fibrillation, ventricular tachycardia and cardiac arrest that had initial "shockable" rhythms.
- October 24, 2023 the EMS Agency will be hosting an informal discussion with all STEMI Receiving Centers regarding the potential of developing additional e-CPR centers.

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

- 2023 Topics include: TXA, blood product monitoring, best practices for death notification, professionalism, and policy updates (ex., Trauma Triage, APOT, MCI and ECG patch vector changes).
- Upcoming dates to remember, include:
    - July 2023 – Sign-ups for Train-the-Trainer begin (pending RSVP instructions)
    - August 21 & 22, 2023 – Train-the-Trainer Sessions (Four half-day sessions: 0900-1200 and 1300-1600 hours on each of the August days)
    - September 1, 2023 – Training begins
    - December 1, 2023 – Related policies go into effect.

**4.5** ITAC Update *(Denise Whitfield, MD)*

- May 2023 - ITAC meeting was cancelled; no agenda topics.
- ThoraSite Pilot training will begin over the next couple of weeks. Participants include Compton FD, Culver City FD and Torrance FD. More information to come.

**4.6** EmergiPress *(Denise Whitfield, MD)*

- June 2023 EmergiPress topics include a real-case Stroke presentation; pediatric ECG; and summary of changes to Trauma Triage policy.

**4.7** CARES Data Review *(Christine Clare)*

- Cardiac Arrest Registry to Enhance Survival (CARES) summary reports for calendar year 2022, were distributed in Committee packets and discussed. Providers should have already received their individual department's report in a separate email.
- Questions regarding these reports can be directed to Lily Choi, Hospital Programs Manager, at LChoi@dhs.lacounty.gov

**4.8** Mission Lifeline *(Sara Rasnake)*

- This American Heart Association (AHA) program recognizes prehospital agencies for their quality care with STEMI and Stroke patients.
- Previously, the EMS Agency submitted joint provider agency data to the AHA annually. However, beginning 2023, AHA is only accepting individual applications that are submitted directly from provider agencies.
- Questions regarding application submission can be directed to Sara Rasnake at SRasnake@dhs.lacounty.gov.

## 5. UNFINISHED BUSINESS

**Policies for Approval:**

**5.1** Reference No. 414, Specialty Care Transport Provider *(Marianne Gausche-Hill, MD)*
Since there were no changes/updates, this policy was removed from Agenda.

**5.2** Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release at Scene *(Nichole Bosson, MD)*
Policy reviewed and approved as written.

**M/S/C (Harter / Zabilski) Approve: Reference No. 834, Patient Refusal of Treatment/Transport and Treat and Release at Scene.**

**Policies for Discussion; No Action Required:**

**5.3** Reference No. 506, Trauma Triage *(Marianne Gausche-Hill, MD)*
Policy reviewed as information only.

*Committee recommended that the EMS Agency announce at the next Trauma Hospital Advisory Committee (THAC) meeting, that all trauma hospitals should assist their umbrella facilities in developing a process that would expedite the trauma re-triage incidents.*

**5.4** Reference No. 506.2, 9-1-1 Trauma Re-Triage *(Marianne Gausche-Hill, MD)*
Policy reviewed as information only.

**5.5** Reference No. 803, Los Angeles County Paramedic Scope of Practice *(Nichole Bosson, MD)*
Policy reviewed as information only.

**5.6** Reference No. 803.1, Los Angeles County Paramedic Scope of Practice (Quick Reference) *(Nichole Bosson, MD)*
Policy reviewed as information only.

**5.7** Reference No. 1200.2, Treatment Protocol: Base Contact Requirements *(Christine Clare)*
Policy reviewed as information only.

## 6. NEW BUSINESS

**Policies for Approval:**

**6.1** Reference No. 517, Private Provider Agency Transport/Response Guidelines *(Christine Clare)*
After lengthy discussion, policy approved with the following recommendation:

- Policy II.C.2.b: Remove complete paragraph.

**M/S/C (Hernandez / Harter) Approve: Reference No. 517, Private Provider Agency Transport/Response Guidelines, with the above recommendation.**

**Policies for Discussion; No Action Required:**

Policy changes were reviewed and presented as information only:

**6.2** Inventory Policy Changes *(Christine Clare)*
**6.3** Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination *(Denise Whitfield, MD)*
**6.4** Reference No. 817, Regional Mobile Response Teams *(Nichole Bosson, MD)*
**6.5** Reference No. 1210, Treatment Protocol: Cardiac Arrest *(Nichole Bosson, MD)*
**6.6** Reference No. 1210-P, Treatment Protocol: Cardiac Arrest (Pediatric) *(Nichole Bosson, MD)*
**6.7** Reference No. 1217, Treatment Protocol: Pregnancy Complication *(Nichole Bosson, MD)*
**6.8** Reference No. 1242, Treatment Protocol: Crush Injury/Syndrome *(Nichole Bosson, MD)*
**6.9** Reference No. 1243, Treatment Protocol: Traumatic Arrest *(Nichole Bosson, MD)*
**6.10** Reference No. 1244, Treatment Protocol: Traumatic Injury *(Nichole Bosson, MD)*
**6.11** Reference No. 1317.31, MCG: Drug Reference – Tranexamic Acid (TXA) *(Nichole Bosson, MD)*
**6.12** Reference No. 1333, MCG: Monitoring Transfusion of Blood Products *(Marianne Gausche-Hill, MD)*
**6.13** Reference No. 1370, MCG: Traumatic Hemorrhage Control *(Marianne Gausche-Hill, MD)*

## 7. OPEN DISCUSSION

**7.1** Development of Upcoming Survey *(Nichole Bosson, MD)*

- The EMS Agency is looking for interested EMS personnel to assist with the development and possibly Beta-testing an upcoming survey regarding the paramedic's experience and/or training around the challenges during interactions with patients who have limited English speaking proficiency.
- Those interested in assisting with the development of this survey may contact Dr. Nichole Bosson at nbosson@dhs.lacounty.gov

**7.2** Chest Seal Study *(Nichole Bosson, MD)*

- The EMS Agency is looking for providers who are interested in participating in an upcoming randomized study on chest seals for open chest wounds.
- Those interested may contact Dr. Nichole Bosson at nbosson@dhs.lacounty.gov

**8. NEXT MEETING -** August 16, 2023

**9. ADJOURNMENT -** Meeting adjourned at 2:44 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **PRIVATE PROVIDER AGENCY TRANSPORT/RESPONSE GUIDELINES**

REFERENCE NO. 517

PURPOSE: To provide guidelines for private ambulance providers handling requests for emergency and non-emergency transports.

AUTHORITY: Los Angeles County Code, Title 7, Business License, Division 2, Chapter 7.16
Health & Safety Code, Division 2, Section 1250
Health & Safety Code, Division 2.5, Sections 1797.52 - 1797.84
California Code of Regulations, Title 13, Division 2, Chapter 5. Special Vehicles, Article 1. Ambulances
California Code of Regulations, Title 22, §70005
Emergency Medical Treatment and Labor Act of 2006 (EMTALA)

DEFINITIONS:

**Emergency Medical Condition:** A condition or situation in which an individual has an immediate need for medical attention. The presence of abnormal vital signs (heart rate and rhythm, respiratory rate, blood pressure – except in isolated asymptomatic hypertension, oxygen saturation) are also indications of an emergency medical condition. Patients who meet any criteria for Base Contact or Receiving Hospital Notification (as listed in Ref. No. 1200.2 Treatment Protocols General Instructions) are also considered to have an emergency medical condition.

**Extremis:** A life-threatening, time critical situation (e.g., unmanageable airway, uncontrollable hemorrhage) that, without immediate stabilization, could result in serious and immediate jeopardy to the health of an individual (in the case of a pregnant woman, the health of the woman or her unborn child), such that the patient's life would be jeopardized by transportation to any destination but the most accessible receiving (MAR) facility.

**General Acute Care Hospital:** A hospital licensed by the California Department of Public Health (CDPH) which provides 24-hour inpatient care.

**Other Healthcare Entity:** Other healthcare entities may include, but not limited to, any of the following:

Skilled Nursing Facility
Clinic/Urgent Care Center
Physician Office
Dialysis Center
Intermediate Care Facility
Acute Psychiatric Facility

**Interfacility Transport (IFT):** The transport of a patient from one general acute care hospital to another general acute care hospital as defined above.



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

**Most Accessible Receiving Facility (MAR):** The 9-1-1 Receiving Facility with the least transport time from the incident location. The MAR may or may not be the closest facility geographically. Transport personnel shall take into consideration traffic, weather conditions, or other factors that may influence transport time in identifying the MAR.

**Response Time:** The time from initial dispatch to arrival at the physical location/address of incident

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

**9-1-1 Response:** An emergency response by the primary emergency transportation provider or its designee for that geographic area in which the response is requested. Requests for a 9-1-1 response are generally made by the public but may include requests from other healthcare entities and general acute care hospitals.

PRINCIPLES:

1. A private provider agency must be licensed by the County of Los Angeles as a Basic Life Support provider. Each of the company's ambulance vehicles that operate within the County of Los Angeles shall also be licensed by the County.

2. Private provider agencies are prohibited from dispatching an ambulance to any call that would normally be considered an emergency 9-1-1 call for the authorized emergency transportation provider for that geographical area. A private provider agency may only dispatch an ambulance to such a call if the request is from either the 9-1-1 jurisdictional provider or the primary emergency transportation provider requesting backup services.

3. Any ambulance personnel observing the scene of a traffic collision or other emergency should:

    a. Contact their respective dispatch center and request that the jurisdictional 9-1-1 provider agency be notified

    b. Follow the internal policy developed by their employer in regard to stopping at the scene of an observed emergency

4. It is the responsibility of the requested transport provider, in consultation with the facility requesting the transport, to provide the appropriate level of transport (Basic Life Support, Advanced Life Support or Specialty Care Transport) based on the transferring physician's determination of the medical needs of the patient (Refer to Ref. No. 517.1, Guidelines for Determining Level of Interfacility Transport). At minimum, one (1) transport personnel must accompany the patient and occupy the patient compartment at all times.

5. Other healthcare and general acute care hospitals shall provide the transport personnel with appropriate transfer documents in compliance with Title 22 and EMTALA transfer requirements.

6. Other healthcare entities may not have the staffing and equipment available to assess, treat and/or monitor a patient for extended time frames. Therefore, 9-1-1 emergency responses may be necessary for those patients whose condition may deteriorate while waiting for a private provider response.

7. If it is known that transfer arrangements were not made, the transporting unit shall make every possible effort to contact the receiving facility and advise them of the patient's imminent arrival. This may be done through the provider's dispatch center.

8. Patients with a valid Do-Not-Resuscitate (DNR) form or order shall be transported as outlined in Reference No. 815, Honoring Prehospital Do-Not-Resuscitate Orders.

9. The transferring physician, in consultation with the receiving physician, assumes responsibility for determining the appropriateness of the transfer. It is not the responsibility of the base hospital or the transport personnel to determine whether the transfer is appropriate.

10. Private provider agencies shall ensure that a patient care record (PCR) is completed for each patient transport performed including, but not limited to, critical care transports. The PCR shall include documentation regarding patient monitoring and care during transport, from the time of the patient contact at the sending facility until transfer of care at the receiving hospital or other healthcare entities. Each private provider agency shall ensure there is a mechanism in place to provide the receiving facility with a copy of the transport PCR at the time of transfer of care.

POLICY:

I. Transport Modalities

A. Basic Life Support (BLS) Transport

1. Unit is staffed with two EMTs

2. Requests may be for emergency or non-emergency response

3. Patient requires care which does not exceed the Los Angeles County EMT scope of practice

4. Patient does not have an emergency medical condition (as defined above) at the time of transport

5. Patients who develops an extremis condition enroute shall be diverted to the most accessible facility appropriate to the needs of the patient.

B. Advanced Life Support (ALS) Transport

1. Unit is staffed with two paramedics unless the ambulance provider has been given approval by the EMS Agency to staff ALS IFT units with one paramedic and one EMT.

2. Requests may be for emergency or non-emergency response.

3. Patient requires skills or treatment modalities which do not exceed the Los Angeles County paramedic scope of practice.

4. Base hospital contact is not required to monitor therapies established by the sending facility prior to transport if such therapies fall within the Los Angeles County paramedic scope of practice.

5. If the patient's condition deteriorates or warrants additional therapies enroute, paramedics shall treat the patient in accordance with Ref. No. 1200, Treatment Protocols, et al. and make Base contact. The base hospital will determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the most accessible receiving facility appropriate to the needs of the patient.

6. Paramedics may not accept standing orders or medical orders from the transferring physician or provider medical director.

C. Nurse and/or Respiratory Care Practitioner (RCP) Specialty Care Transport (SCT)

1. Unit is staffed by a qualified registered nurse and/or RCP and two EMTs or paramedics. Other medical personnel (e.g., physician, perfusionist, etc.) may be added to meet the needs of the patient.

2. Requests may be for emergency or non-emergency response.

3. Patient requires, or may require, skills or treatment modalities that are within the nurse's and/or RCP's scope of practice.

4. Registered nurses and RCPs are not required to make base hospital contact. Nurses and RCPs may follow medical orders of the transferring physician and/or orders approved by their SCT Medical Director within their applicable scope of practice for patient care enroute. However, if paramedic(s) are part of the SCT transport team, they can only perform medical orders received from a base hospital.

5. Patient destination requested by the sending facility will be honored; however, if the patient's condition deteriorates enroute, the registered nurse or RCP may determine it is in the patient's best interest to divert the patient to the most accessible facility appropriate to the needs of the patient.

II. Transport Requests and Response Levels

A. If a transport request is received under the following circumstances and it is determined that the patient has an emergency medical condition, the dispatcher shall immediately refer the request to the jurisdictional 9-1-1 provider.

1. A private citizen requesting ambulance transportation

2. A patient at other healthcare entities who could not be stabilized to the extent possible based on the capabilities of the facility and requires emergent transfer for higher level of care and an appropriate level of interfacility transport is not available within the timeframe to ensure safe transport

B. If upon arrival at the other healthcare entity or private residence, EMTs or paramedics find that the patient has an emergency medical condition, the EMS personnel shall determine whether it is in the best interest of the patient to

request the jurisdictional 9-1-1 provider to respond or to provide treatment and rapid transport to the most accessible receiving facility. If on-scene healthcare personnel determine that immediate transport is indicated, the jurisdictional 9-1-1 provider shall be notified and justification shall be documented on the patient care record.

C. Emergency Response Requests

1. Request by a 9-1-1 Provider Agency

Ambulance providers shall dispatch an ambulance within the maximum response times for emergency calls specified in the County Code in response to an emergency call from a public safety agency or authorized emergency transportation provider for that geographical area, unless the caller is immediately advised of a delay in responding to the call. Response times for emergency and non-emergent request are as follows:

a. For an emergent response (code 3) maximum response times are:
Urban area – 8 min and 59 seconds (five hundred thirty-nine (539) seconds)
Rural area – 20 min and 59 seconds (twelve hundred fifty-nine (1259) seconds)
Wilderness area – as soon as possible

b. For a non-emergent (code 2) the maximum response times are:
Urban area – 15 minutes and 59 seconds (nine hundred fifty-nine (959) seconds)
Rural area – 25 minutes (one thousand five hundred (1,500) seconds)
Wilderness area – as soon as possible

2. Request by a General Acute Care Hospital

If a physician in the emergency department has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport should be arranged.

3. Request by Other Healthcare Entity

a. If a physician at other healthcare entities has evaluated and stabilized the patient to the extent possible and arranged an interfacility transfer, a private ground (or air) ambulance transport should be arranged and the jurisdictional 9-1-1 provider is not ordinarily contacted.

b. If the patient has an emergency medical condition as defined above, 9-1-1 should be contacted to transport the patient as per appropriate destination policy.

D. Non-Emergency Response Requests - Request by a Health Facility or Private Citizen

1. A request for transport of a patient who has, or is perceived to have a stabilized medical condition that requires transport, and the patient does not have an emergency medical condition

2. Transports are handled by a private ambulance provider with BLS, ALS, or SCT staffed units, depending upon the medical requirements of the patient and the EMS personnel's scope of practice

III. Role of the Base Hospital in ALS Interfacility Transports

A. Provide immediate medical direction to paramedics if the patient's condition deteriorates or warrants additional therapies during transport.

B. Determine if the patient may be transported to the original destination requested by the sending facility, which should occur whenever possible, or if the patient requires diversion to the MAR or specialty center appropriate to the needs of the patient if the patient's condition changes while enroute to the pre- designated facility. If diverted, the base hospital shall:

1. Contact the new receiving hospital and communicate all appropriate patient information.

2. Advise the original receiving hospital that a diversion has occurred.

C. Clarify the scope of practice of EMS personnel when requested to do so by a sending facility.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 304, **Role of the Base Hospital**
Ref. No. 414, **Specialty Care Transport (SCT) Provider**
Ref. No. 502, **Patient Destination**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 506.2, **9-1-1 Trauma Re-Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513, **ST Elevation Myocardial Infarction Patient Destination**
Ref. No. 513.1, **Interfacility Transport of Patients with St-Elevation Myocardial Infarction**
Ref. No. 515, **Air Ambulance Trauma Transport**
Ref. No. 516, **Cardiac Arrest (Non-Traumatic Patient Destination**
Ref. No. 517.1, **Guidelines for Determining Level of Interfacility Transport**
Ref. No. 802, **EMT Scope of Practice**
Ref. No. 802.1, **EMT Scope of Practice, Field Reference**
Ref. No. 803, **Paramedic Scope of Practice**
Ref. No. 803.1, **Paramedic Scope of Practice, Field Reference**
Ref. No. 815, **Honoring Prehospital Do-Not-Resuscitate (DNR) Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-in-Dying Drug)**
Ref. No. 1200.2 **Base Contact Requirements**

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

| | Committee/Group | Date Assigned | Approval Date | Comments* (Y if yes) |
|---|---|---|---|---|
| EMS ADVISORY COMMITTEES | Provider Agency Advisory Committee | 6/21/23 | 6/21/23 | Y |
| | Base Hospital Advisory Committee | | | |
| 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. 517, Private Provider Agency Transport/Response Guidelines**

| SECTION | COMMITTEE/DATE | COMMENT | RESPONSE |
|---|---|---|---|
| Policy II.C.2.b | PAAC<br>6/21/2023 | Delete section | Adopted |

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT/PARAMEDIC/MICN)

SUBJECT: **PATIENT REFUSAL OF TREATMENT/TRANSPORT AND TREAT AND RELEASE AT SCENE** REFERENCE NO. 834

PURPOSE: To provide guidelines for EMS personnel to determine which patients who do not wish to be transported to the hospital have decision-making capacity to refuse EMS treatment and/or transport, and to identify those who may be safely released at scene.

AUTHORITY: California Health and Safety Code, Division 2.5, Sections 1797.220, 1798, (a). California Welfare and Institution Code, Sections 305, 625, 5150, and 5170. Title 22, California Code of Regulations, Section 100169.

DEFINITIONS:

**Adult:** A person at least eighteen years of age.

**Against Medical Advice (AMA):** A patient or a legal representative of a patient who has decision-making capacity and who refuses treatment and/or transport for **an emergency medical condition** as advised by EMS providers, physician on scene, and/or Base personnel.

**Assess, Treat, and Release:** A patient who does not desire transport to the emergency department for evaluation and after an assessment and/or treatment by EMS personnel, **does not** have an ongoing emergent medical condition, a high-risk presentation, or social risk factors and is released at scene to follow-up with the patient's regular healthcare provider or a doctor's office or clinic.

**Authorized Advanced Health Care Provider:** An EMS physician authorized to direct EMS care on the scene or via telemedicine as per Ref. 816 – Physician at the Scene, or an advanced practiced provider who is identified by the EMS Provider Agency Medical Director to provide medical direction via telemedicine as approved by the EMS Agency Medical Director.

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

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

The lack of decision-making capacity may be:

- Temporarily lost (e.g., due to unconsciousness, influence of mind-altering substances, mental illness, or cognitive impairment)
- Permanently lost (e.g., due to irreversible coma, persistent vegetative state,



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

untreatable brain injury, or dementia)
- Never existed (i.e., due to profound neurodevelopmental disorder, those who are deemed by the Court as incompetent or a person under conservatorship)

**Emancipated Minor:** A person under the age of 18 years is an emancipated minor if any of the following conditions are met:
- Married or previously married
- Currently or previously in a valid domestic partnership
- On active military duty
- The person has received a declaration of emancipation pursuant to Section 7122 of the California Family Code, which includes all of the following: at least fourteen (14) years of age, living separate and apart from their parents and managing their own financial affairs (may be verified by DMV Identification Card)

**Emergency Medical Condition:** A condition or situation in which a medical illness is suspected in a patient and there is an immediate need for medical attention. Patients with any abnormal vital signs: heart rate and rhythm, respiratory rate, blood pressure (except for isolated asymptomatic hypertension), oxygen saturation, and temperature (Ref. 1380 – Medical Control Guideline Vital Signs); and/or those who meet any criteria for Base Contact (Ref. 1200.2 – Base Contact Requirements) are considered to have an emergency medical condition.

**High Risk Presentation:** Features by history or presentation that are likely to be high risk for complications, progression of disease, underlying serious illness or injury, or require Base Contact. High risk chief complaints include chest pain, abdominal pain, pregnancy, gastrointestinal bleeding, syncope, neurologic symptoms (e.g., dizziness/vertigo, weakness, visual changes), and altered mental status. High risk features include:

- Patients less than 12 months of age
- Patients older than 70 years of age
- Patients with complicating comorbidities (i.e., active underlying cardiac, respiratory, kidney, liver, oncologic (cancer) or neurologic disease, or who are immunocompromised (e.g., history of HIV, chemotherapy, transplantation))

**Implied Consent:** This is a type of consent involving the presumption that an unconscious or a person lacking decision-making capacity would consent to lifesaving care. This shall include minors with an emergency medical condition when a parent or legal representative is not available.

**Lift Assist:** EMS is dispatched to a scene to assist with transfer of a patient to a bed or wheelchair.

**Medical Home:** A team-based health care delivery model, which is led by a health care provider (i.e., primary care physician) to provide continuous, coordinated, and comprehensive medical care.

**Minor:** A person less than eighteen years of age.

**Minor Not Requiring Parental Consent is a person who:**
- Is 12 years or older and in need of care for a reportable medical condition or substance abuse
- Is pregnant and requires care related to the pregnancy

- Is in immediate danger of suspected physical or sexual abuse
- Is an emancipated minor

**No Contact / No Patient:** EMS is dispatched to a scene and is either cancelled prior to arriving at scene or no patient is found.

**Patient:** A person who seeks or appears to require medical assessment and/or medical treatment (Ref. 606, Documentation of Prehospital Care)

**Person Contact / No Patient:** EMS is dispatched to a scene and a person is identified as a potential patient, is alert and appropriate for situation and declines assessment by EMS.

**Psychiatric Hold:** A patient who is held against their will for evaluation under the authority of Welfare and Institutions Code (e.g., Section 5150, 5585 [minors]) because the patient is a danger to themselves, a danger to others, and/or gravely disabled (i.e., unable to care for self). This is a written order by law enforcement officer, County mental health worker, or a health worker certified by the County to place an individual on a psychiatric hold.

**Public Assist:** EMS is dispatched to a scene for assistance for nonmedical issues involving a person.

**Social Risk Factors:** Persons experiencing homelessness, patients in congregate living, and those who are a resident of skilled nursing facilities.

**Treatment in Place:** A patient who, after an assessment and treatment by EMS personnel and medical clearance by an authorized advanced healthcare provider (e.g., physician, nurse practitioner, physician assistant) on scene (Ref. 816 Physician at the Scene) or via Telemedicine, does not require ambulance transport to an emergency department. Appropriate follow-up should be arranged by the authorized advanced healthcare provider on scene or via Telemedicine.

PRINCIPLES:

1. An adult or emancipated minor who has decision-making capacity has the right to determine the course of their medical care including the refusal of care. These patients must be advised of the risks and consequences resulting from refusal of medical care. A patient less than eighteen (18) years of age, with the exception of minors not requiring parental consent, mush have a parent or legal representative to refuse evaluation, treatment, and/or transport for an emergency medical condition.

2. A patient determined by EMS personnel or the base hospital to lack decision-making capacity may not refuse care AMA or be released at scene. Mental illness, drugs, alcohol, or physical/mental impairment may impair a patient’s decision-making capacity but are not sufficient to eliminate decision-making capacity.

3. In situations where patients who have attempted suicide or expressed suicidal intent, or where other factors lead EMS personnel to suspect suicidal intent, such patients should be regarded as lacking decision-making capacity. These patients may decline treatment but cannot decline transport.

4. A patient on a psychiatric hold may not be released at scene and cannot sign-out AMA. The patient can refuse any medical treatment as long as it is not an imminent threat to

life or limb.

5. At no time are EMS personnel to put themselves in danger by attempting to treat and/or transport a patient who refuses care.

6. Patients for whom 9-1-1 is called but are not transported represent a potentially high-risk group and provider agencies should/shall have quality review programs specific to this patient population.

POLICY:

I. Adult With Decision-Making Capacity or Minor (Not Requiring Parental Consent) Refusing Transport Against Medical Advice

A. EMS personnel shall advise the patient of the risks and consequences which may result from refusal of treatment and/or transport. The patient should be advised to seek immediate medical care.

B. Base contact should be made prior to the patient leaving the scene for patients who would otherwise meet Base Contact criteria (Ref. 1200.2 – Base Contact Requirements) in order for Base personnel to have the opportunity to interview the patient and to evaluate the appropriateness of the AMA. If the patient elopes from the scene, EMS personnel are not required to make Base Contact.

C. EMS personnel shall relay all the circumstances to the Base including assessment and care rendered, reasons for refusal, and the patient's plan for transportation and follow-up care.

D. EMS personnel shall make Base Contact prior to releasing a child at the scene with a parent or caregiver for all pediatric patients less than or equal to 12 months of age .

E. EMS personnel shall have the patient or their legal representative, as appropriate, sign the release (AMA) section of the Patient Care Record (EMS Report Form/Electronic Patient Care Record/ePCR). The signature shall be witnessed, preferably by a family member.

F. A patient's refusal to sign the AMA section should be documented on the Patient Care Record.

II. Individual Lacking Decision-Making Capacity or a Minor (Requiring Parental Consent)

A. The patient should be transported to an appropriate receiving facility under implied consent. A psychiatric hold is not required.

B. If EMS personnel or the base hospital determines it is necessary to transport the patient against their will and the patient resists, or the EMS personnel believe the patient will resist, assistance from law enforcement should be requested in transporting the patient. Law enforcement may consider the placement of a psychiatric hold on the patient but this is not required for transport.

C. Law enforcement should be involved whenever EMS personnel believe a parent

or other legal representative of the patient is acting unreasonably in refusing immediate care and/or transport.

III. Patients Assessed, Treated, and Released

A. EMS personnel shall assess the patient for an ongoing emergency medical condition, high risk presentations, social risk factors, and assess that the patient or their legal representative has the capacity to decline transport.

B. Patients with an ongoing emergency medical condition, high risk presentation or social risk factors who do not desire transport to the emergency department shall be handled as refusing transport against medical advice (refer to Policy Section I).

C. Patients or the legal representatives of patients who contact EMS for minor complaints in order to have an assessment performed and determination made of the seriousness of the complaint and need for treatment, but later *decline transport* qualify to be assessed, treated, and released.

1. In such cases, the EMS personnel should perform an assessment including vital signs, and after the patient or patient's legal representative's states they do not wish transport, the patient may be assessed, treated, and released at the scene.

2. Patients should be instructed by EMS to follow-up with the patient's medical home or primary care physician. The advice given should be documented on the Patient Care Record. The following statement is recommended: "After our assessment, you feel that you do not wish to be transported and you do not require immediate care in the emergency department. You should seek care with your regular healthcare provider or a doctor's office or clinic within 24 hours. If you have worsening or persistent symptoms or change your mind and desire transport, recontact 9-1-1."

D. EMS personnel should not require patients who are Assessed, Treated and Released at scene to sign the release (AMA) section of the Patient Care Record, as this implies that the patient is at significant risk by not utilizing the EMS system for treatment and/or transportation.

E. If subsequent to further assessment and discussion, the patient or the patient's legal representative desires transport, EMS personnel should transport the patient to the hospital per destination policies.

IV. Documentation

A. Public Assist and Person Contact/No Patient does not require completion of a Patient Care Record. Documentation should follow the EMS provider agency's operational policy.

B. A Patient Care Record must be completed for each patient or contact encounter (i.e., Lift Assist, AMA, Assess, Treat and Release, and Treatment in Place), including those refusing emergency medical evaluation, care and/or

transportation against medical advice and those released at scene. EMS personnel shall ensure that documentation is in compliance with Ref. 606 – Documentation of Prehospital Care. Patient Care Record documentation should include:

1. AMA:

    a. Patient history and assessment, including findings of an emergency medical condition or requirement to make Base Contact

    b. Assessment by EMS that the patient or legal representative is alert and has the decision-making capacity to refuse EMS assessment

    c. What the patient is refusing (i.e., medical care, transport) and reason for refusal

    d. Risk and consequences of refusing care and/or transport, benefits of transport, and alternatives as explained to the patient or legal representative

    e. Statement that the patient understands and verbalizes the risks and consequences of refusing care and/or transport

    f. Signature of patient or legal representative

    g. Patient's plan for follow-up care

    h. Contact with Base Hospital, as applicable

    i. For Minors, the relationship of the person(s) to whom the patient is being released

2. Assess, Treat and Release:

    a. Patient history and assessment, including absence of findings of an emergency medical condition

    b. Assessment by EMS that the patient or legal representative is alert and has the capacity to make collaborative decision making with EMS to accept on-scene treatment, understand the need to have capacity for appropriate follow-up, but decline transport

    c. Discussion with patient including risks of non-transport, benefits of transport, and alternatives

    d. Plan for follow-up care including when to recall 9-1-1, seek emergency department care or follow-up with their medical home

    e. If Base contact was made (when applicable)

f. For Minors, the relationship of the person(s) to whom the patient is being released

3. Treatment in Place:

a. Document as per Assess, Treat, and Release and also include the name of the authorized advanced health care provider

V. Quality Improvement

A. Each Provider Agency shall have a quality improvement program for patients who are not transported to the ED. The quality improvement program should include but may not be limited to the following:

1. Monitor data on the frequency, percent, and type of nontransports.

2. Establish a process for review of patient care records on a percentage of nontransports to include assessment of impact on the patient's outcome, and education/training provided as indicated by this review.

3. Develop a process for evaluating rate of repeat call to 9-1-1 or "rekindles".

B. Base Hospital shall incorporate patients released at the scene into their Quality Improvement Program (Ref. 304 – Paramedic Base Hospital Standards). The quality improvement program may include but not limited to the following:

1. Review of select number of Base Hospital contacts for AMA and provide education to base personnel as appropriate from that review.

2. Inclusion of cases of patients released at the scene in Base Hospital Audio Recording Reviews.

3. Notification of EMS provider agency quality improvement staff when the base has knowledge of patients who are released at the scene and return for evaluation in the emergency department.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 304, **Paramedic Base Hospital Standards**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 832, **Treatment/Transport of Minors**
Ref. No. 816, **Physician At The Scene**
Ref. No. 1200, **Treatment Protocols**, et al.
Ref. No. 1200.2, **Base Contact Requirements**
Ref. No. 1309, **Color Code Drug Doses**
Ref. No. 1380, **Medical Control Guidelines: Vital Signs**

**Reference No.** 834, Patient Refusal of Treatment/Transport and Treat and Release At Scene

| | Committee/Group | Date Assigned | Approval Date | Comments* (Y if yes) |
|---|---|---|---|---|
| EMS ADVISORY COMMITTEES | Provider Agency Advisory Committee | 6/21/23 | 6/21/23 | N |
| | Base Hospital Advisory Committee | 4/12/23 | 4/12/23 | Y |
| 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. 834, Patient Refusal of Treatment/Transport and Treat and Release At Scene**

| SECTION | COMMITTEE/DATE | COMMENT | RESPONSE |
|---|---|---|---|
| Policy I. B. | BHAC<br>4/12/2023 | Delete 'Base personnel should be allowed to speak to the patient and/or family prior to the patient leaving the scene". Replace with "If the patient elopes from the scene, EMS personnel are not required to make Base Contact". | Adopted |

AGN. NO.

MOTION BY SUPERVISOR HILDA L. SOLIS June 27, 2023

**Fair Compensation for Emergency Medical Services Workers**

Today, the Board of Supervisors is considering the approval and adoption of an ordinance amending Title 7 of the Los Angeles County Code which will increase the limits on what private ambulance companies can charge for ground ambulance transportation and associated ancillary services, and modify the formula used to calculate annual increases in those rates, to mitigate the inflationary costs for these services. We acknowledge that during the COVID-19 pandemic, our economy experienced significant inflation, causing local private ground ambulance companies to face significant increases in their operation costs. When coupled with the limits on what they could charge for their medical transportation services, ground ambulance companies found it difficult to recruit and retain Emergency Medical Technicians (EMTs) and EMT-Paramedics (EMT-Ps) in sufficient numbers.

At the same time, however, the County's local ordinance does not address wages for EMTs and EMT-Ps, who are on the frontline of our first responders and a critical part of the County's emergency medical services (EMS) system. The County

MOTION

| | |
|---|---|
| SOLIS | _____ |
| MITCHELL | _____ |
| HORVATH | _____ |
| BARGER | _____ |
| HAHN | _____ |

recognizes that there are many factors that affect wages offered by ambulance company employers, but it is important to also acknowledge that qualified EMTs and EMT-Ps are similarly affected by nationwide inflation and it is in the interest of the County's EMS system to determine if some portion of the ground ambulance transportation rate increases can be dedicated to those salaries.

**I, THEREFORE, MOVE** that the Board of Supervisors direct the Director of the Department of Health Services, through the Emergency Medical Services Agency, in collaboration with County Counsel and the Chief Executive Office, and in consultation with the EMS Commission, labor, and impacted industries, report back in 120 days on the feasibility of further amending Title 7 to provide that a portion of the increased revenues resulting from the Title 7 amendments under consideration today be allocated toward private ground ambulance company-employed EMTs and EMT-Ps to facilitate their recruitment and retention.

# # #

SUP:HLS

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

**Medical Control Guideline: EMS AND LAW ENFORCEMENT CO-RESPONSE** **Ref. No. 1307.4**

## DEFINITION

**Minor**: A person less than eighteen years of age.

## PRINCIPLES:

1. EMS and Law Enforcement often co-respond to the scene when there is an agitated person perceived to pose risk to themself and/or others.

2. EMS focus is on the duty to the patient, whereas Law Enforcement has a duty to the public. This may result in differences in the approach to scene management.

3. Each situation is unique and dynamic such that no guideline can be comprehensive or specific. The flow diagrams below represent general approaches to common scenarios, but must be adapted to the individual circumstances of the response.

4. Clear and open communication will facilitate arriving at the best possible outcome for the person. The conflict resolution pathway should be employed whenever there is not full agreement between EMS and Law Enforcement on whether to remain engaged.

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

## GUIDELINES:

1. Refer to the flow diagrams below for guidance on specific scenarios.

2. When the agitated person is a minor, apply the guidelines with the following caveats:

    a. If the minor is alone, the general approach will be to engage.
    b. If the minor is in the care of a parent or legal guardian, the principles of capacity assessment are applied to that parent or legal guardian, with consideration for how they can assist in de-escalating the situation and provide an alternative to engagement.
    c. Involve the Department of Child and Family Services as appropriate [*insert contact information*].
    d. Refer also to Ref. No. 832, Treatment/Transport of Minors.

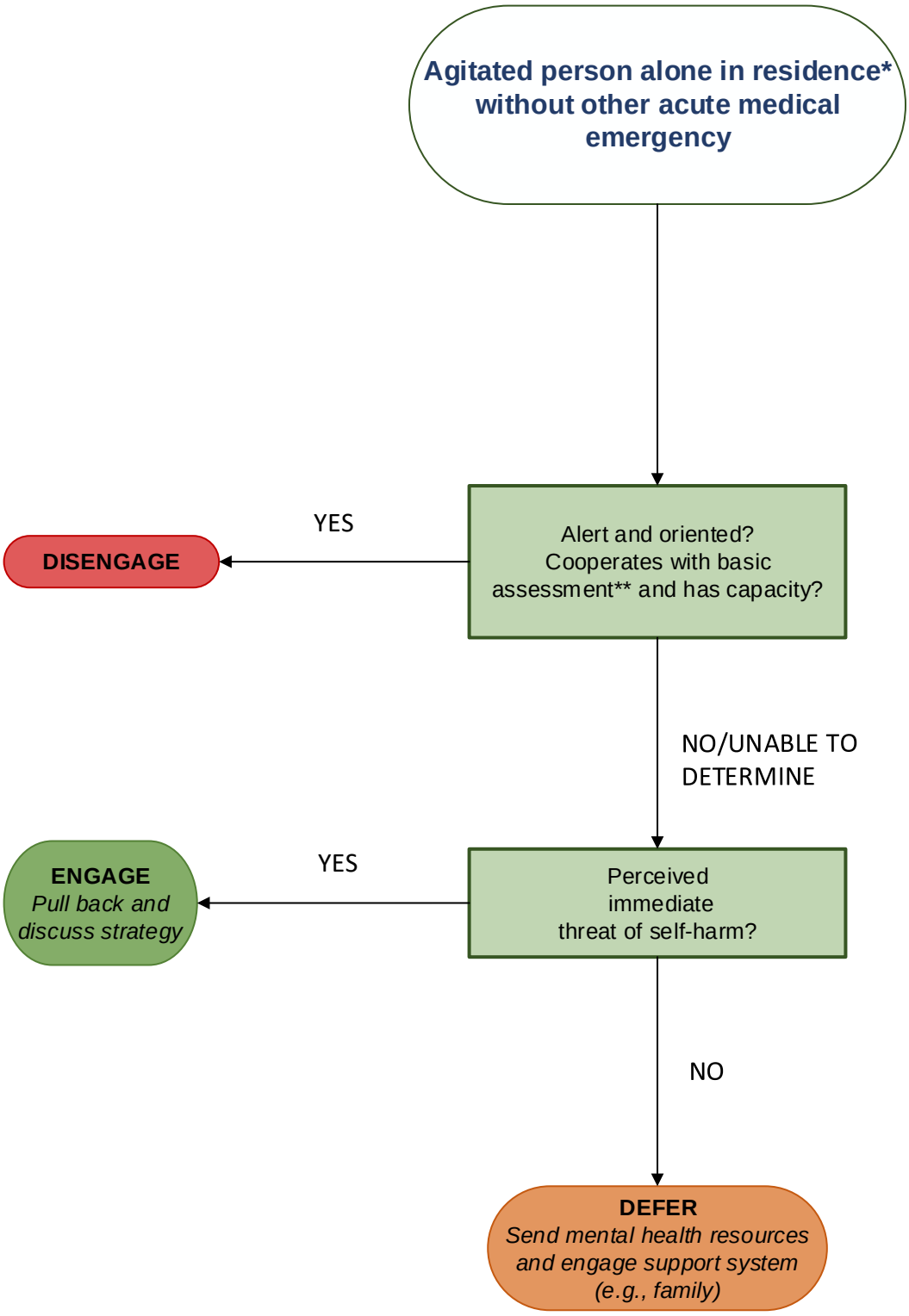
3. Consider the following Mental Health Resources, which may be requested as needed:

    e. [*insert list of resources with contact information*]

4. For situations where Law Enforcement decision is to disengage or defer and EMS remains concerned about immediate risk to the patient and/or others, the following communication strategy should be employed in a stepwise fashion until a final solution is agreed upon:

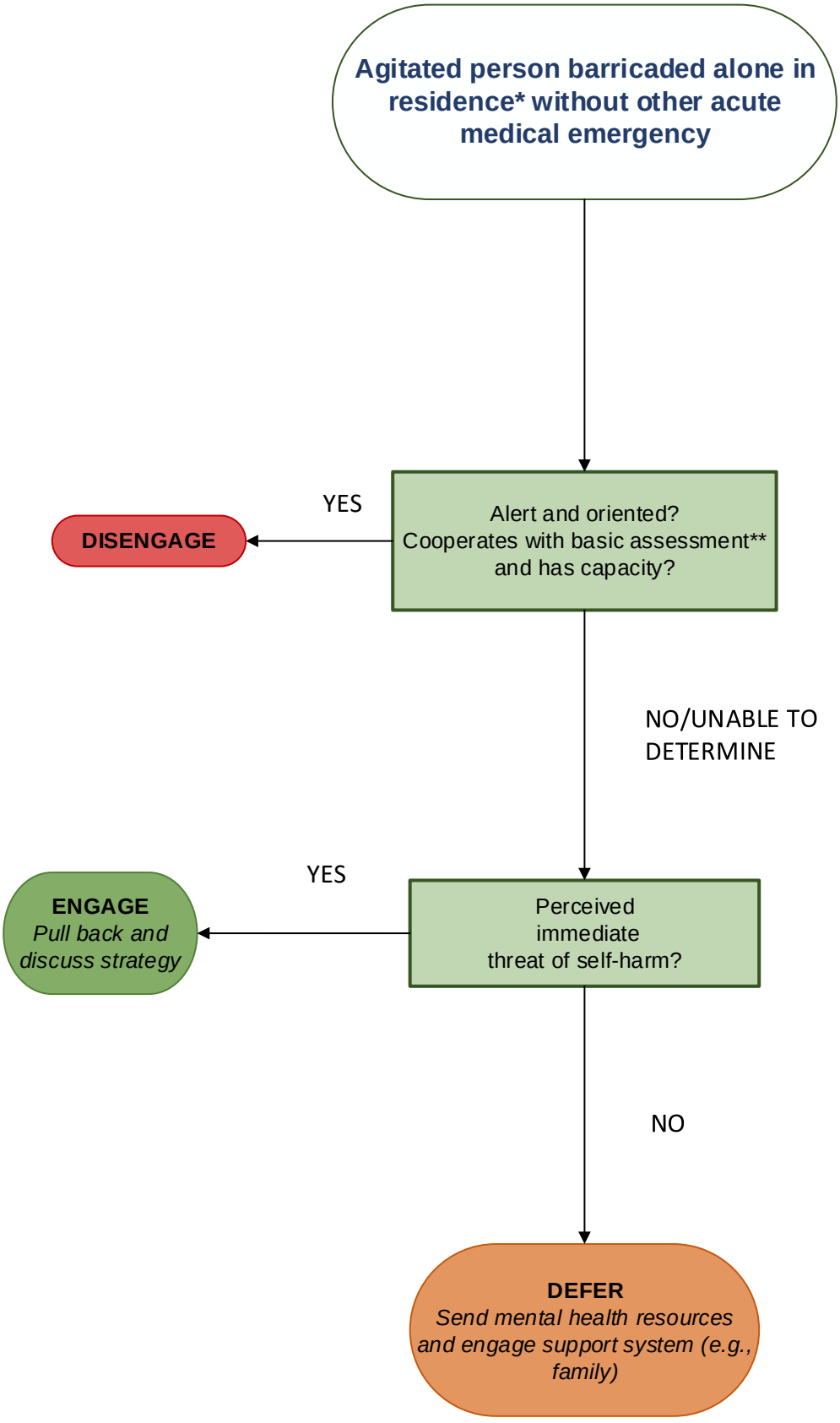
    a. The highest ranking EMS and Law Enforcement personnel on scene discuss their rationale for the decision to engage versus disengage.
    b. Mental health resources are identified and requested to the scene to provide alternative methods for de-escalation and management.
    c. If not already on scene, the EMS and Law Enforcement supervisors are requested to the scene and discuss face-to-face.
    d. The EMS supervisor speaks with the Law Enforcement Watch Commander.
    e. If no resolution is achieved, EMS shall defer to Law Enforcement and not engage on their own if there is a perceived risk to EMS personnel and/or the patient.

# SCENARIO 1



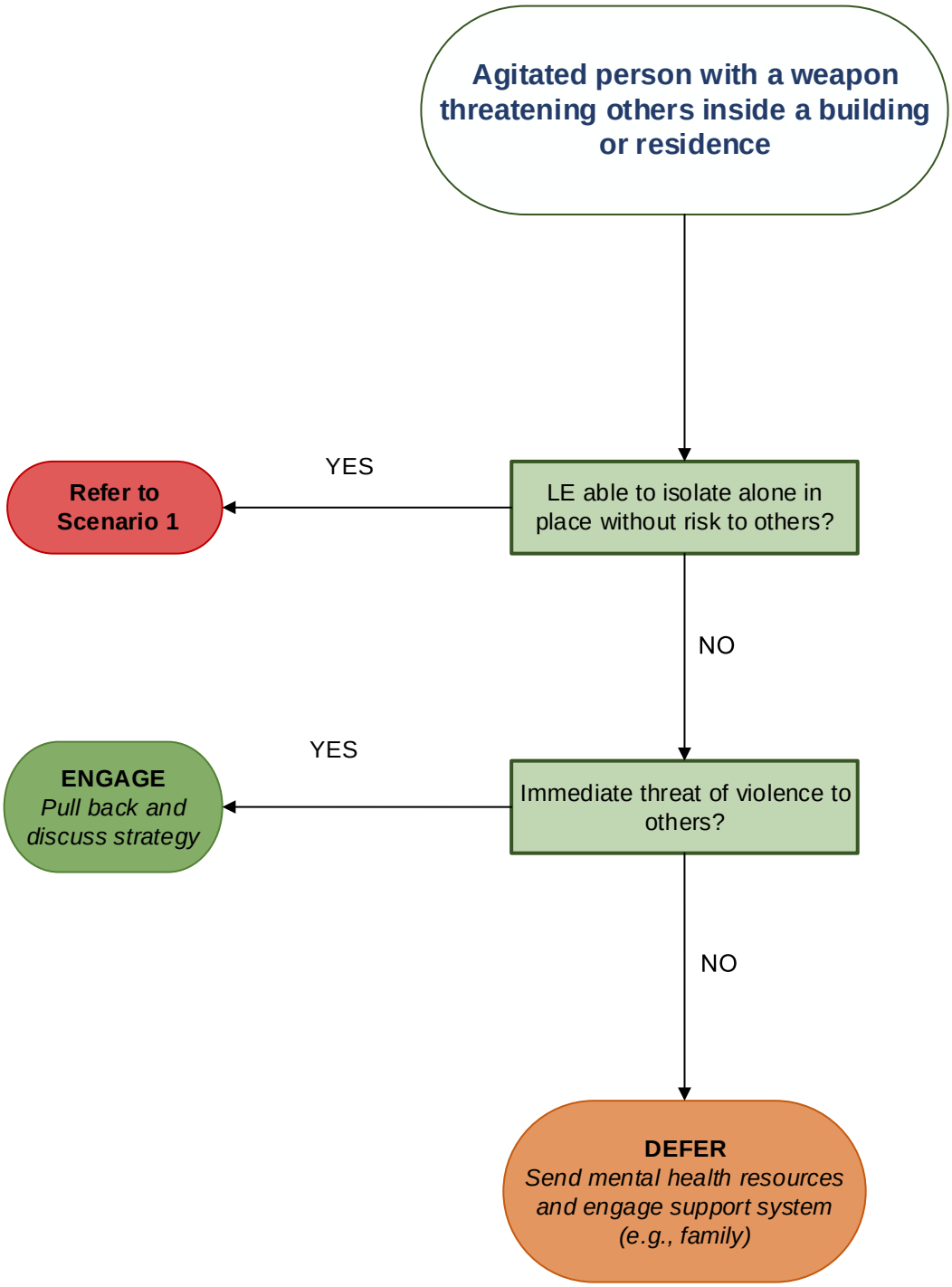

*Permitting entry, with or without firearm
**May be verbal

# SCENARIO 2

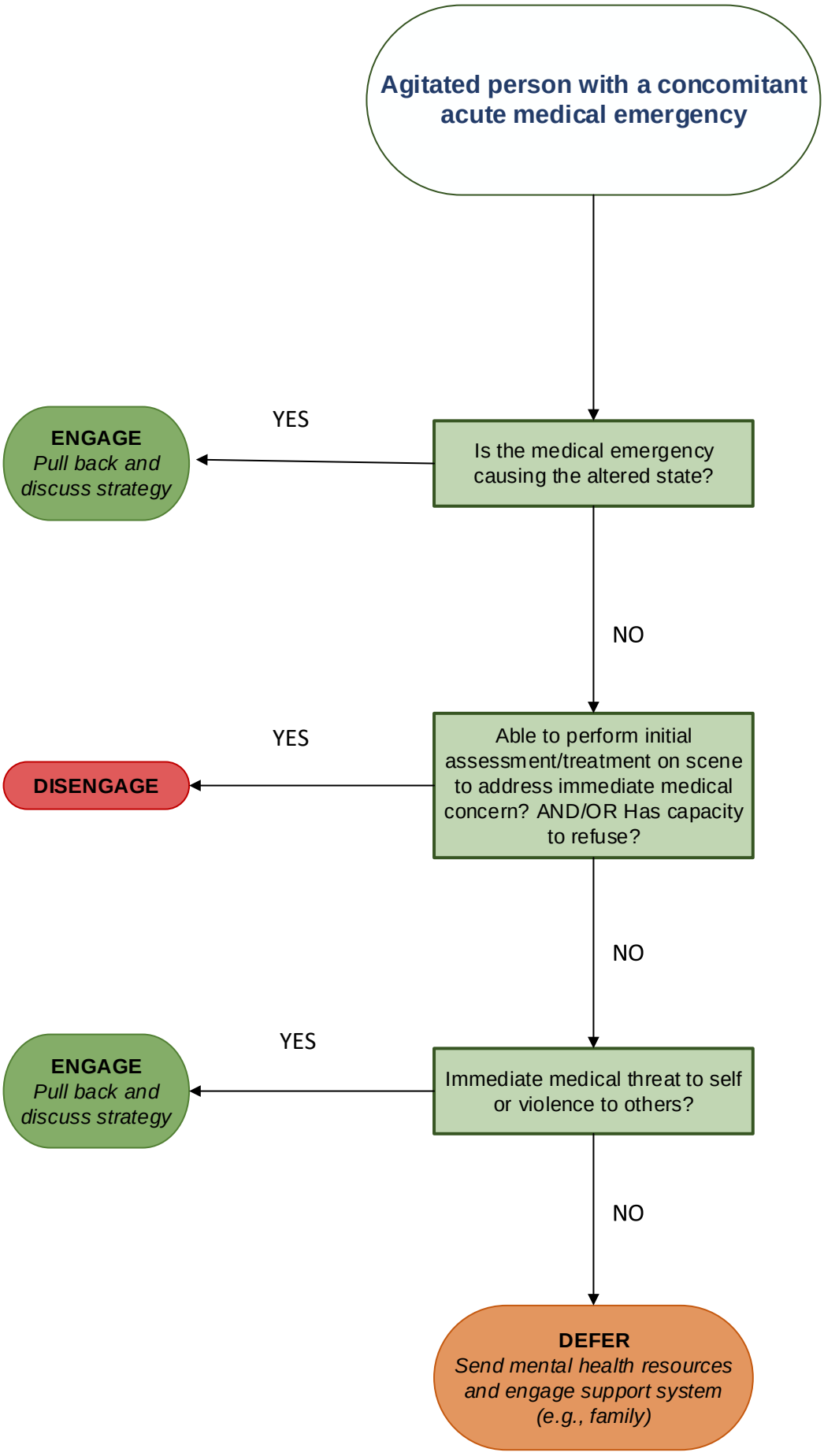



*Contact only through door, with or without firearm
**May be verbal

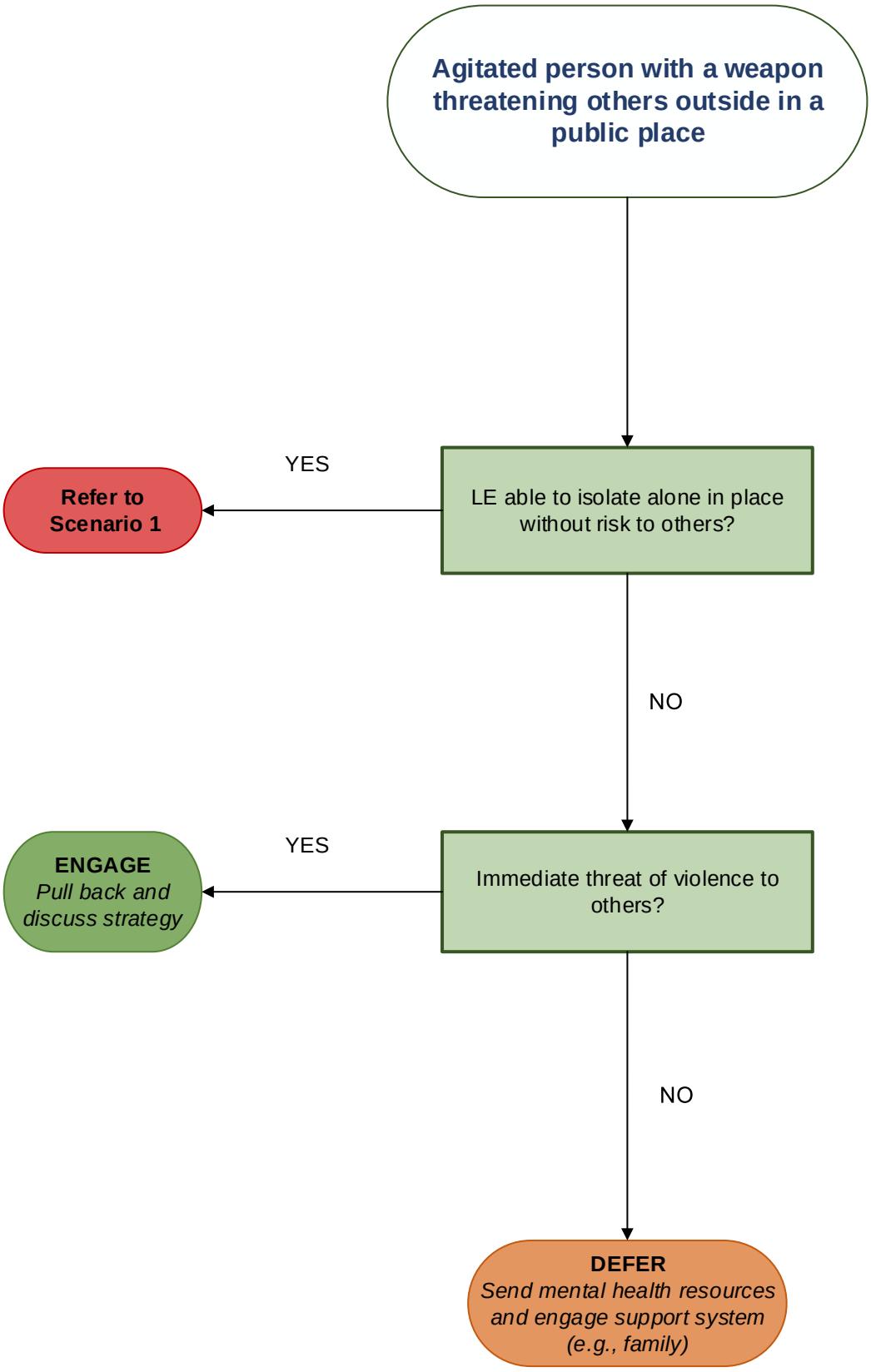
# SCENARIO 3


Agitated person with a weapon threatening others inside a building or residence
LE able to isolate alone in place without risk to others?
YES
Refer to Scenario 1
NO
Immediate threat of violence to others?
YES
ENGAGE
Pull back and discuss strategy
NO
DEFER
Send mental health resources and engage support system (e.g., family)

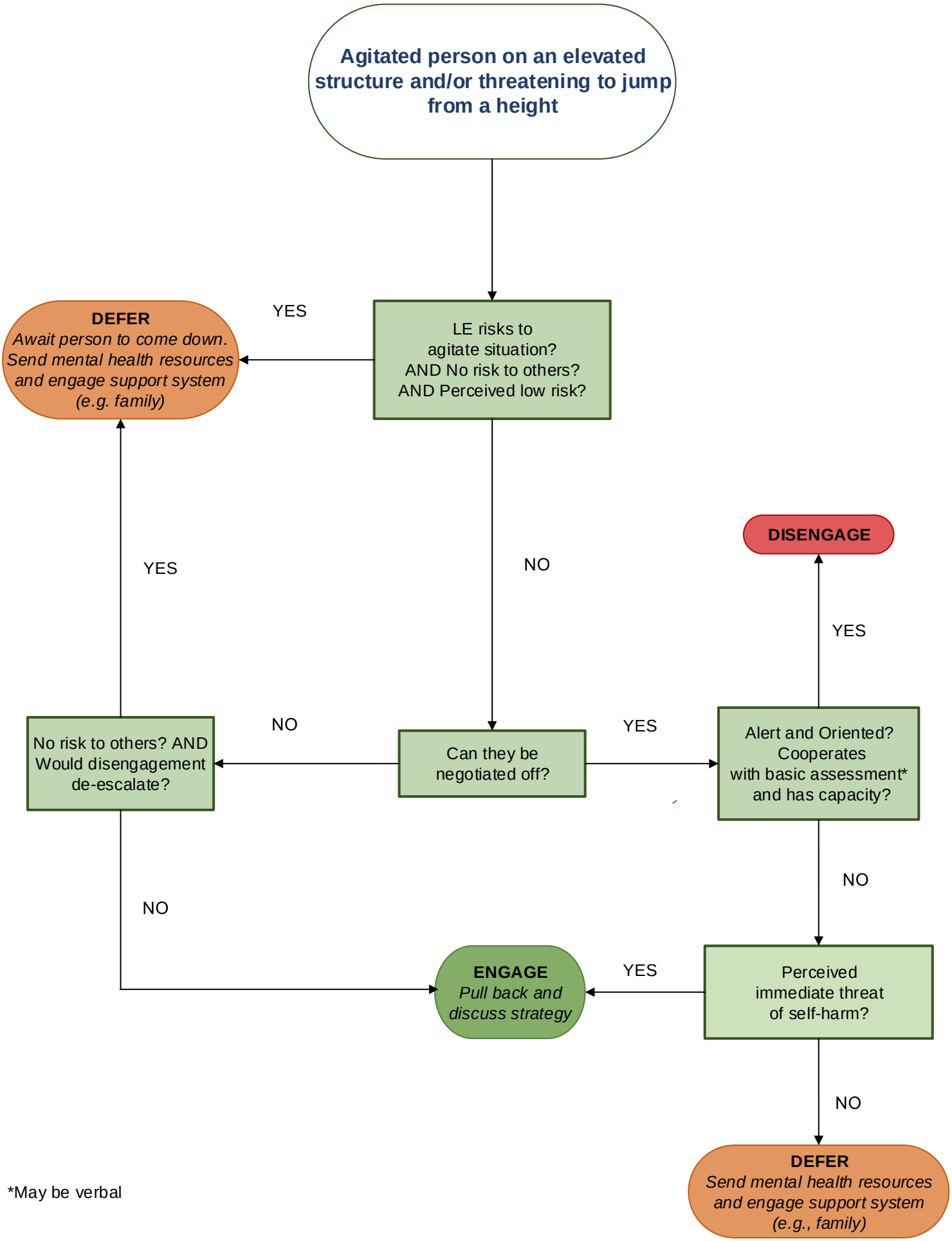
# SCENARIO 4


Agitated person with a concomitant acute medical emergency
Is the medical emergency causing the altered state?
YES
ENGAGE
Pull back and discuss strategy
NO
Able to perform initial assessment/treatment on scene to address immediate medical concern? AND/OR Has capacity to refuse?
YES
DISENGAGE
NO
Immediate medical threat to self or violence to others?
YES
ENGAGE
Pull back and discuss strategy
NO
DEFER
Send mental health resources and engage support system (e.g., family)

# SCENARIO 5


Agitated person with a weapon threatening others outside in a public place
LE able to isolate alone in place without risk to others?
YES
Refer to Scenario 1
NO
Immediate threat of violence to others?
YES
ENGAGE
Pull back and discuss strategy
NO
DEFER
Send mental health resources and engage support system (e.g., family)

# SCENARIO 6




*May be verbal

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

May 22, 2023

**VIA EMAIL**



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

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

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

TO: Distribution

FROM: Richard Tadeo
EMS Agency Director

Marianne Gausche-Hill, MD
EMS Agency Medical Director

**SUBJECT: EMS WEEK 2023 "WHERE EMERGENCY CARE BEGINS"**

As we celebrate this year's EMS Week, let us take time to appreciate the dedication and quality of patient care afforded to the citizens of Los Angeles County by our EMS professionals (EMTs, paramedics, firefighters, nurses, physicians) who support the Los Angeles County EMS system.

The past three years have been the most challenging time in healthcare and through collaboration at all levels of the EMS community the 9-1-1 EMS safety net remained intact. Many innovations were implemented to address the ever-changing conditions during the pandemic. Our EMS professionals adapted to the changing world and were resilient through it all.

As we move past the pandemic, let us not lose sight of our mission to ensure quality emergency and disaster medical services and to provide our support and respect to our EMS professionals.

**HAPPY EMS WEEK!**

Distribution:
- Fire Chiefs
- CEO, Ambulance Operator
- EMS Provider Agency Medical Directors
- Paramedic Coordinators
- EMS Educators
- Prehospital Care Coordinators
- Base Hospital Medical Directors
- Trauma Program Managers, Medical Directors
- STEMI Program Managers, Medical Directors
- Stroke Program Managers, Medical Directors
- EDAP, Pediatric Liaison Nurses, Medical Directors
- Pediatric Medical Centers, Program Managers, Medical Directors
- Hospital Association of Southern California
- EMS Commission

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

**Los Angeles County Board of Supervisors**

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Second District

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

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

DATE: May 23, 2023

**MEMORANDUM**

TO: Distribution List

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

SUBJECT: **Participation in the national Pediatric Readiness Quality Collaborative (PRQC)**

This memo is to provide information about participation in the Pediatric Readiness Quality Collaborative (PRQC). This is a national effort to improve pediatric readiness in our emergency departments sponsored by the Health Resources Services Administration and the Federal Emergency Medical Services for Children Project. As you know, as a County, we have had regionalized pediatric emergency care since the early 80's and have created standards for emergency departments that care for children as well as pediatric medical centers. Currently we ask all our Emergency Departments Approved for Pediatrics (EDAPs) staff to participate in systemwide quality improvement, to track specific indicators for children based on their experiences at their facility, and to monitor the care of pediatric patients with high-risk conditions to determine if there are quality or safety signals that need to be addressed.

I want to let you each of you know that we have been asked by the Pediatric Liaison Nurses of Los Angeles County to allow for participation of all EDAPs in the PRQC. By participation in the PRQC, our hospitals will get credit for systemwide quality improvement. This implies that all our EDAPs will be participating in this nationwide project. It is free to join and there are opportunities to not only to get coaching in quality improvement but also to be able to enter data and to benchmark performance against other facilities. So, we are asking each of our EDAPs to participate in the PRQC. This collaborative is an 18-month experience which can be extended and will represent our systemwide quality improvement efforts. As per our current requirements, each EDAP will also select at least one facility-based quality improvement indicator for care of children as well as continue to track high-risk diagnoses so that we can ensure safety throughout the system.

I am providing the link for you to sign up for the collaborative here: **Pediatric Readiness Quality Collaboration Registration. The deadline for registration is June 6, 2023**. This is a unique opportunity for a system to participate in a nationwide effort to improve quality and to provide an opportunity for our staff to learn about quality improvement principles as well as to enhance our own EMS system quality improvement efforts.

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

Distribution:
Emergency Departments Approved for Pediatrics, Pediatric Liaison Nurses, and Hospital CEO's

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

May 25, 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."*

**TO:** Distribution **VIA E-MAIL**

**FROM:** Richard Tadeo
Director

**SUBJECT:** **WITHDRAWAL FROM PERINATAL SERVICES – BEVERLY HOSPITAL**

This is to inform you that Beverly Hospital (BEV) is withdrawing as a Perinatal Center effective June 10, 2023.

Effective **Saturday, June 10, 2023 at 2359**, patients who are at least 20 weeks pregnant and have a complaint related to pregnancy shall no longer be transported via the 9-1-1 system to BEV. These patients shall be transported to surrounding perinatal centers in the area in accordance with Reference No. 511, Perinatal Patient Destination.

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

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

RT:ab
05-01

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
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EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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**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

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Health Services
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May 30, 2023

Chad Van Meeteren, Fire Chief
Santa Fe Spring Fire Rescue
11300 Greenstone Avenue
Santa Fe Springs, California 90670

Dear Chief Van Meeteren:

**NEWLY APPOINTED MEDICAL DIRECTOR – KEVIN ANDRUSS, MD**

This letter acknowledges that the Emergency Medical Services (EMS) Agency has received notification from Santa Fe Springs Fire Rescue (SS) that effective May 10, 2023, Kevin Andruss, M.D., has been appointed as Medical Director and will be providing medical oversight to SS's paramedic program.

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

Necessary documents are pending, confirming that Dr. Andruss has agreed to purchase drugs and medical supplies for SS and will be providing complete oversight to SS's controlled substance program. The required documents have been sent to SS's paramedic coordinator for completion.

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
5-17

c. Medical Director, Santa Fe Springs Fire Rescue
Paramedic Coordinator, Santa Fe Springs Fire Rescue
Nurse Educator, Santa Fe Springs Fire Rescue

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June 7, 2023

Barry Spriggs, Fire Chief
Arcadia Fire Department
710 S. Santa Anita Avenue
Arcadia, CA 91006

Dear Chief Spriggs,

**APPROVAL for LUCAS® Chest Compression System**

This letter is to confirm that Arcadia Fire Department (AF) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency to implement the LUCAS® Chest Compression System for non-traumatic patients receiving cardiopulmonary resuscitation.

The quality improvement process approved for implementation and evaluation of the LUCAS will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Additionally, AF may also be required to submit data on the LUCAS for purposes of systemwide evaluation and aggregate reporting.

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

Sincerely,

Marianne Gausche-Hill, MD
Medical Director

MGH:gk
06-02

c: Director, EMS Agency
Gary Watson, Prehospital Program Coordinator, EMS Agency
Captain George Couts, Arcadia Fire Department
Dr. Angelica Loza-Gomez, Arcadia Fire Department
Marianne Newby, UCLA Center for Pre-hospital Education

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# MEMORANDUM

DATE: June 13, 2023

TO: Distribution List

FROM: Richard Tadeo
Director

SUBJECT: **NEMSIS V3.5 IMPLEMENTATION EXTENSION**

On January 19, 2023, the Los Angeles (LA) County Emergency Medical Services (EMS) Agency announced that the LA County EMS data repository would be transitioning to the National EMS Information System (NEMSIS) Version (v) 3.5 standard as required by the California EMS Authority.

The LA County NEMSIS v3.5 schematron and data dictionary was published and provided to all LA County approved electronic patient care record (ePCR) vendors on April 24, 2023 with the implementation date of July 1, 2023. At the request of multiple provider agencies to postpone the implementation date due to longer than expected programming time to transition to NEMSIS v3.5 standard, the LA County EMS Agency will extend the implementation date to October 1, 2023.

EMS provider agencies must ensure that their ePCR maintains NEMSIS certification at the v3.5 standard. Full transition to NEMSIS v3.5 standard must be completed no later than October 1, 2023 to allow time to address any issues prior to the statewide implementation of January 1, 2024.

All questions regarding electronic data submission and NEMSIS v3.5 implementation should be directed to Sara Rasnake, Data Systems/Research Programs Nurse Manager at (562) 378-1658 or srasnake@dhs.lacounty.gov.

RT:sr
06-01

Distribution:
Fire Department Chiefs
EOA Provider Chief Executive Officers
Public and EOA Provider Agency Medical Directors
Public and EOA Provider Agency Paramedic Coordinators
Fire Department Nurse Educators
All Provider Agency ePCR Vendors

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

DATE: June 14, 2023

**MEMORANDUM**

TO: Distribution List

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

SUBJECT: **Update on Inventory for Bag-Mask -Ventilation Devices and Masks**

This memo is to provide information about updates to our policies on various inventories, by type of EMS personnel and vehicle, for bag-mask-ventilation (BMV) devices and oxygens masks. Providing positive-pressure ventilation at the appropriate rate and tidal volume is important and using optimal equipment will increase ventilation success. Changes in these policies are designed to address bag size, delivered volume, and control of ventilation through use of appropriately sized BMV devices, manometers (pressure) and/or flow meters (rate of flow).

Changes to each of the references are listed below. Tidal volumes using BMV devices to provide assisted ventilation should be 6 to 8 ml/kg for all patients. Use of large adult BMV devices (>1200mL) increases the risk of hyperventilation, which can lead to harm including barotrauma, gastric insufflation, and reduced venous return. We are requiring a manometer and/or flow meter to assist in providing proper ventilations. Additional tools not addressed here, including pulse oximetry and capnography, are also needed to monitor the adequacy of ventilation and oxygenation. All airway items addressed today are referenced in Medical Control Guideline, Ref. No. 1302, Airway Management and Monitoring.

**Reference 703**

703 – Added to Required Inventory - Manometer – 2
703 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
703 – Deleted from Required Inventory – Aspirator
703 – Moved to Optional Inventory – Normal Saline 250 or 500 mL
703 – Moved to Optional Inventory – Simple Masks
703 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 703.1**

703.1 – Added to Required Inventory - Manometer – 2
703.1 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
703.1 – Deleted from Required Inventory – Aspirator
703.1 – Moved to Optional Inventory – Normal Saline 250 or 500 mL
703.1 – Moved to Optional Inventory – Simple Masks
703.1 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 704**

704 – Added to Required Inventory - Manometer – 2
704 – Added to Required Inventory under cardiac monitor (to mirror Ref 703 and meet Ref 1302 requirements) – Pulse oximeter, waveform capnography, noninvasive blood pressure monitor, transcutaneous pacing, ECG, 12 lead and transmission capable

**Reference 704 (continued)**

704 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
704 – Deleted from Required Inventory – Aspirator
704 – Moved to Optional Inventory – Simple Masks
704 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 706**

706 – Added to Required Inventory - Manometer – 2
706 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
706 – Deleted from Required Inventory – Aspirator
706 – Moved to Optional Inventory – Normal Saline 250 or 500 mL
706 – Moved to Optional Inventory – Simple Masks
706 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 710**

710 – Added to Inventory - Manometer – 2 (Optional)
710 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to 900-1500 mL
710 – Revised in Inventory – Simple Masks (Optional)

**Reference 712**

712 – Added to Required Inventory - Manometer – 2
712 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
712 – Revised in Required Inventory – Full sets - 4
712 – Deleted from Required Inventory – Aspirator
712 – Moved to Optional Inventory – Half sets
712 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 713**

713 – Added to Required Inventory - Manometer – 2
713 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
713 – Added to Optional Inventory – Airflow meter with rate and volume capability

**Reference 719**

719 – Added to Required Inventory - Manometer – 2
719 – Revised in Required Inventory – Bag Mask device changed from 650-1000 mL to >900 mL
719 – Revised Typographical Error in Required Inventory – Saline 0.9% IV changed from 200ml to 2000ml.

Please contact me if you have any questions regarding these changes at (562) 378-1600 or at mgausche-hill@dhs.lacounty.gov or David Wells at dwells@dhs.lacounty.gov.

**Distribution:**

**Fire Chiefs**
**CEO, Ambulance Operators**
**Medical Directors, EMS and Private Provider Agencies**
**Paramedic Coordinators, EMS and Private Provider Agencies**
**Operation Managers, Ambulance Operators**
**SCT Coordinators, Ambulance Operators**
**Base Hospital Medical Directors**
**Prehospital Care Coordinators**

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LOS ANGELES COUNTY



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

June 20, 2023

Sergeant Jared Booth, EMS Division
California Highway Patrol
3500 Reed Avenue
West Sacramento, CA 95605

Dear Sergeant Booth,

**PUBLIC SAFETY NALOXONE PROGRAM APPROVAL**

This letter is to confirm that the Emergency Medical Services (EMS) Agency has approved the California Highway Patrol (CHPD) for the utilization of intranasal naloxone within Los Angeles County for persons with suspected opiate overdose.

All public safety agencies are required to collect data, maintain records, and report all naloxone administrations to the EMS Agency as part of the naloxone program approval process. The Public Safety Data Registry is a secure reporting system located on the EMS Agency website at https://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.

California Highway Patrol has been assigned a unique identification number (ID) and password to access the data registry. Upon the initial login, there is a link to a brief tutorial on how to enter data. The data fields provide general information regarding the circumstances of the naloxone administration. 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.

California Highway Patrol ID: **CHPD** Password: **193284**

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:gk
06-10

c: Director, EMS Agency
Commissioner Sean Duryee, California Highway Patrol

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



**Richard Tadeo**
Director

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

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Santa Fe Springs, CA 90670

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

June 27, 2023

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

**FROM:** Richard Tadeo
Director

**SUBJECT:** **GENERAL PUBLIC AMBULANCE RATES JULY 1, 2023 THROUGH JUNE 30, 2024**

Attached are the maximum allowable rates to the general public for ambulance transportation as of July 1, 2023, as per section 7.16.340, Modification of Rates, of the County Ordinance (attachment I).

Transportation services provided on or after July 1, 2023 may not be billed above the allowable maximum rates per the attached rate schedule.

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

RT:cc

Attachment

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

**ATTACHMENT I**

# COUNTY OF LOS ANGELES
# GENERAL PUBLIC AMBULANCE RATES
# EFFECTIVE JULY 1, 2023

## Section 7.16.280 Rate Schedule For Ambulances

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

**Rates Effective July 2023**

| | | |
|---|---|---|
| 1. | Response to a non-emergency call with equipment and personnel at an advanced life support (ALS) level | **$3,038.00** |
| 2. | Response to an emergency call with equipment and personnel at an advanced life support (ALS) level | **$3,252.00** |
| 3. | Response to a non-emergency call with equipment and personnel at a basic life support (BLS) level | **$2,024.00** |
| 4. | Response to an emergency call with equipment and personnel at a basic life support (BLS) level | **$2,171.00** |
| 5. | Mileage rate. Each mile or fraction thereof | **$28.00** |
| 6. | Waiting time. For each 30-minute period or fraction thereof after the first 30 minutes of waiting time at the request of the person hiring the ambulance | **$172.00** |
| 7. | Standby time. The base rate for the prescribed level of service and, in addition, for each 30-minute period or fraction thereof after the first 30 minutes of standby time | **$164.00** |

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

## Section 7.16.310 Special Services

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

| | | |
|---|---|---|
| 1. | Request for services after 7 PM and before 7 AM of the next day will be subject to an additional maximum charge of | **$30.00** |
| 2. | Persons requiring oxygen, shall be subject to an additional maximum charge per tank or fraction thereof, and oxygen delivery equipment to include nasal cannula and/or oxygen mask, of | **$114.00** |
| 3. | Neonatal transport | **$288.00** |
| 4. | Registered nurse **or** respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time | **$3,659.00** |
| 5. | Registered nurse **and** respiratory therapist specialty care transport with equipment and personnel for up to 3 hours of transportation time | **$4,143.00** |
| 6. | Registered nurse and/or respiratory therapist per hour after the first 3 hours | **$206.00** |
| 7. | Volume ventilator | **$221.00** |
| 8. | Disposable medical supplies | **$33.00** |

B. Where other special services are requested or needed by any patient or authorized representative thereof, a reasonable charge commensurate with the cost of furnishing such special service may be made, provided that the ambulance operator shall file with the Director of the Department of Health Services a schedule of each special service proposed and the charge therefore, which charge shall be effective unless modified, restricted, or denied by the Director of the Department of Health Services. Special services are defined as services provided to a patient that are unique and individual to a specific patient's needs and are performed on a limited basis.

C. Charges for special services provided to patients that are new services, but will become an industry standard, must be reviewed and a rate commensurate with the service developed prior to ambulance operators charging such rate to the general public. Such rates shall not be charged to patients until approved by the Board of Supervisors.

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

**Section 7.16.340 Modification of Rates**

The maximum rates chargeable to the general public as set forth in Sections 7.16.280 and 7.16.310 of this chapter shall be adjusted effective July 1, 1992, and on July 1st of each year thereafter, to reflect changes in the value of the dollar. For each of the one-year periods respectively beginning July 1, 1992 and July 1, 1993, such adjustments shall be made by multiplying the base amounts by the percentage change in the transportation portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 1994, and on each July 1 thereafter, such adjustment shall be determined by multiplying the base amounts by the average of the percentage changes of the transportation portion and of the medical portion of the Consumer Price Index for All Urban Consumers, Western Union, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2017, and on every July a thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.040 – Minimum Wage and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February, except for the following changes: Registered Nurse/Respiratory Therapist per hour after the first three (3) hours adjustment shall be determined by multiplying the current charge by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.040 – Minimum Wage: mileage adjustment shall be determined by multiplying the current charge for the percentage change of the transportation line item of the Consumer Price Index for All Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February: and Oxygen, Disposable Medical Supplies, and a Ventilator adjustment shall be determined by multiplying the current charges by the percentage change of the Medical Care line item of the Consumer Price Index for all of the Customers, Western Region, as complied and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2024, and every July 1 thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the

percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.010 – Minimum Wage, or by two (2) percent, whichever is higher, and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. The result so determined shall be rounded to the nearest number and added or subtracted, as appropriate, to the rate. The Director of the Department of Health Services, or authorized designee, shall initiate implementation of these rate changes by notifying in writing each licensed private ambulance operator in Los Angeles County thereof, and any other individual or agency requesting such notification from the Director. Such notice shall be sent by first class mail no later than June 15 of the prior period.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY



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Health Services
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# MEMORANDUM

June 27, 2023

**TO:** Distribution

**FROM:** Richard Tadeo
Director

**SUBJECT: NAME CHANGE FOR LAC+USC MEDICAL CENTER**

Effective Friday, July 7, 2023 at 0700 LAC+USC (USC) Medical Center's name will be updated to reflect their new name, Los Angeles General Medical Center. Additionally, the 3-letter code currently utilized by EMS, USC, will be changed to LMC.

Please update all systems and notify appropriate personnel to ensure they are aware of this change.

If you have any questions, please contact Chris Clare, Nursing Director, EMS Programs at 562-378-1661 or cclare@dhs.lacounty.gov.

Thank you.

Distribution: Medical Director, EMS Agency
Fire Chief, All Public Provider EMS Agencies
Paramedic Coordinators, All Public Provider EMS Agencies
Nurse Educators, All Public Provider EMS Agencies
CEO, All Licensed Private Ambulance Providers
Paramedic Coordinator, All Licensed Private Ambulance Providers
CEO, All 9-1-1 Receiving Hospitals
ED Medical Director, All 9-1-1 Receiving Hospitals
ED Clinical Director, All 9-1-1 Receiving Hospitals
Medical Director, All Paramedic Base Hospitals
Prehospital Care Coordinators, All Paramedic Base Hospitals
Medical Alert Center
ReddiNet®
Hospital Association of Southern California
EMS Commission

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Medical Director

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June 27, 2023

**TO:** Distribution **VIA E-MAIL**

**FROM:** Richard Tadeo
Director

**SUBJECT:** **TEMPORARY SUSPENSION OF PRIMARY STROKE CENTER DESIGNATION AT SAN DIMAS COMMUNITY HOSPITAL**

This is to inform you that on Tuesday, June 27, 2023 at 2359, Primary Stroke Center (PSC) designation at San Dimas Community Hospital (SDC) will be temporarily suspended until further notice.

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

Reddinet® will be removing the PSC tab for SDC from the Hospital Status Screen. Please inform staff that the diversion option will no longer exist and will not display red in the alert.

You will be notified when SDC stroke services resumes. For any questions, please contact Frederick (Fritz) Bottger, Stroke Program Coordinator at Fbottger@dhs.lacounty.gov or (562) 378-1653.

RT:fb
06-20

c: Medical Director, EMS Agency
Medical Alert Center, EMS Agency
Fire Chief, Los Angeles County Fire Department
Fire Chief, La Verne Fire Department
Fire Chief, West Covina Fire Department
Paramedic Coordinator, Los Angeles County Fire Department
Paramedic Coordinator, La Verne Fire Department
Paramedic Coordinator, West Covina Fire Department
CEO, San Dimas Community Hospital
CNO, San Dimas Community Hospital
Stroke Program Coordinator, San Dimas Community Hospital
Stroke Program Coordinator, Pomona Valley Medical Center
Stroke Program Coordinator, Emanate Health Queen of the Valley Hospital
Stroke Program Coordinator, USC Arcadia Hospital
Prehospital Care Coordinator, Pomona Valley Medical Center
Prehospital Care Coordinator, Emanate Health Queen of the Valley Hospital
Prehospital Care Coordinator, USC Arcadia Hospital