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: September 13, 2023
TIME: 1:00 – 3:00 PM
LOCATION: 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
Appointment: EMS Agency Medical Director, Nichole Bosson, MD
Appointment: EMS Agency Assistant Medical Director, Denise Whitfield, MD
2.1 EMS Agency Organization Chart
2.2 EMS Agency Roster

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**
July 19, 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. 516: Cardiac Arrest (Non-Traumatic) Destination
3.3.2 Reference No.519: Management of Multiple Casualty Incidents (MCI)
3.3.3 Reference No. 1102: Disaster Resource Center (DRC) Designation, Activation and Mobilization of Equipment
3.3.4 Reference No. 1114: Hospital EMS Surge Assistance Plan
3.3.5 Reference No. 1138: Burn Resource Center (BRC) Designation and Activation
3.3.6 Reference No. 1143: Medical Oversight During an Infectious Disease Surge

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Ambulance Patient Offload Time (APOT)
- 4.1.1 APOT Q2 2023
- 4.1.2 Provider APOT Q2 2023

4.2 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers
- 4.2.1 Letter (8/23/2023) from Los Angeles County Ambulance Association (LACAA)

4.3 IFT Transports

Business (New)

4.4 Alternate Destination Volume Report

4.5 Annual Report

4.6 EMS Agency Meeting Schedule for 2024

5. LEGISLATION

6. DIRECTORS' REPORT

6.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director

Correspondence
- 6.1.1 (7/25/23) Designation of ST-Elevation Myocardial Infarction (STEMI) Receiving Center
- 6.1.2 (7/31/23) Appointment of EMS Agency Medical Director
- 6.1.3 (8/14/23) Appointment of Stephen Sanko, MD, to Los Angeles Fire Commission
- 6.1.4 (8/15/23) Approval for Use of EpiPen – EMS Program CalFire
- 6.1.5 (8/17/23) King LTS-D Airway Program Approval for Specialty Care Transport – MedTrans
- 6.1.6 (8/28/23) Appointment of EMS Agency Assistant Medical Director
- 6.1.7 (8/31/23) Emergency Department Status of Beverly Hospital

6.2 Alternate EMS Resource Deployment

6.3 Office of Traffic Safety (OTS) Grants

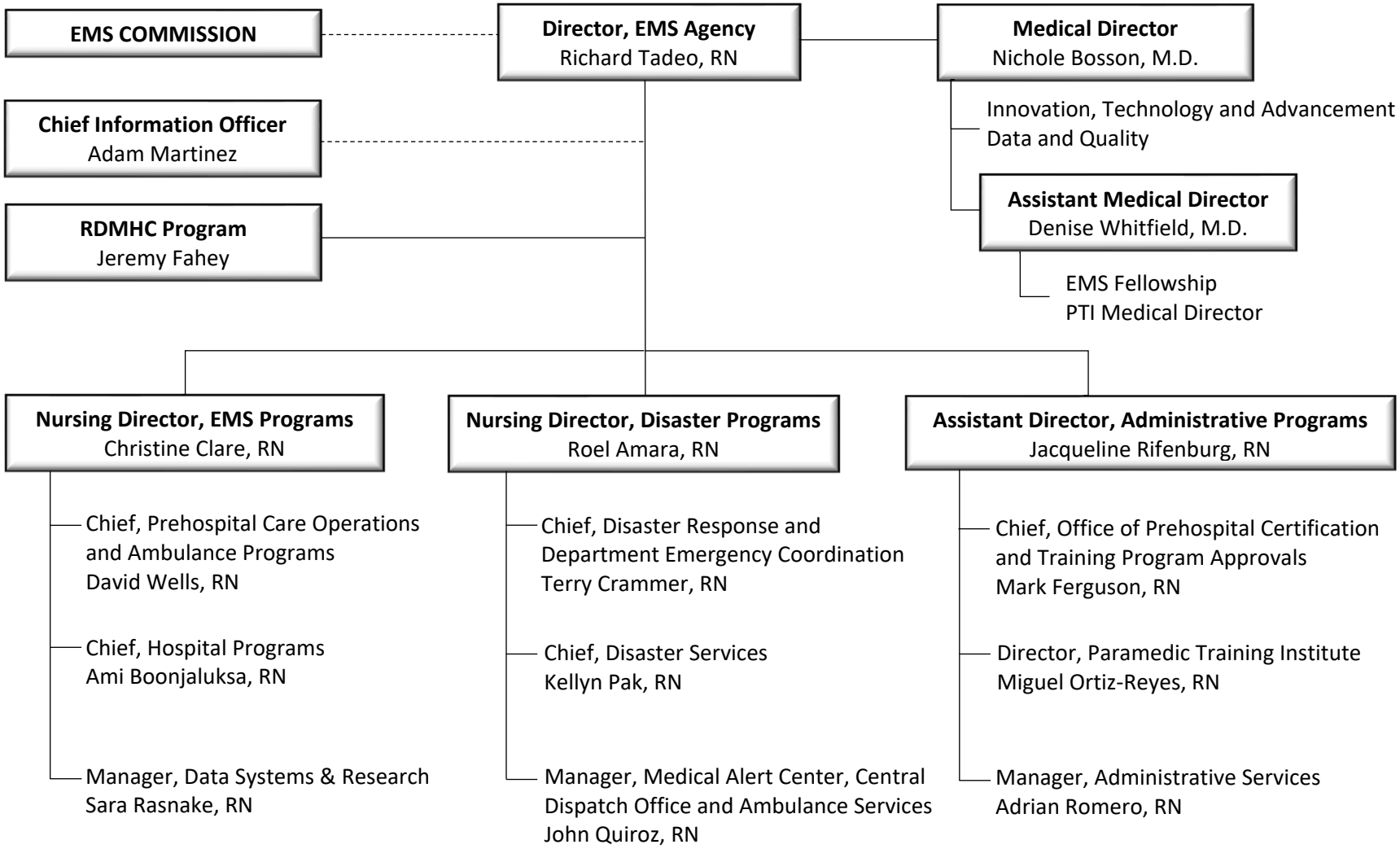
6.4 Nichole Bosson, MD, EMS Agency Medical Director

7. COMMISSIONERS' COMMENTS / REQUESTS

8. ADJOURNMENT

To the meeting of November 15, 2023

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY
ORGANIZATIONAL CHART
August 30, 2023



Approved by: Richard Tadeo _____
Director, EMS Agency

County of Los Angeles • Department of Health Services

LOS ANGELES COUNTY EMS AGENCY

10100 Pioneer Blvd., Suite 200
Santa Fe Springs, CA 90670
(562) 378-1500 ● FAX (562) 941-5835
E-mail: (first initial) (last name)@dhs.lacounty.gov
Website - http://ems.dhs.lacounty.gov

DIRECTOR'S OFFICE

Director	Richard Tadeo	(562) 378-1610
Administrative Support	Vanessa Gonzalez	(562) 378-1607
Medical Director	Nichole Bosson, M.D.	(562) 378-1600
Assistant Medical Director	Denise Whitfield, M.D.	(562) 378-1602
Director of Education and Innovation	Denise Whitfield, M.D.	(562) 378-1602
EMS Educator and CE Specialist	Vacant	(562) 378-1648
Administrative Assistant	Claudia Del Toro	(562) 378-1609
Chief, Information Technology	Adam Martinez	(562) 378-1628
Administrative Assistant	Olivia Castro	(562) 378-1608

ASSISTANT DIRECTOR

Assistant Director	Jacqueline Rifenburg	(562) 378-1640

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

Paramedic Training Institute		
Program Director	Miguel Ortiz-Reyes	(562) 378-1571
Administrative Support	Annette Nassar	(562) 378-1580
Medical Director	Dipesh Patel, M.D.	(562) 378-1576
Training Coordinators	Charmaine Kane	(562) 378-1570
	Hannah Deloria	(562) 378-1574
Paramedic Instructors:	Sam Calderon	(562) 378-1573
	Kelsea Mauerhan	(562) 378-1579
	Mariana Munatones	(562) 378-1578
	Beverly Santiago	(562) 378-1577
	Enrique Ascencio	(562) 378-1572

Administrative Services

EMS Reimbursement Programs/Contracts & Grants/Personnel/Finance

Administrative Services Manager	Adrian Romero	(562) 378-1595
Fiscal Services Manager	Maria Morales	(532) 378-1591
Building/Property Management Liaison	Tamara Butler	(532) 378-1589
Contracts Manager	Angelica Maldonado	(532) 378-1593
Reimbursement Program Coordinator	Vacant	(532) 378-1509
Reimbursement Program Auditor	Jimmy Duarte	(562) 378-1590
Ambulance Overflow Invoice Processing	Sheila Mouton	(562) 378-1501

EMS PROGRAMS

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

Prehospital Care Operations

Chief, Prehospital Care Operations	David Wells	(562) 378-1677
Prehospital Program Manager	Natalie Greco	(562) 378-1680
Prehospital Program Coordinators		
ALS Public Providers	Gary Watson	(562) 378-1679
ALS Public Providers/EMS Dispatch	Gregory Klein	(562) 378-1685
Civilian Investigators:	Kurt Kunkel	(562) 378-1687
	Juan Mejia	(562) 378-1691
Ambulance Licensing Manager	Vacant	(562) 378-1674
ALS/SCT Private Providers	Han Na Kang	(562) 378-1684
ALS/SCT Private Providers	Christine Zaiser	(562) 378-1678
Ambulance Program Monitoring Manager	Christopher Rossetti	(562) 378-1688
Contract Program Auditors:	Helain Hence	(562) 378-1693
	Lily Martini	(562) 378-1686
	Gabriela Ramirez	(562) 378-1692
	Ofelia Rodriguez	(562) 378-1500

Hospital Programs

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

EMS Data Systems/Research Programs Management

EMS Data Systems/Research Programs Manager	Sara Rasnake (Acting)	(562) 378-1658
EMS System Quality Improvement	Vacant	
EMS Data Coordinators	Aldrin Fontela	(562) 378-1662
	Gerard Waworundeng	(562) 378-1644
Epidemiologist	Shaohua (Sean) Chen	(562) 378-1657
EMS Data Collection Supervisor	Patricia Hollis	(562) 378-1667

Revised: August 31, 2023

ESO Solutions - Technical Support Staff	Eddie Light, Garrett Sarmiento Trauma One Support (866) 766-9471 Option 3, 3, 4 LA TEMIS Support (866) 766-9471 Option 3, 3, 5	

DISASTER PROGRAMS

Nursing Director	Roel Amara	(562) 378-1598
Administrative Support	Claudia Del Toro	(562) 378-1609
Disaster Services		
Chief, Disaster Services	Kellyn Pak	(562) 378-2462
Administrative Support/DHV	Aracely Campos	(562) 378-2444
Hospital Preparedness Program		
Surge Coordinator	Essence Wilson	(562) 378-2442
DRC Coordinator	Essence Wilson	(562) 378-2442
Ambulatory Surgical Centers, Home Health, Dialysis and Urgent Care	Laurie Lee-Brown	(562) 378-2459
Clinics, Long Term Care and EMS Disaster Workgroup	Nnabuike Nwanonenyi	(562) 378-2460
Grant Compliance/Audits/Communication	Vacant	(562) 378-2446
Business Continuity/Training and Exercises	Darren Verrette	(562) 378-2451
Emergent Infectious Disease	Nnabuike Nwanonenyi	(562) 378-2460
Homeland Security Grant Program	Justin Manntai	(562) 378-2458
Disaster Response /Emergency Coordination (EC) Program		
Chief, Disaster Response and Coordination	Terry Crammer	(562) 378-2445
Mobile Medical System Program Manager	Chris Sandoval	(562) 378-2443
Chempack Program Manager	Chris Sandoval	(562) 378-2443
EC Nurse Consultant and Educator	Elaine Forsyth	(562) 378-1505
Warehouse Supervisor	Robert Smock	(562) 378-2440
Emergency Coordination Program Manager	Isabel Sanchez	(562) 378-2450
MHOAC Rep/Building Emergency Coordinator	John Opalski	(562) 378-2448
MHOAC Alt/Building Emergency Coordinator	Aaron Roman	(562) 378-2449
Regional Disaster Medical & Health Specialist	Jeremy Fahey	(562) 378-2454
Regional Disaster Medical & Health Specialist	Javier De La Cerda	(562) 378-2453
Joint Regional Intelligence Center Liaison	Ralph Torres	(562) 378-2455
Public Health Liaison	Vacant	
Medical Alert Center (MAC) / Ambulance Services / Central Dispatch Office		
Program Manager	John Quiroz	(562) 378-1512
Administrative Support	Dolores (Lola) Cardenas	(562) 378-1508
MAC Operations Manager	Richard Jurado	(562) 378-1502
Nurse Consultant	Olester Santos	(562) 378-1506
Ambulance Services Operations Manager	Robert Moore	(310) 498-7369
EMS Fleet	David Lee	(562) 378-2446
Central Dispatch Office Manager	Mike Jones	(562) 378-1518
QI Coordinator and Educator	Vacant	(562) 378-2442

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

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MINUTES
July 19, 2023

☒ Brian S. Bixler	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
☐ *Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	EMSC Liaison
☐ *Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
☒ John Hisserich, Dr.PH	Public Member, 3rd District	Jacqui Rifenburg	EMS Staff
☒ Carol Kim	Public Member, 1st District	Kelsey Wilhelm, MD	EMS Staff
☒ Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Christine Clare	EMS Staff
		Laura Leyman	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Vanessa Gonzalez	EMS Staff
☒ Carol Meyer, RN	Public Member, 4th District	Mark Ferguson	EMS Staff
☐ *Garry Olney, DNP	Hospital Assn. of So. CA	Priscilla Romero	EMS Staff
☒ Robert Ower, RN	LAC Ambulance Association	Aldrin Fontela	EMS Staff
☒ Paul Espinosa	LA County Police Chiefs' Assn.	Lily Choi	EMS Staff
		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
		Adrian Romero	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Christine Zaiser	EMS Staff
☐ *Jason Tarpley, M.D.	American Heart Association	Ami Boonjaluksa	EMS Staff
☐*Saran Tucker	So. Cal Public Health Assn.		
☒ Atilla Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP		
☐ *Gary Washburn	Public Member, 5th District		

GUESTS

Jennifer Nulty/Torrance Fire	Laurie Donegan//Memorial	Jack Yandell/NAGE	Sara Kasnatal
John McKinley/Guardian Amb	Catherine Borman/SMFD	Chad Druten/LACAA	
Jimmy Webb	Deanna Josing/LACoFD	Gerald Waworundeng	
Bill Weston/Premiere Amb	Matt Armstrong/Guardian Amb		
Dave Molyneux	Samantha Verga-Gates/Memo		

(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.

Prior to the Call to Order, Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS, LA County EMS Agency Medical Director, addressed the EMSC and announced her retirement from Los Angeles County service as of August 30, 2023. EMS Agency Director, Richard Tadeo, congratulated Dr. Gausche-Hill, thanked her for her service and expressed that the EMS system was well-served by her tenure as the EMS Agency Medical Director.

Chair Lydia Lam called the meeting to order at 1:11 p.m. and roll was taken by Commission Liaison Denise Watson. A quorum of 12 Commissioners were present for the meeting.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

Chair Lam announced that the 40th Anniversary Celebration of the Trauma Center System will be held on November 29, 2023 at OneLegacy in Azusa, California. For questions and sponsorship information email Lorrie Perez at llperez@dhs.lacounty.gov.

Commissioner Brian Bixler is retiring from the EMSC as of July 20, 2023. Director Tadeo expressed appreciation for his critical role in moving EMSC goals forward, particularly in the implementation of behavioral health projects in the prehospital care arena.

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

Motion/Second by Commissioners Ower/Uner to approve the Consent Agenda was held for discussion on 3.3 Policies.

Discussion: 3.3.1 Reference No. 517: Provider Agency Transport/Response Guidelines

Page 1 of 6 – Definitions: Commissioner Robert Ower requested pulling this policy and reverting the definition of Interfacility Transport (IFT) to the old definition of IFT and not separating general acute care hospitals from the other healthcare facilities.

Director Tadeo expressed that the IFT definition change was made in order to differentiate when it is permissible for acute care hospitals to call 9-1-1. The over utilization of 9-1-1 for IFT patients in the ER who do not require 9-1-1 transport has negatively impacted the 9-1-1 system and contributed to APOT delays.

Commissioner Meyer recommended amending the proposed IFT definition to include, "For the purpose of this policy, the IFT refers to interfacility…".

Commissioner Ower requested to pull the policy as the recommended changes are directed to acute care hospitals rather than private EMS providers.

Director Tadeo agreed to defer approval of Reference No. 517 for further review and seek additional feedback.

Discussion: 3.3.2 Reference No. 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene

Page 4 – Principles (6): Commissioner Atilla Uner requested removal of the word "should" from the statement, "…provider agencies ~~should/~~shall have quality review programs…"

Director Tadeo agreed to remove the word "should" for policy consistency.

Motion/Second by Commissioners Ower/Snyder to approve the Consent Agenda after pulling Reference No. 517 and removing the word "should" from Reference No. 834 was approved and carried unanimously.

END OF CONSENT AGENDA

4. BUSINESS

Business (Old)

4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies
(Suicide Risk Screening Tool Pilot)
Catherine Borman, EMS Educator for Santa Monica Fire Department (SMFD), provided a PowerPoint update on the Suicide Risk Screening Tool pilot project conducted from July 1, 2022, to October 31, 2022. She reported that "buy-in" was a challenge as staff and patients felt there were too many questions for a behavioral health emergency. It was recommended that an abbreviated version of the screening tool with fewer questions be developed. The screening tool was only utilized in three cases during the 4-month pilot study period.

Director Tadeo reported the Suicide Risk Screening Tool was planned for EMS Update 2022, but the EMSC committees recommended it be pulled from the EMS Update training because of its complexity. As this is the last task from the September 2016 Ad Hoc Committee's Final Report on The Prehospital Care of Mental Health and Substance Abuse Emergencies, this item will be removed from future EMSC agenda.

4.2 Ambulance Patient Offload Time (APOT)
Director Tadeo reported that one hospital with egregious APOT has mitigated their problem tremendously resulting in almost zero diversion hours. The EMS Agency will continue to provide the EMSC status updates on results of actions taken to mitigate APOT.

4.3 Ad Hoc Workgroup: Alameda EMS Corps for LA County
EMS Agency Assistant Director Jacqueline Rifenburg reported she reached out again to the representative at the Alameda EMS Corps per the EMSC's request and has not received a response. This item will be removed from future EMSC agenda.

4.4 EMS Commission Ordinance – Update
Director Tadeo reported the EMSC Ordinance was pulled from the Board of Supervisors' Tuesday, July 11, 2023, Board agenda due to the wrong version of changes submitted for approval. The EMS Agency was recently assigned a new Deputy County Counsel and will work with the new Deputy County Counsel to resubmit the revised Ordinance for Board approval.

Business (New)

4.5 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers
Director Tadeo reported that the June 27, 2023 Board Motion for General Public Ambulance Rates for July 1, 2023, through June 30, 2024 (see Correspondence Item 6.1.9) was approved by the Board of Supervisors. The Board also passed a motion directing the EMS Agency in collaboration with the EMSC, the Chief Executive Office, labor, and impacted industry, to report back in 120-days the feasibility of further amending the Ambulance Ordinance, Title VII, specifically to add language that would assign a portion of the annual ambulance rate increases to EMT and paramedic wages for recruitment and retention.

Public Comments:
Chad Druten, President of the Los Angeles County Ambulance Association (LACAA) provided an overview of the membership and mission of the organization. LACAA represents most ambulance companies operating in Los Angeles County. Mr. Druten stated that while LACAA is very grateful for the increase in ambulance reimbursement rates as it is severely needed, further in-depth analysis is necessary to assess the impact of the Board Motion.

Bill Weston, Emergency Ambulance, gave a PowerPoint presentation on healthcare and ambulance reimbursement rates. He explained the difference between federal, State and County regulations on emergency and non-emergency ambulance rates (general public ambulance rates), as well as the rules set by the Center for Medicare Services (CMS) for Medicare and Medicaid (aka Medi-Cal in California).

He provided data on regulated ambulance billing, commenting that the lowest level of reimbursement is Medi-Cal or LA Care, which pays an average of $126 per transport. The remainder of the bill which may be between $1,500 - $2,500 is written off. The ambulance operators are prohibited by law from billing the patient for any of the copay or balance. At the Medicare level, the amount paid is approximately $379 per transport and the remainder of the bill is also written off. Commercial billing is typically where ambulance companies get paid closer to the actual amount billed.

He reported on percentages of transported patients who have Medicare, Medi-Cal and private insurance (CY 2022 data from one of the exclusive operating area emergency ambulance transport providers). Thirty-six percent (36%) of these patients have Medicare, 32% have Medi-Cal, and only 9% have commercial insurance. Almost 25% have no ability to pay for services. The County ambulance rate increase only affects a very small portion of the ambulance transport business. The Medi-Cal and Medicare rates that were established in 1999 have not been increased. Sixty percent (60%) of IFTs were Medicare patients; 38% were Medi-Cal, and only 1% were commercial insurance.

Mr. Weston also reported that the local hospital association estimates that 47% of residents in Los Angeles County have some type of Medi-Cal product which translates to the ambulance industry being reimbursed for only $126 per transport for 47% of transported patients.

Mr. Druten concluded by requesting the EMSC, the EMS Agency and the Board of Supervisors to support efforts to increase Medi-Cal reimbursement rates. LACAA's concern with this Board Motion is that tying the ambulance rate increases to EMT/paramedic wages is unfair especially for a company that is not contracted to provide 9-1-1 services because these companies receive no practical benefit from any ground emergency ambulance rate increases.

Matt Armstrong, LACAA member, spoke on behalf of MedReach Ambulance and Guardian Ambulance and reiterated that these companies will see zero to minimal benefit in revenue from the ambulance rate increase. The proposed payroll increase through the Ordinance would be unsustainable.

Jimmy Webb, International Association of EMTs and Paramedics, addressed the disparity in wages for EMT and Paramedic first responders who work for minimum wage which is not equivalent to a living wage.

The EMSC requested a copy of Title VII of the Los Angeles County Code of Ordinances and asked if an extension may be requested from the Board for more analysis and perhaps develop a task force to review and make recommendations.

4.6 Interfacility Transports (IFT)
Director Tadeo recommended convening a task force to address IFTs related to critical care transports that need immediate transfer between acute care hospitals. He noted that the utilization of 9-1-1 is negatively impacting the 9-1-1 delivery system. The EMS Agency will canvass provider and hospital representatives for interest in participating on the task force. Commissioners who are interested in participating: Robert Ower, Atilla Uner, Kenneth Powell, Carole Snyder, and Carol Meyer.

4.7 Medical Control Guideline (MCG) Ref. No. 1307.4: EMS and Law Enforcement Co-Response
Nichole Bosson, MD, EMS Agency Assistant Medical Director, reported that in January 2023, the EMS Agency convened a task force comprised of law, fire, and EMS representatives. The goal is to develop a collaborative guidance around the management of the agitated patient. It is also the intent to develop a process for co-response-training to improve the collaborative response of law and EMS responders. Reference No. 1307.4 is a draft Medical Control Guideline (MCG) that is meant to encapsulate some of the best practices and provides a construct to consider for these patients to resolve conflict when EMS believes the patient needs further health evaluation and needs law enforcement assistance, whereas EMS is focused on its duty to the patient and law enforcement has a duty to the public. This difference in perspective is sometimes what drives the conflict.

Commissioner Paul Espinosa will reach out to the LA County Police Chiefs to review MCG 1307.4 and provide feedback and recommendations. The EMS Agency will send the complete MCG Reference No. 1307.4 to Commissioner Espinosa.

5. LEGISLATION

Director Tadeo reported on the following legislation:
AB 1168: This bill is to abrogate the court decision on the City of Oxnard vs. the County of Ventura regarding the City of Oxnard's grandfather rights to operate emergency ambulances. The Courts have ruled that the City of Oxnard does not have grandfather rights. Many revisions have been made to the bill and it is anticipated that it will continue to move forward through the legislative process.

AB 40: APOT reporting. Hospitals continue to oppose this bill. The bill was amended removing the language to developed surge plans as this was redundant with already existing requirements.

AB 379: Addresses APOT response times on standardization requiring EMS agencies to report response times. 9-1-1 response time is also included in this bill but has been relaxed with amendment and would require the local EMS agencies (LEMSA) to report 9-1-1 responses and exclusions if applicable.

EMS Authority (EMSA) Trailer Bill: This bill changes the requirements of the EMS Authority Director from being a licensed physician to an Administrator. The bill also adds a Chief Medical Officer (CMO) position. In concept, this would parallel the organizational structure of most LEMSAs in the State. However, unlike the statutes and regulations for LEMSAs which provide specific medical oversight authority to the LEMSA Medical Director, the current State statutes

and regulations do not provide medical oversight authority for the newly created EMSA CMO. 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 the hospitals. Proposed amended language to address medical oversight issue was submitted but unlikely to be adopted.

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 716: This is tied to AB 1168. These two bills have to be passed together. All counties would be required to publish their ambulance reimbursement rates. This would preclude balance billing which would impact reimbursement. If a non-contracted ambulance company transports a patient, they will be mandated to charge the same rate as a contracted ambulance company. This bill would preclude them from billing or sending to collections a higher rate.
Correction: AB 716 was incorrectly recorded as AB 761 in the May 17, 2023 EMSC Minutes.

6. DIRECTOR'S REPORT

6.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

The EMS Agency formed a workgroup consisting of 9-1-1 providers to explore the feasibility of implementing pilot projects on alternative EMS resource deployment. This is to implement best practices to allow EMS providers optimized tiered dispatching so that the appropriate level of response unit is dispatched commensurate to the condition of the patient.

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
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

Dr. Bosson introduced EMS Fellows, Dr. Jake Toy, who is starting his second year of fellowship, and Dr. Michael Kim, starting his first year. Both are involved in many of the EMS Agency projects. Dr. Bosson provided status updates on the following EMS Agency initiatives:

- PediDOSE: Pediatric study of seizure dosing optimization is ongoing.
- Pedi-PART: The EMS Agency is awaiting funding approval from the National Institute of Health. This study compares supraglottic airway devices (igel in LA County) to bag-mask-ventilation (BMV) for pediatric patients aged one (1) day up to their 18th birthday.
- Cal-ROC SOS: This trial is about post-Return of Spontaneous Circulation (ROSC) bundle of care to prevent rearrest. This will involve multiple EMS agencies across California to launch a collaborative effort to reduce rearrest rates which are currently at about 40%. Rearrests contributes to worse outcomes in patients with cardiac arrest.
- ECMO and ECPR: Enrollment continues for the extracorporeal membrane oxygenation (ECMO) pilot study. Extracorporeal cardiopulmonary resuscitation (ECPR) is another way to address cardiac arrest outcomes, particularly around patients with refractory ventricular fibrillation who are not responsive to conventional

therapy. The EMS Agency will meet with STEMI Receiving Centers in October to further discuss the feasibility and interest in developing additional ECPR centers to bring this therapy option across the County.

- Needle Thoracostomy Safety: Two-fold study, utilization of a ThoraSite device to better identify landmarks for needle thoracostomy placement and partnering with investigators at LA General Medical Center to study outcomes of patients who receive Needle Thoracostomy in LA County.
- Protocol Mobile Application: The EMS Agency has been approved for funding to develop a mobile application for treatment protocols and medical control guidelines. The project is funded through the California Office of Traffic Safety (OTS). The plan is to incorporate the Drug Doses mobile application and develop on-demand online education. Denise Whitfield, MD, EMS Director of Education and Innovation, will be the lead on this project.

7. COMMISSIONERS' COMMENTS / REQUESTS

None.

8. ADJOURNMENT:

Adjournment by Chair Lam at 3:11 PM to the meeting of Wednesday, September 13, 2023. This meeting is being held on the second Wednesday due to multiple calendar conflicts.

Next Meeting: Wednesday, September 13, 2023, 1:00-3:00pm
Emergency Medical Services Agency
10100 Pioneer Boulevard, First Floor Hearing Room
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

August 9, 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	Denise Whitfield, MD
☑	Carole Snyder, RN	EMS Commission	Natalie Greco
☐	Brian Saeki	EMS Commission	Lorrie Perez
☐	Nabila Alam	EMS Commission	Sara Rasnake
☑	Robert Ower, RN	EMS Commission	Denise Watson
☑	Rachel Caffey	Northern Region	Sandy Montero
☑	Jessica Strange	Northern Region	Nnabuike Nwanonenyi
☑	Karyn Robinson	Northern Region, Alternate	Christine Zaiser
☐	Samantha Verga-Gates	Southern Region	Roel Amara
☑	Laurie Donegan	Southern Region	Gerard Waworundeng
☑	Shelly Trites	Southern Region	Hanna Kang
☑	Christine Farnham	Southern Region, Alternate	Ami Boonjaluksa
☐	Ryan Burgess	Western Region	Jennifer Calderon
☑	Travis Fisher	Western Region	Jacqueline Rifenburg
☑	Lauren Spina	Western Region	Roel Amara
☐	Susana Sanchez	Western Region, Alternate	Chris Clare
☑	Erin Munde	Western Region, Alternate	Jake Toy, MD
☑	Laurie Sepke	Eastern Region	Priscilla Romero
☑	Alina Candal	Eastern Region	Andrea Solorio
☑	Jenny Van Slyke	Eastern Region, Alternate	David Wells
☑	Lila Mier	County Region	**Guests**
☑	Emerson Martell	County Region	Gloria Guerra, LACoFD
☑	Yvonne Elizarraraz	County Region	Danielle Ogaz, LACoFD
☐	Antoinette Salas	County Region	Dr. Clayton Kazan, LaCoFD
☑	Shira Schlesinger, MD	Base Hospital Medical Director	Nicole Reid, LACoFD
☐	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				
☑	Melissia Turpin (SMM)	☑	Allison Bozigian (HMN)	☑	Annette Mason (AVH)
☑	Leslie Alberti (QVH)	☑	Melissa Carter (HCH)	☑	Brandon Koulabouth (AMH)
☑	Lorna Mendoza (SFM)				

1. **CALL TO ORDER:** The meeting was called to order at 1:01 by Dr. Erick Cheung, EMS Commissioner.

2. **APPROVAL OF MINUTES**: The meeting minutes for April 12, 2023 and June 7, 2023 were approved as presented

   M/S/C (Trites/Spina)

3. **INTRODUCTIONS/ANNOUNCEMENTS:**

   - Around the room introductions by all BHAC members.

   3.1 Trauma System 40th Anniversary Celebration luncheon hosted by the EMS Agency in partnership with One Legacy will be on November 29, 2023 from 11-2 p.m. Tickets for this event can be purchased on Eventbrite.

   3.2 Collaboration with Stroke Coordinator -The EMS Agency is requesting base hospitals to work with their stroke coordinators and assist in reconciling discrepancies of data that is entered in Get With their Guidelines (GWTG) from the data entered in Base. Stroke volume reports are sent out to the stroke centers monthly.

   3.3 Policy Change Logs- can be accessed on the EMS website. Dates for new policies indicated in red text will hyperlink to the change log and will give a brief description of the change. A memo will be sent out every quarter notifying all personnel with the list of policy changes.

   3.4 PediDose Poster-The EMS Agency is requesting that all base hospitals post the PediDose Poster in prominent areas of the hospital as reminders for EMS to complete the PediDose self-report for all pediatric seizures.

   3.5 Richard Tadeo announced the upcoming retirement of Dr. Marianne Gausche-Hill. The EMS Agency will be hosting a celebration on August 29, 2023, at 2 p.m. and everyone is welcome to join. Dr Bosson has been appointed as her successor.

4. **REPORTS & UPDATES:**

   4.1 EMS Update 2023

   Train the Trainer will occur on August 21 and 23, with morning and afternoon sessions Topics will include professionalism, death notification, administration of tranexamic acid (TXA), blood transfusion monitoring, vector changes for ventricular fibrillation cardiac arrest, and the associated policies.

   4.2 EmergiPress

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

   4.3 ECMO Pilot

   There are four participating hospitals and six provider agencies. There are

currently 120 patients in the database with 30% meeting the inclusion criteria for cannulation. There have been great outcomes with these patients and will continue to track through the end of the year. The EMCO Pilot Program will be shared at the next SRC Advisory meeting for SRCs who want to implement ECMO and looking at options to expand to other SRCs who may not be a 24-hour EPCR Center.

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.

STEM – The projects focusing on the impact of COVID-19 have been completed and the final paper submitted. Looking at the rate of emergent CABG after a PCI with STEMI and the need for the surgical specialty at the SRCSs.

Stroke – Looking at the two-tier system and how centers are meeting their volume requirements and the times for thrombectomy. Exploring how single-tier routing will impact CSC due to increased volume, and if it improves triage accuracy for stroke patients.

Pediatric – A recent abstract was submitted by Dr. Wilhelm looking at pediatric out-of-hospital cardiac arrest. Actively looking at low risk Brief Resolved Unexplained Event (BRUE), patient outcomes, and whether routing should be to EDAP hospitals instead of PMCs.

Trauma – Dr. Whitfield has submitted an abstract for Needle Thoracostomy and will be reaching out to the providers to pilot the needle ThoraSite Device.

Behavioral Health Initiative**-** ad hoc group working on a manuscript outlining the multidisciplinary approach and process maps of what was done in the past and what can be done in the future to address mental health crises.

- Santa Monica Fire Department piloted a Suicide Screening tool and the abstract from the pilot has been submitted. Feedback on the tool was that it was too complex for filed use.

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

PediDOSE is a National Institute of Health-funded study evaluating age-based dosing of midazolam for children with seizures six months – to thirteen years of age. Currently in phase one, the Usual Care Phase. Transition to the Intervention Phase is expected in early 2024.

5. Old Business: None

6. New Business

For Approval

6.1 Ref. No. 516, Cardiac Arrest (Non – Traumatic) Destination

Approved with the recommended changes: Principle 6, add “field” before the word “management”,

M/S/C (Caffey/Sepke)

6.2 Ref. No. 519, Management of Multiple Casualty Incidents (MCI)

Approved with recommendations: Remove II., B.

M/S/C (Sepke/Snyder)

6.3 Ref. No. 817 Regional Mobile Response Teams

Approved as presented

M/S/C (Meyer/Farnham)

6.4 Ref. No. 1114, Hospital EMS Surge Assistance

Approved with recommendations: 1., A Add the:” who” to the sentence “patients who are being managed outside of ED

Clarification: 1., B. and C. are not referring to our APOT policy Ref No. 505.

Recommendations to review the policy Purpose statement

Recommend removing “Hospital” but adding “Regional” to the title of policy from “Hospital EMS Surge Assistance Plan: COVID-19 Response” to “Regional EMS Surge Assistance Plan”

M/S/C (Donegan/Candal)

6.5 Ref. No. 1143, Medical Oversight During an Infectious Disease Surge

Approved as presented

M/S/C(Sepke/Donegan)

<u>For Discussion</u>

6.6 S<u>RC Inclusion Criteria</u>
In reviewing the SRC Inclusion criteria and the challenges of documentation it was discovered that there is a discordance in the provider impression with base and provider agencies. Strategizing together on how to move forward by moving backwards which means the base and the providers should discuss and agree on the provider's impression to ensure appropriate treatment and management of the patient. The discussion and feedback from this group will be brought to PAAC.

6.7 <u>Pedi-PART</u> (Pragmatic Airway Resuscitation Trial) is a randomized study of supraglottic airway (i-gel) versus bag valve ventilation (BVM) for pediatric patients. The study has been funded and will launch in 2024. All pediatric patients up to their eighteenth birthday will be enrolled and randomized even and odd days as to

whether the patient receives bag valve mask ventilation or supraglottic airway. The EMS Agency is one of ten agencies across the nation that will participate in this study. A Pedi-PART workgroup is being developed to assist with obtaining the outcomes for every patient which includes survival, days in the hospital (ICU), and neurological outcomes. The EMS Agency is requesting at least two representatives from the BHAC group to participate.

Informational

6.8 Ref. No. 1201, Assessment
6.9 Ref. No. 1208, Agitated Delirium
6.10 Ref. No. 1208-P Agitated Delirium
6.11 Ref. No. 1210, Cardiac Arrest
6.12 Ref. No. 1210-P, Cardiac Arrest
6.13 Ref. No. 1213-P, Cardiac Dysrhythmia – Tachycardia
Recommendation: Change base contact is required for all cardiac dysrhythmias excluding sinus tachycardia.
6.14 Ref. No. 1217, Pregnancy Complications (Added)
6.15 Ref. No. 1217-P, Pregnancy Complications (Added)
6.16 Ref. No. 1231, Seizure
6.17 Ref. No. 1221-P, Seizure
6.18 Ref. No. 1243 Traumatic Arrest (Added)
6.19 Ref. No. 1234-P, Traumatic Arrest (Added)
6.20 Ref. No.1302, Airway Management and Monitoring
6.21 Ref. No. 1317.9, Drug Reference – Atropine
6.22 Ref. No. 1317.25, Drug Referenced – Midazolam
6.23 Ref. No. 1345, Pain Management
6.24 Ref. No 1350, Pediatric Patients
6.25 Ref. No 1357, Protection Against Potential Communicable Diseases
6.26 Ref. No. 1373, Treatment Protocol Quality Improvement Fallout Data Dictionary
6.27 Ref. No. 644, Base Hospital Documentation Manual 2023
- Summary of Changes

7. Open Discussion

Pediatric Color Code Drug Dose Application: Request that the application be able to calculate a repeat dose e.g., Adenosine, to prevent calculation errors. Currently, the app only calculates the first dose.

Request to remove the additional items from the picklist for I-gel/ suction catheters for the pediatric colors and only add items that are associated with the pediatric color to the picklist for easier reference. The EMS Agency was aware but unable to make the change due to cost but hopes to clean it up when the protocol application come out.

8. NEXT MEETING: October 11, 2023

9. ADJOURNMENT: The meeting was adjourned at 14:52

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

ACCOUNTABILITY: Laura Leyman

EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES
Wednesday, August 16, 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
X	Sean Stokes	Area A *(Rep to Medical Council)*
	Justin Crosson	Area A, Alternate
X	Keith Harter	Area B
	Clayton Kazan, MD	Area B, Alternate
X	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
	Julian Hernandez	Employed Paramedic Coordinator
	Tisha Hamilton	Employed Paramedic Coordinator, Alt
X	Rachel Caffey	Prehospital Care Coordinator
	Jenny Van Slyke	Prehospital Care Coordinator, Alternate
	Pending	Public Sector Paramedic Coordinator
X	Paul Voorhees	Public Sector Paramedic Coordinator, Alt
	Maurice Guillen	Private Sector Paramedic
	Scott Buck	Private Sector Paramedic, Alternate
	Tabitha Cheng, MD	Provider Agency Medical Director
X	Tiffany Abramson, MD	Provider Agency Medical Director, Alt
	Andrew Lara	Private Sector Nurse Staffed Amb Program
X	Jonathan Lopez	Private Sector Nurse Staffed Amb Program,
X	Michael Kaduce	EMT Training Program
	Scott Jaeggi	EMT Training Program, Alternate
	Scott Atkinson	Paramedic Training Program
	David Filipp	Paramedic Training Program, Alternate
X	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	Roel Amara
Jacqueline Rifenburg	Ami Boonjaluksa
Lily Choi	Mark Ferguson
Aldrin Fontela	Natalie Greco
HanNa Kang	Laurie Lee-Brown
Sandra Montero	Nnabuike Nwanonenyi
Lorrie Perez	John Quiroz
Priscilla Romero	Olester Santos
Andrea Solorio	Jake Toy, MD
Gerard Waworundeng	David Wells
Christine Zaiser	Kelsey Wilhelm, MD
Gary Watson	

GUESTS	ORGANIZATION
Marc Cohen, MD	Multi-Agency Medical Director
Dillon Brock	Life-Line Ambulance
Ryan Tulay	Long Beach FD
Kristina Crews	LACoFD
Alfredo Estrada	Montebello FD
Freddy Jimenez	Montebello FD
Paula LaFarge	LACoFD
Erich Ekstedt	Downey FD
Ky Kalousek	LAFD
Dave Molynoux	AM West Ambulance
Sam Dominick, Jr.	La Verne FD
Victor Lemus	Compton FD
Ilse Wogau	LACoFD
Jennifer Breeher	Alhambra FD
Josh Parker	PRN Ambulance
Jessie Castillo	PRN Ambulance
Catherine Borman	Santa Monica FD
Roger Braum	Culver City FD
Jordan Brafman	Center for Prehospital Care
Anthony Hildebrand	Downey FD
Tucker Giandomenico	LACo Sheriff's Department

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

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 EMS Agency's Medical Director *(Richard Tadeo)*

Mr. Tadeo announced the appointment of Dr. Nichole Bosson as the EMS Agency's Medical Director, replacing Marianne Gausche-Hill, MD, upon her retirement at the end of August 2023.

2.2 Committee Membership Change *(Committee Chair)*

Chair welcomed Jonathon Lopez (Premier Ambulance) as the new alternate, representing "Private Sector Nurse Staffed Ambulance Programs"; replacing Gary Cevello.

2.3 Phone Application for Treatment Protocols *(Marianne Gausche-Hill, MD)*

The EMS Agency will be developing an electronic [cellular phone] application that would allow paramedic access to the treatment protocols via their electronic devices. The EMS Agency is seeking four provider agencies to participate in a 1-year trial project. Those interested may contact Gary Watson at gwatson@dhs.lacounty.gov

2.4 Policy Change Log *(Ami Boonjaluksa)*

Demonstration was provided on a new process within the EMS Agency's webpage that allows access to view recent changes to policies within the Prehospital Care Manual.

2.5 TEMIS Data Submission – Version 3.5 *(Richard Tadeo)*

The transition to NEMSIS (Version 3.5) has been postponed to October 1, 2023. As this date approaches, the EMS Agency will be providing more information to the provider agencies.

3. APPROVAL OF MINUTES (Zabilski / Harter) June 21, 2023 minutes were approved as written.

4. REPORTS & UPDATES

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

- This large National Institute of Health (NIH) trial looks at optimizing the dose of midazolam for children with seizures.
- Los Angeles County is currently in the "Usual Care" phase of this trial, which involves paramedic self-reporting only. Issues involving these self-reports were reviewed by Dr. Bosson.
- It is expected that sometime, possibly in early 2024, the EMS Agency will be transitioning to the "Intervention" phase; which is age-based dosing of midazolam for pediatric seizures. Policies will be updated prior to implementation.
- Most likely, education will be rolled out during EMS Update 2024.

4.2 PediPART Trial *(Marianne Gausche-Hill, MD & Nichole Bosson, MD)*

- This NIH-funded and sponsored, randomized trial involves Los Angeles County and nine other EMS Agencies. This trial will look at various emergency medical conditions in which children require an advanced airway; and which airway method is preferred, based on research (Bag-Mask Ventilation [BMV] vs. supraglottic airways). It is expected that this trial may begin in Los Angeles County sometime in late May 2024.
- As Dr. Gausche-Hill retires from the County, she will remain as one of the investigators with this Trial.
- Dr. Bosson requested volunteers to support the operation team during the development and implementation of the PediDOSE and PediPART trials. Those interested may contact Dr. Bosson at nbosson@dhs.lacounty.gov. An email will be sent out to all providers requesting volunteers.

4.3 Data Collaboratives *(Nichole Bosson, MD, Denise Whitfield, MD and Kelsey Wilhelm, MD)*

- No updates from any of the data collaboratives, at this time.
- Ongoing research initiates include:
    - ThoraSite study – involved Culver City FD, Compton FD and Torrance FD personnel and due to favorable results, will soon be moving towards a field pilot.
    - CARES Study results were reviewed (i.e., epinephrine administration times during cardiac arrests); will continue to be monitored and is planned to be part of future education.
    - Data results from the above studies will be presented at the National Association of Emergency Physicians annual conference.

4.4 ECMO Pilot *(Nichole Bosson, MD)*

- There have been 120 patients entered into the pilot's database; with 96 patients meeting the inclusion criteria. Currently, research is showing a 30% survival rate and 100% of these, are showing an improved neurological outcome.
- Patients continue to be enrolled into this pilot.
- Providers interested in participating in the pilot, may contact Dr. Bosson at nbosson@dhs.lacounty.gov

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

Dates to remember:

- Train-the-Trainer sessions are scheduled for: August 21 & 23, 2023
  (Four, half-day sessions: 0900-1200 and 1300-1600 hours on each of the two days)
- Training begins: September 1, 2023
- Completion date: November 30, 2023
- Protocols and policies go into effect: December 1, 2023 or whenever EMS Update is completed (whichever takes place first)
- Content includes: introduction of TXA, monitoring blood products, death notification, policy updates, and professionalism.

4.6 ITAC Update *(Denise Whitfield, MD)*

- Committee met on August 6, 2023 and reviewed two devices:
  - PAWPER length-based resuscitation tape – Committee found that there was insufficient favorable data to recommend use in the prehospital setting.
  - Abdominal Aortic and Junctional Tourniquet-Stabilized (AAJT-S) – Committee continues to research this product.

4.7 EmergiPress *(Denise Whitfield, MD)*

- Next EmergiPress planned to be available in September 2023.

5. UNFINISHED BUSINESS

There is no unfinished business.

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 519, Management of Multiple Casualty Incidents *(Roel Amara)*

Policy reviewed and approved as written.

M/S/C (Zabilski / Stokes) Approve: Reference No. 519, Management of Multiple Casualty Incidents.

6.2 Reference No. 1114, Hospital EMS Surge Assistance Plan *(Nnabuike Nwanonenyi)*

Policy reviewed and approved as written.

M/S/C (Harter / Tucker) Approve: Reference No. 1114, Hospital EMS Surge Assistance Plan.

6.3 Reference No. 1143, Medical Oversight During an Infectious Disease Surge *(Nnabuike Nwanonenyi)*

Policy reviewed and approved with the following recommendation:

- Page 2, Policy II: add the following at the end of paragraph "for authorization from MOD."

M/S/C (Tucker / Harter) Approve: Reference No. 1143, Medical Oversight During an Infectious Disease Surge, with the above recommendation.

Topics/Policies for Discussion; No Action Required:

6.4 ALS Skills Verification *(Denise Whitfield, MD)*

- The EMS Agency is looking to integrate paramedic skills into provider's educational sessions. A list of these skills was provided to Committee through the agenda packet.
- Verification of skill completion would be incorporated into future annual paramedic program reviews.
- The EMS Agency requested provider assistance in the development of a workgroup to address the development of these skill sheets and competency validation. An email will be sent to all providers, requesting feedback and participation.

The following policies were reviewed and presented as information only:
(Drs. Marianne Gausche-Hill, Nichole Bosson, and Denise Whitfield)

6.5 Reference No. 1201, Treatment Protocol: Assessment
6.6 Reference No. 1208, TP: Agitated Delirium
6.7 Reference No. 1208-P, TP: Agitated Delirium (Pediatric)
6.8 Reference No. 1210, TP: Cardiac Arrest
6.9 Reference No. 1210-P, TP: Cardiac Arrest (Pediatric)
6.10 Reference No. 1213-P, TP: Cardiac Dysrhythmia – Tachycardia (Pediatric)
6.11 Reference No. 1217, TP: Pregnancy Complication
6.12 Reference No. 1217-P, TP: Pregnancy Complication
6.13 Reference No. 1231, TP: Seizure
6.14 Reference No. 1231-P, TP: Seizure (Pediatric)
6.15 Reference No. 1243, TP: Traumatic Arrest
6.16 Reference No. 1243, TP: Traumatic Arrest (Pediatric)
6.17 Reference No. 1302, Medical Control Guideline: Airway Management and Monitoring
6.18 Reference No. 1317.9, MCG: Drug Reference – Atropine
6.19 Reference No. 1317.25, MCG: Drug Reference – Midazolam
6.20 Reference No. 1345, MCG: Pain Management
6.21 Reference No. 1350, MCG: Pediatric Patients
6.22 Reference No. 1357, MCG: Protection Against Potential Communicable Diseases

7. OPEN DISCUSSION

7.1 ReddiNet Screen Update, Veteran Affairs (VA) *(John Quiroz & Olester Santos, Medical Alert Center)*

- A demonstration of the ReddiNet system was provided to identify the diversion status of non-911 receiving hospitals (example: Veteran Affairs facilities). In particular, the hospital's ED diversion status was identified.
- Providers (public and private) are reminded to view the hospital's diversion status on ReddiNet prior to transport, to ensure the hospital is not on diversion. Those providers without ReddiNet access, may contact the Medical Alert Center for assistance in this identification.

7.2 Provider Impression Discordance *(Nichole Bosson, MD)*

Lengthy discussion on the need to reduce discordance between paramedic Provider Impressions (PI) and base hospital PI; the goal is to ensure that paramedic and base hospital PIs are equivalent.

7.3 Transmitting Electro-Cardiograms to the STEMI-Receiving Centers *(Ami Boonjaluksa)*

Providers were reminded that when transporting a STEMI patient to an SRC, the 12-Lead ECG must be transmitted to the receiving SRC and not the base hospital.

7.4 Well Wishes to Marianne Gausche-Hill, MD During Retirement *(Doug Zabilski)*

At the conclusion of this meeting, Dr. Gausche-Hill received a *standing ovation* from the Committee and attendees, in appreciation for her leadership, dedication and service to the Committee, EMS providers, and the Nationwide EMS community .

- *Definition: "Standing ovation is a form of applause where members of a seated audience stand up while applauding after extraordinary performances of particularly high acclaim."* Wikipedia

Dr. Gausche-Hill responded graciously by stating that it has been an "honor to serve and work with everyone".

8. NEXT MEETING - October 18, 2023

9. ADJOURNMENT - Meeting adjourned at 2:57 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(PARAMEDIC, MICN)

SUBJECT: **CARDIAC ARREST (NON-TRAUMATIC) PATIENT DESTINATION**

REFERENCE NO. 516

PURPOSE: To ensure that 9-1-1 patients in cardiopulmonary arrest (non-traumatic) are transported to the most appropriate facility that is staffed, equipped, and prepared to perform resuscitative measures.

This policy does not apply to traumatic arrest or to decompression emergencies. For traumatic arrest, refer to Ref. No. 506, Trauma Triage. For decompression emergencies, refer to Ref. No. 518, Decompression Emergencies/Patient Destination.

AUTHORITY: Health & Safety Code, Division 2.5, Sections, 1798

DEFINITIONS:

Cardiac Etiology: Sudden cardiac death from ischemic heart disease, congenital heart disease, channelopathy, or dysrhythmia. One presumes cardiac etiology when it is a sudden event without evidence of alternate causes (e.g. trauma, terminal illness, overdose, sepsis, drowning, or respiratory arrest).

Return of Spontaneous Circulation (ROSC): The restoration of a spontaneous perfusing rhythm. Signs of ROSC include: palpable pulse, breathing (more than an occasional gasp), a measurable blood pressure and/or a sudden rise in capnography to a normal/high reading.

ST-Elevation Myocardial Infarction (STEMI): An acute myocardial infarction that generates ST-segment elevation on the prehospital 12-lead electrocardiogram (ECG).

STEMI Receiving Center (SRC): An acute care facility licensed for a cardiac catheterization laboratory and cardiovascular surgery by the California Department of Public Health and designated by the Los Angeles County EMS Agency as a SRC.

PRINCIPLE:

1. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.

2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.

3. Resuscitation efforts for patients greater than 14 years of age who are in non-traumatic cardiopulmonary arrest should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged with the

APPROVED: _____ _____

Director, EMS Agency | Medical Director, EMS Agency

exception of patients who qualify for ECMO transported on a mechanical compression device by an approved provider agency.

4. For cardiac arrest in patients age 14 and younger, refer to Ref. No. 510, Pediatric Patient Destination.

5. Patients with refractory ventricular fibrillation (3 or more shocks) or EMS witnessed arrests of presumed cardiac etiology may benefit from transport to the SRC for consideration of percutaneous coronary intervention despite prolonged resuscitation.

6. Patients in cardiac arrest with hanging or submersion mechanisms are asphyxial in the large majority of cases and should be considered a medical cardiac arrest for field management and transport destination unless there is strong evidence of cervical spine injury (e.g., drop in height from hanging is equal to or greater than the victim's height, shallow-water dive associated with significant head and/or neck trauma, etc.).

POLICY:

I. Establish base hospital contact for medical direction for all cardiac arrest patients who do not meet criteria for determination of death per Ref. No. 814, Determination/Pronouncement of Death in the Field.

II. For patients with STEMI and ROSC, direct contact with the receiving SRC shall be established for patient notification and/or to discuss cath lab activation criteria.

III. Patients with non-traumatic cardiac arrest shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries including:

   A. Patients with sustained ROSC

   B. Patients with ROSC who re-arrest en route

   C. Patients with persistent cardiac arrest for whom the Base Physician determines transport is required, because futility is not met despite lack of ROSC with on scene resuscitation

   D. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.

IV. Cardiac arrest patients who meet SRC transportation criteria should be transported to the most accessible SRC regardless of **ED Diversion** status.

V. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.

VI. If the closest SRC has requested **SRC Diversion** (as per Ref. No. 503), cardiac arrest patients who meet SRC transportation criteria should be transported to the **next** most accessible **open** SRC if ground transport time is less than 30 minutes.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 501, **Hospital Directory**
Ref. No. 502, **Patient Destination**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Units**
Ref. No. 506, **Trauma Triage**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 517, **Private Provider Agency Transport/Response Guidelines**
Ref. No. 518, **Decompression Emergencies/Patient Destination**
Ref. No. 814, **Determination/Pronouncement of Death in the Field**
Ref. No. 1210, **Cardiac Arrest**
Ref. No. 1303, **Algorithm for Cath Lab Activation**
Ref. No. 1308, **Cardiac Monitoring/12-Lead ECG**

Reference No. 516, Cardiac Arrest (Non-Traumatic) Destination

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	6/21/2023	6/21/2023	No
	Base Hospital Advisory Committee	6/7/2023 8/9/2023	8/9/2023	Yes
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. 516, Cardiac Arrest (Non-Traumatic) Destination

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Principle, 6.	BHAC 08/07/2023	Add ‘field’ before management	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **MANAGEMENT OF MULTIPLE CASUALTY INCIDENTS**

REFERENCE NO. 519

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

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

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

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

PRINCIPLES:

1. The Incident Command System (ICS) should be utilized at all MCI's.

2. Terminology is standardized.

3. Expedient and accurate documentation is essential.

4. The MAC is equipped to communicate with multiple receiving facilities simultaneously and can rapidly assess system wide emergency department bed status, hospital, and ambulance resources.

5. Request for hospital diversion status should be considered when determining patient destination; however, if appropriate, patients may be directed to hospitals requesting diversion (Exception: Internal Disaster).

6. Patients requiring Advanced Life Support (ALS) treatment or procedures should be transported by paramedics whenever possible; however, these patients may be transported by Basic Life Support (BLS) units based on available resources during the MCI. BLS units may transport to other than the Most Accessible Receiving (MAR) facility if the patient meets specialty care center criteria and based on available system resources.

7. The EMS Agency will facilitate a post-incident debriefing of large scale incidents to include all affected agencies.

8. To maintain system readiness, provider agencies, hospitals, MAC, and other disaster response teams should carry out regularly scheduled MCI, disaster drills, and monthly VMED28 radio checks.

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

9. On any MCI in which the need for air transport is identified, early notification to air operations providers is essential in order to ensure rapid access to medical care and preserve life. Air transport should be reserved for immediate patients whose transport destination is greater than can be achieved quickly by available ground ambulances.

POLICY:

I. Role of the Provider Agency

A. Institute ICS as necessary.

B. Implement MCI Triage Guidelines (modified START & Jump START) as necessary (see Ref. No. 519.2, MCI Triage Guidelines).

C. Establish early communication with the:

1. MAC (via VMED28 when possible) to support incident management;

2. Base hospital, if indicated, for the purpose of medical direction and/or patient destination.

D. If the need for additional ALS and/or BLS transport units exceeds the jurisdictional provider agency's capability, additional transport resources may be requested by the jurisdictional dispatch center or the Fire Operational Area Coordinator (FOAC) as per Ref. No. 519.3, Multiple Casualty Incident Transportation Management.

E. Request hospital based medical resources (i.e., HERT) from the MAC as outlined in Ref. No. 817, Regional Mobile Response Team if necessary.

F. Provide the following scene information to the MAC:

1. Nature of incident

2. Location of incident

3. Medical Communications Coordinator (Med Com) provider unit and agency

4. Agency in charge of incident

5. Total number of estimated immediate, delayed, minor and deceased patients. If indicated, include total number and category of pediatric patients

6. Nearest receiving facilities including trauma centers, PMCs, PTCs, and EDAPs

7. Transporting provider, unit number, and destination

8. Type of hazardous material, contamination, level of decontamination completed, if indicated

9. Name of law enforcement agency on scene if involved in patient care and/or transportation

G. Document the following patient information on the appropriate Patient Care Record:

1. Patient name

2. Chief complaint

3. Triage category

4. Mechanism of injury

5. Age

6. Sex

7. Brief patient assessment

8. Brief description of treatment provided

9. Sequence number

10. Transporting provider, unit number, and destination

H. Reassess situational status to identify available resources and resource needs. If the anticipated resource needs exceed available local and mutual aid resources, contact the FOAC. Additional resources beyond the operational area shall be requested through the Regional Disaster Medical and Health Coordinator (RDMHC) via the MAC.

C. Whenever departmental resources allow, the EMS provider agency should consider assigning a provider agency representative to report to the MAC to assist with communications and coordination of patient destination.

II. Role of the MAC

A. Provide prehospital care personnel with emergency department bed availability and diversion status as indicated by the ReddiNet poll.

B. Arrange for additional ambulance transport units as requested by the FOAC or RDMHC.

C. Coordinate activation of Regional Mobile Response Teams as requested.

D. Coordinate Air ambulance resources.

E. Notify receiving facilities of incoming patients immediately via the ReddiNet®.

F. Document, under the authority of the EMS Administrator on Duty (AOD) lifting of trauma catchment and service areas.

G. Maintain an “open MCI victim list” via the ReddiNet® for 72 hours.

H. Complete a written report to include a summary of the incident and final disposition of all patients involved as indicated.

I. Notify the EMS AOD and Medical Officer on Duty (MOD) per MAC policies and procedures.

J. The EMS Agency, as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles, will assess the situational status and evaluate available resources and resource needs. If the anticipated resource needs exceed the available resources the EMS Agency, via its role as the RDMHC, will request resources from surrounding counties.

K. Maintain an EMS provider agency Medical/Health Resource Directory and assist EMS providers with MCI resource management when requested.

III. Role of the Base Hospital

A. Provide EMS personnel with emergency department bed availability and diversion status.

B. Assist EMS personnel as needed with patient destination.

C. Provide medical direction as needed.

D. Notify receiving facilities of incoming patients.

IV. Role of the Receiving Facility

A. Provide the MAC or base hospital with emergency department bed availability upon request.

B. Trauma Centers are automatically designated to accept 20 Immediate patients (adult and pediatric) from MCIs, if needed MAC will distribute patients systemwide based on the incident.

C. When activated by the EMS Agency, Burn Resource Centers (BRC) can accept up to 20 critically burned patients (includes both adult and pediatric).

D. Accept MCI patients as directed by the MAC or base hospital.

E. Monitor the VMED 28 and ReddiNet®.

F. Provide the MAC or base hospital with patient disposition information, sequence numbers, and/or triage tags when requested and enter information into the ReddiNet®.

G. Maintain the "Receiving Facility" copy of the Patient Care Record and/or triage tag as part of the patient's medical record.

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

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

CROSS REFERENCE:

Prehospital Care Manual:

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

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

Reference No. 519, Management of Multiple Casualty Incidents

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	8/15/2023	8/15/2023	No
	Base Hospital Advisory Committee	8/9/2023	8/9/2023	Yes
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. 519, Management of Multiple Casualty Incidents

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy II.B	BHAC 08/07/2023	Delete II.B	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITAL)

SUBJECT: **DISASTER RESOURCE CENTER (DRC) DESIGNATION, ACTIVATION, AND,MOBILIZATION OF EQUIPMENT** REFERENCE NO. 1102

PURPOSE: To define the role of the Disaster Resource Center (DRC) in Los Angeles County emergency medical services system and to provide guidelines for the activation and mobilization of DRC resources during disasters.

AUTHORITY: Public Health Services Act, 42 U.S.C.247d, Section 319, Public Health and Social Security Emergency Funds
Emergency Supplemental Appropriations for Recovery Form and Response to Terrorist Attacks on the United States Act, 2002, Public Law 107-117
Hospital Preparedness Program (HPP) Specialty Care Center Designation (SCCD) Master Agreement (HPP Exhibit)
California Code of Regulations Title 22 (22 CCR), §70805

DEFINITION:

Disaster Resource Center (DRC): Is one of a limited number of volunteer hospitals that are responsible for developing plans, relationships, and procedures to enhance hospital surge capacity for responding to a terrorist/disaster event in a geographical area. A DRC shall:

- Be licensed by the State Department of Health Services as a general acute care hospital.
- Have a special permit for basic or comprehensive emergency medicine service.
- Be designated by the Emergency Medical Services (EMS) Agency upon execution of the HPP Exhibit.

PRINCIPLES:

1. As a recipient of the (HPP) Grant, the County of Los Angeles must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies. The DRC program was developed to enhance surge capacity through:

    a. The provision of ventilators, pharmaceuticals, medical/surgical supplies, and large tent shelters to provide treatment to victims of a terrorist event, natural disaster, or other public health emergency.

    b. Hospital planning and coordination in a geographical area regarding the use of non-hospital space to shelter and treat mass casualties, and incorporate the role of local community health centers, clinics, and other healthcare partners.

2. Any or all DRC resources may be deployed to care for disaster victims when the local healthcare system is overwhelmed. The use and deployment of DRC resources to the

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

field and/or local hospitals shall be under the direction of the EMS Agency as the Medical and Health Operational Area Coordinator (MHOAC) for the County of Los Angeles.

3. If any or all of the DRC equipment and supplies are needed outside of the DRC's geographical area, the EMS Agency will coordinate the necessary transportation ensuring delivery to the impacted area.

4. Each DRC is responsible for having and maintaining the pharmaceutical cache and medical/surgical cache in a constant state of readiness. Replacement of the outdated items is the responsibility of each DRC.

5. The County of Los Angeles has designated the following thirteen (13) hospitals as DRCs:

   A. Cedars Sinai Medical Center

   B. Children's Hospital Los Angeles

   C. Dignity Health- California Hospital Medical Center

   D. Dignity Health- Saint Mary Medical Center

   E. Harbor-UCLA Medical Center

   F. Henry Mayo Newhall Hospital

   G. Kaiser Foundation Hospital- Los Angeles

   H. Los Angeles General Medical Center

   I. MemorialCare Long Beach Medical Center

   J. PIH Health Whittier Hospital

   K. Pomona Valley Hospital Medical Center

   L. Providence Saint Joseph Medical Center

   M. Ronald Reagan UCLA Medical Center

POLICY:

I. DRC Responsibilities:

   A. Identify a hospital DRC Coordinator who shall be responsible for the functions of the DRC and serve as a liaison by maintaining effective lines of communication with DRC personnel, the local EMS Agency, assigned umbrella hospitals, local clinics, EMS provider agencies, and other healthcare entities.

   B. Establish plans and/or procedures for the use of equipment and ensure appropriate instructions are provided.

C. Maintain ongoing participation with community wide planning activities, to include collaboration with other hospitals, clinics, and EMS provider agencies within geographical area. Planning will have an emphasis on responding to mass casualty events.

D. Other provisions set forth in the HPP Exhibit.

II. DRC Supplies and Equipment

A. Support equipment as indicated in Ref. No. 1102. 2, DRC Equipment Checklist.

B. Local Pharmaceutical cache as indicated in Ref. No. 1106.1, LPC Inventory and Checklist for Items Deployed

C. Medical/Surgical Supply cache as indicated in Ref. No. 1107.1, M/SS Cache Inventory and Checklist for Items Deployed

D. At least one EMS and one hospital CHEMPACK as indicated in Ref. No. 1108.1, CHEMPACK Inventory List.

E. Other provisions set forth in the HPP Exhibit.

III. Activation and Mobilization of DRC resources

A. Activation- in support of expanding capability at the DRC

a. Requests for the activation of DRC resources shall be made to the County by contacting the EMS Agency's Medical Alert Center or Medical Coordination Center (MCC) via the ReddiNet or by telephone at (866)940-4401. Hospital administration of the DRC and the EMS Agency will work collaboratively to accommodate the request.

b. The DRC shall:

a. Ensure any equipment set-up is approved by local fire authority and Licensing and Certification district office.

b. When additional medical resources are needed from the County to support medical operations, submit a Resource Request via ReddiNet. If ReddiNet is not available, use the Resource Request Medical and Health form https://file.lacounty.gov/SDSInter/dhs/243593_FRM-ResourceRequestMedicalandHealth-20140814.xlsx and fax to (562) 906-4300

B. Mobilization-in support of expanding capability outside of the DRC

Requests for mobilization of DRC resources by a requesting hospital/entity (recipient) shall be made to the County by contacting the EMS Agency's

Medical Alert Center or Medical Coordination Center (MCC) via the ReddiNet or by telephone at (866) 940-4401

1. The EMS Agency shall:

    a. Approve or deny the request

    b. If approved, authorized the DRC to release equipment/supplies to receipt

    c. Assist with recovery of assets, if needed

2. The DRC shall:

    a. Receive a list of requested supplies and equipment from the EMS agency that are authorized for mobilization to the recipient.

    b. Coordinate mobilization logistics with the recipient

        a. Date
        b. Time
        c. Location
        d. Contact information

    c. Prepare the requested supplies and equipment for mobilization.

    d. Obtain a facility or government issued photo identification with their name from the recipient; and

    e. Maintain documentation related to deployment and recovery (Ref. No. 1102.3).

    f. Recover equipment/supplies from recipient

    g. Contact the EMS Agency if problems arise with recovery

3. Recipient shall:

    a. Coordinate mobilization logistics with the DRC

    b. Upon arrival at the designated location contact DRC POC; and

    c. Provide a facility or government issued photo identification with their name to the DRC POC; and

    d. Sign the required form(s) (Ref. No. 1102.3) acknowledging the receipt of the supplies and equipment.

    e. Return equipment when no longer needed in the condition it was received and return supplies once able to procure.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 1102.2, **DRC Equipment Checklist**
Ref. No. 1102.3**,** **DRC Equipment/Supplies Release Agreement**
Ref. No. 1106.1, **LPC Inventory and Checklist for Items Deployed**
Ref. No. 1107.1, **M/SS Cache Inventory and Checklist for Items Deployed**
Ref. No. 1108.1, **Chempack Inventory List**

POLICY REVIEW – COMMITTEE ASSIGNMENT REFERENCE NO. 1102
(ATTACHMENT A)

REFERENCE NO. 1102, DRC

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	Data Advisory Committee			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Coalition Advisory Committee	6/1/2023	6/1/2023	Y
	Other: DRC Coordinators'	6/25/2022	8/17/2022 10/17/2022	Y

Policy Review - Summary of Comments: Name change from PIH Health Hospital Whittier to PIH Health Whittier Hospital

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

REFERENCE NO. 1102, **DISASTER RESOURCE CENTER (DRC) DESIGNATION, ACTIVATION, AND,MOBILIZATION OF EQUIPMENT**

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	*(example: BHAC 2-14-23)*	*(example: Change the wording to "Law enforcement operation e.g. active shooter, bomb threat, hostage situation")*	*(example: Change made)*
Principles 2	DRC 12/21/2022	Change the wording to " all or any DRC resources may"	Change made
Principles 5	DCAC 6/1/2023	Change the wording to "Los Angeles General Medical Center"	Change made
Principles 5	DRC 8/16/2022	Change the wording to "PIH Health Whittier"	Change made
Policy I. B	DRC 8/16/2022	Change the wording to ""Establish plans and/or procedures for the use of equipment and ensure appropriate instructions are provided."	Change made
Policy II. A	DRC 8/16/2022	Change the wording to" Support equipment as indicated in Ref. No. 1102. 2, DRC Equipment Checklist"	Change made
Policy II. B	DRC 8/16/2022	Change the wording to" Local Pharmaceutical cache as indicated in Ref. No.1106.1,LPC Inventory and Checklist for Items Deployed"	Change made
Policy II. C	DRC 8/16/2022	Change the wording to" Medical/Surgical Supply cache as indicated in Ref. No. 1107.1, M/SS Cache Inventory and Checklist for Items Deployed"	Change made
Policy II. D	DRC 8/16/2022	Change the wording to" At least one EMS and one hospital CHEMPACK as indicated in Ref. No. 1108.1, CHEMPACK Inventory List"	Change made
Policy III. A	DRC 8/16/2022	Change the wording to" Activation- in support of expanding capability at the DRC"	Change made
Policy III. A. a	DRC 8/16/2022	Change the wording to" Requests for the activation of DRC resources shall be made to the County by contacting the EMS Agency's Medical Alert Center or Medical Coordination Center (MCC) via the	Change made

		ReddiNet or by telephone at (866)940-4401. Hospital administration of the DRC and the EMS Agency will work collaboratively to accommodate the request"	
Policy III. A. b	DRC 8/16/2022	Change the wording to" The DRC shall:"	Change made
Policy III. A. b. a	DRC 8/16/2022	Change the wording to" Ensure any equipment set-up is approved by local fire authority and Licensing and Certification district office"	Change made
Policy III. A. b. b.	DRC 8/16/2022	Change the wording to" When additional medical resources are needed from the County to support medical operations, submit a Resource Request via ReddiNet. If ReddiNet is not available, use the Resource Request Medical and Health form and fax to (562) 906-4300 "	Change made
Policy III. B	DRC 8/16/2022	Change the wording to" Mobilization- in support of expanding capability outside of the DRC"	Change made
Policy III. B	DRC 8/16/2022	Change the wording to" Requests for mobilization of DRC resources by a requesting hospital/entity (recipient) shall be made to the County by contacting the EMS Agency's Medical Alert Center or Medical Coordination Center (MCC) via the ReddiNet or by telephone at (866) 940-4401"	Change made
Policy III. B 1	DRC 8/16/2022	Change the wording to" The EMS Agency shall:"	Change made
Policy III. B. 1 a	DRC 8/16/2022	Change the wording to" Approve or deny the request"	Change made
Policy III. B 1 b	DRC 8/16/2022 10/17/2022	Change the wording to" If approved, authorized the DRC to release equipment/supplies to receipt"	Change made
Policy III. B 1 c	DRC 8/16/2022 10/17/2022	Change the wording to" Assist with recovery of assets, if needed"	Change made
Policy III. B 2	DRC 8/16/2022	Change the wording to" The DRC	Change made

	10/17/2022	shall:"	
Policy III. B 2 a	DRC 8/16/2022 10/17/2022	Change the wording to " Receive a list of requested supplies and equipment from the EMS agency that are authorized for mobilization to the recipient."	Change made
Policy III. B 2 b	DRC 8/16/2022 10/17/2022	Change the wording to "Coordinate mobilization logistics with the recipient a. Date b. Time c. Location d. Contact information"	Change made
Policy III. B 2 c	DRC 8/16/2022 10/17/2022	Change the wording to "Prepare the requested supplies and equipment for mobilization."	Change made
Policy III. B 2 d	DRC 8/16/2022 10/17/2022	Change the wording to "Obtain a facility or government issued photo identification with their name from the recipient; and	Change made
Policy III. B 2 e	DRC 8/16/2022 10/17/2022	Change the wording to "Maintain documentation related to deployment and recovery (Ref. No. 1102.3)."	Change made
Policy III. B 2 f	DRC 8/16/2022 10/17/2022	Change the wording to "Recover equipment/supplies from recipient"	Change made
Policy III. B 2 g	DRC 8/16/2022 10/17/2022	Change the wording to "Contact the EMS Agency if problems arise with recovery"	Change made
Policy III. B 3	DRC 8/16/2022 10/17/2022	Added the words "Recipient shall:"	Change made
Policy III. B 3 a	DRC 10/17/2022	Added the words "Coordinate mobilization logistics with the DRC"	Change made
Policy III. B 3 b	DRC 8/16/2022 10/17/2022	Added the words "Upon arrival at the designated location contact DRC POC; and"	Change made
Policy III. B 3 c	DRC 8/16/2022 10/17/2022	Added the words "Provide a facility or government issued photo identification with their name to the DRC POC; and"	Change made
Policy III. B 3 d	DRC 8/16/2022 10/17/2022	Added the words "Sign the required form(s) (Ref. No. 1102.3) acknowledging the receipt of the supplies and equipment."	Change made
Policy III. B 3 e	DRC 8/16/2022	Added the words "Return	Change made

	10/17/2022	equipment when no longer needed in the condition it was received and return supplies once able to procure.”	

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(HOSPITALS / EMS PROVIDERS)

SUBJECT: **REGIONAL EMS SURGE ASSISTANCE PLAN** REFERENCE NO. 1114

PURPOSE: To manage 9-1-1 ambulance resources during periods of prolonged ambulance patient offload delays at hospital emergency department (EDs) due to regional influx of patients, beyond day-to-day capacity, by coordinating resources through a regional EMS/Fire Department Response Framework.

AUTHORITY: Health & Safety Code, Division 5, Sections 1797.220, 1798
Title 22, California Code of Regulations, Section 100170 (a)(5)

DEFINITIONS:

Administrator on Duty (AOD): Designated administrator of the hospital or Emergency Medical Services (EMS) Agency.

Ambulance Receiving Spaces (ARS): These are temporary designated areas outside the hospital's emergency ambulance entrance, often created by the use of tents, canopies or other overhead structures.

Coordinating Dispatch Center: The Dispatch Center in which the EMS Provider Agency Representative (AREP) is assigned.

EMS Provider Agency Representative (AREP): The designated representative of an EMS Provider Agency who is responsible for coordinating staffing, resources, and patient flow into the ARS in partnership with the Hospital EMS Triage Officer

EMTALA: Emergency Medical Treatment and Active Labor Act.

Hospital EMS Triage Officer: A registered nurse, Advanced Practitioner or ~~MD~~ physician designated by the hospital to evaluate patients on arrival and to act as liaison between the ED staff and the EMS providers in the ARS.

Medical Alert Center (MAC): Department of Health Services**,** EMS Agency disaster coordination communication center.

Medical Officer on Duty (MOD): Designated medical officer of the EMS Agency.

PRINCIPLES:

1. Hospital EMS Surge Assistance Plan will be implemented as a coordinated system directed by the Los Angeles County Emergency Medical Services (EMS) Agency and the local EMS provider agency working with the impacted hospital.

2. The purpose of the ARS is to enable ALS and BLS emergency transport ambulances to return to service as soon as possible.

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

3. The ARS does not remove EMTALA responsibility; it is intended to minimize the effects of the patient surge on the EMS system.

4. While EMS personnel may assist with monitoring patients in the ARS, patient care in the ARS is the responsibility of the hospital.

5. The ED attending physician and charge nurse must initiate a plan for appropriate triage and care of all patients in the ARS.

6. The hospital AOD shall be notified by the ED attending or ED charge nurse when the Hospital EMS Surge Assistance Plan is implemented.

7. The AREP coordinates all EMS resources in the ARS and determines when EMS personnel are no longer needed for monitoring.

8. Each EMT and Paramedic may observe up to 4 patients in the ARS. EMTs and Paramedics will provide care, as per their scope of practice.

9. The ARS EMT or Paramedic observing patients in the ARS shall immediately notify the Hospital EMS Triage Officer if any patient shows signs of deterioration.

I. CRITERIA FOR IMPLEMENTATION OF HOSPITAL EMS SURGE ASSISTANCE PLAN:

A. All available patient treatment areas, including hallways, within the ED are fully occupied and ambulance patients are being managed outside of the ED, and;

B. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour ***or;***

C. Three (3) or more Immediate patients are being managed by EMS personnel in ambulances waiting to be triaged by emergency department (ED) personnel.

II. PROCEDURE FOR IMPLEMENTATION:

A. Hospital ED personnel or EMS Provider Agency personnel will contact the Los Angeles County EMS Agency's Medical Alert Center (MAC) when the Criteria for Implementation are met (Section I).

B. MAC will contact the EMS Agency AOD and MOD who will assess and determine the need for implementation as well as the need to divert ALS and/or BLS patients to other facilities. Upon approval from the AOD/MOD, the MAC shall notify the Coordinating Dispatch Center that the Hospital EMS Surge Assistance Plan should be implemented.

C. The MAC will coordinate communication between EMS Agency AOD/MOD and the EMS Provider AREP to discuss deployment to the hospital.

D. The AREP will respond to the hospital.

E. The AREP will communicate with the ED Attending physician on duty, the ED charge nurse and/or the hospital AOD.

F. If prolonged ambulance patient offload time (e.g., > 2 hours) is anticipated, the EMS Provider AREP will notify their Dispatch Center for EMS Patient Surge assistance.

G. The AREP will coordinate with EMS ambulance crews on scene to allow for monitoring of multiple patients based on available resources; the following strategies may be employed:

1. One EMS crew on scene will be designated to remain in the ARS to observe patients and communicate with the Hospital EMS Triage Officer. Departing EMS crews will provide information on patient status to remaining EMS providers in the ARS and the Hospital EMS Triage Officer.

2. If additional EMS resources are needed, the AREP will notify their respective Dispatch Centers and request for additional resources (e.g., Battalion Chief, engine, truck, and ambulances)

3. The EMS Provider AREP will coordinate with the MAC and the EMS Agency MOD to assist in ambulance triage, and to screen ambulance traffic for possible diversion to less impacted hospitals.

H. The hospital shall designate and deploy a Hospital EMS Triage Officer who will coordinate with the AREP for the offload and monitoring of patients by EMS personnel.

1. The role of the Hospital EMS Triage Officer is to ensure that patients are entered into the hospital's electronic medical record (eMR), assist EMS personnel in directing units, and communicating directly with the ED charge nurse for patients that require an immediate life or limb saving intervention.

2. Unless otherwise designated, the Hospital EMS Triage Officer shall not be assigned direct patient care responsibilities within the ED and there shall be no ratio of patients for this position.

I. Hospital shall identify an ambulance receiving space (ARS).

1. These spaces need to be supplied with chairs, stretchers or cots, blankets, oxygen tanks, and medical supplies/equipment as available.

2. Ideally the ARS should be a tent with climate control and separate spaces for suspected infectious patients, and those that have other complaints. If a tent is not available, EZ-Ups may be used. If no shelter is available, then tarps may be deployed.

3. These items should be procured from local vendors or from the hospital disaster caches. If unable to procure, submit a resource request to the EMS Agency as some items may be obtained from the Disaster Resource Center cache, or the EMS Agency Disaster cache.

4. The hospital will provide a means to communicate with the Hospital EMS Triage Officer and the AREP and EMS crew in the ARS (e.g., walkie/talkie or cell phone).

J. Patients arriving via ambulance shall be categorized as:

a. ~~Morgue~~ Expectant – Patients arriving at the hospital shall be immediately assessed for prognosis and futility of effort. If futility is determined, resuscitation shall be terminated. Expectant patients shall be received by the hospital and captured in the hospital eMR. The decedent shall not be transferred to an ED treatment station but rather transported to the hospital morgue in order to release the ambulance crew back into service.

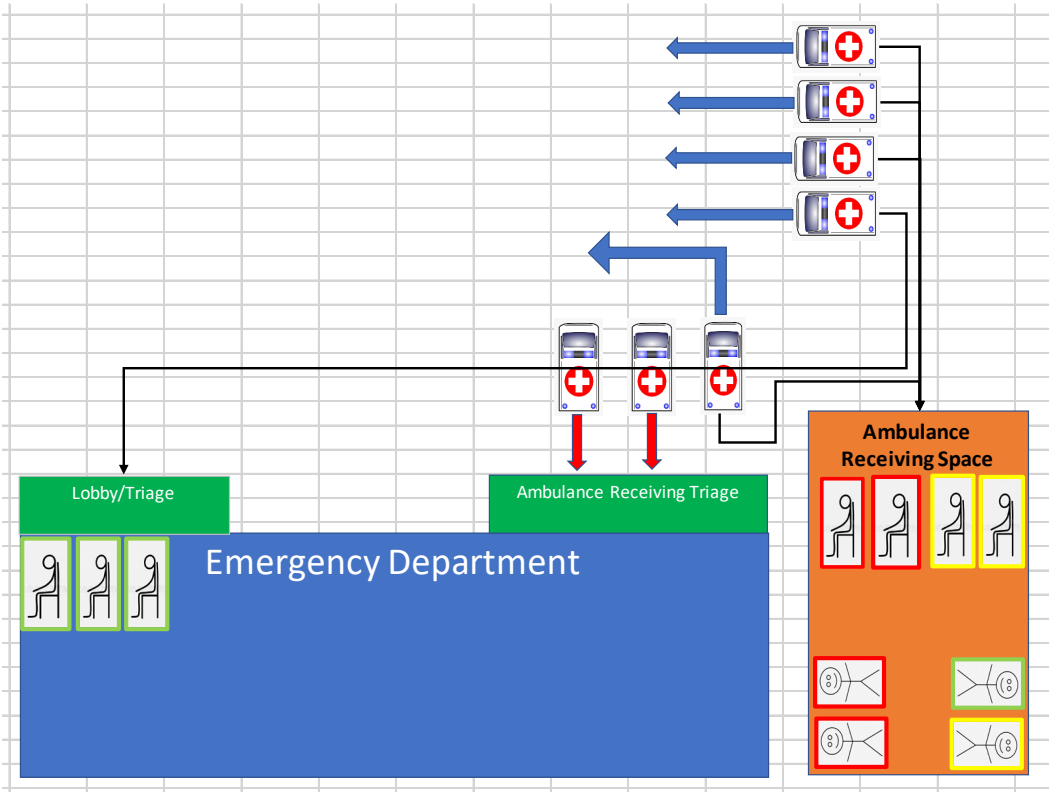
b. **Immediate (red)** – These are patients who exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed within 1 hour. These patients require rapid assessment and medical intervention. The hospital EMS Triage Officer shall notify the Charge Nurse upon the arrival of an immediate patient. Patients in this category shall be given priority to offload to an ED treatment station when available. In the absence of an available ED treatment station, these patients shall be offloaded in the ARS or assigned an ambulance parking space closest to the hospital EMS Triage Officer. In this situation, the ambulance back doors should remain open so patients may be directly observed. Immediate patients shall further be categorized to ensure that the most gravely ill is assigned a place closest to the ED ambulance entrance for transport into the ED as soon as directed by the hospital EMS Triage Officer or the AREP may notify the MAC and the EMS Agency MOD for possible rerouting.

c. **Delayed (yellow)** – These are patients who have a potentially serious medical or surgical condition but who are stable to wait until resources are not encumbered. These patients will typically require a gurney upon arrival at the hospital. Delayed patients shall be offloaded to stretcher or cots in the ARS. The Hospital EMS Triage Office shall ensure that delayed patients are captured

in the hospital's eMR. Hospital personnel or EMS Providers shall be assigned to monitor these patients. EMTs and/or paramedics may be assigned to observe up to 4 patients.

d. **Minor (green)** – These are patients who are alert and oriented, able to sit in a chair, and medically stable. These patients shall be taken to the ED waiting room as per Ref. No. 505, Ambulance Patient Offload Time, Policy II. C. The Hospital EMS Triage Officer shall ensure these patients are captured in the hospital's eMR.

III. TEMPLATE FOR AMBULANCE ORIENTATION AND PATIENT PLACEMENT WITHIN THE ARS:



CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS Patients**
Ref. No. 503.1, **Diversion Request Requirements for Emergency Department Saturation**
Ref. No. 505, **Ambulance Patient Offload Time (APOT)**

Reference No. 1114, Hospital EMS Surge Assistance Plan

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	8/15/2023	8/15/2023	No
	Base Hospital Advisory Committee	8/9/2023	8/9/2023	Yes
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. 1114, Hospital EMS Surge Assistance

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Subject	BHAC 08/08/2023	Change 'Hospital' to 'Regional'	Adopted
Purpose	BHAC 08/08/2023	Add 'due to regional influx of patients, beyond day-to-day capacity' after '(ED)'	Adopted
Definition Hospital EMS Triage Officer	PAAC 08/16/2023	Change 'MD' to 'physician'	Adopted

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **BURN RESOURCE CENTER (BRC) DESIGNATION AND ACTIVATION** (EMT, PARAMEDIC, MICN, HOSPITALS) REFERENCE NO. 1138

PURPOSE: To define the role of a Burn Resource Center (BRC) and provide guidelines for the utilization of BRCs and the management of burn patients during a burn disaster in Los Angeles (LA) County.

AUTHORITY: Pandemic and All-Hazards Preparedness Act (PAHPA) (Public Law 109-417)
Hospital Preparedness Program - Trauma Center Scope of Work

DEFINITIONS:

Administrator on Duty (AOD): Administrator on Duty with the Los Angeles County (LAC) Emergency Medical Services (EMS) Agency.

Burn Center: A specific area within the hospital that has committed the resources necessary to meeting the criteria for a burn center. This area contains beds and other equipment related to care of patients with burn injury. Hospitals are either approved by the American Burn Association or self-designated as burn centers.

Burn Injury:

- **Major/Critical:**
  - Adult patients (15 years of age or older) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving equal to or greater than 20% of Total Body Surface Area (TBSA).
  - Pediatric patients (14 years of age or younger) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving equal to or greater than 10% of TBSA.
- **Minor:**
  - Adult patients (15 years of age or older) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving less than 20% of TBSA.
  - Pediatric patients (14 years of age or younger) with 2nd degree (partial thickness) and/or 3rd degree (full thickness) burns involving less than 10% of TBSA.

Burn Resource Center (BRC): A BRC is a designated trauma center in LAC that has agreed to provide medical care for up to 20 critically burned patients for a minimum of 72 hours.

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

A BRC shall:

- Be licensed by the State Department of Health Services as a general acute care hospital.
- Maintain a special permit for basic or comprehensive emergency medicine service.
- Be designated by LAC EMS Agency as a Trauma Center.
- Sign a written commitment with the LAC EMS Agency to become a BRC.

Burn Surge Plan Activation: An incident resulting in 20 or more burn patients, or any event that exceeds burn care resources available in LAC.

Local Burn Lead Specialist: A Medical Director (or designee) from a burn center in LAC who will be available to provide assistance to the AOD and the Medical Alert Center (MAC) in triaging and placement of critically injured burn patients, in accordance with Ref. No. 1138.2, Local Burn Lead Specialist Call Panel.

Remote Burn Lead Specialist: A Medical Director from a burn center located outside greater LA County (Orange County, San Bernardino County, San Francisco, San Diego, and Sacramento) who can provide assistance to the AOD/MAC in triaging and placement of patients in the event that the Local Burn Lead Specialist is unavailable due to the magnitude of the incident, in accordance with Ref. No. 1138.3, Remote Burn Lead Specialist.

PRINCIPLES:

1. As a recipient of the Hospital Preparedness Program (HPP) grant, LAC must work with healthcare entities to ready hospitals and supporting healthcare systems to deliver coordinated and effective care to victims of a multi-casualty burn disaster.

2. In the event of a multi-casualty burn disaster, LAC may not have sufficient resources to manage an influx of patients; therefore, the BRC program was developed to enhance burn surge capacity through:

    a. The provision of pharmaceuticals, medical supplies, and equipment required to manage burn patients, as indicated in Ref. No. 1138.1, Burn Resource Center Required Equipment/Supplies/Pharmaceuticals.

    b. The provision of biennial training and resource materials to BRC staff on the management of burn patients.

3. With additional training, pharmaceuticals, medical supplies, and equipment, trauma centers have the personnel and resources to adequately manage critical burn patients.

4. Priority of transfer is determined by facility resources and the patient's probability of survival. Probability of survival is based on TBSA, patient's age, inhalation injuries, and co-morbidities.

5. Transfer of burn patients is coordinated and arranged through the MAC in consultation with a Burn Lead Specialist.

POLICY:

I. The following trauma centers have committed to and are recognized as BRCs:

A. Antelope Valley Hospital

B. Cedars Sinai Medical Center

C. Children's Hospital Los Angeles

D. Dignity Health - California Hospital Medical Center

E. Dignity Health - Northridge Hospital Medical Center

F. Dignity Health - Saint Mary Medical Center

G. Harbor-UCLA Medical Center

H. Henry Mayo Newhall Hospital

I. Huntington Hospital

J. Los Angeles General Medical Center

K. MemorialCare Long Beach Medical Center

L. Pomona Valley Hospital Medical Center

M. Providence Holy Cross Medical Center

N. Ronald Reagan UCLA Medical Center

O. Saint Francis Medical Center

II. A BRC shall:

A. Have a written contractual agreement with LAC EMS Agency to meet the requirements for program participation as specified in the HPP Exhibit.

B. Ensure a constant state of readiness by maintaining and replacing pharmaceuticals, medical supplies, and equipment listed in Ref. No. 1138.1, Burn Resource Center Required Equipment/Supplies/Pharmaceuticals.

C. Train a team of physicians and nurses that specialize in emergency and/or intensive care medicine. This team will act as a resource to hospital personnel.

D. Provide for on-going training to BRC personnel to manage critically burned patients for a minimum of 72 hours. BRCs may have to provide care to major burn patients beyond 72 hours.

E. Provide care for up to 20 major/critical burn patients.

III. Burn Surge Plan Implementation

A. Activation: The LAC EMS Agency AOD in consultation with the Local Burn Lead Specialist, if immediately available, shall activate the BRCs and the Burn Surge Plan.

B. Destination: Burn patient destination guidelines are only in effect when BRCs are activated and include the following:

1. Major/Critical burn patients or any burn patient meeting trauma criteria shall be transported to the most appropriate BRC. Transportation will be based on available resources during the Multi-Casualty Incident (MCI).

2. Minor burn patients not meeting trauma criteria shall be transported to the most accessible receiving facility (MAR) that is not a BRC.

3. MAC will coordinate distribution of burn patients to the most appropriate receiving facilities throughout the system to avoid inundating a single facility.

C. Transfer: Patient transfer guidelines to Burn Centers.

1. Patient transfer to Burn Centers will be coordinated through the MAC under the guidance of a Burn Lead Specialist.

2. LAC EMS Agency in conjunction with the burn centers will maintain a call panel of Local Burn Lead Specialists as indicated in Ref. No. 1138.2, Local Burn Lead Specialist Call Panel who are on call to assist the LAC EMS Agency AOD prioritize and assist burn patient transfers and placement.

3. If a Local Burn Lead Specialist is unavailable, a Remote Burn Lead Specialist may be contacted as indicated in Ref. No. 1138.3, Remote Burn Lead Specialist.

4. The Local Burn Lead Specialist shall be board certified with a specialty in burn management.

5. Priority of transfers:

a. Major/critical burn patients at a non-BRC

b. Major/critical burn patients at a BRC

c. Minor burn patients at a non-BRC

d. Minor burn patients at a BRC

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 502, **Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 1130, **Trauma Center Emergency Preparedness**
Ref. No. 1138.1, **Burn Resource Center Required Equipment/Supplies/Pharmaceuticals**
Ref. No. 1138.2, **Local Burn Lead Specialist Call Panel**
Ref. No. 1138.3, **Remote Burn Lead Specialist**

POLICY REVIEW – COMMITTEE ASSIGNMENT REFERENCE NO. 1138
(ATTACHMENT A)

REFERENCE NO. 1138 Burn Resource Center Designation and Activation

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	Data Advisory Committee			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Burn Workgroup	10/17/2022	10/17/2022	Y
	DRC Coordinators'	6/25/2022	10/19/2022	Y
	Disaster Coalition Advisory Committee	6/1/2023	6/1/2023	Y

*See Ref. No. 202.2

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

REFERENCE NO. 1138, **BURN RESOURCE CENTER (BRC**)
DESIGNATION AND ACTIVATION

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Definitions	*(example: BHAC 2-14-23)*	*(example: Change the wording to "Law enforcement operation e.g. active shooter, bomb threat, hostage situation")*	*(example: Change made)*
Principles	Burn group 10/17/2022	Add the words" Inhalation injuries"	Change made
Policy I. H	DRC 10/19/2022	Change the wording to "Huntington Hospital"	Change made
Policy I. I	DRC 10/19/2022	Change the wording to "LAC Harbor-UCLA Medical Center"	Change made
Policy I. J	DCAC 6/1/2023	Change the wording to "Los Angeles General Medical Center"	Change made
Policy II. A	DRC 10/19/2022	Change the wording to"Have a written contractual agreement with LAC EMS Agency to meet the requirements for program participation as specified in the HPP Exhibit"	Change made
Policy III. B 3	DRC 10/19/2022	Change the wording to" MAC will coordinate distribution of burn patients to the most appropriate receiving facilities throughout the system to avoid inundating a single facility."	Change made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

EMT/PARAMEDIC

SUBJECT: **MEDICAL OVERSIGHT DURING AN INFECTIOUS DISEASE SURGE**

REFERENCE NO. 1143

PURPOSE: To provide guidance on the role of the EMS Agency Medical Officer on Duty to assist in patient management and destination decisions during an infectious disease surge.

AUTHORITY: California Health and Safety code 1797.94, 1797.153, and 101310

DEFINITIONS:

Administrator on Duty (AOD): Designated administrator of the Emergency Medical Services (EMS) Agency.

Emerging Infectious Disease (EID): Infectious diseases that have newly appeared in a population or have existed but are rapidly increasing in incidence or geographic range, or that are caused by one of the National Institute of Allergy and Infectious Diseases (NIAID) Category A, B, or C priority pathogens.

EMTALA: Emergency Medical Treatment and Active Labor Act.

Immediate Patient: These are patients who exhibit severe respiratory, circulatory or neurological symptoms that would likely result in significant morbidity or mortality if not addressed within ~~1~~ one hour. These patients require rapid assessment and medical intervention.

Medical Alert Center (MAC): Department of Health Services**,** EMS Agency disaster coordination communication center.

Medical Officer on Duty (MOD): Designated medical officer of the EMS Agency.

PRINCIPLES:

1. Los Angeles County is experiencing an outbreak of an EID pathogen or other infectious disease, resulting in a surge of patients in the emergency department (ED).

2. Hospitals are managing a large surge of patients and ambulances may experience extended offload times for patients, including those who may be critically ill.

3. Immediate patients with time-sensitive emergencies require rapid assessment and treatment to reduce morbidity and mortality.

4. Stable patients may be safely transported a greater distance to receive care.

5. If a hospital does not have the capacity to treat a patient arriving by ambulance who has not yet been offloaded from the ambulance, it may be in the best interest of that patient to be transported to another nearby hospital that does have the capacity to treat them.

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

6. The implementation of MOD oversight is to minimize patient harm due to an EID or infectious disease surge that has severely impacted the LA County EMS and hospital system.

7. Implementation of Reference No. 1114: *Hospital EMS Surge Assistance Plan* will proceed in addition to the steps outlined in this policy.

POLICY:

I. CRITERIA FOR CONSIDERATION FOR PATIENT REDIRECTION:

A. All available patient treatment areas, including hallways, within the ED are fully occupied and ambulance patients are being managed outside of the ED, and;

B. Three (3) or more ambulances are waiting to offload patients for greater than one (1) hour; ***or;***

C. Three (3) or more Immediate patients are being managed by EMS personnel in ambulances waiting to be triaged by ED personnel; ***or;***

D. The patient in question is considered to have a time-critical emergency who may experience harm due to the expected offload delay

II. When Section I criteria are met and patient redirection is being considered, EMS Provider Agency personnel or Base Hospital personnel will contact the Los Angeles County EMS Agency's Medical Alert Center (MAC) for authorization from the MD to redirect the patient.

III. MAC will contact the MOD and will send an email notification to the AOD.

IV. The MOD will communicate with the EMS Personnel and/or Base Hospital, facilitated by the MAC, including video conferencing with the patient as needed to perform an assessment and to determine if redirection of the patient is appropriate.

V. The MOD will work with the MAC to determine the closest 9-1-1 Receiving Facility with the necessary capacity and capabilities.

VI. If the MOD authorizes redirection of the patient, the EMS personnel caring for the patient will immediately transport the patient to a secondary triage facility outlined in Ref. No. 1143.1 as directed by the MOD, and will provide notification to that facility of the incoming patient as per Ref. No. 1200.1.

VII. The MOD will contact the ED charge nurse at the secondary triage facility to provide a brief report on the necessity of the transport.

VIII. The EMS Provider should document the MOD who authorized the rerouting in the narrative, and the MAC documentation of the incident should be according to operational policy.

IX. The EMS Agency will conduct 100% case review as part of the EMS Agency Quality Improvement Plan.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 1114, **Hospital EMS Surge Assistance Plan**
Ref. No. 1143.1, **Secondary Triage Hospitals**
Ref. No. 1200.1, **Treatment Protocol: General Instructions**

Reference No. 1143, Medical Oversight During an Infectious Disease Surge

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	8/16/2023	8/16/2023	Yes
	Base Hospital Advisory Committee	8/9/2023	8/9/2023	No
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

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

REFERENCE NO. 1143, Medical Oversight During an Infectious Disease Surge

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy II	PAAC 08/16/2023	Add 'for authorization from the MOD to redirect the patient' after '(MAC)'	Adopted

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

Time Period April 1, 2023 through June 30, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
ANTELOPE VALLEY - NEWHALL REGION												
Antelope Valley Hospital	3,313	2,014	61%	1,483	74%	329	16%	116	6%	86	4%	26%
Palmdale Regional Medical Center	2,274	1,279	56%	920	72%	220	17%	86	7%	53	4%	6%
Henry Mayo Newhall Hospital	2,736	1,604	59%	1,316	82%	234	15%	49	3%	5	0.3%	5%
ANTELOPE VALLEY TOTAL	*8,323*	*4,897*	*59%*	*3,719*	*76%*	*783*	*16%*	*251*	*5%*	*144*	*3%*	12% AVG
SAN FERNANDO VALLEY REGION												
Dignity Health-Northridge Hospital Medical Center	3,265	3,256	100%	2,844	87%	346	11%	65	2%	1	0.03%	18%
West Hills Hospital and Medical Center	1,819	1,691	93%	1,315	78%	300	18%	73	4%	3	0.2%	11%
Kaiser Foundation - Woodland Hills	622	586	94%	494	84%	73	12%	18	3%	1	0.2%	47%
Encino Hospital Medical Center	455	455	100%	437	96%	11	2%	6	1%	1	0.2%	1%
Providence Cedars-Sinai Tarzana Medical Center	1,215	1,198	99%	988	82%	172	14%	38	3%			19%
Olive View Medical Center	818	811	99%	733	90%	54	7%	21	3%	3	0.4%	53%
Pacifica Hospital of the Valley	561	561	100%	539	96%	18	3%	4	0.7%			30%
Kaiser Foundation - Panorama City	646	644	100%	567	88%	71	11%	6	0.9%			52%
Providence Holy Cross Medical Center	1,683	1,676	100%	1,547	92%	98	6%	27	2%	4	0.2%	47%
Mission Community Hospital	1,079	1,079	100%	939	87%	131	12%	9	0.8%			4%
Valley Presbyterian Hospital	1,375	1,375	100%	1,257	91%	96	7%	20	1%	2	0.1%	38%
Sherman Oaks Hospital	1,599	1,599	100%	1,382	86%	176	11%	38	2%	3	0.2%	2%
Providence Saint Joseph Medical Center	3,141	3,095	99%	2,243	72%	670	22%	173	6%	9	0.3%	5%
Adventist Health Glendale	1,959	1,940	99%	1,470	76%	363	19%	95	5%	12	0.6%	6%
Dignity Health-Glendale Memorial Hosp. and Health Ctr	1,445	1,440	100%	1,268	88%	126	9%	41	3%	5	0.3%	11%
USC Verdugo Hills Medical Center	656	500	76%	362	72%	94	19%	39	8%	5	1%	42%
SAN FERNANDO VALLEY TOTAL	*22,338*	*21,906*	98%	*18,385*	*84%*	*2,799*	*13%*	*673*	*3%*	*49*	*0.2%*	24% AVG
SAN GABRIEL VALLEY REGION												
Huntington Hospital	3,495	3,038	87%	2,497	82%	374	12%	140	5%	27	0.9%	21%
Alhambra Hospital	680	679	100%	639	94%	33	5%	7	1%			18%
San Gabriel Valley Medical Center	992	746	75%	659	88%	55	7%	17	2%	15	2%	7%
USC Arcadia Hospital	2,738	1,682	61%	1,007	60%	433	26%	198	12%	44	3%	18%
Greater El Monte Community Hospital	1,686	737	44%	457	62%	173	23%	87	12%	20	3%	23%

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 08-17-2023

Los Angeles County Emergency Medical Services Agency

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

Time Period April 1, 2023 through June 30, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
Garfield Medical Center	759	619	82%	594	96%	21	3%	2	0.3%	2	0.3%	24%
Monterey Park Hospital	406	339	83%	325	96%	11	3%	1	0.3%	2	0.6%	6%
Kaiser Foundation Hospital - Baldwin Park	1,650	775	47%	370	48%	254	33%	115	15%	36	5%	5%
Emanate Health Inter-Community Hospital	1,503	763	51%	420	55%	252	33%	75	10%	16	2%	8%
Emanate Health Queen of the Valley Hospital	2,730	1,601	59%	1,027	64%	385	24%	151	9%	38	2%	1%
Emanate Health Foothill Presbyterian Hospital	1,861	828	44%	404	49%	295	36%	113	14%	16	2%	3%
San Dimas Community Hospital	776	370	48%	247	67%	90	24%	30	8%	3	0.8%	2%
Pomona Valley Hospital Medical Center	5,100	2,564	50%	1,465	57%	730	28%	321	13%	48	2%	10%
SAN GABRIEL VALLEY TOTAL	*24,376*	*14,741*	60%	*10,111*	*69%*	*3,106*	*21%*	*1,257*	*9%*	*267*	*2%*	11% AVG
EAST REGION												
Beverly Hospital	1,124	525	47%	381	73%	117	22%	23	4%	4	0.8%	15%
Whittier Hospital Medical Center	898	409	46%	280	68%	98	24%	31	8%			11%
PIH Health Whittier Hospital	3,987	1,745	44%	813	47%	687	39%	215	12%	30	2%	23%
PIH Health Downey Hospital	1,688	1,171	69%	662	57%	288	25%	164	14%	57	5%	42%
Kaiser Foundation Hospital - Downey	1,831	1,061	58%	450	42%	287	27%	225	21%	99	9%	57%
Los Angeles Community Hospital at Norwalk	484	227	47%	124	55%	70	31%	24	11%	9	4%	4%
Coast Plaza Hospital	910	435	48%	244	56%	107	25%	66	15%	18	4%	0.3%
Lakewood Regional Medical Center	1,914	1,140	60%	511	45%	283	25%	225	20%	121	11%	17%
EAST REGION TOTAL	*12,836*	*6,713*	52%	*3,465*	*52%*	*1,937*	*29%*	*973*	*14%*	*338*	*5%*	21% AVG
METRO REGION												
Dignity Health-California Hospital Medical Center	1,590	1,589	100%	1,069	67%	276	17%	184	12%	60	4%	18%
PIH Health Good Samaritan Hospital	2,139	2,139	100%	1,577	74%	392	18%	143	7%	27	1%	26%
Adventist Health White Memorial	922	678	74%	491	72%	130	19%	46	7%	11	2%	0.6%
Community Hospital of Huntington Park	2,379	1,248	52%	632	51%	444	36%	148	12%	24	2%	0.6%
East Los Angeles Doctors Hospital	1,381	714	52%	551	77%	124	17%	37	5%	2	0.3%	0.3%
Los Angeles General Medical Center	5,349	5,221	98%	4,358	83%	709	14%	139	3%	15	0.3%	20%
Children's Hospital Los Angeles	350	347	99%	343	99%	4	1%					1%
Hollywood Presbyterian Medical Center	1,737	1,728	99%	1,237	72%	339	20%	111	6%	41	2%	15%
Kaiser Foundation Hospital - Los Angeles	781	759	97%	604	80%	116	15%	35	5%	4	0.5%	66%

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 08-17-2023

Los Angeles County Emergency Medical Services Agency

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

Time Period April 1, 2023 through June 30, 2023

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

HOSPITAL	Total # of records	No. of valid records	% of valid records	Q2 2023								% of Time on Diversion*
				</=30 mins		30-60 mins		61-120 mins		>120 mins		
Cedars Sinai Medical Center	3,468	3,029	87%	2,018	67%	786	26%	221	7%	4	0.1%	34%
METRO REGION TOTAL	*20,096*	*17,452*	87%	*12,880*	*74%*	*3,320*	*19%*	*1,064*	*6%*	*188*	*1%*	18% AVG
WEST REGION												
Southern California Hospital at Culver City	923	916	99%	546	60%	248	27%	102	11%	20	2%	8%
Kaiser Foundation Hospital - West Los Angeles	1,625	1,535	94%	1,167	76%	295	19%	64	4%	9	1%	26%
Cedars Sinai Marina Del Rey Hospital	1,638	1,442	88%	1,082	75%	280	19%	70	5%	10	0.7%	27%
Providence Saint John's Health Center	1,729	1,447	84%	1,142	79%	229	16%	63	4%	13	0.9%	7%
Santa Monica - UCLA Medical Center	574	421	73%	336	80%	57	14%	25	6%	3	0.7%	22%
Ronald Reagan UCLA Medical Center	1,672	1,593	95%	1,419	89%	134	8%	35	2%	5	0.3%	42%
WEST REGION TOTAL	*8,161*	*7,354*	90%	*5,692*	*77%*	*1,243*	*17%*	*359*	*5%*	*60*	*0.8%*	22% AVG
SOUTH REGION												
Centinela Hospital Medical Center!	3,751	2,698	72%	1,760	65%	816	30%	115	4%	7	0.3%	0%
Memorial Hospital of Gardena	2,703	2,156	80%	1,869	87%	235	11%	44	2%	8	0.4%	5%
Martin Luther King, Jr. Community Hospital	2,213	1,737	78%	1,421	82%	260	15%	51	3%	5	0.3%	30%
St. Francis Medical Center!	3,338	3,019	90%	1,224	41%	735	24%	574	19%	486	16%	7%
Harbor-UCLA Medical Center	2,625	1,949	74%	1,584	81%	234	12%	102	5%	29	1%	24%
Kaiser Foundation Hospital - South Bay	1,171	864	74%	614	71%	180	21%	60	7%	10	1%	30%
Torrance Memorial Medical Center	2,639	1,746	66%	1,086	62%	440	25%	199	11%	21	1%	14%
Providence Little Company of Mary Med. Ctr.-Torrance	2,078	1,501	72%	1,075	72%	296	20%	107	7%	23	2%	6%
Providence Little Company of Mary Med. Ctr.-San Pedro	1,605	1,208	75%	888	74%	237	20%	62	5%	21	2%	10%
College Medical Center	703	685	97%	557	81%	74	11%	37	5%	17	2%	45%
Dignity Health-St. Mary Medical Center	2,247	2,238	100%	1,804	81%	324	14%	95	4%	15	0.7%	34%
MemorialCare Long Beach Medical Center	2,500	2,260	90%	1,788	79%	291	13%	116	5%	65	3%	61%
Catalina Island Medical Center	88	87	99%	86	99%	1	1%					N/A
SOUTH REGION TOTAL	*27,661*	*22,148*	80%	*15,756*	*71%*	*4,123*	*19%*	*1,562*	*7%*	*707*	*3%*	22% AVG
ALL HOSPITALS	**123,791**	**95,211**	**77%**	**70,008**	**74%**	**17,311**	**18%**	**6,139**	**6%**	**1,753**	**2%**	19% AVG

% total may not equal 100% due to rounding.

* Includes ED ALS and Provider ALS

Data source: LA TEMIS EMS Fire-Rescue 08-17-2023

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY PROVIDER

Time Period April 1, 2023 through June 30, 2023

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

EMS Provider Agency	Code	Total # of records	No. of valid records	% of valid records	Q2 2023							
					</=30 mins		30-60 mins		61-120 mins		>120 mins	
Alhambra Fire Department	AH	905	905	100%	884	98%	18	2%	2	0.2%	1	0.1%
Arcadia Fire Department	AF	713	713	100%	581	81%	113	16%	19	3%		
Beverly Hills Fire Department	BH	544	544	100%	371	68%	148	27%	25	5%		
Burbank Fire Department	BF	990	990	100%	769	78%	173	17%	46	5%	2	0.2%
Compton Fire Department*	CM	534	528	99%	254	48%	4	0.8%				
Culver City Fire Department	CC	627	627	100%	456	73%	129	21%	38	6%	4	0.6%
Downey Fire Department	DF	1,229	1,227	100%	897	73%	188	15%	106	9%	36	3%
El Segundo Fire Department	ES	231	231	100%	204	88%	19	8%	8	3%		
Glendale Fire Department	GL	2,371	2,371	100%	1,891	80%	365	15%	103	4%	13	0.5%
Los Angeles Fire Department	CI	45,220	45,198	100%	36,872	82%	6,381	14%	1,707	4%	238	0.5%
Los Angeles County Fire Department*	CF	51,536	25,538	50%	14,526	57%	7,229	28%	2,954	12%	829	3%
Los Angeles County Sherriff's Department	CS	22	22	100%	22	100%						
La Habra Heights Fire Department*	LH	17	17	100%	16	94%	1	6%				
La Verne Fire Department	LV	523	523	100%	482	92%	23	4%	17	3%	1	0.2%
Long Beach Fire Department	LB	5,935	5,935	100%	4,681	79%	829	14%	320	5%	105	2%
Manhattan Beach Fire Department	MB	338	337	100%	329	98%	6	2%	1	0.3%	1	0.3%
Monrovia Fire Department*	MF	71	61	86%	51	84%	6	10%	4	7%		
Montebello Fire Department	MO	129	123	95%	122	99%	1	0.8%				
Monterey Park Fire Department	MP	631	630	100%	622	99%	5	0.8%	2	0.3%	1	0.2%
Pasadena Fire Department	PF	2,176	2,176	100%	1,839	85%	257	12%	68	3%	12	0.6%
Redondo Beach Fire Department*	RB	121	57	47%	31	54%	18	32%	7	12%	1	2%
San Gabriel Fire Department	SG	324	324	100%	317	98%	6	2%	1	0.3%		
San Marino Fire Department	SA	145	144	99%	126	88%	13	9%	5	3%		
Santa Fe Springs Fire Rescue*	SS	336	158	47%	78	49%	56	35%	18	11%	6	4%
Santa Monica Fire Department*	SM	959	588	61%	561	95%	25	4%	2	0.3%		
Sierra Madre Fire Department	SI	112	112	100%	86	77%	20	18%	6	5%		
South Pasadena Fire Department	SP	220	220	100%	181	82%	28	13%	9	4%	2	0.9%
Torrance Fire Department	TF	1,847	1,558	84%	1,093	70%	293	19%	146	9%	26	2%
West Covina Fire Department	WC	954	954	100%	873	92%	74	8%	5	0.5%	2	0.2%

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

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 08-14-23

Los Angeles County Emergency Medical Services Agency

AMBULANCE PATIENT OFFLOAD TIME (APOT) REPORT BY PROVIDER

Time Period April 1, 2023 through June 30, 2023

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

EMS Provider Agency	Code	Total # of records	No. of valid records	% of valid records	Q2 2023							
					</=30 mins		30-60 mins		61-120 mins		>120 mins	
American Medical Response	AR	7,761	3,422	44%	1,843	54%	1,055	31%	353	10%	171	5%
CARE Ambulance Service (Faulk)	CA	34,799	14,859	43%	6,682	45%	5,179	35%	2,363	16%	635	4%
McCormick Ambulance Service	WM	12,226	5,212	43%	2,179	42%	2,232	43%	665	13%	136	3%
TOTAL ALL PROVIDERS		*61,980*	*29,784*	48%	*15,889*	*53%*	*9,256*	*31%*	*3,648*	*12%*	*991*	*3%*

% total may not equal 100% due to rounding.

Data source: LA TEMIS EMS Fire-Rescue 08-14-23

Los Angeles County Ambulance Association
SETTING THE STANDARD IN EMS SINCE 1948

August 23, 2023

Richard Tadeo
EMS Director
Los Angeles County EMS Agency
10100 Pioneer Blvd
Santa Fe Springs, CA 90670

Dear Mr. Tadeo:

In follow up to your request for my presentation before the LA County EMS Commission regarding the motion by Supervisor Solis, Fair Compensation for Emergency Medical Services Workers, the LA County Ambulance Association (LACAA) unanimously voted on this recommendation.

Recommendation:

Title 7 of the Los Angeles County Code should not be amended to address wages of EMS personnel or reallocation of revenues.

Rationale:

- It would be precedent setting to make this wage increase connected to Title 7, Business Licenses -- outside of Division 4, governing unincorporated areas. Title 7 is established to regulate patient care and delivery of the EMS system.
- Because the increase only applies to commercially insured patients (estimated at less than 10% of patients transported – the smallest percent of patients transported), the Title 7 rate increase becomes much less than it appears.
- Los Angeles County has the highest number of Medi-Cal enrollees in the state. If the increase were applied to Medi-Cal as outlined in the California Ambulance Association sponsored AB55 (Rodriguez) in suspense, a tie to reimbursement would definitely impact wages.
- Because ambulance companies run 24/7 operations, many personnel have alternate work schedules (12, 24 and overtime) that, when annualized, actually raise the hourly wage higher than the 5-day/8-hour workweek (2080 hours).
- Many EMS personnel are unionized, and wages are part of the negotiation processes between companies and their employees.
- Many ambulance companies in Los Angeles County have already increased wages and foresee increasing wages further as a necessity to hire and recruit trained personnel. In a recent national report of the National Association of EMTs, 2023 National Survey – EMS Economic and Operational Models Executive Summary mentioned[1]:

[1] NAEMT, 2023 National Survey, EMS Economic and Operational Models Executive Summary, naemt.org, pg. 3 (Wages).

Over 93% of respondents reported experiencing increased wage costs between 2019 and 2022, and 94% of respondents projected increased wage costs for 2023-2026. Nearly half - 48% - of respondents have experienced wage cost increases of 10% or higher between 2019 and 2022, and projected similar increases for the next few years. Nearly 14% of respondents experienced wage cost increases over 25%.

- The Solis motion specifically makes reference to "recruitment and retention" but there are many expenses and factors that are associated with these processes. Putting all of the dollars towards wages alone would make it more difficult. Some examples of associated costs related to recruitment and retention include but are not limited to:
    - Costs associated with advertising
    - Costs associated with the recruitment team
    - Rising costs of benefits incurred by the employers
    - Effects of burn out due to wait times in emergency rooms to release patients resulting in employee fatigue.
- Requiring the employers to allocate a specific amount towards wages may restrict their ability to make other meaningful work-related improvements, some of which are bargained for by their labor groups.
- Ambulance companies recognize the need to offer competitive wages, but tying a specific hourly wage rate to a Business License Ordinance is not the best solution. If the County wishes to regulate ambulance wages, perhaps a better regulatory methodology could be accomplished in future County contracts for non-emergency and emergency ambulance services, or through an existing minimum wage ordinance.

Final Comments:

The LACAA and the ambulance companies in Los Angeles County are not anti-labor and the Association embraces the relationship with labor as partners in the delivery of EMS. We recognize the value of our employees and understand that we would be nothing without them. Their commitment to our patients, their dedication to the profession and their willingness to work under difficult field conditions make the services we provide countywide a necessity for all of the communities of Los Angeles County.

Very sincerely yours,

Chad Druten
President
Los Angeles County Ambulance Association

cc: EMS Commission

	2020	2021	2022	Jan-June 2023
Exodus Eastside (USC)- 18 Beds	93	70	253	165
Exodus Westside-12 Beds	32	22	100	67
Exodus Harbor- 14 Adult/4 Adolescent	24	24	49	34
Exodus MLK -24 Beds	85	56	104	99
Star View Long Beach* 12 Adult/6 Adolescent		1	4	1
Star View Industry*- 12 Adult/6 Adolescent		26	14	10
Star View Lancaster^- 12 Adult/6 Adolescent		24	81	38
David L. Murphy Sobering Center#- 36 male/15 female	336	784	1164	66!

*Star View Long Beach and City of Industry approved February 2021

^Star View Lancaster approved August 2021

David L. Murphy Sobering Center closed due to COVID May 2020 through March 2021

! Volume is low as Los Angeles Fire Department not staffing the unit consistently

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

September 13, 2023

TO: Supervisor Janice K. Hahn, Chair
Supervisor Lindsey P. Horvath
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Kathryn Barger

FROM: Richard Tadeo, EMS Agency Director,
EMS Commission Executive Director

SUBJECT: **ANNUAL REPORT OF THE EMERGENCY MEDICAL SERVICES COMMISSION – FISCAL YEAR 2022-23**

Attached is the Annual Report of the Emergency Medical Services (EMS) Commission which is being submitted in compliance with Los Angeles County Code Title 3, Chapter 3.20, Section 3.20.070.5. This report outlines legislation, policies, and medical control guidelines reviewed and/or approved during this reporting period, and includes goals and objectives established to further the advancement of the emergency medical and disaster care system in LA County.

In response to the Board motion to terminate the proclamation of a local emergency for COVID-19, The Commission returned to in-person meetings on March 20, 2023 and resumed customary operations under The Ralph M. Brown Act with no hybrid offering. We meet six times per year on the third Wednesday of each odd-numbered month from 1:00 PM to 3:00 PM in Santa Fe Springs, California. We are pleased that with the return to in-person meetings, we have successfully and safely maintained a quorum of half the body plus one for each of our meetings which has allowed the EMSC to continue making progress and quality improvements to treatment protocols impacting our residents.

Please feel free to contact me with any questions or concerns you may have at (562) 378-1610 – rtadeo@dhs.lacounty.gov, or Commission Liaison Denise Watson at (562) 378-1606 – dwatson@dhs.lacounty.gov.

RT:DW

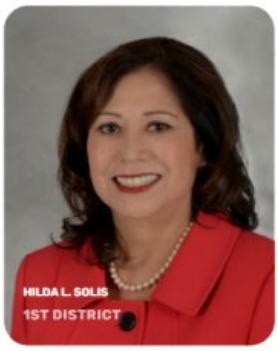
Attachment

c: Christina R. Ghaly, MD, Director of Los Angeles County Health Services
Hal F. Yee, Jr., MD, Ph.D., Chief Deputy Director, Clinical Affairs, DHS
Ed Morrissey, County Counsel
Celia Zavala, Executive Officer, Board of Supervisors
Health Deputies, Board of Supervisors
EMS Commissioners

Los Angeles County
Emergency Medical Services Commission
Annual Report to the Board of Supervisors
Fiscal Year 2022–23

Los Angeles County
Department of Health Services
Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, California 90670
Phone: (562) 378-1500 / Fax: (562) 941-5835
http://ems.dhs.lacounty.gov

LOS ANGELES COUNTY BOARD OF SUPERVISORS



Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
Fourth District

Kathryn Barger
Fifth Diustrict

MESSAGE FROM THE DIRECTOR

During Fiscal Year 2022-23, the Emergency Medical Services (EMS) Agency continued to engage with our EMS partners and EMS Commission to improve upon existing policies, define and write new policies, and review current legislation to ensure quality emergency medical and disaster-related healthcare for the residents of Los Angeles County.

The EMS Agency provides continuing education through our Paramedic Training Institute (PTI), annual EMS Update training to all EMS providers and mobile intensive care nurses, and up-to-date EMT skill sheets so that first responders in the prehospital care arena are well-equipped to serve our patients and communities in response to disaster and emergency situations.

I want to personally thank the Board of Supervisors, EMS Agency staff, EMS Commissioners, EMS providers, first responders and all of our collaborative partners for the part each of you continue to play in ensuring quality patient care and measureable outcomes towards the advancement of healthcare in the County EMS system.

Sincerely,

Richard Tadeo, RN, BSN
EMS Director
EMSC Executive Director

EMERGENCY MEDICAL SERVICES COMMISSION
MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely, compassionate, and quality emergency and disaster medical services. The Emergency Medical Services Commission's (EMSC) mission complements the County's mission through improving the quality of life for the people and communities of Los Angeles County (LA County).

HISTORICAL BACKGROUND

The EMSC was established by the Board of Supervisors (Board) in October 1979. On April 7, 1981, the Board approved and adopted Ordinance No. 12332 of Title 3: Advisory Commissions and Committees, Los Angeles County Code Chapter 3.20, Emergency Medical Services Commission, to establish the Commission in accordance with California Health and Safety Code Division 2.5 Sections:

1797.270 – Emergency Medical Care Committee Formation
1797.272 – Emergency Medical Care Committee Membership
1797.274 – Emergency Medical Care Committee Duties
1797.276 – Emergency Medical Care Committee Annual Report

On January 29, 2008, the Board approved amending the subject Ordinance to revise the selection of the licensed paramedic representative, previously nominated by the California Rescue and Paramedic Association (CRPA), be made by the California State Firefighters' Association Emergency Medical Services Committee because CRPA ceased operations.

On November 1, 2011, in consultation with the Department of Health Services, the EMSC amended the Ordinance to add two commission seats. One member to be nominated by the Los Angeles County Police Chiefs' Association (LACPCA), and the second to be nominated by the Southern California Public Health Association (SCPHA). These seats are beneficial to the EMSC and the County by allowing for expert input by law enforcement and public health. With this amendment, the addition of two commission seats increased the number of commissioners from 17 to 19.

MEMBERSHIP

The EMSC is currently comprised of 19 commissioners who are non-County employees acting in an advisory capacity to the Board of Supervisors and the Director of Health Services. They advise on matters related to emergency medical care and practices, EMS policies, programs and standards including paramedic services throughout the County of Los Angeles. The Executive Director and Commission Liaison for the EMSC serve as staff and are LA County employees.

ABOUT THE COMMISSION

The Emergency Medical Services Commission serves the residents of Los Angeles County in an advisory capacity to the Board of Supervisors and the Director of LA County Department of Health Services. The EMSC performs the functions of the Emergency Medical Care Committee as defined in Sections 1750 et seq. of the Health and Safety Code and includes the following duties:

- Act in an advisory capacity to the Board of Supervisors and the Director of Health Services regarding County policies, programs and standards for emergency medical care services throughout the County, including paramedic services

- Monitor studies of particular elements of the emergency medical care system or its initiatives as requested by the Board and/or the Director of DHS, and delineates problems and deficiencies and recommends appropriate solutions
- Acquire and analyze the information necessary for measuring the impact and the quality of emergency medical care services
- Report findings, conclusions, and recommendations to the Board
- Review and comment on submitted plans and proposals for emergency medical care services
- Recommend, when the need arises, that LA County engage independent contractors for the performance of specialized, temporary, or occasional services to the EMSC, which members of the classified service cannot perform, and for which LA County otherwise has the authority to contract
- Advise the Director on policies, procedures and standards that affect the certification/accreditation of mobile intensive care nurses and paramedics
- Advise the Director on proposals of any public or private organization to initiate or modify a program of paramedic services or training
- Arbitrate differences in the field of paramedic services and training between all sectors of the community including, but not limited to, county agencies, municipalities, public safety agencies, community colleges, hospitals, private companies, and physicians
- Conduct public hearings as necessary

MEETINGS

In response to the Board motion to terminate the proclamation of a local emergency for COVID-19, the EMS Commission returned to in-person meetings in lieu of video conferencing on March 20, 2023 and resumed customary operations under The Ralph M. Brown Act with no hybrid offering. Meetings are now held at the EMS Agency at 10100 Pioneer Boulevard, First Floor Hearing Room, Santa Fe Springs, California 90670, from 1:00 PM ro 3:00 PM on the third Wednesday of every odd-numbered month, with January as month one.

Regular Meetings in FY 2022-23: July 20, 2022 – September 21, 2022 – November 16, 2022
January 18, 2023 – March 8, 2023 – May 17, 2023

ANNUAL WORKPLAN
GOALS AND OBJECTIVES FOR FY 2023-24

The EMS Commission's goals and objectives for Fiscal Year 2023-24 align with the mission of the County and DHS in terms of the advancement of quality health care for our residents of LA County.

Goals and Objectives:

- Monitor completion of the recommended tasks from the September 2016 ad hoc committee workgroup on the Prehospital Care of Mental Health and Substance Abuse Emergencies report
- Continue monitoring ambulance patient offload times (APOT) and ambulance patient offload delays (APOD).
- Support collaborative efforts of EMS constituents to identify throughput issues that contribute to APOD
- Support the implementation of ambulance offload teams to assist hospitals with extreme APOD
- Monitor progress of ad hoc workgroup on Interfacility Transports (IFTs) related to critical care transports
- Monitor success of EMS Update 2022 on behavioral health emergencies and treatment protocols
- Review and recommend policies, directives and pilots for adoption by the EMS Agency
- Monitor effectiveness of FirstWatch system implementation on real-time dispatch data information
- Monitor changes to treatment protocols
- Support disaster planning with emphasis on broader regional disaster plans
- Monitor resource allocations in emergency situations
- Support EMT/paramedic training programs that serve the underserved communities. Support efforts to create equity, diversity, inclusion, and anti-racism within the EMS system of care.

- Revisit recommendation of ad hoc workgroup on LA County EMS Corps Program
- Invite subject matter experts who provide information and training in the field of emergency medical care
- Monitor State and Federal legislation affecting the EMS system
- Advise and recommend topics for EMS education.
- Support the EMS Agency's efforts to ensure timely and accurate data submission from all EMS providers and specialty care centers
- Participate on the Measure B Advisory Board and ensure constituent groups are aware of the Measure B allocation process of the un-allocated Measure B funds
- Support the monitoring of the Emergency Ambulance Transportation Agreements which expire in 2027
- Monitor the progress of the State EMS Authority on changes to Chapter 5
- Monitor the progress of the EMSC Ordinance changes
- Monitor progress of General Public Ambulance Rate Increase motion and recommendations
- Monitor Ambulance Ordinance Title VII motion and recommended rate increases to EMT and paramedic wages for recruitment and retention

ONGOING LONG-TERM PROJECTS

- Monitor legislation of interest to emergency medical services and the Board
- Support education efforts for Bystander, Hands-Only CPR training (Sidewalk CPR)
- Monitor and support 9-1-1 ambulance transport readiness through supporting the APOT Ad Hoc Committee's recommendations to decrease ambulance patient offload times
- Monitor and support EMS pilot and trial studies to improve the delivery of emergency medical care and transportation
- Continue moving forward and implement recommendations from the September 2016 Ad Hoc committee report on the *Prehospital Care of Mental Health and Substance Use Emergencies* through:
  - Monitor new protocols and Medical Control Guidelines for management of agitated patients – pharmacologic and non-pharmacologic
  - Continue to monitor, support, and make policy recommendations to standardized criteria for dispatching fire and law to behavioral health calls
  - Monitor and recommend implementation of Suicide Risk Screening protocols and pilot program

ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR 2022-23

- Approved the FY 2021-22 EMSC Annual Report at the September 21, 2022 meeting
- Completed the final task recommended in the September 2016 ad hoc committee report on *Prehospital Care of Mental Health and Substance Use Emergencies*
- Monitored pilot project on the Medical Control Guideline for Suicide Risk Assessment
- Established new EMSC goals and objectives for FY 2023-24
- Recommended Ordinance Changes to the Los Angeles County Ordinance, Chapter 3.20: Emergency Medical Services Commission Section 3.20.040: Composition – Pending
- Recommended establishment of an ad hoc workgroup to advance the September 2016 *Prehospital Care of Mental Health and Substance Abuse Emergencies* Report recommendations. Supported the establishment of an ad hoc workgroup to address behavioral health and psychiatric crisis treatment protocols on restraints and policies for agitated patient with pharmacologic management component of Olanzapine oral disintegrating tabs were included in EMS Update 2022
- Endorsed use of the First Watch system for real-time capturing of APOT
- Approved Ordinance change for nominating association for paramedic representation be changed from California State Firefighter's Association (CSFA) to California Professional Firefighters (CPF)
- Endorsed language changes in the EMSC Ordinance to include a requirement for commissioners to work in or practice in Los Angeles County
- Monitored psychiatric urgent care and alternate transport numbers, volumes, and outcomes of transports

- Endorsed and monitored EMS pilot projects and systems enhancement tools (ECMO, First Watch, igel, etc.)
- Monitored legislation related to EMS and Board priorities
- Approved new Chair and Vice Chair selections for 2022 and 2023
- Approved amendments to the Bylaws
- Approved Commissioner selection for EMSC Measure B Advisory Board Representation and approved nominating committee and standing committee selections
- Recommended approval of Prehospital Care Policies and Medical Control Guidelines:
  - 326: Psychiatric Urgent Care Center Standards
  - 328: Sobering Center Standards
  - 406: Authorization for Paramedic Provider Status
  - 408: Advanced Life Support Unit Staffing
  - 411: Provider Agency Medical Director
  - 422: Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency
  - 503.1: Diversion Request Requirements for Emergency Department Saturation
  - 505: Ambulance Patient Offload Time (APOT)
  - 506: Trauma Triage
  - 506.1: Trauma Triage Decision Scheme
  - 512: Burn Patient Destination
  - 518: Decompression Patient Destination
  - 519: Management of Multiple Casualty Incidents
  - 526: Behavioral/Psychiatric Crisis Patient Destination
  - 528: Intoxicated (Alcohol) Patient Destination
  - 604: Prehospital Care Forms
  - 832: Treatment/Transport of Minors
  - 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene
  - 840: Medical Support During Tactical Operations
  - 1010: MICN Certification
  - 1011: MICN Field Observation

- Reviewed the following legislation:
  - EMS Authority Trailer Bill: Changes Changes requirements of the EMS Authority Director from being a licensed physician to an Administrator and adds a Chief Medical Officer (CMO), but does not clarify or codify the responsibility of the CMO who would be responsible for the medical component. There are proposed language changes.
  - AB 1180 Removes the requirement that the director of the EMS Authority be a licensed physician and surgeon, and changes to an appointee to be the Chief Medical Officer or Medical Director for the EMS Authority. This bill will likely be withdrawn if the EMS Authority Trailer Bill is approved and moved forward.
  - AB 1168 Retroactively awards 201 rights of EMS providers, cities and fire districts. This bill results 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 which would leave less affluent areas without the same level of service and fragment the EMS system. LA County opposes this bill.
  - AB 761 This bill assures a minimum wage for EMS providers (EMTs and paramedics), and is tied in with AB 1168 and they have to be passed together. We oppose the part of the bill that requires LEMSAs to establish prevailing wages.
  - AB 40 Requires LEMSAs to develop a standard APOT time not to exceed 30 minutes, 90% of the

time

- AB 55 Increases the reimbursement for Medical emergency transports from $100 to $350 per transport and requires LEMSAs to set prevailing wages for EMTs. There is concern this could be a conflict for LEMSAs.
- AB 67 Mandatory reporting of controlled substance overdoses by first responders to the State legislators. The definition of EMS providers includes the LEMSAs which is problematic.
- AB 1721 Mutual Aid Seismic Retrofitting includes language that bypasses the Medical Health Operational Area Coordinator (MHOAC) system. This is being amended to strike language about EMS from the bill.
- AB 1770 Ambulance Patient Offload Time was pulled by the author
- AB 2130 EMS Training – adds 20 minutes for EMT training on human trafficking
- AB 2260 Trauma kit proposal for public use with no LEMSA Medical Director involvement.
- SB 443 EMS Dispatch limits the medical authority of the EMS Agency, pulled by author
- AB 2117 Mobile Stroke Unit Designation as a site of service so MSU can bill for services
- AB 767 Extends Community Paramedicine or Triage to Alternate Destinations Act of 2020 pilot program to January 1, 2031. Current AB 1544 is the psychiatric urgent care and sobering center bill that is set to expire January 1, 2024. AB 767 extends the date.
- AB 1601 Allows paramedics and EMTs to place involuntary holds on patients. EMSAAC is watching.
- AB 1036 Requires a physician to certify emergency medical condition upon a patient's arrival to the Emergency Department. This is a concern as patient may be stabilized by the time they see the physician in the Emergency Department
- 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 complaints. EMT and paramedic safety is a concern.

EMERGENCY MEDICAL SERVICES COMMISSION


Brian Bixler, Captain
Peace Officers Association

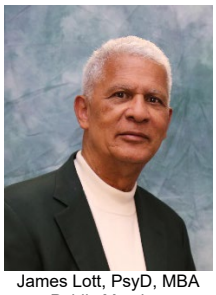

Diego Caivano, MD,
Vice-Chair-2022-2023
LA County Medical Association


Erick H. Cheung, MD, PhD
Southern California Psychiatric Society

Photo Not Available
Paul Espinosa, Chief
Los Angeles County Police Chiefs' Association


John C. Hisserich, DrPH
Public Member
Third Supervisorial District


Lydia Lam, MD,
Chair-2022-2023
American College of Surgeons


James Lott, PsyD, MBA
Public Member
Second Supervisorial District


Carol Meyer, RN
Public Member
Fourth Supervisorial District


Brian Saeki, City Manager
League of California Cities
Los Angeles County Division


Garry Olney, DNP
Hospital Association of Southern California


Robert Ower, RN
Los Angeles County Ambulance Association


Kenneth Powell, Chief
Los Angeles Area Fire Chiefs' Association


Paul Rodriguez, Firefighter/
Paramedic, California
State Firefighters' Association

VACANT
Southern California Public Health Association


Ms. Carol Kim
Public Member
First Supervisorial District


Carole A. Snyder, RN
Emergency Nurses Association


Atilla Uner, MD, MPH
California Chapter – American College of Emergency Physicians (CAL-ACEP)


Mr. Gary Washburn
Public Member
Fifth Supervisorial District

Photo Not Available
Jason Tarpley, MD, PhD, FAHA
American Heart Association
Western States Affiliate


Richard Tadeo, RN, BSN
EMS Agency Director
EMSC Executive Director


Denise Watson, BSB
EMSC Secretary
EMS Commission Liaison

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

EMS AGENCY MEETING SCHEDULE

2024

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

NOTE: Meeting dates and times are subject to changes

Revised: August 17, 2023

COMMITTEE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
EMS Commission *(3rd Wednesday – ODD months)* ***1:00 pm***	17		20		8		17		18		20	
Base Hospital Advisory Committee *(2nd Wednesday – EVEN months)* ***1:00 pm***		7		10		5		14		9		11
Provider Agency Advisory Committee *(3rd Wednesday – EVEN months)* ***1:00 pm***		14		17		12		21		16		18
Pediatric Advisory Committee *(Tuesday – Quarterly)* ***10:00 am***			5			4			3			3
Medical Council *(Tuesday – Quarterly)* ***1:00 pm***			5			4			3			3
Trauma Hospital Advisory Committee *(4th Wednesday – ODD months)* ***1:00 pm***	24		27		22		24		25			4
EMS Orientation *(Last Tuesday – Quarterly)* ***8:00 am***	30			30			23			29		
Innovation, Technology and Advancement Committee *(1st Monday – Quarterly)* ***10:00 am***		12			6			5			4	
EMS QI Committee **Base Hospital and Public Provider** *(2nd Thursday – Quarterly)* ***1:00 pm***			14			13			12			12
EMS Private Provider QI Committee *(1st Thursday – every 4th month)* ***1:00 pm***				4				1				5
ACN – Building Emergency Coordinators Meeting *(4th Wednesday – Quarterly)* ***9:00 am***	24			24			24			23		
Disaster Coalition Advisory Meeting *(1st Thursday – every 4th month)* ***9:30 pm***		1				6				3		

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

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

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

July 25, 2023

TO: Distribution **VIA E-MAIL**

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: DESIGNATION OF ST-ELEVATION MYOCARDIAL INFARCTION (STEMI) RECEIVING CENTER

The Emergency Medical Services (EMS) Agency is pleased to announce that effective Tuesday, August 1, 2023 at 0700 **Centinela Hospital Medical Center** (CNT) is designated as a ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) for LA County. CNT may begin receiving 9-1-1 patients who meet the criteria outlined in Reference No. 513, ST-Elevation Myocardial Infarction (STEMI) Patient Destination and Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination.

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

Please visit the EMS Agency website at http://ems.dhs.lacounty.gov for the most current information about the new SRC and a map showing the approved hospitals. If you have any questions, please feel free to contact me at (562) 378-1600, or Ami Boonjaluksa, Chief of Hospital Programs at (562) 378-1596.

MGH:ab
07-23

Distribution: Director, EMS Agency
Fire Chief, Each Fire Department
Paramedic Coordinator, Each Fire Department
Nurse Educator, Each Fire Department
Prehospital Care Coordinator, Each Base Hospital
STEMI Coordinator, Each Approved STEMI Center
STEMI Medical Director, Each Approved STEMI Center
Medical Alert Center
ReddiNet®

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Janice K. Hahn
Fourth District

Kathryn Barger
Fifth District

Richard Tadeo
Director

Marianne Gausche-Hill, MD
Medical Director

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

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

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

July 31, 2023

TO: Los Angeles County EMS Constituents

FROM: Richard Tadeo
Director, EMS Agency

SUBJECT: **APPOINTMENT OF EMERGENCY MEDICAL SERVICES (EMS) AGENCY MEDICAL DIRECTOR**

I am pleased to announce the appointment of Dr. Nichole Bosson, as the Department of Health Services' Emergency Medical Services (EMS) Agency Medical Director, effective August 31, 2023, upon the retirement of Dr. Marianne Gausche-Hill.

Dr. Bosson completed her Bachelors of Science and Medical Doctorate degrees at Tufts University in 2002 and 2007 respectively. She completed her residency training in Emergency Medicine at New York University and Bellevue Hospital in 2011 and a Fellowship in Emergency Medical Services at Harbor-UCLA Medical Center in 2013. She also completed a Masters in Public Health at UCLA in 2012. She is Board Certified in both Emergency Medicine and EMS Medicine. She is nationally certified as a Paramedic and as a Medical Team Specialist for Urban Search & Rescue.

Dr. Bosson has worked in EMS for over 20 years and as an Emergency Medicine Physician for the past 12 years. She has been the EMS Agency Assistant Medical Director for the past 8 years and has served in many leadership positions and directed numerous initiatives in collaboration with many stakeholders across the EMS system, which have led to system changes. She holds a faculty position in the Department of Emergency Medicine at Harbor-UCLA Medical Center where she works clinically in the emergency department and provides online medical direction as a Base Hospital Physician. She also serves as the Fellowship Director for the EMS Fellowship Program and mentors junior faculty, fellows and residents.

Most recently, she served as the President for the Emergency Medical Director's Association of California (EMDAC). In this role, she liaised with many state and local organizations, advocacy groups, public officials, and other external organizations to address EMS issues across the state of California. She remains on the EMDAC Board of Directors as well as member to the Scope of Practice Committee, which provides recommendations to the California EMS Authority on prehospital care. She is actively involved in the National Association of EMS Physicians (NAEMSP), serving multiple committees including the Research Committee, Education Committee and Diversity, Equity, and Inclusion Committee.

Dr. Bosson has extensive research experience and have published over 60 peer review manuscripts. She has statistical and methodological skills, having completed courses at the UCLA School of Public Health. She is an editor for Prehospital Emergency Care and the Journal of the American College of Emergency Physicians. She is currently serving on technical expert panels for the National Registry of EMTs (NREMT) and the National Association of State EMS Officials (NAEMSO).

Dr. Bosson's experience, knowledge of the EMS system, clinical expertise as well as her established relationship with EMS Agency constituents will serve her well as she moves into this new role.

Our enormous gratitude to Dr. Marianne Gausche-Hill for her exceptional leadership as the Medical Director at the EMS Agency for the past 8 years.

RT:rt

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LOS ANGELES COUNTY

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

August 14, 2023

Mayor Karen Bass
City of Los Angeles
200 N. Spring St.
Los Angeles, CA 90012

RE: Appointment of Stephen Sanko, MD to Los Angeles Fire Commission

Dear Mayor Bass:

We are writing in strong support of Dr. Stephen Sanko who is seeking appointment to the Los Angeles City Fire Commission. Dr. Sanko is a board-certified emergency medicine and emergency medical services (EMS) physician, with extensive experience in fire department operations and fire-based EMS. Dr. Sanko completed his fellowship training in EMS at Los Angeles General Medical Center in collaboration with the Los Angeles Fire Department (LAFD) in 2015 and he subsequently served as the Assistant Medical Director for LAFD until last year when he left to pursue his career in emergency and EMS medicine at LA General.

Dr. Sanko is highly dedicated to the ensuring quality and equitable fire-based services for the people of Los Angeles. During his tenure as Assistant Medical Director at LAFD, Dr. Sanko was instrumental in departmental improvements that have contributed to enhanced operations as well as many lives saved. For example, Dr. Sanko helped to lead the development and implementation of new dispatch protocols, which reduced response times and improved resource allocation. Further, Dr. Sanko's work evaluating dispatch handling of patients in cardiac arrest and field triage of patients with heart attacks has led to improved outcomes for these critical patients. Recognizing that the vast majority of fire department responses are for medical emergencies, Dr. Sanko's intimate understanding of the intersection of operations and medicine is immensely valuable.

Dr. Sanko's prior experience and substantial knowledge of LAFD's operations, in addition to his subspecialty EMS training make him a uniquely qualified candidate for the position. The importance of fire-based EMS services for the City of Los Angeles cannot be understated. We believe the Fire Commission would greatly benefit from Dr. Sanko's contribution and highly support his appointment.

If you have any questions, please contact us.

Respectfully,

Richard Tadeo, RN
Director, Los Angeles County EMS Agency
rtadeo@dhs.lacounty.gov
562-378-1610

Marianne Gausche-Hill, MD, FACEP, FAEMS
Medical Director, Los Angeles County EMS Agency
Mgausche-hill@dhs.lacounty.gov
562-378-1600

Nichole Bosson, MD, MPH, NRP, FAEMS
Assistant Medical Director, Los Angeles County EMS Agency
nbosson@dhs.lacounty.gov
562-378-1602

c: Director, Los Angeles County Department of Health Services
Chief Deputy Director, Clinical Affairs, Los Angeles County Department of Health Services
Los Angeles County EMS Commission

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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August 15, 2023

Brett A. Rosen, MD, FAAEM, FACEP
Medical Director – EMS Program CalFire
715 P Street
Sacramento, CA 95814

Via email: brett.rosen@fire.ca.gov

RE: Approval for Use of EpiPen and Intranasal Naloxone for EMTs, and Intranasal Naloxone for Fire Marshals/Law Enforcement Officers

Dear Dr. Rosen,

This letter is confirming approval from the Los Angeles County Emergency Medical Services (EMS) Agency for law enforcement officers/Fire Marshals to be able to administer naloxone intra-nasal spray after appropriate training.

Cal Fire EMTs are approved to administer EpiPen auto injector as well as intranasal naloxone spray in Los Angeles County after appropriate training and ongoing continuing education.

The Los Angeles County EMS Agency works to support the efforts of CalFire to implement important medical therapies within our jurisdiction to ensure public safety.

Contact me if any question regarding these approvals.

Best,

Marianne Gausche-Hill, MD, FACEP, FAAP, FAEMS
Medical Director, Los Angeles County EMS Agency

Cc: Nichole Bosson, Christine Clare, David Wells

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Health Services
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August 17, 2023

Avetis Avetisyan, CEO
MedTrans, Inc
345 South Woods Avenue Suite 104
Los Angeles, California 90022

Dear Mr. Avetisyan:

KING LTS-D AIRWAY PROGRAM APPROVAL FOR SPECIALTY CARE TRANSPORT

This letter is to confirm that the Emergency Medical Services (EMS) Agency has reviewed and approved MedTrans, Inc (MD) for the utilization of the King LTS-D airway for Specialty Care Transport to include, Nurse Staffed Critical Care and Respiratory Care Practitioner transports.

The quality improvement process required for implementation of the King Airway will be reviewed during your annual program review or as deemed necessary by the EMS Agency. Validation of training to include, attendance rosters and graded written exams must be available for review during the annual site visit and upon request from the EMS Agency. MD may also be required to submit data to the EMS Agency on the use of the King Airway 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
08-15

c: Director, EMS Agency
Dr Romik Zadorian, Medical Director, MedTrans Ambulance
Matt Donohoe, SCT Coordinator, MedTrans Ambulance
Christine Zaiser, Nursing Instructor, Ambulance Programs

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

August 28, 2023

TO: Los Angeles County EMS Constituents

FROM: Richard Tadeo
Director, EMS Agency

SUBJECT: APPOINTMENT OF EMERGENCY MEDICAL SERVICES (EMS) AGENCY ASSISTANT MEDICAL DIRECTOR

I am thrilled to announce the appointment of Dr. Denise Whitfield as the Department of Health Services' Emergency Medical Services (EMS) Agency Assistant Medical Director, effective August 31, 2023.

Dr. Whitfield received a Bachelor of Science in Biology at Stanford University and her Doctor of Medicine at UCLA. She completed residency in Emergency Medicine at the Naval Medical Center in San Diego. A former Commander in the U.S. Navy, Dr. Whitfield has extensive experience delivering emergency medical care in diverse environments. She spent 12 years on active duty, with combat deployments to Iraq and Afghanistan. As a Naval Flight Surgeon, she completed operational assignments with the Marine Corps. As her final Navy assignment, she served as a White House Physician where she conducted operational medical planning and ensured medical care delivery for the President, Vice-President and First Lady. She received the Presidential Service Badge in honor of her contributions in the Navy.

Following her Naval service, Dr. Whitfield completed an EMS fellowship with the LA County EMS Agency and Harbor-UCLA Medical Center and simultaneously earned a Master of Business Admnistration through the University of North Carolina. She is board certified in emergency medicine and EMS medicine and serves as faculty in the Department of Emergency Medicine at Harbor-UCLA Medical Center as well as EMS Fellowship faculty. She has a strong background in mass gathering medicine and disaster medicine, serving as an event physician and emergency response and airway physician for the National Football League, as well as an Urban Search & Rescue Medical Team Manager.

Since 2018, Dr. Whitfield has served as the Medical Director of Education and Innovation at the LA County EMS Agency. In this role, Dr. Whitfield has led key education initiatives including the annual EMS Update and the monthly Emergipress. Dr. Whitfield has published multiple system-changing peer-reviewed manuscripts and authored several book chapters on topics in EMS medicine. She is actively involved with committees through the National Association of Emergency Physicians (NAEMSP) and the recipient of an education grant through the EMS for Children Innovations and Improvement Center (EIIC).

Dr. Whitfield has excelled in her current role and will make further important contributions to the LA County EMS system in this new position.

Please join me in congratulating Dr. Whitfield in her new role.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

Richard Tadeo
Director

Nichole Bosson, MD
Medical Director

10100 Pioneer Boulevard, Suite 200
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Tel: (562) 378-1500
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"To advance the health of our communities by ensuring quality emergency and disaster medical services."

August 31, 2023 **VIA E-MAIL**

TO: Distribution

FROM: Richard Tadeo
Director

SUBJECT: **EMERGENCY DEPARTMENT STATUS OF BEVERLY HOSPITAL**

Beverly Hospital (BEV) located at 300 West Beverly Boulevard, Montebello, will be closing its Emergency Department to 9-1-1 traffic. **Effective Friday, September 1, 2023 at 3:00 p.m. ALL 9-1-1 transports to BEV's Emergency Department shall be discontinued.** The ReddiNet® will display BEV as being on Internal Disaster.

Patients who would have been transported to BEV must be transported to surrounding approved 9-1-1 receiving hospitals as outlined in Ref. No. 502, Patient Destination.

Thank you for your attention to this matter. If you have any questions, please call me or Chris Clare, Nursing Director EMS Programs at (562) 378-1661 or cclare@dhs.lacounty.gov.

Distribution:
- Medical Director, EMS Agency
- Emergency Medical Services Commission
- Hospital Licensing Unit, Health Facilities Division
- Medical Alert Center
- Hospital Association of Southern California
- 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
- CEO, Care Ambulance Company
- Operations Manager, Care Ambulance Company
- CEO and ED Director, Beverly Hospital
- CEO and ED Director, PIH Health Whittier Hospital
- CEO and ED Director, Greater El Monte Community Hospital
- CEO and ED Director, Monterey Park Hospital
- CEO and ED Director, Garfield Medical Center
- CEO and ED Director, East Los Angeles Doctors Hospital
- CEO and ED Director, St. Francis Medical Center
- Prehospital Care Coordinator, Los Angeles General Medical Center
- Prehospital Care Coordinator, PIH Health Whittier Hospital
- Prehospital Care Coordinator, St. Francis Medical Center
- ReddiNet®