



**LOS ANGELES COUNTY  
BOARD OF SUPERVISORS**

**Hilda L. Solis**

First District

**Holly J. Mitchell**

Second District

**Lindsey P. Horvath**

Third District

**Janice K. Hahn**

Fourth District

**Kathryn Barger**

Fifth District

**COMMISSIONERS**

**Diego Caiivano, MD**

LA County Medical Association

**Erick H. Cheung, M.D.**

Southern CA Psychiatric Society

**Chief Paul Espinosa**

Los Angeles County Police Chiefs' Assn.

**Tarina Kang, M.D.**

Hospital Association of Southern CA

**Ms. Carol Kim**

Public Member (1<sup>st</sup> District)

**Lydia Lam, MD**

American College of Surgeons

**James Lott, PsyD, MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN**

Public Member (4<sup>th</sup> District)

**Kenneth Liebman**

LA County Ambulance Association

**Chief Kenneth Powell**

Los Angeles Area Fire Chiefs Association

**Mr. Jason Cervantes**

CA State Firefighters' Association

**Mr. Brian Saeki**

League of Calif. Cities/LA County Division

**Carole A. Snyder, RN**

Emergency Nurses Association

**Saran Tucker, Ph.D., MPH**

Southern California Public Health Assn.

**Atila Uner, MD, MPH**

California Chapter-American College of

Emergency Physicians (CAL-ACEP)

**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

American Heart Association

Western States Affiliate

**VACANT**

Peace Officers Association of LA County

**VACANT**

Public Member (3<sup>rd</sup> District)

**EXECUTIVE DIRECTOR**

**Richard Tadeo**

(562) 378-1610

[RTadeo@dhs.lacounty.gov](mailto:RTadeo@dhs.lacounty.gov)

**COMMISSION LIAISON**

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

**COUNTY OF LOS ANGELES EMERGENCY MEDICAL  
SERVICES COMMISSION**

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

(562) 378-1610 FAX (562) 941-5835

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

DATE: January 17, 2024

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**
  - 2.1 Commission Introductions
3. **ELECTION OF OFFICERS**
  - 3.1 Nominating Committee Nominations for 2024 EMSC Chair/Vice-Chair
  - 3.2 Standing Committee Nominations
  - 3.3 Measure B Advisory Board Representative
4. **CONSENT AGENDA:** *Commissioners/Public may request that an item be held for discussion. All matters are approved by one motion unless held.*
  - 4.1 **Minutes**
    - 4.1.1 November 15, 2023
  - 4.2 **Committee Reports**
    - 4.2.1 Base Hospital Advisory Committee – 12/6/23 Meeting Cancelled
    - 4.2.2 Provider Agency Advisory Committee
  - 4.3 **Policies**
    - 4.3.1 Reference No. 304: Paramedic Base Hospital Standards
    - 4.3.2 Reference No. 411: Provider Agency Medical Director
    - 4.3.3 Reference No. 420: Private Ambulance Operator Medical Director

**END OF CONSENT AGENDA**

**5. BUSINESS**

**Business (Old)**

- 5.1 Ambulance Patient Offload Time (APOT)
- 5.2 IFT Transports

**Business (New)**

5.3 EMSC Workplan (Goals/Objectives) for FY 24-25

**6. LEGISLATION**

**7. DIRECTORS' REPORT**

7.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director

7.1.1 Annual EMS System Report

7.1.2 LA County Map of Perinatal Centers with Neonatal Intensive Care Units (NICU)

**Correspondence**

7.1.3 (01/04/24) Continuous Positive Airway Pressure, Intraosseous, and Transcutaneous Pacing Program Approval

7.1.4 (12/19/23) Appointment of Dr. Schira Schlesinger to EMS Agency Medical Director of Education and Innovation

7.1.5 (12/14/23) Continuous Positive Airway Pressure and Intraosseous Approval – Antelope Ambulance Service

7.1.6 (12/14/23) Intraosseous Infusion – Humeral Placement Approval – El Segundo Fire Department

7.1.7 (11/22/23) Expansion of the LA County ECMO Pilot to Additional Provider Units

7.1.8 (11/15/23) End of Suicide Risk Screen Tool Pilot

7.1.9 (11/15/23) Inappropriateness of Labor & Delivery Diversion

7.1.10 (11/14/23) San Gabriel Valley Medical Center Closure of Perinatal Services

7.1 Nichole Bosson, MD, EMS Agency Medical Director

7.2.1 Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)

7.2.2 EMS Update 2024

**7. COMMISSIONERS' COMMENTS / REQUESTS**

**8. ADJOURNMENT**

To the meeting of March 20, 2024



# EMERGENCY MEDICAL SERVICES COMMISSION

## STANDING COMMITTEE NOMINEES

### 2024

3.2 ELECTION OF OFFICERS



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

COMMITTEE	2022	2023	2024
<i>Provider Agency Advisory Committee</i> <b>PAAC</b>	Chair: <b>Robert Ower</b> Vice Chair: <b>Kenneth Powell</b>  Commissioners: Carl Povilaitis Paul Rodriguez Brian Bixler John Hisserich  Staff: <b>Gary Watson</b>	Chair: <b>Kenneth Powell</b> Vice Chair: <b>Paul Rodriguez</b>  Commissioners: Paul Espinosa James Lott, PsyD, MBA Robert Ower Gary Washburn Brian Bixler John Hisserich Jason Tarpley, MD  Staff: <b>Gary Watson</b>	Chair: <b>Kenneth Powell</b> Vice Chair: <b>Paul Espinosa</b>  Commissioners: James Lott, PsyD, MBA Ken Liebman Jason Cervantes Carol Kim Carol Meyer Gary Washburn Peace Officers Association Public Member – 3 <sup>rd</sup> District  Staff: <b>Gary Watson</b>
<i>Base Hospital Advisory Committee</i> <b>BHAC</b>	Chair: <b>Carol Meyer, MPA, RN</b> Vice Chair: <b>Garry Olney, DNP</b>  Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Diego Caivano, MD Erick Cheung, MD Carole Snyder, RN  Staff: <b>Laura Leyman</b>	Chair: <b>Erick Cheung, MD</b> Vice Chair: <b>Garry Olney, DNP</b>  Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Diego Caivano, MD Carole Snyder, RN Carol Meyer, RN Brian Saeki Nabila Alam  Staff: <b>Laura Leyman</b>	Chair: <b>Erick Cheung, MD</b> Vice Chair: <b>Diego Caivano, MD</b>  Commissioners: Atilla Uner, MD, MPH Lydia Lam, MD Carole Snyder, RN Brian Saeki Saran Tucker Tarina Kang, MD American Heart Association  Staff: <b>Laura Leyman</b>



# COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

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

(562) 378-1604 FAX (562) 941-5835

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

## MINUTES November 15, 2023

### LOS ANGELES COUNTY BOARD OF SUPERVISORS

**Hilda L. Solis**

First District

**Holly J. Mitchell**

Second District

**Lindsey P. Horvath**

Third District

**Janice K. Hahn**

Fourth District

**Kathryn Barger**

Fifth District

### COMMISSIONERS

**Diego Caivano, MD, Vice Chair**

LA County Medical Association

**Erick H. Cheung, M.D.**

Southern CA Psychiatric Society

**Chief Paul Espinosa**

Los Angeles County Police Chiefs' Assn.

**John Hisserich, Dr.PH.**

Public Member (3<sup>rd</sup> District)

**Ms. Carol Kim**

Public Member (1<sup>st</sup> District)

**Lydia Lam, MD, Chair**

American College of Surgeons

**James Lott, PsyD., MBA**

Public Member (2<sup>nd</sup> District)

**Carol Meyer, RN**

Public Member (4<sup>th</sup> District)

**Robert Ower, RN**

LA County Ambulance Association

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**Mr. Paul S. Rodriguez**

CA State Firefighters' Association

**Mr. Brian Saeki**

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California Chapter-American College of

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**Mr. Gary Washburn**

Public Member (5<sup>th</sup> District)

**VACANT**

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Peace Officers Association of LA County

### EXECUTIVE DIRECTOR

**Richard Tadeo**

(562) 378-1610

[RTadeo@dhs.lacounty.gov](mailto:RTadeo@dhs.lacounty.gov)

### COMMISSION LIAISON

**Denise Watson**

(562) 378-1606

[DWatson@dhs.lacounty.gov](mailto:DWatson@dhs.lacounty.gov)

<input type="checkbox"/> Vacant	Peace Officers' Assn. of LAC	Richard Tadeo	Executive Director
<input checked="" type="checkbox"/> Diego Caivano, M.D.	L.A. County Medical Assn.	Denise Watson	EMSC Liaison
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
<input checked="" type="checkbox"/> John Hisserich, Dr.PH	Public Member, 3 <sup>rd</sup> District	Denise Whitfield, MD	EMS Staff
<input type="checkbox"/> *Carol Kim	Public Member, 1 <sup>st</sup> District	Jacqui Rifenburg	EMS Staff
<input checked="" type="checkbox"/> Lydia Lam, M.D.	So. CA Chapter American College of Surgeons	Christine Clare	EMS Staff
<input type="checkbox"/> *James Lott, PsyD, MBA	Public Member, 2 <sup>nd</sup> District	Laura Leyman	EMS Staff
<input type="checkbox"/> *Carol Meyer, RN	Public Member, 4 <sup>th</sup> District	Gerard Waworundeng	EMS Staff
<input type="checkbox"/> Vacant	Hospital Assn. of So. CA	Mark Ferguson	EMS Staff
<input checked="" type="checkbox"/> Robert Ower, RN	LAC Ambulance Association	Jennifer Calderon	EMS Staff
<input checked="" type="checkbox"/> Paul Espinosa	LA County Police Chiefs' Assn.	David Wells	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Roel Amara	EMS Staff
<input checked="" type="checkbox"/> Paul S. Rodriguez	CA State Firefighters' Assn.	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Brian Saeki	League of CA Cities/LA County	Hannah Kang	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	Adrian Romero	EMS Staff
<input type="checkbox"/> Vacant	American Heart Association	Christine Zaiser	EMS Staff
<input type="checkbox"/> Saran Tucker	So. Cal Public Health Assn.	Ami Boonjaluksa	EMS Staff
<input checked="" type="checkbox"/> Atila Uner, M.D., MPH	American College of Emergency Physicians CAL-ACEP		
<input type="checkbox"/> *Gary Washburn	Public Member, 5 <sup>th</sup> District		

### GUESTS

Jennifer Nulty/Torrance Fire

Rafael DeLaRosa/HASC

David Molyneux

Laurie Donegan/Mem Care

Catherine Borman/SMFD

Nicole Reid/LACoFD

(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. Chair Lydia Lam called the meeting to order at 1:00 p.m. Roll was taken by Commission Liaison Denise Watson. There was a quorum with 11 commissioners present.

### 2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

2.1 Richard Tadeo, EMS Agency Director/EMSC Executive Director, announced details on the 40<sup>th</sup> Anniversary Trauma Center Celebration to be held November 29, 2023 at One Legacy in Azusa, California.

2.2 Director Tadeo announced that Commissioners' Atila Uner, Kenneth Powell, Lydia Lam, and Erick Cheung were reappointed to the EMSC; Commissioners' Paul Rodriguez, Robert Ower, Garry Olney, and John Hisserich are retiring from the EMSC; and Board appointments for Tarina Kang, M.D. to represent the Hospital Association of Southern

California (HASC), and Kenneth Liebman to represent the Los Angeles County Ambulance Association.

**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 July 19, 2023 Minutes

3.1.2 September 13, 2023 – Meeting held with no quorum/no votes

**3.2 Committee Reports**

3.2.1 Base Hospital Advisory Committee – August 9, 2023

3.2.2 Provider Agency Advisory Committee – August 16, 2023

3.2.3 Base Hospital Advisory Committee – October 11, 2023

3.2.4 Provider Agency Advisory Committee – October 18, 2023

**3.3 Policies**

3.3.1 Reference No. 418: Authorization and Classification of EMS Aircraft

3.3.2 Reference No. 503.1: Diversion Request Requirements for Emergency Department Saturation

Clarification was provided that when a hospital is on advanced life support (ALS) diversion, pediatric ALS patients will also be diverted regardless of whether the hospital is an Emergency Departments Approved for Pediatrics (EDAP). When hospitals are on basic life support (BLS) diversion, all traffic is diverted from the facility including pediatric.

3.3.3 Reference No. 516: Cardiac Arrest (Non-Traumatic) Patient Designation

3.3.4 Reference No. 519: Management of Multiple Casualty Incidents (MCI)

Clarification was provided that the Medical Alert Center (MAC) will advise of bed availability only and will not direct where the patient is taken.

3.3.5 Reference No. 607: Electronic Submission of Prehospital Data Designation Activation and Mobilization of Equipment

3.3.6 Reference No. 1102: Disaster Resource Center (DRC) Designation, Activation and Mobilization of Equipment

3.3.7 Reference No. 1114: Hospital EMS Surge Assistance Plan

3.3.8 Reference No. 1128: Decontamination Trailer Deployment for Mass Casualty Event

3.3.9 Reference No. 1138: Burn Resource Center (BRC) Designation and Activation

3.3.10 Reference No. 1140: Mobile Medical System Deployment

3.3.11 Reference No. 1140.1: Mobile Medical System Deployment Summary-Deleted

3.3.12 Reference No. 1143: Medical Oversight During an Infectious Disease Surge

***Motion/Second by Commissioners Ower/Powell to approve the Consent Agenda was carried unanimously.***

**END OF CONSENT AGENDA**

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**4. BUSINESS**

**Business (Old)**

**4.1 Ambulance Patient Offload Time (APOT)**

Christine Clare, EMS Agency Nursing Director – EMS Programs, reported that third quarter APOT results by hospital in the San Gabriel Valley and east regions reflect an average of 50% to 60% of valid records from provider arrival at hospital to time turned over to hospital equipment. The EMS Agency is working with the providers to get more valid records. Diversion time percentages remained fairly stable since the prior report.

APOT results by providers reflected no significant changes in the numbers; however, the percentage of valid records is significantly lower for the EOA transport providers than for private fire departments that do their own transportation.

Due to the transition to NEMSIS, the EMS Agency is not receiving data at this time which will cause a delay in fourth quarter APOT reporting for 2023.

Director Tadeo reported that Assembly Bill (AB) 40 passed which establishes APOT statewide as 30 minutes 90% of the time. With the transition to NEMSIS, moving forward the electronic patient care records will be transmitted to the State and per AB 40 it will be the State that will be running reports on APOT. The EMS Agency will verify the validity of the report they will provide using our own data system to ensure that the transmission from the County to the State is happening seamlessly and accurately.

Under AB 40 the State will require hospitals to have and submit mitigation strategies to address APOT. The bill also requires the EMS Authority to engage hospitals not meeting the standards on a monthly call. The EMS Agency will participate on those calls to represent the region. AB 40 is going to Governor Gavin Newsom for signature.

#### 4.2 Board Motion Supervisorial District 1 – Hilda L. Solis: Fair Compensation for Emergency Medical Services Workers

Director Tadeo reported on a November 14, 2023 letter from Christina R. Ghaly, M.D., Los Angeles County Director of Health Services, addressed to the Board of Supervisors in response to this Board Motion. It was concluded that Title 7 is not the avenue to address fair compensation for EMS workers and personnel recruitment and retention, and this should be left to the individual bargaining unit to work with their employers.

The International Association of Paramedics and EMTs agreed and accepted the recommendation that if Title 7 was to move forward it should be with the next EOA negotiations where we bid out County Fires jurisdiction, as well as independent cities that do not provide ambulance transportation. If the Board chooses to direct the EMS Agency to approach it in that manner, they can make a Board Motion to do that. The other recommendation is for the Board to have a legislative platform to support the increase in Medicare and Medi-Cal reimbursement for both public and private ambulance companies.

#### 4.3 Interfacility Transports

Ms. Clare reported an IFT workgroup has been convened, composed of EMS Agency staff, representatives from private ambulance companies, Los Angeles Fire Department (LAFD) and Los Angeles County Fire Department (LACoFD) and HASC with the goal of decreasing the utilization of 9-1-1 for IFTs and increasing the available critical care transport (CCT) teams throughout LA County. The workgroup is looking at health plans, reimbursement rates, identifying hospital strategies, looking at provider availability for private providers and barriers impeding them to those transfers. The workgroup will meet monthly.

Director Tadeo reported that reimbursement for IFTs is an issue and the Los Angeles County Ambulance Association and HASC have raised issues with logistics and reimbursement rates paid for transports which is not sustainable. HASC has met with Logisticare and is seeking resolution on this. Their planned action items include engaging hospitals to look at best practices and feasibility of some hospitals and larger medical centers to develop a mechanism for CCTs. They are looking at different levels of CCTs.

Some will require paramedics, and some will require drips and meds not in the scope of paramedics. LAFD and LACoFD have requested participation at the HASC Emergency Health Services Committee to engage in the discussion on how to mitigate the utilization of 9-1-1 for IFTs. The EMS Agency has been meeting with Kaiser hospitals, and have put forth some of the cases the medical directors feel not appropriate for 9-1-1 transfer. We are connecting the LAFD and LACoFD Medical Directors with Kaiser and will follow up with feedback on how that is going.

### **Business (New)**

#### **4.4 Annual Report**

Chair Lam called for approval of the Annual Report and opened the floor for discussion.

***Motion/Second by Commissioners Ower/Hisserich to approve the Annual Report was carried unanimously.***

#### **4.5 Nominating Committee – Chair and Vice Chair for 2024**

Commissioners Robert Ower, Carole Snyder, and Kenneth Powell volunteered for the Nominating Committee to identify candidates for the EMSC Chair and Vice Chair for 2024. Their recommendations will be presented at the January 17, 2024 meeting.

#### **4.6 EMS Agency Meeting Schedule for 2024 – May 8, 2024 – 2<sup>nd</sup> Wednesday**

The May 15, 2024 EMSC meeting date will be changed to May 8, 2024, which is the second Wednesday of the month instead of the usual third Wednesday of the month due to calendar conflicts.

***Motion/Second by Commissioners Cheung/Rodriguez to approve the EMSC meeting date change from May 15, 2024, to May 8, 2024, was carried unanimously.***

### **5. LEGISLATION**

Director Tadeo reported on the following legislation:

AB 716: 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 at a higher rate. Passed by the Senate but needs to go back to the assembly committee to approve the amendments that were made by the Senate. The passage of this bill is necessary for AB 1168 to be implemented (if AB 1168 were to continue). This is on Governor Newsom's desk to sign. This bill also precludes ambulance companies from billing a client after they have been paid by a third-party payor. This bill is effective January 1, 2024, and the EMS Agency will be sending out letters concerning this.

AB 1168: This bill addresses the City of Oxnard versus the County of Ventura which would retroactively establish grandfather status to the City of Oxnard to provide ambulance services. This case has been adjudicated by the courts and they have determined that the City of Oxnard does not have rights to provide emergency ambulance transportation. This was put into suspense by the author. The EMS Authority is looking at rewriting regulations in terms of the administration of EMS. This was previously called Chapter 13 wherein it clarifies the role of the State, the local EMS agencies (LEMSAs), and the provider agencies in terms of having an organized EMS system in the State. This began in 2018, was postponed due to the pandemic, and has been resurrected and the State has put forth the intent to resolve these issues.

## 6. **DIRECTOR'S REPORT**

### 6.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

Director Tadeo reported there was \$28 million in Measure B unallocated funds. There were 41 projects submitted valuing \$54 million. The Measure B Advisory Board (MBAB) met twice, and the Board rated those different projects. The MBAB is collating those ratings in terms of scoring and will reconvene to determine which projects will get funded. A few projects were willing to scale back their projects. The EMS Agency has four projects. The MBAB has tentative plans to meet in December to determine which projects will be funded and provide a report to the Board of Supervisors.

#### Correspondence

- 6.1.1 (7/25/23) Designation of ST-Elevation Myocardial Infarction (STEMI) Receiving Center – Centinela Hospital Medical 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  
Beverly Hospital was put on EMS suspension for a few weeks after they were purchased by Adventist Health. They have received their new licenses.
- 6.1.8 (9/13/23) Withdrawal from Pediatric Medical Center Destination – Providence Cedars-Sinai Tarzana Medical Center
- 6.1.9 (9/26/23) FirstWatch/ReddiNet Integration Go-Live  
This went live on October 3, 2023. Hospitals, EOA providers, and the majority of EMS providers are on FirstWatch. The integration is for FirstWatch to pass information to ReddiNet. This displays the number of units enroute to the hospital and the number of units waiting to offload. Still working out the data for the actual transfer of care. Funding to complete this project is pending.
- 6.1.10 (10/5/23) Beverly Hospital Resumption of Emergency Department Services
- 6.1.11 (10/19/23) Palmdale Regional Medical Center Maternal Services Closure
- 6.1.12 (10/30/23) Name Change for Beverly Hospital
- 6.1.13 (10/30/23) Palmdale Regional Medical Center Maternal Services Closure 10/30/23  
A lot of hospitals are reducing their perinatal capabilities. The EMS Agency will be evaluating and doing geo-mapping to identify potential gaps in the system.

### 6.2 Nichole Bosson, MD, EMS Agency Medical Director

#### 6.2.1 Office of Traffic Safety (OTS) Grants

Dr. Bosson reported official agreements with OTS have been received to implement two projects the agency is working on with Lundquist and Harbor-UCLA Medical Center:

1. A grant to support the implementation of a health data exchange to develop dashboards on trauma injuries, focused on traffic collisions and pedestrian accidents, as well as the goal of developing a research agenda and providing an education curriculum to improve post crash care in the field and injury prevention. This project is ongoing through October 2024.
2. Development of a mobile application for all EMS Agency treatment protocols, medical control guidelines and related policies, as well as just-in-time videos being developed by Denise Whitfield, M.D., EMS Agency Assistant Medical Director. This project will also incorporate the current mobile application on the Color Code Drug Doses.



Other Initiatives include:

- PediDOSE: Pediatric study of seizure dosing optimization – ongoing.
- Pedi-PART: The prehospital pediatric airway resuscitation trial comparing supraglottic airway devices (i-gel in LA County) to bag-mask-ventilation (BMV) for pediatric patients aged one (1) day up to their 18<sup>th</sup> birthday. A workgroup has been convened to address implementation. Dr. Whitfield will be taking the lead to develop a training program. Enrollment expected to launch in May 2024.
- ELCoR Task Force: The Los Angeles County EMS and Law Enforcement Co-Response Task Force is finalizing Medical Control Guideline (MCG) 1307.4 and a corresponding training module. We have a complete draft of the MCG that will go through the committees in December. This will be provided to the Commission once completed, and training will be done during EMS Update
- Pediatric Data Collaborative: Have launched the pediatric data collaborative to use the pediatric data and how to improve pediatric emergency care such as CARES and other collaborations. This is a new initiative.
- STEMI and Cardiac Arrest Care manuscript was just accepted, looking at time to intervention for STEMI patients during COVID vs. pre-COVID. There were no delays during the time of COVID. Will share once this gets published.
- In early stages – medication shortages problem for provider agencies. Looking to develop an emergency medication cache to support agencies when they run short. Smaller agencies experience significant challenges. Exploring how to best operationalize that.

Dr. Whitfield reported on EMS Update and that it will be consisting in two parts:

1. Pedi-PART.
2. The Medical Control Guideline for ELCoR.

## **7. COMMISSIONERS' COMMENTS / REQUESTS**

Commissioner Cheung acknowledged that Commissioner Hisserich is retiring from the EMSC, and this may be his last meeting.

Commission Liaison Denise Watson expressed thanks to the Commissioners for their commitment to the residents of LA County through their work on the Commission, their time and sacrifices, and invaluable service and wished them well.

## **8. ADJOURNMENT:**

Adjournment by Chair Lam at 1:55 PM to the meeting of Wednesday, January 17, 2024.

**Next Meeting:** Wednesday, January 17, 2024, 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

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



**EMERGENCY MEDICAL SERVICES  
BASE HOSPITAL ADVISORY COMMITTEE**



**MEETING NOTICE**

Date: December 6, 2023  
Time: 1:00 P.M.  
Location: EMS Agency (Cathy Chidester Conference Room 1st Floor)  
10100 Pioneer Blvd., Santa Fe Springs, CA 90670  
(In-person meeting)

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

**BASE HOSPITAL ADVISORY COMMITTEE  
DARK FOR DECEMBER 6, 2023**



# EMERGENCY MEDICAL SERVICES COMMISSION PROVIDER AGENCY ADVISORY COMMITTEE

## MINUTES

Wednesday, December 20, 2023

## MEMBERSHIP / ATTENDANCE

### MEMBERS IN ATTENDANCE

Kenneth Powell, Chair  
X Paul Rodriguez, Vice-Chair  
Paul Espinosa  
James Lott, PsyD, MBA  
Robert Ower  
Gary Washburn  
Brian Bixler  
John Hisserich  
Jason Tarpley, MD

### ORGANIZATION

EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner  
EMSC, Commissioner

### EMS AGENCY STAFF

Richard Tadeo  
Christine Clare  
Jacqueline Riffenburg  
Michael Kim, MD  
Sam Calderon  
Aldrin Fontela  
Laurie Lee-Brown  
Nnabuike Nwanonyi  
Priscilla Romero  
David Wells  
Paula Cho

### EMS AGENCY STAFF

Nichole Bosson, MD  
Denise Whitfield, MD  
Dipesh Patel, MD  
Jake Toy, MD  
Mark Ferguson  
Han Na Kang  
Laura Leyman  
Sara Rasnake  
Denise Watson  
Christine Zaiser  
Gary Watson

X Sean Stokes

Justin Crosson

X Keith Harter

Clayton Kazan, MD

Todd Tucker

Jeffrey Tsay

Kurt Buckwalter

Ryan Jorgenson

Mick Hannan

Andrew Reno

Adam Brown

Jennifer Nulty

X Doug Zabitski

Tyler Dixon

David Hahn

X Julian Hernandez

X Tisha Hamilton

Rachel Caffey

Jenny Van Slyke

Pending

X Paul Voorhees

Maurice Guillen

Scott Buck

Tabitha Cheng, MD

X Tiffany Abramson, MD

Andrew Lara

Jonathan Lopez

Michael Kaduce

Scott Jaeggi

Scott Atkinson

David Filipp

X Adrienne Roel

X Caroline Jack

Area A (*Rep to Medical Council*)

Area A, Alternate

Area B

Area B, Alternate

Area C

Area C, Alternate

Area E

Area E, Alternate

Area F

Area F, Alternate

Area G (*Rep to BHAC*)

Area G, Alternate

Area H

Area H, Alternate

Area H, Alternate

Employed Paramedic Coordinator

Employed Paramedic Coordinator, Alt

Prehospital Care Coordinator

Prehospital Care Coordinator, Alternate

Public Sector Paramedic Coordinator

Public Sector Paramedic Coordinator, Alt

Private Sector Paramedic

Private Sector Paramedic, Alternate

Provider Agency Medical Director

Provider Agency Medical Director, Alt

Private Sector Nurse Staffed Amb Program

Private Sector Nurse Staffed Amb Program,

EMT Training Program

EMT Training Program, Alternate

Paramedic Training Program

Paramedic Training Program, Alternate

EMS Educator

EMS Educator, Alternate

### GUESTS

Marc Cohen, MD  
Angie Loza-Gomez, MD  
Danielle Ogaz  
Freddy Jimenez  
Carlos Garcia  
David Molyneux  
Jason Hansen  
Jodi Slicker  
Travis Corr  
Armando Jurado  
Alina Candal  
Freddy Jimenez  
Alfredo Estrado  
Ryan Cortina  
Kristina Crews  
Errol Barrientos  
Victor Lemus

### ORGANIZATION

Multi-Agency Medical Director  
Area C Medical Director  
LACoFD  
Montebello FD  
Montebello FD  
AM West Ambulance  
Pasadena FD  
Pasadena FD  
San Gabriel FD  
Lifeline Ambulance  
PIH Health Whittier Hosp/ APCC  
Montebello FD  
Montebello FD  
Burbank FD  
LACoFD  
Emergency Ambulance  
Compton FD

1. **CALL TO ORDER** - Vice-Chair Paul Rodriguez called meeting to order at 1:10 p.m.

## 2. INTRODUCTIONS AND ANNOUNCEMENTS

### 2.1 Committee Member Retirements (*Richard Tadeo*)

- The EMS Agency Director announced the retirements of Paul Rodriguez (EMS Commissioner) and Doug Zabitski (Area H Representative).
- The EMS Agency expressed great appreciation for their dedication to this Committee and the LA County EMS system. Certificates of Appreciation were presented.

### 2.2 Medical Director for Education and Innovation (*Richard Tadeo*)

EMS Agency Director announced the appointment of Dr. Shira Schlesinger, as the EMS Agency's Medical Director for Education and Innovation.

**3. APPROVAL OF MINUTES (Zabilski / Voorhees)** October 18, 2023, minutes were approved as written.

## **4. REPORTS & UPDATES**

### **4.1 PediDose Trial (Nichole Bosson, MD)**

- Enrollments continue with over 250 participants enrolled.
- Providers are encouraged to continue identifying and enrolling those who are eligible. Reminder that enrollment needs to be completed within 7 days of patient contact.
- Paramedics enrolling patients into this Trial now have a chance to win 4 gift cards per entry per month, vs the previous 1 gift card per entry per month.
- Reminder to paramedics, please choose the correct Provider Impression when enrolling the pediatric seizure patients. Enrollments include patients who either fall under the Provider Impression of Seizure – Active (SEAC) or Seizure - Postictal (SEPI).

### **4.2 Pedi-PART (Trial) (Nichole Bosson, MD)**

- This Pediatric Prehospital Airway Resuscitation Trial compares bag-mask ventilation strategy followed by early transition to igel, for management of pediatric airway in the prehospital setting.
- Once the EMS Agency receives final approval from the State, the next step will be to send out surveys and post a webinar, informing the public and EMS community of this Trial; and allow for any feedback.
- Training will be incorporated into EMS Update 2024 and will require hands-on skills.
- Prior to implementation, providers must have at least 90% of their active paramedics complete the asynchronous module and at least 25% of the active paramedics must have completed the hands-on skills portion. Hands-on training completion date will be set for August 1, 2024.
- To assist with this Trial, the EMS Agency is seeking information on how providers store their cardiac monitor data. In mid-December a survey was sent to all public providers requesting this information. Providers are reminded to please complete this survey as soon as possible.

### **4.3 Research Initiatives and Pilot Studies (Nichole Bosson, MD)**

- ECMO – enrollment continues.
- Data Collaboratives
  - SRC – Recently published a research article regarding the ability to get STEMI patients to the cardiac catheterization lab during the COVID-19 pandemic, which was published in the American Journal of Cardiology.
  - Pediatric – recently launched this new Data Collaborative, with the goal of focusing on how to collaborate between agencies and other institutions to look at pediatric outcomes.

### **4.4 EMS Update 2023 / 2024 (Denise Whitfield, MD)**

- EMS Update 2023 is complete and included the training on administration of TXA and monitoring blood products.
- Topics for EMS Update 2024 include Pedi-PART (as discussed above), Medical Control Guideline: EMS and Law Enforcement Co-Response, and potentially Pedi-Dose phase 2. EMS Update committee will convene in January 2024.
- Proposed train-the-trainer dates are April 1<sup>st</sup> and April 3<sup>rd</sup>. Completion date for EMS Update will be June 30, 2024.

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

- Committee last met on November 6, 2023, and reviewed one device (Infant Transport Mattress Warmer) which is currently being used by Pasadena FD. After review, this Committee recommended item to be placed on the inventory lists as “Optional” equipment.

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

- Currently working on the next EmergiPress. Plan to be posted on the EMS Agency's webpage before the end of the year.
- Topics include ECG/Toxicology and TXA administration.

#### **4.7 California Office of Traffic Safety (OTS) Grants (Nichole Bosson, MD / Shira Schlesinger, MD)**

The EMS Agency received two grants from OTS to support initiatives in reducing injuries from pedestrian accidents and post-crash care.

##### **4.7.1 Mobile Application Grant**

- This grant is to build a mobile application that would provide access to all LA County treatment protocols and policies in real time and will include "just in time" treatment videos. The workgroup meets monthly for feedback and to assist with the development of this application. This is a 1-year grant which will end in October 2024.

##### **4.7.2 Curriculum Development on Injury Prevention and Post-Crash Care**

- The second grant is to support the Health Data Exchange use of data, to identify key metrics for our trauma care, particularly related to vehicular accidents and pedestrian accidents. The EMS Agency, in partnership with the Lundquist Institute, will convene a workgroup to drive the research in post-crash care and injury prevention; and develop an educational curriculum around these topics.
- The EMS Agency will be sending out invitations requesting participation in the workgroup to identify educational needs.

#### **4.8 Medication Cache (Denise Whitfield, MD)**

- Due to ongoing nationwide shortages of several medications and to better assist provider agencies during these shortages, the EMS Agency will be restructuring the current disaster warehouse medication cache, with a focus on the most critical medications.
- More information will be provided once this project is complete.
- Providers are encouraged to continue following the mitigation strategies described in Reference No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles, during medication shortages and prior to requesting EMS Agency assistance.

#### **4.9 EMS for Children Pediatric Readiness Assessment for Provider Agencies (Chris Clare)**

- Every few years the National Pediatric Readiness Program sends out a survey to all public providers, asking questions on the general care of the pediatric patient. The next survey will be sent out in early 2024 by the EMS Authority. The EMS Agency asks all public providers to participate.

### **5. UNFINISHED BUSINESS**

There is no unfinished business.

### **6. NEW BUSINESS**

**The following policy was reviewed; Action Required:**

#### **6.1 Reference No. 420, Private Ambulance Operator Medical Director (David Wells)**

**The following policy was reviewed; No Action required:**

**6.4 Reference No. 1307.4, MCG: EMS and Law Enforcement Co-Response (Nichole Bosson, MD)**

- Policy reviewed as information only.
- After review, the policy was tabled. This Committee requested additional clarity of language from the taskforce. The next taskforce meeting is scheduled for January 8, 2024. Policy will return to this Committee on February 14, 2024.

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

**7. OPEN DISCUSSION**

**7.1 Health Data Exchange (Richard Tadeo)**

- Based on the scoring of the Measure B Funding Advisory Board, the EMS Agency is confident this project will receive the needed funding that would enable the development of bi-directional software that would move prehospital data into a hospital's electronic patient care system. This would also allow providers to receive patient outcome data and patient financial data. Specific outcome data is still to be determined.
- Funding will be available for the fiscal year 2024-2025.
- Phases of this project will include LA County's trauma and base hospitals; all specialty hospitals; and then all other hospitals.
- Measure B funds will include the initial annual subscriptions for all EMS providers.
- The EMS Agency will be contacting providers once hospitals are on board.

**7.2 PEDI-Dose Preparation: Cardiac Monitor Survey (Nichole Bosson, MD)**

- Dr. Bosson thanked several providers for completing the cardiac monitor survey, which is needed for the preparation of the PEDI-Dose Trial. This survey was sent out to providers on December 12, 2023. A reminder will be sent after today's meeting.
- PEDI-Dose : Recognition given to Arcadia Fire Department for having 100% completion rate of the paramedic self-report; and eight other providers were recognized for completing the self-report more than 50% of the time. All other providers were encouraged to be diligent in completing the paramedic self-reports after each pediatric seizure response.

**8. NEXT MEETING – February 14, 2024**

**9. ADJOURNMENT - Meeting adjourned at 2:06 p.m.**

SUBJECT: **PARAMEDIC BASE HOSPITAL STANDARDS**

REFERENCE NO. 304

PURPOSE: To establish minimum standards for the designation of a paramedic base hospital in the Los Angeles County Emergency Medical Services (EMS) system.

AUTHORITY: Health & Safety Code, Division 2.5, 1797.56, 1797.58, 1797.59  
California Code of Regulations, Title 22, Section 100169 and 100170  
Specialty Care Center Paramedic Base Hospital Designation Agreement

DEFINITIONS:

**Base Hospital Medical Director (BHMD):** A physician currently licensed to practice in the State of California, Board Certified in Emergency Medicine, and appointed by the hospital to provide medical oversight of the Base Hospital Program.

**Board Certified (BC):** Successful completion of the evaluation process through one of the Member Boards of the American Board of Medical Specialists (ABMS) or American Osteopathic Association (AOA) including an examination designed to assess the knowledge, skills, and experience necessary to provide quality patient care in a particular specialty.

**Board Eligible (BE):** Successful completion of a residency training program with progression to board certification based on the timeframe as specified by the ABMS or AOA for a specific specialty.

**Emergency Department Approved for Pediatrics (EDAP):** A licensed basic or comprehensive emergency department (ED) that is designated by the Emergency Medical Services (EMS) Agency to receive pediatric patients via the 9-1-1 system. These EDs provide care to pediatric patients by meeting specific requirements for professional staff, quality improvement, education, support services, equipment, supplies, medications, and established policies and procedures, as per the guidelines outlined in Ref. No. 316, Emergency Department Approved for Pediatric (EDAP) Standards.

**Mobile Intensive Care Nurse (MICN):** A registered nurse who has been authorized by the medical director of the EMS Agency as qualified to provide prehospital advanced life support or to issue instructions to EMS personnel within the Los Angeles County EMS system in accordance with standardized procedures that are consistent with statewide guidelines.

**Paramedic Base Hospital (PBH):** A paramedic base hospital, herein referred to as base hospital, is one of a limited number of hospitals which, upon designation by and completion of a written contractual agreement with the EMS Agency, is responsible for providing online medical direction, prehospital education, and quality improvement activities within the Los Angeles County EMS system that is consistent with state guidelines.

**Prehospital Care Coordinator (PCC):** A Registered Nurse currently licensed to practice in the State of California, currently certified as a MICN in Los Angeles County, and appointed by the hospital to coordinate all prehospital activities sponsored by that base hospital, assist the BHMD in the medical direction and supervision of prehospital emergency medical care personnel, and to maintain the daily operations of the Base Hospital.

EFFECTIVE: 06-01-79  
REVISED: XX-XX-XX  
SUPERSEDES: 09-01-20

PAGE 1 OF 8

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

## POLICY:

## I. General Requirements

- A. Licensed by the State of California Department of Public Health (CDPH) as a general acute care hospital, and
  - 1. Have a special permit for Basic or Comprehensive Emergency Medicine Service; and
  - 2. Be accredited by a Centers for Medicare and Medicaid Services (CMS) recognized Hospital Accreditation Organization.
- B. Be designated by the EMS Agency as an EDAP.
- C. Have a fully executed Specialty Care Center PBH Designation Agreement with the EMS Agency.
- D. Appoint a Base Hospital Medical Director and a Prehospital Care Coordinator.
- E. Notify the EMS Agency, in writing, of any changes in the status of the Base Hospital Medical Director or Prehospital Care coordinator by submitting Ref. No. 621.2, Notification of Personnel Change Form.
- F. Subscribe and have access to ReddiNet® and VMED28 communications system.

## II. PBH Leadership Requirements

- A. Base Hospital Medical Director (BHMD)
  - 1. Qualifications:
    - a. Board eligible or board certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services or in Emergency Medicine with proof of significant experience and practice in EMS.
    - b. Has experience and knowledge of base hospital operations, and local EMS Agency policies and procedures.
    - c. Engaged at the base hospital in the field of emergency medicine as a full-time emergency physician as defined by spending a monthly average of at least ninety-six (96) hours in the practice of emergency medicine at the base hospital. These hours may include administrative hours spent in meeting BHMD responsibilities.
    - d. Familiar with the prehospital care environment by performing ride-a-longs with assigned ALS units, a minimum of 16 hours during the first 12 months as a BHMD.
    - e. Complete an orientation to the PBH's prehospital care program.
    - f. Attend the EMS Agency's Orientation Program within twelve (12) months of assuming the position of BHMD.



- g. Attend the EMS Update Train the Trainer sessions or complete EMS Update annually.
- 2. Responsibilities:
  - a. Directs and coordinates the medical aspects of prehospital care and related medical activities of all base hospital and EMS personnel assigned to base hospital.
  - b. Ensures a physician, licensed in the State of California and BC or BE in Emergency Medicine, is assigned to the emergency department and available at all times to provide immediate medical direction to MICNs or paramedic personnel.
  - c. Ensures the provisions of appropriate medical direction given by base hospital personnel is within the Paramedic Scope of Practice and adheres to the current policies, procedure, and protocols of the EMS Agency.
  - d. Ensures the development and provision of formal prehospital education programs for base hospital physicians, MICNs, and EMS provider personnel and trainees.
  - e. Ensures the development and implementation of a quality improvement (QI) program approved by the EMS Agency to include a written plan describing the program objectives, authority, organization, scope, and mechanisms for overseeing the following:
    - 1) Compliance with all current policies, procedures, treatment protocols, and medical control guidelines of the EMS Agency; and
    - 2) Standards of care and quality improvement indicators that measure quality of prehospital care issues.
  - f. Ensures the participation of the base hospital in the EMS Agency's system wide QI program.
  - g. Participates as needed with appropriate EMS committees and the local medical community. Attend at least 50% of the Medical Advisory Council meetings and delegate a designee for the remaining 50% of the meetings.
  - h. Ongoing liaison with EMS provider agencies, local medical community, and the EMS Agency
  - i. Collaborates with the PCC to ensure adherence to these standards and the Specialty Care Center Paramedic Base Hospital Designation Agreement.
  - j. When notified of the possible deviation from medical guidelines, the BHMD shall:

- 1) Ensure efforts are made to gather accurate facts, and that a determination is made as to whether a deviation in medical care has occurred.
  - 2) Provide, in writing, the referral of these facts to the EMS Agency for its review when the seriousness of the medical care warrants such a referral or constitutes a violation under Section 1798.200 of the Health & Safety Code.
  - 3) Notify, in writing, the appropriate EMS provider agency of the referral of facts to the EMS Agency regarding substandard medical care rendered by its employee.
  - 4) Make efforts to preserve the confidential nature of the referral.
- k. In the event the BHMD questions the medical impact of a policy of the EMS Agency, the BHMD shall submit a written statement to the Medical Director of the EMS Agency requesting a review of the policy.

**B. Prehospital Care Coordinator (PCC)**

**1. Qualifications:**

- a. Have experience and knowledge of base hospital operations and EMS Agency policies and procedures.
- b. Be familiar with the paramedic scope of practice.
- c. Be familiar with the requirements of the Specialty Care Center PBH Designation Agreement.
- d. Attend the EMS Agency's Orientation Program within six (6) months of assuming the position as PCC.

**2. Responsibilities:**

- a. Serves as a liaison by maintaining effective lines of communication with base hospital personnel, EMS Agency, EMS provider agencies, and local 9-1-1 receiving facilities.
- b. Be sufficiently available during normal County business hours to meet the responsibilities of the PCC.
- c. Evaluates the performance of MICN candidates and submits recommendations for certification to the EMS Agency.
- d. Collaborates with the BHMD and the EMS provider agencies to provide ongoing evaluation of assessment, reporting, communication, and technical skills of assigned ALS units. Such evaluation shall include, but not limited to:
  - 1) Audit of audio recorded communication;

- 2) Review of patient care records;
  - 3) Coordination of structured field observation experience including transfer of patient care upon arrival at the receiving facility; and
  - 4) Coordination of direct observation of performance during scheduled clinical hours in the emergency department.
- e. Coordinates, in conjunction with the BHMD, a base hospital meeting or other process, which should include representation from hospital administration, MICNs, base hospital physicians, and EMS providers for:
- 1) Providing updates on policies, procedures, and protocols.
  - 2) Providing orientation to field and base hospital operations.
  - 3) Providing a forum for problem-solving.
- f. Reports to the EMS Agency, in conjunction with the BHMD, any action of certified or licensed personnel, which results in apparent deficiencies in medical care or potentially constitutes a violation under Section 1798.200 of the Health & Safety Code.
- g. Maintain records of communication with base hospital personnel which may be inclusive of, but not limited to, base hospital meetings, e-mail communications, newsletters, or other communication related materials.
- h. Collaborates with the BHMD to ensure compliance to these Standards and the Specialty Care Center PBH Designation Agreement.
- i. Represents the base hospital at system-wide and/or regional meetings sponsored by the EMS Agency that address prehospital care issues and participates in committees and other task forces that may be developed.

### III. Base Hospital Personnel Requirements

- A. Base Hospital Physicians – Hospital shall ensure that at least one (1) full-time emergency department physician is on duty at all times who shall be responsible for prehospital management of patient care and patient destination.
1. Qualifications:
    - a. BC or BE in Emergency Medicine.
    - b. Complete the hospital's Base Hospital Orientation Program within thirty (30) days of assuming base physician responsibilities.
  2. Responsibilities:
    - a. Provide online medical direction and supervision of prehospital triage, treatment, advance life support, and patient destination.

- b. Shall be immediately available for consultation by an MICN providing online medical direction to paramedics.
  - B. Mobile Intensive Care Nurses (MICN) – Hospital shall ensure that at least one (1) MICN is on duty at all times.
    - 1. Qualifications:
      - a. Currently certified as a MICN in Los Angeles County.
      - b. Current Advanced Cardiac Life Support (ACLS) Provider or Instructor by the American Heart Association or American Red Cross.
      - c. Employed and sponsored by one of the following: Base Hospital, EMS Agency, Paramedic Training Program, or Paramedic Provider Agency.
    - 2. Responsibility: provide online medical direction and supervision of prehospital triage, treatment, advance life support, and patient destination under the direction of the base hospital physician on duty.
  - C. Data Entry Personnel – Hospital shall assign a primary and qualified back-up personnel (excluding PCC) to enter data into the County’s base hospital data collection system – Trauma and Emergency Medicine Information System (TEMIS).
- IV. Paramedic Communication System (PCS)
  - A. Hospital shall ensure that base hospital paramedic communication equipment is always staffed and operational by personnel who are properly trained and certified in its use according to the policies, procedures, and protocols of the EMS Agency.
  - B. Hospital shall comply with the specifications for hospital-owned PCS equipment as outlined in the Specialty Care Center PBH Designation Agreement.
  - C. Hospital shall provide a mechanism to record, retain, and retrieve audio recordings of all voice field communications between the base hospital and receiving facilities and the paramedics.
- V. Educational Requirements
  - A. Hospital shall have an EMS Agency approved Continuing Education (CE) program as outlined in Ref. No. 1013, EMS Continuing Education (CE) Provider Approval and Program Requirements.
  - B. Develop and institute prehospital care education programs for MICNs, paramedics, paramedic trainees, and base hospital physicians (in collaboration with the BHMD). Programs shall be relevant to and enhance the practice of emergency medical care and include specific issues identified by quality improvement activities.
  - C. Education requirements of the Specialty Care Center Paramedic Base Hospital Designation Agreement include the provision of:

1. An accumulative average of twelve (12) hours of education per year, of which an average of six (6) hours per year are field care audits. A base hospital may require additional hours of field care audits for MICN sponsorship...

A mechanism for providing and evaluating structured clinical experience, if requested.

2. A mechanism to schedule structured field observation experience for MICNs.
3. Special and mandatory training programs deemed necessary by the EMS Agency. Mandatory classes shall be given and scheduled, at a minimum, three (3) sessions so as to provide continuing education to the majority of the ALS Units assigned to the base hospital.
4. Facilitate the education of new MICNs by providing instructors to lecture. perform radio simulation or assist as needed at any MICN Development Course.

D. The following documents shall be submitted to the EMS Agency, Certification and Program Approvals:

1. Fourteen (14) days prior to the beginning of a planned course, submit all advertisements or training schedules to the EMS Agency.
2. Annually (by January 31 of each year) – a summary of the CE classes provided during the previous year to include: date, course title, category, and number of CE hours.
3. Within 30 days – rosters of courses mandated by the EMS Agency.

#### VI. Quality Improvement (QI)

- A. Base hospital shall have a current prehospital QI plan approved by the EMS Agency and ensure participation in the EMS Agency's system wide QI program by designating a representative for the meetings.
- B. Base hospital shall have a process developed, with input from the BHMD, base hospital physicians, PCC, MICNs, paramedics, and hospital administration to:
  1. Identify important aspects of prehospital care and develop related QI indicators;
  2. Evaluate prehospital care and service, including trends, to identify opportunities for improvement;
  3. Implement corrective action to improve prehospital care and service delivery, or to solve problems; and evaluate the effectiveness of those actions;
  4. Identify relevant topics for the CE program; and
  5. Document audio communications and records reviewed, actions recommended and/or taken, and problem resolution.

#### VII. Data Collection

- A. Participate in the data collection process outlined in Ref. No. 644, Base Hospital Documentation Manual and the Specialty Care Center PBH Designation Agreement.
- B. Ensure that appropriate accountability and confidentiality are maintained for:
  - 1. Patient care records (i.e., Base Hospital Forms, EMS Report Forms, logs, and audio communications);
  - 2. QI records;
  - 3. CE records; and
  - 4. Records pertaining to investigations or review of possible provision of substandard medical care.
- C. Ensure compliance with requirements for retention and release of audio recordings, Base Hospital Forms, logs, and information sheets, and maintain retrieval system in collaboration with the hospital's medical record department.

## CROSS REFERENCE

### Prehospital Care Manual

Ref. No. 201, **Medical Management of Prehospital Care**  
Ref. No. 204, **Medical Council**  
Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**  
Ref. No. 316, **Emergency Department Approved for Pediatrics (EDAP) Standards**  
Ref. No. 606, **Documentation of Prehospital Care**  
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**  
Ref. No. 612, **Release of Emergency Medical Services (EMS) Records**  
Ref. No. 620, **EMS Quality Improvement Program**  
Ref. No. 621.2 **Notification of Personnel Change Form Hospital Programs**  
Ref. No. 644, **Base Hospital Documentation Manual**  
Ref. No. 716, **Paramedic Communications System**  
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**  
Ref. No. 1010, **Mobile Intensive Care Nurse (MICN) Certification**  
Ref. No. 1013, **EMS Continuing Education (CE) Provider Approval and Program Requirements**  
Ref. Nos. 1200, **Treatment Protocols**  
Ref. Nos. 1300, **Medical Control Guidelines**

### Specialty Care Center Paramedic Base Hospital (PBH) Designation Agreement

**POLICY REVIEW – COMMITTEE ASSIGNMENT**

REFERENCE NO. 202.1  
(ATTACHMENT A)

**REFERENCE NO. 304, Paramedic Base Hospital Standards**

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
ADVISORY	EMS	Base Hospital Advisory Committee	10/11/2023	10/11/2023	Y
		Provider Agency Advisory Committee			
OTHER COMMITTEES / RESOURCES		Medical Council	12/5/2023	12/2/2023	N
		Trauma Hospital Advisory Committee			
		Pediatric Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of Southern California			
		County Counsel			
		Disaster Healthcare Coalition Advisory Committee			
		Other: EMS Commission			

\*See Ref. No. 202.2, **Policy Review - Summary of Comments**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

**POLICY REVIEW - SUMMARY OF COMMENTS**

REFERENCE NO. 202.2  
(ATTACHMENT B)

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**REFERENCE NO. 304**, Paramedic Base Hospital Standards

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy - V.D.1	BHAC 10-11-2023	Add word "planned"	Change made



DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELES

SUBJECT: **PROVIDER AGENCY MEDICAL DIRECTOR**

REFERENCE NO. 411

PURPOSE: To describe the role and responsibilities of Medical Directors of approved Los Angeles County Emergency Medical Services (EMS) Provider Agencies.

DEFINITION:

**Provider Agency Medical Director:** A physician designated by an approved EMS Provider Agency to provide advice and coordinate the medical aspects of field care, to provide oversight of all medications utilized by EMTs and paramedics including controlled medications, and to oversee the provider's quality improvement process, as defined by the Los Angeles County EMS Agency

Requirements for the Provider Agency Medical Director include but are not limited to the following:

1. Provider Agency Medical Director appointments will be approved by the Los Angeles County EMS Medical Director.
2. Board eligible or certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine in Emergency Medical Services or in Emergency Medicine with proof of significant experience and practice in EMS.
3. Engaged in the practice, supervision, or teaching of emergency medicine and/or EMS.
4. Knowledgeable on the current policies, procedures, and protocols of the Los Angeles County EMS Agency.
5. Attend an EMS system orientation provided by the EMS Agency and participate in a field care observation (ride-along) with the sponsoring agency.
6. Attend the annual program review or participate in the exit summary

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

ROLE AND RESPONSIBILITIES OF THE PROVIDER AGENCY MEDICAL DIRECTOR

- I. Medical Direction and Supervision of Patient Care
  - A. Advises the provider agency in planning and evaluating the delivery of prehospital medical care by EMTs and paramedics.

EFFECTIVE: 02-01-1994  
REVISED: XX-XX-XX  
SUPERSEDES: 10-01-22

PAGE 1 OF 3

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

- B. Reviews and approves the medical content of all EMS training performed by the provider agency and ensures compliance with continuing education requirements of the State and local EMS Agency.
  - C. Reviews and approves the medical components of the provider agency's dispatch system.
  - D. Assists in the development of procedures to optimize patient care.
  - E. Reviews and recommends to the EMS Agency Medical Director any new medical monitoring devices under consideration and ensures compliance with State and local regulation.
  - F. Evaluates compliance with the legal documentation requirements of patient care.
  - G. Participates in direct observation of field responses as needed. Medical direction during a direct field observation may be provided by the Provider Agency Medical Director in lieu of the base hospital under the following conditions:
    - 1. The EMTs, paramedics, and Provider Agency Medical Director on scene must be currently employed by, or contracted with, the same provider agency.
    - 2. If base contact has already been established, the Provider Agency Medical Director may assume medical direction of patient care. The base hospital shall be informed that the Provider Agency Medical Director is on scene. They are not required to accompany the patient to the hospital.
    - 3. EMS personnel shall document the involvement of the Provider Agency Medical Director on the EMS Report Form when orders are given.
    - 4. The receiving hospital shall be notified of all patients whose field care is directed by a Provider Agency Medical Director.
  - H. Participates as needed with appropriate EMS committees and the local medical community.
  - I. Attends at least 50% of the Medical Advisory Council meetings. For meetings in which the medical director is unable to be present, designates a representative to attend for the purpose of receiving information.
  - J. Ensures provider agency compliance with Los Angeles County EMS Agency controlled substance policies and procedures.
- II. Audit and Evaluation of Patient Care
- A. Assist the provider agency in the development and implementation of a continuous quality improvement program to ensure the provision of quality medical care. Provides recommendations for training and operational changes based on quality improvement results.

- B. Evaluates the adherence of provider agency medical personnel to medical policies, procedures and protocols of the Los Angeles County EMS Agency.
- C. Coordinates delivery and evaluation of patient care with base and receiving hospitals.

III. Investigation of Medical Care Issues

- A. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
- B. Evaluates medical performance, gathers appropriate facts and, as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.
- C. Ensures that appropriate actions are taken on cases with patient care issues with adverse outcomes, e.g., training, counseling, etc.

IV. Role And Responsibilities of the EMS Provider Agency

- A. Designates and maintains a Medical Director at all times.
- B. Ensures Medical Director is involved in the development of all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.
- C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.
- D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 214, **Base Hospital and Provider Agency Reporting Responsibilities**

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

Ref. No. 422, **Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency**

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

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

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

**POLICY REVIEW – COMMITTEE ASSIGNMENT**

REFERENCE NO. 202.1  
(ATTACHMENT A)

**REFERENCE NO. 411, Provider Agency Medical Director**

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
ADVISORY	EMS	Base Hospital Advisory Committee			
		Provider Agency Advisory Committee	10/18/2023	10/18/2023	N
OTHER COMMITTEES / RESOURCES		Medical Council	12/5/2023	12/2/2023	N
		Trauma Hospital Advisory Committee			
		Pediatric Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of Southern California			
		County Counsel			
		Disaster Healthcare Coalition Advisory Committee			
		Other: EMS Commission			

\*See Ref. No. 202.2, **Policy Review - Summary of Comments**

DEPARTMENT OF HEALTH SERVICES  
COUNTY OF LOS ANGELESSUBJECT: **PRIVATE AMBULANCE OPERATOR  
MEDICAL DIRECTOR**

REFERENCE NO. 420

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

**DEFINITION:**

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

The Private Ambulance Operator Medical Director shall:

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

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

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

1. Advises the private ambulance operator in planning and evaluating the delivery of prehospital medical care by EMTs and, if applicable, paramedics, nurses, and respiratory therapists.

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

PAGE 1 OF 3

APPROVED: \_\_\_\_\_  
Director, EMS Agency

\_\_\_\_\_  
Medical Director, EMS Agency

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

**B. Audit and Evaluation of Patient Care**

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

- C. Investigation of Medical Care Issues
  - 1. Reviews incidents with unusual or adverse patient outcomes, inadequate performance of EMS personnel, and complaints related to the delivery of medical care.
  - 2. Evaluates medical performance and appropriate facts and as needed, forwards those facts in writing to the Los Angeles County EMS Agency Medical Director.
  - 3. Ensures that appropriate actions (e.g., training, counseling, etc.) are taken related to patient care issues with adverse outcomes, near misses, etc.
- II. Role And Responsibilities Of The Private Ambulance Operator
  - A. Designates and maintains a Medical Director at all times.
  - B. Ensures Medical Director is involved in the development of all medically related policies, procedures, quality improvement and medical dispatch programs, as applicable.
  - C. Provides the EMS Agency with notification of any changes in the designated Medical Director as specified in Reference No. 621, Notification of Personnel Change.
  - D. Immediately notify the EMS Agency in the event the Medical Director abruptly resigns or is otherwise unable to fulfill his/her duties and no immediate replacement is available.

CROSS REFERENCE:

Prehospital Care Manual:

Reference No. 226, **Private Ambulance Provider Non 9-1-1 Medical Dispatch**  
Reference No. 414, **Registered Nurse/Respiratory Specialty Care Transport Provider**  
Reference No. 517, **Private Provider Agency Transport/Response Guidelines**  
Reference No. 620, **EMS Quality Improvement Program**  
Reference No. 621, **Notification of Personnel Change**  
Reference No. 621.1, **Notification of Personnel Change Form**  
Reference No. 816, **Physician at the Scene**  
Reference No. 701, **Supply and Resupply of Designated EMS Provider Units/Vehicles**  
Reference No. 702, **Controlled Drugs Carried on ALS Units**

## Reference No. 420, Private Ambulance Operator Medical Director

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	12/20/23	12/20/23	No
		Base Hospital Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council	12/5/2023	12/5/2023	No
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Other: Los Angeles County Ambulance Association	10/17/23	10/17/2023	No

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



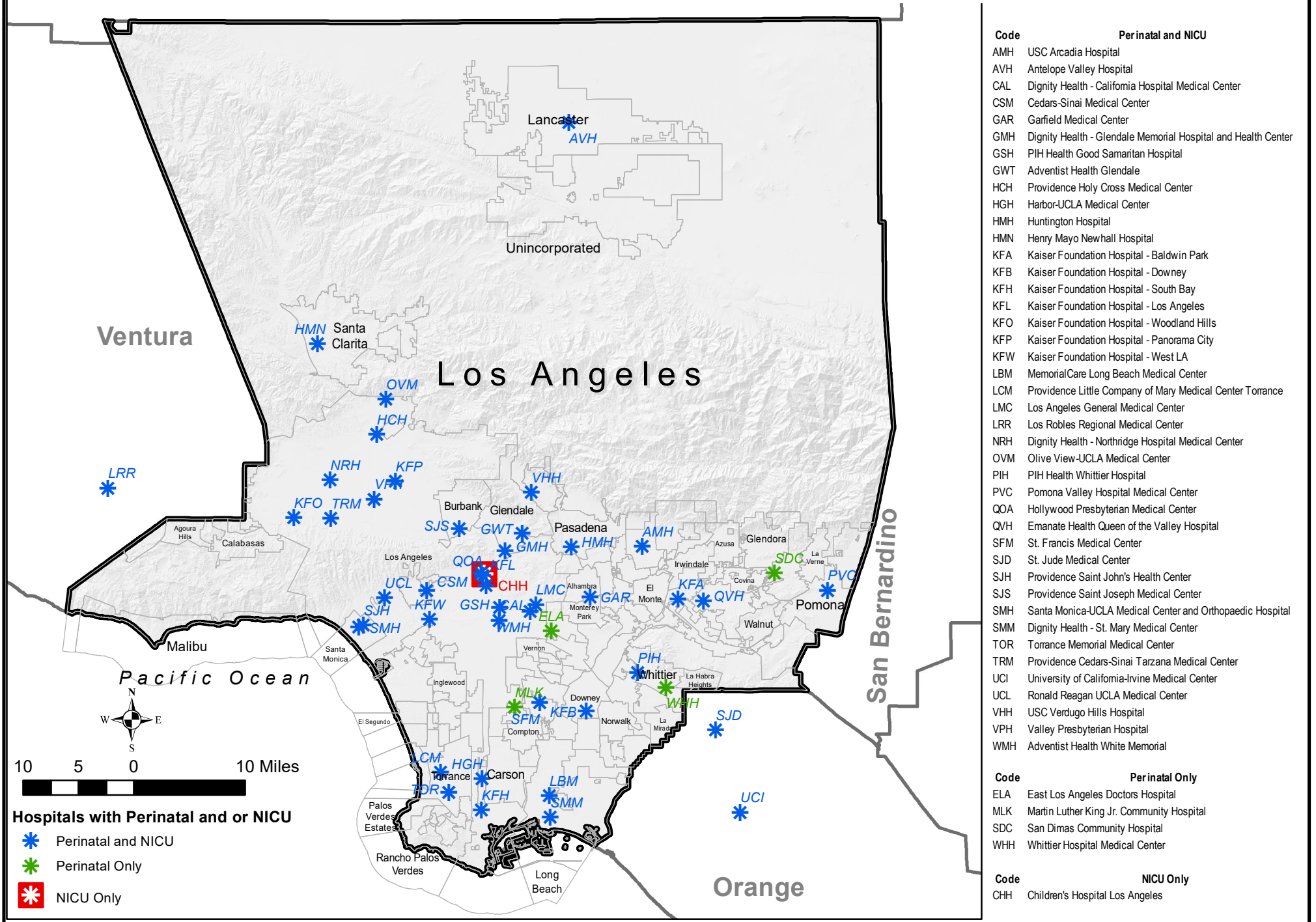
## EMERGENCY MEDICAL SERVICES COMMISSION (EMSC)

## SUGGESTED GOALS/OBJECTIVES FOR 2024

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
Work on processes/policies to address and reduce Ambulance Patient Offload Delays (APOD)	Yes	EMSC Ambulance Patient Offload Times (APOT) Workgroup	<ol style="list-style-type: none"> <li>1. Implementation and rollout of FirstWatch real-time data on ambulances waiting to offload (<i>Completed</i>)</li> <li>2. Develop separate policy addressing APOT and APOD (<i>Completed</i>)</li> <li>3. Socialize the CHA APOT Toolkit (<i>Completed</i>)</li> <li>4. Identify best practices of hospitals</li> <li>5. Monitor implementation of Ref. No. 505.</li> <li>6. AB 40 signed by the Governor, needs emergency regulations from State EMS Authority</li> </ol>
Continue working on the recommendations from the <i>Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies</i> specifically address Suicide Risk Protocols	Yes	EMS Agency Santa Monica Fire Dept.	<ol style="list-style-type: none"> <li>1. Suicide Screening Tool pilot with Santa Monica Fire Department (<i>Pilot Implemented, awaiting 6-month report</i>)</li> <li>2. Alternate Destination – state regulations released</li> <li>3. Long Beach Update</li> <li>4. EMS Update – Behavioral training, implement Olanzapine</li> <li>5. Consensus from EMS Commissioners to delete from EMSC agenda/goals</li> </ol>

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
Evaluate the Alameda EMS Corps program that focuses on increasing the number of underrepresented emergency medical health care professions through youth development, mentorship, job training and sponsorship and determine its applicability to Los Angeles County			<ol style="list-style-type: none"> <li>1. Determine funding (Measure A)  <a href="https://ems.acgov.org/ems-assets/docs/Cmmtty-Svcs/EMS-Corps/fenton-alameda_county_health_dept-ems_corps_brochure-parallel-fold_v06.pdf">https://ems.acgov.org/ems-assets/docs/Cmmtty-Svcs/EMS-Corps/fenton-alameda_county_health_dept-ems_corps_brochure-parallel-fold_v06.pdf</a> </li> <li>2. Consider State Presentation for LA EMSC WERC (<i>Completed</i>)</li> <li>3. Convened Workgroup</li> </ol> <p>1/18/2023 – Awaiting response from Alameda program director  Unable to re-engage Alameda program director to provide a presentation to the EMS Commission.</p>
Interfacility Transport Delays (requested for inclusion at Jan 2023 meeting). Need further discussion by EMSC		ALS /critical care group  BLS IFT group	<ol style="list-style-type: none"> <li>1. Workgroup convened with representation from the EMSC, hospitals, EMS providers and the EMS Agency.</li> </ol>

# Los Angeles County Perinatal Centers with Neonatal Intensive Care Unit (NICU)





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Medical Director

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disaster medical services."*

January 4, 2024

Isaac Bash, MD, Medical Director  
First Rescue Ambulance Inc.  
15705 Arrow Highway  
Irwindale, California 91706

Dear Dr. Bash:

**CONTINUOUS POSITIVE AIRWAY PRESSURE, INTRAOSSEOUS, AND  
TRANSCUTANEOUS PACING PROGRAM APPROVAL**

This letter is to confirm First Rescue Ambulance Services (FC) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for training and implementation of the following programs:

- Continuous Positive Airway Pressure (CPAP) for the prehospital treatment of moderate to severe respiratory distress.
- Intraosseous cannulation (IO) proximal tibia placement for adult and pediatric patients in cardiopulmonary arrest, shock/poor perfusion, severe burns, and extremis.
- Transcutaneous Pacing (TCP) utilized in the treatment of symptomatic bradycardia

Validation of delivery of training, the approved quality improvement process and data requirements required for implementation of CPAP, IO, and TCP will be reviewed during FC's annual program review, or as deemed necessary by the EMS Agency. Additionally, FC may be required to submit data to the EMS Agency on CPAP, IO and TCP utilization 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,

Nichole Bosson, MD, MPH  
Medical Director

NB:gk  
01-04

c: Richard Tadeo, Director, EMS Agency  
Robert Moghadam, CEO First Rescue Inc.  
Kris Thomas, Operations Manager, First Rescue Inc.



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December 19, 2023

TO: Los Angeles County EMS Constituents

FROM: Richard Tadeo  
Director, EMS Agency

**SUBJECT: APPOINTMENT OF EMERGENCY MEDICAL SERVICES (EMS)  
AGENCY MEDICAL DIRECTOR FOR EDUCATION AND  
INNOVATION**

I am very pleased to announce the appointment of Dr. Shira Schlesinger as the Department of Health Services' Emergency Medical Services (EMS) Agency Medical Director for Education and Innovation.

Dr. Schlesinger received a Bachelor of Arts at Oberlin College and her Doctor of Medicine at the University of California San Diego. She then completed a Masters of Science in Public Health at the London School of Hygiene and Tropical Medicine before coming to Los Angeles to complete her residency in Emergency Medicine at Los Angeles General Medical Center.

After residency, Dr. Schlesinger completed an EMS fellowship at the University of California Irvine. As a board-certified EMS physician, she has served in multiple roles within the LA County EMS system including as Medical Director for the J. Michael Criley Paramedic Training Institute and, most recently, as the Director of EMS & Disaster Preparedness Programs in the Department of Emergency Medicine at Harbor-UCLA Medical Center. Even prior to her career in medicine, Dr. Schlesinger has a long history of advocating for community health and resiliency, increasing healthcare access to vulnerable populations through innovative programs. She is now recognized as a national leader in EMS and disaster medicine and serves in national and state leadership roles including the American College of Emergency Physicians representative on the Board of Directors for the Committee on Accreditation of Educational Programs for EMS Professions (CoAEMSP), and Chair of the California EMS for Children Technical Advisory Committee.

Along with her new role, Dr. Schlesinger will continue to serve as faculty in the Department of Emergency Medicine at Harbor-UCLA Medical Center as well as the Associate Program Director for the EMS Fellowship. Dr. Schlesinger also serves as the Medical Director for Newport Beach Fire Department and as a Medical Officer for the National Disaster Medical Services DMAT CA-9.

We are thrilled to welcome Dr. Schlesinger to the LA County EMS Agency.



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December 14, 2023

Christopher Spencer, MD, Medical Director  
Antelope Ambulance Service  
PO Box 5480  
Lancaster, CA 91359

Dear Dr. Spencer:

**CONTINUOUS POSITIVE AIRWAY PRESSURE AND INTRAOSSEOUS  
APPROVAL**

This letter is to confirm Antelope Ambulance Services (AN) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for training and implementation of the following programs:

- Continuous Positive Airway Pressure (CPAP) for the prehospital treatment of moderate to severe respiratory distress.
- Intraosseous cannulation (IO) proximal tibia placement for adult and pediatric patients in cardiopulmonary arrest, shock/poor perfusion, severe burns, and extremis.

Validation of delivery of training, the approved quality improvement process and data requirements for implementation of CPAP and IO will be reviewed during AN's annual program review or as deemed necessary by the EMS Agency. Additionally, AN may be required to submit data to the EMS Agency on CPAP and IO utilization 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,

Nichole Bosson, MD, MPH  
Medical Director

NB:gk  
11-05

c: Andrew Wilson, President, Antelope Ambulance Service  
Aaron Aumann, Paramedic Coordinator, Antelope Ambulance Service  
Richard Tadeo, Director, EMS Agency  
Christine Zaiser, Prehospital Program Coordinator, EMS Agency



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December 14, 2023

Marc Cohen, MD, Medical Director  
El Segundo Fire Department  
314 Main Street  
El Segundo, CA 90245

Dear Dr. Cohen:

**INTRAOSSUEOUS INFUSION – HUMERAL PLACEMENT APPROVAL**

This letter is to confirm that El Segundo Fire Department (ES) has been approved by the Los Angeles County Emergency Medical Services (EMS) Agency for the utilization of intraosseous (IO) infusion with humeral placement.

The approved quality improvement process and data requirements for implementation of humeral IO placement as a local expanded scope of practice will be reviewed during your annual program review or as deemed necessary by the EMS Agency. You or a designated representative may be required to provide a report to the Medical Advisory Council for the purposes of peer review.

Additionally, ES may be required to submit data to the EMS Agency on humeral IO placement 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,

**Nichole Bosson, MD, MPH**  
Medical Director

NB:gk  
12-12

- c: Robert Espinosa, Fire Chief, El Segundo Fire Department  
Tony Del Castillo, Paramedic Coordinator, El Segundo Fire Department  
Adrienne Roel, Nurse Educator, El Segundo Fire Department  
Richard Tadeo, Director, EMS Agency  
Gary Watson, Prehospital Program Coordinator, EMS Agency



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**EMERGENCY MEDICAL  
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LOS ANGELES COUNTY

November 22, 2023

## MEMORANDUM

**Los Angeles County  
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Director

**Nichole Bosson, MD, MPH**  
Medical Director

TO: Distribution

FROM: Nichole Bosson, MD, MPH, NRP, FAEMS  
Medical Director, LA County EMS Agency

SUBJECT: **EXPANSION OF THE LOS ANGELES (LA) COUNTY ECMO  
PILOT TO ADDITIONAL PROVIDER UNITS**

This is to inform you that Los Angeles County Fire Department has expanded the provider units participating in the ECMO pilot to include Battalion 13. Participating units are listed in the table below. This pilot is inclusive of adult prehospital patients with refractory ventricular fibrillation out-of-hospital cardiac arrest (rVF OHCA) and involves direct pre-notification and early transport, after criteria are confirmed, to ECMO-capable SRCs.

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

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<b>LA County Fire Units Participating</b>		
<b>Battalion</b>	<b>Units</b>	<b>Closest ECMO Center</b>
1	e7, s7, s8 s58	CSM CSM or UCL
3	s3, s39, s50, s163	USC
7	s10, s36, s41, s116	LBM
9	s30, s31, s45, e60, s98	LBM
10	s47, s90, s167	USC
<b>13</b>	<b>s13, s16, s54, s147, s164</b>	<b>LBM</b>
14	s2, s6, s106	LBM
18	s21, s100, s161 s158	LBM or UCL LBM
20	s172, s173 e14, s14, e18, s171	UCL LBM or UCL

Participating crews should contact the ECMO Base directly to provide notification and to confirm the patient is an ECMO candidate. ECMO and Cath Lab teams will be activated while the patient is en route to the ECMO-capable center. If Base Contact is made with a non ECMO-capable center for a patient who meets criteria and an ECMO-capable center is available within 30 minutes, paramedics should be instructed to contact that ECMO-center directly.



**Please see the attached ECMO Pilot Protocol for details.**

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

If you have any questions, please contact me at [nbosson@dhs.lacounty.gov](mailto:nbosson@dhs.lacounty.gov) or (562)-378-1600.

Distribution:

- SRC Medical Directors
- SRC Program Managers
- Medical Directors, Base Hospitals
- Prehospital Care Coordinators, Base Hospitals
- Fire Chief, Fire Departments
- CEOs, Ambulance Operators
- Paramedic Coordinators, EMS Providers
- Nurse Educators, EMS Providers



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November 15, 2023

Dr. Walid Ghurabi  
Santa Monica Fire Department  
333 Olympic Drive  
Santa Monica, CA 90401

Dear Dr. Ghurabi:

### **END OF SUICIDE RISK SCREENING TOOL PILOT**

On June 21, 2022 Santa Monica Fire Department (SM) was approved by the Los Angeles County Emergency Medical Services (EMS) Agency to conduct a pilot study of the Suicide Risk Screening (Columbia Suicide Severity Rating Scale) Tool.

On July 19, 2023, Catherine Borman, EMS Educator for SM provided an update on the Suicide Risk Screening tool at the EMS Commission meeting. The pilot was conducted from July 1, 2022 through October 31, 2022. The EMS providers felt that the tool had too many questions for a behavioral health emergency and was only used four (4) times during the pilot period.

Recommendations were made that an abbreviated screening tool with fewer questions be developed. Currently there are no known validated tools of an abbreviated format to be utilized in the prehospital care setting. If such a tool becomes available the EMS Agency will again seek EMS partners to conduct a pilot.

This letter is formal notification that SM's Suicide Risk Screening Tool pilot program is officially terminated. As such, no further data is due to the EMS Agency related to this pilot.

Thank you for your continued partnership in the care of prehospital patients in LA County and your department's willingness to pilot this tool. Please contact Chris Clare – Nursing Director EMS Programs with any questions at [cclare@dhs.lacounty.gov](mailto:cclare@dhs.lacounty.gov) or 562-378-1661.

Sincerely,

*Richard Tadeo*  
Richard Tadeo  
Director

c: Medical Director, EMS Agency  
Fire Chief, Santa Monica Fire Department  
Paramedic Coordinator, Santa Monica Fire Department  
Nurse Educator, Santa Monica Fire Department  
Data Systems and Research Program Manager, EMS Agency  
Systemwide QI Coordinator, EMS Agency  
Chief Prehospital Care, EMS Agency



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November 15, 2023

**TO:** Distribution

**VIA E-MAIL**

**FROM:** Richard Tadeo  
Director

**SUBJECT: INAPPROPRIATENESS OF LABOR & DELIVERY DIVERSION**

It has come to the attention of the Emergency Medical Services (EMS) Agency that some 9-1-1 Receiving Hospitals with Perinatal Services have been inappropriately directing EMS personnel to divert perinatal patients from their facility to surrounding hospitals and identifying themselves on "Labor & Delivery (L&D) Diversion". L&D is not a valid diversion category; therefore, perinatal patients shall not be diverted from the most accessible Perinatal Center unless the emergency department is on ALS Diversion per Reference No. 503, Guidelines for Hospital Requesting Diversion of ALS Patients.

An encumbered L&D is not a valid reason to divert perinatal patients. Patients who are greater than 20 weeks gestation with a medical complaint related to the pregnancy shall be accepted and brought to the emergency department for medical screening and stabilization, regardless of the availability of its L&D services. If the patient requires to be transferred to another perinatal center, appropriate transfer and interfacility ambulance transportation arrangements shall comply with Title 22 transfer requirements and EMTALA guidelines. Utilizing 9-1-1 for interfacility transfer of perinatal patients is not appropriate.

Paramedic Base Hospitals have the authority to direct EMS traffic to the appropriate destination and are in a position to educate receiving hospitals on the appropriateness and/or inappropriateness of diversion.

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

RT:ab  
11-19

c: Medical Director, EMS Agency  
CEO and ED Directors, All Perinatal Receiving Hospitals  
Prehospital Care Coordinators, Base Hospitals  
Hospital Association of Southern California



**EMERGENCY MEDICAL  
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Third District

**Janice K. Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

**Richard Tadeo**  
Director

**Nichole Bosson, MD, MPH**  
Medical Director

November 14, 2023

**TO:** Distribution

**VIA E-MAIL**

**FROM:** Richard Tadeo  
Director

**SUBJECT: SAN GABRIEL VALLEY MEDICAL CENTER CLOSURE OF  
PERINATAL SERVICES**

San Gabriel Valley Medical Center (SGC) has temporarily closed its Perinatal Services until further notice. **Effective immediately**, all pregnant patients at 20 weeks gestation or greater shall be transported to the next closest perinatal center in accordance with Reference No. 511, Perinatal Patient Destination.

Reddinet® will reflect the changes in the Services/Resource Tab.

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

RT:ab  
11-18

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

c: Medical Director, EMS Agency  
Medical Alert Center, EMS Agency  
Fire Chief, Los Angeles County Fire Department  
Paramedic Coordinator, Los Angeles County Fire Department  
Fire Chief, Los Angeles City Fire Department  
Paramedic Coordinator, Los Angeles City Fire Department  
Fire Chief, Alhambra Fire Department  
Paramedic Coordinator, Alhambra Fire Department  
Fire Chief, Monterey Park Fire Department  
Paramedic Coordinator, Monterey Park Fire Department  
Fire Chief, Pasadena Fire Department  
Paramedic Coordinator, Pasadena Fire Department  
Fire Chief, San Marino Fire Department  
Paramedic Coordinator, San Marino Fire Department  
Fire Chief, San Gabriel Fire Department  
Paramedic Coordinator, San Gabriel Fire Department  
CEO and ED Director, San Gabriel Valley Medical Center  
Fire Chief, South Pasadena Fire Department  
Paramedic Coordinator, South Pasadena Fire Department  
CEO and ED Director, Garfield Medical Center  
CEO and ED Director, Los Angeles General Medical Center  
CEO and ED Director, Huntington Hospital  
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