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: March 20, 2024
TIME: 1:00 – 3:00 PM
LOCATION: 10100 Pioneer Boulevard, First Floor
Cathy Chidester Conference 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 Carole Snyder, Chair

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS
- 2.1 Stephen Sanko, MD, American Heart Association, EMSC Appointment February 27, 2024
- 2.2 EMSAAC Annual Conference May 29-30, 2024
- 2.3 Ambulance Strike Team Presentation by the Southern California Ambulance Association

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**
  - 3.1.1 January 17, 2024
- 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. 424: Triage to Alternate Destination Program
  - 3.3.2 Reference No. 502: Patient Destination
  - 3.3.3 Reference No. 606: Documentation
  - 3.3.4 Reference No. 913: Triage to Alternate Destination (TAD) Paramedic Training Program

END OF CONSENT AGENDA

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4. BUSINESS

Business (Old)
- 4.1 Prehospital Care of Mental Health and Substance Abuse Emergencies (Reconvene Workgroup)

4.2 Ambulance Patient Offload Time (APOT)
4.3 Interfacility Transports (IFT) Workgroup
4.4 EMSC Workplan (Goals/Objectives for 2024)
4.5 EMSC Meeting Schedule for May 2024 (Date Change to May 8th)

5. LEGISLATION

6. DIRECTORS' REPORTS

6.1 Richard Tadeo, EMS Agency Director / EMSC Executive Director
6.1.1 Director's Report

Correspondence
6.1.2 (3/06/24) Countywide Sidewalk CPR Day June 6, 2024
6.1.3 (2/29/24) Public Works Alliance: EMS Corps Support
6.1.4 (2/29/24) Arcadia Fire: Basic Life Support Program Implementation
6.1.5 (2/27/24) Symbiosis: Continuous Airway Pressure and Intraosseous Approval
6.1.6 (1/24/24) Chief Executive Officer's Letter to the Board of Supervisors: MBAB Recommendations for Funding

6.2 Nichole Bosson, MD, EMS Agency Medical Director
6.2.1 Medical Director's Report

7. COMMISSIONERS' COMMENTS / REQUESTS

8. ADJOURNMENT
To the meeting of May 8, 2024

COUNTY OF LOS ANGELES
EMERGENCY MEDICAL SERVICES COMMISSION

10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
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MINUTES
January 17, 2024

☒ Diego Caivano, M.D.	LACo Medical Association	Richard Tadeo	Executive Director
☒ Jason Cervantes	CA Professional Firefighters	Denise Watson	Commission Liaison
☒ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
☒ Paul Espinosa, Chief	LACo Police Chiefs' Assn.	Denise Whitfield, MD	EMS Staff
☒ Tarina Kang, M.D.	Hospital Assn. of So. CA	Jacqui Rifenburg	EMS Staff
☒ Carol Kim	Public Member, 1st District	Christine Clare	EMS Staff
☒ Lydia Lam, M.D.	American College of Surgeons	Kelsey Wilhelm, MD	EMS Staff
☒ Kenneth Liebman	LACo Ambulance Association	Jake Toy, MD	EMS Staff
☐ *James Lott, PsyD, MBA	Public Member, 2nd District	Michael Kim, MD	EMS Staff
☒ Carol Meyer, RN	Public Member, 4th District	Mark Ferguson	EMS Staff
☐ *Kenneth Powell	LA Area Fire Chiefs' Assn.	Paula Cho	EMS Staff
☒ Brian Saeki	League of CA Cities/LA Co	Sara Rasnake	EMS Staff
☒ Carole A, Snyder, RN	Emergency Nurses Assn.	Priscilla Ross	EMS Staff
☒ Saran Tucker	So. CA Public Health Assn.	Adrian Romero	EMS Staff
☐ *Atilla Uner, M.D., MPH	CAL-ACEP	Christine Zaiser	EMS Staff
☐ *Gary Washburn	Public Member, 5th District	Ami Boonjaluksa	EMS Staff
☐ Vacant	American Heart Association	Lorrie Perez	EMS Staff
☐ Vacant	Peace Officers Association	Gary Watson	EMS Staff
☐ Vacant	Public Member 3rd District	Fritz Bottger	EMS Staff
		Laura Leyman	EMS Staff
		Lily Choi	EMS Staff
		Tracy Hakabia	EMS Staff
		Hanna Kang	EMS Staff
		Gerard Waworundeng	EMS Staff

GUESTS

Robert Ower/Guardian Amb	Samantha Verga-Gates/APCC	Jennifer Nulty/Torr FD	Lily Stokoe/H-UCLA
Catherine Borman/SMFD	Dave Molyneux/AMW Amb	Deana Josing/LACFD	Ray Cortina/BFD

(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, Cathy Chidester Conference Room, Santa Fe Springs, CA 90670. Chair Lydia Lam called the meeting to order at 1:02 PM. Roll was taken by Commission Liaison Denise Watson. There was a quorum of 12 commissioners present.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

2.1 Richard Tadeo, EMS Agency Director/EMSC Executive Director, introduced and welcomed Commissioners Tarina Kang, representing Southern California Public Health Association; Kenneth Liebman, representing the LA County Ambulance Association; Jason Cervantes, representing California Professional Firefighters; and Saran Tucker,

Representing Southern California Public Health Association; and thanked former Commissioner Robert Ower for his service.

Shira Schlesinger, M.D., has been appointed to the position of Director of Education and Innovation with the LA County EMS Agency.

The Emergency Medical Services Administrators' Association of California (EMSAAC) will host their Annual Conference May 29–30, 2024, in San Diego, California, which will include a Pre-Conference on May 28, covering Quality Improvement. Nichole Bosson, M.D., EMS Agency Medical Director, will be part of the research panel, and Jake Toy, M.D., EMS Agency EMS Fellow, will present on Artificial Intelligence. Paula LaFarge of LA County Fire Department will present on Autism. Commissioner Erick Cheung, MD, will be presenting on Advances to 911 Response for Behavioral Health Emergencies.

3. ELECTION OF OFFICERS

3.1 Nominating Committee Nominations – 2024 EMSC Chair/Vice-Chair

The Nominating Committee, Commissioners Robert Ower, Carole Snyder and Kenneth Powell, and EMSC Liaison Denise Watson, held a meeting and made the following nomination recommendations: Commissioners Carole Snyder for Chair and Carol Meyer for Vice Chair. Former Commissioner Robert Ower presented these recommendations, and hearing no objections, Commissioners Carole Snyder and Carol Meyer were elected and Chair Snyder assumed office and resumed the meeting.

3.2 Standing Committee Nominations

Director Tadeo explained Standing Committee Nominee assignments for the two subcommittees, Base Hospital Advisory Committee (BHAC) and Provider Agency Advisory Committee (PAAC), and advised it is mandatory for the Chair or Vice Chair of each committee to attend these scheduled meetings to Chair the subcommittee meetings. Commissioner assignments were made to facilitate attendance to the subcommittee most relevant to the organization represented by the Commissioners. Commissioners may attend both subcommittees. If changes are needed, notify Director Tadeo or Commission Liaison Watson.

3.3 Measure B Advisory Board Representative

Commissioner Carol Meyer will represent the EMSC on the Measure B Advisory Board.

Motion/Second by Commissioners Lam/Caivano to approve Commissioner Carol Meyer as the Measure B Advisory Board Representative was carried unanimously.

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

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

4.1 **Minutes**

4.1.1 November 15, 2023

4.2 **Committee Reports**

4.2.1 Base Hospital Advisory Committee – 12/06/23 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

Motion/Second by Commissioners Cervantes/Caivano to approve the Consent Agenda was carried unanimously.

END OF CONSENT AGENDA

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5. BUSINESS

Business (Old)

5.1 Ambulance Patient Offload Time (APOT)

Christine Clare, EMS Agency Nursing Director – EMS Programs, advised the EMSC that fourth quarter 2023 APOT reporting is delayed due to updates on the data system used for electronic patient care records. This will be available at the March 20, 2024 meeting.

Director Tadeo reported that Assembly Bill (AB) 40 requires APOT reports be published by the State EMS Authority (EMSA) based on data submitted by the local EMS agencies (LEMSAs). The EMS Agency will compare the State's report with local data to ensure integrity of the data and decide whether or not to continue publishing the current APOT reports concurrently with the State's report.

AB 40 requires hospitals to develop and submit APOT mitigation strategy policies to the EMSA for managing excessive APOT above the State standard of 30 minutes offload 90% of the time. EMSA will meet with hospitals when they are non-compliant, and the EMS Agency will participate in those meetings when appropriate.

Chair Snyder asked Commissioner Tang to take back to the Hospital Association of Southern California (HASC) any potential assistance they can provide to hospitals in complying with AB 40.

5.2 Interfacility Transports (IFT)

Ms. Clare reported the IFT workgroup has a meeting scheduled next week and plans to send out surveys to identify causation of problems, options that can be utilized, and funding streams. The workgroup will provide regular updates to the Commission.

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

1. Director Tadeo recommended putting behavioral health and substance abuse back on the EMSC agenda with the goal of reformulating a workgroup to focus on field evaluation of suicidal ideation and to modify the suicide screening tool previously created and trialed by Santa Monica Fire Department. Commissioner Erick Cheung will chair the workgroup.

   Motion/Second by Commissioners Cheung/Snyder to approve an ad hoc committee focused on field evaluation of suicidal ideation was carried unanimously.

2. APOT / APOD will be kept on the EMSC agenda and is ongoing.

3. Director Tadeo recommended the EMS Agency get more information on the Alameda EMS Corps rather than making this a commission goal.

   Dr. Bosson informed the EMSC that there are plans for two programs to be developed to facilitate recruitment and training of EMTs in underserved communities and the cause of delay is in activating funding. One program will be in Compton and the other

in East Los Angeles. Kelsey Wilhelm, M.D., Medical Director, Compton Fire Department, is working on the EMS Corps program and will provide a report to update the EMSC within six months.

4. Interfacility Transports (IFTs) will remain a goal for the EMSC.

6. LEGISLATION

Director Tadeo reported the House just started putting out their bills and they require 30 days for no comments or actions. There will be a legislative report at the March EMSC meeting.

7. DIRECTOR'S REPORT

7.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

Director Tadeo reported the Measure B Advisory Board (MBAB) met three times and will be sending their recommendations to the Board of Supervisors to approve funding. An update will be provided after approval.

The Sexual Assault Response Team (SART) reimbursement rate was evaluated by the Board of Supervisors and a Motion passed to increase the rate from $1100 to $1890 per exam to be funded by the LA County Sheriffs Department. The EMS Agency will continue to audit SART Centers and have site surveys to ensure requirements for SART designation are met.

7.1.1 Annual EMS System Report

Director Tadeo reported on the 12th Issue of the LA County EMS System Report and dedicated this issue to Dr. Marianne Gausche-Hill, former Medical Director. Key components were highlighted, and performance outcomes were discussed. Cardiac Arrest Registry to Enhance Survival (CARES) data was added and new to the report this year. Heart Heroes partnered with the EMS Agency, and when we have the data, we will provide it to the EMSC.

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. Shira 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
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

7.2 Nichole Bosson, M.D., EMS Agency Medical Director

Dr. Bosson reported the current Respiratory Syncytial Virus (RSV) Season appears to be leveling off and declining to 11% positivity currently. COVID cases and test positivity is rising since early November but appears to be leveling off. Wastewater testing still shows increase. Approximately 480 current cases with over 37,000 deaths in LA County. Currently, 13.6% COVID and 13.8% flu. The December 27, 2023 Order of the LA County

Health Officer requires healthcare workers to mask in patient care areas and when engaged with patients regardless of vaccination status.

7.2.1 Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)

The focus is on community engagement for the Pediatric Prehospital Airway Resuscitation Trial that compares supraglottic airway devices (i-gel in LA County) to bag-mask-ventilation (BMV) for pediatric patients aged one (1) day up to their 18th birthday. The goal is to begin enrollment by May 2024.

The EMS Agency is approved and currently enrolling for the PediDOSE study which is the pediatric study of seizure dosing optimization. This will be included in EMS Update and all EMS system protocols for seizure patients will be updated to be an age-based dosing for pediatrics. Target date is July 2024.

EMS and Law Enforcement Co-Response (ELCOR) is finalizing edits on Medical Control Guidelines (MCG) and will defer training of the MCG to a later date.

Office of Traffic and Safety Grants: The EMS Agency is making great progress with the Protocols Application with a target date of October 2024.

7.2.2 EMS Update

Denise Whitfield, M.D., Assistant Medical Director, EMS Agency, reported that Train the Trainer will be held on April 1, and April 3, 2024. The trainees will learn the updates and conduct hands-on training for Pedi-PART. EMS Update is due June 30, 2024.

8. COMMISSIONERS' COMMENTS / REQUESTS

Chair Snyder thanked former Chair Lam and former Vice Chair Caivano for their time chairing the EMSC, as well as former Commissioner Robert Ower for his many years serving on the Commission.

9. ADJOURNMENT:

Adjournment by Chair Snyder at 2:20 PM to the meeting of Wednesday, March 20, 2024.

Next Meeting: Wednesday, March 20, 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.

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

BASE HOSPITAL ADVISORY COMMITTEE MINUTES

February 7, 2024

	REPRESENTATIVES		EMS AGENCY STAFF
☐	Erick Cheung, MD, Chair	EMS Commission	Nichole Bosson, MD
☐	Diego Caivano, MD, Vice Chair	EMS Commission	Richard Tadeo
☐	Atilla Under, MD, MPH	EMS Commission	Jacqueline Rifenburg
☐	Lydia Lam, MD	EMS Commission	Laura Leyman
☐	Saran Tucker	EMS Commission	Lily Choi
☐	Carol Synder, RN	EMS Commission	Chris Clare
☐	Tarina Kang, MD	EMS Commission	Lorrie Perez
☐	Brian Saeki	EMS Commission	Ami Boonjaluksa
☐	Vacant	EMS Commission	Priscilla Romero
☑	Rachel Caffey	Northern Region	Sara Rasnake
☑	Jessica Strange	Northern Region	Sam Calderon
☑	Michael Wombold	Northern Region, Alternate	Jennifer Calderon
☑	Samantha Verga-Gates	Southern Region	Hannah Kang
☑	Laurie Donegan	Southern Region	Mark Ferguson
☑	Shelly Trites	Southern Region	Gerard Waworundeng
☑	Christine Farnham	Southern Region, Alternate	Jake Toy, MD
☐	Ryan Burgess	Western Region, Alternate	Kelsey Wilhelm, MD
☑	Travis Fisher	Western Region	Michael Kim, MD
☑	Lauren Spina	Western Region	Aldrin Fontela
☑	Susana Sanchez	Western Region	Paula Cho
☑	Erin Munde	Western Region	Tracy Harada
☑	Laurie Sepke	Eastern Region	
☑	Alina Candal	Eastern Region	
☐	Jenny Van Slyke	Eastern Region, Alternate	
☑	Lila Mier	County Region	**Guests**
☑	Emerson Martell	County Region	Gloria Guerra, LACoFD
☑	Yvonne Elizarraraz	County Region	Nicole Reid, LACoFD
☑	Antoinette Salas	County Region	Nancy Alvarez, LACoFD
☐	Shira Schlesinger, MD	Base Hospital Medical Director	Clayton Kazan, MD, LACoFD
☑	Gabriel Campion, MD	Base Hospital Medical Director, Alternate	Tiffany Fan
☐	Adam Brown	Provider Agency Advisory Committee	Angela Lopez-Gomez, MD
☑	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate	
☐	Heidi Ruff	Pediatric Advisory Committee Representative	
☑	Desiree Noel	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)
☑	Thomas Ryan (SFM)				

1. **CALL TO ORDER:** The meeting was called to order at 1:05 p.m. by Chair Pro Tem, Dr. Gabriel Campion, who serves as the Base Hospital Medical Director and representative for the Medical Council.

2. INTRODUCTIONS/ANNOUNCEMENTS:

2.1 Dr. Shira Schlesinger's appointment to the EMS Agency was confirmed by Richard Tadeo. She will begin in the early spring.

2.2 The 12th edition of the 2023 EMS Annual Data Report is dedicated to Dr. Marianne Gausche-Hill, whose contribution to data collaboratives and EMS system has been invaluable. In the upcoming year, the annual reports will include information on the Psychiatric Urgent Care Centers and the Sobering Centers.

2.3 The Southwest Regional Trauma Coordinating Committee (SWRTCC) Ground Rounds is scheduled to take place virtually on March 6, 2024. This event will cover topics including ocular trauma injury and challenging field extractions and transports.

2.4 EMSAAC 2024 Annual Conference is scheduled to take place in San Diego May 29 and 30, 2024.

2.5 The updated 2024 EMS Agency Roster was enclosed in the packet.

2.6 2024 Base Survey packets will now include the attendance of the Base Medical Director at the Medical Council meetings starting in April, as well as confirmation of Field Care Audit Continuing Education hours.

2.7 Base Hospital Data Reports will focus on the provider impression that includes Stroke, Chest Pain Suspected Cardiac/Chest Pain MI, Shock, and Cardiac Arrest, along with the corresponding treatments and the patient destinations.

3. APPROVAL OF MINUTES

3.1 The Meeting Minutes for October 11, 2023 were approved as presented.

M/S/C (Caffey/Farnham)

4. REPORTS & UPDATES:

4.1 <u>EMS Update 2024</u>

EMS Update 2024 will introduce PediDOSE and Pedi-PART. The Train the Trainer session is scheduled for April 1 and 3, 2024, with four sessions from 8-12 p.m. or 1-5 p.m. If you are unable to attend on these dates, please arrange for an alternate attendee as attendance is mandatory with the lead investigator for PediDOSE, Dr. Shaw, who will be in attendance. An additional session will be on April 15 for EMS Agency staff. Should there be any conflicts with the initial dates, please reach out to Dr. Whitfield. The EMS Agency will procure equipment to support EMS Update, including infant and child airway manikins, as well as EO Life Devices, a feedback device that allows for adjustment of ventilation volume and mask leaks. There will be an option to borrow this equipment for training at your fire department or hospital.

EMS Update Training will be from April - June, with completion by July 1, 2024. Pedi-PART will activate once a provider agency has met the 90% completion threshold for both online and in-person training. Please be sure to contact your local provider

agencies to determine when the providers in your area will go live. PediDOSE will go live for all MICN and providers on July 1, 2024.

4.2 EmergiPress

The most recent publication focuses on the topic of *Organic Phosphate Overdose, Diltiazem Overdose with Heart Block, and Tranexamic Acid (TXA) Facts and Questions*.

4.3 Research Initiatives and Pilot Studies

- SRC: A research paper examining the *Time to Intervention for STEMI Patients Pre and Post-COVID* has been published and can be accessed online. Additionally, examining the rates of CABG after STEMI, although infrequent, the data could impact the designation of SRC facilities and the need for appropriate transfer agreements.
- Stroke: A manuscript has been submitted that examines the *Five-Year Trends of the Stroke System*. It analyzes the volume of the interventions at the stroke centers since the implementation of the two-tier system.
- The pediatric data collaborative applied for a grant to support team-building efforts. The funds will be allocated towards the development of a pediatric data registry and patient outcomes.
- The i-gel pilot concluded several years ago, Dr. Wilhelm will take the lead on writing the manuscript incorporating the paramedic's impression of the i-gel device's functionality.
- ECMO pilot: A total of 170 patients have been enrolled in the study, with 27% of them having undergone ECMO treatment. The survival rate with discharge from the hospital is 36%, with favorable neurological outcomes. As we aim to move away from the ECMO pilot, we are currently working on establishing extracorporeal cardiopulmonary resuscitation (ECPR) standards and incorporating an ECPR data tab into our SRC database.
- Thorasite pilot: The thorasite device has been utilized four times, and each time it has been effectively implemented. The participating providers are Torrance, Compton, Culver City, and County Fire.

4.4 PediDOSE Study

Base hospitals should continue to encourage the completion of the paramedic self-report for all pediatric patients (0-13 years of age) with a PI of seizure postictal or seizure active. In the upcoming EMS Update 2024, there will be a transition from the current standard protocol of weight-based dosing to age-based dosing for seizures. Effective July 1, 2024, pediatric seizures will no longer be treated with IV/IO routes. For pediatric patients 0 - 16 months, the protocol will remain weight-based dosing. For pediatric patients 17 months - 11 years, age-based dosing. Pediatric patients aged 12 years - 13 years will receive age-based dosing equivalent to adult doses.

4.5 Pedi-PART

The EMS Agency is currently involved in the initial phase of the Pedi-PART (Pragmatic Airway Resuscitation Trial), a six-year study focusing on airway management in children. The study compares bag-masked ventilation (BVM) with supraglottic airway to establish the most effective approach for airway management in pediatric patients aged one day old to their eighteenth birthday. This randomized study assigns patients to either

supraglottic airway (SGA) on odd days or bag-mask ventilation (BVM) on even days.

4.6 ELCoR Task Force

The EMS and Law Enforcement Co-Response Task Force group has drafted a medical control guideline that delineates the optimal approach for EMS and law enforcement collaboration when dealing with an agitated patient. Additionally, there are plans in place to create two educational scenario videos showcasing the collaboration between EMS and law enforcement.

4.7 California Office of Traffic Safety (OTS) Grants

4.7.1 Mobile Protocol Application

Wireframes were created for the mobile application to encompass all policies and protocols, ensuring quick accessibility. The application is designed with three main objectives: Rapid access to treatment protocols to provide a concise overview of treatment protocols along with key steps; Quick Reference Guides will offer decision-making points based on medical control guidelines; and Just in Time Videos consist of brief synchronized videos. Additionally, the application will feature the capability to notify the system of updates; the ability to open multiple protocols simultaneously; and mark favorite treatment protocols. The goal is to launch the mobile application by October 2024.

4.7.2 Health Data Exchange

The first phase of the funding involves developing a trauma dashboard (prototype) that visualizes injury patterns and locations to support post-crash care efforts and trauma prevention. This one-year grant is primarily dedicated to addressing traffic collisions and pedestrian injuries.

5. Old Business: None

6. New Business

For Approval

6.1 Ref. No. 502, Patient Destination

Approved as presented

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

6.2 Ref. No. 606, Documentation of Prehospital Care

Approved as presented

M/S/C (Wombold/ Farnham)

For Discussion

6.3 Ref. No. 1231-P, Seizure

The policy will be add back the IV/IO dosing for pediatrics 14 years of age and above, while offering additional clarification in the policy to clearly outline the guidelines.
Recommendation: include a link to the paramedic self-report in the protocol.

6.4 Ref. No. 1317.25, Midazolam
6.5 9-1-1 IFT (Interfacility Transport) Checklist.

Informational

6.6 Ref. No. 1200.2, Base Contact Requirements
6.7 Ref. No. 1212-P, Cardiac Dysrhythmia–Bradycardia
6.8 Ref. No. 1365, Transcutaneous Pacing
6.9 Ref. No. 1370, Traumatic Hemorrhage Control
6.10 2023 MCI Form & MCI Documentation Manual

7. OPEN DISCUSSION

8. **NEXT MEETING:** April 10, 2024

9. ADJOURNMENT: The meeting was adjourned at 13:53

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, February 14, 2024

MEMBERSHIP / ATTENDANCE

	MEMBERS IN ATTENDANCE	ORGANIZATION
	Kenneth Powell, Chair	EMSC, Commissioner
	Paul Espinosa, Vice-Chair	EMSC, Commissioner
	James Lott, PsyD, MBA	EMSC, Commissioner
	Ken Lieberman	EMSC, Commissioner
	Jason Cervantes	EMSC, Commissioner
	Carol Kim	EMSC, Commissioner
	Carol Meyer	EMSC, Commissioner
	Gary Washburn	EMSC, Commissioner
X	Sean Stokes	Area A *(Rep to Medical Council)*
	Justin Crosson	Area A, Alternate
	Keith Harter	Area B
X	Clayton Kazan, MD	Area B, Alternate
	Todd Tucker	Area C
	Jeffrey Tsay	Area C, Alternate
	Kurt Buckwalter	Area E
X	Ryan Jorgensen	Area E, Alternate
	Mick Hannan	Area F
	Andrew Reno	Area F, Alternate
X	Adam Brown	Area G *(Rep to BHAC)*
X	Jennifer Nulty	Area G, Alternate
X	Matthew Conroy	Area H
X	David Hahn	Area H, Alternate
X	Julian Hernandez	Employed Paramedic Coordinator
X	Tisha Hamilton	Employed Paramedic Coordinator, Alt
X	Rachel Caffey	Prehospital Care Coordinator
	Jenny Van Slyke	Prehospital Care Coordinator, Alternate
X	Paul Voorhees	Public Sector Paramedic Coordinator
X	Ryan Cortina	Public Sector Paramedic Coordinator, Alt
	Maurice Guillen	Private Sector Paramedic
	Scott Buck	Private Sector Paramedic, Alternate
X	Tabitha Cheng, MD	Provider Agency Medical Director
X	Tiffany Abramson, MD	Provider Agency Medical Director, Alt
	Andrew Lara	Private Sector Nurse Staffed Amb Program
	Jonathan Lopez	Private Sector Nurse Staffed Amb Program,
X	Scott Jaeggi	EMT Training Program
	Pending	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	Denise Whitfield, MD
Kelsey Wilhelm, MD	Chris Clare
Jacqueline Riffenburg	Ami Boonjaluksa
Jennifer Calderon	Sam Calderon
Paula Cho	Lily Choi
Mark Ferguson	Aldrin Fontela
Han Na Kang	Laura Leyman
Lorrie Perez	Sara Rasnake
Denise Watson	Gary Watson
Garard Waworundeng	Christine Zaiser
Jake Toy, MD	
Marianne Gausche-Hill, MD	

GUESTS	ORGANIZATION
Joe Nakagawa, MD	Hawthorne PD/McCormick Amb
Alicia Bravo	All Town Ambulance
Nanci Medina	LACoFD
Ryan Ockey	LAFD
Ryan Ostergaard	LAFD
Anthony Keehne	LAFD
Jason Hansen	Pasadena FD
Patrick Nulty	Santa Monica FD
Tina Crews	LACoFD
Catherine Borman	Santa Monica FD
Stefan Viera	Torrance FD
Shira Schlesinger, MD	Harbor-UCLA Medical Ctr
Chad Averdano	West Coast Ambulance
M. Evans	West Coast Ambulance
Jessie Castillo	PRN Ambulance
Ky Kalousek	LAFD
Dave Molyneux	AM West Ambulance
Jeffrey Ponton	UCLA Center for Prehospital
Luis Manjarrez	Glendale FD
Robert Ower	So. California Ambulance Assoc
Eric Eckels	All Town Ambulance
Alfred Estrada	Montebello FD
Angel Montes	AMR Ambulance
James Colford	La Habra Heights FD
Danielle Ogaz	LACoFD

Committee Chair and Vice-Chair were unable to attend today's meeting. Clayton Kazan, MD, Area B Alternate, agreed to fill in as Chair *ProTem*. Committee member Sean Stokes motioned for approval; Scott Jaeggi second the motion; and there were no oppositions from Committee.

1. **CALL TO ORDER –** Chair *ProTem,* Clayton Kazan, MD, called meeting to order at 1:05 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 2024 PAAC Commissioners *(Clayton Kazan, MD)*

- Commissioner Kenneth Powell will continue as the 2024 PAAC Committee Chair and Commissioner Paul Espinosa will be the Vice-Chair.

2.2 Committee Membership Changes *(Clayton Kazan, MD)*

- Area H Representative: Matthew Conroy, Battalion Chief, LAFD will replace Doug Zabilski who retired in December 2023.

- Public Sector Paramedic, Alternate: Ryan Cortina, Captain, Burbank Fire Department, replacing Paul Voorhees, who will now be the primary representative for the position Public Sector Paramedic.

2.3 2024 EMS Agency Staff Roster

- An updated EMS Agency staff roster, dated January 18, 2024, was presented and attached to Agenda packet.

2.4 2024 EMS Annual Data Report *(Richard Tadeo)*

- EMS Agency Director reviewed this Annual Report to Committee.

2.5 Continuing Education: Trauma Grand Rounds *(Richard Tadeo)*

- EMS Agency Director announced an upcoming educational opportunity titled "Trauma Grand Rounds" which will be a virtual presentation on March 6, 2024 (9am-11am).
- Registration is required by contacting SWRTCC Trauma Grand Rounds Registration (smartsheet.com). Deadline to register is March 3, 2024.

2.6 2024 Annual EMSAAC Conference *(Richard Tadeo)*

- EMS Agency Director announced the upcoming 2024 Annual EMSAAC Conference, to be held at the Loew's Coronado Hotel in San Diego on May 29 & 30, 2024.
- Information and registration can be found at the following webpage: emsaac.org

3. APPROVAL OF MINUTES (Jorgensen / Stokes) December 20, 2023, minutes were approved as written.

4. REPORTS & UPDATES

4.1 EMS Update 2024 *(Denise Whitfield, MD)*

- EMS Update will include a 2-hour CE online module. In addition, all paramedics will be required to attend an in-person session specific to PediDose and PediPART.
- Pedi-Dose Trial: Los Angeles County will enter the "Intervention" phase of age-based dosing of midazolam for pediatric seizures on July 1, 2024.
- PediPART is the Pediatric Prehospital Airway Resuscitation Trial, which will compare bag-mask ventilation (BMV) strategy versus BMV followed by early transition to igel, for management of pediatric airway in the prehospital setting.
- Train-the-Trainer dates are scheduled for April 1 and 3, 2024. Two training session per day will be available (0800-1200 and 1300-1700 hours). Providers will be notified of the sign-ups beginning March 1, 2024.
- On April 15th, a separate train-the-trainer session will be available to EMS Agency staff; this day will be available to providers if unable to attend either April 1 or April 3.
- Implementation of the PediDose Trial will be on July 1, 2024. All corresponding protocols will be updated to reflect these changes.
- PediPART can be implemented upon completion of the EMS Update training.

EMS Update 2023

- Paramedics are able to document on their patient care record the monitoring of blood products. Blood product administration was part of the EMS Update 2023 training.

4.2 Emergi-Press *(Denise Whitfield, MD)*

- Topics for January 2024 include toxicology; organophosphate poisoning; EKG of the month on heart blocks; and a video on TXA administration.
- Next edition will be available at the end of March 2024

4.3 ITAC Update *(Denise Whitfield, MD)*

Previous meeting held on February 12, 2024, and reviewed the following:

- Rescue Net Live (Zoll) – information sharing platform and telemedicine capabilities. Committee continues to research this product.
- Ring Rescue – ring removal device. ITAC recommended for OPTIONAL USE.

4.4 Research Initiatives and Pilot Studies *(Denise Whitfield, MD)*

- Pediatric Data Collaborate *(New)* – a grant was submitted for funding to support the development of this project.
- ECMO – 144 enrollments. 28% received eCPR (36% of these had survival in hospital & discharged). Workgroup is developing standards to have designation of eCPR centers, which would expand the system in the future within Los Angeles County.
- ThoraSite Study – continues. Participating providers include LA County FD, Culver City FD, Torrance FD, and Compton FD. A total of four cases have been reported, all with good thoracostomy needle placements while using the ThoraSite.
- EXG – optimizes ECG patch placement to ensure better tracing. Pasadena FD continues to pilot this product.

4.5 PediDose Trial *(Denise Whitfield, MD)*

- Paramedics were encouraged to continue completing the self-report after each pediatric seizure response.
- Beginning July 1, 2024, the Los Angeles EMS system will transition to the "Intervention" phase of this Trial, which will include standardized age-based medication dosing.
- PediDose chart, explaining the age-based dosing of midazolam for pediatric seizures, was shared, and reviewed with the Committee.
- Reference No. 1309, Color Code Drug Doses, was reviewed to include changes that will take place related to the next phase of the PediDose Trial.
  Committee recommended the following:
  - Allow only IM/IN for all adult & pediatric doses of midazolam (removing IV/IO)
  - Remove "≥14y" and "≥12y" from the Midazolam Seizure dosing, within the Color Code "Black"
  - Create a link between the Color Codes mobile application and the PediDose chart.

4.6 Pedi-PART *(Denise Whitfield, MD & Marianne Gausche-Hill, MD)*

- The goal of this Trial is to determine the best paramedic strategies for managing the airway in critically ill or injured children. This Trial involves the participation from 65 EMS Agencies throughout the U.S. and will run between May 2024 through 2029.
- Dr. Gausche-Hill presented PowerPoint slides titled "The Pediatric Prehospital Airway Resuscitation Trial"; which outlines two Stages of the Trial. Stage 1 includes the comparison of bag-mask ventilation vs. a supraglottic airway device (*i-gel*); Stage 2 compares the [Winner of Stage 1] vs. endotracheal intubation (*California will not participate in Stage 2*).
- Questions or concerns can be directed to Nichole Bosson, MD, at nbosson@dhs.lacounty.gov

4.7 California Office of Traffic Safety (OTS) Grants

4.7.1 Mobile Application Grant *(Denise Whitfield)*

- PowerPoint slides were reviewed showing the draft steps to navigate through the mobile application to access Treatment Protocols, Medical Control Guidelines, PediDose chart, base hospital contact information, just-in-time training videos; and more.

4.7.2 Health Data Exchange *(Richard Tadeo, Denise Whitfield, MD, Shira Schlesinger, MD)*

- Health Data Exchange is a bidirectional, cloud-based system that transmits data to a hospital's electronic medical record system. This would allow providers to obtain outcome data from participating hospitals and it could assist in reconciling patient insurance records.

- The EMS Agency recently received approval from the Los Angeles County Board of Supervisors to receive Measure B funding for implementation of this project.
- There will be four roll-out phases of this project. The first phase will begin with the 15 trauma centers and 7 non-trauma center base hospitals; second phase includes STEMI Centers; third phase includes Stroke Centers; and the fourth phase will include other hospitals without specialty care designation.
- There will be a minimal maintenance cost for the provider agency participation. In 2022, the subscription was approximately $3500 per year per provider.
- Dr. Shira Schlesinger requested volunteers to assist with the development of educational material related to prehospital trauma care and post-crash environment. Those interest may contact Dr. Schlesinger at SSchlesinger2@dhs.lacounty.gov

4.8 Medication Cache *(Denise Whitfield, MD)*

- Due to ongoing nation-wide drug shortages, the EMS Agency (Disaster Section) is creating a medication cache that will contain several of the most frequently used medications within the County.
- During medication shortages, providers should continue following the mitigation strategies found in Ref. No. 701, Supply and Resupply of Designated EMS Provider Units/Vehicles.
- If the mitigation strategies do not resolve your department's shortage issue, providers should contact the Prehospital Section staff at the EMS Agency, for further assistance.
- Accessing the medication cache at the EMS Agency will be utilized after all other mitigation strategies have been explored.

4.9 EMS for Children Pediatric Readiness Assessment for Provider Agencies *(Marianne Gausche-Hill, MD)*

- This is a National Prehospital Pediatric Readiness Project (PPRP), with a goal of improving prehospital care for acutely ill and injured children across the United States.
- Dr. Gausche-Hill presented a document describing the specifics of this project.
- In May 2024, all public provider agencies will receive an email with a weblink to participate in a pediatric readiness assessment.
- According to PPRP, EMS and fire-rescue agencies may improve their pediatric readiness by designating a "pediatric champion" within their agency who encourages and facilitates adherence to national recommendations. This designation is also known as a pediatric emergency care coordinator (PECC) and could be assigned to a paramedic, nurse educator or medical director.

5. UNFINISHED BUSINESS

Policies for Discussion; No Action Required:

5.1 Reference No. 1307.4, MCG: EMS and Law Enforcement Co-Response *(Dr. Whitfield)*

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

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 424, Triage to Alternate Destination Program *(Ami Boonjaluksa)*

Policy reviewed and approved as written. (No opposition)

M/S/C (Voorhees / Brown) Approve: Reference No. 424, Triage to Alternate Destination.

6.2 Reference No. XXX, Triage to Alternate Destination (TAD) Paramedic Training Program Requirements *(Jacqueline Rifenburg)*

Policy reviewed and approved as written. (No opposition)

M/S/C (Jaeggi / Jorgensen) Approve: Reference No. XXX, Triage to Alternate Destination (TAD) Paramedic Training Program Requirements.

6.3 Reference No. 502, Patient Destination *(Chris Clare)*

Policy reviewed and approved as written. (No opposition)

M/S/C (Conroy / Nulty) Approve: Reference No. 502, Patient Destination.

6.4 Reference No. 606, Documentation of Prehospital Care *(Sara Rasnake)*

Policy reviewed and approved with the following recommendation:

- Policy: I. B. 1. Change wording from "9-1-1 response" to read "EMS response"

Although there was majority approval, there were oppositions from Area E and Area G.

M/S/C (Conroy / Jaeggi) Approve: Reference No. 606, Documentation of Prehospital Care, with recommendation.

Policies for discussion; No Action required:

6.5 9-1-1 Interfacility Transport (IFT) Checklist *(Chris Clare)*

- Two hospital checklists (STEMI Re-Triage and Trauma Re-Triage) were reviewed. These checklists are to assist hospitals in deciding whether to call a private ambulance or activate the 9-1-1 system for re-triage IFT transports.

6.6 Reference No. 1200.2, Treatment Protocol: Base Contact Requirements *(Denise Whitfield, MD)*

Policy reviewed as information only.

6.7 Reference No. 1212-P, Treatment Protocol: Pediatric Cardiac Dysrhythmia - Bradycardia *(Denise Whitfield, MD)*

Policy reviewed as information only.

6.8 Reference No. 1231-P, Treatment Protocol: Seizure (Pediatric) *(Denise Whitfield, MD)*

Policy reviewed as information only.

6.9 Reference No. 1317.15, Medical Control Guideline: Drug Reference - Midazolam *(Denise Whitfield, MD)*

Policy reviewed as information only.

6.10 Reference No. 1365, Medical Control Guideline: Transcutaneous Pacing *(Denise Whitfield, MD)*

Policy reviewed as information only.

6.11 Reference No. 1370, Medical Control Guideline: Traumatic Hemorrhage Control *(Denise Whitfield, MD)*

Policy reviewed as information only.

7. OPEN DISCUSSION

There were no items for discussion.

8. NEXT MEETING – April 17, 2024

9. ADJOURNMENT - Meeting adjourned at 3:07 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

DRAFT 01-23-2024

SUBJECT: **TRIAGE TO ALTERNATE DESTINATION (TAD) PARAMEDIC PROVIDER PROGRAM**

REFERENCE NO. 424

PURPOSE: To outline criteria for the approval of a triage to alternate destination (TAD) paramedic provider program in Los Angeles County.

AUTHORITY: Health & Safety Code, Division 2.5, Section §1797-1863
California Code of Regulations, Title 22, Division 9, Chapter 5

DEFINITIONS:

Advanced Life Support (ALS): Patient care requiring paramedic level assessment and/or intervention(s) listed in Ref. No. 803, Los Angeles County Paramedic Scope of Practice.

Designated TAD Facility: A mental health (Psychiatric Urgent Care Center) or non-correctional (Sobering Center) facility approved by the Los Angeles County Emergency Medical Services (EMS) Agency to receive patients assessed and triaged by paramedics for psychiatric care or sobering services.

Paramedic Provider Agency: A fire or law enforcement agency or licensed ambulance operator that meets the requirements outlined in Ref. No. 406, Authorization for Paramedic Provider Status, which includes, but not limited to: employing and sponsoring paramedics to provide ALS services; participating in EMS system programs (e.g., quality improvement); and complying with all applicable federal and state statutes and regulations, and local policies, procedures, guidelines and protocols.

TAD Paramedic: A California licensed and Los Angeles County accredited paramedic who has completed the training requirements of an EMS Agency approved TAD Paramedic Training Program and received TAD specific accreditation.

TAD Paramedic Provider Agency: A paramedic provider agency authorized by the EMS Agency to participate in the TAD Program.

TAD Paramedic Training Program: A training program approved by the EMS Agency to provide education on triage to alternate destinations for patients requiring psychiatric care or sobering services through didactic and clinical education and competency testing.

TAD Program: A system-wide ALS program developed by the EMS Agency and approved by the Emergency Medical Services Authority to assess and triage patients requiring psychiatric care to designated Psychiatric Urgent Care Centers, or sobering services to designated Sobering Centers in accordance with the California Code of Regulations, Chapter 5, Division 9.

PRINCIPLES:

1. The EMS Agency is the approving authority for TAD Programs in Los Angeles County.

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

2. The EMS Agency has oversight authority to conduct onsite visits, inspect, investigate, and discipline a Designated TAD Facility, TAD paramedic, TAD paramedic provider agency, TAD paramedic training program, and TAD programs for any violations to the standards set forth herein through denial, probation, suspension, or revocation of the approval and/or accreditation.

3. No person or organizations shall offer a TAD paramedic training program or TAD programs without the authorization from the EMS Agency.

4. The EMS Agency may exclude existing paramedic provider agencies from participating in the TAD program. Reasons may include: no designated TAD facilities can be accessed within patient destination transport guidelines, EMS resources are unreasonably removed from the paramedic provider agency's primary area of response, and participation will negatively impact patient care. The EMS Agency will provide the paramedic provider agency a written response outlining the reasons for exclusion.

5. A TAD paramedic's decision to transport to a designated TAD facility shall not be based on, or affected by, a patient's ethnicity, citizenship, age, preexisting medical condition, insurance status, economic status, ability to pay for medical services, or any other characteristics listed in Section 51 of the Civil Code except in circumstances in which age, sex, preexisting medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient. A violation of Section 51 of the Civil Code will result in immediate termination from the program.

6. Maintaining skills competency and effective quality improvement program are important components for implementing and sustaining a successful TAD program. TAD provider agencies must ensure active clinical practice and participation in the quality improvement program for their TAD paramedics.

POLICY:

I. TAD Paramedic Provider Agency Program Requirements

   A. Be approved by the EMS Agency as a TAD paramedic provider agency.

      1. Must meet the requirements outlined in Ref. No. 406, Authorization for Paramedic Provider Status.

      2. Have a Medical Director who meets the requirements in Ref. No. 411, Provider Agency Medical Director.

      3. Incorporate the TAD paramedic provider agency program into existing continuing education and quality improvement programs.

   B. Have a TAD Paramedic Training Program approved by the EMS Agency.

      1. Administration, faculty requirements, and TAD course standards and curriculum must meet California Code of Regulations, Title 22, Division 5, Chapter 5, §100189, Community Paramedic and Transportation to Alternate Destination Training Programs Administration and Faculty Requirements.

2. Interested training programs must complete and submit an EMS Agency TAD Training Program Application packet to the EMS Agency for approval. The application packet must contain the following:

   a. Faculty forms containing the names and qualifications of the training program director, program medical director, and instructors.

   b. A statement verifying that the course meets the requirements contained in the current version of the United States Department of Transportation (U.S. DOT) National Education Standards.

   c. An outline of course objectives.

   d. Performance objectives for each skill.

   e. A minimum of one (1) final comprehensive competency-based examination must be administered to test the paramedic's skills and knowledge of the TAD Program.

C. Documentation and Data

1. Electronic Patient Care Report (ePCR) documentation must be in accordance with Ref. No. 606, Documentation of Prehospital Care.

2. Submission of ePCR data to the EMS Agency must be in accordance with current NEMSIS Standards and comply with the requirements in Ref. No. 607, Electronic Submission of Prehospital Data.

3. Retention and disposition of patient care records must comply with Ref. No. 608, Retention and Disposition of Prehospital Patient Care Records.

II. TAD Paramedic Training Program Approval Process

A. Training Program Director of proposed TAD training program shall submit a written request to the EMS Agency Office of Certification and Training Program Approvals.

B. Notification of program approval or deficiencies with application requirements shall be made in writing by the EMS Agency to the requesting paramedic training program within ninety (90) days of receiving the request for approval.

C. The EMS Agency shall approve and establish the effective date of the TAD paramedic training program approval in writing upon the program satisfactory meeting and documenting compliance with all program requirements.

D. TAD paramedic training program approval is valid for four (4) years ending on the last day of the month in which the request is approved. This approval is not transferable from person to person or between training programs.

E. The EMS Agency shall notify the California EMS Authority in writing of the training program approval.

III. TAD Paramedic Provider Agency Program Disciplinary Actions

A. The EMS Agency shall conduct an annual review of the TAD paramedic provider agency program to ensure compliance with all requirements.

B. Failure to comply with the requirements set forth herein may result in denial, probation, suspension, or revocation of approval.

C. Procedure for notification of noncompliance:

1. The EMS Agency shall provide a written notification of noncompliance to the TAD paramedic provider agency within ten (10) days of finding noncompliance.

2. Within fifteen (15) days from receipt of the notification, the TAD paramedic provider agency, shall submit in writing evidence of compliance or a plan to comply within sixty (60) days from the day of receipt of the notification.

3. Within fifteen (15) days from receipt of the TAD paramedic provider agency response or within thirty days (30) from the mailing date of the notification of noncompliance if no response is received, the EMS Agency shall issue a decision letter by certified mail to the California EMS Authority and the TAD paramedic provider agency identifying one or more of the following actions:

a. Accept the evidence of compliance provided.

b. Accept the plan for meeting compliance provided.

c. Place the TAD paramedic provider agency on probation.

d. Immediately suspend or revoke the approval for the paramedic provider agency to implement TAD.

4. The decision letter shall also include, but not be limited to the following:

a. The date of the EMS Agency's decision.

b. Specific requirements the TAD paramedic provider agency failed to meet.

c. The probation and suspension effective and ending date, if applicable.

d. The terms and conditions of the probation or suspension, if applicable.

e. The revocation date, if applicable.

IV. TAD Paramedic Accreditation

A. The TAD paramedic applicant shall submit an EMS Personnel Information/Sponsorship Update Form and meet the following eligibility criteria:

1. Proof of an active, unrestricted California issued paramedic license,

2. Hold a current Los Angeles County Paramedic Accreditation,

3. Last four (4) numbers of social security number or individual tax identification number, and

4. A course completion certificate issued by an approved TAD Paramedic Training Program.

5. Application must be signed by an approved TAD Provider Agency sponsoring entity.

B. The EMS Agency shall review the EMS Personnel Information/Sponsorship Update Form and notify the applicant in writing within thirty (30) business days from the date of submission that the application is:

1. Incomplete or illegible and required corrective action, or

2. The TAD accreditation has been approved and the TAD accreditation information has been entered into the Central Registry database, or

3. The TAD accreditation has been denied, including the reason for the denial and notification of the applicant's right to appeal.

C. The EMS Agency shall register the TAD paramedic accreditation into the Central Registry database within five (5) business days of the TAD paramedic accreditation being approved.

D. The initial TAD paramedic accreditation shall expire on the last day of the month, two (2) years from the effective date of the TAD paramedic initial accreditation or upon expiration of County Paramedic accreditation, whichever is sooner.

E. TAD paramedic accreditation shall be renewed every two (2) years. The following eligibility criteria for renewal must be submitted to the EMS Agency:

1. Proof of current, unrestricted California issued paramedic license, and

2. Proof of completion of four (4) hours of approved TAD continuing education (CE).

F. To be eligible for reinstatement of a TAD paramedic accreditation that has expired twelve (12) months or less, the following eligibility criteria must be submitted to the EMS Agency:

1. Proof of current, unrestricted California issued paramedic license, and

2. Proof of completion of four (4) hours of approved TAD paramedic CE.

G. To be eligible for reinstatement of a TAD paramedic accreditation that has been expired for more than twelve (12) months, the following eligibility criteria must be submitted to the EMS Agency:

1. Proof of current, unrestricted California issued paramedic license, and

2. Proof of successful completion of an approved TAD paramedic training program within the last year from the submission date of the reinstatement application.

CROSS REFERENCES:
Prehospital Care Policy Manual:
Ref. No. 406, **Authorization for Paramedic Provider Status**
Ref. No. 411, **Provider Agency Medical Director**
Ref. No. 526, **Behavioral/Psychiatric Crisis**
Ref. No. 526.1, **Medical Clearance Criteria Screening Tool for Psychiatric Urgent Care Center (PUCC)**
Ref. No. 528, **Intoxicated (Alcohol) Patient Destination**
Ref. No. 528.1, **Medical Clearance Criteria Screening Tool for Sobering Center**
Ref. No. 602, **Confidentiality of Patient Information**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 607, **Electronic Submission of Prehospital Patient Data**
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**
Ref. No. 620, **EMS Quality Improvement Program**
Ref. No. 621, **Notification of Personnel Change**
Ref. No. 621.1, **Notification of Personnel Change Form Provider Agency/Training Programs**
Ref. No. 622, **Release of EMS Data**
Ref. No. 640, **EMS Documentation Manual**
Ref. No. 913, **Triage to Alternate Destination (TAD) Paramedic Provider Program Requirements**

Reference No. 424, Triage to Alternate Destination (TAD) Paramedic Provider Program

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	02/14/23	02/14/2023	No
	Base Hospital Advisory Committee	02/07/23	02/07/2023	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)

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **PATIENT DESTINATION** REFERENCE NO. 502

PURPOSE: To ensure that 9-1-1 patients are transported to the most appropriate facility that is staffed, equipped, and prepared to administer emergency and/or definitive care appropriate to the needs of the patient.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220
California Administrative Code, Title 13, Section 1105 (c)

PRINCIPLES:

1. In the absence of decisive factors to the contrary, 9-1-1 patients shall be transported to the most accessible 9-1-1 receiving facility equipped, staffed, and prepared to receive emergency cases and administer emergency care appropriate to the needs of the patient.

2. The most accessible receiving (MAR) facility may or may not be the closest facility geographically. Transport personnel shall take into consideration traffic, weather conditions, or other factors that may influence transport time in identifying the most accessible facility.

3. The most appropriate receiving facility for a patient may be the health facility which is affiliated with their health plan. Depending upon the patient's chief complaint and medical history, it may be in the patient's best interest to be transported to their 'medical home', as defined by their health plan, personal physician, and/or medical records.

4. Patients shall not be transported to a medical facility that is on diversion due to internal disaster.

5. Notwithstanding any other provision of this reference, and in accordance with Ref. No. 503, Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients, final authority for patient destination rests with the base hospital handling the call. Base hospitals shall honor diversion requests based on patient condition and available system resources. 9-1-1 patients shall ordinarily be transported to general acute care hospitals with a basic emergency department permit. Transport to other medical facilities (hospitals with a stand-by permit, clinics and other medical facilities approved by the EMS Agency) shall be performed only in accordance with this policy.

POLICY:

I. Transport of Patients by EMT Personnel

   A. EMT personnel shall transport 9-1-1 patients deemed stable and requiring only basic life support (BLS) to the MAR (exception: BLS Diversion or Internal Disaster).

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

B. If the MAR has requested BLS diversion as per Ref. 503, the patient may be diverted to an alternate facility assuming the involved BLS unit estimates that it can reach an alternate facility within fifteen (15) minutes from the incident location. If there are no open facilities within this time frame, BLS patients shall be directed to the MAR, regardless of its diversion status (exception: Internal Disaster).

C. EMT personnel may honor patient requests to be transported to other than the MAR provided that the patient is deemed stable, requires basic life support measures only, and the ambulance is not unreasonably removed from its primary area of response. In order to facilitate this, EMT personnel may transfer care of a patient to another EMT team if necessary.

D. In life-threatening situations (e.g., unmanageable airway or uncontrollable hemorrhage) in which the estimated time of arrival (ETA) of the paramedics exceeds the ETA to the MAR, EMTs should exercise their clinical judgment as to whether it is in the patient's best interest to be transported prior to the arrival of paramedics.

E. EMT personnel may immediately transport hypotensive trauma patients with life-threatening, penetrating injuries to the torso to the closest trauma center, not the MAR, when the transport time is less than the estimated time of paramedic arrival. The transporting unit should make every effort to contact the receiving trauma center while in route.

II. Transport of Patients by Paramedic Personnel

A. Patients should be transported to the MAR unless:

1. The base hospital determines that another facility is more appropriate to meet the needs of the patient; or

2. The patient meets criteria or guidelines for transport to a specialty care center (i.e., Trauma Center, Pediatric Trauma Center, ST-Elevation Myocardial Infarction Receiving Center, Emergency Department Approved for Pediatrics, Pediatric Medical Center, Perinatal Center, Sexual Assault Response Team Center, or Designated Stroke Center);

3. The patient requests a specific hospital; and

a. The patient's condition is considered sufficiently stable to tolerate additional transport time; and

b. The requested hospital does not have a defined service area (see Section V of this policy); and

c. The requested hospital can provide services appropriate to the patient's chief complaint; and

d. The EMS provider has determined that such a transport would not unreasonably remove the unit from its primary area of response. If the provider is unable to honor the request, and the patient

therefore refuses to be transported, the provider should attempt to arrange for alternate transportation (i.e., private ambulance), in order to assist patient with receiving necessary treatment.

4. The MAR has requested diversion of 9-1-1 patients requiring advanced life support (ALS) as specified in Ref. No. 503. ALS patients may be directed to an alternate open facility provided:

   a. The patient does not exhibit an unmanageable airway or uncontrolled hemorrhage.

   b. The involved ALS unit estimates that it can reach an alternate facility within fifteen (15) minutes, Code 3, from the incident location. If there are no open facilities within this time frame, ALS patients shall be directed to the MAR, regardless of its diversion status (exception: Internal Disaster).

B. Paramedic personnel may transfer care of a patient to another paramedic team if necessary. If base hospital contact has been made, the initial paramedic team shall advise the base hospital that another paramedic team has assumed responsibility for the patient.

III. Destination of Restrained Patients

A. Restrained patients shall be transported to the MAR within the guidelines of this policy. Allowable exceptions:

1. Patients without a medical complaint, with a 5150 order written by a designated Department of Mental Health Team, when transport to a psychiatric facility has been arranged.

2. A law enforcement request for transport to medical facilities other than the closest may be honored with base hospital concurrence.

IV. Transport to Hospitals or Medical Facilities that are Non 9-1-1 Receiving Facilities

A. Patient requests for transport to hospitals that are not 9-1-1 Receiving Facilities may be honored by EMT or paramedic personnel provided:

1. The patient, family, or private physician is made aware that the requested hospital is not a 9-1-1 receiving facility;

2. The Base hospital or EMS provider contacts the requested facility and ensures that the hospital has agreed to accept the patient;

3. If transport requires additional transport time, the patient’s condition is considered sufficiently stable to tolerate and the EMS provider has determined that such a transport would not unreasonably remove the unit from its primary area of response

B. Other medical facilities approved on an individual basis by the EMS Agency:

9-1-1 patients may be transported to medical facilities other than hospitals (i.e., clinics, etc.) only when approved in advance by the EMS Agency.

V. Transport to Designated Service Area Facilities

A. Patients shall be transported by EMT or paramedic personnel to hospitals with a designated service area whenever the incident location is within the hospital's defined service area (exception: diversion for Internal Disaster). In most instances, the service area hospital is also the MAR.

B. If a patient within the defined service area meets criteria or guidelines for a specialty care center, for care not provided by the service area hospital, this patient shall be transported to the appropriate specialty care center.

C. Patient requests for transport to a service area hospital when the incident location is outside the hospital's defined service area or inside the service area of another hospital, may be honored by:

1. EMT personnel if it is a BLS patient, the receiving hospital is contacted and agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area.

2. Paramedic personnel if the base hospital is contacted and concurs that the patient's condition is sufficiently stable to permit the estimated transport time, the requested hospital agrees to accept the patient, and the transporting unit is not unreasonably removed from its primary response area. The receiving hospital may be contacted directly if the ALS unit is transporting a BLS patient.

CROSS REFERENCE:

Prehospital Care Manual:
Ref. No. 501, **Hospital Directory**
Ref. No. 503, **Guidelines for Hospitals Requesting Diversion of ALS/BLS Patients**
Ref. No. 504, **Trauma Patient Destination**
Ref. No. 506, **Trauma Triage**
Ref. No. 508, **Sexual Assault Patient Destination**
Ref. No. 508.1 **SART Center Roster**
Ref. No. 509, **Service Area Hospital**
Ref. No. 510, **Pediatric Patient Destination**
Ref. No. 511, **Perinatal Patient Destination**
Ref. No. 512, **Burn Patient Destination**
Ref. No. 513, **ST-Elevation Myocardial Infarction Patient Destination**
Ref. No. 516, **Cardiac Arrest Patient Destination**
Ref. No. 518, **Decompression Emergencies/Patient Destination**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 521, **Stroke Patient Destination**
Ref. No. 526, **Behavioral/Psychiatric Crisis Patient Destination**
Ref. No. 528, **Intoxicated (Alcohol) Patient Destination**
Ref. No. 838**,** **Application of Patient Restraints**

Reference No. 502, Patient Destination

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	02/14/23	02/14/2023	No
	Base Hospital Advisory Committee	02/07/23	02/07/2023	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)

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, MICN)

SUBJECT: **DOCUMENTATION OF PREHOSPITAL CARE** REFERENCE NO. 606

PURPOSE: To identify the base hospital and Emergency Medical Services (EMS) provider procedures for documentation of prehospital care.

AUTHORITY: California Code of Regulations, Title 22, Sections 100128, 100129, 100170, 100171

DEFINITIONS

EMS Response: The physical response of an EMS provider due to activation of the EMS system with a request for medical evaluation.

Multiple Casualty Incident (MCI): The combination of numbers of ill/injured patients and the type of injuries going beyond the capability of an entity's normal first response.

Patient: A person who seeks or appears to require medical assessment and/or medical treatment.

Patient Contact: An EMS response that results in an actual patient or patients.

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

PRINCIPLES:

1. The EMS Record and the Base Hospital Form are:

    a. Patient care records
    b. Legal documents
    c. Quality improvement instruments
    d. Billing resources (EMS Record only)
    e. Records of canceled calls, no patient found, public assist involving a person, and person contact/no patient (EMS Record only)

2. Any assessment or treatment provided to, and medical history obtained from, the patient shall be accurately and thoroughly documented on the EMS Record.

3. Any person who alters or modifies the medical record of any person, with fraudulent intent, or who, with fraudulent intent, creates any false medical record, is guilty of a misdemeanor (section 471.5 of the California Penal Code).

4. An EMS Record must be completed for every EMS response regardless of patient disposition.

POLICY:

I. EMS Record Completion – Paramedic/EMT Personnel

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

A. EMS providers shall document prehospital care according to procedures identified in the LA-EMS National Emergency Medical Services Information System (NEMSIS) Data Dictionary.

B. Electronic EMS Patient Care Record (ePCR) Completion

1. Paramedic/EMT personnel shall complete one EMS Agency approved ePCR (one for each patient) for every EMS response which includes the following:

a. Patient contact made
b. Cancelled on scene
c. Cancelled prior to arrival at scene
d. No patient contact
e. No patient found

C. Paper-Based EMS Report Form Completion

1. Paramedic/EMT personnel may document on a paper-based EMS Report Form if ePCR system failure occurs.

2. Private EMS providers shall utilize a paper-based EMS Report Form only for patients where base contact is made unless approved to electronically submit ePCR data.

D. Multiple Providers

1. In the event of an automatic or mutual aid incident when two first responding providers have each completed an EMS Record, or patient care is transferred from one ALS provider agency to another, each provider agency shall document the Original Sequence Number from the other provider's patient care record in the space designated for Original Sequence Number. If utilizing a paper EMS Report Form, document in the space designated for Second Sequence number. DO NOT cross out or line through the imprinted Sequence Number if utilizing a paper EMS Report Form.

2. The provider agency transferring patient care must have a mechanism in place to provide immediate transfer of patient information to the transporting agency.

E. Multiple Casualty Incidents (MCI)

1. One standard EMS Record must be initiated for each patient transported in an MCI. Provider agencies may use alternate means of documenting MCIs if the EMS Agency is notified prior to implementation and agrees with the proposed process.

2. Documentation should include the following, at minimum:

a. Name
b. Provider Impression
c. Chief Complaint
d. Mechanism of Injury, if applicable
e. Age and units of age

f. Gender
g. Brief patient assessment
h. Brief description of treatment provided
i. Transporting provider (provider code and unit number) and level of service (ALS, BLS or Helicopter)
j. Destination
k. Receiving facility

3. Non-transported patients should be documented on a standard EMS Record or a patient log.

4. Each provider agency should submit copies of all records and logs pertaining to an MCI to the EMS Agency within 10 business days of the incident. MCI documents should be hand carried or delivered to the EMS Agency in an envelope clearly marked with the incident date and location.

F. Completion of the EMS Record Prior to Distribution

1. EMTs and paramedics responsible for documenting prehospital care shall ensure that EMS Records are completed in their entirety prior to dissemination to the receiving facility. In most instances, this means that the record is completed at the scene or upon arrival at the receiving facility.

2. An exception to this is when a first responding agency utilizing paper-based EMS Report Forms is giving the receiving hospital (red) copy to a transporting agency. In the interest of expediting the transfer of care, it is recognized that information such as the unit times may not be documented on the receiving hospital (red) copy of the EMS Report Form.

G. Field Transfer of Care

1. When patient care has been transferred from the first responding ALS or BLS provider agency to a BLS provider agency for transport to a receiving facility, the provider agency receiving the patient should **NOT** generate an ePCR with a new Sequence Number (this will result in the same patient being entered into the ESO Repository with two different sequence numbers).

2. The provider agency that receives the BLS patient for transport to a receiving facility shall complete their agency's ePCR and document the Sequence Number generated by the first responding ALS or BLS provider agency's ePCR on their ePCR or paper-based EMS Report Form.

3. If utilizing a paper-based EMS Report Form, the receiving hospital (red) copy of the EMS Report Form, as well as the PCR from the BLS transport provider (red copy), must accompany the patient to the receiving facility where it becomes part of the patient's medical record.

4. It is the responsibility of the EMS Provider to ensure that a completed copy of the EMS Record is provided to the receiving facility upon transfer of care.

H. Completion of Advanced Life Support Continuation Form

1. If utilizing a paper-based EMS Report Form, required for each patient on whom advanced airway management is necessary.

2. Paramedics completing this form must ensure that the demographic information (patient name, date, provider code/unit, incident #) and Sequence Number are legibly and accurately transcribed from the EMS Report Form.

II. Base Hospital Form - MICN and/or Physicians

A. Base hospital personnel (MICNs and physicians) shall document prehospital care according to procedures identified in the Base Hospital Documentation Manual.

B. Base Hospital Form Completion

1. MICNs and/or physicians shall complete one EMS Agency approved Base Hospital Form (one for each patient in which medical direction is given) for every base hospital paramedic radio/telephone contact.

2. MICNs and/or physicians may document base hospital data electronically in lieu of the standard Base Hospital Form if the base hospital has received prior authorization from the EMS Agency.

C. Base Hospital Directed Multiple Casualty Incidents (MCI)

1. EMS Agency-approved MCI Base Hospital Forms may be utilized for incidents involving three or more patients.

2. Physicians and MICNs should limit requested information to **only** that which is essential to determine destination or medical management. Additional information and Sequence Numbers should be obtained after the MCI has cleared.

3. The following should be documented for MCIs involving three or more patients, when base contact is made for online medical control:

a. Date
b. Time
c. Sequence number/Triage tag number
d. Provider and unit
e. Chief complaint
f. Mechanism of injury, if applicable
g. Age and units of age
h. Gender
i. Brief patient assessment, when possible
j. Brief description of treatment provided, when possible
k. Transporting provider, method of transport (ALS, BLS or Helicopter)
l. Destination
m. Receiving Facility

4. Upon request of the EMS Agency the base hospital should submit all records pertaining to an MCI to the EMS Agency within 10 business days.

5. Provider agencies may use alternate means of reporting MCIs. Base Hospitals will be notified by the EMS Agency when alternate reporting methods will be implemented by various provider agencies.

6. MCIs involving **ONLY** BLS patients: BLS patients who are transported to a receiving facility should be documented on one Base Hospital Form in the Comments Section (provided no medical direction is given).

7. MCIs involving ALS **and** BLS Patients:

   a. One standard Base Hospital Form or one EMS Agency-approved MCI Base Hospital Form must be completed for each ALS patient.

   b. BLS patients on whom no medical direction has been given do not require a Base Hospital Form. The number and disposition of the BLS patients may be documented on the Base Hospital Form of an ALS patient in the Comments Section.

8. Alternate methods of documenting MCIs may be initiated by base hospitals with the approval of the EMS Agency.

III. Modification of Patient Care Records

A. Modifying the Patient Care Record (additions, deletions or changes) after the Patient Care Record has been completed or disseminated:

1. An audit trail of changes made to an electronic record will be included on the ePCR.

2. For paper-based EMS Report Forms, make corrections by drawing a single line through the incorrect item or narrative (the writing underneath the single line must remain readable).

   Make the changes on the original, noting the date and time the changes were made, with the signature of the individual making the changes adjacent to the correction. Ideally, changes should be made by the individual who initially completed the form. Under no circumstances should changes to either patient assessment or patient treatment documentation be made by an individual who did not participate in the response.

B. Making substantive changes (documentation of additional medications, defibrillation attempts, pertinent comments, complaints, etc.) to the EMS Record:

1. For electronic documentation systems, patient care related corrections are to be made as per provider agency policy. The provider agency shall notify its receiving hospital(s) of the mechanism by which ePCRs are updated and when an ePCR is updated. If the receiving hospital receives a printed copy of the record, a printed copy of the revised record will be provided directly to them.

2. Photocopy the paper-based EMS Report Form with the changes and send the copy, along with a cover letter, to all entities that received the original form (EMS Agency, receiving facility). The cover letter should explain the modifications and request that the modified copy be attached to the original copy.

3. Do not re-write the incident on a new paper-based EMS Report Form because this would result in a mismatch in Sequence Number. If the form requiring corrections has been mutilated or soiled and cannot be photocopied, then a new form may be used to re-write the incident provided the Sequence Number of the new form has been replaced with the Sequence Number from the original form.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 607, **Electronic Submission of Prehospital Data**
Ref. No. 608, **Retention and Disposition of Prehospital Patient Care Records**
Ref. No. 640, **LA-EMS NEMSIS Data Dictionary**
Ref. No. 644, **Base Hospital Documentation Manual**

Reference No. 606, Documentation of Prehospital Care

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	02/14/23	02/14/2023	Yes
	Base Hospital Advisory Committee	02/07/23	02/07/2023	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. 606, Documentation of Prehospital Care

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy I. B. 1	PAAC/ 02/14/2024	Change wording from "…every 9-1-1 response…" to "…every EMS response…"	Change Made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **TRIAGE TO ALTERNATE DESTINATION (TAD) PARAMEDIC PROVIDER PROGRAM REQUIREMENTS** REFERENCE NO. 913

PURPOSE: To establish procedures for approval of Triage to Alternate Destination (TAD) Paramedic Training Program in Los Angeles County and requirements to maintain program approval.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 5, §100187, 100188, 100189,100190,
California Code of Regulations, Title 2, Division 3, Part 1, Chapter 5, §11500
Health and Safety Code, Division 2.5, Chapter 13 Sections 1797.107, 1830, 1831, 1832, 1835, and 1836.

DEFINITIONS:

Designated TAD Facility: A mental health (Psychiatric Urgent Care Center) or non-correctional (Sobering Center) facility approved by the Los Angeles County Emergency Medical Services (EMS) Agency to receive patients assessed and triaged by paramedics for psychiatric care or sobering services.

Paramedic Provider Agency: A fire or law enforcement agency or licensed ambulance operator that meets the requirements outlined in Ref. No. 406, Authorization for Paramedic Provider Status, which includes, but not limited to: employing and sponsoring paramedics to provide ALS services; participating in EMS system programs (e.g., quality improvement); and complying with all applicable federal and state statutes and regulations, and local policies, procedures, guidelines and protocols.

TAD Paramedic: A California licensed and Los Angeles County accredited paramedic who has completed the training requirements of an EMS Agency approved TAD Paramedic Training Program and received TAD specific accreditation.

TAD Paramedic Provider Agency: A paramedic provider agency authorized by the EMS Agency to participate in the TAD Program.

TAD Paramedic Training Program : A training program approved by the EMS Agency to provide education on triage to alternate destinations for patients requiring psychiatric care or sobering services through didactic and clinical education and competency testing.

TAD Program: A system-wide ALS program developed by the EMS Agency and approved by the Emergency Medical Services Authority to assess and triage patients requiring psychiatric care to designated Psychiatric Urgent Care Centers, or sobering services to designated Sobering Centers in accordance with the California Code of Regulations, Chapter 5, Division 9.

Approved CE Provider: An individual or organization that has a valid California EMS

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

Continuing Education Provider (CEP) number, an EMS CEP approved by another State, or a Commission on Accreditation for Pre-Hospital Continuing Education (CAPCE) provider number.

PRINCIPLES:

1. A Paramedic Provider Agency with an approved CE provider program in Los Angeles County are eligible to apply for approval of a TAD program.

2. Training and competency evaluation for all TAD paramedics shall meet the minimum requirement set forth by the California EMS Authority and Los Angeles County EMS Agency.

3. Instructors must have adequate training, credentials, and/or experience in educational content and methodology in order to ensure courses adequately address the educational requirements and need of personnel.

POLICY:

I. TAD PARAMEDIC TRAINING PROGRAM APPROVAL:

The EMS Agency has the primary responsibility for approving and monitoring the performance of TAD Paramedic Training Program's in Los Angeles County (LAC) to ensure compliance with local policies, state regulations, and guidelines.

A. Approval Process:

1. The EMS Agency shall be the approving agency for TAD Paramedic Training Program located in LAC.

2. Program approval may be granted up to four (4) years and expiration date will coincide with their existing approved CE Provider program expiration date. The approval is not transferable to another organization.

3. If the Paramedic Provider Agency relinquishes their CEP number or it is revoked, their TAD Paramedic Training Program will also need to be relinquished or is subject to revocation.

B. TAD Paramedic Training Program Application Process:

1. Interested TAD Paramedic Training Programs shall obtain an application packet from the EMS Agency.

2. Any approved Paramedic Provider Agency interested in training their personnel to become accredited TAD Paramedics shall submit a complete application packet to the EMS Agency. Courses cannot be offered until program approval has been granted.

3. The application packet shall contain:

a. A complete and signed TAD Paramedic Training Program application.

b. A memo on program letterhead, signed by program director, requesting approval or re-approval of the TAD Paramedic Training Program.

c. Resume or Curriculum Vitae (CV), copies of applicable licenses and certifications, and signed program staff forms for program director, medical director, and instructors.

d. A memo statement verifying that the course content meets the requirements contained in the current version of the United States Department of Transportation (DOT) National Education Standards. Initial course length a minimum of six (6) hours and recertification course length a minimum of four (4) hours.

e. An outline of course objectives and Performance objectives for each skill.

f. The proposed location(s) and date(s) for courses.

g. A copy of written final competency exam with passing criteria and answer key administered by the TAD Paramedic Training Program.

h. A copy of attendance record or description of the on-line tracking of course completion requirements.

4. The EMS Agency shall notify the applicant within fourteen (14) days that the application was received and specify missing information, if any. Notification of approval or deficiencies with the application shall be made in writing by the EMS Agency to the requesting TAD Paramedic Training Program applicant within ninety (90) days of receiving request for approval. Failure to submit the missing information within thirty (30) calendar days shall require the applicant to resubmit an original application packet for TAD Paramedic Training Program approval.

5. The EMS Agency may deny an application for cause as specified in subsection I.C.2.

C. Denial/Revocation/Probation of a TAD Paramedic Training Program

1. The EMS Agency may, for cause:

a. Deny any TAD Paramedic Training Program application.

b. Revoke TAD Paramedic Training Program approval.

c. Place a TAD Paramedic Training Program on probation.

2. Causes for these actions include, but are not limited to the Following:

   a. Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any of the terms of the California Code of Regulations, Title 22, Division 9, Chapter 5; the California Health and Safety Code, Division 2.5, Chapter 13; or Los Angeles County Emergency Medical Services Prehospital Care Policies.

   b. Failure to correct identified deficiencies within the specified length of time after receiving written notices from the EMS Agency.

   c. Misrepresentation of any fact by a TAD Paramedic Training Program of any required information.

3. The EMS Agency may take disciplinary action(s) on a TAD Paramedic Training Program if the EMS Agency has determined that probation, denial, or revocation is warranted. If this occurs, the proceedings shall adhere to the California Administrative Procedure Act, Chapter 5, commencing with Government code Section 11500.

4. If TAD Paramedic Training Program approval is revoked, training provided after the date of action shall be invalid.

5. A TAD Paramedic Training Program is ineligible to reapply for approval following a denial or revocation for a minimum of twelve (12) months.

6. If a TAD Paramedic Training Program is placed on probation, the terms of the probation, including approval of an appropriate corrective action plan, shall be determined by the EMS Agency. During the probationary period, prior approval of all courses offered must be obtained. Course documents must be submitted to the EMS Agency at least thirty (30) days prior to each course being offered. Written notification of course approval shall be sent to the TAD Paramedic Training Program within fifteen (15) days of receipt of the request. Renewal of the TAD Paramedic Training Program approval is contingent upon completion of the probationary period.

D. Notification

1. The EMS Agency shall notify the California EMS Authority of each TAD Paramedic Training Program approved, denied, or revoked within their jurisdiction within thirty (30) days of action.

II. <u>TAD PARAMEDIC TRAINING PROGRAM RENEWAL:</u>

A. A TAD Paramedic Training Program shall be renewed if the TAD Paramedic Training Program applies for renewal and demonstrates compliance with the requirements of this policy.

B. The TAD Paramedic Training Program must submit a complete application packet for renewal sixty (60) calendar days prior to expiration date to maintain continuous TAD Paramedic Training Program approval.

III. TAD PARAMEDIC TRAINING PROGRAM REQUIREMENTS:

A. An approved TAD Paramedic Training Program shall ensure that:

1. The content of all TAD Paramedic Training Program training is relevant, enhances the practice of prehospital emergency medical care, and is related to the knowledge base or technical skills required for the scope of practice of a triage paramedic.

2. All records are maintained as outlined in this policy.

3. The EMS Agency is notified within thirty (30) calendar days of any request for change in training medical director, program director, instructor(s), training location address, or telephone number.

4. All records are available to the EMS Agency upon request.

5. The TAD Paramedic Training Program follows all policies and procedures.

B. Individual courses are open for scheduled or unscheduled visits/educational audits by the EMS Agency.

IV. TAD PARAMEDIC TRAINING PROGRAM STAFF REQUIREMENTS:

Each TAD Paramedic Training Program shall designate a medical director, program director, and instructor(s) who meet the requirements. Nothing in this section precludes the same individual from being responsible for more than one function.

A. Medical Director

Each TAD Paramedic Training Program shall have an approved medical director that will review and approve educational content, standards, and curriculum, including training objectives and local protocols and policies for the clinical and field instruction to certify ongoing appropriateness and medical accuracy. Reviews and approves the quality of medical instruction, supervision, course instructor(s), and evaluation of the students in all areas of the program.

1. TAD medical director’s qualifications are as follows:

a. Board Certified or Board eligible emergency medical physician currently licensed in California, who has experience in emergency medicine and has education in method of instruction.

B. Program Director

Each TAD Paramedic Training Program shall have an approved program director

who is an employee of the organization and has education and experience in methods, materials, and evaluation of instruction.

1. TAD program director's qualifications are as follows:

    a. Board Certified or Board Eligible California licensed emergency medical physician, registered nurse, or paramedic.

    b. Has knowledge or experience in Los Angeles County EMS protocols and policies.

    c. A minimum of three (3) years academic or clinical experience in prehospital care education.

    d. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction

2. The duties of the TAD program director shall include, but are not limited to:

    a. Administration, organization, and supervision of the educational program.

    b. In coordination with the medical director, approves the instructor(s), the development of curriculum, including instructional objectives., and all methods of evaluation.

    c. Ensure TAD Paramedic Training Program compliance with California Code of Regulations, Title 22, Division 9, Chapter 5 and other related laws.

    d. Ensure that all course completion records include a signature verification and maintain those records in a manner consistent with this policy.

    e. Attending the mandatory EMS Agency Orientation Program within six (6) months of approval as the program director.

    f. Attend all mandatory TAD program updates.

    g. Act as a liaison to the EMS Agency.

C. Instructor(s)

Each TAD Paramedic Training Program instructor shall be approved by the medical director and program director as qualified to teach the TAD curriculum. An instructor may also be the program medical director or program director.

1. Instructor qualifications are as follows:

a. Be a physician, registered nurse, physician assistant, nurse practitioner, or paramedic, who is currently certified or licensed in the State of California.

b. Have six (6) years' experience in an allied health field, OR four (4) years of experience in an allied health field and an associate degree OR two (2) years of experience in an allied health field and a baccalaureate degree.

c. Be knowledgeable in the course content of the U.S. DOT National Emergency Medical Services Education Standards

d. Be able to demonstrate expertise and a minimum of two (2) years of experience within the past five (5) years in the subject matter being taught.

e. Be qualified by education and experience with at least forty (40) hours of documented teaching methodology instruction in areas related to methods, materials, and evaluation of instruction.

V. TAD PARAMEDIC TRAINING PROGRAM CIRICULUM MINIMUM REQUIREMENTS:

Initial training and recertification courses length are to be a minimum of four (4) hours. In addition, one (1) final comprehensive competency-based examination to test the knowledge and skills specified in this document.

1. Course content:

a. Screening and responding to mental health and substance use crisis intervention to be provided by a licensed physician in the emergency department of a general acute hospital.

b. Mental health conditions.

c. Assessment and treatment of intoxicated patients

d. The prevalence and causes of substance use disorders and associated public health impacts.

e. Suicide risk factors

f. Alcohol and substance abuse disorders

g. Triage and transport parameters.

h. Heath risks and intervention in stabilizing acutely intoxicated patients

i. Common medical conditions and infections with presentations similar to psychosis and intoxication which require medical testing and treatment.

j. Disease process, behavioral emergencies, and injury patterns common to those with chronic alcohol use and other substance use disorders.

k. Los Angeles County EMS protocols and policies for triage, treatment, transport, and transfer care, of patients to an alternate destination facility.

l. Psychiatric disorders.

m. EMTALA laws as it pertains to psychiatric, and substance use disorder-related emergencies.

n. Neuropharmacology.

o. Patient consent.

p. Patient documentation.

q. Medical quality improvement.

VI. TAD PARAMEDIC TRAINING PROGRAM EDUCATION ATTENDANCE RECORD

A. A TAD Paramedic Training Program Education Attendance Record must be completed for all TAD Paramedic Training Program training provided. Each student must sign an attendance record or register online in order to receive credit.

B. The information on the TAD Paramedic Training Program Education Attendance Record must contain all the elements set forth in the TAD Paramedic Training Program application packet.

C. Attendees shall sign in or register only for themselves. Signing for another individual is strictly prohibited and subject to action.

D. The original TAD Paramedic Training Program Education Attendance Record shall be maintained by the program. A legible copy (unless original is requested) of the attendance records shall by submitted to the Office of Certification/Program Approvals upon request by the EMS Agency for the following:

1. Any County mandated program

2. Any TAD Paramedic Training Program Education Attendance Record requested by the EMS Agency

VII. TAD PARAMEDIC TRAINING PROGRAM COURSE COMPLETION CERTIFICATES AND DOCUMENTS

Program shall issue a tamper resistant document (method determined by the TAD Paramedic Training Program) that contains all the set forth in the TAD Paramedic

Training Program application packet as proof of successful completion of a course within thirty (30) calendar days.

CROSS REFERENCE:

Prehospital Care Manual:

Ref. No. 406,	**Authorization for Paramedic Provider Status**
Ref. No. 411,	**Provider Agency Medical Director**
Ref. No. 424,	**Triage to Alternate Destination (TAD) Paramedic Provider Program**
Ref. No. 526,	**Behavioral/Psychiatric Crisis**
Ref. No. 528,	**Intoxicated (Alcohol) Patient Destination**
Ref. No. 528.1,	**Medical Clearance Criteria Screening Tool for Sobering Center**
Ref. No. 602,	**Confidentiality of Patient Information**
Ref. No. 621,	**Notification of Personnel Change**
Ref. No. 621.1,	**Notification of Personnel Change Form Provider Agency/TAD Paramedic Training Programs**
Re. No. 1013,	**EMS Continuing Education (CE) Provider Approval and Program Requirements**

EMERGENCY MEDICAL SERVICES COMMISSION (EMSC)

SUGGESTED GOALS/OBJECTIVES FOR 2024

GOAL/OBJECTIVE	PRIORITY (YES/NO)	IF PRIORITY WHO ASSIGNED	POTENTIAL ACTIONS
1. Work on processes/policies to address and reduce Ambulance Patient Offload Delays (APOD)	Yes		1. Implementation and rollout of FirstWatch real-time data on ambulances waiting to offload *(Completed)* 2. Develop separate policy addressing APOT and APOD *(Completed)* 3. Socialize the CHA APOT Toolkit *(Completed)* 4. Identify best practices of hospitals 5. Monitor implementation of Ref. No. 505 6. AB 40 signed by the Governor, needs emergency regulations from State EMS Authority
2. Continue working on the recommendations from the *Ad Hoc Committee on the Prehospital Care of Mental Health and Substance Abuse Emergencies* specifically address Suicide Risk Protocols	Yes	Behavioral Health Workgroup	1. Reconvene Workgroup to be chaired by Commissioner Cheung 2. Workgroup will focus on field evaluation of suicidal ideation
3. Interfacility Transport Delays (requested for inclusion at Jan 2023 meeting). Need further discussion by EMSC	Yes	IFT Workgroup	1. Workgroup convened with representation from the EMSC, hospitals, EMS providers and the EMS Agency.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

SideWalk-CPR
LA County EMS System

March 6, 2024

TO: Distribution List

FROM: Richard Tadeo
Director

SUBJECT: COUNTYWIDE SIDEWALK CARDIAC RESUSCITATION DAY- THURSDAY, JUNE 6, 2024

The Los Angeles County Emergency Medical Services (EMS) Agency is coordinating a countywide SideWalk "Hands Only" Cardiopulmonary Resuscitation (CPR) public education event on **Thursday, June 6, 2024**. The first week of June is designated as National CPR and AED Awareness Week and provides a perfect opportunity for public education on this life saving skill.

We would like to invite your facility/agency to participate in this exciting campaign. The EMS Agency will coordinate the participation through pre-registration (attached). Registration provides contact information to allow for communication by the EMS Agency with your organization and to facilitate distribution of additional resources and rosters/sign-in sheets to track the number of persons trained during the event. **Early registration** allows us to list your training site(s) on the web page for press coverage and enhance community awareness.

Though June 6 is the main event day, we encourage you to train any time between June 1-7. At the end of training, we ask that each participating organization report the number of citizens trained at each location between June 1-7 to the EMS Agency. We will provide a report on the total number trained in Los Angeles County to the AHA, EMS community, and interested parties.

Through public education and awareness, our number of bystander CPR and return of spontaneous circulation are steadily improving in Los Angeles County. We hope that you will participate in this year's LA County SideWalk CPR as well as continue to focus on ongoing training opportunities.

For more information, please visit: http://www.heart.org/cpr

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

Please contact Natalie Greco ngreco@dhs.lacounty.gov or Priscilla Ross pross2@dhs.lacounty.gov for questions.

Attachments

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

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

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

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

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

SideWalk-CPR
LA County EMS System

SIDEWALK CPR DAY
REGISTRATION

DATE: **Thursday, June 6, 2024**
TIME: **To be determined by the organization providing the training**

Please complete the following registration form and submit it to Vanessa Gonzalez @ vgonzalez3@dhs.lacounty.gov by **April 25, 2024**

PLEASE PRINT/TYPE

Facility/Provider Name

Name of Designated Coordinator

Mailing Address

Email Address | Phone Number

Location **Address** and **Time** of Sidewalk CPR Training for **Each Site**

Site

Site

Site

Please use attached form for additional sites.

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

SideWalk-CPR
LA County EMS System

SIDEWALK CPR DAY
REGISTRATION

Site
Site
Site
Site
Site
Site
Site
Site

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

Richard Tadeo, RN
Director

Nichole Bosson, MD, MPH
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."

February 29, 2024

Public Works Alliance
801 Cold Spring Road
Santa Barbara, CA 93108

To whom it may concern,

I am writing on behalf of the Los Angeles County Emergency Medical Services (EMS) Agency to express our support for an EMS Corps site in Los Angeles County. The EMS Corps is designed to train young people historically underrepresented in the fields of EMS and allied health. We recognize the benefits a program like EMS Corps can bring to our community, particularly the need for entry-level prehospital personnel.

As the Local EMS Agency for Los Angeles County, we commit to support an EMS Corps program by:

- Collaborating with stakeholders to help support the program's success
- Sitting on the program's steering committee
- Providing guidance with the program's curriculum in order to meet the state and national standards and aligns with the EMS Authority's guidelines
- Help the program connect with relevant partners within the health system including transport providers

We believe an EMS Corps program supported by the Los Angeles County EMS Agency in our region will benefit our communities and health systems and are committed to the program's success.

Sincerely,

Richard Tadeo
Director

RT:jr

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."

February 29, 2024

Chen Suen, Fire Chief
Arcadia Fire Department
710 South Santa Anita Avenue
Arcadia, California 91006

CERTIFED MAIL / EMAIL

Dear Chief Suen:

BASIC LIFE SUPPORT PROGRAM IMPLEMENTATION - ACKNOWLEDGMENT

This letter acknowledges the receipt of your letter dated February 26, 2024, advising that Arcadia Fire Department (AF) will implement a Basic Life Support (BLS) program effective March 4, 2024.

In your letter, it was outlined that one BLS unit (BLS106) will be stationed at Fire Station 106, 630 S. Baldwin Avenue, Arcadia, which will serve as an additional transport resource for the City of Arcadia; transporting only lower acuity patients. The hours of operation include Monday through Friday, from 0800 – 2000 hours.

Although the EMS Agency does not provide any oversite to government BLS programs, we thank you for your notification and adherence to all applicable policies outlined in the Prehospital Care Manual.

If AF plans to utilize automated external defibrillators (AED) in the BLS unit, this utilization will require EMS Agency approval and adherence to the policy outlined in Reference No. 412, AED Service Provider Program Requirements.

Thank you for your continued innovation and commitment to the Los Angeles County EMS system. If you have any questions during the implementation of the BLS program, please feel free to contact me or David Wells, Chief, Prehospital Operations, at (562) 378-1678.

Sincerely,

Richard Tadeo
Director

RT:gw
03-01

c: Medical Director, Arcadia Fire Department
EMS Director, Arcadia Fire Department
Paramedic Coordinator, Arcadia Fire Department
(Copies sent via email)

EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

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

Richard Tadeo
Director

Nichole Bosson, MD, MPH
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."

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

February 27, 2024

Jeff Grange, MD, Medical Director
Symons Emergency Specialties Inc.
dba Symbiosis
1801 Orange Tree Lane Suite 100
Redlands, California 92374

Dear Dr. Grange,

CONTINUOUS POSITIVE AIRWAY PRESSURE AND INTRAOSSEOUS APPROVAL

This letter is to confirm Symons Emergency Specialties (SY) dba Symbiosis 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 SY's annual program review or as deemed necessary by the EMS Agency. Additionally, SY 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
02-11

c: Richard Tadeo, Director, EMS Agency
Dawn Downs, Manager, SY

Chief Executive Office.

COUNTY OF LOS ANGELES
Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, CA 90012
(213) 974-1101 ceo.lacounty.gov

CHIEF EXECUTIVE OFFICER
Fesia A. Davenport

January 24, 2024

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

From: Fesia A. Davenport FAD
FAD (Jan 23, 2024 18:31 PST)
Chief Executive Officer

MEASURE B ADVISORY BOARD RECOMMENDATIONS FOR SPENDING AVAILABLE UNALLOCATED MEASURE B FUNDS 2023

On July 11, 2017, the Board of Supervisors (Board) approved a motion by Supervisors Barger and Hahn that directed the Chief Executive Office (CEO) to implement the Measure B Advisory Board (MBAB) to advise the Board on options and/or recommendations for spending unallocated Measure B funds. This is the fourth annual report to the Board regarding the work completed by the MBAB and recommendations for spending unallocated Measure B funds. In 2020, the MBAB process was suspended due to COVID-19 and in 2022 due to a minimal amount of available, unallocated funds.

Background

In November 2002, voters in the County of Los Angeles (County) approved Measure B, which authorized the County to levy a special tax on building improvements to provide funding for the countywide system of trauma centers, emergency medical services, and for bioterrorism response throughout the County.

As directed in the July 11, 2017, Board motion, the MBAB was tasked to provide advice to the Board on options and/or recommendations for spending future unallocated funds. The CEO is tasked with submitting the funding recommendations to the Board for consideration. The actual allocation of funding rests solely at the discretion of your Board and contingent upon Board approval in the County's annual budget process or in a budget adjustment.

The MBAB is co-chaired by the CEO Health and Mental Health Services Division (non-voting member) and the County's Emergency Medical Services (EMS) Agency and includes one member from each of the following entities: Auditor-Controller, Department of Health Services (DHS), Department of Public Health, Fire Department, a representative of non-County trauma hospitals, as appointed by the Hospital Association of Southern California, the chair (or delegate) of the Los Angeles County Emergency Medical Services Commission, a surgeon practicing at a trauma hospital in the County as appointed by the Southern California Chapter of the American College of Surgeons, and a registered nurse practicing in an emergency department of a designated trauma hospital in the County, as appointed by the California Nurses Association.

Funding Available for MBAB Process

Prior to the commencement of the current MBAB process,[1] DHS provided the available amount of funding for MBAB consideration that totaled approximately $28.0 million in one-time funding. After the completion of the MBAB ranking process, DHS provided an update indicating that upon finalizing their year-end book closing process, there was additional one-time funding comprised primarily of a refund related to the Federal Medicaid Assistance Percentage, as well as underspending of previously allocated funding for various projects. The total additional unallocated one-time funding is approximately $20.0 million. At this time, the CEO recommends that the MBAB process should proceed with the previously identified $28.0 million in one-time funding. The identification of this additional one-time funding and this recommendation to move forward with the originally identified funding at the commencement of the MBAB process is consistent with the process in prior years. Every year that funding has been allocated via the MBAB process, there has been a timing delay between when the initial available unallocated one-time funding is allocated at the outset of the MBAB process, and the identification of residual one-time funding identified later in the year as a result of the year-end book closing process. When additional funds have been identified in the past, they have remained in the unallocated category and carried over until the next MBAB process, or in some cases, they have been allocated via Board-approved action and directed for specific uses.

On November 21, 2023, the Board approved a motion directing the CEO to report back on options to help stabilize the financial position of Martin Luther King, Jr. Community Hospital (MLKCH). The CEO issued a report on January 16, 2024, "Ensuring the Ongoing Success of the Martin Luther King, Jr., Community Hospital" that recommends the use of newly identified $20 million in one-time unallocated Measure B funding to support MLKCH.

[1] Additional information on the Measure B funding process can be found in Attachment I.

Measure B Proposals for 2023

Proposals for Measure B funding were submitted to the MBAB this year from April 15, 2023, through July 17, 2023, and were reviewed and ranked by the MBAB using a five-level ranking system. The MBAB received 34 funding proposals for consideration; however, three proposals were withdrawn by the proposers, leaving 31 proposals for consideration. Of the 31 proposals submitted, many contained requests for multiple components/programs, resulting in the MBAB ranking 45 distinct projects.

As noted above, the amount of Measure B unallocated one-time funding identified at the beginning of the Measure B process, available to fund these projects, totaled approximately $28.0 million. The 45 proposed projects totaling nearly $54.0 million were considered by the MBAB members and then ranked based on their level of priority. The description of each proposal and their numeric ranking is included in Attachment II.

Recommendation

Based on the evaluation conducted by the MBAB and the funding available to cover the cost of these requests, the CEO is recommending that the Board approve one-time funding for all proposals receiving a ranking of 20 or higher, totaling approximately $28.0 million, as shown on Attachment II. These recommendations include the ability to maximize funding by use of an inter-governmental transfer for the non-County trauma hospital-based requests. If the Board approves these recommendations, the CEO will work with EMS and the impacted County and non-County entities to implement these initiatives. Implementation also includes submitting these requests to the Board for the necessary spending approval as part of the County's annual budget process or in a budget adjustment.

Based on sufficient available funding for 24 of the 45 projects, unless otherwise instructed by the Board by February 5, 2024, the CEO will work with the EMS Agency and DHS to allocate funding, as outlined herein, to the requesting organizations and submit the required budget actions to obtain Board approval.

Future Meetings

Due to the number of projects and the total cost of the projects submitted in 2023 and the complexity of the process, going forward, the MBAB recommends that future project proposals will only be accepted when the Measure B one-time unallocated available fund balance is $15.0 million or more. This could result in no projects being accepted in any given year, allowing more time for funds to accumulate for future use. The recommendation herein to approve the one-time funding for the proposals in Attachment II totaling $28.0 million, combined with a decision by your Board to support MLKCH with the $20.0 million in

unallocated one-time funding, would fully exhaust the current balance of unallocated one-time funds. DHS will monitor the Measure B spending estimates in FY 2023-24 to determine if there will be any fund balance available at the fiscal year end to accept project proposals for next year's MBAB process.

Should you have any questions, please contact me or Erika Bonilla, Health and Mental Health Services Division Manager, at (213) 974-9689 or ebonilla@ceo.lacounty.gov.

FAD:JMN:MM
MM:EB:AS:yjf

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Auditor-Controller
Fire
Health Services
Public Health
California Nurses Association
Emergency Medical Services Agency
Emergency Medical Services Commission
Hospital Association of Southern California
Southern California Chapter, American College of Surgeons

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

Measure B Funding
Process for Submitting Funding Proposals
2023

Background

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

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

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

Submitting a Proposal

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

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

Below are the steps for submitting a proposal:

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

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

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

Evaluation and Rank Order of the Proposals

After reviewing all eligible proposals submitted for a given year, the MBAB will rank the proposals using a three-level ranking system. Each qualified proposal will be given a high priority (Score of 5), medium high priority (Score of 4), medium priority (Score of 3), medium low priority (Score of 2), or low priority (Score of 1). All MBAB members may vote on any proposals being considered, even if

they are affiliated with the requesting entity, or has an interest in or will benefit from a proposal(s), unless it is deemed inappropriate by the MBAB co-chairs. The ranking will be done by each MBAB voting member providing a number ranking and an average score will be determined using all voting member rankings for each proposal.

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

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

Board Consideration

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

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

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

Los Angeles County Measure B Funding Proposal 2023

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

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

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

Provide as separate attachments the following supporting documents:

- List of equipment and price quotations for equipment purchases.
- Financial statements will be required for funding requests to offset the operational loss for providing a specific service (e.g., Trauma Services). The financial statements must clearly show the direct expenses incurred, revenue received, and when it is expected to be received from all sources (including subsidy and donations) for providing the service; with the request for Measure B funding to be no more than the gap between the revenue and expenses.
- For proposed new services or activities, a detailed budget must accompany the funding request that includes a list of personnel, equipment, supplies and services costs, and an explanation of how these costs are determined.

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

- If the requesting entity is a County department, then provide a letter from the submitting entities' Chief Executive Officer or Department Head approving the addition of the requested item to the department's budget.

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

Submit all documents via mail or email no later than July 15 of that year to:

Los Angeles County

Emergency Medical Services Agency

Measure B Advisory Board

10100 Pioneer Boulevard, Suite 200

Santa Fe Springs, CA 90670

Attention: Jacqui Rifenburg

jrifenburg@dhs.lacounty.gov

MEASURE B ADVISORY BOARD
PROPOSAL NAME/DESCRIPTION
2023

#	Proposal Name/Description	Funding Request	Ranking
Requests Recommended for Funding			
1.	The Los Angeles County (County) Fire Department (Fire) requests funding for the ReddiNet Ambulance Delay Notification System. This platform will give real-time situational awareness to field personnel when there is a critical delay in ambulance dispatch in all regions covered by the Department.	$23,800	30
2.	The Hospital Association of Southern California on behalf of the Non-County Trauma Hospitals requests funding to cover physician staffing costs. Since 2016, physician call coverage has grown by $32.3 million. The request is for approximately $15.5 million and is made up of $8.4 million in Measure B funds for an Inter-governmental Transfer (IGT) and an estimated $7.1 million in federal matching funds. The exact amount of Measure B funds is to be determined as the Ronald Reagan-UCLA Medical Center and Antelope Valley Hospital are not eligible for an IGT, so their full allocation consists of Measure B funds. The portion of Measure B funds allocated to these two hospitals will be determined later this fiscal year as part of the overall Trauma Hospital payment negotiations.	$8,435,059	29
3.	The Emergency Medical Services (EMS) Agency requests funding for the Health Data Exchange (HDE) Platform. HDE is a Software-as-a-Service which provides bi-directional real-time data transfer of EMS-related information between the EMS providers' electronic patient care record management system, and the hospitals' electronic medical record management system. This will provide an automated mechanism for obtaining patient outcomes and other agreed upon important data for EMS providers and the EMS Agency. HDE enhances analytics capability to support performance improvement activities at a facility/EMS provider agency level as well as on a regional and countywide level.	$1,800,000	28

#	Proposal Name/Description	Funding Request	Ranking
4.	The EMS Agency requests funding to replenish/replace consumables and repair/replace equipment used in the COVID-19 response.	$500,000	28
5.	The EMS Agency requests funding for the installation of satellite communication equipment for Voice-over Internet Protocol and data transfer at the primary, backup and Mobile Medical Coordination Center.	$250,000	28
6.	The Department of Public Health (DPH) requests funding for the purchase of two FLIR IBAC-2 bioterrorism detection sensors. The IBAC-2 system would enhance their ability for the rapid detection of a biological attack and determination of the exposed population.	$110,000	27
7.	The Hospital Association of Southern California on behalf of the Non-County Trauma Hospitals requests funding for staffing for data collection and performance improvement and patient safety. This amount will be divided equally amongst the 15 trauma hospitals. Each hospital will allocate these dollars to trauma registry staff and/or performance improvement staff to support the requirements.	$8,322,315	27
8.	The Fire Department Air Operations requests funding for the replacement of Helicopter Emergency Medical Services Patient Loading Utility Systems and Split-Apart Tapered Rescue Litters. This will be replacing existing equipment which is worn and/or damaged and will ultimately provide for operational efficiency, patient safety and stabilization.	$155,717	26
9.	DPH requests funding for purchasing additional BIOWATCH early detection equipment, supplies and calibration services. The additional equipment would allow DPH – Environmental Health to respond to the community within hours instead of days.	$375,000	26

#	Proposal Name/Description	Funding Request	Ranking
10.	The EMS Agency requests funding for the annual licensing fee for the mass communication system used by the Medical Health Operational Area Coordination, Regional Disaster Medical Health Coordination Program, and the Hospital Preparedness Program partners.	$150,000	25
11.	The Hospital Association of Southern California on behalf of the Non-County Trauma Hospitals requests funding for trauma center staff education. Trauma care requires clinicians at trauma centers to receive initial and ongoing up-to-date education to provide optimal care of the injured patient.	$600,000	25
12.	The Hawthorne Police Department requests funding to conduct Stop the Bleed training for 1,000 community members.	$44,950	24
13.	The Regents of the University of California through the David Geffen School of Medicine Department of Emergency Medicine UCLA Center for Prehospital Care requests funding for the development of Stop the Bleed Train the Trainer Program. This program would be utilized by the school districts in the County. This training would support training of up to 250 Stop the Bleed instructors and provide each instructor with ten hemorrhage control kits to be utilized in their future classes.	$471,446	24
14.	The Fire Department requests funding to purchase 180 video laryngoscope units.	$442,000	23
15.	DPH requests funding to hire a consultant to develop, build and implement an emergency preparedness module for the DPH Online Real-Time Centralized Health Information Database. This module would allow DPH to respond and document mass vaccinations for County employees.	$250,000	23
16.	DPH requests funding to support a pilot project with five independent pharmacies to procure, prepare, maintain, and dispense local stockpile of medical countermeasures.	$250,000	23

#	Proposal Name/Description	Funding Request	Ranking
17.	The Regents of the University of California – UCLA Health System requests funding to support the operation of the Mobile Stroke Unit for one year.	$2,200,000	22
18.	The Los Angeles County Ambulance Association (LACAA) requests funding for the purchase of 1,086 Automatic External Defibrillators. This will equip all 37 licensed private ambulance providers, regardless of their membership status with LACAA.	$1,402,775	22
19.	The Long Beach Health Department requests funding to offset operational costs and equipment for the Long Beach Regional Distribution Site.	$527,000	22
20.	The Regents of the University of California through the David Geffen School of Medicine Department of Emergency Medicine UCLA Center for Prehospital Care requests funding for the development and instruction of a difficult airway management course.	$479,412	21
21.	The Hospital Association of Southern California on behalf of the Non-County Trauma Hospitals requests funding to adequately deliver Stop the Bleed: Community Outreach Program.	$600,000	21
22.	DPH requests funding for the replacement of expired nerve agent auto-injectors and doxycycline.	$4,900	20
23.	DPH requests funding for the purchase of laboratory equipment.	$480,000	20