



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

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

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

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November 15, 2023

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

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

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

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

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

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

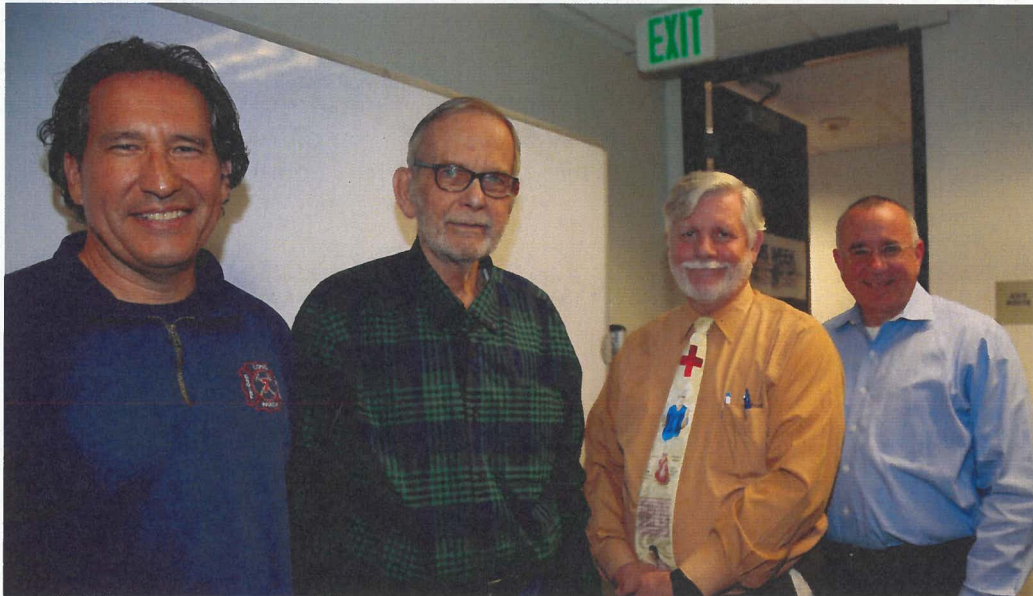
RT:DW

Attachment

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



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



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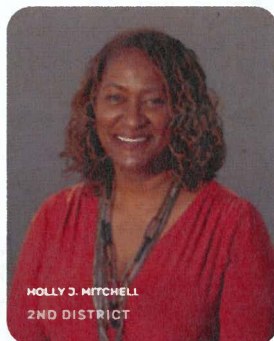




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Fifth District

MESSAGE FROM THE DIRECTOR



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

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

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

Sincerely,

Richard Tadeo, RN, BSN
EMS Director
EMSC Executive Director

EMERGENCY MEDICAL SERVICES COMMISSION MISSION STATEMENT

To support and guide the Emergency Medical Services (EMS) Agency activities to ensure timely, compassionate, and quality emergency and disaster medical services.

HISTORICAL BACKGROUND

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

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

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

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

MEMBERSHIP

The EMSC is currently comprised of 19 commissioners who are non-County employees acting in an advisory capacity to the Board of Supervisors and the Director of Health Services. The Executive Director and Commission Liaison for the EMSC serve as staff and are LA County employees.

ABOUT THE COMMISSION

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

- Act in an advisory capacity to the Board of Supervisors and the Director of Health Services regarding County policies, programs, and standards for emergency medical care services throughout the County including paramedic services
- Monitor studies of particular elements of the emergency medical care system or its initiatives as requested by the Board and/or the Director of DHS, delineate problems and deficiencies, and recommend appropriate solutions
- Acquire and analyze information necessary for measuring the impact and quality of emergency medical care services
- Report findings, conclusions, and recommendations to the Board

- Review and comment on submitted plans and proposals for emergency medical care services
- Recommend, when the need arises, that LA County engage independent contractors for the performance of specialized temporary or occasional services to the EMSC which members of the classified service cannot perform and for which LA County otherwise has the authority to contract
- Advise the Director on policies, procedures and standards that affect the certification/accreditation of mobile intensive care nurses and paramedics
- Advise the Director on proposals of any public or private organization to initiate or modify a program of paramedic services or training
- Arbitrate differences in the field of paramedic services and training between all sectors of the community including, but not limited to, county agencies, municipalities, public safety agencies, community colleges, hospitals, private companies and physicians
- Conduct public hearings as necessary

MEETINGS

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

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

ANNUAL WORKPLAN GOALS AND OBJECTIVES FOR FY 2023-24

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

Goals and Objectives:

- Monitor completion of the recommended tasks from the September 2016 ad hoc committee workgroup in the Prehospital Care of Mental Health and Substance Abuse Emergencies report
- Continue monitoring ambulance patient offload times (APOT) and ambulance patient offload delays (APOD)
- Support collaborative efforts of EMS constituents to identify throughput issues that contribute to APOD
- Support the implementation of ambulance offload teams to assist hospitals with extreme APOD
- Monitor progress of ad hoc workgroup on Interfacility Transports (IFTs) related to critical care transports
- Monitor success of EMS Update 2022 on behavioral health emergencies and treatment protocols
- Review and recommend policies, directives and pilots for adoption by the EMS Agency
- Monitor effectiveness of FirstWatch system implementation on real-time dispatch data information
- Monitor changes to treatment protocols
- Support disaster planning with emphasis on broader regional disaster plans
- Monitor resource allocations in emergency situations
- Support EMT/paramedic training programs that serve the underserved communities
- Support efforts to create equity, diversity, inclusion, and anti-racism within the EMS system of care
- Revisit recommendation of ad hoc workgroup on LA County EMS Corps Program
- Invite subject matter experts who provide information and training in the field of emergency medical care
- Monitor State and federal legislation affecting the EMS system
- Advise on and recommend topics for EMS education
- Support the EMS Agency's efforts to ensure timely and accurate data submission from all EMS providers and specialty care centers

- Participate on the Measure B Advisory Board and ensure constituent groups are aware of the Measure B allocation process of the un-allocated Measure B funds
- Support the monitoring of the Emergency Ambulance Transportation Agreements which expire in 2027
- Monitor the progress of the State EMS Authority on changes to Chapter 5
- Monitor the progress of the EMSC Ordinance changes
- Monitor progress of General Public Ambulance Rate Increase motion and recommendations
- Monitor Ambulance Ordinance Title VII motion and recommended rate increases to EMT and paramedic wages for recruitment and retention

ONGOING LONG-TERM PROJECTS

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

ACCOMPLISHMENTS AND SIGNIFICANT OUTCOMES FISCAL YEAR 2022-23

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

- Recommended approval of Prehospital Care Policies and Medical Control Guidelines:
 - 326: Psychiatric Urgent Care Center Standards
 - 328: Sobering Center Standards
 - 406: Authorization for Paramedic Provider Status
 - 408: Advanced Life Support Unit Staffing
 - 411: Provider Agency Medical Director
 - 422: Authorization for Paramedic Provider Status of a Los Angeles County Based Law Enforcement Agency
 - 503.1: Diversion Request Requirements for Emergency Department Saturation
 - 505: Ambulance Patient Offload Time (APOT)
 - 506: Trauma Triage
 - 506.1: Trauma Triage Decision Scheme
 - 512: Burn Patient Destination
 - 518: Decompression Patient Destination
 - 519: Management of Multiple Casualty Incidents
 - 526: Behavioral/Psychiatric Crisis Patient Destination
 - 528: Intoxicated (Alcohol) Patient Destination
 - 604: Prehospital Care Forms
 - 832: Treatment/Transport of Minors
 - 834: Patient Refusal of Treatment/Transport and Treat and Release at Scene
 - 840: Medical Support During Tactical Operations
 - 1010: MICN Certification
 - 1011: MICN Field Observation

- Reviewed the following legislation:
 - EMS Authority Trailer Bill: Changes requirements of the EMS Authority Director from being a licensed physician to an Administrator and adds a Chief Medical Officer (CMO), but does not clarify or codify the responsibility of the CMO who would be responsible for the medical component. There are proposed language changes.
 - AB 1180: Removes the requirement that the director of the EMS Authority be a licensed physician and surgeon, and changes to an appointee to be the Chief Medical Officer or Medical Director for the EMS Authority. This bill will likely be withdrawn if the EMS Authority Trailer Bill is approved.
 - AB 1168: Retroactively awards 201 rights of EMS providers, cities and fire districts. This bill results from the lawsuit where the City of Oxnard vs. the County of Ventura had a joint power agreement and Oxnard wanted to separate from the exclusive operating area which would leave less affluent areas without the same level of service and fragment the EMS system. LA County opposes this bill.
 - AB 761: This bill assures a minimum wage for EMS providers (EMTs and paramedics), and is tied in with AB 1168 and they have to be passed together. We oppose the part of the bill that requires local EMS Agencies (LEMSAs) to establish prevailing wages.
 - AB 40: Requires LEMSAs develop a standard APOT time not to exceed 30 minutes, 90% of the time
 - AB 55: Increases the reimbursement for Medical emergency transports from \$100 to \$350 per transport and requires LEMSAs to set prevailing wages for EMTs. There is concern this could be a conflict for LEMSAs.
 - AB 67: Mandatory reporting of controlled substance overdoses by first responders to the State legislators. The definition of EMS providers includes the LEMSAs which is problematic.
 - AB 1721: Mutual Aid Seismic Retrofitting has language that bypasses the Medical Health Operational Area Coordinator system. This is being amended to strike language about EMS from the bill.

- AB 1770: Ambulance Patient Offload Time was pulled by the author.
- AB 2130: EMS Training – adds 20 minutes for EMT training on human trafficking.
- AB 2260: Trauma kit proposal for public use with no LEMSA Medical Director involvement.
- SB 443: EMS Dispatch – limits the medical authority of the EMS Agency, pulled by author.
- AB 2117: Mobile Stroke Unit Designation as a site of service so MSU can bill for services.
- AB 767: Extends Community Paramedicine or Triage to Alternate Destinations Act of 2020 pilot program to January 1, 2031. Current AB 1544 is the psychiatric urgent care and sobering center bill that is set to expire January 1, 2024. AB 767 extends the date.
- AB 1601: Allows paramedics and EMTs to place involuntary holds on patients. EMSAAC is watching.
- AB 1036: Requires a physician to certify emergency medical condition upon patient arrival to the Emergency Department. This is a concern as patient may be stabilized by the time they see the physician in the Emergency Department.
- SB 402: This is the 9-8-8 vs. 9-1-1 bill wherein law enforcement will not be dispatched to 9-1-1 calls if it is a behavioral health complaint as EMT and paramedic safety is a concern.

EMERGENCY MEDICAL SERVICES COMMISSION



Brian Bixler, Captain
Peace Officers Association



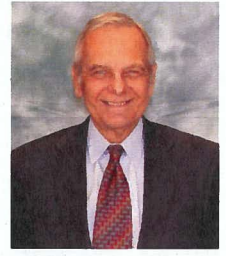
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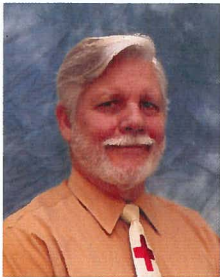
Carol Meyer, RN
Public Member
Fourth Supervisorial District



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League of California Cities
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Fifth Supervisorial District



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EMSC Executive Director



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EMSC Secretary
EMS Commission Liaison