



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>

LOS ANGELES COUNTY BOARD OF SUPERVISORS

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Second District

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Southern California Public Health Assn.

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California Chapter-American College of
Emergency Physicians (CAL-ACEP)

Mr. Gary Washburn
Public Member (5th District)

VACANT
Public Member (3rd District)

EXECUTIVE DIRECTOR

Richard Tadeo
(562) 378-1610
RTadeo@dhs.lacounty.gov

COMMISSION LIAISON

Denise Watson
(562) 378-1606
DWatson@dhs.lacounty.gov

DATE: July 17, 2024
TIME: 1:00 – 3:00 PM
LOCATION: 10100 Pioneer Boulevard, First Floor
Cathy Chidester Conference Room 128
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**
New Commissioner – Kristin Kolenda, Peace Officers' 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 May 8, 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. 516: Cardiac Arrest (Non-Traumatic) Patient Destination
 - 3.3.2 Reference No. 908: Trauma Prevention & Public Education (Deletion)

END OF CONSENT AGENDA

BUSINESS

Business (Old)

- 4.1 Field Evaluation of Suicidal Ideation and Behavior
- 4.2 Ambulance Patient Offload Time (APOT)
- 4.3 The Public Works Alliance EMS Corps.

LEGISLATION

6. DIRECTORS' REPORTS

- 6.1 Jacqueline Rifenburg, EMS Agency Assistant Director
APOT Presentation – Huntington Hospital

Correspondence

- 6.1.1 (6/20/24) Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)
6.1.2 (5/20/24) EMS Week 2024: "Honoring our Past. Forging our Future"
6.1.3 (3/19/24) General Public Ambulance Rates July 1, 2024, through June 30, 2025

- 6.2 Nichole Bosson, MD, EMS Agency Medical Director

7. COMMISSIONERS' COMMENTS / REQUESTS

8. ADJOURNMENT

To the meeting of September 18, 2024



COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

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MINUTES May 8, 2024

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Tarina Kang, MD

Hospital Association of Southern CA (HASC)

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<input checked="" type="checkbox"/> Diego Caivano, M.D.	LACo Medical Association	Richard Tadeo	Executive Director
<input type="checkbox"/> *Jason Cervantes	CA Professional Firefighters	Denise Watson	Commission Liaison
<input checked="" type="checkbox"/> Erick H. Cheung, M.D.	So. CA Psychiatric Society	Nichole Bosson, MD	EMS Staff
<input checked="" type="checkbox"/> Paul Espinosa, Chief	LACo Police Chiefs' Assn.	Denise Whitfield, MD	EMS Staff
<input checked="" type="checkbox"/> Tarina Kang, M.D.	Hospital Assn. of So. CA	Jacqui Rifenburg	EMS Staff
<input type="checkbox"/> *Carol Kim	Public Member, 1 st District	Christine Clare	EMS Staff
<input type="checkbox"/> *Lydia Lam, M.D.	American College of Surgeons	Adrian Romero	EMS Staff
<input checked="" type="checkbox"/> Kenneth Liebman	LACo Ambulance Association	Samuel Calderon	EMS Staff
<input type="checkbox"/> *James Lott, PsyD, MBA	Public Member, 2 nd District	Sandy Montero	EMS Staff
<input checked="" type="checkbox"/> Carol Meyer, RN	Public Member, 4 th District	Mark Ferguson	EMS Staff
<input checked="" type="checkbox"/> Kenneth Powell	LA Area Fire Chiefs' Assn.	Aldrin Fontela	EMS Staff
<input type="checkbox"/> *Brian Saeki	League of CA Cities/LA Co	Sara Rasnake	EMS Staff
<input checked="" type="checkbox"/> Stephen G. Sanko, MD	American Heart Association	David Wells	EMS Staff
<input checked="" type="checkbox"/> Carole A. Snyder, RN	Emergency Nurses Assn.	Andrea Solorio	EMS Staff
<input type="checkbox"/> *Saran Tucker	So. CA Public Health Assn.	Christine Zaiser	EMS Staff
<input checked="" type="checkbox"/> Atilla Uner, M.D., MPH	CAL-ACEP	Paula Cho	EMS Staff
<input type="checkbox"/> *Gary Washburn	Public Member, 5 th District	Miguel Ortiz-Reyes	EMS Staff
<input type="checkbox"/> Vacant	Peace Officers Association	Lily Choi	EMS Staff
<input type="checkbox"/> Vacant	Public Member 3 rd District	Tracy Harada	EMS Staff
		Gerard Waworundeng	EMS Staff

GUESTS

Samantha Verga-Gates /
APCC-LBM

Jolene Nguyen-Cuu /
Harbor-UCLA

Dave Molyneux /
Amwest Ambulance

Jennifer Nulty /
Torrance Fire

Catherine Borman/SMFD

Victor Lemus / Compton Fire

(*) = Absent

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 128, Santa Fe Springs, CA 90670. Chair Carole Snyder called the meeting to order at 1:01 p.m. Roll was taken by Commission Liaison Denise Watson with a quorum of 10 commissioners.

2. INTRODUCTIONS/ANNOUNCEMENTS/PRESENTATIONS

- 2.1 Richard Tadeo, EMS Agency Director/EMSC Executive Director, announced the May 29-30, 2024, EMSAAC Conference in San Diego.
- 2.2 The Quality and Productivity Commission has invited the EMSC to attend their 2024 Leadership Conference on June 20, 2024. Space is limited so please contact Denise Watson if interested in attending.

3. **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.

3.1 **Minutes**

3.1.1 March 20, 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. 316: Emergency Department Approved for Pediatrics (EDAP) Standards

Clarification was provided that EDAP policy education requirements are for at least one on-shift registered nurse to attend a two-day conference every four years. There are different educational requirements for other staff who are working. The EMS Agency reviews all EDAP hospital's policies, equipment, and education every three years.

Chris Clare, EMS Agency, will send a list of all EDAPs for LA County to the EMSC.

3.3.2 Reference No. 318: Pediatric Medical Center (PMC) Standards

3.3.3 Reference No. 324: SART Standards

3.3.4 Reference No. 815: Honoring Prehospital Do Not Resuscitate Orders, Physician Orders for Life Sustaining Treatment and End of Life Option (Aid-in-Dying Drug)

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

END OF CONSENT AGENDA

4. **BUSINESS**

Business (Old)

4.1 **Field Evaluation of Suicidal Ideation and Behavior**

Commissioner Erick Cheung reported the committee has met twice and has thoroughly assessed the current status for LA County, the State of California and national guidelines related to Field Evaluation of Suicidal Ideation and Behavior. The committee has had discussions around case scenarios that are both challenging and confusing for the paramedics in the field, law enforcement, co-response responders, and MICNs who are attempting to provide direction and are using those examples to instruct us on our next steps. The committee formulated a series of recommendations including: 1) providing clarity around definitions of the terms used to describe these events which may be useful for interagency interdisciplinary communication; 2) considering articulating principles related to the management of these situations; and 3) considering recommendations for evidence-based screening guidance. The committee anticipates having two or three more meetings to reach their conclusion and will bring this back to the EMSC.

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

Ms. Clare informed the EMSC that the APOT report distributed at this current May 8th meeting is a work in progress and not complete as a lot of patient care data is missing. The EMS Agency is working with providers to get the information needed in order to provide a more accurate report hopefully by the second quarter.

A recommendation was made to add incident types to the APOT report for facilities with significant delays to better identify if those are sensitive to alternate destinations and to support the use of sobering centers and psychiatric urgent care centers.

4.3 Interfacility Transports (IFT) Workgroup

Director Tadeo reported the workgroup met on April 22, 2024, and has established routine meetings with Kaiser Permanente corporate emergency department (ED) leadership, LA County Fire Department (LACoFD), and Los Angeles Fire Department (LAFD) and has been able to funnel issues directly to the medical directors of each facility as well as the corporate ED leadership. This seems to be working well, and the workgroup will therefore remove this item from the agenda.

LACoFD and LAFD requested to be included in the Emergency Health Services Committee meetings held by the Hospital Association of Southern California (HASC). Mark Gamble and Adena Tessler of HASC agreed to invite LACoFD and LAFD to engage in dialogue on EMS issues directly impacting the providers.

The hospital checklist for 9-1-1 trauma re-triage and STEMI was finalized. The EMS Agency will work with HASC to distribute the checklist to all hospitals with a planned launch to include a one-hour webinar to give hospitals an opportunity to ask questions on the process. The next IFT meeting is May 20th.

The IFT workgroup will refocus and address the ED-to-ED transfers, which is where a lot of the impact to the 9-1-1 system occurs. After this is addressed, the workgroup will look at inpatient transfers. A recommendation was made to separate the two IFT components.

Business (New)

4.4 EMS Commission Ordinance Update

Director Tadeo reported on the pending EMSC Ordinance changes that include the clean-up of language in the membership to reflect commissioners are either working in or doing business in LA County, as well as nominating association changes and official name changes to some associations that currently make nominations. This is in final review with County Counsel and anticipated to go the Board of Supervisors in June or July of 2024.

5. LEGISLATION

Director Tadeo reported on the following legislation:

AB 2101: Statewide stockpile – anticipates will pass.

AB 2225: EMS evidence protection for discovery – EMSAAC supports this bill.

AB 2700: Triage to Alternate Destination – LA County was concerned about the original language related to implementation and funding and engaged the author to amend the language. With the amended language, the opposition will most likely be pulled.

AB 2859: EMT peer-to-peer mental health support extended to private ambulance providers and employees – EMSAAC supports this bill.

AB 2973: Requires the EMS Medical Director and Assistant Medical Director to report directly to the Board of Supervisors. This bill is dead as the author pulled the bill.

SB 1180: Community reimbursement for paramedicine was specific to fire-based operations and was changed to now include private EMS providers to also get reimbursed.

SB 1464: Cath laboratory services bill. – Current regulations require a cath lab that does therapeutic and diagnostic to have cardiovascular surgery. The intent is to remove the cardiovascular surgery requirement to have a cath lab, particularly when performing PCI. There is a lot of opposition to this bill in rural areas. This is a wait and watch bill.

DIRECTOR'S REPORT

6.1 Richard Tadeo, EMSC Executive Director, EMS Agency Director

Director Tadeo reported the EMS Agency will be hosting a Sidewalk CPR event on June 6, 2024, at El Dorado Park in Long Beach, California. The EMS Agency is looking to expand into social media platforms to provide locations and opportunities for people to learn CPR throughout the year.

Nurses Week is May 6-12, 2024, and EMS Week is May 19-25, 2024.

The ambulance rate increase is effective July 1, 2024, and notice is being sent to providers. The increase is a little over two percent across the board. This memo will be added to the July 17, 2024, EMSC Correspondence.

Triage to Alternate Destination has been moved from a pilot project to permanent status.

Correspondence

6.1.1 (4/18/24) New Medical Director – Monrovia Fire: Salvador Lorenzo Rios, MD

6.1.2 (4/11/24) Continuous Positive Airway Pressure, Intraosseous, and Transcutaneous Pacing Program Approval

6.1.3 (4/08/24) Physician Services for Indigents Program Reimbursement Rate 2023-24

6.1.4 (4/04/24) Name Change for West Hills Hospital and Medical Center and Los Alamitos Medical Center

6.1.5 (4/02/24) Name Change for Lakewood Regional Medical Center

6.1.6 (4/01/24) Triage to Alternate Destination Program Requirements to Advance Practice Response Unit (APRU) – LACoFD

6.1.7 (3/26/24) Triage to Alternate Destination Program Requirements – Santa Monica FD

6.1.8 (3/26/24) Triage to Alternate Destination Program Requirements – Culver City FD

6.1.9 (3/27/24) Closure of Emergency Medical Technician (EMT), Paramedic, and Continuing Education (CE) Training Programs – University of Antelope Valley

6.2 Nichole Bosson, MD, EMS Agency Medical Director

6.2.1 Physician Updates – (Included in Medical Director's report below.)

6.2.2 Medical Director's Report

Office of Traffic Safety (OTS) grants: Working with Perceptronics to have the Mobile Protocol Application for treatment protocols and medical control guidelines complete and ready to roll out by October 2024, along with the Just-in-Time training videos that will be built into this new mobile application.

We are leveraging our trauma data and ultimately the Health Data Exchange (HDE) to use data to project public facing dashboards to inform injury prevention and post-crash care. The development of a research agenda is also in the works. Dr. Bosson, Dr. Whitfield, and Dr. Wilhelm engaged in a two-day Delphi research conference with leaders in EMS, trauma, emergency medicine, federal government agencies that are focused on improving outcomes after motor vehicle collisions.

The goal is to put forth a publication that outlines what these experts feel are the top priorities in post-crash care, and that will inform funders as well as researchers on how to take up these initiatives and help generate data that

inform our policies and procedures, not just in EMS, but in collaboration with our trauma hospitals and the whole continuum of acute care. The last piece is an educational curriculum and Dr. Shira Schlessinger, EMS Agency Director of Education, has taken the lead on that and has already engaged with much of our community in getting information about the priorities for education around post-crash care treatment. She will carry this forth with our OTS funding partners.

Several new proposals have been put forth to continue the funding to continue the work on these projects, building the initial projected dashboards into live and ongoing dashboards, carrying forth this research agenda and the educational curriculum, and implementing and evaluating the impact of the protocol application of our system. We will report hopefully at the next EMSC meeting that we are funded for additional work. An application for a prehospital blood transfusion program pilot project has been put forth through the OTS as well. We have put forth a proposal to do a feasibility assessment in LA County and developed the operational parameters around a potential pilot and an evaluation plan. We are waiting to see if that is funded.

Research Initiatives:

Pedi-PART is the airway trial looking at early transition to igel versus continued bag mask ventilation in the pediatric population. We are currently training in the EMS Update to this trial and anticipate the first agencies to go live in late May or early June for provider agencies that have completed the EMS Update training by then, with all agencies to be complete with their requirements by July 1, 2024. We are still awaiting Central IRB approval. Once cleared to enroll, we will be randomizing on an even/odd day the strategy of bag mask ventilation versus the strategy of bag mask ventilation to early igel for pediatric patients up to their 18th birthday. We will track each patient for their outcomes and notify 100% of them as well that they were enrolled in the trial.

PediDOSE is currently in EMS Update undergoing training as we transition from weight-based dosing to an age-based dosing strategy. We will complete our training as of July 1st and all provider agencies will transition to the age-based dosing. The revised policies will be available as of July 1, 2024, with the new dosing strategy. We have also developed different ways to provide access to the new dosing schedule including partnering with one of County Fire's paramedics to help leverage their mobile applications to make these resources available to the paramedics as well as posting them to our website and updating our policies.

- 6.2.3 Reference No. 1307.4: EMS and Law Enforcement Co-Response (ELCoR)
The first goal was to develop a guideline around EMS and law enforcement co-response to the agitated patient. Included in your packet is Medical Control Guideline (MCG) Reference No. 1307.4 that was developed for the care of the agitated patient. The focus of this work was to provide EMS clinicians with guidance on how to ensure open and collaborative communication with law enforcement when they find themselves together on scene. The MCG outlines the idea of what law enforcement versus EMS priorities are, how to communicate effectively on scene to determine the best course of action for the patient, and to make the decision as to whether we should continue to engage on scene to de-escalate the situation and ultimately transport the patient. There is a flow diagram that assesses capacity versus threat. The MCG outlines a communication pathway if there are disagreements between EMS and law enforcement. Also

looking at different ways to disseminate this information to our community and law enforcement colleagues. We are also looking at POST to potentially disseminate the education, but it was very clear from POST that we need to have the educational module built first before we could potentially propose to include it in POST for all of California. We are looking at developing the training. It has already been drafted. When the contract is finalized with the vendor that is going to film the education, we are going to work with law enforcement and EMS and bring our stakeholders to film the education and put it forth. We expect that it will be mandated in EMS Update 2025; but in the interim, so as not to hold up this MCG, we are developing a basic voice-over PowerPoint tool that educators can use in support of delivering this guideline to our EMS community.

6.2.4 Hospital Emergency Response Training (HERT) Video

The final version of the Hospital Emergency Response Teams (HERT) training video was shown, demonstrating emergency and professional personnel responses from LA County Fire and the Paramedic Training Institute (PTI).

7. **COMMISSIONERS' COMMENTS / REQUESTS**

None.

8. **ADJOURNMENT:**

Adjournment by Chair Snyder at 2:31 p.m. to the meeting of Wednesday, July 17, 2024.

Next Meeting: Wednesday, July 17, 2024, 1:00-3:00 p.m.
Emergency Medical Services Agency
10100 Pioneer Boulevard, First Floor
Cathy Chidester Hearing Room 128
Santa Fe Springs, CA 90670

Recorded by:
Denise Watson
Secretary, Health Services Commission



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



**BASE HOSPITAL ADVISORY
 COMMITTEE MINUTES**

June 5, 2024

REPRESENTATIVES		EMS AGENCY STAFF
<input type="checkbox"/>	Erick Cheung, MD, Chair	EMS Commission
<input type="checkbox"/>	Diego Caivano, MD, Vice Chair	EMS Commission
<input type="checkbox"/>	Atilla Under, MD, MPH	EMS Commission
<input type="checkbox"/>	Lydia Lam, MD	EMS Commission
<input type="checkbox"/>	Saran Tucker	EMS Commission
<input checked="" type="checkbox"/>	Carol Synder, RN	EMS Commission
<input type="checkbox"/>	Tarina Kang, MD	EMS Commission
<input checked="" type="checkbox"/>	Brian Saeki	EMS Commission
<input type="checkbox"/>	Vacant	EMS Commission
<input checked="" type="checkbox"/>	Rachel Caffey	Northern Region
<input checked="" type="checkbox"/>	Jessica Strange	Northern Region
<input checked="" type="checkbox"/>	Michael Wombold	Northern Region, Alternate
<input checked="" type="checkbox"/>	Samantha Verga-Gates	Southern Region
<input type="checkbox"/>	Laurie Donegan	Southern Region
<input checked="" type="checkbox"/>	Shelly Trites	Southern Region
<input checked="" type="checkbox"/>	Christine Farnham	Southern Region, Alternate
<input checked="" type="checkbox"/>	Ryan Burgess	Western Region, Alternate
<input checked="" type="checkbox"/>	Travis Fisher	Western Region
<input checked="" type="checkbox"/>	Lauren Spina	Western Region
<input type="checkbox"/>	Susana Sanchez	Western Region
<input checked="" type="checkbox"/>	Cherry Jaudalso	Western Region
<input checked="" type="checkbox"/>	Laurie Sepke	Eastern Region
<input checked="" type="checkbox"/>	Alina Candal	Eastern Region
<input type="checkbox"/>	Jenny Van Slyke	Eastern Region, Alternate
<input checked="" type="checkbox"/>	Lila Mier	County Region
<input checked="" type="checkbox"/>	Emerson Martell	County Region
<input type="checkbox"/>	Yvonne Elizarraraz	County Region
<input checked="" type="checkbox"/>	Antoinette Salas	County Region
<input type="checkbox"/>	Vacant	Base Hospital Medical Director
<input checked="" type="checkbox"/>	Gabriel Champion, MD	Base Hospital Medical Director, Alternate
<input type="checkbox"/>	Adam Brown	Provider Agency Advisory Committee
<input checked="" type="checkbox"/>	Jennifer Nulty	Prov. Agency Advisor Committee, Alternate
<input type="checkbox"/>	Heidi Ruff	Pediatric Advisory Committee Representative
<input type="checkbox"/>	Desiree Noel	Ped AC Representative, Alternate
<input type="checkbox"/>	John Foster	MICN Representative
<input type="checkbox"/>	Vacant	MICN Representative, Alternate
PREHOSPITAL CARE COORDINATORS		
<input checked="" type="checkbox"/>	Melissia Turpin (SMM)	<input checked="" type="checkbox"/> Allison Bozigian (HMN)
<input checked="" type="checkbox"/>	Jessika Mejia (QVH)	<input checked="" type="checkbox"/> Melissa Carter (HCH)
<input type="checkbox"/>	Thomas Ryan (SFM)	<input checked="" type="checkbox"/> Annette Mason (AVH)
		<input checked="" type="checkbox"/> Brandon Koulabouth (AMH)
Guests		
		Gloria Guerra, LACoFD
		Kelsey Wilhelm, MD
		Diego Lopez (SFMC)
		Nicole Reid, LACoFD

1. **CALL TO ORDER:** The meeting was called to order at 1:01 p.m. by Chair Pro Tempore, Carol Snyder, EMS Commissioner.

2. **INTRODUCTIONS/ANNOUNCEMENTS:**

2.1 The 12th Annual Sidewalk CPR event will be held at Good Neighbor Park in Long Beach on June 6, 2024, from 10:00 a.m. – 2:00 p.m. Information for the event and other training locations can be found on the EMS Agency website.

3. **APPROVAL OF MINUTES**

3.1 The Meeting Minutes for April 10, 2024, were approved as presented.

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

4. **REPORTS & UPDATES:**

4.1 EMS Update 2024

EMS Update 2024 is to be completed by June 30, 2024. The material and the option for extra CE credit is now accessible through the APS portal.

4.2 EmergiPress

Dr. Shira Schlesinger will be taking over EmergiPress. The last edition was published in April and is available on the APS portal.

4.3 Research Initiatives and Pilot Studies

- SRC: There were no additional updates presented at this meeting.
- Stroke: There were no additional updates presented at this meeting.
- Pediatrics: The pediatric data collaborative with Childrens Hospital Los Angeles (CHLA) have begun discussions about achieving universal outcomes for our pediatric population. Projects have been developed using the Care Registry data, but data is limited. The meetings are held quarterly and are open to anyone if interested.
- Trauma: There were no additional updates presented at this meeting.
- ECMO pilot: The four-year ECMO pilot for out of hospital cardiac arrest is ending. There are 200 patients in the database and 170 patients enrolled with refractory ventricular fibrillation (VF) or ventricular tachycardia (VT). For patients going on circuit, the outcome for survival is 30%. For the entire cohort across the county there is a survival rate of 28% regardless of whether they received ECMO. A draft of the ECMO standards has been developed with the SRC Advisory Committee. Once the data elements have been integrated into the SRC database the EMS Agency will begin to designate Extracorporeal Cardiopulmonary Resuscitation Centers (ECPR). The plan is to evaluate and designate the centers who have been operating under the

pilot status. One of the criteria to designate an ECPR center is to be both an SRC and a base hospital.

- Thorasite pilot: The Thorasite device is used to accurately place a needle thoracostomy when attempting a lateral approach for placement. There were forty-two total attempts for needle T and fourteen of those attempts used the Thorasite device. The pilot will continue through the year with the hope that this device may be a potential tool for paramedics.
- Informational: The Pasadena Fire Department conducted an EXG pilot to reduce ECG time to 8 minutes and on-scene time to 15 minutes using the connected ECG leads. However, no benefits were observed from using the EXG. The pilot revealed that the quality of ECG was worse with increased artifact and noise. Doctor Yang presented these findings to the Medical Council.

4.4 PediDOSE Study

The transition to age-based dosing protocols for pediatric seizures will begin on July 1, 2024. The protocols will be posted on the EMS Agency website and the mobile application will be updated on that date. Midazolam for the PediDOSE study should not be given IV even if a patient has an IV or a base physician orders IV dosing. All pediatric patients in the PediDOSE study should only be given midazolam IN and IM.

4.5 Pedi-PART

i-gel versus bag-valve-ventilation: Randomizing pediatric patients up to their 18th birthday to BVM on even days or BVM followed by early i-gel insertion on odd days, excluding neonates. Provider agencies will be activated when they have reached the training threshold and completed the requirements. Activated provider agencies include Burbank Fire (June 7), Sierra Madre Fire (June 8), Redondo Beach Fire (June 15), and Santa Monica Fire (June 21). All other provider agencies who have not activated will go live on July 1, 2024. The EMS Agency is asking that base hospitals remind providers to follow the correct assignment and to complete the base screener using the QR code and link to submit a red cap form identifying a Pedi-PART patient.

4.6 ELCoR Task Force

The Medical Control Guideline No. 1307.4, EMS and Law Enforcement Co-Response, has been finalized and will be posted on the EMS website on July 1, 2024. The EMS Agency is working to create a PowerPoint to support the new policy. System wide training to this initiative will be part of EMS Update 2025. The EMS Agency is collaborating with law enforcement colleagues on how to effectively disseminate the training. The task force also identified two additional initiatives including understanding the use of body worn cameras and guidance on law enforcement approach to pediatric critical patients.

4.6.1 Body Worn Cameras Workgroup (*Dr. Denise Whitfield*)

The objective is to create a guidance document that will list the facts about body worn cameras, including protocols for law enforcement agencies when the cameras are activated, the functionality of the cameras, and the legal considerations involved when using them with an individual that is also receiving EMS care.

4.6.2 Pediatric Critical Events Workgroup (Dr. Shira Schlesinger)

The group aims to offer education and training to law enforcement agencies enabling them to effectively administer BLS care during critical pediatric incidents while remaining on scene. Anyone is welcome to join.

4.7 California Office of Traffic Safety (OTS) Grants

4.7.1 Mobile Protocol Application

The release for the mobile protocol application is scheduled for October 2024. Prior to its launch, thorough checks will be conducted to ensure there are no errors. The app will serve as a valuable resource for paramedics and MICNs, providing quick access to treatment protocols and other features that aid in decision-making and high-risk procedures.

4.7.2 Health Data Exchange

The OTS funded project aims to utilize data in creating a trauma dashboard to enhance injury prevention strategies, post-crash care priorities, and to publish the findings to improve patient outcomes. Additionally, the EMS Agency is analyzing the data to build a static dashboard that will evolve into a live dashboard.

Health Data Exchange (HDE): The Measure B Advisory Board approved funding for the implementation of HDE. A recent meeting was held with HASC and hospital leadership to discuss the benefits of HDE as an electronic solution to tracking patient outcomes. The primary goal is to roll out HDE to the trauma centers and base hospitals first.

5. Old Business: None

6. New Business

Policies for Discussion; Action Required:

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

Approved with recommendations: IV., change "For patients with out-of-hospital cardiac arrest" to "For patients who deteriorate to out-of-hospital-cardiac arrest."

M/S/C (Candal/Strange)

Topics/Policies for Discussion; No Action Required:

6.2 Reference No. 1202, General Medical

Policy 1202 always remains in effect, regardless of whether ondansetron is included in the protocol.

6.3 Reference No. 1210-P, Cardiac Arrest

Changed the order in the protocol to prioritize post ROSC stabilization.

6.4 Reference No. 1243, Traumatic Arrest

Removed special consideration “automated/mechanical chest compressions should not be used in traumatic arrest.”

6.5 Reference No. 1243-P, Traumatic Arrest

Removed special consideration “automated/mechanical chest compressions should not be used in traumatic arrest.”

Recommendations to update special consideration #16 to mirror the language in MCG 1302.

- Dr. Schlesinger and Dr. Wilhelm are collaborating on an educational video that will showcase the best practices for using mechanical compression devices in the field and transitioning the device from the field to the hospital.

6.6 Reference No. 1245, Potential COVID-19 Patients (removed)

6.7 Reference No. 1308, Cardiac Monitoring / 12-Lead ECG

The term ‘ongoing’ was included to specify that placing a patient on a cardiac monitor for ECG evaluation does not always mandate the need for continuous cardiac monitoring.

6.8 Medical Control Guidelines Drug Card Header ‘other common indications’

The Medical Control Guideline drug cards will be updated to include other common indications not authorized for EMS administration in LA County. Prehospital medications should only be administered based on the Medical Control Guidelines drug cards, as there is no consensus on their universal indications. The drug cards will be posted on the EMS website on July 1, 2024.

Informational

6.9 Base Hospital Manual Revised Summary of Changes 2024

Reminders: The Base Hospital Documentation Manual 2024 will be posted on the EMS website on July 1, 2024. Highlights of the new changes are:

- Patients who achieve ROSC and when the blood pressure is not measurable, document ‘US’ (systolic blood pressure unobtainable)
- All cardiac arrest patients with PI of CANT should document a Yes or No under ‘Rtn of Pulse (ROSC)’ on the base form to indicate whether the patient experienced a rearrest during the call or upon recontact.
- Rearrest time should be entered on the base form when the patient rearrests during the call or upon recontact.
- If a patient who deteriorates to cardiac arrest while enroute to the MAR and is unable to be rerouted to the SRC, document the destination rationale as judgement or other.

7. OPEN DISCUSSION:

A grant application has been submitted for CAL ROC SOS (Stabilization on Scene) Study. The focus of this study is to develop a protocol targeting stabilization and interventions of the post ROSC patient to prevent rearrest and improve survival. If funded, it would start in 2025.

The Hospital Emergency Response Team (HERT) training video is available on the EMS Agency website. The video is designed to educate EMS personnel to the HERT members, the role of the HERT, and how HERT is integrated into the scene response. This film was funded by Measure B funds and with plans to include this film in the EMS Update 2025.

The feasibility assessment for the prehospital blood transfusion program for hemorrhagic patients is progressing with partnerships with County Fire, Compton Fire, and local blood banks. The program has already been successfully implemented in other states. The next phase involves analyzing the current data to determine potential patient numbers, estimating cost, seeking funding from OTS for a pilot program, and obtaining state approval for local optional scope of practice.

8. NEXT MEETING: August 14, 2024

9. ADJOURNMENT: The meeting was adjourned at 14:37

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

ACCOUNTABILITY: Laura Leyman



3.2.2 COMMITTEE REPORTS

**EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE**



MINUTES

Wednesday, June 12, 2024

MEMBERSHIP / ATTENDANCE

MEMBERS IN ATTENDANCE	ORGANIZATION	EMS AGENCY STAFF	EMS AGENCY STAFF
X Kenneth Powell, Chair	EMSC, Commissioner	Nichole Bosson, MD	Denise Whitfield, MD
Paul Espinosa, Vice-Chair	EMSC, Commissioner	Shira Schlesinger, MD	Michael Kim, MD
X James Lott, PsyD, MBA	EMSC, Commissioner	Chris Clare	Jacqueline Rifenburg
Ken Lieberman	EMSC, Commissioner	Ami Boonjaluksa	Frederick Bottger
Jason Cervantes	EMSC, Commissioner	Jennifer Calderon	Paula Cho
Carol Kim	EMSC, Commissioner	Mark Ferguson	Aldrin Fontela
Carol Meyer	EMSC, Commissioner	Tracy Harada	Laurie Lee-Brown
Gary Washburn	EMSC, Commissioner	Lorna Mendoza	Andrea Solorio
X Sean Stokes	Area A (<i>Rep to Medical Council</i>)	Gerard Waworundeng	
Justin Crosson	Area A, Alternate		
X Keith Harter	Area B		
Clayton Kazan, MD	Area B, Alternate		
Todd Tucker	Area C		
Jeffrey Tsay	Area C, Alternate		
Kurt Buckwalter	Area E		
Ryan Jorgensen	Area E, Alternate		
X Mick Hannan	Area F		
Andrew Reno	Area F, Alternate		
Adam Brown	Area G (<i>Rep to BHAC</i>)		
X Jennifer Nulty	Area G, Alternate		
X Matthew Conroy	Area H		
X David Hahn	Area H, Alternate		
X Julian Hernandez	Employed Paramedic Coordinator		
Tisha Hamilton	Employed Paramedic Coordinator, Alt		
Rachel Caffey	Prehospital Care Coordinator		
X Jenny Van Slyke	Prehospital Care Coordinator, Alternate		
X Ryan Cortina	Public Sector Paramedic Coordinator		
X Bryan Sua	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,		
Scott Jaeggi	EMT Training Program		
Albert Laicans	EMT Training Program, Alternate		
Scott Atkinson	Paramedic Training Program		
David Filipp	Paramedic Training Program, Alternate		
X Caroline Jack	EMS Educator		
<i>Pending</i>	EMS Educator, Alternate		

GUESTS

Marc Cohen, MD
 Armando Jurado
 Robert Ower
 Rom Rahimian, MD
 David Molyneux
 Kristina Crews
 Caroline Jack
 Stefan Viera
 M. Evans
 Luis Manjarrez
 Adrienne Roel
 Joe Nakagawa, MD
 Kelsey Wilhelm, MD
 Patrick Nulty
 Mai Riquier
 Bhavya Kumar
 Michael Campari
 Micah Bivens
 Victor M. Lewis
 Catherine Borman

ORGANIZATION

LAFD, BH, MB TF
 Lifeline Ambulance
 Premier Ambulance
 LAFD
 AmWest Ambulance
 LACoFD
 Beverly Hills FD
 Torrance FD
 West Coast Ambulance
 Glendale FD
 Culver City FD
 Hawthorne PD, AMR/GMR
 Compton FD
 Santa Monica FD
 Harbor-UCLA Medical Ctr EM
 Harbor-UCLA Medical Ctr EM
 LAFD
 LA County Lakes
 Compton FD
 Santa Monica FD

1. CALL TO ORDER – Chair Kenneth Powell, called meeting to order at 1:01 p.m.

2. INTRODUCTIONS AND ANNOUNCEMENTS

2.1 Prehospital Pediatric Readiness Project (PPRP) (*Dr. Schlesinger*)

The National EMS for Children Pediatric Readiness Assessment for Provider Agencies responding to 9-1-1 calls is now in process. All provider agencies are expected to complete the assessment. The assessment will take approximately 30-45 minutes depending upon the size of the department. The deadline for completion is July 31, 2023.

- 49% of the EMS Agencies in LA County have completed the assessment to date (16/35). The goal is 100%
- The departments that have not yet completed the assessment will continue to be sent reminders.
- Reach out to Dr. Schlesinger or Chris Clare at the EMS Agency for questions.

3. APPROVAL OF MINUTES (Lott / Conroy) April 17, 2024, minutes were approved as written.

4. REPORTS & UPDATES

4.1 EMS Update 2024 (Denise Whitfield, MD)

- Training in process. All training is to be completed by June 30, 2024.

4.2 Emergi-Press (Denise Whitfield, MD)

- An Emergi-Press was released at the end of April 2024.
- Dr. Shira Schlesinger will be taking the lead and is working on the next issue.
- Reminder to send interesting cases to Dr. Schlesinger for inclusion in future issues.

4.3 ITAC Update (Denise Whitfield, MD)

- Next meeting will be August 5, 2024.
- Dr. Schlesinger will now be the Chair of this committee.
- Will be revising the ITAC policy that providers need to bring forward items for review versus vendors reaching out directly to the EMS Agency.

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

Research Initiatives:

- Stroke – In effort to identify ways to optimize the treatment of stroke patients, this collaborative is reviewing data on Los Angeles County's current two-tier routing strategy of stroke patients.
- Pediatric – This collaborative is currently reviewing methods to capture outcome data in which to identify ways to produce a greater impact on improving our pediatric care.

Pilot Studies:

- ECMO – After four years, working to move from a pilot project to designation. There were four pilot sites: Cedars-Sinai Medical Center, Ronald Reagan UCLA Medical Center, Los Angeles General Medical Center and MemorialCare Long Beach Medical Center. Standards are being finalized and the data will transition from REDCap to the SRC database.
- EXG – Pilot study being conducted by Pasadena FD. Data was presented to Medical Council and they found no difference in on-scene time to time to ECG.
- ThoraSite – PowerPoint presentation provided by Dr. Whitfield. 42 needle thoracostomy attempts in 29 patients have occurred under this study. Of those 14 attempts used the ThoraSite and no-misplacements were found. There was one case where it was in the right spot but not deep enough. There was one instance where ThoraSite was not used that was misplaced. There was no patient injury. Working to get feedback from paramedics on why they didn't use the ThoraSite.
- Future pilot projects/research:
 - CAL-ROC which includes Stay on Scene (SOS). Multiple EMS Agencies in California are hoping to participate. It will be focusing on prevention of re-arrest in the post-ROSC patient as 40% of patients who achieve ROSC re-arrest. Have applied for funding and will start training in 2025 if the funded.
 - Prehospital blood transfusion program. Research does show success. Dr. Wilhelm is working with Harbor-UCLA Medical Center, Compton Fire Department and LA County Fire Department in the development of this pilot. The EMS Agency will need to apply and be approved for approval for Local Optional Scope of Practice. Have applied for funding and if approved, could begin in 2025.

4.5 PediDOSE Trial (Nichole Bosson, MD)

- Effective July 1, 2024, Los Angeles County will transition systemwide to age-based dosing of midazolam for the treatment of pediatric seizures for patients age \geq 16 months to 18 years.
- Protocols, policies, and mobile applications will be updated to reflect the new treatment algorithm.
- Reminder that even if the patient has an IV, all midazolam for treatment of seizures is to be administered either IM or IN. Per the Rampart trial, onset of IM midazolam is 3 minutes.

- Request was made for all policies that will be changing on July 1, 2024, to be re-sent to the public providers. EMS Agency will resend.

4.6 Pedi-PART (Nichole Bosson, MD)

- Multiple provider agencies have 'gone live'. All remaining providers will go live by June 30, 2024. No enrollments yet.
- The EMS Agency will be providing all ALS units with a red hand-held device (RALPH) to assist the paramedic in identifying the daily airway assignment. The EMS Agency is getting 750 so all ALS and Assessment Units will have one.
- There is also the QR code named "QBBERT" which provides the daily airway assignment.
- The EMS Agency is continuing to work with Zoll and Stryker to get access to the cardiac monitor files.
- This study will require 100% completion of the PSR, within 7 days. Each paramedic submitting a completed PSR will receive a \$20 gift card. Digital EMS has created a pop-up on the ePCR if the patient meets study inclusion and ImageTrend is creating something similar.
- The EMS Agency has also contacted FireSync and they have added an applet under Los Angeles County Fire Department, titled PediPART Trial which includes QBERT and the PSR.
- FYI, if click the PSR it automatically will generate a record that goes to both Utah and the EMS Agency, so please don't click on the PSR unless entering a patient. There is a training link in the EMS Update Training folder if you want to see what the PSR looks like.
- As a reminder, documenting family contact information on the ePCR is critical for the study.

4.7 Office of Traffic Safety (OTS) Grants in Collaboration with the Department of Emergency Medicine at Harbor-UCLA Medical Center

4.7.1 Mobile Application Grant (Nichole Bosson, MD)

- Four (4) months away from having a live application which will include rapid access to the treatment protocols; just-in-time short videos of low-frequency, high risk skills; quick reference guides (QRG); and full pdf version of policies.

4.7.2 Health Data Exchange (HDE) (Nichole Bosson, MD; Shira Schlesinger, MD; Richard Tadeo)

- The focus of the HDE is ultimately the treatment and management of acute post-crash care.
- Development of the initial static dashboards is in process with the ultimate goal, once HDE is fully implemented, to have real-time dashboards.
- If additional funding is received there will be the development of educational curriculum on post-crash care.
- The EMS Agency has met with hospital leadership regarding the goal and process for HDE and is in process of contracting with the vendor for implementation of HDE.
- The first phase of implementation will be with the trauma and base hospitals.

4.8 EMS for Children Pediatric Readiness Assessment for Provider Agencies (Chris Clare) – Covered under 2.1

4.9 ALS Skills Checklists (Denise Whitfield, MD)

ALS Skills checklists are still be reviewed. Should be done by Fall and plan to go-live in 2025. To determine how to operationalize, will be reconvening the workgroup. Several questions need to be answered:

- How long will each skill take to be validated?
- Who will proctor?
- What equipment needs are there?
- How close to the providers certification expiration do they need to be done?

5. UNFINISHED BUSINESS

None

6. NEW BUSINESS

Policies for Discussion; Action Required:

6.1 Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination (Dr. Bosson)

Policy reviewed and approved as written. (No opposition)

M/S/C (Lott / Conroy) Approve: Reference No. 516, Cardiac Arrest (Non-Traumatic) Patient Destination

Policies for discussion; No Action required:

6.2 Reference No. 802/802.1, Emergency Medical Technician (EMT) Scope of Practice (Mark Ferguson)

Policy reviewed as information only. Was a request to revise the wording in 802, Policy III. B. to change the word 'shall' to 'should', request accepted.

6.3 Reference No. 803/803.1, Los Angeles County Paramedic Scope of Practice (Mark Ferguson)

Policy reviewed as information only.

6.4 Medical Control Guideline: Drug Card Header – Clarification (Nichole Bosson, MD)

Wording change reviewed as information only.

6.5 Reference No. 1245, Treatment Protocol: Potential COVID-19 Patients – Discontinued Policy (Nichole Bosson, MD)

Policy deletion reviewed as information only.

6.6 Reference No. 1202, Treatment Protocol: General Medical (Nichole Bosson, MD)

Policy reviewed as information only.

6.7 Reference No. 1210-P, Treatment Protocol: Cardiac Arrest (Nichole Bosson, MD)

Policy reviewed as information only.

6.8 Reference No. 1243/1243-P, Treatment Protocol: Traumatic Arrest (Nichole Bosson, MD)

Policy reviewed as information only.

6.9 Reference No/ 1308, MCG: Cardiac Monitoring/12 Lead ECG (Nichole Bosson, MD)

Policy reviewed as information only.

7. OPEN DISCUSSION

7.1 Hospital Emergency Response Team (HERT) (Nichole Bosson, MD)

The Los Angeles County FD and EMS Agency joined together to create a training module/film that demonstrates the collaboration and coordination between on-scene paramedics, the USAR team, and HERT members during the treatment of a patient. This film was presented at the EMS Commission, on May 8, 2024 and the link is on the EMS Agency website under EMS News.

7.2 Assembly Bill 1417, Elder Abuse Reporting – Update (Denise Whitfield, MD)

The Assembly Bill addressing elder abuse reporting has been recently changed. The EMS Agency is revising Reference No. 823, Elder Abuse and Dependent Adult Abuse Reporting Guidelines, to reflect the recent changes. The EMS Agency has been working with the VP for Ombudsman Services to ensure all requirements are met. The policy is undergoing final revisions and should be ready for presentation at the next PAAC meeting.

7.3 Increase in Midazolam PAR levels (Caroline Jack, Beverly Hills Fire Department)

Due to the change in the administration in midazolam, requesting an increase in the maximum amount of midazolam a provider can carry. Then EMS Agency has received this request from several providers and are currently evaluating what, if any, the maximum PAR level should be.

7.3 EMS for Children Annual Education Forum (*Shira Schlesinger, MD*)

Save the date. Will be on November 7, 2024 in Fairfield, CA. There will be both BRN and EMS CEUs provided.

7.4 Agitated or Excited Delirium (*Nichole Bosson, MD*)

Assembly Bill 3060 prohibited law enforcement from using the terms agitated or excited delirium and it can no longer be used as a cause of death in CA. The EMS Agency will be revising our policies and are working with EMSA to eliminate agitated delirium as a provider impression. This will be part of EMS Update 2025.

8. NEXT MEETING – August 21, 2024

9. ADJOURNMENT - Meeting adjourned at 2:29 p.m.

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

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

(PARAMEDIC, MICN)
REFERENCE NO. 516

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

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

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

DEFINITIONS:

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

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

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

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

PRINCIPLE:

1. In all cases, the health and well-being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: clinical presentation, severity and stability of the patient's condition; current status of the SRC; anticipation of transport time; and request by the patient, family, guardian or physician.
2. Optimal post cardiac arrest treatment may include an interventional cardiac procedure in a significant percentage of patients.
3. Resuscitation efforts for patients greater than 14 years of age who are in non-traumatic cardiopulmonary arrest should take place in the field until ROSC is achieved or the patient is pronounced. Transport of patients without ROSC is discouraged with the

EFFECTIVE: 02-01-12
REVISED: XX-XX-XX
SUPERCEDES: 12-01-23

PAGE 1 OF 3

APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

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

4. For cardiac arrest in patients age 14 and younger, refer to Ref. No. 510, Pediatric Patient Destination.
5. Patients with refractory ventricular fibrillation (3 or more shocks) or EMS witnessed arrests of presumed cardiac etiology may benefit from transport to the SRC for consideration of percutaneous coronary intervention despite prolonged resuscitation.
6. Patients in cardiac arrest with hanging or submersion mechanisms are asphyxial in the large majority of cases and should be considered a medical cardiac arrest for field management and transport destination unless there is strong evidence of cervical spine injury.

POLICY:

- I. Establish base hospital contact for medical direction for all cardiac arrest patients who do not meet criteria for determination of death per Ref. No. 814, Determination/Pronouncement of Death in the Field.
- II. For patients with STEMI complicated by out-of-hospital cardiac arrest, direct contact with the receiving SRC shall be established for patient notification and/or to discuss cath lab activation criteria.
- III. Patients with non-traumatic cardiac arrest shall be transported to the most accessible open SRC if ground transport is 30 minutes or less regardless of service area boundaries including:
 - A. Patients with sustained ROSC
 - B. Patients with ROSC who re-arrest en route
 - C. Patients with persistent cardiac arrest for whom the Base Physician determines transport is required, because futility is not met despite lack of ROSC with on scene resuscitation
 - D. Patients who have progressed into cardiopulmonary arrest while en route and had a pre-arrest STEMI 12-lead ECG.
- IV. For patients who deteriorate into out-of-hospital cardiac arrest while en route to the MAR, rerouting to the closest SRC should be considered when feasible based on available resources and estimated transport times.
- V. Cardiac arrest patients who meet SRC transportation criteria should be transported to the most accessible SRC regardless of **ED Diversion** status.
- VI. If ground transport time to a SRC is greater than 30 minutes, the patient shall be transported to the most accessible receiving facility.

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

CROSS REFERENCE:

Prehospital Care Manual:

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

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

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Provider Agency Advisory Committee	6/12/2024	6/12/2024	No
	Base Hospital Advisory Committee	6/5/2024	6/5/2024	Y
OTHER COMMITTEES/RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee			
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of So California			
	County Counsel			
	Other:			

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

POLICY REVIEW - SUMMARY OF COMMENTS

REFERENCE NO. 202.2
(ATTACHMENT B)

REFERENCE NO. 516, Cardiac Arrest (Non-Traumatic) Patient Destination

SECTION	COMMITTEE/DATE	COMMENT	RESPONSE
Policy IV	BHAC/06/05/2024	Change wording from "...who experience..." to "...who deteriorate into..."	Change Made

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **TRAUMA PREVENTION AND PUBLIC
EDUCATION**

REFERENCE NO. 908

PURPOSE: To describe the role of the trauma center in public information and injury prevention.

AUTHORITY: California Code of Regulations, Title 22, Chapter 7, Section 100256

PRINCIPLES:

1. Injuries are the leading cause of death for those between the ages of 1 and 44, and the fourth leading cause of death for the population as a whole.
2. "Injury" has been adopted by the public health community to replace the term "accident" when describing both fatal and nonfatal events to illustrate that injuries are predictable and preventable.
3. Injury prevention and control requires the combined efforts of experts and professionals in many fields, including health, education, transportation, law, engineering, architecture, and safety sciences.
4. There are regional differences in injury mortality rates in Los Angeles County. By identifying specific trauma related problems in a community and instituting appropriate prevention efforts, significant reduction in injuries can be achieved.
5. As competition increases for limited healthcare dollars, trauma prevention and control programs assume a greater role in the reduction of these costs by decreasing the actual number of trauma incidents.

POLICY:

- I. Each designated trauma center, in conjunction with the Emergency Medical Services (EMS) Agency, shall:
 - A. Participate in and/or develop outreach activities.
 - B. Be an information resource.
 - C. Collaborate with existing national, regional, and state injury prevention programs.
 - D. Ensure the collection of accurate trauma system data, including E-coding in hospital discharge records.
- II. Injury prevention programs should meet the needs of the community and be based on the trauma center's resources, data, time, and funds available.


EFFECTIVE DATE: 09-01-94

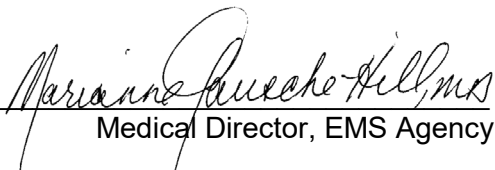
PAGE 1 OF 1

REVISED: 04-01-21

SUPERSEDES: 04-01-18

APPROVED:


Director, EMS Agency


Medical Director, EMS Agency

POLICY REVIEW – COMMITTEE ASSIGNMENT

REFERENCE NO. 202.1
 (ATTACHMENT A)

REFERENCE NO. 1908, Trauma Prevention and Public Education

	Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES	Base Hospital Advisory Committee			
	Provider Agency Advisory Committee			
	Data Advisory Committee			
OTHER COMMITTEES / RESOURCES	Medical Council			
	Trauma Hospital Advisory Committee	5/23/2024	5/23/2024	No – OK to Delete
	Pediatric Advisory Committee			
	Ambulance Advisory Board			
	EMS QI Committee			
	Hospital Association of Southern California			
	County Counsel			
	Disaster Healthcare Coalition Advisory Committee			
	Other: DRC Coordinators			

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



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

June 20, 2024

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

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Third District

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Fourth District

Kathryn Barger
Fifth District

Richard Tadeo, RN
Director

Nichole Bosson, MD, MPH
Medical Director

TO: Distribution

FROM: Nichole Bosson, MD, MPH
Medical Director

SUBJECT: Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART)

The Los Angeles County EMS system has begun enrollment in the Pediatric Prehospital Airway Resuscitation Trial (Pedi-PART). This is a multi-center study federally funded by the National Institute of Heart Lung and Blood (NHLBI). Los Angeles County is one of 10 sites nationwide chosen to participate in this trial evaluating airway management techniques in the prehospital setting for patients up to the age of 18 years. The results of this trial will inform emergency medical services (EMS) systems in the United States of the best technique to optimize outcome for children who require field oxygenation and ventilation support.

As one of the 9-1-1 Receiving Centers in Los Angeles County you may receive patients who have been enrolled in this trial. There is no impact to in-hospital care and receiving hospitals, outside of the participating institutions, are not engaged in research per the Institutional Review Board (IRB) determination. It is important that clinicians are aware of the trial, because the study investigators will be notifying parents and caregivers of their child's enrollment via phone or mail, and collecting outcome data through the point of contact your hospital previously identified.

Please refer parents and caregivers to contact me for any questions about Pedi-PART via email at pedipart@lundquist.org or by calling 562-378-1600. Further information is also available in English and Spanish on the study website <https://www.uab.edu/medicine/cis/pedipart-los-angeles-california>. The attached display cards contain further information should you wish to display them in your pediatric treatment areas for reference by clinicians or parents.

Distribution:

Chief Executive Officers
Chief Nursing Officers
Emergency Department Directors
Base Hospital Medical Directors
Prehospital Care Coordinators
Pediatric Liaison Nurses
Medical Directors for Pediatric Medical Centers
Pediatric Medical Center Nurse Coordinator

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>

PICU Nurse Manager for Pediatric Medical Centers
Medical Directors for Emergency Departments Approved for Pediatrics
Trauma Program Managers
Trauma Program Medical Directors



PEDI-PART

Pediatric Prehospital Airway Resuscitation Trial



Our EMS Agency is Participating in the National Pedi-PART Trial.

For sick children who need help breathing, paramedics will use their normal approaches for delivering oxygen, but will use a different method each day. This allows researchers to determine the best methods. Inclusion in the study happens during an emergency, so there may not be time to talk to parents. The research team will contact parents after the emergency is over to give more information and ask them if they would like to continue their participation.



CONTACT THE RESEARCH TEAM

Nichole Bosson, MD, MPH; 562-378-1600

If you have questions or concerns regarding research, please contact the research team. EMS providers must focus on treating your child and may not be able to answer your questions



PEDI-PART

Pediatric Prehospital Airway Resuscitation Trial



Nuestra agencia de SME participa en el ensayo nacional Pedi-PART.

En los niños enfermos que necesitan ayuda para respirar, los paramédicos utilizarán sus métodos habituales para suministrar oxígeno, pero cada día utilizarán un método distinto. Esto permite a los investigadores determinar los mejores métodos. La inclusión en el estudio ocurre durante una emergencia, por lo que es posible que no haya tiempo de hablar con los padres. El equipo de investigación se comunicará con los padres una vez que pase la emergencia para darles más información y preguntarles si les gustaría seguir participando.



COMUNÍQUESE CON EL EQUIPO DE INVESTIGACIÓN

Nichole Bosson, MD, MPH; 562-378-1600

Si tiene alguna pregunta o preocupación sobre la investigación, comuníquese con el equipo de investigación. Los profesionales médicos de los SME deben enfocarse en tratar a su hijo y es posible que no puedan responder sus preguntas.



**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.*



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

May 20, 2024

VIA EMAIL

TO: Distribution

FROM: Richard Tadeo
EMS Agency Director

Nichole Bosson, MD, MPH
EMS Agency Medical Director

SUBJECT: EMS WEEK 2024
“HONORING OUR PAST. FORGING OUR FUTURE”

This year marks the 50th anniversary of the first National EMS Week. As we celebrate this year's EMS Week, let us take time to honor the EMS professionals (EMTs, paramedics, firefighters, nurses, physicians) who came before us and those who continue to provide dedicated and quality patient care to the citizens of Los Angeles County. Let us also appreciate the health and hospital systems that support the Los Angeles County EMS system.

As we look forward and forge a future for the next generation of EMS professionals, let us continue to challenge the status quo and to innovate and advance the EMS profession.

Let us not lose sight of our mission to ensure quality emergency and disaster medical services and to provide our support and respect to our EMS professionals.

HAPPY EMS WEEK!

Distribution:

Fire Chiefs
CEO, Ambulance Operator
EMS Provider Agency Medical Directors
Paramedic Coordinators
EMS Educators, EMS Providers
CEO, Each 9-1-1 Receiving Hospital
Prehospital Care Coordinators
Base Hospital Medical Directors
Trauma Program Managers, Medical Directors
STEMI Program Managers, Medical Directors
Stroke Program Managers, Medical Directors
EDAP, Pediatric Liaison Nurses, Medical Directors
Pediatric Medical Centers, Program Managers, Medical Directors
Hospital Association of Southern California
EMS Commission



EMERGENCY MEDICAL SERVICES AGENCY
LOS ANGELES COUNTY

March 19, 2024

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

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

FROM: Richard Tadeo 
Director

**SUBJECT: GENERAL PUBLIC AMBULANCE RATES
JULY 1, 2024 THROUGH JUNE 30, 2025**

Richard Tadeo, RN
Director

Nichole Bosson, MD, MPH
Medical Director

Attached are the maximum allowable rates to the general public for ambulance transportation as of July 1, 2024, as per section 7.16.340, Modification of Rates, of the County Ordinance (Attachment I).

Transportation services provided on or after July 1, 2024 may not be billed above the allowable maximum rates per the attached rate schedule.

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

RT:dw

Attachment

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

10100 Pioneer Boulevard, Suite 200
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"To advance the health of our communities by ensuring quality emergency and disaster medical services."



Health Services
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**COUNTY OF LOS ANGELES
GENERAL PUBLIC AMBULANCE RATES
EFFECTIVE JULY 1, 2024**

7.16.280 Rate schedule for Ambulances.

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

Rates Effective July 1, 2024

1.	Response to a non-emergency call with equipment and personnel at an advanced life support (ALS) level	\$3,110.00
2.	Response to an emergency call with equipment and personnel at an advanced life support (ALS) level	\$3,329.00
3.	Response to a non-emergency call with equipment and personnel at a basic life support (BLS) level	\$2,072.00
4.	Response to an emergency call with equipment and personnel at a basic life support (BLS) level	\$2,223.00
5.	Mileage Rate. Each mile or fraction thereof	\$29.00
6.	Waiting Time. For each 30-minute period or fraction thereof after the first 30 minutes of waiting time at the request of the person hiring the ambulance	\$176.00
7.	Standby Time. The base rate for the prescribed level of service and, in addition, for each 30-minute period or fraction thereof after the first 30 minutes of standby time	\$168.00

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

***Editor's note:** Fee changes in this section include changes made by the Director of Emergency Medical Services Agency in accordance with County Code Section 7.16.340 – Modification of Rates are effective July 1, 2023, and every July 1 thereafter.

7.16.310 Special charges.

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

Rates Effective July 1, 2024

1.	Request for service after 7:00 p.m. and before 7:00 a.m. of the next day will be subject to an additional maximum charge of	\$31.00
2.	Persons requiring oxygen shall be subject to an additional maximum charge per tank or fraction thereof, and oxygen delivery equipment to include nasal cannula and/or oxygen mask, of	\$117.00
3.	Neonatal transport	\$295.00
4.	Registered Nurse or Respiratory Therapist Specialty Care Transport with equipment and personnel for up to 3 hours of transportation time	\$3,746.00
5.	Registered Nurse and Respiratory Therapist Specialty Care Transport with equipment and personnel for up to 3 hours of transportation time	\$4,232.00
6.	Registered Nurse and/or Respiratory Therapist per hours after the first 3 hours	\$211.00
7.	Volume ventilator	\$227.00
8.	Disposable medical supplies	\$34.00

- B. Where other special services are requested or needed by any patient or authorized representative thereof, a reasonable charge commensurate with the cost of furnishing such special service may be made, provided that the ambulance operator shall file with the Director of the Department of Health Services a schedule of each special service proposed and the charge therefore, which charge shall be effective unless modified, restricted, or denied by the Director of the Department of Health Services. Special services are defined as services provided to a patient that are unique and individual to a specific patient's needs, and are performed on a limited basis.
- C. Charges for special services provided to patients that are new services, but will become an industry standard, must be reviewed and a rate commensurate with the service developed prior to ambulance operators charging such rate to the general public. Such rates shall not be charged to patients until approved by the Board of Supervisors.
- D. This section does not apply to a contract between an ambulance operator and the county where different rates or payment mechanisms are specified.

(Ord. 2011-0031 § 28, 2011: Ord. 2003-0058 § 4, 2003: Ord. 96-0067 § 18, 1996: Ord. 94-0038 § 2, 1994: Ord. 91-0071 § 3, 1991: Ord. 90-0088 § 2, 1990: Ord. 89-0092 § 3, 1989: Ord. 88-0181 § 33, 1988: Ord. 88-0170 § 3, 1988: Ord. 87-0131U § 2, 1987: Ord. 86-0111 § 2, 1986: Ord. 85-0120U § 2, 1985: Ord. 83-0201 § 4, 1983: Ord. 83-0017 § 3 (part), 1983: Ord. 82-0105 § 3, 1982: Ord. 12077 § 1 (part), 1980: Ord. 11806 § 1 (part), 1978: Ord. 5860 Ch. 4 § 1010, 1951.)

***Editor's note:** Fee changes in this section include changes made by the Director of Emergency Medical Services Agency in accordance with County Code Section 7.16.310 – Modification of Rates and are effective July 1, 2023 and every July 1 thereafter.

7.16.340 Modification of rates.

The maximum rates chargeable to the general public as set forth in Sections 7.16.280 and 7.16.310 of this chapter shall be adjusted effective July 1, 1992, and on July 1st of each year thereafter, to reflect changes in the value of the dollar. For each of the one-year periods respectively beginning July 1, 1992 and July 1, 1993, such adjustments shall be made by multiplying the base amounts by the percentage change in the transportation portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 1994, and on each July 1 thereafter, such adjustments shall be determined by multiplying the base amounts by the average of the percentage changes of the transportation portion and of the medical portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2017, and on every July 1 thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.040 – Minimum Wage and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February, except for the following changes: Registered Nurse/Respiratory Therapist per hour after the first three (3) hours adjustment shall be determined by multiplying the current charge by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.040 – Minimum Wage; mileage adjustment shall be determined by multiplying the current charge for the percentage change of the transportation line item of the Consumer Price Index for All Urban Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February; and Oxygen, Disposable Medical Supplies, and a Ventilator adjustment shall be determined by multiplying the current charges by the percentage change of the Medical Care line item of the Consumer Price Index for all of the Customers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. Beginning July 1, 2024, and on every July 1 thereafter, such adjustments shall be determined by multiplying seventy-five (75) percent of the base amounts by the percentage change of the minimum wage change in Los Angeles County as defined in County Code Section 8.100.040 – Minimum Wage, or by two percent, whichever is higher, and by multiplying twenty-five (25) percent of the base amounts by the percentage change of the Medical Care line item of the Consumer Price Index for all Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month of February. The result so determined shall be rounded to the nearest whole number and added or subtracted, as appropriate, to the rate. The Director of the department of health services shall initiate implementation of these rate changes by notifying in writing each licensed private ambulance operator in Los Angeles County thereof, and any other individual or agency requesting such notification from the Director. Such notice shall be sent by first class mail no later than June 15 of the prior period.

(Ord. 94-0038 § 3, 1994; Ord. 91-0071 § 4, 1991; Ord. 88-0170 § 4, 1988; Ord. 83-0017 § (part), 1983; Ord. 11806 § 1 (part), 1978; Ord. 5860 Ch. 4 § 1017, 1951.)