



Los Angeles County
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Mr. David Austin

LA County Ambulance Association

Chief Robert E. Barnes

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Mr. Frank Binch

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Robert Flashman, M.D.

LA County Medical Association

Mr. John Hisserich

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Emergency Physicians (CAL-ACEP)

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Mr. Colin Tudor

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Southern California Public Health Assn.

VACANT

Public Member (1st District)

LA Surgical Society

Executive Director

Cathy Chidester, Director, EMS Agency

(562) 347-1604

cchidester@dhs.lacounty.gov

Commission Liaison

Marilyn Rideaux

(323) 890-7392

mrideaux@dhs.lacounty.gov

COUNTY OF LOS ANGELES EMERGENCY MEDICAL SERVICES COMMISSION

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

(562) 347-1604 FAX (562) 941-5835

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

DATE: November 18, 2015

TIME: 1:00 – 3:00 pm

LOCATION: Los Angeles County EMS Agency
10100 Pioneer Blvd.
EMS Commission Hearing Room – 1st Floor
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 Commission Chair as time permits.

NOTE: Please SIGN IN if you would like to address the Commission.

AGENDA

CALL TO ORDER – Clayton Kazan, M.D., Chairman

INTRODUCTIONS/ANNOUNCEMENTS

CONSENT CALENDAR (Commissioners/Public may request that an item be held for discussion.)

1 MINUTES

- September 16, 2015

2 CORRESPONDENCE

- 2.1 October 29, 2015, Marc Eckstein, M.D., Medical Director City of Los Angeles Fire Department: New Assessment Resource Staff with Nurse Practitioner
- 2.2 October 29, 2015, Mary Ellen Michel, Ph.D., Program Director, National Center for Medical Rehabilitation Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development National Institutes of Health: Mild Traumatic Brain Injury: Short-and Intermediate-Term Outcomes, Treatment Variations and Costs of Care at California Hospitals
- 2.3 October 19, 2015, Ralph M. Terrazas, Fire Chief, Los Angeles Fire Department: New Unit Approval – Fast Response Unit 401 (Assessment Unit)
- 2.4 October 15, 2015, Distribution: Designation of Approved Stroke Centers
- 2.5 October 7, 2015, Fire Chief, Each Fire Department, CEO/General Manager, Each Licensed Ambulance Provider: Wall Time Report
- 2.6 September 23, 2015, Each Supervisor: Emergency Medical Services Commission Annual Report – FY 2014/2015
- 2.7 September 21, 2015, Matt Armstrong, President, Los Angeles County Ambulance Association: Medical Transportation and Vehicle-For-Hire Driver or Attendant Permit Processing

3. COMMITTEE REPORTS

- 3.1 Base Hospital Advisory Committee
- 3.2 Data Advisory Committee
- 3.3 Education Advisory Committee
- 3.4 Provider Agency Advisory Committee

4. POLICIES

- 4.1 Reference No. 312, Pediatric Liaison Nurse
- 4.2 Reference No. 521, Stroke Patient Destination
- 4.3 Reference No. 620, EMS Quality Improvement Program

5. BUSINESS

Old:

- 5.1 Community Paramedicine (*July 18, 2012*)
- 5.2 Public Hearing – Prehospital Management of Behavioral Emergencies
(May 20, 2015)

New:

- 5.3 Appointment of a Nominating Committee
- 5.4 Recommendation to Establish an Ad-Hoc Committee on Behavioral Emergencies

6. COMMISSIONERS COMMENTS/REQUESTS

7. LEGISLATION - Cathy Chidester

8. EMS DIRECTOR'S REPORT

9. ADJOURNMENT

(To the meeting of January 20, 2016)

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

CONSENT CALENDAR

November 18, 2015

MINUTES

- September 16, 2015

2. CORRESPONDENCE

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COMMISSIONERS	ORGANIZATION	EMS AGENCY STAFF	POSITION
* David Austin	LAC Ambulance Assn	Cathy Chidester	Director, EMS Agency
☑ Robert Barnes	LAC Police Chiefs Assn	Kay Fruhwirth	Asst. Dir, EMS Agency
☑ Frank Binch	Public Member, 4 th District	Richard Tadeo	Asst. Dir, EMS Agency
☑ Erick H. Cheung, M.D.	So. CA Psychiatric Society	Marilyn Rideaux	EMSC Liaison
☑ Robert Flashman, M.D.	L.A. County Medical Assn	Nichole Bosson, M.D.	EMS Agency
☑ John Hisserich	Public Member, 3 rd District	Christy Preston	"
☑ James Lott	Public Member, 2 nd District	Lucy Hickey	"
☑ Clayton Kazan, M.D.	CAL/ACEP	Michelle Williams	"
* Ray Mosack	CA State Firefighters' Assn.	John Telmos	"
☑ Colin Tudor	League of California Cities	Sara Kranke	"
☑ Margaret Peterson, PhD	HASC	Susan Mori	"
☑ Andres Ramirez	Peace Officers Assn. of LAC	Gary Watson	"
☑ Nerses Sanossian, M.D.	American Heart Assn.	Cathy Jennings	"
☑ Carole Snyder	Emergency Nurses Assn.	David Wells	"
* John Thompson	LA Chapter-Fire Chiefs Association	Jennifer Phan	"
☑ Gary Washburn	Public Member, 5 th District	Christine ???	"
* Bernard Weintraub	S. CA Public Health Assn.		
GUESTS			
Mike Sargeant	Long Beach Fire Dept.	Doug Zabilski	LAFD
Dwayne Preston	LBFD	Tim Ernst	LAFD
Jamie Garcia	HASC	Al Flores	LAFD
Susan Hollander	Avanti Hospitals	Robert Ower	LACAA
Victoria Hernandez	LAC-FD	Brian Hudson	Torrance Fire Dept.
Mike DuRee	LBFD	Nicole Steeneken	LACo FD
Samantha Verga-Gates	APCC/LBMMC	Scott Salhus	LACo FD
Carol Meyer	Emerg Hlth Inc/McCormick	Elizabeth Young	Emergent Medical Assn.

(Ab) = Absent; (*) = Excused Absence

CALL TO ORDER:

The Emergency Medical Services Commission (EMSC) meeting was held in the EMS Commission Hearing Room, 10100 Pioneer Blvd, Santa Fe Springs, 90670. The meeting was called to order at 1:07 PM by Chairman, Clayton Kazan. A quorum was present.

CONSENT CALENDAR:

Chairman Kazan called for approval of the Consent Calendar.

M/S/C: Commissioner Binch/Washburn to approve the Consent Calendar.

5. OLD BUSINESS

5.1 Community Paramedicine

John Telmos, EMS Agency, reported on L.A. County's two projects, Alternate Destination and Congestive Heart Failure. The program's inception was a year ago. The Congestive Heart Failure program started on September 1. Glendale Fire has three paramedics trained to do home visits. So far there is only one patient enrolled in the program but working the local hospitals to identify more patients to participate in this program. The Alternate Destination program has two fire departments participating, Glendale Fire and Santa Monica Fire. Santa Monica has one area clinic and Glendale has four designated clinics.

A September 15, 2015 report to the Board of Supervisors on Community Paramedicine Projects was distributed to the Commission.

Q. Commissioner Flashman: How are you assessing the effectiveness of the program?

A. John Telmos/Cathy Chidester: The program is supervised by a cardiologist who does field visits, defined criteria in place, and data collection.

5.2 1+1 Paramedic Staffing Model

Dr. Nichole Bosson read a letter from Dr. Marianne Gausche-Hill, Medical Director of the EMS Agency, regarding her decision to discontinue the Rapid Medic Deployment Pilot Program of Long Beach Fire Department. Dr. Gausche-Hill was unable to attend the meeting. Ms. Chidester stated that Fire Chief Michael DuRee had been formally notified by letter.

Commissioner Binch recommended that EMS explore how failure can be avoided in the future going forward with other projects and make sure this outcome does not have an effect on the readiness of other agencies innovation with staffing models.

Q. Commissioner Lott: Are there similar programs in effect throughout the State?

A. Cathy Chidester: No, most counties in the State operate with one paramedic and one EMT, not attempting to get two paramedics to the patient our separate apparatus.

5.3 Public Hearing-Transport of 5150 Patients

Kay Fruhwirth reported on selection of the ad hoc committee. The first meeting will be held in late September or early October. The EMS Agency is also taking a look at the D.A.'s office Criminal Justice Mental Health Advisory Board's work related to mental health diversion system being utilized.

5.4 Los Angeles Surgical Society

Ms. Chidester reported that the EMS Agency has reviewed the EMS Commission Ordinance regarding a representative to replace the American College of Emergency Surgeons slot and have determined that the representative should be a member of an association but also be a trauma surgeon from Los Angeles County.

NEW BUSINESS:
 (None)

5.5 Public Hearing – Physician Services for Indigents Program

The purpose of today's public hearing is receive testimony on the proposed increase in the reimbursement rate for services provided during FY 2015-16 for the Physician Services For Indigents Program (PSIP). The proposed increase in payment rates is a three (3) percent increase for ER claims (from 10.5% to 13.5 % of the Official County Fee Schedule) and a ten (10) percent increase for trauma claims (from 50% to 60% of the Official County Fee Schedule). This hearing is required by the Board of Supervisors based on a Board motion made in October 2011 that whenever a change is made to the PSIP reimbursement rate the EMS Agency needs to conduct a public hearing. Handouts were distributed that provided an overview of PSIP and the financial summary of the program performance for the past fiscal years. Ms. Fruhwirth explained that the PSIP governs how physicians who provided treatment to uninsured patients without an ability to pay for services are reimbursed.

During FY 2012-2013 the reimbursement rate for PSIP emergency claims was reduced to nine-percent of the Official County Fee Schedule as a result of result of the EMSA fund being eliminated from the State budget in 2009-2010. Despite this loss, the number of physicians participating in the PSIP program was on the rise and the County had to stretch the fund by decreasing the reimbursement rate to ensure available funds to pay something on all physician claims submitted.

Since that time, with the implementation of the Affordable Care Act, the number of uninsured in the County has decreased, which has resulted in more PSIP funds being available for physician reimbursement. Because of the Conditions of Participation requirements physicians are allowed an extended period to file claims (up to June 30 of the following fiscal year), the County is just now closing out FY 2013-14.

In FY 2013-14, there is a surplus of approximately \$3.9 million; any SB 612 and SB 1773 funds left over at the end of the FY, per law, must be distributed to those physician emergency room claims that were paid during that year. Measure B is also used for reimbursement of physician trauma claims and since there is also a Measure B fund balance, the County will also be distributing this to those physician claims that were paid during FY 2013-14. The resultant reimbursement rates, based on distributing all FY 2013-14 PSIP funds, will be 11.7% for ER claims and 68.4% for trauma claims. In October 2014, the PSIP reimbursement rate for FY 2014-15 was increased to 10.5%. As claims for this FY can be submitted through June 2016 we don't have the actual payment amounts; however based on trends and current experience the County is projecting a \$5.9 million in unspent funds.

Based on the decrease in claims and the County is proposing to increase the reimbursement rate for FY 2015-2016 to 13.5% of the OCFS for ER claims and 60% of the OCFS for trauma claims.

The Floor was open for comment:

Commissioner Flashman: How do you arrive at the Official County Fee Schedule (OCFS)?

Mr. Johnny Wong: It is based on Medicare procedures. The County uses the relative value unit (RVU) and for surgical and procedural codes the County uses \$79.49 as the multiplier. For anesthesia the multiplier is \$48.77. By multiplying the RVU by the appropriate multiplier the maximum payment is calculated.

Commissioner Flashman: How does the OCFS compare to Medicare rates?

Ms. Kay Fruhwirth: Payment at 50% of the OCFS is close to Medicare rates (After the Public Hearing an analysis was completed and it was determined that making payments at 50% of the OCFS resulted in an average payment of about 91% of the Medicare rate; whereas at 100% of OCFS rates, it would be 186% of Medicare).

Commissioner Flashman: Based on the financial summary you provided it appears that from FY 2013-14 to FY 2014-15 the number of claims have gone down by over 100,000 probable due to the implementation of the Affordable Care Act. How close is that to actual numbers so far?

Ms. Manal Dudar: We don't have all the claims for 2014-2015 so are uncertain; physicians can still bill for 2014-2015 through October this year and the appeal process is open until next June 2016.

Commissioner Flashman: What is the average time that it takes to pay a physician once they bill the Fund?

Ms. Fruhwirth: Clean claims take about 20 days to pay if it is an ER claim. For physicians that practice at Impacted Hospital Program hospitals their physician claims are not paid until it is determined that the claim is not an IHP claim since IHP is paid at a higher rate. The complicating factor is the hospital submission of a claim under IHP is what is used to determine if the physician claim should be paid under IHP. The IHP hospitals have six months to submit their claims.

Commissioner Flashman: What about a non IHP Claim

Ms. Fruhwirth: 20 days

Ms. Dudar: the delay is getting the claim from the physician; very little data at the beginning of the FY to determine problem areas

Commissioner Flashman: The PSIP program requires that the patient be billed multiple times a month apart, by the 3rd billing by a physician, is there a noticeable change in the coverage or ability for the patient to pay?

Ms. Fruhwirth: When working claims Medi-Cal eligibility is researched; sometimes takes months for Medi-Cal eligibility to become effective that is why we require multiple billings. PSIP is the payor of last resort, all other sources of payment should have been exhausted prior to submitting a claim to the County.

Commissioner Flashman: How will the increase in the reimbursement rate be communicated?

Ms. Fruhwirth: A letter/memo will be sent out to all PSIP enrolled physicians regarding the change of the reimbursement rate and the new rate will posted on the EMS Agency website.

Commissioner Binch: Can you determine an early forecast for 2015-2016:

Ms. Dudar: Too early to determine because there is not enough data on hand.

Commissioner Binch: Suggested an early forecasting system

Chairman Kazan: Asked if it would be possible for DHS to do a mid-year review for the EMSC in January 2016.

Ms. Fruhwirth: Claims for 2015-2016 will not be expected to be in before October and probably the earliest DHS would be able to do a mid-year review would be in March 2016.

Commissioner Binch: Based on Staff's recommendations, requests a report in November on the mechanism for doing a mid-year assessment on whether there might be more money available based upon the methodology.

Mr. Jaime Garcia, Hospital Association Southern California: Thanked staff for recommendation to increase the reimbursement rate to physicians. Need to identify solutions to further sustain this program. Low physician reimbursement puts an additional burden on hospitals who are coping with other reimbursement cuts, such as DSH. Anything that can be done to further support PSIP is appreciated.

There being no other public comment the hearing was concluded.

5.6 Approval of the Annual Report to the Board of Supervisors

Minor corrections were noted by Commissioner Lott.

M/S/C: Commissioner Binch/Sanossian to approve the annual report to the Board of Supervisors pending minor corrections.

6. Commissioners Comments/Requests

Commissioner Flashman commented that a high number of viral meningitis cases in children and teens have surfaced in the past month.

7. Legislation

Ms. Chidester commented on legislation significant to EMS. She stated that most legislation is going to the Governor's office for action.

8. Director's Report

- Ms. Chidester reported that the ambulance draft RFP which was approved by the EMSC in theory is now being reviewed by the State EMS Authority for approval. Once approved, the EMS Agency will meet with Health Deputies to begin the process of selecting providers in the Exclusive Operating Areas.
- The EMS Agency is responding to a request from the Board of Supervisors to study the effect on ambulance providers as a result of the minimum wage increase
- Martin Luther King Community Hospital is now receiving 9-1-1 patients. The hospital is seeing up to 120 patients in the emergency department.
- The Board of Supervisors has requested a special committee to review public safety during RAVEs. EMS Agency staff will participate on the committee and is in the process of updating the mass gathering policy.

9. Adjournment

The Meeting was adjourned by Chairman Kazan at 2:07 PM. The next meeting will be held on November 18, 2015.

**Next Meeting: Wednesday, November 18, 2015
EMS Agency
10100 Pioneer Blvd.
Santa Fe Springs, CA 90670**

Recorded by:
Marilyn E. Rideaux
EMS Agency



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CORRESPONDENCE 2.1

October 29, 2015

Marc Eckstein, MD., Medical Director
City of Los Angeles Fire Department
200 N. Main Street
Los Angeles, CA 90012

RE: NEW ASSESSMENT RESOURCE STAFF WITH NURSE PRACTITIONER

Dear Dr. Eckstein: *Melle*

I am writing to you as a representative from the Los Angeles County Emergency Medical Services (EMS) Agency. We have reviewed your protocols for the *New Assessment Resource Staff for Nurse Practitioner* and support this twelve-month pilot project. Thank you for sending the Departmental bulletin as well as the standardized procedures that will be utilized by the Nurse Practitioner for this pilot project

We would like a quarterly report sent to the EMS Agency on the progress of the project to include the number of runs, house calls, as well as the diagnoses that the NPRU treats.

In addition, if there are any significant safety concerns during the course of pilot, we would like to be notified within 48 hours.

Thank you for contacting us about this innovative project. We are also excited about the placement of this new resource within the EMS system and we are looking forward to project implementation.

Respectfully,

Marianne Gausche-Hill, MD, FACEP, FAAP
Medical Director, LA County Medical Services Agency
Professor of Clinical Medicine and Pediatrics, David Geffen School of Medicine, UCLA
Director, Emergency Medical Services Fellowship
Harbor-UCLA Medical Center, Department of Emergency Medicine



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CORRESPONDENCE 2.2

October 29, 2015

Mary Ellen Michel, Ph.D., Program Director
National Center for Medical Rehabilitation Research
Eunice Kennedy Shriver National Institute
of Child Health and Human Development
National Institutes of Health
6100 Executive Boulevard, Suite 2A03
Rockville, MD 20852

**RE: MILD TRAUMATIC BRAIN INJURY: SHORT- AND INTERMEDIATE-TERM
OUTCOMES, TREATMENT VARIATIONS AND COSTS OF CARE AT
CALIFORNIA HOSPITALS**

Dear Dr. Michel:

This letter serves as an official letter of support for Dr. Steven Lee et. al. in their application for NIH grant support for funding opportunity RFA HD-16-001 for their project "Mild Traumatic Brain Injury: Short- and Intermediate-Term Outcomes, Treatment Variations and Costs of Care at California Hospitals."

As the Medical Director of the Los Angeles County EMS Agency, I have direct oversight of the Trauma and Emergency Medicine Information Systems (TEMIS) database. First developed in 1984 to meet regulatory and reporting guidelines, this database collects trauma registry data for all trauma patients seen and evaluated in Los Angeles County. This database contains over 30,000 trauma patients each year seen at 14 trauma centers in Los Angeles County. These clinical data will be available to Dr. Lee and his co-investigators to help with their research project.

I have also helped these investigators reach out to the California Emergency Services Authority to obtain access to the California EMS Information Systems (CEMSIS) database.

I am committed to helping these investigators with access to the TEMIS database, and am available to them for additional support should the need arise.

Respectfully,

Marianne Gausche-Hill, MD, FACEP, FAAP
Medical Director, LA County Medical Services Agency
Professor of Clinical Medicine & Pediatrics, David Geffen School of Medicine, UCLA
Director, Emergency Medical Services Fellowship
Harbor-UCLA Medical Center, Department of Emergency Medicine



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CORRESPONDENCE 2.3

October 19, 2015

Ralph M. Terrazas, Fire Chief
Los Angeles Fire Department
200 N. Main Street
Los Angeles, California 90012

Dear Chief Terrazas:

NEW UNIT APPROVAL – FAST RESPONSE UNIT 401 (Assessment Unit)

On September 24, 2015, Emergency Medical Services (EMS) Agency representative performed an inventory inspection of Los Angeles Fire Department's (CI) newly assigned Fast Response Unit 401 (FR-401).

This unit meets the requirements of Reference No. 704, Assessment Unit Inventory and the request to place FR-401 into service during a 90-day pilot program is authorized effective October 19, 2015.

This unit should be identified on the EMS Report Form with a Provider Code of "CI" and Unit Designation of "Assessment Unit FR 401". The base hospital assignment is Providence Holy Cross Medical Center (HCH).

If you have any questions, please contact Gary Watson, Provider Agency/SFTP Program Coordinator, at (562) 347-1679.

Sincerely,


Cathy Chidester
Director

CC:gw
10-16

c: Marc Eckstein, MD, Medical Director, CI
Timothy Ernst, Assistant Chief, EMS Division, CI
PCC, Providence Holy Cross Medical Center



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CORRESPONDENCE 2.4

October 15, 2015

TO: Distribution

VIA FAX/EMAIL

FROM: Marianne Gausche-Hill, MD
Medical Director

SUBJECT: DESIGNATION OF APPROVED STROKE CENTERS

The Emergency Medical Services Agency is pleased to announce that effective Tuesday, October 20, 2015 the following 41 facilities are now designated as Approved Stroke Centers (ASC):

NEWLY APPROVED:

Glendale Memorial Hospital Health Center

PREVIOUSLY APPROVED:

- Antelope Valley Hospital
- California Hospital Medical Center
- Cedars Sinai Medical Center
- Citrus Valley Medical Center – Queen of the Valley Campus
- Garfield Medical Center
- Glendale Adventist Medical Center
- Good Samaritan Hospital
- Henry Mayo Newhall Memorial Hospital
- Hollywood Presbyterian Medical Center
- Huntington Memorial Medical Center
- Kaiser Foundation Hospital – Baldwin Park Medical Center
- Kaiser Foundation Hospital – Downey Medical Center
- Kaiser Foundation Hospital – Los Angeles Medical Center
- Kaiser Foundation Hospital – Panorama City
- Kaiser Foundation Hospital – West Los Angeles
- Kaiser Foundation Hospital – Woodland Hills
- Lakewood Regional Medical Center
- Long Beach Memorial Medical Center
- Los Alamitos Medical Center (Orange County)
- Los Robles Hospital & Medical Center
- Methodist Hospital of Southern California
- Mission Community Hospital
- Northridge Hospital Medical Center
- PIH Health Hospital - Whittier
- Pomona Valley Hospital Medical Center

- Providence Holy Cross Medical Center
- Providence Little Company of Mary Medical Center – San Pedro
- Providence Little Company of Mary Medical Center- Torrance
- Providence Saint Joseph Medical Center
- Providence Tarzana Medical Center
- Ronald Reagan UCLA Medical Center
- Saint Francis Medical Center
- Saint Jude Medical Center (Orange County)
- Saint Mary Medical Center
- San Gabriel Valley Medical Center
- Torrance Memorial Medical Center
- USC Verdugo Hills Hospital
- Valley Presbyterian Hospital
- West Hills Hospital & Medical Center
- White Memorial Medical Center

Please visit the EMS Agency website at <http://ems.dhs.lacounty.gov> for the most current information about the new ASCs and a map showing the approved hospitals. If you have any questions, please feel free to contact me at (562) 347-1600, or Carolyn Naylor, Hospital Programs at (562) 347-1655.

MGH:cn
10-1

- c: Director, EMS Agency
 Fire Chief, Each Fire Department
 Paramedic Coordinator, Each Provider Agency
 Prehospital Care Coordinator, Each Base Hospital
 Nurse Educator, Each Fire Department
 ASC Coordinator, Each Approved Stroke Center



EMERGENCY MEDICAL
SERVICES AGENCY
LOS ANGELES COUNTY

CORRESPONDENCE 2.5

October 7, 2015

VIA FAX/EMAIL

**Los Angeles County
Board of Supervisors**

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Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Cathy Chidester
Director

Marianne Gausche-Hill, MD
Medical Director

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

Tel: (562) 347-1500
Fax: (562) 941-5835

To ensure timely,
compassionate, and quality
emergency and disaster
medical services.

TO: Fire Chief, Each Fire Department
CEO/General Manager, Each Licensed Ambulance Provider

FROM: Cathy Chidester
Director

Redacted for CC

SUBJECT: WALL TIME REPORT

This is to provide you the first Wall Time Report by Provider Agency. As you may be aware, Wall Time has been an ongoing problem in Los Angeles County and EMS provider agencies have requested the assistance of the EMS Agency to mitigate this problem. Due to the lack of uniform metrics, corrective measures were targeted on a case-by-case basis. With the release of universal definitions on "How to measure ambulance patient offload delays" (enclosed), wall time can now be measured, and monitored system wide. Targeted action plans can be formulated to address areas of the county with the most acute problems.

Wall time is defined as the period of time between ambulance arrival at the emergency department (ED) to the time the patient is physically removed from the ambulance gurney and placed on hospital equipment. The recommended standard is that ninety percent of all patients transported to a hospital should be removed from the ambulance gurney within 15-30 minutes of arrival at the ED.

In order to capture and monitor this new wall time metric, electronic patient care records (ePCR) and the County issued EMS Report Forms were revised to add a new time field, titled "Fac Equip". Data collection on this new time field began July 1, 2015.

As you can see, the enclosed Wall Time Report by Provider Agency for July 2015 shows very inadequate documentation of "Fac Equip" time by EMS personnel. Please ensure that your personnel are made aware of this new time metric and the importance of collecting this critical data element. The EMS Agency will re-evaluate and distribute the new findings in three months.

If you have any questions, please feel free to contact Michelle Williams, EMS Data Systems Manager at (562) 347-1658.

CC:RT:mw

Enclosures

- c. Paramedic Coordinator, Each Provider Agency
- Nurse Educator, Each Fire Department
- Data Systems Section, EMS Agency



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

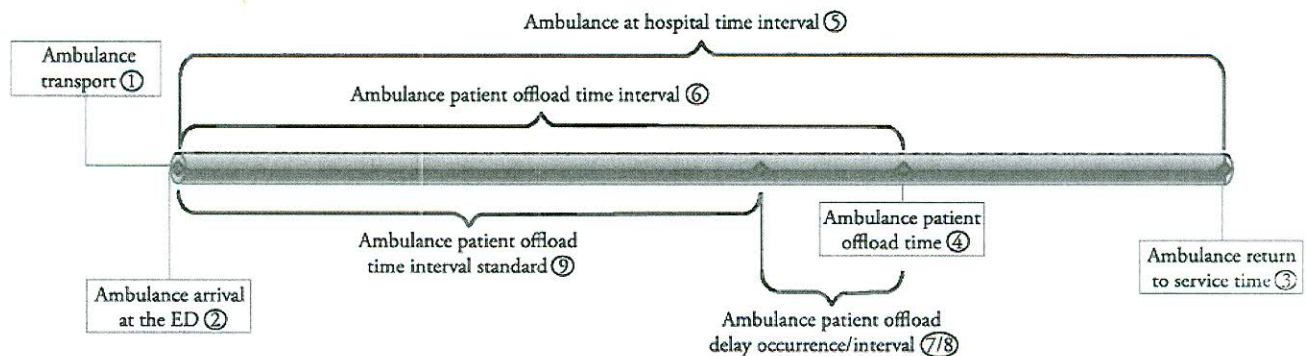
Los Angeles County EMS Agency
Wall Time Report by Provider Agency
Time Period: July 1-31, 2015

Provider	Code	No. of Records	"Fac Equip" Time Exist	Wall Time (Median)	Shortest Wall Time	Longest Wall Time
Americare Ambulance	AC	1	0			
AmeriPride	AD	1	0			
Aegis	AE	0				
Arcadia Fire	AF	216	0			
Alhambra Fire	AH	111	0			
Antelope Ambulance	AN	8	8	0:15	0:07	1:57:00
Adult Medical Transportation	AM	1	0			
American Medical Response	AR	21	0			
AmbuServe Ambulance	AU	2	0			
Avalon Fire Department	AV	7	0			
Burbank Airport	BA	3	0			
Burbank Fire	BF	259	0			
Beverly Hills Fire	BH	0				
Bowers Ambulance	BO	20	18	0:16:00	0:05:00	0:59:00
Care Ambulance	CA	152	10	0:08:00	0:02:00	0:18:00
Los Angeles County Fire	CF	0	0			
Los Angeles City Fire	CI	0	0			
Compton Fire	CM	435	53	0:11:00	0:01:00	1:01:00
LA County Sheriff's	CS	29	0			
Downey Fire	DF	239	0			
Emergency Ambulance	ED	1	0			
El Segundo Fire	ES	77	0			
Explorer One	EX	6	0			
US Forest Service	FS	4	0			
Gerber Ambulance	GE	4	1	0:05:00		
Glendale Fire	GL	315	0			
Guardian Ambulance	GU	2	1	0:12:00		
Hermosa Beach Fire	HB	4	0			
Impulse Ambulance	IS	1	0			
Long Beach Fire	LB	2054	135	0:00:00	0:00:00	1:12:00
La Habra Heights	LH	31	0			
Liberty Ambulance	LT	3	0			
La Verne Fire	LV	92	6	0:06:00	0:02:00	0:11:00
Manhattan Beach Fire	MB	91	1	0:17:00		
Mercy Ambulance	ME	1	0			
Monrovia Fire	MF	117	0			
Montebello Fire	MO	11	8	0:07:00	0:02:00	0:14:00
Monterey Park Fire	MP	160	0			
MedReach Ambulance	MR	12	0			
Pasadena Fire	PF	369	0			

Provider	Code	No. of Records	"Fac Equip" Time Exist	Wall Time (Median)	Shortest Wall Time	Longest Wall Time
Redondo Beach Fire	RB	291	0			
San Marino Fire	SA	50	0			
Schaefer Ambulance	SC	109	1	0:03:00		
San Gabriel Fire	SG	90	0			
Sierra Madre Fire	SI	3	1	0:03:00		
Santa Monica Fire	SM	0				
South Pasadena Fire	SP	77	0			
Santa Fe Springs Fire	SS	130	0			
Torrance Fire	TF	569	78	0:04:00	0:00:00	0:29:00
Vernon Fire	VF	29	0			
West Covina Fire	WC	273	119	0:04:00	0:00:00	4:57:00

III. HOW TO MEASURE AMBULANCE PATIENT OFFLOAD DELAY

Ambulance patient offload time is a component of the total ambulance transport time beginning from the pre-hospital EMS system by emergency ambulance to an approved EMS receiving hospital and back to the pre-hospital setting. This process is illustrated in the picture below with corresponding terms numbered to match listed items.



A. Baseline and Control Metrics for Ambulance Transports

The numbered definitions below are aligned with the corresponding numbers on the illustration above. Each are separated into the metric definition, a) metric development, b) metric collection method, c) metric reporting options, and d) considerations or key points.

1. **Ambulance transport** — the transport of a patient from the pre-hospital EMS system by emergency ambulance to an approved EMS receiving hospital.
 - a. Metric development — a single variable metric that identifies the number of occurrences in which a patient is transported to a hospital within an EMS system or a dual variable metric used with a control-like population.
 - b. Metric collection method — most available methods for collection are integrated software solutions and CAD that are synchronized to the atomic clock.
 - c. Metric reporting options, determined at the local level, include but are not limited to:
 - Annual EMS System Transports
 - Annual EMS System Transports/1000 Population
 - Annual EMS Transports by Individual Hospital
 - Monthly EMS Transports by Individual Hospital
 - Annual EMS System Transports/Annual System ED Visits = Annual System percent of ED Visits by EMS



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LA County Ambulance Association

Chief Robert E. Barnes

Los Angeles County Police Chiefs Assn.

Mr. Frank Binch

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Erick H. Cheung, M.D., Vice Chair

Southern CA Psychiatric Society

Robert Flashman, M.D.

LA County Medical Association

Mr. John Hisserich

Public Member (3rd District)

Clayton Kazan, M.D., Chair

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

Mr. James Lott

Public Member (2nd District)

Chief Raymond A. Mosack

CA State Firefighters' Association

Margaret Peterson, Ph.D.

Hospital Association of Southern CA

Capt. Andres Ramirez

Peace Officers Association of LA County

Nurses Sanossian, MD, FAHA

American Heart Association

Western States Affiliate

Carole A. Snyder, RN

Emergency Nurses Association

Chief Jon D. Thompson

LA Chapter-Fire Chiefs Association

Mr. Colin Tudor

League of Calif. Cities/LA County Division

Mr. Gary Washburn

Public Member (5th District)

Mr. Bernard S. Weintraub

Southern California Public Health Assn.

VACANT

Public Member (1st District)

LA Surgical Society

Executive Director

Cathy Chidester

(562) 347-1604

cchidester@dhs.lacounty.gov

Commission Liaison

Marilyn Rideaux

(323) 890-7392

mr Rideaux@dhs.lacounty.gov

CORRESPONDENCE 2.6

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

**10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, CA 90670
(562) 347-1604 FAX (562) 941-5835**

September 23, 2015

TO: Each Supervisor

FROM: Cathy Chidester 
Executive Director

**SUBJECT: EMERGENCY MEDICAL SERVICES COMMISSION
ANNUAL REPORT – FY 2014/2015**

Attached is the Emergency Medical Services Commission's (EMSC) Report to the Board of Supervisors which is submitted annually in compliance with County Code, Chapter 3.20, Section 3.20.070.5.

The Ordinance provides for nineteen (19) EMSC members. Seventeen (17) of the positions were filled during the reporting period. Currently, there are two (2) vacancies. The vacancies are noted in the attached report. The EMSC continually reviews its' membership structure and the EMS Agency actively recruits to fill vacancies.

The attached report describes the structure, membership and major activities of the Commission and the four standing subcommittees from July 1, 2014 through June 30, 2015. If you should have any questions please feel free to contact me at (562) 347-1604.

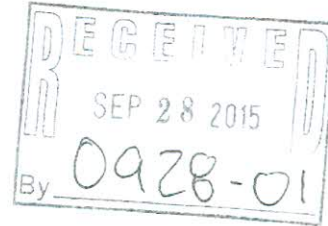
CC:mr

Attachment

c: Director, DHS
County Counsel
Executive Officer, Board of Supervisors
EMS Commission
Health Deputies

EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



September 21, 2015

Matt Armstrong, President
LA County Ambulance Association
5257 N. Vincent Avenue
Irwindale, CA 91706-2042

Dear Mr. Armstrong,

The EMS Authority (EMSA) has received the Los Angeles County Ambulance Association, Inc. (LACAA) letter, dated August 21, 2015 and has reviewed the City of Los Angeles Department of Transportation's (Department) "Medical Transportation and Vehicle-For-Hire Driver or Attendant Permit Processing" document.

It appears, from EMSA's review, that the Department may have areas that potentially overlap the California Highway Patrol (CHP) inspection process, listed within the California Code of Regulations, Title 13, Division 2 and Los Angeles County EMS Agency (LA EMS) permitting process.

As the specific elements are beyond the purview of EMSA, we recommend that the Department and the LACAA consult with the CHP and the LA EMS to determine if there is duplication in the ambulance inspection and/or ambulance attendant permitting process overlap occurring.

Sincerely,

A handwritten signature in black ink, appearing to read 'Howard Backer'.

Howard Backer, MD, MPH, FACEP
Director

HB:ll

cc: Seleta Reynolds, General Manager, Los Angeles DOT
Eric R. Eisenberg, President, Los Angeles DOT Transportation Commission
The Honorable Eric Garcetti, Mayor, City of Los Angeles
Commissioner Joseph A. Farrow, California Highway Patrol
Cathy Chidester, RN, MSN, Director, Los Angeles County EMS Agency

COMMITTEE REPORT 3.1



EMERGENCY MEDICAL SERVICES COMMISSION BASE HOSPITAL ADVISORY COMMITTEE MINUTES October 14, 2015



REPRESENTATIVES		EMS AGENCY STAFF
<input checked="" type="checkbox"/> Carole Snyder, RN, Chair	EMS Commission	Cathy Jennings
<input type="checkbox"/> James Lott, Vice Chair	EMS Commission	Sara Kranke
<input type="checkbox"/> Erick H. Cheung, M.D.	EMS Commission	Susan Mori
<input type="checkbox"/> Margaret Peterson, Ph.D.	EMS Commission	Carolyn Naylor
<input checked="" type="checkbox"/> Lila Mier	County Hospital Region	Christy Preston
<input type="checkbox"/> Emerson Martell	County Hospital Region	Jacqueline Rifenburg
<input checked="" type="checkbox"/> Jose Garcia	County Hospital Region, Alternate	Karen Rodgers
<input type="checkbox"/> Yvonne Elizarraraz	County Hospital Region, Alternate	Richard Tadeo
<input checked="" type="checkbox"/> Jessica Strange	Northern Region	Gary Watson
<input checked="" type="checkbox"/> Karyn Robinson	Northern Region	Michelle Williams
<input type="checkbox"/> Mark Baltau	Northern Region, Alternate	
<input checked="" type="checkbox"/> Kristina Crews	Southern Region	
<input checked="" type="checkbox"/> Samantha Verga-Gates	Southern Region	
<input checked="" type="checkbox"/> Laurie Mejia	Southern Region	
<input type="checkbox"/> Lindy Galloway	Southern Region, Alternate	
<input checked="" type="checkbox"/> Paula Rosenfield	Western Region	
<input checked="" type="checkbox"/> Ryan Burgess	Western Region	
<input checked="" type="checkbox"/> Sarah Koster	Western Region, Alternate	
<input type="checkbox"/> Rosie Romero	Western Region, Alternate	
<input checked="" type="checkbox"/> Laurie Sepke	Eastern Region	
<input checked="" type="checkbox"/> Alina Candal	Eastern Region	
<input checked="" type="checkbox"/> Jenny Van Slyke	Eastern Region, Alternate	
<input checked="" type="checkbox"/> Brian Hudson	Provider Agency Advisory Committee	
<input type="checkbox"/> Isaac Yang	Provider Agency Advisory Committee, Alt.	
<input checked="" type="checkbox"/> Jennifer Webb	MICN Representative	
<input type="checkbox"/> Jeff Warsler	MICN Representative, Alt.	
<input checked="" type="checkbox"/> Robin Goodman	Pediatric Advisory Committee	
<input type="checkbox"/> Kerry Gold-Tsakonas	Pediatric Advisory Committee, Alt.	
PREHOSPITAL CARE COORDINATORS		GUESTS
<input type="checkbox"/> Rachel Caffey (NRH)	<input type="checkbox"/> Jennifer Hunt (SMM)	E. Jean Kirby, LACoFD
<input checked="" type="checkbox"/> Kristina Hong (AVH)	<input checked="" type="checkbox"/> Adrienne Roel (AMH)	Victoria Hernandez, LACoFD
<input type="checkbox"/> Gloria Guerra (QVH)	<input type="checkbox"/> Heidi Ruff (NRH)	Nichole Steenenken, LACoFD
<input type="checkbox"/> Kelly Hauser (QVH)	<input type="checkbox"/> Robin Smilor (SFM)	Nancy Alvarez, LACoFD
<input type="checkbox"/> Kevin Lennox (AMH)		Eugene Park
<input checked="" type="checkbox"/> Dee Phillips (HMN)		Dr. Dipesh Patel, HGH

1. **CALL TO ORDER:** The meeting was called to order at 1:04 P.M. by Ryan Burgess, Interim Chairperson.

M/S/C (Verga-Gates/Van Slyke) Appoint Ryan Burgess as Interim Chairperson.

2. **APPROVAL OF MINUTES** - The June 10, 2015 minutes were approved as written.

M/S/C (Verga-Gates/Van Slyke) approve the June 10, 2015 meeting minutes as written.

3. **INTRODUCTIONS/ANNOUNCEMENTS**

Round-table introductions were made. There were no announcements.

4. **REPORTS & UPDATES**

4.1 Policy Updates

Updated Prehospital Policies will be distributed to the EMS community quarterly instead of the current practice of three times annually.

4.2 Pediatric Treatment Protocols

As recommended by the Pediatric Advisory Committee, the EMS Agency will pursue compilation of Pediatric Treatment Protocols. These protocols are to be reviewed by this committee for recommendations prior to implementation.

4.3 EMS Update 2016

The final topics compiled by the EMS Update 2016 Work Group are:

- EMS Facts and History
- EMS Provider Impressions
- Management of Pediatric Cardiac Arrest
- Ventricular Assist Devices
- Release of Remains to the Coroner
- Treatment of Anaphylaxis
- 9-1-1 Re-Triage
- Treatment of Stroke Patients
- Needle Thoracostomy
- Prehospital Surge Practices
- Infectious Diseases

The 2016 version will not be available as online education. However, future online updates may be offered.

4.4 Reference No. 814, Determination/Pronouncement of Death in the Field

Reference No. 814, Determination/Pronouncement of Death in the Field revisions by Medical Advisory Committee define the parameters to determine whether to withhold resuscitative efforts in the field.

5. UNFINISHED BUSINESS

There was no Unfinished Business.

6. NEW BUSINESS

6.1 Reference No. 521, Stroke Patient Destination

Reference No. 521, Stroke Patient Destination revision relates to the time of symptom onset from two hours to six hours as recommended by the Approved Stroke Center Advisory Committee.

M/S/C (Van Slyke/Verga-Gates) Approve Reference No. 521, Stroke Patient Destination

6.2 Reference No. 620, EMS Quality Improvement Program

Reference No. 620, EMS Quality Improvement Program revisions defines and incorporates system participants into the EMS System Quality Improvement Program.

M/S/C approve Ref. No 620, Reference No. 620 Quality Improvement Program.

6.3 Reference No. 832, Treatment/Transport of Minors

Reference No. 832, Treatment/Transport of Minors revised definitions are based on regulatory changes.

Recommended change: Correct the page numbers.

M/S/C (Van Slyke/Sepke) Approve Reference No. 832, Treatment/Transport of Minors with recommended change.

6.4 Reference No. 904, Mobile Intensive Care Nurse (MICN) Development Program Requirements

Recommended changes: I, Program Requirements, D, Consider decreasing or eliminating the program consist of 48 hours of teaching modalities.

Reference No. 904, Mobile Intensive Care Nurse Development Program was tabled by Richard Tadeo, Assistant Director pending additional clarification/modification.

7. OPEN DISCUSSION

Prehospital personnel are encountering clients exhibiting drug-seeking behavior and may request not to be transported against medical advice or, request transport to hospitals outside of the area based on the perception of medication administration. The Agency feels these calls should be directed to the base hospital for the purposes of assessment and management

8. NEXT MEETING: December 9, 2015

9. ADJOURNMENT: The meeting was adjourned at 2:00 P.M.



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY

**Los Angeles County
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Santa Fe Springs, CA 90670

Tel: (562) 347-1500
Fax: (562) 941-5835

**EMERGENCY MEDICAL SERVICES COMMISSION
DATA ADVISORY COMMITTEE**

MEETING NOTICE

Date & Time: Wednesday, October 14, 2015 10:00 A.M.
Location: EMS Agency, First Floor Hearing Room
10100 Pioneer Boulevard
Santa Fe Springs, 90670-3736

**DATA ADVISORY COMMITTEE
DARK FOR OCTOBER 2015**

*To ensure timely,
compassionate and quality
emergency and disaster
medical services.*



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



County of Los Angeles
Department of Health Services



**EMERGENCY MEDICAL SERVICES COMMISSION
EDUCATION ADVISORY COMMITTEE MINUTES**

Wednesday, October 21, 2015

Attendance

Members

- ☒ Lt Andres Ramirez, Chair
- ★ Frank Binch, Vice-Chair
- ☐ Gary Washburn
- ☐ Bernard Weintraub
- ☒ Alina Candal, RN
- ☐ Tina Crews, RN
- ☐ VACANT
- ☒ Joanne Dolan, RN
- ☐ Susan Hayward, RN
- ☒ Sean Stokes, RN
- ☒ Jesus Cardoza, PM
- ☐ VACANT
- ☐ Kim Mutaw, EMT
- ☒ Mark Ferguson, RN
- ☐ Jacqueline Rifenburg, RN
- ☐ Tina Ziolkowski, RN
- ☒ Kelly Sherwood, RN
- ☐ Heather Davis, PM
- ☐ VACANT
- ☐ Jeff Warstler, RN
- ☐ Jennifer Webb, RN
- ☐ Charles Drehsen, MD
- ☐ VACANT
- ☒ Ken Leasure, PM
- ☐ James Altman, PM
- ☐ VACANT
- ☐ VACANT
- ☒ Anthony Mendoza, PM
- ☐ VACANT
- ☐ VACANT
- ☐ Barry Jensen, PM
- ☐ Cliff Hadsell, PM

Organization

- EMSC/POA LA Co
- EMSC/Public Member 4th District
- EMSC/Public Member 5th District
- EMSC/SCPHA
- APCC
- APCC
- APCC - alternate
- LAAFCA
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA
- LACAA - alternate
- PTI
- PTI - alternate
- Mt SAC
- Mt SAC - alternate
- UCLA Paramedic Education
- UCLA Paramedic Education - alternate
- MICN
- MICN - alternate
- Med Council
- Med Council - alternate
- LAAFCA
- LAAFCA - alternate
- LACAA
- LACAA - alternate
- EMS Educator – Non PD
- EMS Educator – Non PD - alternate
- EMT Program Director
- EMT Program Director
- EMT Program Director - alternate

EMS Agency Staff Present

- David Wells
- Erika Reich
- Joan Lockwood
- Richard Tadeo
- Nicole Bosson, MD

Position

- Program Approvals
- Program Approvals
- Certification
- Assistant Director
- PTI

Others Present

- Patty Haley

Agency/Representing

- COC

★ - Excused

1. CALL TO ORDER - A. Ramirez, Chair called the meeting to order at 10:06 a.m.

2. APPROVAL OF MINUTES - Motion to approve February 18, 2015 minutes by K. Sherwood; second by M. Ferguson. Minutes approved by committee.

3. INTRODUCTIONS AND ANNOUNCEMENTS

4. REPORTS & UPDATES

- 4.1 California Prehospital Program Directors (CPPD) (Haley)
C2E2 and CPPD are discussing a potential merger of the two organizations.
- 4.2 California Council of EMS Educators (C²E²) (Haley)
Website has been updated. Whitepaper regarding Online Training programs has been posted. Working on different processes to increase membership.
- 4.3 Association of Prehospital Care Coordinators (APCC) (Candal)
No report
- 4.4 California Association of Nurses and EMS Professionals (CALNEP) (Hayward)
No report
- 4.5 Disaster Training Unit (Crammer)
No report
- 4.6 EMS Quality Improvement Report (Mori)
No report

4.7 EMT Program Update (Wells)

EMT Regulations should be released in the near future for public comment per EMSA. Potential changes include an increase in primary training hours, tactical casualty care, naloxone, and epinephrine administration.

4.8 EMS Update 2016 (Tadeo)

EMS Update 2016 workgroup has been formed and is meeting regularly. Public members include: J. VanSlyke, HMH; T. Crews, TOR; J. Nevandro, SMFD and M. Bradley, CCFD. Online training will not be available in 2016. Alternative delivery formats are being evaluated. The recommended topics are rather extensive and will include: provider impression, cardiac arrest management to include the revised ECC guidelines with emphasis on adult and pediatric care, LVAD, coroner issues, pregnancy with emphasis on eclampsia, behavioral emergencies, mLapse, bystander CPR, documentation, wall time, 9-1-1 re-triage of trauma, surge planning, emerging infectious diseases, needle thoracostomy. Field audio will be provided by Base Stations to facilitate the update topics. Train-the-Trainer is planned for March 2016.

5.UNFINISHED BUSINESS

6.NEW BUSINESS

7.OPEN DISCUSSION

7.1 NREMT Renewal Requirements (Haley)

NREMT will be changing the recertification requirements to include a reduction in hours and an NREMT developed refresher course.

8.ADJOURNMENT - The meeting adjourned at 11:00 a.m. Next meeting: Wednesday, December 16, 2015 at 10:00 a.m.



County of Los Angeles
Department of Health Services



EMERGENCY MEDICAL SERVICES COMMISSION
PROVIDER AGENCY ADVISORY COMMITTEE

MINUTES

Wednesday, October 21, 2015

MEMBERSHIP / ATTENDANCE

MEMBERS

- ☐ David Austin, Chair
- ☒ Robert Barnes, Vice-Chair
- ☐ Jon Thompson, Commissioner
- ☐ Clayton Kazan, MD, Commissioner
- ☐ Jodi Nevandro
 - ☒ Sean Stokes
- ☒ Kevin Klar
 - ☒ Scott Salhus
 - ☒ Victoria Hernandez
- ☒ Ken Leasure
 - ☐ Susan Hayward
- ☐ Bob Yellen
 - ☐ Richard Roman
- ☒ Dwayne Preston
 - ☒ Joanne Dolan
- ☒ Brian Hudson
 - ☒ Michael Murrey
- ☒ Jeffrey Elder
 - ☒ Douglas Zabitski
- ☒ Brandon Greene
 - ☐ Jesus Cardoza
- ☒ Ryan Burgess
 - ☐ Alina Chandal
- ☒ Todd Tucker
 - ☐ James Michael
- ☒ Maurice Guillen
 - ☒ Scott Buck
- ☐ Marc Eckstein, MD
 - ☐ Stephen Shea, MD
- ☒ Diane Baker
 - ☐ Vacant

ORGANIZATION

- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- EMSC, Commissioner
- Area A
- Area A Alt (Rep to Med Council, Alt)
- Area B
- Area B, Alt.
- Area B Alt. (Rep to Med Council)
- Area C
- Area C, Alt
- Area E
- Area E, Alt.
- Area F
- Area F, Alt.
- Area G (Rep to BHAC)
- Area G, Alt. (Rep to BHAC, Alt.)
- Area H (Rep to DAC)
- Area H, Alt.
- Employed EMT-P Coordinator (LACAA)
- Employed EMT-P Coordinator, Alt. (LACAA)
- Prehospital Care Coordinator (BHAC)
- Prehospital Care Coordinator, Alt. (BHAC)
- Public Sector Paramedic (LAAFCFA)
- Public Sector Paramedic, Alt. (LAAFCFA)
- Private Sector EMT-P (LACAA)
- Private Sector EMT-P, Alt. (LACAA)
- Provider Agency Medical Director (Med Council)
- Provider Agency Medical Director, Alt. (Med Council)
- Private Sector Nurse Staffed Ambulance Program (LACAA)
- Private Sector Nurse Staffed Ambulance Program, Alt (LACAA)

EMS AGENCY STAFF PRESENT

- | | |
|--------------------|-------------------|
| Nichole Bosson, MD | Richard Tadeo |
| Mark Ferguson | Carolyn Naylor |
| Stephanie Raby | Karen Rodgers |
| Phillip Santos | John Telmos |
| David Wells | Michelle Williams |
| Sara Kranke | Christine Zaiser |
| Gary Watson | |

OTHER ATTENDEES

- | | |
|------------------|--------------------|
| Al Flores | LAFD |
| Evie Anguiano | LACoFD |
| Mike Barillo | Pasadena FD |
| Scott Martinez | El Segundo FD |
| Ron Pelham | Monrovia FD |
| Mike Thompson | La Verne FD |
| Catherine Faust | Med Response Amb |
| Paul Pearson | Med Response Amb |
| Nicole Steeneken | LACoFD |
| William Captell | Impulse Amb |
| Rocky Allen | Mercy Air Amb |
| Dan France | Montebello FD |
| Robert Ower | LACAA |
| Mike Boyd | Manhattan Beach FD |
| Laura Santana | Liberty Amb |

LACAA – Los Angeles County Ambulance Association * LAAFCFA – Los Angeles Area Fire Chiefs Association * BHAC – Base Hospital Advisory Committee * DAC – Data Advisory Committee

CALL TO ORDER: Vice-Chair, Commissioner Robert Barnes called meeting to order at 1:05 p.m.

1. APPROVAL OF MINUTES (Preston/Hudson) August 19, 2015 minutes were approved.

2. INTRODUCTIONS / ANNOUNCEMENTS

2.1 Posting of Policy Updates (Richard Tadeo)

Policy revisions/updates will be posted on the EMS Agency's webpage on a quarterly basis instead of three times per year. There were no objections from the Committee.

2.2 Area H – New Representative (Jeff Elder)

Corey Rose, BC (LAFD) will be replacing Jeff Elder as Area H Representative effective November 1, 2015.

2.3 Duo-Dote Exchange / LAC+USC Pharmacy (John Telmos)

- Duo-Dote - One-for-one exchange is taking place today, prior to and after this Committee meeting. This exchange is only for providers who originally received their Duo-Dotes from the EMS Agency. Those who are unable to participate in today's exchange, may contact John Ospital at (562) 903-7069 to make other arrangements.
- LAC+USC Pharmacy – There are upcoming changes to the process for those receiving controlled substances from the pharmacy at LAC+USC Medical Center. There will be a meeting on Monday, October 26, 2015 at the EMS Agency for those providers who receive controlled substances from LAC-USC pharmacy. Contact John Telmos at (562) 347-1677 if you have questions.

3. REPORTS & UPDATES

3.1 EMS Update 2016 (Richard Tadeo)

- On-line training will not be available; however, there will be regional training centers formed to provide training to the “train-the trainer” sessions.
- EMS Update 2016 workgroup was formed and will be reviewing the following as possible educational topics: provider impression vs. dispatch complaints, pediatric cardiac arrests, IVAD, PCR documentation, review of surge policies, infectious diseases, needle thoracostomy, and hemostatic dressings.

4. UNFINISHED BUSINESS

4.1 Reference No. 1244, Treatment Protocol: Chest Pain (Richard Tadeo)

Policy will be removed from the agenda until reviewed by EMS Agency's internal policy committee.

Retracted Reference No. 1244, Treatment Protocol: Chest Pain.

4.2 Reference No. 453.1, Ambulance Licensing Enforcement Officers (Stephany Raby)

Policy withdrawn from Prehospital Care Manual.

M/S/C (Hernandez/Baker): Withdraw Reference No. 453.1, Ambulance Licensing Enforcement Officers.

5. NEW BUSINESS

5.1 Reference No. 521, Stroke Patient Destination (Carolyn Naylor)

Policy reviewed and approved as written.

M/S/C (Hudson/Greene): Approve Reference No. 521, Stroke Patient Destination.

5.2 Reference No. 620, EMS Quality Improvement (Gary Watson)

Policy reviewed and approved as written.

M/S/C (Preston/Hudson): Approve Reference No. 620, EMS Quality Improvement.

5.3 Reference No. 832, Treatment/Transport of Minors (Karen Rodgers)

Policy reviewed and approved with the following recommendation:

- DEFINITIONS: Minor not requiring parental consent is a person who is: move “2. Married or was previously married” to number 1.

6. OPEN DISCUSSION

6.1 Community Paramedicine – Update (Todd Tucker)

- Glendale Fire Department has been participating in the Alternate Transport Destinations (ALTrans) and Community Paramedic Effectiveness Strategies for Congestive Heart Failure (COMPARE) programs.
- Committee member announced that the programs are going well in Glendale. 22 patients have been enrolled in the COMPARE program and there has been 14 home visits; all patients reported positive experience.

6.2 Wall-Time Report (Richard Tadeo)

- A report was recently sent out by the EMS Agency on provider “wall times”. After receiving feedback, it was discovered that data was not being transmitted to the EMS Agency by certain provider agencies electronic vendors. This issue is being reviewed and resolved.
- Providers are encouraged to remind their staff to document their wall times while waiting at their receiving facilities.

7. NEXT MEETING: December 16, 2015

8. ADJOURNMENT: Meeting adjourned at 1:25 p.m.

POLICY 4.1

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 312, Pediatric Liaison Nurse

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee			
		Base Hospital Advisory Committee			
		Data Advisory Committee			
		Education Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council			
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		Pediatric Advisory Committee	09/18/15	09/18/15	No
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Working Group			

* See attached **Summary of Comments Received**

SUBJECT: **PEDIATRIC LIAISON NURSE**

REFERENCE NO. 312

PURPOSE: To establish accountability for the oversight of the Emergency Department Approved for Pediatrics (EDAP) for Pediatrics Program according to the current standards as agreed by the participating hospital.

AUTHORITY: Emergency Medical Services Agency: EDAP Standards

DEFINITION:

Pediatric Liaison Nurse (PdLN): a nurse coordinator appointed by an EDAP hospital to coordinate the activities required by the EDAP Standards for pediatric emergency care.

I. QUALIFICATIONS:

- A. Licensed as a Registered Nurse (RN) in the State of California.
- B. At least two years of experience working in pediatrics, or in an Emergency Department (ED) that provides care for pediatric patients, within the previous five years.
- C. Current Pediatric Advanced Life Support (PALS) provider or instructor.
- D. Completion of a two-day pediatric emergency course with topics pre-approved by the EMS Agency that provides knowledge about the acutely ill and injured child, and a minimum of 14 hours of continuing education within the last four years.
- E. Completion of seven hours of pediatric continuing education (CE) approved by the Board of Registered Nursing (BRN) every two years.

II. RESPONSIBILITIES:

- A. Collaborates with the EDAP Medical Director, ED Nurse Manager/Director, and Designated Pediatric Consultant to ensure compliance with the EDAP Standards, EDAP Agreement, and policies and procedures established by the EMS Agency.
- B. Implement and monitor the EDAP quality improvement program to include data collection and reporting as per Reference 620, EMS Quality Improvement Program.
- C. Serves as a liaison and maintains effective lines of communication with:
 - 1. ED management, physicians and personnel.
 - 2. Hospital pediatric management, physicians, and personnel.
 - 3. Paramedic base hospital personnel.

EFFECTIVE: 01-01-16
REVISED: NEW
SUPERSEDES: NEW

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APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

4. System PdLNs.
 5. Prehospital care coordinators as needed to follow up with pediatric treatment/transport concerns.
 6. Prehospital care providers as needed to follow up with pediatric treatment and/or transports concerns.
 7. EMS Agency
- D. Serves as the contact person for the EMS Agency and be available upon request to respond to County business.
- E. Monitor Pediatric Education:
1. Develop a mechanism to track and monitor pediatric continuing education for the ED staff.
 2. Maintain continuing education documentation, to be readily available to the EMS Agency during the review process.
- F. Committee Participation: The EMS Agency Pediatric Advisory Committee meets quarterly on the second Tuesday (March, June, September, and December) to address pediatric care issues related to prehospital care. Committee members are appointed, to ensure the five EDAP regions are represented. For non-committee member PdLNs, attendance is highly encouraged.

CROSS REFERENCE:Prehospital Care Manual:

Ref. No. 620, EMS Quality Improvement Program
Ref. No. 621, Notification of Personnel Change
Ref. No. 621.1, Notification of Personnel Change

POLICY 4.2

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 521, Stroke Patient Destination

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	10/21/15	10/21/15	No
		Base Hospital Advisory Committee	10/14/15	10/14/15	No
		Data Advisory Committee			
		Education Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council			
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		Pediatric Advisory Committee			
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Working Group			

* See attached **Summary of Comments Received**

SUBJECT: **STROKE PATIENT DESTINATION**

PURPOSE: To provide guidelines for transporting suspected stroke patients to the most accessible facility appropriate to their needs.

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

DEFINITIONS:

Approved Stroke Center (ASC): A 9-1-1 receiving hospital that has met the standards of a Center for Medicaid & Medicare Services (CMS) approved accreditation body as a Primary Stroke Center and has been approved as a Stroke Center by the Los Angeles (LA) County Emergency Medical Services (EMS) Agency.

Modified Los Angeles Prehospital Stroke Screen (mLAPSS): A screening tool utilized by prehospital care providers to assist in identifying patients who may be having a stroke.

Modified LAPSS criteria:

1. Symptom duration less than **26** hours
2. No history of seizures or epilepsy
3. Age \geq 40
4. At baseline, patient is not wheelchair bound or bedridden
5. Blood glucose between 60 and 400 mg/dL
6. Motor Exam: Examine for obvious asymmetry-unilateral weakness (exam is positive if one or more of the following are present)
 - a. Facial Smile/Grimace
 - b. Grip
 - c. Arm Strength

Local Neurological Signs: Signs that may indicate an irritation in the nervous system such as a stroke or lesion. These signs include: speech disturbances, altered level of consciousness, paresthesias, new onset seizures, dizziness, unilateral weakness, and visual disturbances.

PRINCIPLES:

1. Patients experiencing a stroke should be transported to the most accessible facility appropriate to their needs. This determination will be made by the base hospital physician or Mobile Intensive Care Nurse after consideration of the guidelines established in this policy. Final authority for patient destination rests with the base hospital handling the call or SFTP provider functioning under protocols.
2. Basic Life Support units shall call an Advanced Life Support unit for suspected stroke patients as outlined in Reference No. 808, Base Hospital Contact and Transport Criteria-Section I.

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REVISED: ~~02-28-15~~XX-XX-XX
SUPERSEDES: ~~04-01-10~~02-28-15

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APPROVED:

Director, EMS Agency

Medical Director, EMS Agency

3. In all cases, the health and well being of the patient is the overriding consideration in determining patient destination. Factors to be considered include: severity and stability of the patient's condition; anticipation of transport time; available transport resources; and request by the patient, family, guardian or physician.

POLICY:**I. Responsibility of the Provider Agency**

- A. Perform a mLAPSS for patients exhibiting local neurological signs or symptoms of a possible stroke.
- B. Transport the patient to the nearest ASC if mLAPSS screening criteria are met.

Note: SFTP providers are responsible for assuring the ASC is notified of the patient's pending arrival and contacting the base hospital to provide minimal patient information, including the results of the mLAPSS, last known well date and time, and patient destination. Base contact may be performed after the transfer of care if the receiving ASC is not the base hospital.

- C. Document the results of mLAPSS and last known well time in designated area on the EMS Report Form or electronic patient care report (ePCR).
- D. In order to ensure that proper consent for treatment can be obtained by hospital personnel, if possible, document the name and contact information of the family member, caregiver, or witness who can help verify the patient's last known well time in the Comments area of the EMS Report Form or ePCR. When practical, transport the witness with the patient.

II. Responsibility of the Base Hospital

- A. Provide medical direction and destination for all patients who meet mLAPSS criteria or have symptoms strongly suggestive of a stroke.
- B. Determine patient destination via the ReddiNet® system.
- C. Notify the receiving ASC if the base hospital is not the patient's destination.
- D. Document the results of mLAPSS and last known well time in designated area on the Base Hospital Form.
- E. Prompt prehospital care personnel to obtain and document witness contact information on the EMS Report Form or ePCR.

III. Responsibility of the ASC

- A. Provide services 24 hours a day/7 days a week for stroke patients as required for Primary Stroke Center certification.
- B. Diversion of stroke patients is allowed only for internal disaster.

IV. Transportation of Stroke Patients to an ASC

- A. All suspected stroke patients shall be transported to the most accessible ASC if ground transport is 30 minutes or less regardless of service area rules and/or considerations.
- B. If ground transport time to an ASC is greater than the maximum allowable time of 30 minutes, the patient shall be transported to the most accessible receiving facility.

CROSS REFERENCES:

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. 808, **Base Hospital Contact and Transport Criteria**
Ref. No. 1200, **Treatment Protocols**
Ref. No. 1251, **Stroke/Acute Neurological Deficits**

Centers for Medicare & Medicaid Services, www.cms.gov

POLICY 4.3

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: POLICY REVIEW SUMMARY BY COMMITTEE

Reference No. 620, EMS Quality Improvement Program

		Committee/Group	Date Assigned	Approval Date	Comments* (Y if yes)
EMS ADVISORY COMMITTEES		Provider Agency Advisory Committee	10/21/15	10/21/15	No
		Base Hospital Advisory Committee	10/14/15	10/14/15	No
		Data Advisory Committee			
		Education Advisory Committee			
OTHER COMMITTEES/RESOURCES		Medical Council	09/08/15	09/08/15	No
		Trauma Hospital Advisory Committee			
		Ambulance Advisory Board			
		Pediatric Advisory Committee	09/08/15	09/08/15	No
		EMS QI Committee			
		Hospital Association of So California			
		County Counsel			
		Working Group			

* See attached **Summary of Comments Received**

SUBJECT: **EMS QUALITY IMPROVEMENT PROGRAM**

REFERENCE NO. 620

PURPOSE: To establish a process for the Los Angeles County Emergency Medical Services (EMS) Agency and system participants to evaluate the EMS system to ensure safety and continued improvement in prehospital patient care delivery.

AUTHORITY: California Code of Regulations, Title 22, Chapter 12
Health and Safety Code Division 2.5
California Evidence Code, Section 1157.7
California Civil Code Part 2.6, Section 56

DEFINITIONS:

Indicator: A well-defined, objective, measurable, and important aspect of care.

Important Aspects of Care: Patient care activities that are of greatest significance to the quality of patient care. These include activities that are high in volume, high risk, and/or problem prone for patients and/or healthcare providers.

Periodic Review: A re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.

Quality Improvement (QI): The analysis of performance and systematic effort to improve it.

System Participant: For the purposes of this policy, a system participant is any prehospital care provider or entity required by law, regulation, agreement, or policy to develop and maintain a QI program consistent with state and local requirements.

Threshold: A pre-established level of performance related to a specific indicator.

Technical Advisory Group (TAG): A group of EMS system participants (stakeholders) that assist in the implementation of the QI process.

Unusual Occurrence: An unexpected event that has impacted or could potentially impact the routine safe delivery of care.

PRINCIPLES:

1. An EMS QI program is an essential component of an effective EMS system capable of providing quality patient care and achieving system performance goals. ~~Each system participant shall develop and maintain a QI program consistent with state and local requirements.~~
2. Key components of an EMS QI program include:
 - a. Personnel

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SUPERSEDES: 10-05-06

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APPROVED: _____
Director, EMS Agency

Medical Director, EMS Agency

- b. Equipment and Supplies
 - c. Documentation
 - d. Clinical Care/Patient Outcome
 - e. Skills Maintenance/Competency
 - f. Transportation/Facilities
 - g. Risk Management
 - h. Public Education/Prevention
3. EMS organizations become valuable stakeholders in the State QI program by participating in the local EMS Agency QI program.
4. Randomized data sampling may be utilized to measure an indicator or monitor performance. However, to obtain meaningful data that is representative of the study population, factors such as the population affected, the frequency of the activity, and the severity of consequence when thresholds are not met, must all be considered when determining the size and population of data samples.

POLICY:**I. EMS Agency Responsibilities:**

- A. Implement a state-approved EMS QI plan consistent with all regulatory requirements.
- B. Review QI programs and approve QI plans of local EMS system participants.
- C. Maintain a systemwide QI program.

II. ~~EMS Provider Agency and Base Hospital~~ System Participant Responsibilities

- A. Implement and maintain a QI program approved by the EMS Agency that reflects the organization's current QI process(es).
- B. Demonstrate how EMS QI is integrated within the organization.
- C. Designate a representative to attend the relevant EMS Agency QI Committee meeting(s).
- D. Participate in systemwide QI studies, to include timely submission of requested data to the EMS Agency.
- E. Provide education, training, or other methods utilized to disseminate information (i.e., newsletters or posters) specific to findings identified in the QI process.
- F. Establish and maintain relationships with stakeholders (e.g., Technical Advisory Group) and, as needed, convene meetings to facilitate the QI process.
- G. Review the QI plan annually and update as needed. If there are no revisions, a signed copy of the QI plan signature page or written statement to that effect, along with a copy of the current QI indicators, may be submitted in lieu of the entire plan.

III. **Other Specified** Specialty Care Center Responsibilities:

- A. Participate in the EMS QI Program, to include collection and submission of data to the EMS Agency.

IV. QI Plan Requirements

Each QI plan shall include a description, at minimum, of the following components:

A. Organizational Structure

- 1. Mission statement and/or philosophy of the organization.
- 2. Goals and objectives.
- 3. Organizational chart or narrative description of how the QI program is integrated within the organization (include local stakeholder participation), EMS Agency QI Program, and State EMS QI Program.
- 4. Organizational chart or narrative description of how the organization's QI program is integrated with local and State QI programs

B. Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)

- F Find a process to improve
- O Organize an effort to work on improvement
- C Clarify current knowledge of the process
- U Understand process variation and capability
- S Select a strategy for further improvement

- P Plan a change or test aimed at improvement
- D Do – carry out the change or the test
- S Study the results, what was learned, what went wrong
- A Act – adopt the change, or abandon it, or run through the cycle again

C. Data Collection and Reporting

- 1. All reliable sources of information utilized in the QI process; including EMS databases, prehospital care records, checklists, customer input, direct observations, and skills simulation.
- 2. Flow of information.
- 3. Methods used to document QI findings.
- 4. Process used to submit data to the EMS Agency.

D. Training, education or methods that will be used to communicate relevant information among stakeholders.

V. QI Program Requirements

Each QI Program shall include, at minimum, the following:

- A. An approved QI Plan
- B. Develop a minimum of two QI indicators that relate to important aspects of care, to include the following:
 - 1. Well-defined description of the important aspect of care being measured.
 - 2. Threshold for compliance.
 - 3. Timeline for tracking indicator once the threshold has been achieved.
 - 4. Data source.
- C. Methods for tracking compliance and identifying trends.
- D. Written analysis that summarizes the QI findings.
- E. Corrective actions that may be taken to improve processes.
- F. Written trending report that includes effectiveness of performance improvement action plans.
- G. Education and training specific to findings identified in the QI process.
- H. Methods utilized for dissemination of the QI findings to stakeholders.
- I. Recognition and acknowledgment of performance improvement.
- J. Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.
- K. Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences.
- L. Record Keeping
 - 1. All QI records shall be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.
 - 2. The following records shall be maintained and available for review until the EMS Agency Program Review is concluded:
 - a. QI meeting minutes and attendance rosters/sign-in sheets.

- b. Attendance rosters/sign-in sheets for activities where QI findings and/or actions are discussed.
- c. QI indicator(s) data collection tools.
- d. Written summaries of the trending/analysis.
- e. Documentation of dissemination of QI findings to stakeholders.
- f. Dates and times of continuing education and skill training based on QI findings.
- g. Dates and times of remedial education or skills training, when provided.
- h. Non-indicator tracking tool for monitoring performance excellence, unusual occurrences or issues regarding non-compliance with current policies and procedures outside of QI activities.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 602, **Confidentiality of Patient Information**

Ref. No. 618, **EMS Quality Improvement Program Committees**

California EMS Authority, Quality Improvement Program Model Guidelines, 2005

Los Angeles County EMS Agency Quality Improvement Plan: ems.dhs.lacounty.gov/QI/QI/