



EMS SYSTEM REPORT

OCTOBER 1, 2016

ISSUE 5

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SPECIAL POINTS OF INTEREST:

- Mechanisms of Injury are in page 5
- ISS Blunt vs Penetrating Trauma are in pages 6-7
- EMS Scene Times are in pages 18-19

Message from the Director and Medical Director

We are dedicating this annual data report to the source of our data, the emergency medical technicians, paramedics, nurses, and registrars who begin the data collection process in the field and at the hospitals. In just the four years since our first report, we have seen significant improvements in the completeness and timeliness of the data submitted. This is primarily due to the increased number of 9-1-1 EMS provider agencies capturing and submitting their data through electronic patient care record (ePCR) software.



Cathy Chidester
Director

Publication of our data report has brought significant interest in EMS patient care from national and state entities, researchers and the Los Angeles County's Board of Supervisors (BOS). At the direction of the BOS, the EMS Agency has established a significant relationship with the Department of Public Health (DPH), who is using EMS system data

and is collaborating with the Trauma Centers on a DPH trauma prevention program. The trauma prevention program will be used to target resources to areas of Los Angeles with the greatest number of significant injuries.

Additionally, we are working with the fire department EMS programs to assist them in publishing data reports specific to their city's EMS program. We trust these reports demonstrate the value of each fire department publishing their own reports and working with their city leadership to focus on targeted prevention and improving the health of their community.



Dr. Marianne Gausche-Hill
Medical Director

As a system we are working with EMS provider agencies and ePCR vendors to systematically migrate our data collection to be compliant with the most recent version of the National EMS Information System (NEMSIS). The EMS Agency is also working to be able to submit our data to the state as requested by the EMS Authority.

2016 System Demographics

74 9-1-1 Receiving Hospitals

- 39 EDAP (Emergency Department Approved for Pediatrics)
- 10 Pediatric Medical Centers
- 7 Pediatric Trauma Centers
- 14 Trauma Centers
- 21 Paramedic Base Hospitals
- 35 STEMI Receiving Centers
- 44 Approved Stroke Centers
- 64 Perinatal Centers
- 41 Hospitals with Neonatal Intensive Care Unit
- 9 SART (Sexual Assault Response Team) Centers
- 13 Disaster Resource Centers

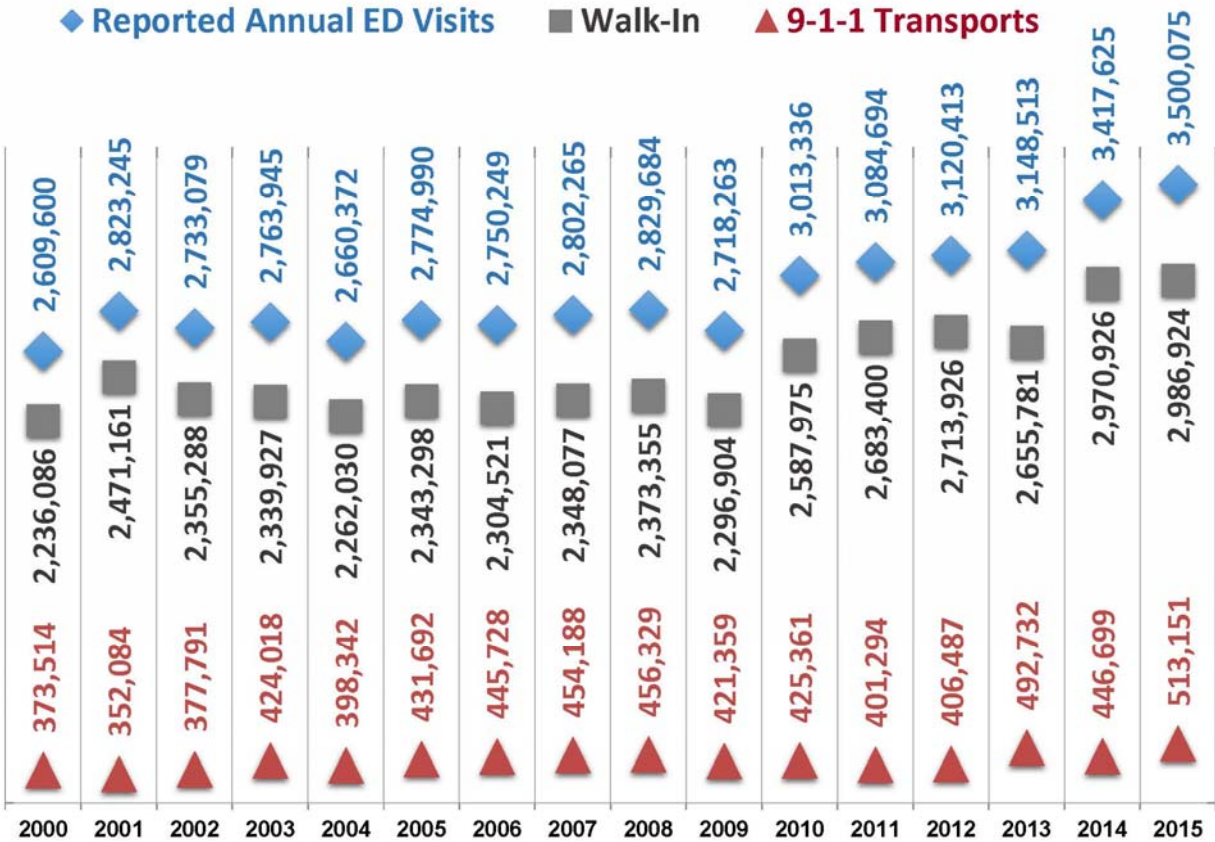
EMS Provider Agencies

- 32 Public Safety EMS Provider Agency
- 33 Licensed Basic Life Support Ambulance Operators
- 15 Licensed Advanced Life Support Ambulance Operators
- 18 Licensed Critical Care Transport Ambulance Operators
- 10 Licensed Ambulette Operators

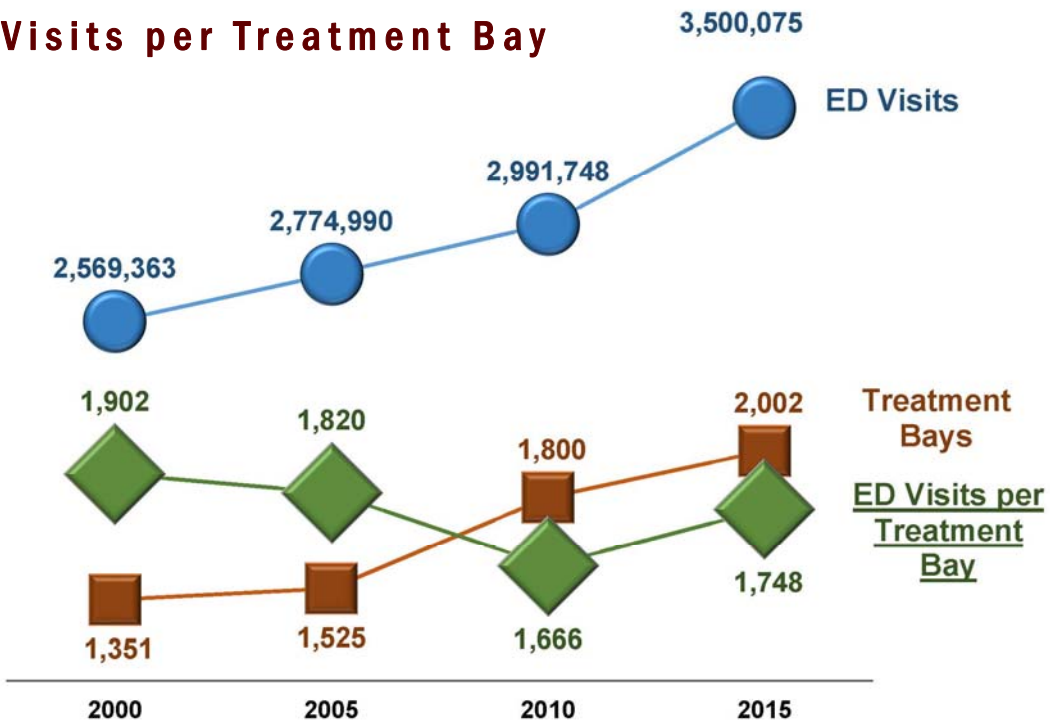
EMS Practitioners

- 3,917 Accredited Paramedics
- 7,880 Certified EMTs by LA Co EMS Agency
- 849 Certified Mobile Intensive Care Nurses

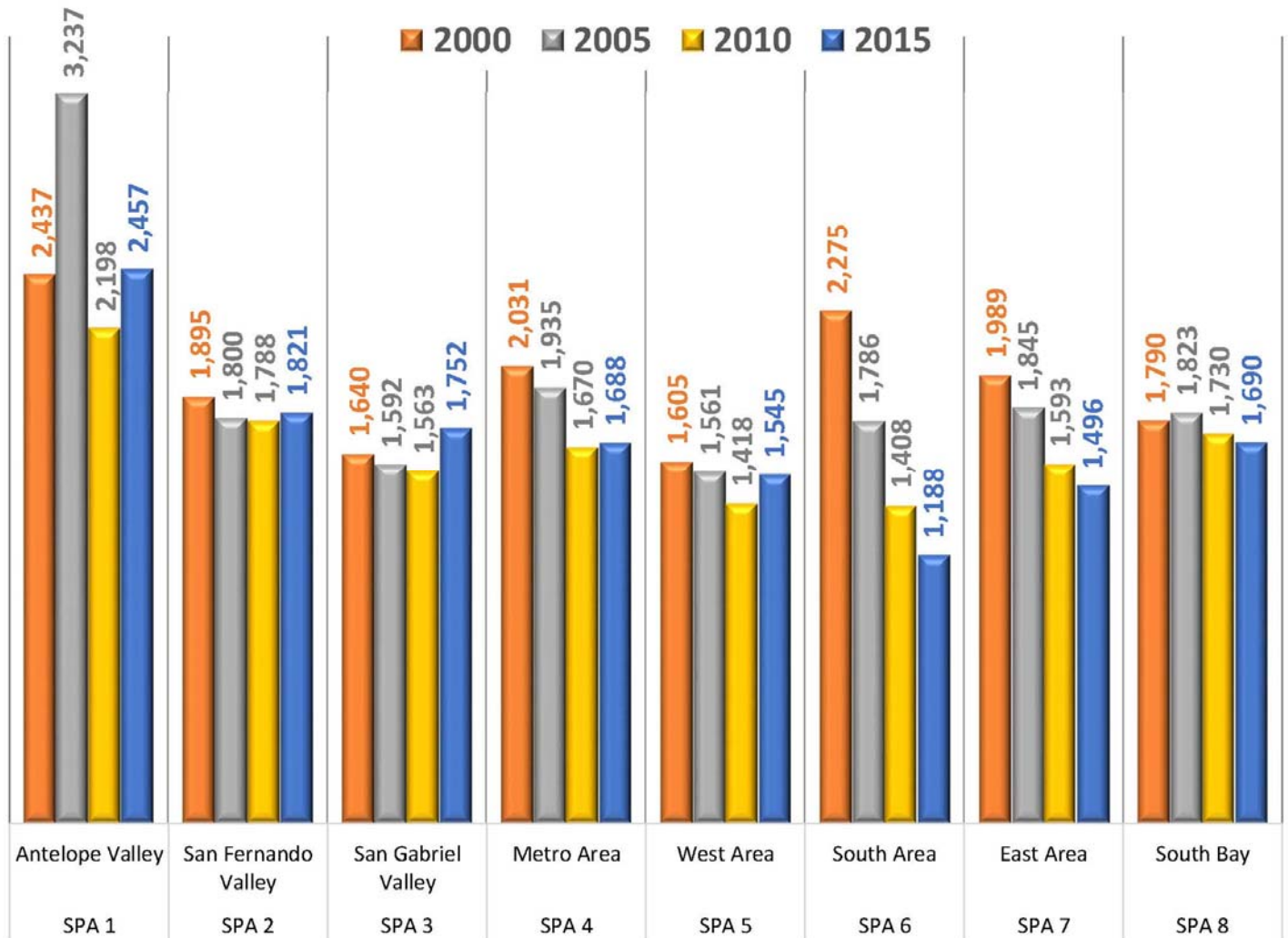
Emergency Department Volume



ED Visits per Treatment Bay



ED Visits per Treatment Bay by Service Planning Area (SPA)



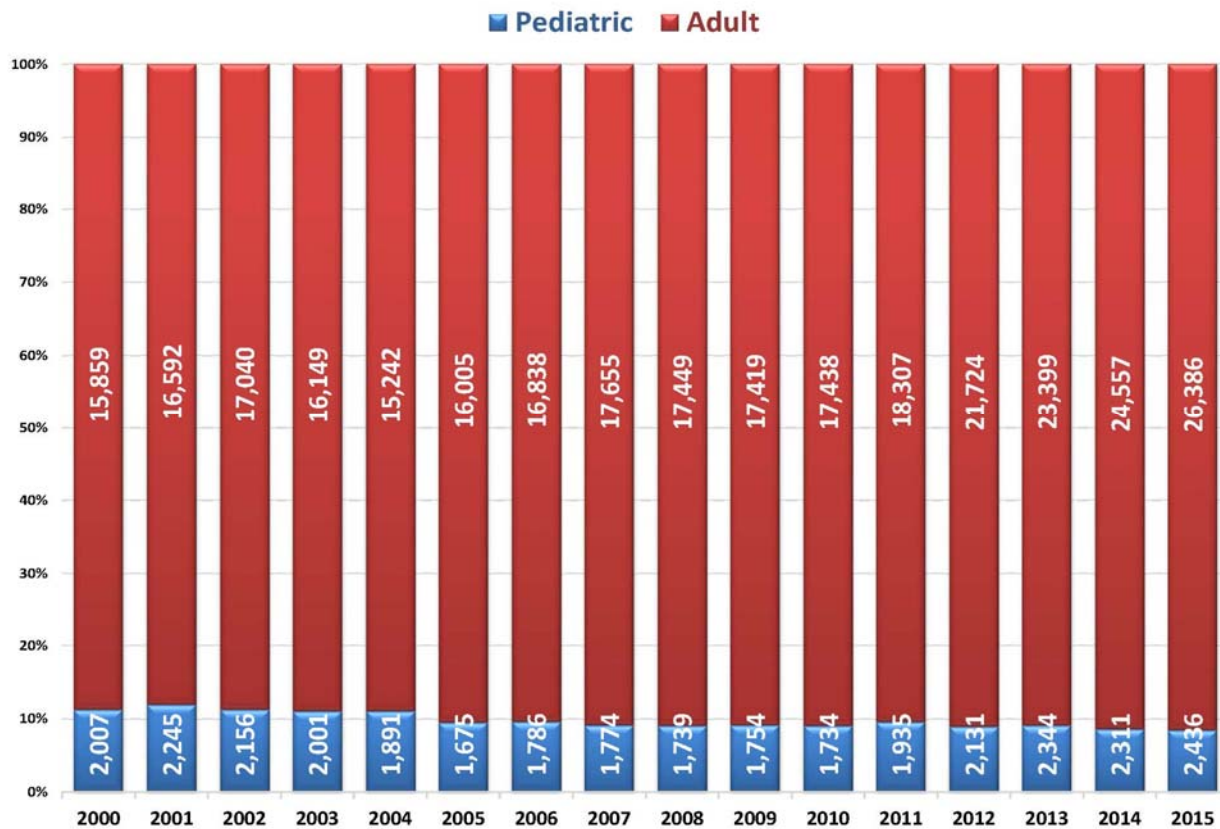
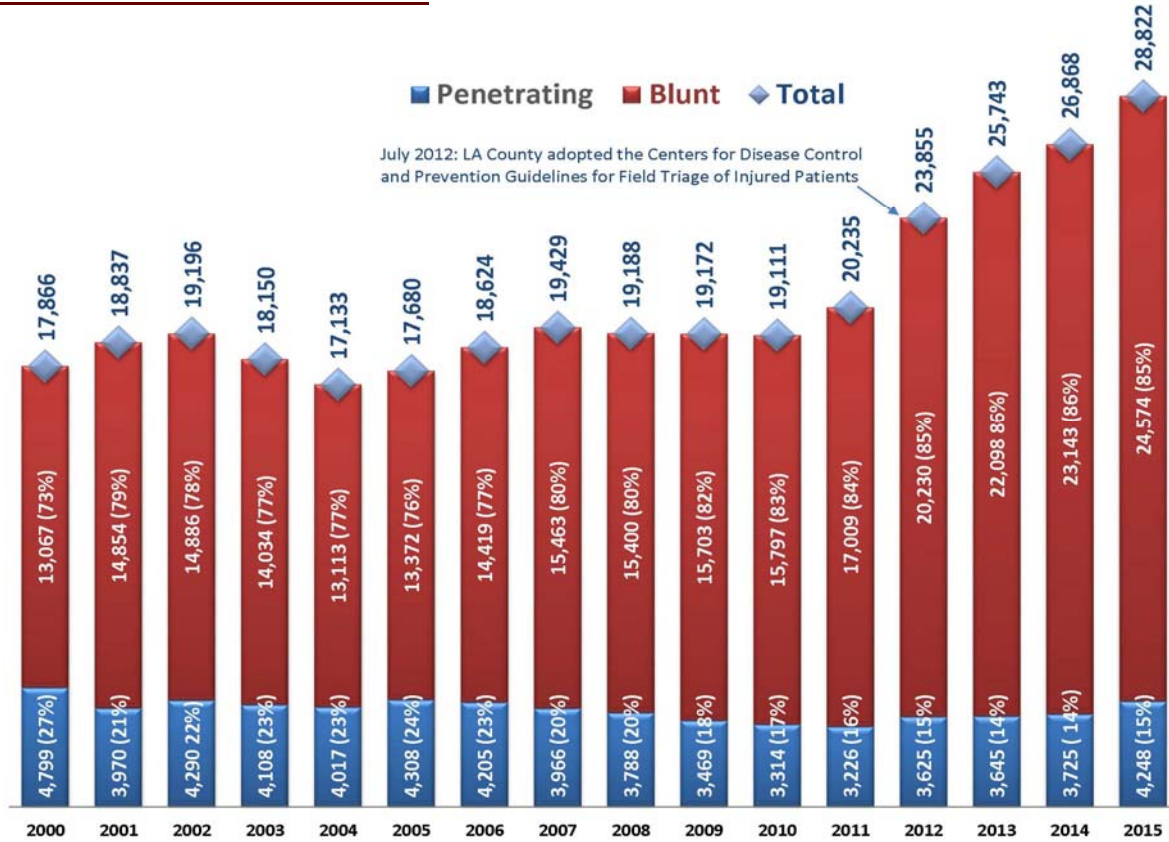
Canceled Helicopter EMS Trauma Transport (CY 2015)

Rationale for Cancellation	No. of Patients	Outcome	Avg Ground Transport Time
Did not require transport	4	n/a	n/a
Only required Basic Life Support Level of Care	1	lived	60 mins
Change in patient condition requiring ground transport	21	20 survived 1 expired	36 mins
TOTAL	26	21 survived 1 expired	36 mins



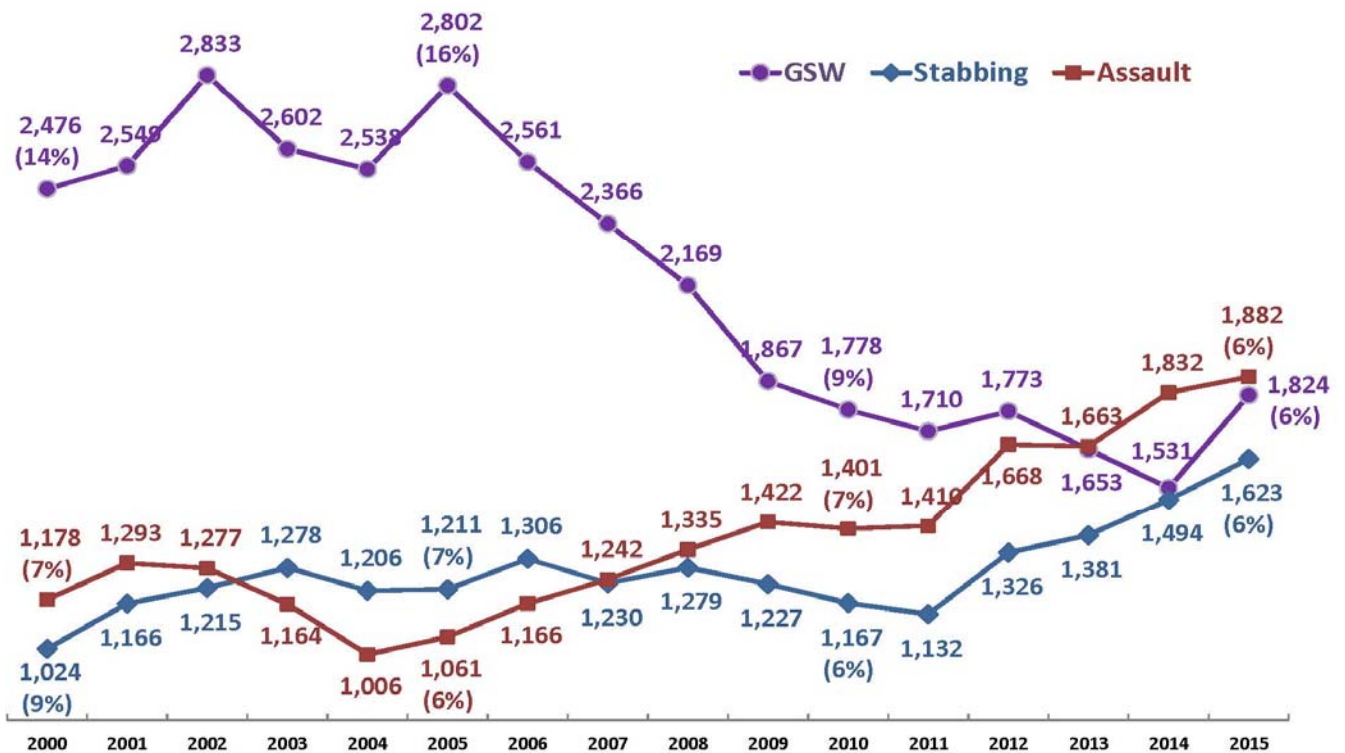
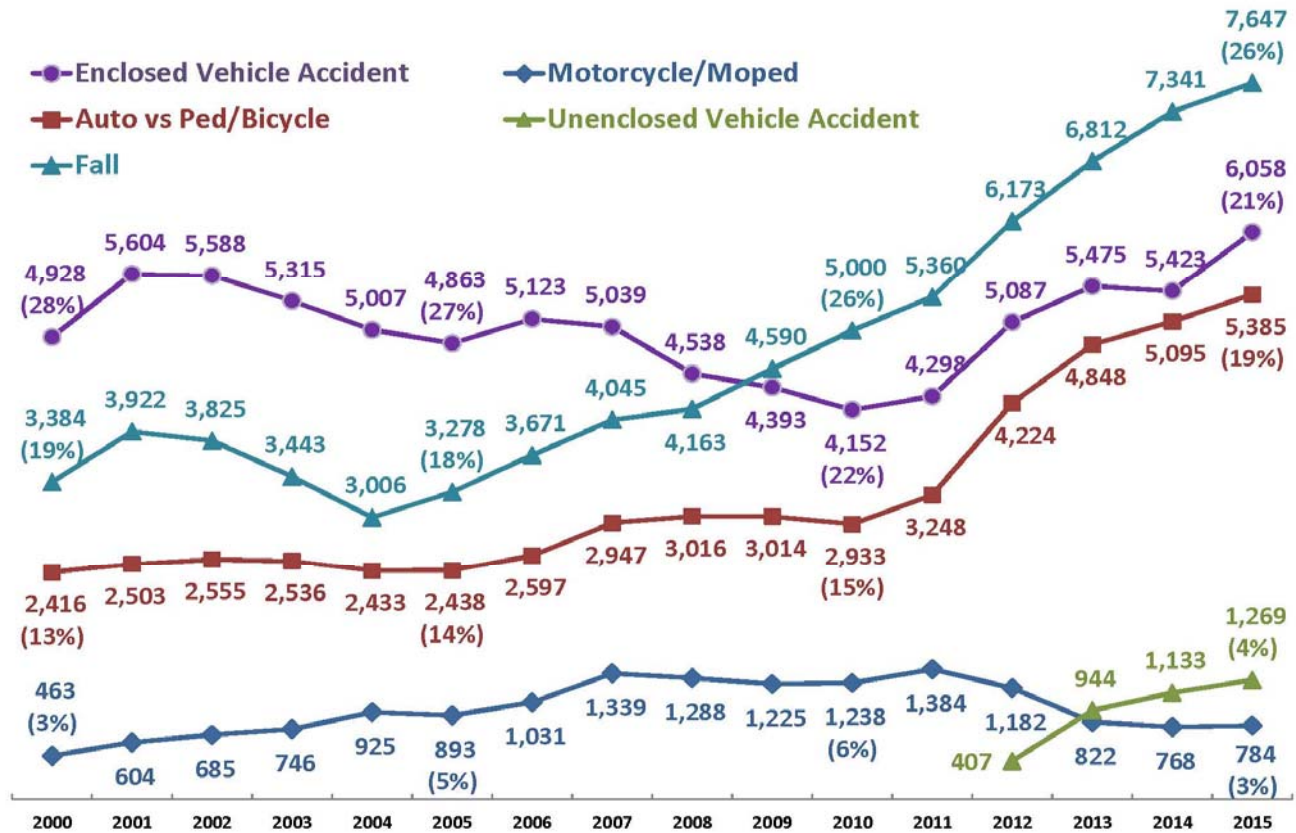


Trauma Center Volume



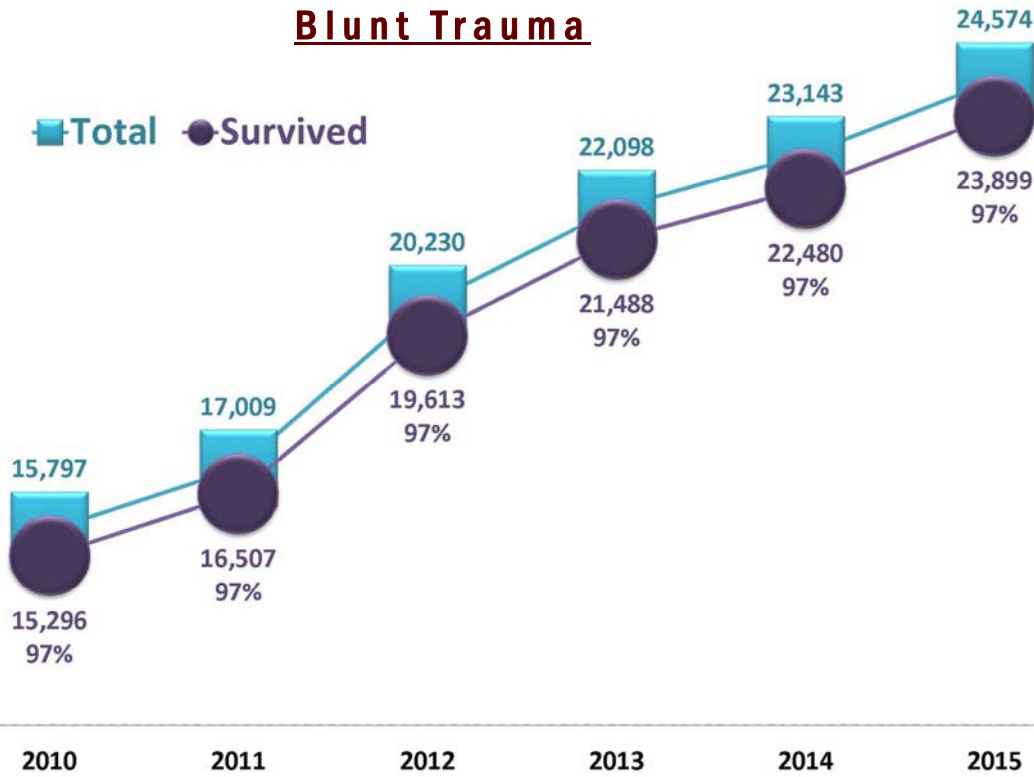


Mechanisms of Injury

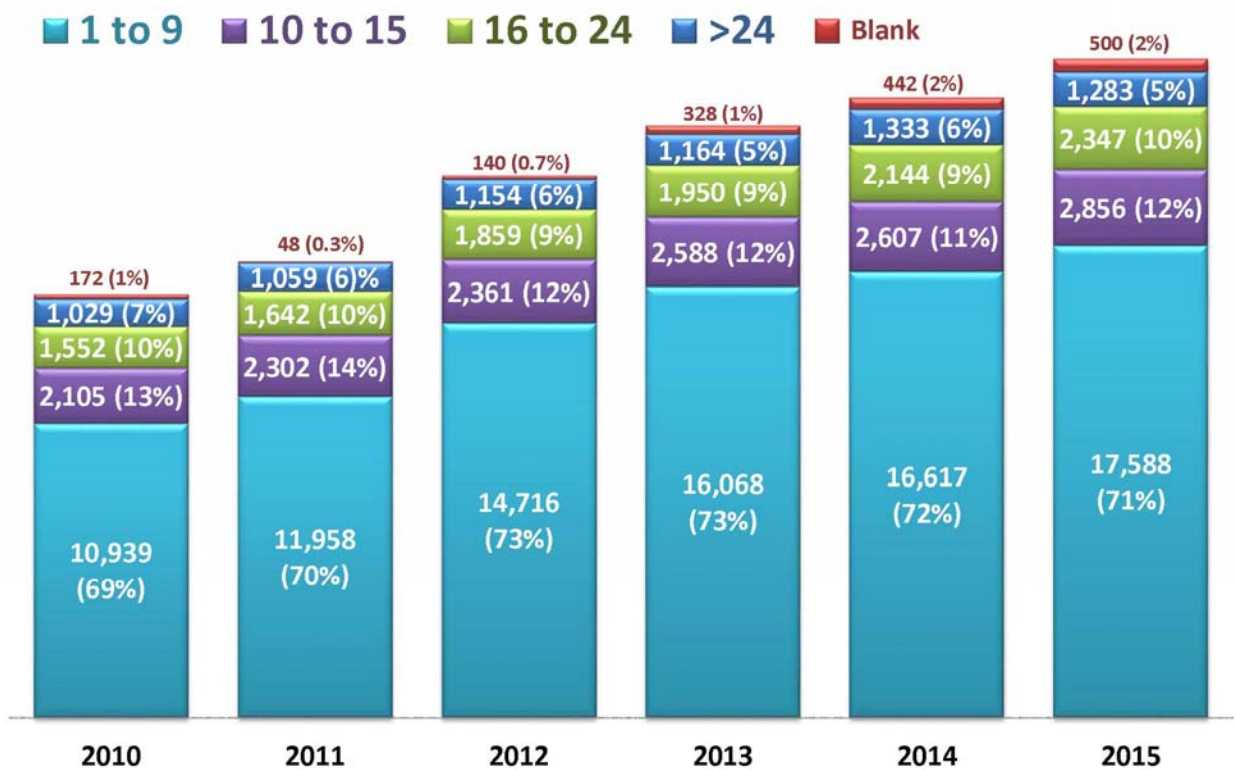




Blunt Trauma

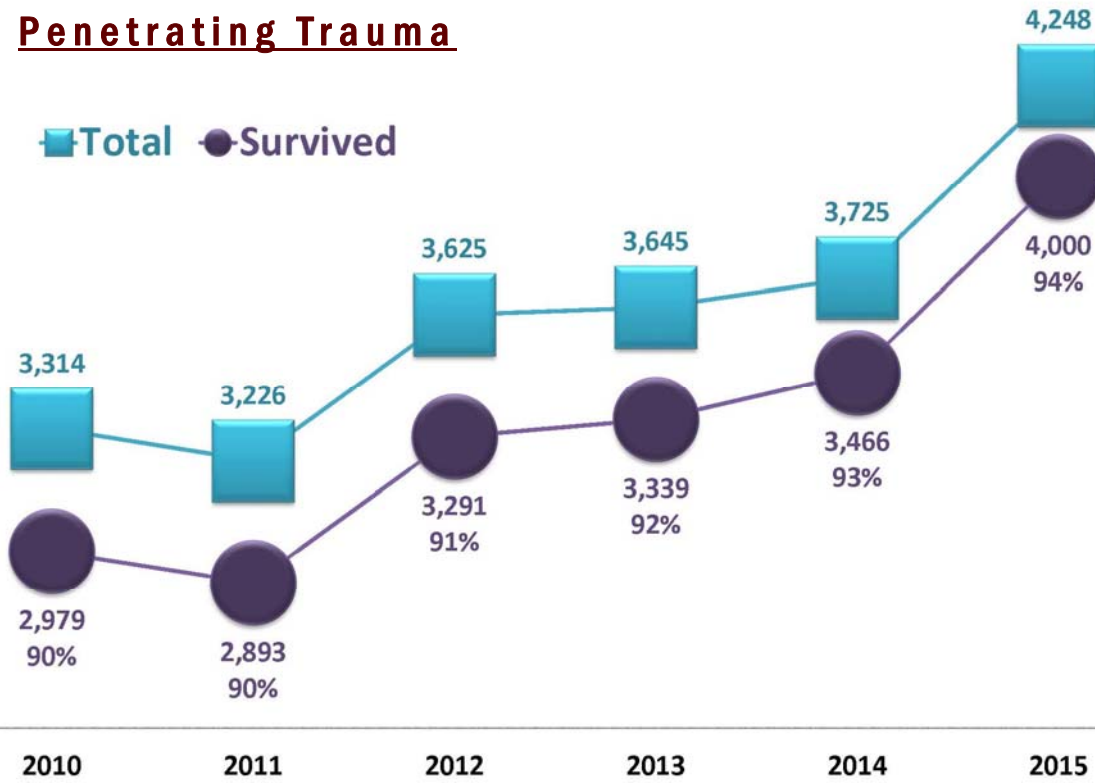


Injury Severity Score: Blunt Trauma

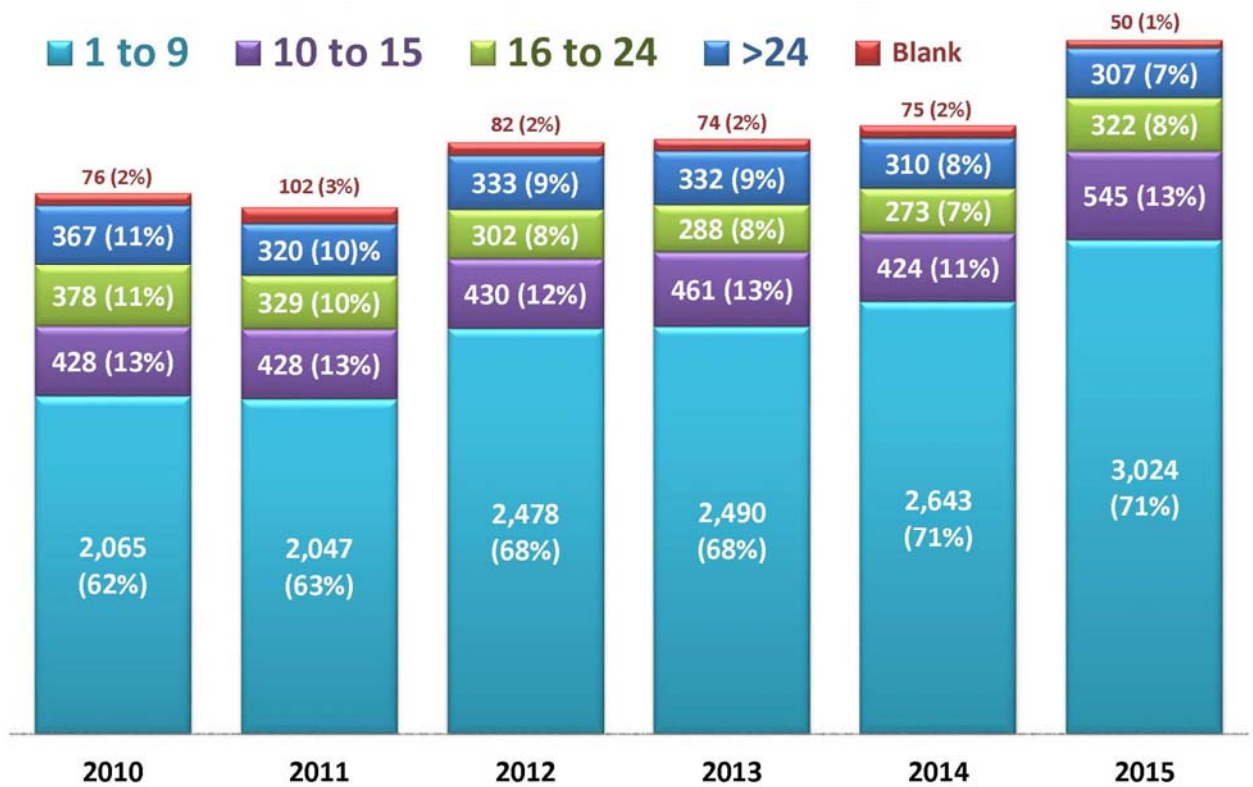




Penetrating Trauma

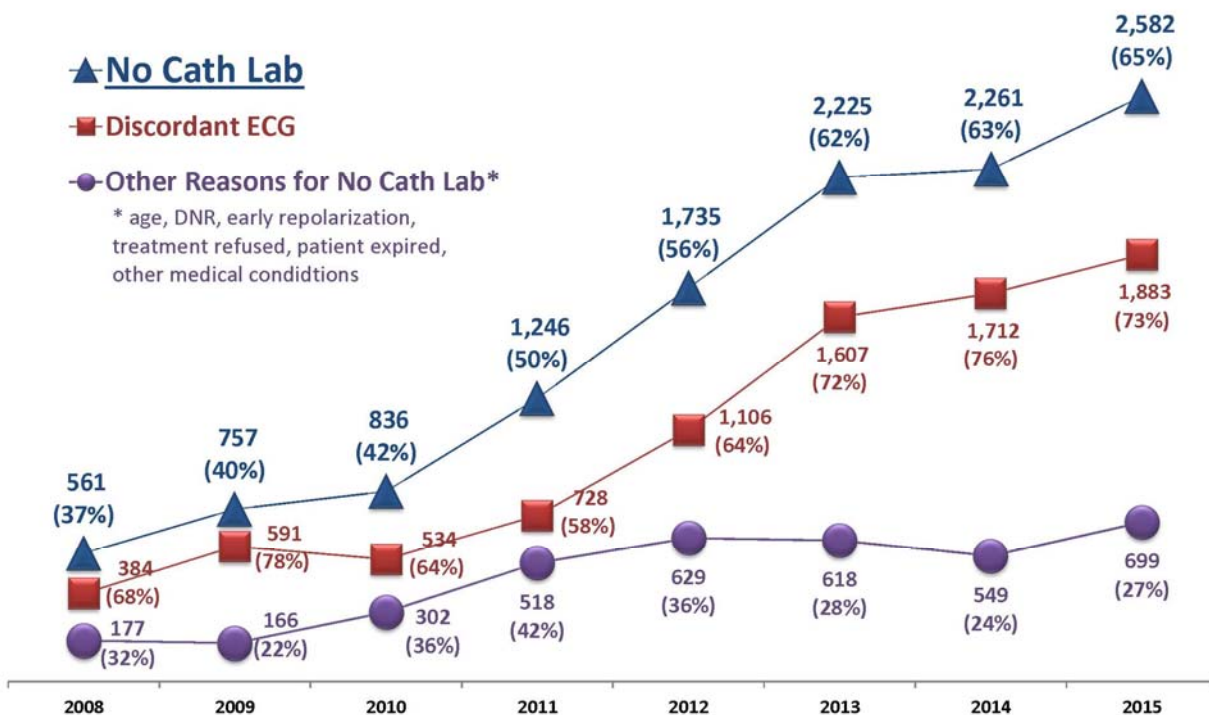
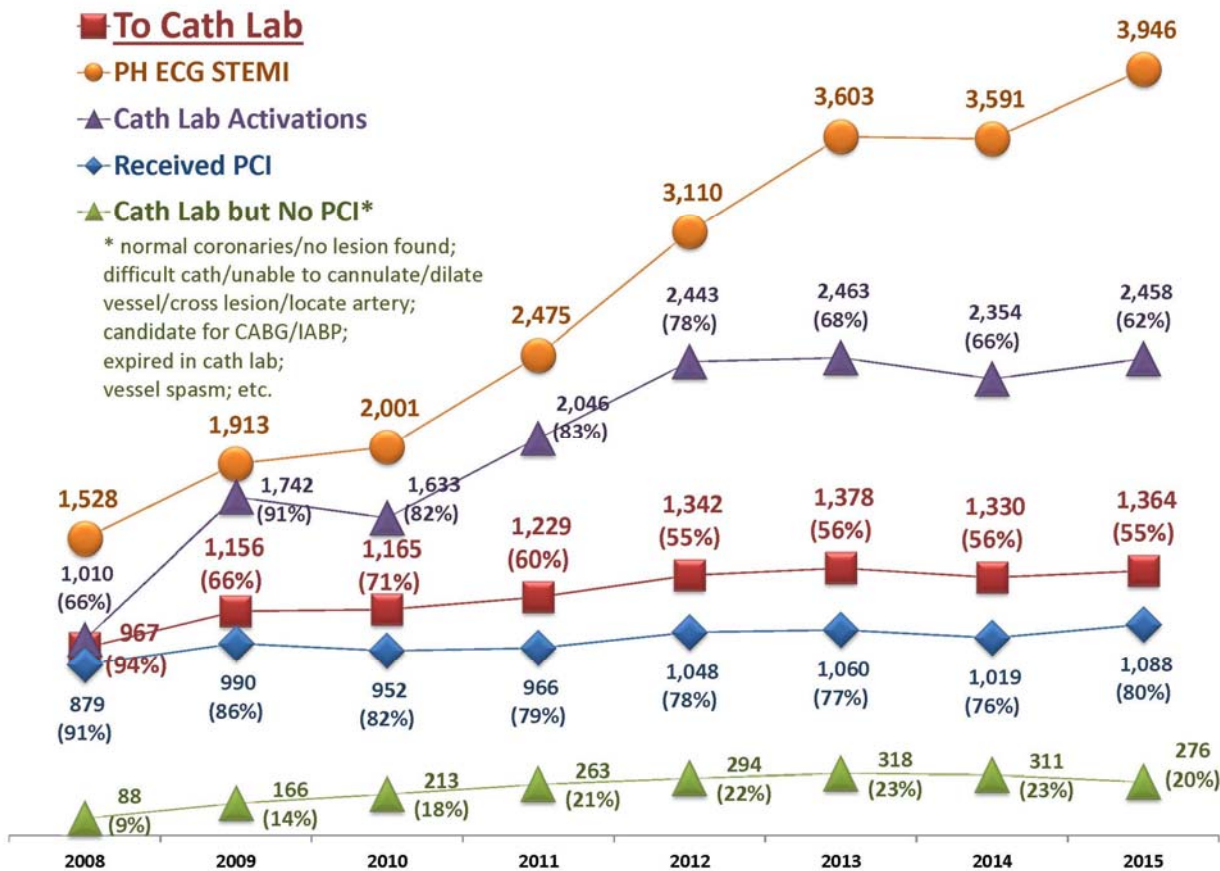


Injury Severity Score: Penetrating Trauma



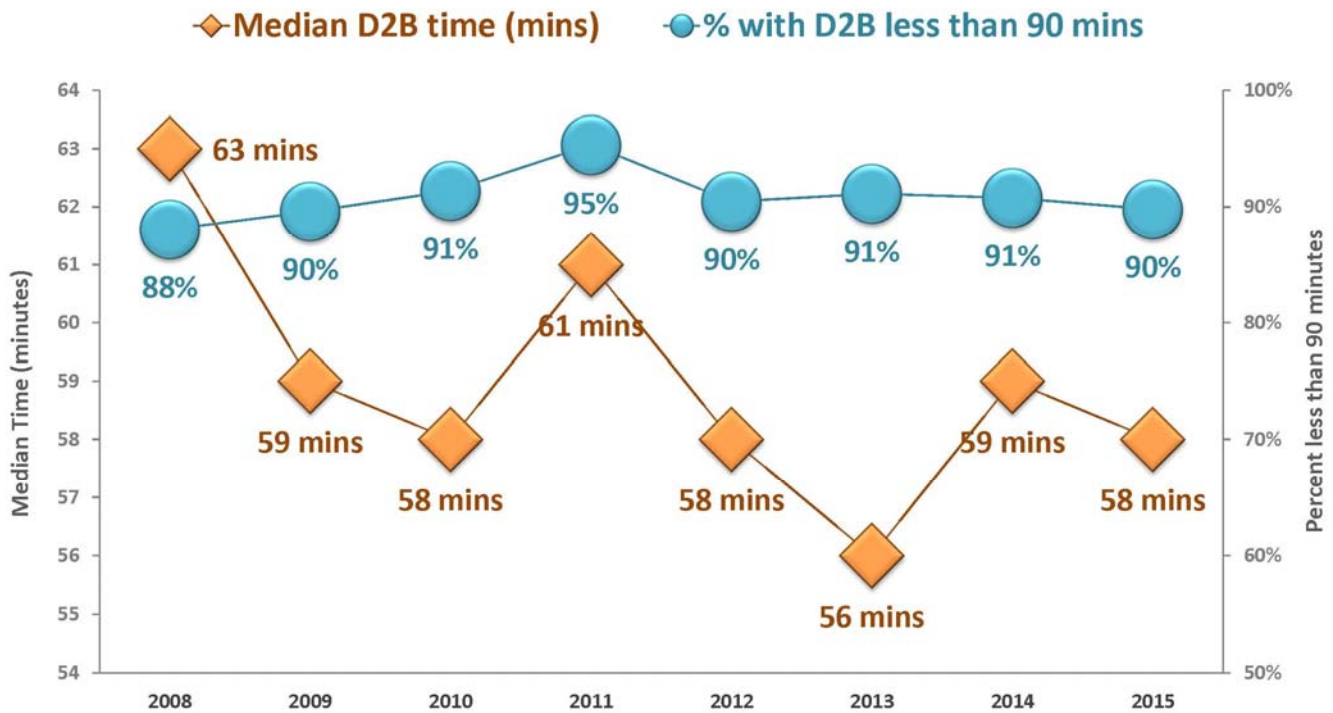


ST-Elevation Myocardial Infarction (STEMI) 9-1-1 Transports to STEMI Receiving Centers (SRC)

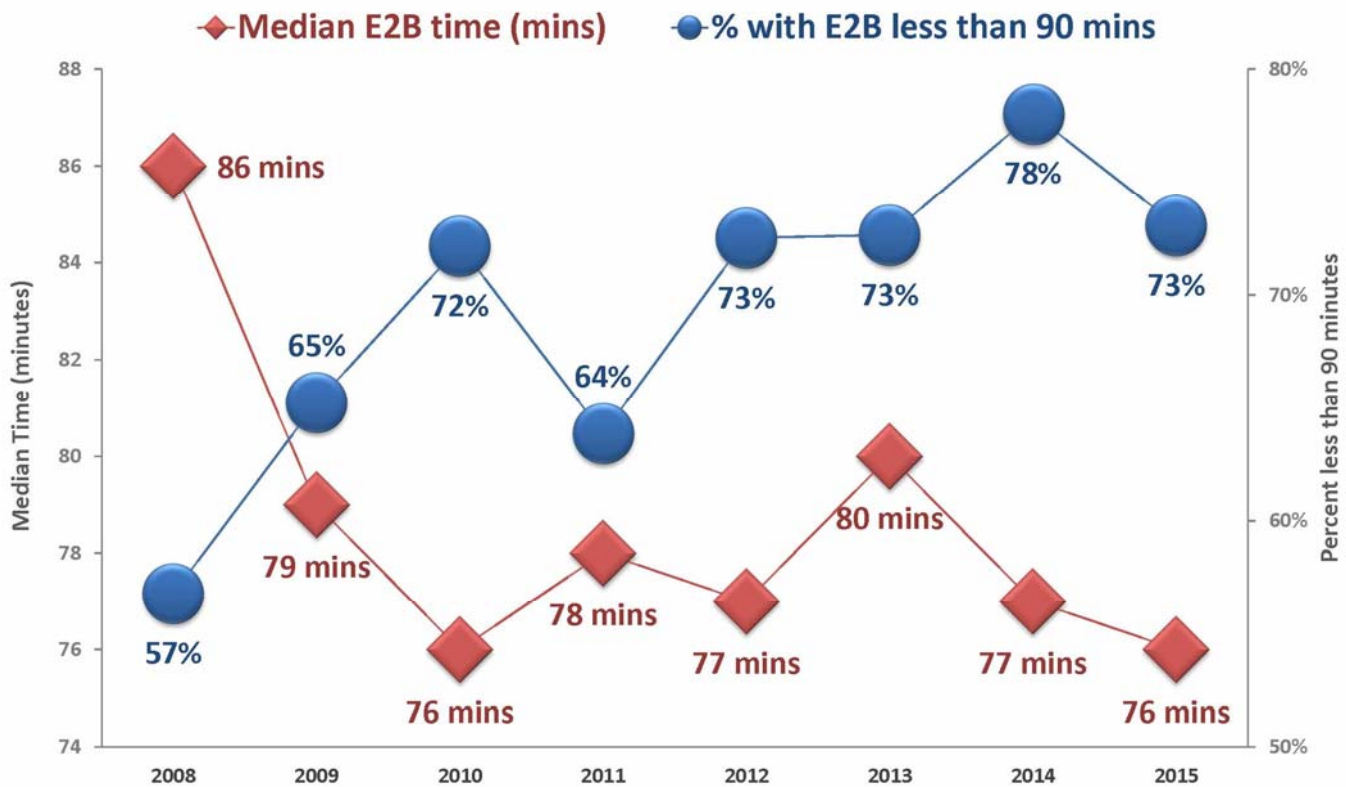




SRC: Door-to-Balloon (D2B) Time

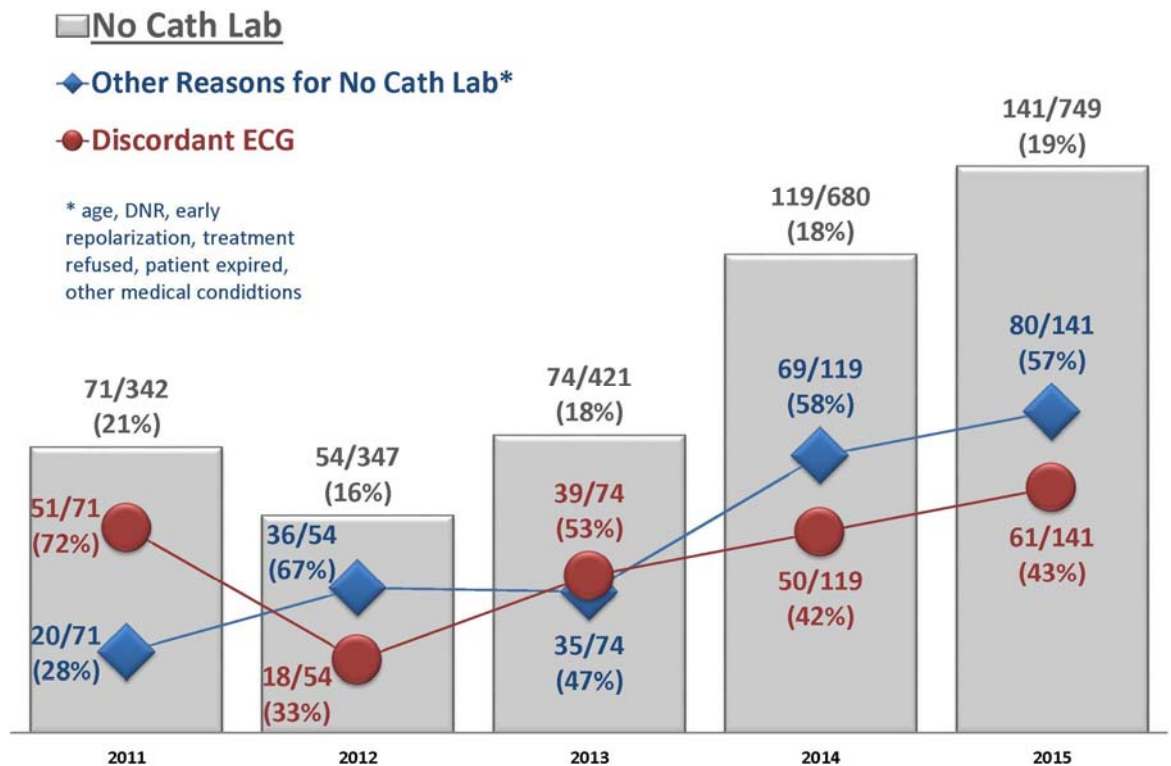
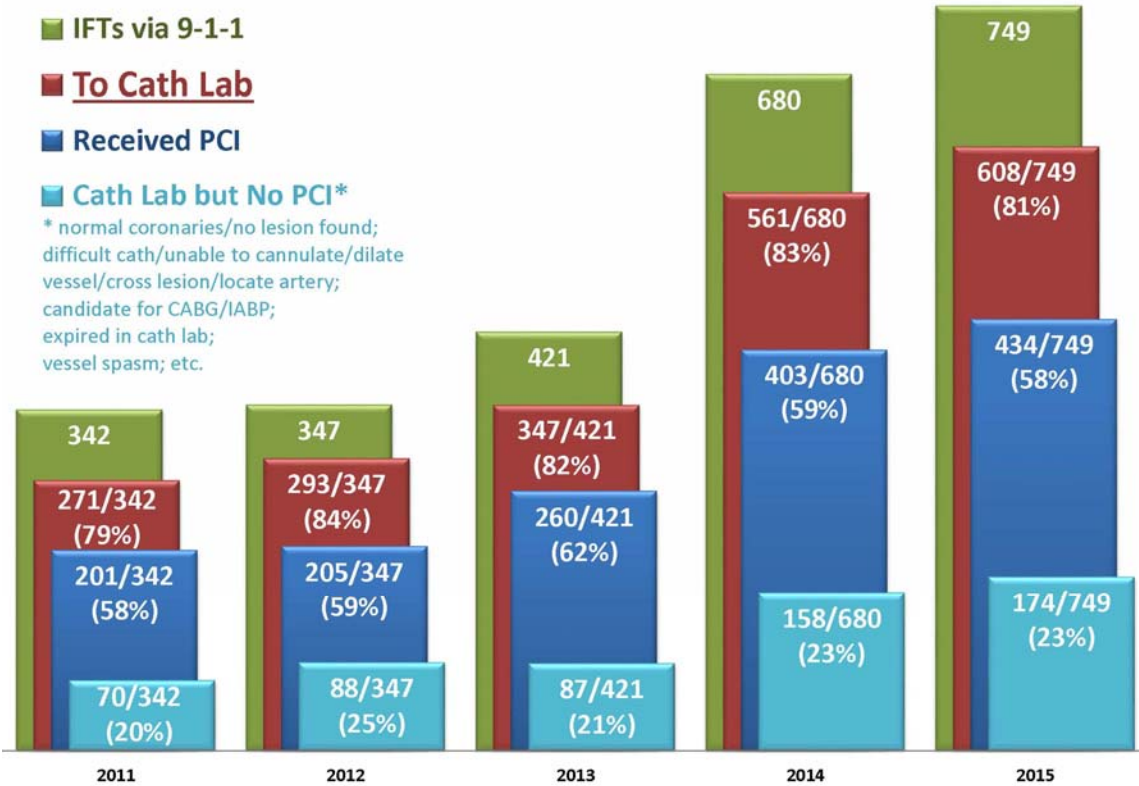


SRC: EMS Medical Contact-to-Balloon (E2B) Time



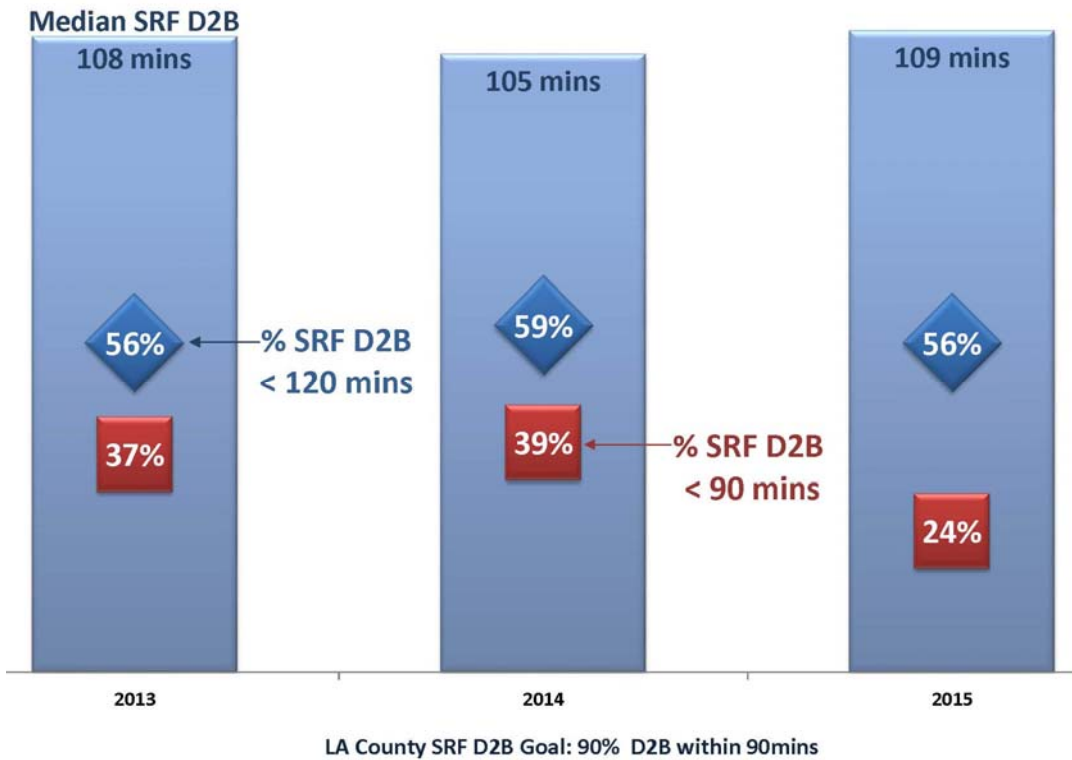


STEMI Referral Facility (SRF) Interfacility Transfers (IFT) via 9-1-1

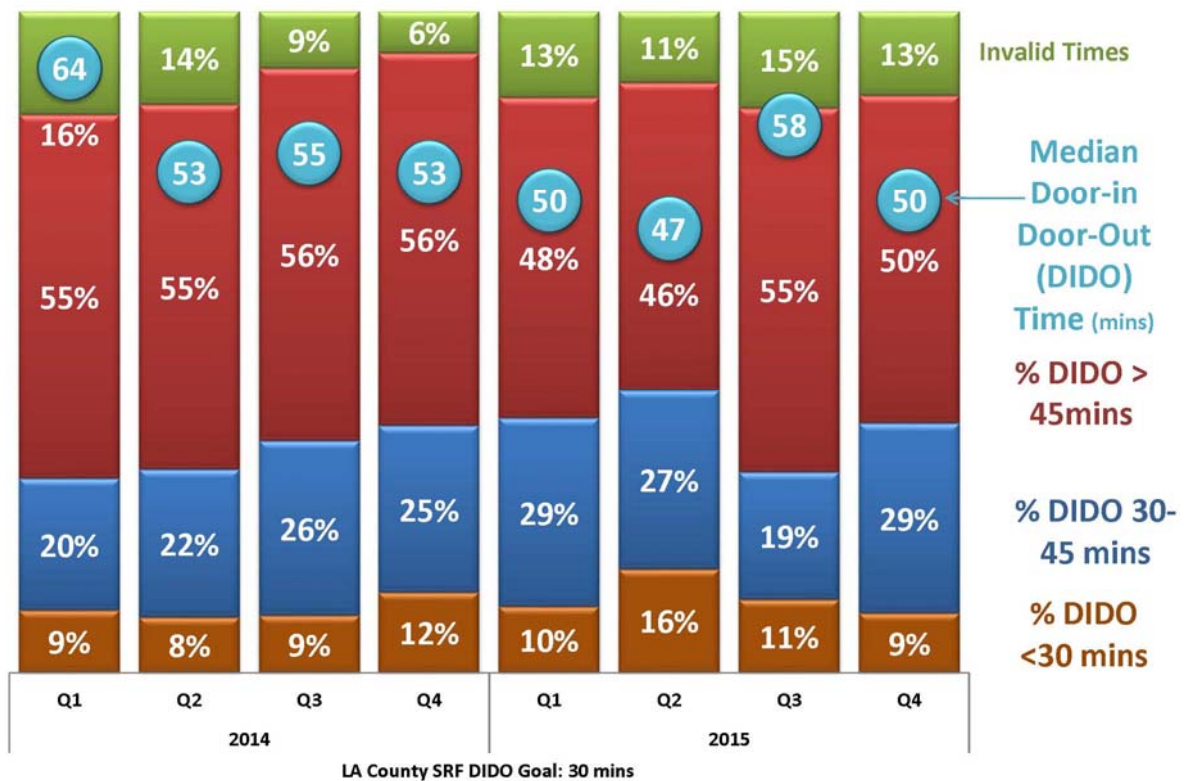




SRF: Door-to-Balloon (D2B) Time

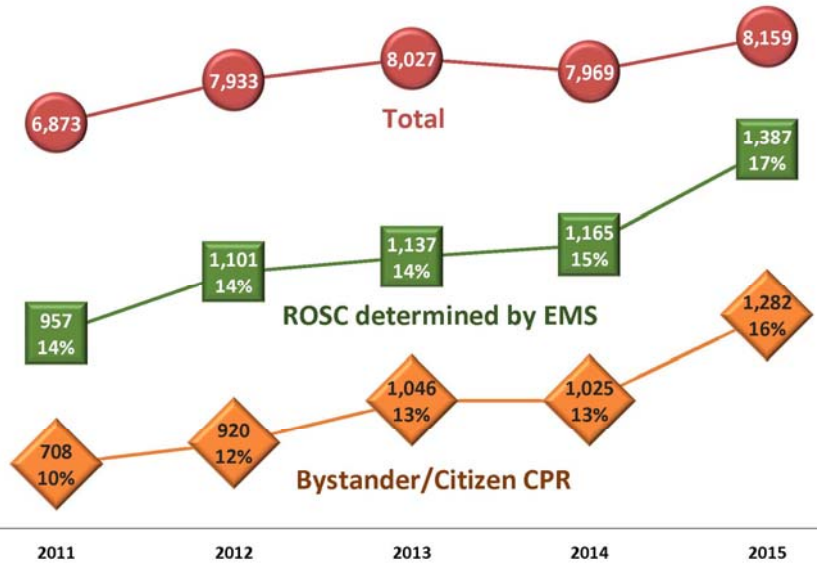


SRF: Door-to-Balloon (D2B) Time





Out of Hospital Cardiac Arrest

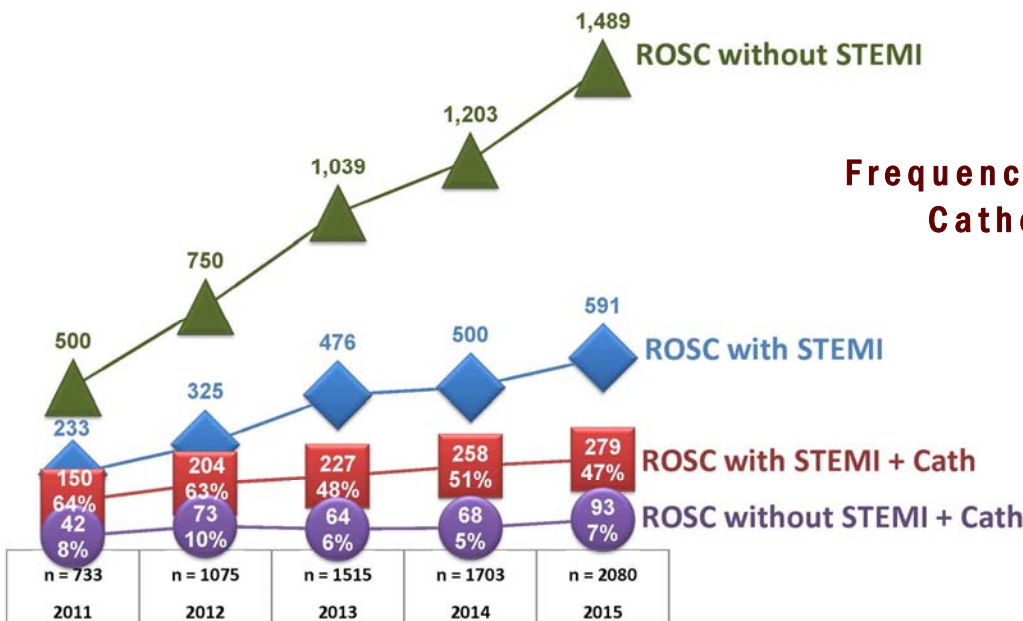


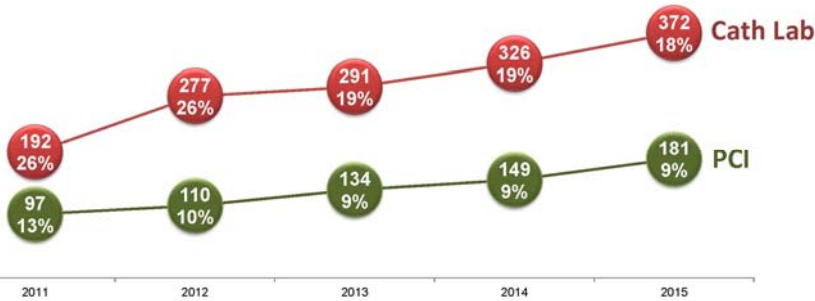
Return of Spontaneous Circulation (ROSC)

ROSC Transported to SRCs Frequency of Target Temperature (TTM)



Frequency of Immediate Catheterization





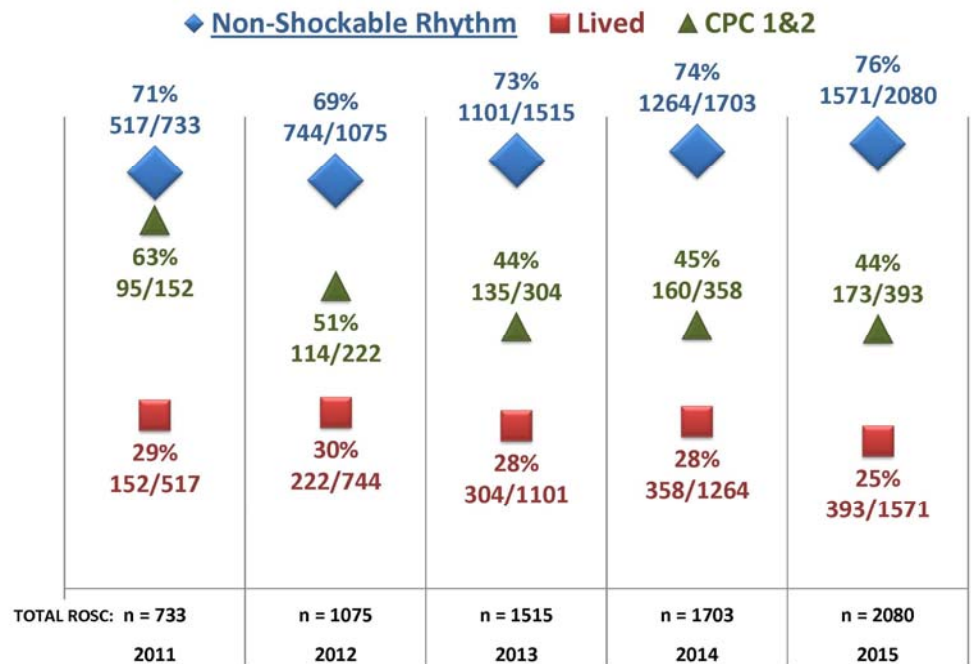
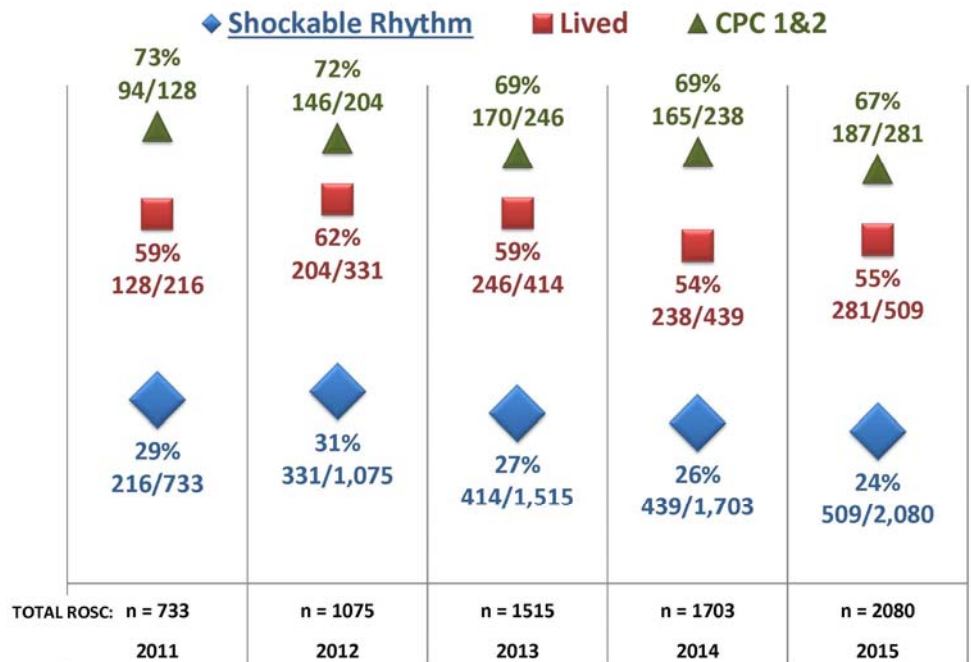
Frequency of Cath Lab and Percutaneous Coronary Intervention (PCI)

ROSC Patient Outcome

Cerebral Performance Category (CPC) Scale

CPC 1—Good cerebral performance; conscious, alert, able to work, might have neurologic or psychologic deficit

CPC 2—Moderate cerebral disability: conscious, sufficient cerebral function for independent activities of daily life. Able to work in sheltered environment.

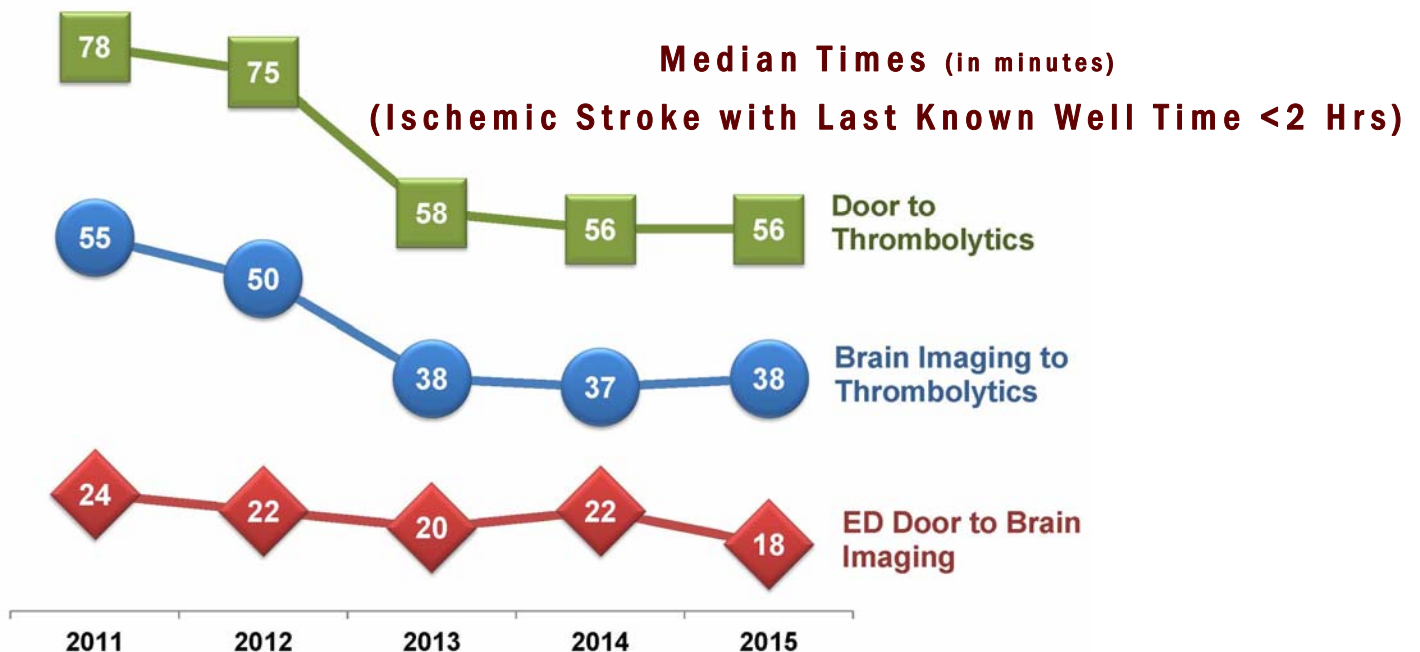
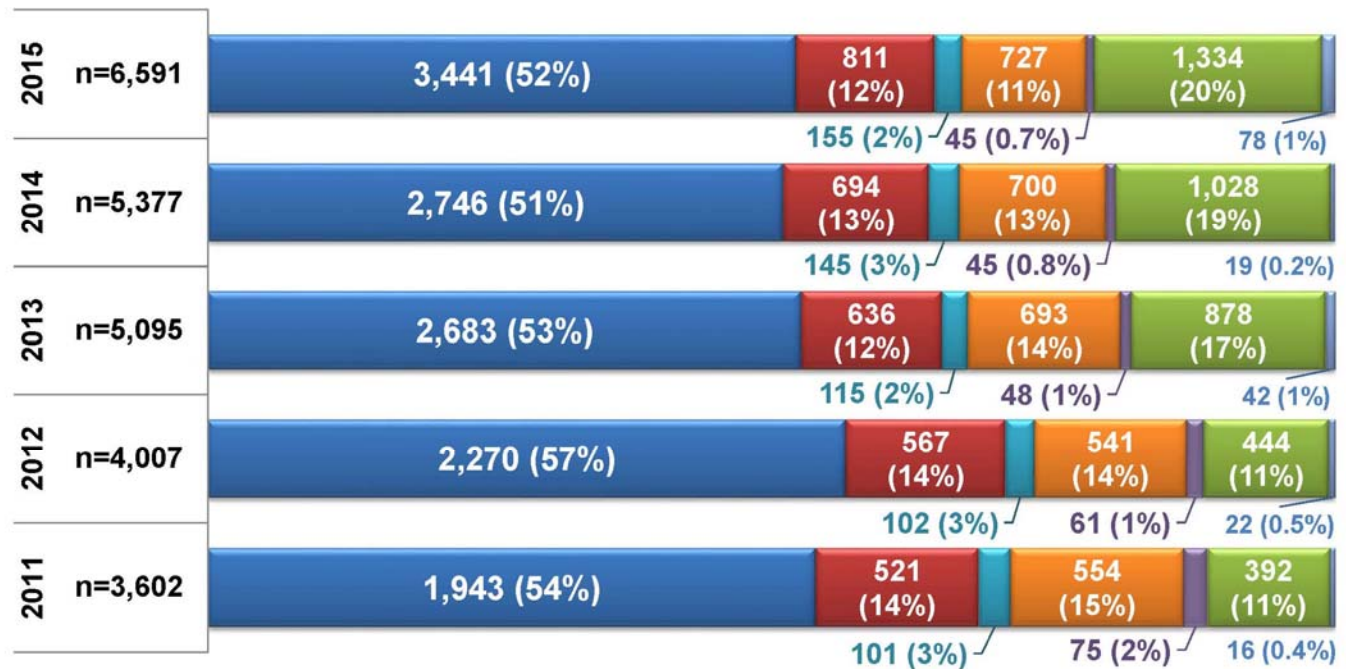




Approved Stroke Center Patients

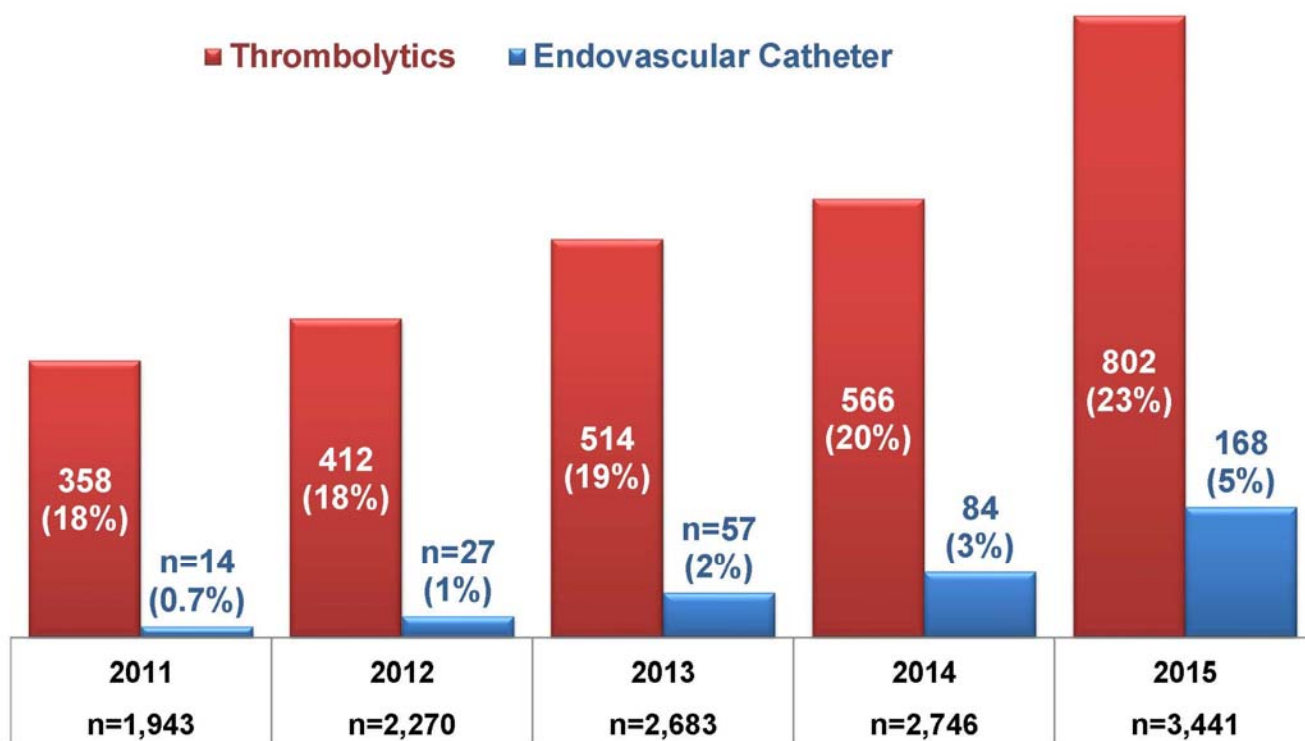
Final Diagnosis of 9-1-1 Transports

- Ischemic Stroke
- Intracranial Hemorrhage
- Subarachnoid Hemorrhage
- Transient Ischemic Attack
- Stroke Not Otherwise Specified
- No Stroke Related Diagnosis
- Unknown/Blank

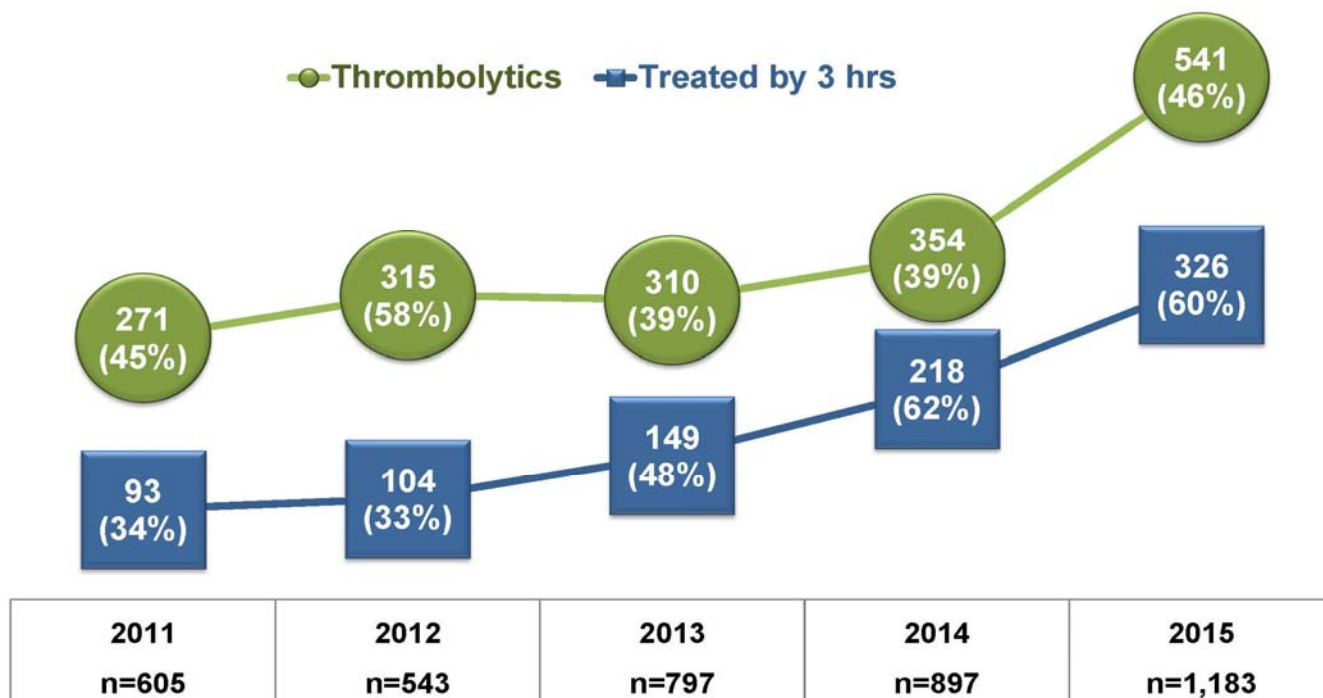




Treatment—All Ischemic Stroke

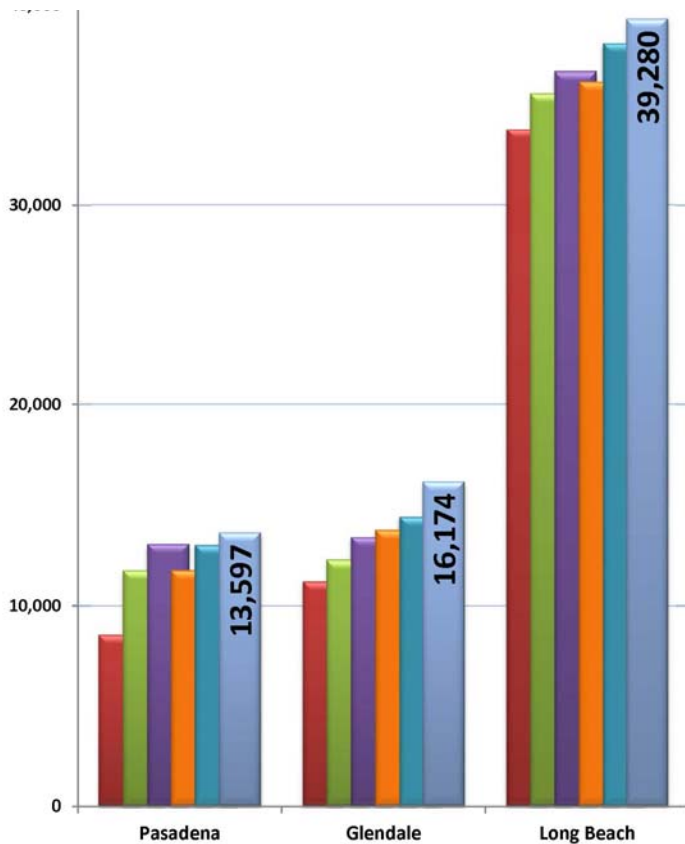
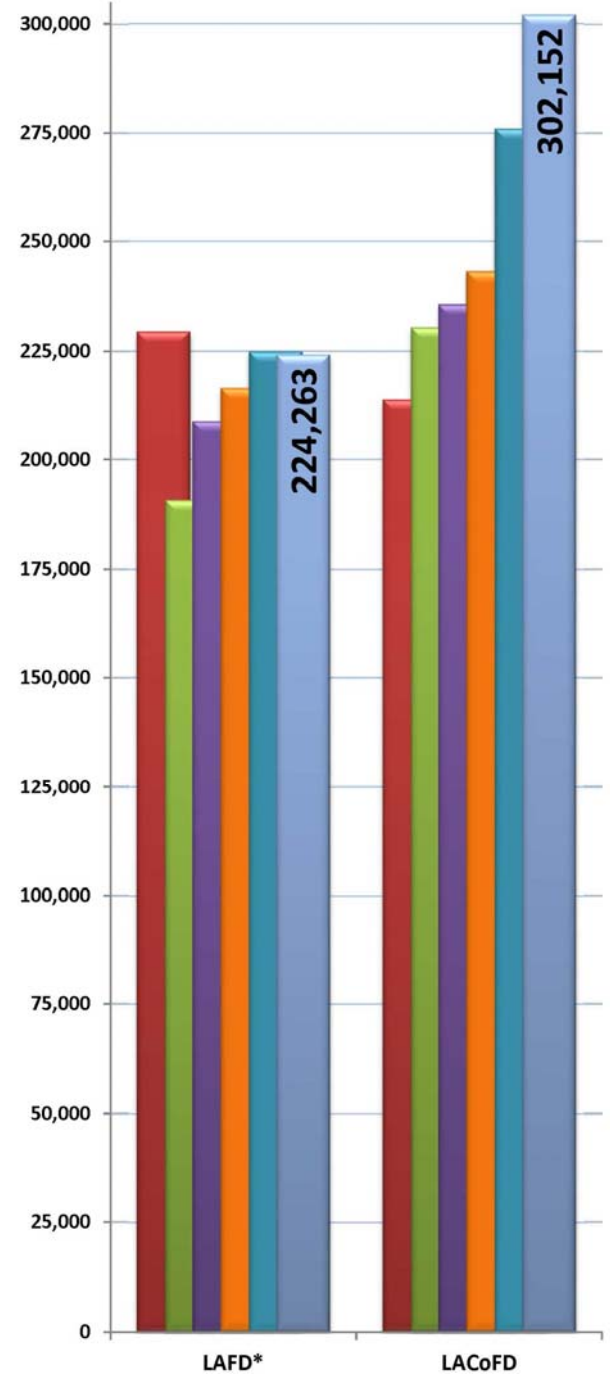
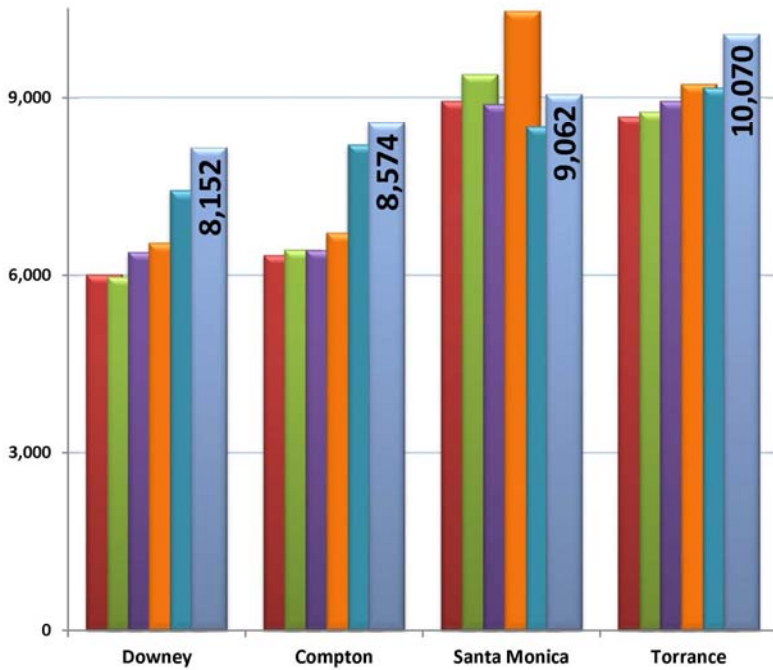


Ischemic Stroke Patients with Last Known Well Time <2 Hours



EMS Responses by 9-1-1 Jurisdictional Provider Agency

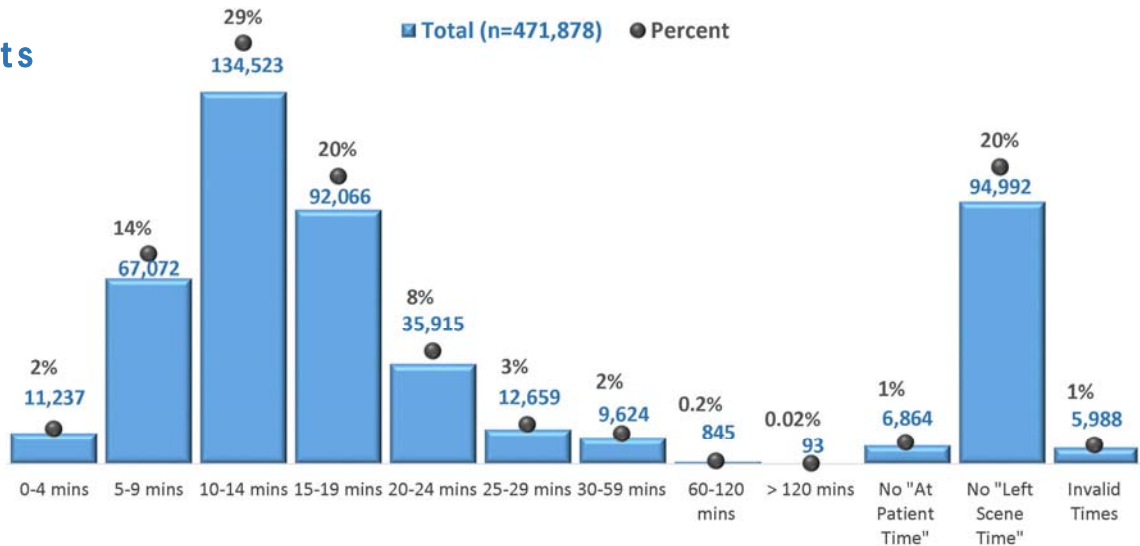
2010 2011 2012 2013 2014 2015



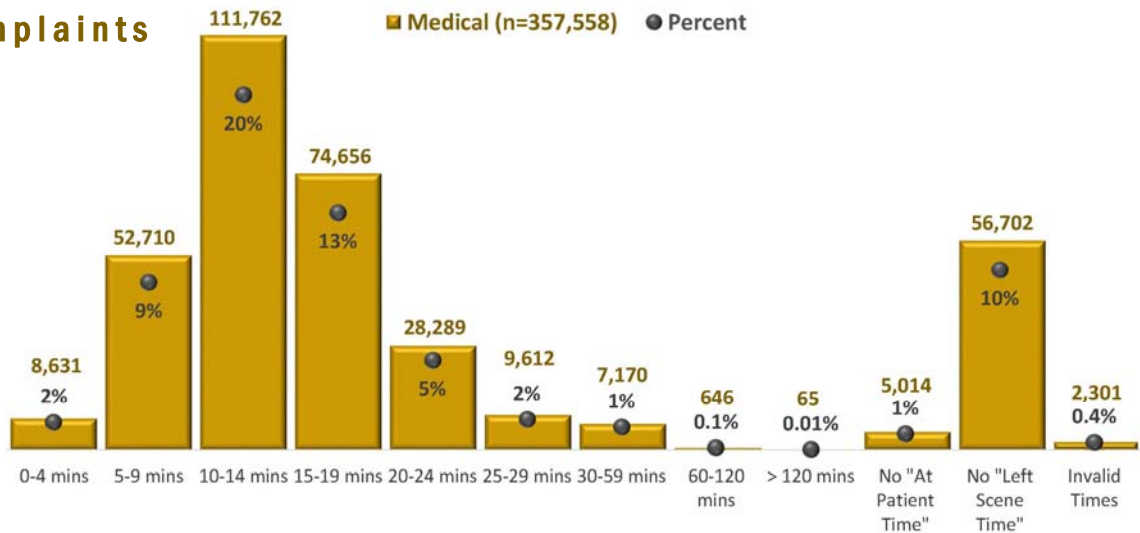
* 2011-2015 Only includes transported, AMA and DOA patients

CY 2015 Scene Time (Time At Patient to Time Left Scene)

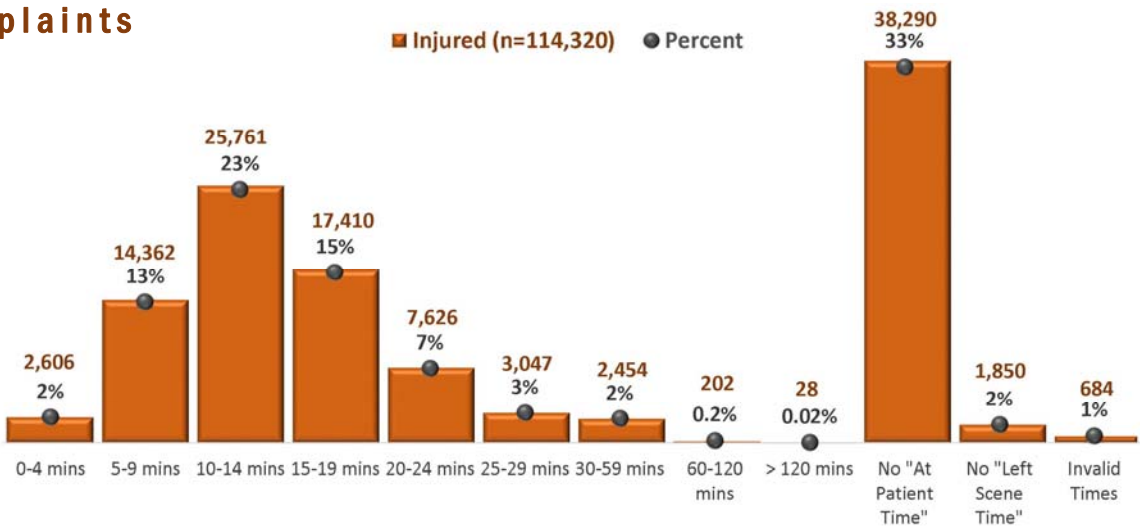
All Transports



Medical Complaints

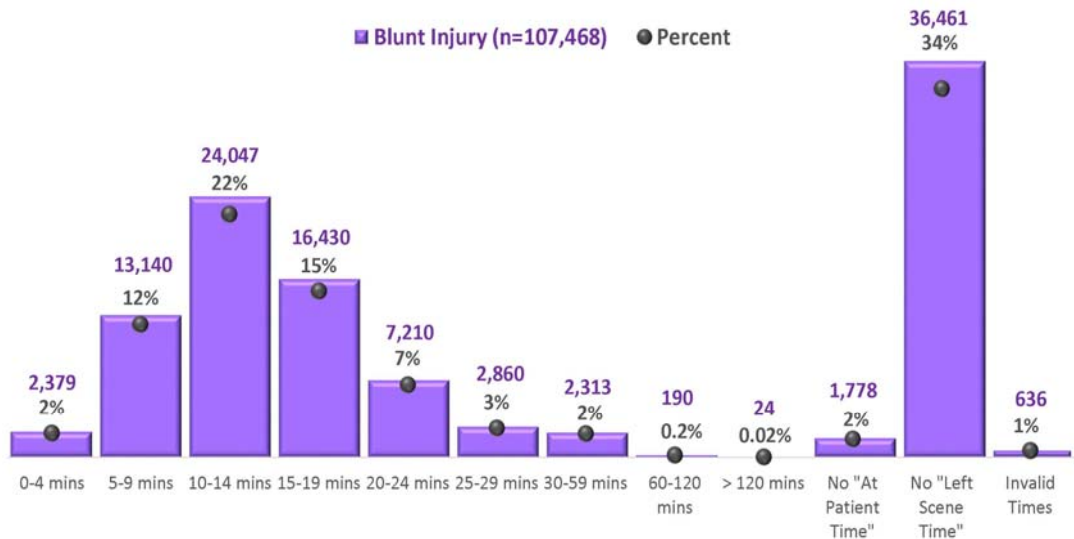


Trauma Complaints

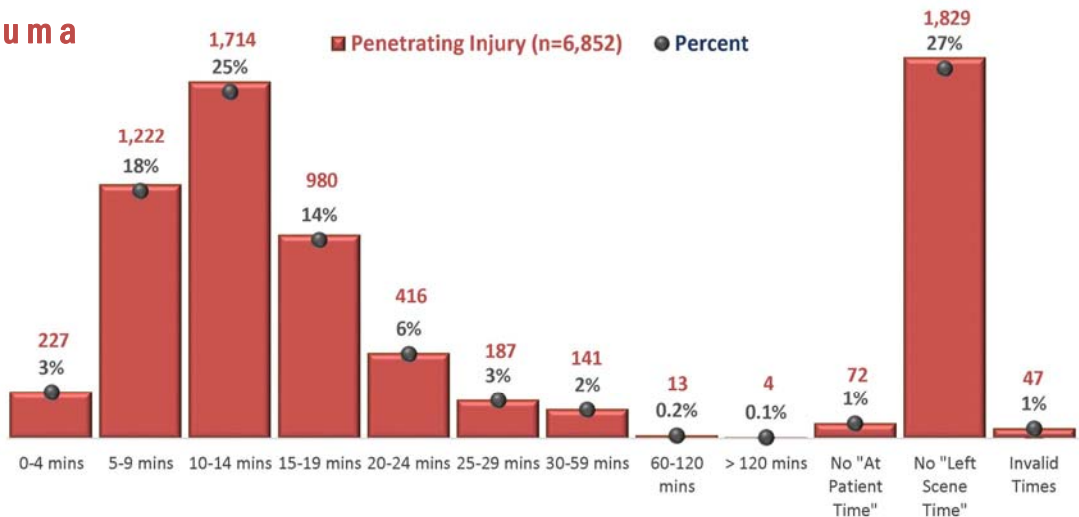


CY 2015 Scene Time (Time At Patient to Time Left Scene)

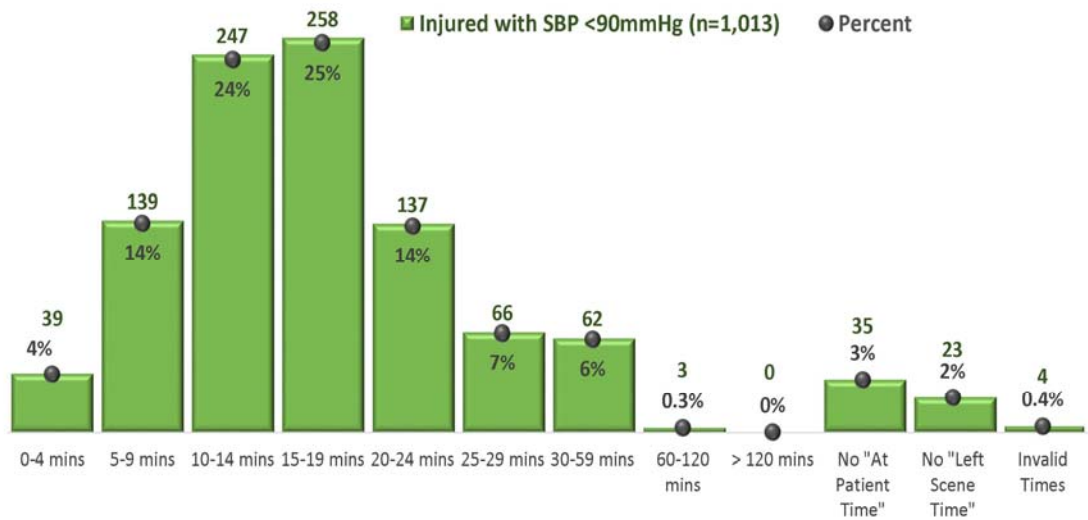
Blunt Trauma

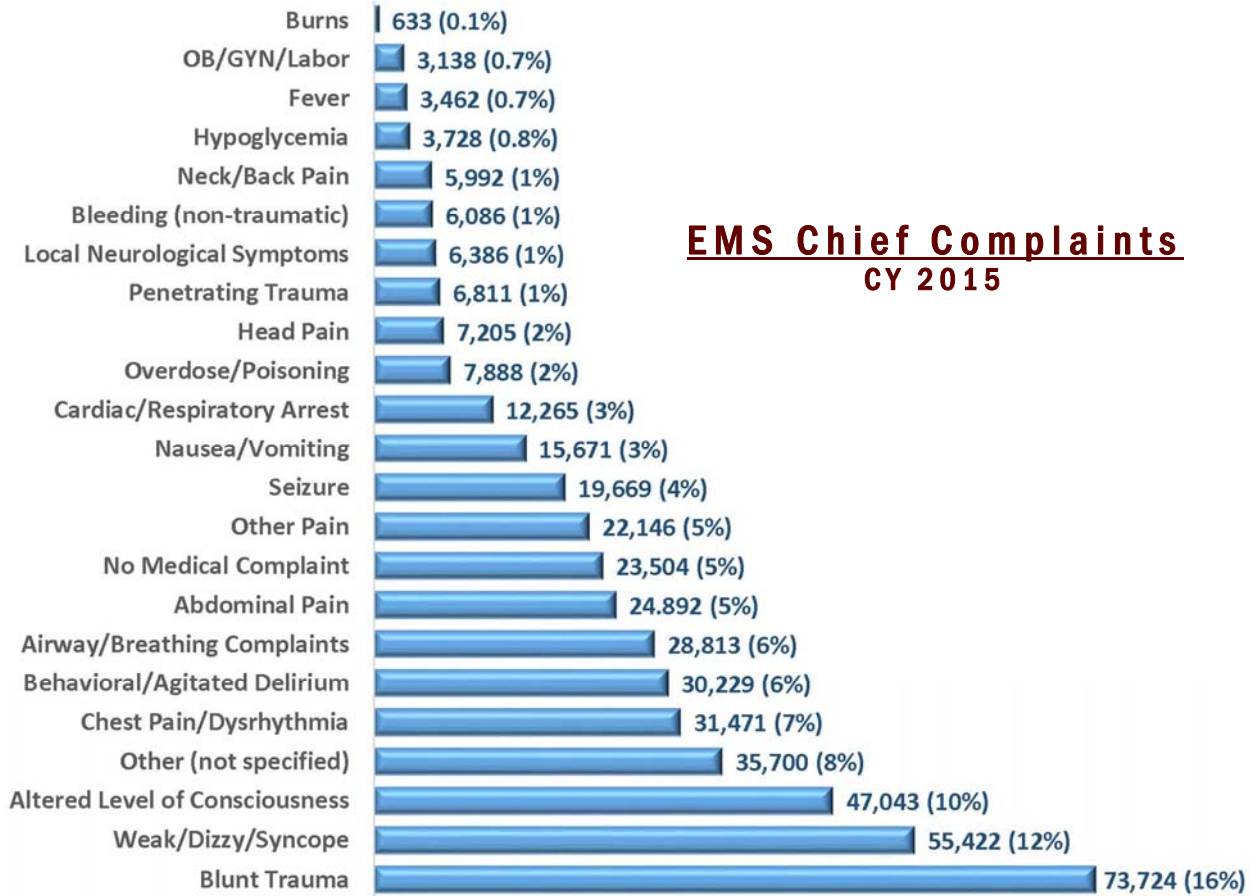


Penetrating Trauma




Trauma with Systolic Blood Pressure (SBP) <90mmHg (Excludes Extrication) CY 2015





**EMS Chief Complaints
CY 2015**



EMS AGENCY 

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

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