



County of Orange  
Health Care Agency  
Emergency Medical Services



1<sup>st</sup> QUARTER 2005 (JANUARY – MARCH) SYSTEM ACTIVITY REPORT

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**REPORT DISTRIBUTION**

This report is distributed to the following individuals, committee members, groups or other entities:

- Ambulance Association of Orange County
- Base Hospital Coordinators
- Base Hospital Physician Directors
- County Paramedic Advisory Committee (CPAC), Orange County EMS
- Each Orange County Paramedic Receiving Center, Base Hospital, and Specialty Receiving Center
- Emergency Medical Care Committee (EMCC)
- Facilities Advisory Subcommittee (FAC), Orange County EMS
- Fire Paramedic Coordinators
- Health Care Agency
  - ✓ Juliette A. Poulson RN, MN; Agency Director
  - ✓ Robert Gates; Project Director, Medical Services for Indigents
  - ✓ Mark Horton MD, MSPH; Deputy Agency Director/Health Officer, Public Health Services
  - ✓ Mark A. Refowitz, LCSW; Deputy Agency Director, Behavioral Health Services
  - ✓ Mike Spurgeon; Deputy Agency Director, Regulatory Health Services
- Hospital Association of Southern California (HASC)
- Mercy Air
- Orange County Communications
- Orange County Fire Chiefs Association
- Orange County Medical Association (OCMA)
- Orange County Paramedic Training Programs
- Quality Assurance Board (QAB), Orange County EMS
- Regional Paramedic Advisory Committees (RPAC), each Base Hospital
- State EMS Authority (EMSA)

Authorized for distribution:

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Bruce E. Haynes MD: Medical Director
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Darlene Gidley: Program Director
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Laurent Repass: QI Program Coordinator

Date: 07/26/2005



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**INTRODUCTION**

Orange County EMS (OCEMS) collects data on EMS activity for the purpose of system monitoring and to facilitate continuous quality improvement activities at all levels of the prehospital healthcare delivery system. Data is collected from field providers (paramedics), base hospitals, paramedic receiving centers and trauma centers.

The County of Orange Health Care Agency/Emergency Medical Services Quarterly System Activity Report is generated every three calendar months and reflects system data of interest to all EMS system participants, including hospitals and provider agencies. The quarterly report is actually a series of individual reports and offers a “snapshot” of prehospital emergency medical care in Orange County. Other reports contained herein provide additional insight into Orange County’s medical care system.

Data from the Base Hospital Report (BHR) and/or the Prehospital Care Report (PCR) is entered by the Base Hospitals into a database tracking system called *Central-One*, designed by Lancet Technology, Inc. All Base Hospitals are contractually obligated to collect, enter and submit this information to OCEMS. Many of the reports contained in this summary are prepared from information obtained from this database. EMS activity by system participants not entered by the base hospitals into *Central-One* is not reflected in the System Activity Report (i.e. Basic Life Support calls not requiring Advanced Life Support and care).

Data for other reports, such as the Hospital Diversion report is obtained from the ReddiNet computer system. All paramedic receiving center hospitals are required to have the ReddiNet system, used primarily for communications between hospitals and for notifying other System participants of the hospital’s open/closed status. The ReddiNet system is also used during mass casualty incidents, whether actual events or planned drills. Reports contained in this quarterly activity report are:

**Central-One Reports:**

- Transport / Non-Transport and Destination by Facility Type
- Call Volume by Receiving Center
- Call Volume by Provider Agency and ALS Unit
- Call Volume by Base Hospital
- Patient Assessment / Primary Suspected Problem – Detailed
- Patient Assessment / Primary Suspected Problem – Condensed
- Patient Assessment / Primary Suspected Problem – By Age
- Use of *ALS no-contact*: by Base Hospital
- Use of *ALS no-contact*: Patient Assessment / Primary Suspected Problem
- Trauma Designations

**Other Reports:**

- Interfacility Transfers via the 9-1-1 System
- Aeromedical Transports
- Hospital Diversion: Emergency Department Saturation
- Hospital Diversion: Trauma Centers

*Suggestions for additional reports are welcome and should be directed to Bruce E. Haynes, M.D., Medical Director of OCEMS.*



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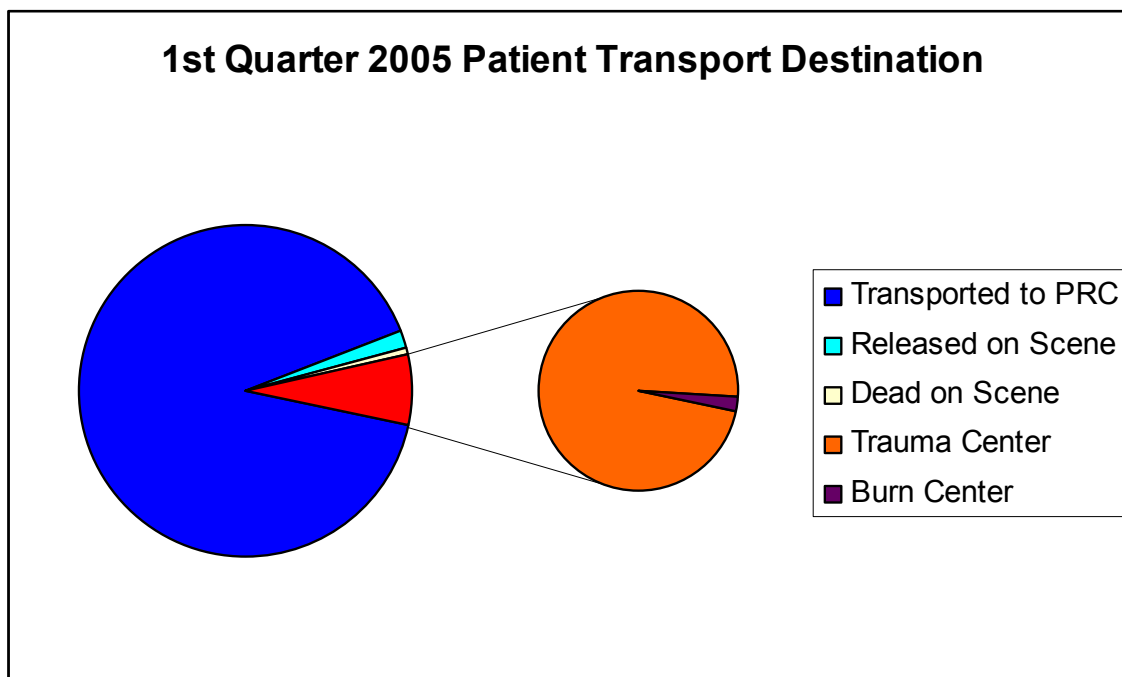


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***Transport / Non-transport and Destination by Facility Type***

This report provides a quick overview of the disposition of patients seen by ALS providers (transported and not transported) and entered into the *Central-One* database. The numbers of patients transported to either a regular paramedic receiving center or to a specialty center are shown; for non-transported patients, the number who are released on scene and/or refuse transport, and those who are dead on scene are listed. *Data Source: Central-One*

<b>Total Number of Calls</b>	<b>13,497</b>	<b>100%</b>
<b>Total Number of Patients Transported</b>	<b>13,173</b>	<b>98%</b>
Total transported to PRC (non-specialty center)	12,270	91%
Total transported to specialty center	903	7%
<i>Trauma center</i>	884	6%
<i>Burn center</i>	19	<1%
<b>Total Number of Patients Not Transported</b>	<b>324</b>	<b>2%</b>
<i>Released on scene / refused transport</i>	230	1.7%
<i>Dead on scene</i>	94	<1%





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***Call Volume by Receiving Center***

This report provides a breakdown of the number of patient transports to each of the approved paramedic receiving centers in Orange County as well as those hospitals outside of Orange County approved to receive EMS patients. Data Source: Central-One

<b>ID#</b>	<b>RECEIVING HOSPITAL</b>	<b># Patients</b>	<b>Percentage (Rounded)</b>
01	Anaheim General Hospital	157	1%
02	Anaheim Memorial Medical Center	677	5%
03	Brea Community Hospital	114	1%
05	Chapman Medical Center	123	1%
15	Coastal Communities Hospital	147	1%
07	Fountain Valley Regional Medical Center	548	4%
19	Garden Grove Hospital & Medical Center	410	3%
09	Hoag Memorial Hospital – Presbyterian	1542	11%
10	Huntington Beach Hospital	584	4%
39	Irvine Regional Medical Center	459	3%
04	Kaiser Foundation – Orange County	306	2%
12	La Palma Intercommunity Hospital	204	2%
13	Los Alamitos Medical Center	481	4%
17	Mission Regional Hospital & Medical Center	1083	8%
38	Orange Coast Memorial Hospital	407	3%
20	Placentia Linda Hospital	329	2%
21	Saddleback Memorial Medical Center	855	6%
22	St. Joseph Hospital	767	6%
23	St. Jude Medical Center	675	5%
24	San Clemente Hospital	213	2%
25	South Coast Medical Center	236	2%
26	Tustin Hospital & Medical Center	51	<1%
27	UCI Medical Center	770	5%
28	West Anaheim Medical Center	715	5%
29	Western Medical Center – Santa Ana	843	6%
30	Western Medical Center – Anaheim	308	2%
	<b>LA County Hospitals</b>		
53	Community Hospital of Long Beach	15	<1%
34	Long Beach Memorial Medical Center	72	1%
56	Presbyterian Intercommunity Hospital	2	<1%
37	St. Mary Medical Center	3	<1%
55	Whittier Medical Center	53	<1%
36	Other	13	<1%
	Not documented	11	<1%
	<b>TOTAL TRANSPORTED PATIENTS</b>	<b>13,173</b>	<b>98%</b>
60	Release signed	230	2%
99	Dead on scene	94	<1%
	<b>TOTAL NON-TRANSPORTED PATIENTS</b>	<b>324</b>	<b>2%</b>
	<b>TOTAL PATIENTS</b>	<b>13,497</b>	<b>100%</b>



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***Call Volume by Provider Agency and ALS Unit***

This report reflects the number of base contacted, *ALS no-contact*, and CSO calls for each fire department, by individual ALS unit. Basic Life Support calls are not included in this report.

Data Source: Central-One

<b>Agency</b>	<b>Total</b>	<b>Percentage (Rounded)</b>	<b>ALS Unit</b>	<b>Number of Calls</b>
<b>Anaheim Fire</b>	<b>1725</b>	<b>13%</b>	All units are assigned to Anaheim Memorial Base	
			A 1	272
			A 2	242
			A 3	142
			A 4	291
			A 5	129
			A 6	221
			A 7	104
			A 8	72
			A 9	80
			A 10	69
			A 43	62
			A 44	41
<b>Brea Fire</b>	<b>217</b>	<b>1%</b>	All units are assigned to St. Jude Base	
			Brea 1	128
			Brea 3	89
<b>Costa Mesa Fire</b>	<b>614</b>	<b>5%</b>	All units are assigned to Hoag Base	
			M 81	100
			M 82	108
			M 83	187
			M 84	56
			M 85	163
<b>Fountain Valley Fire</b>	<b>313</b>	<b>2%</b>	All units are assigned to Huntington Beach Base	
			V 31	192
			V 32	121
			VT31 A	
<b>Fullerton Fire</b>	<b>630</b>	<b>5%</b>	All units are assigned to St. Jude Base	
			F 1	175
			F 2	144
			F 4	153
			F 5	158



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*Call Volume by Provider Agency and ALS Unit: Continued*

<b>Agency</b>	<b>Total</b>	<b>Percentage (Rounded)</b>	<b>ALS Unit</b>	<b>Number of Calls</b>
<b>Garden Grove Fire</b>	<b>634</b>	<b>5%</b>	All units are assigned to UCIMC Base	
			G 1	322
			G 2	179
			G 3	1
			G 5	132
			G 6 A	0
			G 7 A	0
<b>Huntington Beach Fire</b>	<b>1130</b>	<b>8%</b>	All units are assigned to Huntington Beach Base	
			H 41	263
			H 42	145
			H 43	158
			H 44	93
			H 45	183
			H 46	103
			H 47	51
			H 48	134
<b>Laguna Beach Fire</b>	<b>182</b>	<b>1%</b>	All units are assigned to Hoag Base	
			L 1	120
			L 4	62
<b>La Habra Fire</b>	<b>231</b>	<b>2%</b>	All units are assigned to St. Jude Base	
			LH 1	158
			LH 2	73
<b>Newport Beach Fire</b>	<b>632</b>	<b>5%</b>	All units are assigned to Hoag Base	
			N 62	231
			N 63	240
			N 65	161
			N 68 A	0
<b>Orange Fire</b>	<b>682</b>	<b>5%</b>	All units are assigned to UCIMC Base	
			O 1 A	15
			O 2 A	1
			O 3 A	228
			O 4 A	218
			O 5 A	216
			O 6 A	1
			O 7 A	0
			O 8 A	0
			OR 3	2
			OR 4	0
			OR 5	1



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*Call Volume by Provider Agency and ALS Unit: Continued*

<b>Agency</b>	<b>Total</b>	<b>Percentage (Rounded)</b>	<b>ALS Unit</b>	<b>Number of Calls</b>
<b>Santa Ana Fire</b>	<b>1049</b>	<b>8%</b>	Units are assigned to West Med Santa Ana Base	
			SA 1	216
			SA 3	153
			SA 4	163
			SA 5	249
			SA 7	128
			SA 8	140
<b>Orange County Fire</b>	<b>5432</b>	<b>40%</b>	Units are assigned to Base Hospital as noted	
		HBH	OCFA 2 A	8
		WMSA	OCFA 4	163
		MISSION	OCFA 5	222
		WMSA	OCFA 6 A	109
		MISSION	OCFA 7	171
		WMSA	OCFA 8 A	0
		MISSION	OCFA 9 A	16
		SJMC	OCFA 10 A	1
		HBH	OCFA 13 A	7
		HBH	OCFA 17	239
		Mission	OCFA 18	2
		MISSION	OCFA 19	199
		MISSION	OCFA 20	0
		WMSA	OCFA 21	241
		MISSION	OCFA 22	257
		MISSION	OCFA 222	289
		WMSA	OCFA 23	71
		MISSION	OCFA 24	210
		HBH	OCFA 25 A	10
		WMSA	OCFA 26	168
		WMSA	OCFA 28 A	1
		MISSION	OCFA 29	165
		MISSION	OCFA 30 A	14
		MISSION	OCFA 31	178
		SJMC	OCFA 32	102
		SJMC	OCFA 34	231
		SJMC	OCFA 35 A	1
		WMSA	OCFA 36 A	127
		WMSA	OCFA 37 A	0
		MISSION	OCFA 38	110
		MISSION	OCFA 39 A	13
		MISSION	OCFA 40 A	4
		MISSION	OCFA 42 A	3
		WMSA	OCFA T43 A	1



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*Call Volume by Provider Agency and ALS Unit: Continued*

<b>Agency</b>	<b>Total</b>	<b>Percentage (Rounded)</b>	<b>ALS Unit</b>	<b>Number of Calls</b>
<b>Orange County Fire, cont</b>				
		HBH	OCFA 44A	3
		MISSION	OCFA 45 A	138
		HBH	OCFA 46	197
		HBH	OCFA T46 A	0
		HBH	OCFA 48	295
		MISSION	OCFA T49 A	9
		MISSION	OCFA 50 A	17
		MISSION	OCFA 51	69
		SJMC	OCFA 53 A	0
		MISSION	OCFA 54 A	9
		MISSION	OCFA 55 A	0
		MISSION	OCFA 57 A	16
		MISSION	OCFA 58	88
		MISSION	OCFA T59	71
		MISSION	OCFA 60	119
		SJMC	OCFA 61	368
		SJMC	OCFA 62	160
		SJMC	OCFA 63 A	5
		HBH	OCFA 64	222
		HBH	OCFA 65	147
		HBH	OCFA 66	166
		WMSA	OCFA 215 A	0
<b>Mercy Air</b>	<b>8</b>			
<b>Not Documented</b>	<b>18</b>			
<b>TOTAL</b>	<b>13,497</b>			



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**Call Volume by Base Hospital**

This report shows the number of calls managed by each of the six Base Hospitals for patient encounters in which paramedics established on-line medical control, as well as those managed under the *ALS no-contact* criteria. One ALS provider agency operates under an expanded scope termed *Comprehensive Standing Orders (CSO)*; these calls are reflected in the data reported by the one Paramedic Resource Hospital. Data Source: Central-One

<b>Paramedic Resource Hospital</b>	<b>Total number of calls</b>	<b>Percentage of total county calls (Rounded)</b>
Anaheim Memorial	1426	11%
<b>Base Hospital</b>		
Hoag Memorial Presbyterian	1454	11%
Huntington Beach	2711	20%
Mission Regional Medical Center	2381	18%
St. Jude Medical Center	1912	14%
UCI Medical Center	1666	12%
Western Medical Center, Santa Ana	1947	14%
<b>Total</b>	<b>13,497</b>	<b>100%</b>

COMMENT:

All *Base Hospitals* have a radio and are able to provide on-line medical direction to field paramedics, using a specially trained Registered Nurse (known as a Mobile Intensive Care Nurse) to relay instructions from the Base Hospital physician. A *Paramedic Resource Hospital* does not have a radio and cannot provide on-line medical direction. Paramedics assigned to the *Paramedic Resource Hospital* operate under an expanded scope termed *Comprehensive Standing Orders* and do not require on-line medical direction for the majority of their calls. When on-line medical direction is required, contact is made with one of the Base Hospitals, usually UCI Medical Center.



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***Patient Assessment / Primary Suspected Problem – Detailed***

When paramedics evaluate a patient, they and the base hospital make a working diagnosis or assessment of the patient's presumed medical problem. This report summarizes the types of medical problems encountered by ALS providers, grouped by general classifications. See the Glossary for additional information. (The alpha-numeric indicator preceding each assessment is the OCEMS-assigned approved coding used when entering information into the Lancet database.) *Data Source: Central-One*

<b>Assessment Category</b>	<b>Specific Assessment</b>	<b>Number</b>	<b>Percent</b>
<b>Total</b>			
<b>Airway Problems</b>	<b>total</b>	<b>53</b>	<b>&lt;1%</b>
A 04, A 05	Croup / epiglottitis	15	<1%
	All others	38	<1%
<b>Breathing Problems</b>	<b>total</b>	<b>1931</b>	<b>14%</b>
B 03	Asthma	348	3%
B 02	COPD	340	3%
B 14 / B 01	CHF / Pulmonary Edema	372	3%
	All others	871	6%
<b>Circulatory Problems</b>	<b>total</b>	<b>3681</b>	<b>27%</b>
C 01	Syncope	764	6%
C 08	Angina	1036	8%
C 09	R/O MI	821	6%
C 10	Dysrhythmias	354	3%
C 07 / C 03	Hypovolemic Shock / Cardiogenic Shock	81	<1%
C 04	GI bleeding	161	1%
	All others	464	3%
<b>Delicate CNS</b>	<b>total</b>	<b>3246</b>	<b>24%</b>
D 01	Alcohol-related	196	1%
D 05 / D 06	Overdose / drug ingestion	440	3%
D 02	Seizure (non-febrile)	810	6%
D 07 / D 23	CVA / TIA	730	5%
D 12	Head trauma to PTRC	41	<1%
D 24	Head trauma to PRC (e.g., concussion)	68	<1%
	All others	961	7%
<b>External Soft Tissue</b>	<b>total</b>	<b>134</b>	<b>1%</b>
E 03 / E 04 / E 05 / E 08	Burns (All Categories)	7	<1%
E 12	Burn victim to Burn Center	19	<1%
	All others	108	<1%



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*Patient Assessment / Primary Suspected Problem - Detailed: Continued*

<b>Assessment Category</b>	<b>Specific Assessment</b>		
<b>Skeletal Injuries</b>		<b>total</b>	<b>428</b>
F 01 / F 02 / F 03	Suspected fracture (all)	187	1%
F 05	Amputation	8	<1%
F06	Strain/Sprain	128	1%
	All others	105	<1%
<b>GI / GU</b>		<b>total</b>	<b>418</b>
G 01 / G 02	Abdominal pain (all)	270	2%
G 08	Flank / Groin pain (e.g., kidney stones)	39	<1%
	All others	109	<1%
<b>Multiple System Problems</b>		<b>total</b>	<b>3274</b>
H 01	Cardiopulmonary arrest - medical	341	2%
H 20 / H 21	Cardiopulmonary arrest - traumatic	11	<1%
H 03	Hypertension	21	<1%
H 04 / H 05	Diabetic-related problem	672	5%
H 06	Submersion (drowning /near-drowning)	6	<1%
H 08	MTV to PRC	71	<1%
H 09	MTV / CTV to PTRC	843	6%
H10	General Weakness	630	5%
H15	Allergic Reaction	119	<1%
H18	Hypotension	145	1%
	All others	415	3%
<b>OB / GYN</b>		<b>Total</b>	<b>141</b>
I 06	Field delivery	6	<1%
I 03 / I 04 / I 05 / I 07 / I 11	Other OB-related	57	<1%
I 01	Gynecological	37	<1%
	All others	41	<1%
<b>Pediatric</b>		<b>Total</b>	<b>181</b>
J 03 / J 04	Newborn	6	<1%
J 07	Febrile seizure	135	1%
J 01	Suspected SIDS	4	<1%
	All others	36	<1%
<b>Not Documented</b>		<b>10</b>	<b>&lt;1%</b>



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***Patient Assessment / Primary Suspected Problem – Condensed***

This report summarizes the general assessment categories and the most frequently used specific initial assessment for all patient encounters (ALS Assessment, Base Hospital Contacted, ALS No-Contact Criteria, and Comprehensive Standing Orders “CSO”). *Data Source: Central-One*

***By Assessment Category***

<b>Assessment Category</b>	<b>Number</b>	<b>Percentage (Rounded)</b>
Airway Problems	53	<1%
Breathing Problems	1931	14%
Circulatory Problems	3681	27%
Delicate CNS	3246	24%
External Soft Tissue	134	1%
Skeletal Injuries	428	3%
GI / GU	418	3%
Multiple System Problems	3274	24%
OB / GYN	141	1%
Pediatric	181	1%
Not Documented	10	<1%
<b>Total</b>	<b>13,497</b>	<b>100%</b>

***Most Frequently Used Assessment, Listed in Descending Frequency***

	<b>Specific Assessment</b>	<b>Number</b>	<b>Percentage (Rounded)</b>
1.	Angina / rule out MI	1857	14%
2.	MTV/CTV to PTRC	843	6%
3.	Seizures (non-febrile)	810	6%
4.	Syncope	764	6%
5.	CVA/TIA	730	5%
6.	Asthma / COPD	688	5%
7.	Hypoglycemia/Diabetic	672	5%
8.	General weakness	630	5%
9.	Drug ingestion / OD	440	3%
10.	Cardiopulmonary arrest - medical	341	2%
	All other assessments	5322	39%
	<b>Total</b>	<b>13,497</b>	<b>100%</b>



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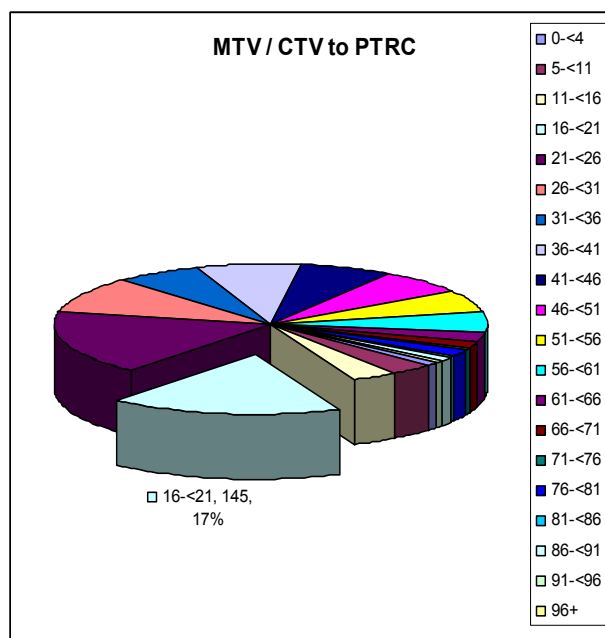
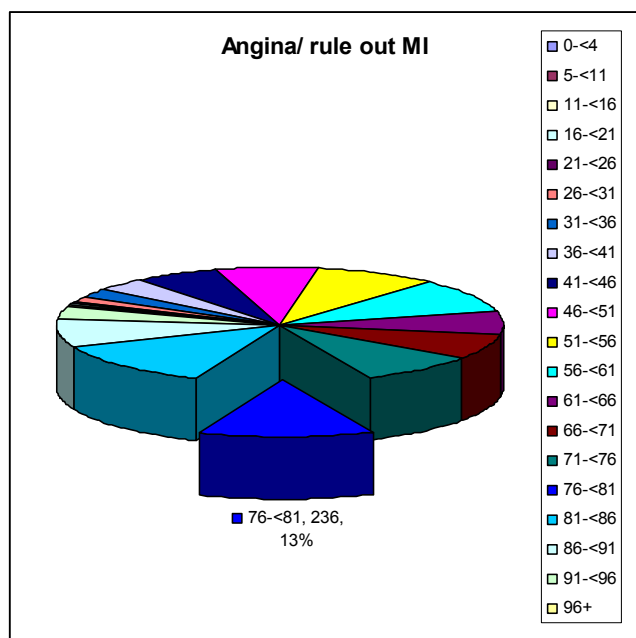
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**Patient Assessment / Primary Suspected Problem – By Age**

This report summarizes the most frequently used specific initial assessment for all patient encounters (ALS Assessment, Base Hospital Contacted, ALS No-Contact Criteria, and Comprehensive Standing Orders “CSO”) and categorizes them by the patient’s age (in years) *Data Source: Central-One*

Assessment	0-<4	5-<11	11-<16	16-<21	21-<26	26-<31	31-<36	36-<41	41-<46	46-<51
Angina/ rule out MI	0	2	0	8	12	25	45	67	116	140
MTV / CTV to PTRC	8	27	29	145	144	82	55	64	60	55
Seizures	31	63	43	59	61	58	62	97	89	80
Syncope	0	3	12	24	21	12	24	28	30	32
CVA / TIA	0	1	2	0	1	1	0	6	16	24
Asthma/ COPD	4	31	15	14	14	16	12	16	22	34
Hypoglycemia / Diabetic	3	2	4	5	18	13	26	18	43	43
General Weakness	1	2	4	6	7	11	11	15	15	25
Drug Ingestion / OD	3	0	17	67	41	43	49	46	46	42
Cardiopulmonary Arrest-Medical	3	3	4	4	5	4	6	11	15	25
All other Assessments	139	124	121	238	245	181	199	260	297	330
<b>Total</b>	<b>192</b>	<b>258</b>	<b>251</b>	<b>570</b>	<b>569</b>	<b>446</b>	<b>489</b>	<b>628</b>	<b>749</b>	<b>830</b>
<b>Percentage</b>	<b>1%</b>	<b>2%</b>	<b>2%</b>	<b>4%</b>	<b>4%</b>	<b>3%</b>	<b>4%</b>	<b>5%</b>	<b>6%</b>	<b>6%</b>

Assessment	51-<56	56-<61	61-<66	66-<71	71-<76	76-<81	81-<86	86-<91	91-<96	96+
Angina/ rule out MI	167	175	124	135	156	236	235	149	63	10
MTV / CTV to PTRC	51	45	21	14	7	13	5	10	3	1
Seizures	40	34	23	11	15	23	8	8	4	0
Syncope	46	43	47	53	81	94	116	73	22	7
CVA / TIA	18	39	45	51	81	130	145	120	47	8
Asthma/ COPD	40	38	60	65	71	91	77	39	22	7
Hypoglycemia / Diabetic	50	57	62	53	61	86	83	35	12	1
General Weakness	20	36	37	45	51	103	112	74	48	8
Drug Ingestion / OD	26	26	9	5	10	3	3	3	2	0
Cardiopulmonary Arrest-Medical	20	33	36	24	35	43	30	23	11	3
All other Assessments	357	314	288	318	424	554	604	459	205	51
<b>Total</b>	<b>835</b>	<b>840</b>	<b>752</b>	<b>774</b>	<b>992</b>	<b>1376</b>	<b>1418</b>	<b>993</b>	<b>439</b>	<b>96</b>
<b>Percentage</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>6%</b>	<b>7%</b>	<b>10%</b>	<b>11%</b>	<b>7%</b>	<b>3%</b>	<b>&lt;1%</b>





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**1<sup>st</sup> QUARTER 2005 (JANUARY – MARCH) SYSTEM ACTIVITY REPORT**

***Use of ALS No-Contact Criteria: By Base Hospital***

This report shows the frequency of use of *ALS No-Contact* criteria by paramedics assigned to each Base Hospital. (See OCEMS Treatment Guideline I-40 for specific criteria). Data Source: Central-One

<b><i>Paramedic Resource Hospital</i></b>	<b><i>Total # of calls</i></b>	<b><i># of base contact calls</i></b>	<b><i># of CSO calls</i></b>	<b><i>% of CSO calls</i></b>
Anaheim Memorial	1426 <sub>1</sub>	xxx	1426	100%
<b><i>Base Hospital</i></b>	<b><i>Total # of calls</i></b>	<b><i># of base contact calls</i></b>	<b><i># of ALS no-contact calls</i></b>	<b><i>% of ALS no-contact calls</i></b>
Hoag Memorial	1454	711	743	51%
Huntington Beach	2711	1562	1149	42%
Mission Regional Med Center	2381	1319	1062	45%
St. Jude Medical Center	1912	1108	804	42%
UCI Medical Center	1666	1199	467	28%
Western Medical Center Santa Ana	1947	1123	824	42%
<b>Total (ALS no-contact calls only)</b>	<b>12,071</b>	<b>xxx</b>	<b>5049<sub>2</sub></b>	<b>42%</b>
<b>Total (all base hospitals)</b>	<b>12,071</b>	<b>7022</b>	<b>6475<sub>3</sub></b>	<b>48%</b>
<b>Total (all county)</b>	<b>13,497</b>	<b>7022<sub>4</sub></b>	<b>6475</b>	<b>52%</b>

<sup>1</sup> The number of base contacted calls for the Paramedic Resource Hospital is included in the numbers reported by the Base Hospitals.

<sup>2</sup> This reflects the total number of ALS no-contact calls only. The corresponding percentage relates to the total number of ALS no-contact calls (5049) to the total number of ALS calls throughout the county (13,497).

<sup>3</sup> The total number of ALS no-contact and Comprehensive Standing Orders (CSO) calls for each of the hospitals. The corresponding percentage relates to the total number of ALS no-contact and CSO calls (6475) to the total number of ALS calls throughout the county (13,497).

<sup>4</sup> The total number of Base Hospital Contact calls. The corresponding percentage relates to the total number of Base Hospital Contact calls (7022) to the total number of ALS calls throughout the county (13,497).

COMMENT: Paramedics assigned to the Paramedic Resource Hospital practice under an expanded scope termed *Comprehensive Standing Orders* which allows for more independent practice, thus, fewer base contacts for on-line medical direction. Although any of the six Base Hospitals can be utilized for on-line medical control, UCI Medical Center is the hospital most commonly contacted.

Use of *ALS No-Contact* varies at each of the Base Hospitals. The percentage of *ALS No-Contact* calls at each Base reflects usage by paramedics assigned to that Base Hospital. See the report "*Call Volume by Provider Agency and ALS Unit*" to determine which units are assigned to each Base Hospital.



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**Use of ALS No-Contact Criteria: Patient Assessment/Primary Suspected Problem**

This report shows the general assessment category and the most frequently used specific initial assessments when paramedics use *ALS no-contact* criteria. This report does not include use of Comprehensive Standing Orders (CSO). Data Source: Central-One

**By Assessment Category**

Assessment Category	Number	Percentage (Rounded)
Airway Problems	16	<1%
Breathing Problems	500	10%
Circulatory Problems	1248	25%
Delicate CNS	1654	33%
External Soft Tissue	58	1%
Skeletal Injuries	221	4%
GI / GU	220	4%
Multiple System Problems	1012	20%
OB / GYN	58	1%
Pediatric	59	1%
Not Documented	3	<1%
<b>Total</b>	<b>5049</b>	<b>100%</b>

**Most Frequently Used Assessment, Listed in Descending Frequency**

	Specific Assessment	Number	Percentage (Rounded)
3.	Syncope	476	9%
2.	CVA/TIA	452	9%
5.	General weakness	398	8%
4.	Seizures (non-febrile)	391	9%
6.	Hypoglycemia/Diabetic	371	7%
9.	Breathing problems, other	366	7%
8.	Angina / rule out MI	323	6%
6.	Alcohol or drug ingestion / OD	219	4%
1.	Asthma / COPD	134	3%
10.	All other assessments	1919	38%
	<b>Total</b>	<b>5049</b>	<b>100%</b>



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***Trauma Designations***

Patients sustaining penetrating or blunt-force injuries that meet specified criteria are classified as either a *critical trauma victim (CTV)* or a *moderate trauma victim (MTV)*, and are triaged to a specialty hospital approved by OCEMS to evaluate and treat these types of patients. (See OCEMS policy 310.30). NOTE: THIS REPORT IS GENERATED ON DATA ENTERED INTO THE CENTRAL ONE DATABASE, NOT TRAUMA ONE. This multi-part report summarizes:

***Trauma designations per Base Hospital / Paramedic Resource Hospital***

The number of ALS patients meeting trauma criteria designated by each base hospital and transported to a PTRC.

<b>Base Hospital</b>	<b>Trauma designations</b>	<b>Percentage</b>
Anaheim Memorial	91	10%
Hoag	69	8%
Huntington Beach	148	17%
Mission	120	14%
St. Jude	110	12%
UCI Medical Center	131	15%
Western Medical – Santa Ana	215	24%
<b>Total</b>	<b>884</b>	<b>100%</b>

***Designated trauma patients received at each Paramedic Trauma Receiving Center (PTRC)***

The number of trauma patients received by each of the three Orange County trauma hospitals and one trauma hospital in LA County approved to receive OC EMS trauma patients.

<b>Trauma Hospital</b>	<b>Number of traumas</b>	<b>Percentage</b>
Mission	147	17%
UCI Medical Center	410	46%
Western Medical – Santa Ana	299	34%
Long Beach Memorial	28	3%
Other	0	0%
<b>Total</b>	<b>884</b>	<b>100%</b>

***Categories / types of designated trauma patients directed to a PTRC***

The general classifications or types of trauma patients, designated by the base hospitals for transport to a PTRC. (\* Not Documented cases not included in overall percentage calculations.)

<b>Classification</b>	<b>Number</b>	<b>Percentage</b>
Critical trauma victim (CTV)	158	18%
Moderate trauma victim (MTV)	692	79%
Traumatic full arrest	11	<1%
Neurosurgical emergency	23	2%
<b>Total</b>	<b>884</b>	<b>100%</b>



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***Interfacility Transfers via the 9-1-1 System***

This report lists the number of occasions in which paramedic receiving centers accessed the 9-1-1 system to utilize paramedics to monitor and escort patients to another acute care hospital for higher level of care, listed by sending facility and reason for transfer. (See OCEMS policy 670.10.) **NOTE:** INTERFACILITY TRANSFERS ARE ONLY PERFORMED AFTER THE PATIENT HAS BEEN MEDICALLY EVALUATED AND A PHYSICIAN HAS DETERMINED THAT THE PATIENT REQUIRES A SERVICE NOT AVAILABLE AT THE INITIAL FACILITY. FEDERAL TRANSFER GUIDELINES APPLY.

ID#	Hospital	Total	IFT	CC	neuro-M	neuro-T	trauma	cardiac	vascular	OB	burn	peds.	other
01	Anaheim General	2	2							2			
02	Anaheim Memorial Medical Center	11	10	1	3	1	7						
03	Brea Community	5	5		1	2	1						CT
04	Kaiser Permanente	0											
05	Chapman General	5	5		1		2		1	1			
07	Fountain Valley	4	4		1		2				1		
09	Hoag Memorial	2	1	1			2						
10	Huntington Beach Hospital	5	5				4						eye
12	La Palma Intercommunity	5	5		2		2			1			
13	Los Alamitos Medical Center	1	1						1				
15	Coastal Communities Hospital	6	6		3	1	2						
17	Mission Hospital	0											
19	Garden Grove Medical Center	4	4		1		2						reimplant ortho
20	Placentia Linda Hospital	5	5					4	1				
21	Saddleback Memorial	0											
22	St. Joseph Hospital	0											
23	St. Jude Medical Center	6	5	1	2	2	2						
24	San Clemente Hospital	9	8	1	1	2	2	3				1	
25	South Coast Medical Center	3	2	1			3						
26	Tustin Hospital Medical Center	0											
27	UCI Medical Center	0											
28	West Anaheim Medical Center	10	9	1	3	3	2			2			
29	Western Medical Center-Santa Ana	0											
30	Western Medical Center-Anaheim	1	1										ENT
33	Children's Hospital of Orange County	0											
38	Orange Coast Memorial	12	10	2	1	1	3	6					CT
39	Irvine Medical Center	0											
	Others	3	3			1	1				1		
<b>Total</b>		<b>99</b>	<b>91</b>	<b>8</b>	<b>19</b>	<b>13</b>	<b>37</b>	<b>13</b>	<b>3</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>5</b>
	<i>Percentage</i>	<i>100</i>	<i>92%</i>	<i>8%</i>	<i>19%</i>	<i>13%</i>	<i>37%</i>	<i>13%</i>	<i>3%</i>	<i>6%</i>	<i>2%</i>	<i>1%</i>	<i>5%</i>



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**Aeromedical Transports**

This report summarizes all patient transports via helicopter following a 9-1-1 request for scene responses.

Number of aeromedical transports		
<b>Provider</b>	Mercy Air	8
	OCFA Air Rescue	
<b>Medical situation</b>	Trauma	7
	Medical	1
<b>Circumstances (primary)</b>	Location / Traffic / ETA	7
	Remote area	
	Prolonged extrication	1
	Time of Day	
<b>Receiving hospital</b>	Local PTRC sat	
	Mission	2
	UCIMC	3
	WMSA	2
	LBMCC	
	Other	1

Mercy Air is the approved *air ambulance* provider in Orange County and is staffed and equipped to provide ALS level care. The Orange County Fire Authority has an *air rescue* helicopter and is neither staffed nor equipped to provide ALS level care. When an *air rescue* helicopter is used for medical transport, a field paramedic must accompany the patient, taking appropriate ALS equipment.

COMMENT: Use of an *air rescue* helicopter for medical transport is restricted to those times when air or ground ambulance is inappropriate or unavailable. The OCFA's *air rescue* helicopter is used primarily when the patient is in a remote, difficult to access area without a landing area, requiring ALS personnel to rappel into the scene and/or the patient to be removed via a Stokes basket and hoist. It is also utilized in search and rescue missions when the patient's location is unknown.

*Reference: California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100280 and 100281.*



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***Hospital Diversion: Emergency Department Saturation***

This report reflects the total number of hours each paramedic receiving center requested that BLS and ALS ambulances be diverted to another acute care hospital due to Emergency Department Saturation. (See OCEMS policy 310.96). *Data Source: Reddinet*

NOTE: HOSPITALS COULD STILL RECEIVE BLS / ALS PATIENTS WHILE REQUESTING DIVERSION

Hospital	Jan. '05 ER Sat	Feb. '05 ER Sat	Mar. '05 ER Sat	Apr. '05 ER Sat	May '05 ER Sat	Jun. '05 ER Sat	Jul. '05 ER Sat	Aug. '05 ER Sat	Sep. '05 ER Sat	Oct. '05 ER Sat	Nov. '05 ER Sat	Dec. '05 ER Sat	'05 YTD ER Sat
Anaheim General	46:23:00	23:37:00	35:04:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	106:04:00
Anaheim Memorial	7:04:00	30:10:00	2:05:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39:19:00
Brea Community	20:04:00	31:56:00	0:36:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	52:36:00
Chapman	19:05:00	8:37:00	10:44:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	38:25:00
Coastal Comm.	69:21:00	25:52:00	35:24:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	130:36:00
Fountain Valley	0:45:00	10:17:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	11:36:00
Garden Grove	13:21:00	2:05:00	3:04:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	18:30:00
Hoag Memorial	0:00:00	15:31:00	12:43:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28:13:00
Huntington Beach	0:42:00	4:54:00	8:30:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14:06:00
Irvine Medical	86:35:00	88:22:00	71:07:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	246:04:00
Kaiser	43:11:00	46:40:00	76:34:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	166:24:00
La Palma Int.	17:24:00	26:01:00	4:00:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47:24:00
Los Alamitos	58:19:00	72:58:00	36:44:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	168:06:00
Mission Hospital	132:25:00	141:12:00	52:31:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	326:08:00
Orange Coast	0:00:00	19:04:00	12:23:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	31:27:00
Placentia Linda	4:58:00	18:30:00	23:22:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	46:49:00
Saddleback	167:18:00	114:44:00	76:14:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	358:15:00
San Clemente	39:20:00	11:42:00	5:18:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	56:19:00
South Coast	14:07:00	18:45:00	1:12:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28:03:00
St. Joseph	4:24:00	3:39:00	1:37:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	09:39:00
St. Jude	6:13:00	34:56:00	47:00:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	83:12:00
Tustin	0:00:00	1:35:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	01:35:00
UCI Med. Ctr.	49:02:00	126:40:00	51:57:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	227:39:00
West Anaheim	79:59:00	88:10:00	64:27:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	232:36:00
WMC-Anaheim	20:43:00	3:44:00	23:29:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	47:55:00
WMC-Santa Ana	73:24:00	60:57:00	43:35:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	177:55:00
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>TOTAL</b>	<b>974:07:00</b>	<b>1054:38:00</b>	<b>699:40:00</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>2728:56:00</b>
<b>MEDIAN</b>	<b>19:34:30</b>	<b>25:56:30</b>	<b>18:02:30</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>63:31:00</b>
<b>MEAN</b>	<b>37:27:58</b>	<b>40:33:46</b>	<b>26:54:37</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>XXX</b>	<b>104:54:00</b>



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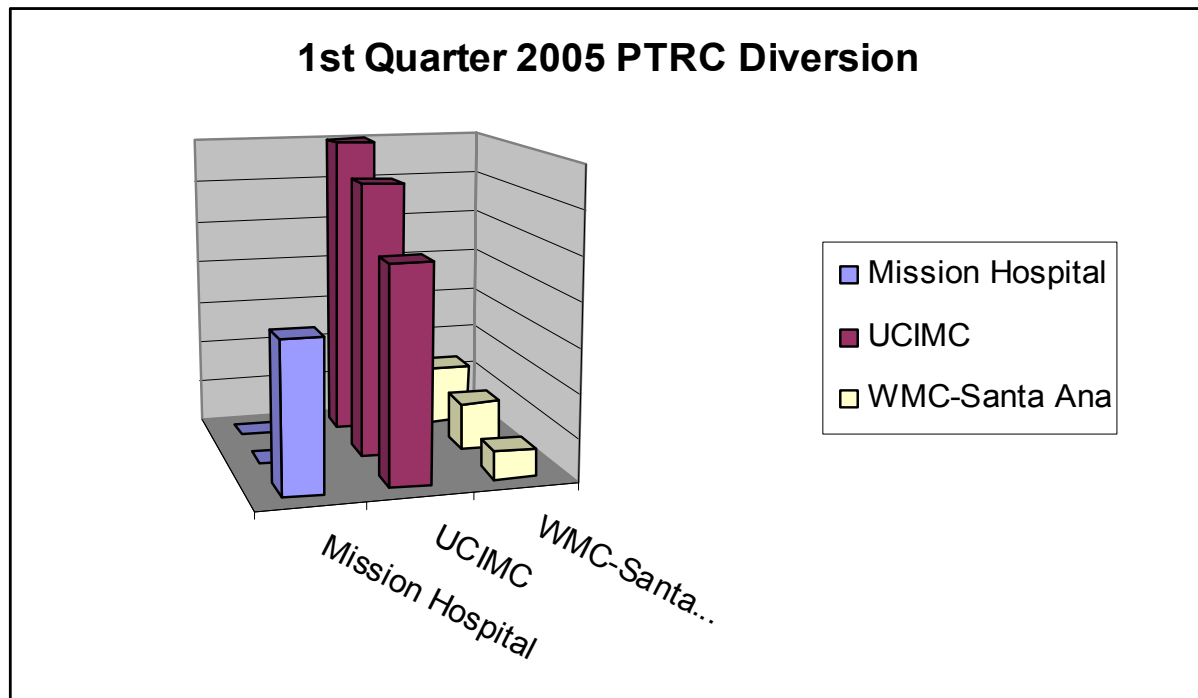


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***Hospital Diversion: Trauma Centers (PTRC)***

This report reflects the total number of hours each Paramedic Trauma Receiving Center requested that ALS ambulances carrying trauma victims be diverted to another PTRC due to system saturation. (See OCEMS policy 310.96). *Data Source: Reddinet*

PTRC	Jan 2005 PTRC Sat	Feb 2005 PTRC Sat	Mar 2005 PTRC Sat	Apr 2005 PTRC Sat	May 2005 PTRC Sat	Jun 2005 PTRC Sat	Jul 2005 PTRC Sat	Aug 2005 PTRC Sat	Sep 2005 PTRC Sat	Oct 2005 PTRC Sat	Nov 2005 PTRC Sat	Dec 2005 PTRC Sat	2005 YTD PTRC Sat
Mission Hospital	0:00:00	0:00:00	16:29:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	16:29:00
UCIMC	33:36:00	30:18:00	23:41:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	87:34:00
WMC-Santa Ana	6:30:00	5:10:00	3:06:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	14:45:00
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
<b>TOTAL</b>	40:06:00	35:28:00	43:16:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	118:49:00
Median	6:30:00	5:10:00	16:29:00	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	28:04:00
Mean	13:22:00	11:49:20	14:25:20	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	39:36:00





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**GLOSSARY of Terms and Abbreviations**

<b>ALS</b>	<i>Advanced Life Support.</i> Services designed to provide definitive prehospital emergency medical care, administered by authorized personnel under the direct supervision of a base hospital as part of a local EMS system, at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by the emergency or other medical staff of that hospital.
<b>Airway Problems</b>	Initial Assessment Codes A__. This category identifies patients with airway problems including croup, epiglottitis, laryngospasm, injuries, aspirated emesis, and obstructions due to a foreign body.
<b>Air Ambulance</b>	Any aircraft specially constructed, modified or equipped and used for the primary purposes of responding to emergency calls and transporting critically ill or injured patients whose medical flight crew has at a minimum two (2) attendants certified or licensed in advanced life support. (REFERENCE: CALIFORNIA CODE OF REGULATIONS, TITLE 22, CHAPTER 8, SECTION 100280)
<b>Air Rescue Aircraft</b>	An aircraft whose usual function is not prehospital emergency patient transport but which may be utilized, in compliance with local EMS policy, for prehospital emergency patient transport when use of an air or ground ambulance is inappropriate or unavailable.
<b>ALS No-Contact</b>	ALS interventions which the paramedic can perform in the absence of on-line medical control. (REFERENCE: OCEMS TREATMENT GUIDELINE I-40.)
<b>ALS Provider</b>	An agency approved to provide ALS-level care.
<b>AMA</b>	<i>Against Medical Advice.</i> Patient left against the advice of medical staff, but with their knowledge.
<b>Base Hospital</b>	A paramedic receiving hospital, staffed with a Mobile Intensive Care Nurse (MICN) and Base Physician and equipped with radio equipment, which provides on-line medical support to assist paramedics in the care of a patient. Provides retrospective medical control through quality improvement activities, and offers training and education to ALS providers.



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Glossary: (Continued)

<b>BHR</b>	<u>Base Hospital Report.</u> A standardized form on which Base Hospital personnel (MICN's) document the assessment and care of patients, including response to treatment, performed by paramedics in the prehospital setting.
<b>BLS</b>	<u>Basic Life Support.</u> Emergency first aid and cardiopulmonary resuscitation procedures to maintain life without invasive techniques until the victim may be transported or until advanced life support is available.
<b>BLS Provider</b>	An agency approved to provide BLS-level care.
<b>Breathing Problems</b>	Initial Assessment codes B__. This category identifies patients with breathing problems including asthma, emphysema (COPD), congestive heart failure (CHF), pulmonary edema, pneumonia, smoke inhalation, and chest injuries.
<b>Burn Center</b>	A hospital holding a permit from the Department of Health Services which is committed to provide specialty care to burn patients.
<b>Circulatory Problems</b>	Initial Assessment codes C__. This category identifies patients with circulatory-related problems including syncope, anaphylaxis, angina, possible myocardial infarction (R/O MI), internal bleeding (including GI bleeding), aneurysm, dysrhythmia, hypovolemia and cardiogenic shock
<b>CSO</b>	<u>Comprehensive Standing Orders.</u> An expanded scope of practice in which paramedics can perform ALS interventions in the absence of on-line medical control. Provides additional interventions beyond those included in <i>ALS no-contact</i> . (REFERENCE: TREATMENT GUIDELINE I-40.)
<b>CTV</b>	<u>Critical Trauma Victim.</u> Those patients with obvious, immediate need for paramedic trauma center level care as defined here: A victim of blunt or penetrating trauma, resulting in any of the following physical findings: respirations <12 or >30/minute, pulse <50 or >130/minute, systolic blood pressure <90 (adults) or <70 (pediatric patients); or penetrating injury to the neck, chest or abdomen; or blunt head injury with Glasgow coma score of <12, unequal pupils or focal neurologic deficit; or spinal cord injury with paralysis or paresthesia; or flail chest; or bilateral femur fractures.



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Glossary: (Continued)

<b>Delicate CNS</b>	Initial Assessment codes D__. This category identifies patients with alteration in (central nervous system) neurological status, including seizures (non-febrile), CVA (cerebrovascular accident) or TIA (transient ischemic attack), head trauma, spine injury, alcohol / drug / overdose related problems, anxiety and psychiatric issues.
<b>Diversion</b>	A request by hospitals to temporarily close to ambulance-transported patients. Permitted reasons are: emergency department resources are totally committed; neuro services unavailable; trauma services unavailable; CT scanner unavailable; an internal problem affecting the physical plant (fire, electrical outage, flooding etc). (REFERENCE: OCEMS POLICY #670.10.)
<b>DOA</b>	<u>Dead On Arrival.</u> The patient has no blood pressure, no respiratory rate, and no heart rate on arrival to the ED. For Orange County, patients with these vital signs are considered dead on arrival regardless of treatments they may received in the ED.
<b>External Soft Tissue</b>	Initial Assessment codes E__. This category identifies patients with injuries including skin wounds, all types of burns, bites or stings, eye injury, and crush injury.
<b>GI / GU</b>	Initial Assessment codes G__. This category identifies patients with gastrointestinal or genitourinary-related problems, including abdominal pain, flank/groin pain, or injury to either of these two systems.
<b>IFT</b>	<u>Interfacility Transfer.</u> Transport of a patient from one acute care facility to another acute care facility for higher level of care. Can be performed by ambulance with BLS personnel, Critical Care Transport ambulance with a Registered Nurse, or by paramedic by accessing the 9-1-1 system if an immediate need to transport.
<b>MICN</b>	<u>Mobile Intensive Care Nurse.</u> A Registered Nurse, who has additional training on EMS protocols and who, in conjunction with the Base Hospital physician, provides on-line medical support to paramedics.
<b>MTV</b>	<u>Moderate Trauma Victim.</u> Those patients with potential need for trauma center level-care. Situations or conditions include: mechanism of injury (ejection, falls >15', auto/pedestrian accidents, bicycle or motorcycle crash >20 mph) and other injuries or conditions, including blunt head injury with loss of consciousness >5 minutes, extremes of age, pregnancy >20 weeks, other



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Glossary: (Continued)

**Multiple System Problems**

Initial Assessment codes H\_\_. This category identifies patients with problems involving more than one body system, including: hyper- or hypotension, sepsis, hyper- or hypoglycemia, cardiopulmonary arrest, trauma, cancer, allergic reactions, medication reactions, and environmental emergencies.

**OB / GYN**

Initial Assessment codes I\_\_ (Obstetrical/Gynecological). This category identifies patients with a pregnancy or gynecological-related problem, including pre-term or normal labor, field delivery, ectopic pregnancy, eclampsia, or sexual assault.

**On-line medical control**

ALS interventions provided under the direction of a physician. May be accomplished by use of radio communications or cellular phone.

**PRC**

Paramedic Receiving Center. A hospital with a permit for basic or comprehensive emergency services which has been designated as a participant in the EMS system by the Orange County EMS Agency.

**Paramedic Resource Hospital**

A hospital that provides retrospective medical control through quality improvement activities and offers training and education to ALS providers. A paramedic resource hospital does not have a paramedic radio and therefore cannot provide on-line medical direction to ALS providers.

**PTRC**

Paramedic Trauma Receiving Center. a.k.a. Trauma Center; A hospital, designated by OCEMS, which is committed to provide specialty care to trauma patients. In general, all patients designated as *critical trauma victims* and the majority of patients designated as *moderate trauma victims* will be transported to a trauma receiving center.

**PCR**

Patient Care Report / Prehospital Care Report. A standardized form on which EMS service providers document the assessment and care of patients, including response to treatment, in the prehospital setting.

**Pediatric Emergency**

Initial Assessment codes J\_\_. This category identifies medical situations of pediatric-age patients (<8 years), including febrile seizure, sudden infant death syndrome (SIDS), normal or distressed newborns, apparent life-threatening events (ALTE), and possible child abuse/neglect.



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**Glossary: (Continued)**

**ReddiNet**

A computer-based communications system which allows hospitals to share information. Used to post a hospital's open / closed status. Also used during mass casualty incidents for patient assignment and patient tracking.

**Skeletal Injuries**

Initial Assessment codes F\_\_. This category identifies injuries to the skeletal system and includes strains and sprains, fractures, dislocations and amputations.