



County of Orange
Health Care Agency
Emergency Medical Services



2nd QUARTER 2005 (APRIL – JUNE) 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
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 - ✓ 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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Date: 10/14/2005



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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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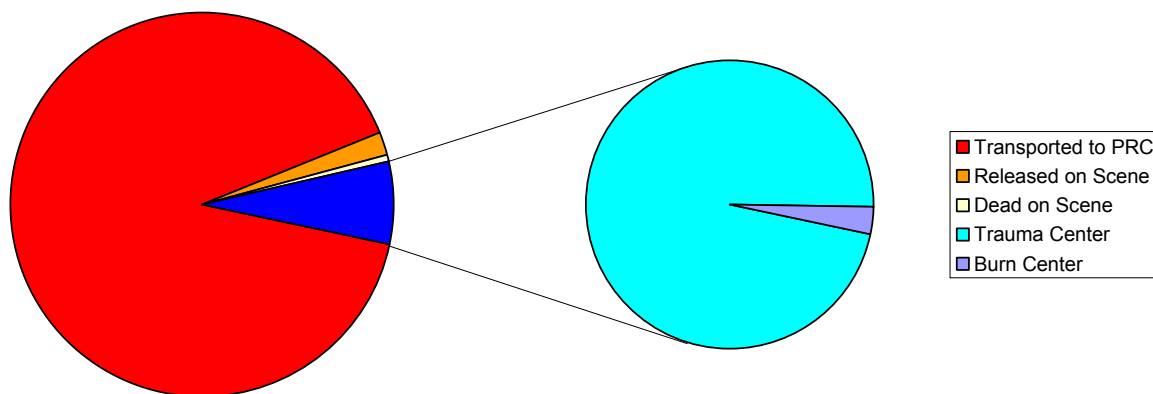
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Transport / Non-transport and Destination by Facility Type

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*

Total Number of ALS Level Calls	12,949	100
Total Number of Patients Transported	12,594	97%
Total transported to PRC (non-specialty center)	11,712	90%
Total transported to specialty center	882	7%
<i>Trauma center</i>	855	6%
<i>Burn center</i>	27	<1%
Total Number of Patients Not Transported	355	3%
<i>Released on scene / refused transport</i>	266	2%
<i>Dead on scene</i>	89	<1%

2nd Quarter 2005 Patient Transport Destination





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Call Volume by Receiving Center

This report provides a breakdown of the number of patient transports to each of the paramedic receiving centers in Orange County as well as those hospitals outside of Orange County.

Data Source: Central-One

ID#	RECEIVING HOSPITAL	# Patients	Percentage (Rounded)
01	Anaheim General Hospital	106	1%
02	Anaheim Memorial Medical Center	663	5%
03	Brea Community Hospital	0	0%
05	Chapman Medical Center	155	1%
15	Coastal Communities Hospital	139	1%
07	Fountain Valley Regional Medical Center	462	4%
19	Garden Grove Hospital & Medical Center	411	3%
09	Hoag Memorial Hospital – Presbyterian	1493	12%
10	Huntington Beach Hospital	504	4%
39	Irvine Regional Medical Center	473	4%
04	Kaiser Foundation – Orange County	287	2%
12	La Palma Intercommunity Hospital	163	1%
13	Los Alamitos Medical Center	448	3%
17	Mission Regional Hospital & Medical Center	1149	9%
38	Orange Coast Memorial Hospital	369	3%
20	Placentia Linda Hospital	329	2%
21	Saddleback Memorial Medical Center	778	6%
22	St. Joseph Hospital	700	5%
23	St. Jude Medical Center	731	6%
24	San Clemente Hospital	267	2%
25	South Coast Medical Center	166	1%
26	Tustin Hospital & Medical Center	37	<1%
27	UCI Medical Center	761	6%
28	West Anaheim Medical Center	728	6%
29	Western Medical Center – Santa Ana	850	7%
30	Western Medical Center – Anaheim	276	2%
	LA County Hospitals		
53	Community Hospital of Long Beach	16	<1%
34	Long Beach Memorial Medical Center	70	<1%
56	Presbyterian Intercommunity Hospital	9	<1%
37	St. Mary Medical Center	2	<1%
55	Whittier Medical Center	32	<1%
36	Other	13	<1%
	Not documented	7	<1%
	TOTAL TRANSPORTED PATIENTS	12,594	
60	Release signed	266	2%
99	Dead on scene	89	1%
	TOTAL NON-TRANSPORTED PATIENTS	355	3%
	TOTAL PATIENTS	12,949	100%



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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

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Anaheim Fire	1599	12%	All units are assigned to Anaheim Memorial Base	
			A 1	232
			A 2	256
			A 3	139
			A 4	271
			A 5	104
			A 6	166
			A 7	94
			A 8	70
			A 9	60
			A 10	58
			A 43	77
			A 44	72
Brea Fire	210	1%	All units are assigned to St. Jude Base	
			Brea 1	142
			Brea 3	68
Costa Mesa Fire	609	5%	All units are assigned to Hoag Base	
			M 81	129
			M 82	70
			M 83	176
			M 84	42
			M 85	192
Fountain Valley Fire	300	2%	All units are assigned to Huntington Beach Base	
			V 31	176
			V 32	124
			VT31 A	0
Fullerton Fire	621	5%	All units are assigned to St. Jude Base	
			F 1	180
			F 2	161
			F 4	136
			F 5	144



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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Garden Grove Fire	606	5%	All units are assigned to UCIMC Base	
			G 1	326
			G 2	142
			G 3	1
			G 5	137
			G 6 A	0
			G 7 A	0
Huntington Beach Fire	1007	8%	All units are assigned to Huntington Beach Base	
			H 41	250
			H 42	157
			H 43	99
			H 44	78
			H 45	183
			H 46	90
			H 47	47
			H 48	103
Laguna Beach Fire	136	1%	All units are assigned to Hoag Base	
			L 1	89
			L 4	47
La Habra Fire	211	1%	All units are assigned to St. Jude Base	
			LH 1	144
			LH 2	67
Newport Beach Fire	587	4%	All units are assigned to Hoag Base	
			N 62	210
			N 63	209
			N 65	168
			N 68 A	0
Orange Fire	678	5%	All units are assigned to UCIMC Base	
			O 1 A	11
			O 2 A	3
			O 3 A	174
			O 4 A	167
			O 5 A	198
			O 6 A	4
			O 7 A	0
			O 8 A	0
			OR 3	43
			OR 4	33
			OR 5	45



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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Santa Ana Fire	1035	8%	Units are assigned to West Med Santa Ana Base	
			SA 1	244
			SA 3	140
			SA 4	142
			SA 5	256
			SA 7	146
			SA 8	107
Orange County Fire	5327	41%	Units are assigned to Base Hospital as noted	
		HBH	OCFA 2 A	0
		WMSA	OCFA 4	157
		MISSION	OCFA 5	171
		WMSA	OCFA 6 A	139
		MISSION	OCFA 7	164
		WMSA	OCFA 8 A	0
		MISSION	OCFA 9 A	38
		SJMC	OCFA 10 A	1
		HBH	OCFA 13 A	4
		HBH	OCFA 17	233
		Mission	OCFA 18	3
		MISSION	OCFA 19	184
		MISSION	OCFA 20	0
		WMSA	OCFA 21	245
		MISSION	OCFA 22	250
		MISSION	OCFA 222	343
		WMSA	OCFA 23	70
		MISSION	OCFA 24	183
		HBH	OCFA 25 A	0
		WMSA	OCFA 26	176
		WMSA	OCFA 27 A	1
		MISSION	OCFA 29	171
		MISSION	OCFA 30 A	19
		MISSION	OCFA 31	180
		SJMC	OCFA 32	115
		SJMC	OCFA 34	222
		SJMC	OCFA 35 A	3
		WMSA	OCFA 36 A	99
		WMSA	OCFA 37 A	0
		MISSION	OCFA 38	130
		MISSION	OCFA 39 A	24
		MISSION	OCFA 40 A	5
		MISSION	OCFA 42 A	5
		WMSA	OCFA T43 A	0



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Call Volume by Provider Agency and ALS Unit: Continued

Agency	Total	Percentage (Rounded)	ALS Unit	Number of Calls
Orange County Fire, cont				
		HBH	OCFA 44A	3
		MISSION	OCFA 45 A	113
		HBH	OCFA 46	223
		HBH	OCFA T46 A	0
		HBH	OCFA 48	277
		MISSION	OCFA T49 A	12
		MISSION	OCFA 50 A	43
		MISSION	OCFA 51	63
		SJMC	OCFA 53 A	0
		MISSION	OCFA 54 A	9
		MISSION	OCFA 55 A	0
		MISSION	OCFA 57 A	28
		MISSION	OCFA 58	70
		MISSION	OCFA T59	65
		MISSION	OCFA 60	155
		SJMC	OCFA 61	325
		SJMC	OCFA 62	143
		SJMC	OCFA 63 A	4
		HBH	OCFA 64	196
		HBH	OCFA 65	119
		HBH	OCFA 66	144
		WMSA	OCFA 215 A	0
Mercy Air	13			
Not Documented	10			
TOTAL	12,949			



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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

Paramedic Resource Hospital	Total number of calls	Percentage of total county calls (Rounded)
Anaheim Memorial	1290	10%
Base Hospital		
Hoag Memorial Presbyterian	1368	11%
Huntington Beach	2458	19%
Mission Regional Medical Center	2415	19%
St. Jude Medical Center	1837	14%
UCI Medical Center	1657	13%
Western Medical Center, Santa Ana	1924	15%
Total	12,949	100%

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*

Assessment Category	Specific Assessment	Number	Percentage (Rounded)
Total			
Airway Problems	total		
A 04, A 05	Croup / epiglottitis	7	<1%
	All others	38	<1%
Breathing Problems	total		
B 03	Asthma	273	2%
B 02	COPD	288	2%
B 14 / B 01	CHF / Pulmonary Edema	346	3%
	All others	759	6%
Circulatory Problems	total		
C 01	Syncope	709	5%
C 08	Angina	960	7%
C 09	R/O MI	716	5%
C 10	Dysrhythmias	283	2%
C 07 / C 03	Hypovolemic Shock / Cardiogenic Shock	86	<1%
C 04	GI bleeding	146	1%
	All others	544	4%
Delicate CNS	total		
D 01	Alcohol-related	194	1%
D 05 / D 06	Overdose / drug ingestion	476	4%
D 02	Seizure (non-febrile)	817	6%
D 07 / D 23	CVA / TIA	682	5%
D 12	Head trauma to PTRC	36	<1%
D 24	Head trauma to PRC (e.g., concussion)	70	<1%
	All others	1051	8%
External Soft Tissue	total		
E 03 / E 04 / E 05 / E 08	Burns (All Categories)	8	<1%
E 12	Burn victim to Burn Center	27	<1%
	All others	148	1%



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Patient Assessment / Primary Suspected Problem - Detailed: Continued

Assessment Category	Specific Assessment	Number	Percentage (Rounded)
Skeletal Injuries			
	total		
F 01 / F 02 / F 03	Suspected fracture (all)	163	1%
F 05	Amputation	5	<1%
F06	Strain/Sprain	98	<1%
	All others	101	1%
GI / GU			
	total		
G 01 / G 02	Abdominal pain (all)	275	2%
G 08	Flank / Groin pain (e.g., kidney stones)	40	<1%
	All others	116	1%
Multiple System Problems			
	total		
H 01	Cardiopulmonary arrest - medical	334	3%
H 20 / H 21	Cardiopulmonary arrest - traumatic	22	<1%
H 03	Hypertension	25	<1%
H 04 / H 05	Diabetic-related problem	676	5%
H 06	Submersion (drowning /near-drowning)	9	<1%
H 08	MTV to PRC	65	<1%
H 09	MTV / CTV to PTRC	819	6%
H10	General Weakness	631	5%
H15	Allergic Reaction	104	1%
H18	Hypotension	134	1%
	All others	528	4%
OB / GYN			
	Total		
I 06	Field delivery	19	<1%
I 03 / I 04 / I 05 / I 07 / I 11	Other OB-related	77	<1%
I 01	Gynecological	38	<1%
	All others	48	<1%
Pediatric			
	Total		
J 03 / J 04	Newborn	11	<1%
J 07	Febrile seizure	127	1%
J 01	Suspected SIDS	0	0
	All others	35	<1%
Not Documented		12,949	100%



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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

Assessment Category	Number	Percentage (Rounded)
Airway Problems	45	<1%
Breathing Problems	1666	13%
Circulatory Problems	3364	26%
Delicate CNS	3326	26%
External Soft Tissue	183	1%
Skeletal Injuries	367	2%
GI / GU	431	3%
Multiple System Problems	3213	25%
OB / GYN	180	1%
Pediatric	173	1%
Not Documented	1	<1%
Total	12,949	100%

Most Frequently Used Assessment, Listed in Descending Frequency

	Specific Assessment	Number	Percentage (Rounded)
1.	Angina / rule out MI	1676	13%
2.	MTV/CTV to PTRC	819	6%
3.	Seizures (non-febrile)	817	6%
4.	Syncope	709	5%
5.	CVA/TIA	682	5%
6.	Hypoglycemia/Diabetic	676	5%
7.	General weakness	631	4%
8.	Asthma / COPD	561	4%
9.	Drug ingestion / OD	476	3%
10.	Cardiopulmonary arrest - medical	334	2%
	All other assessments	6528	50%
	Total	12,949	100%



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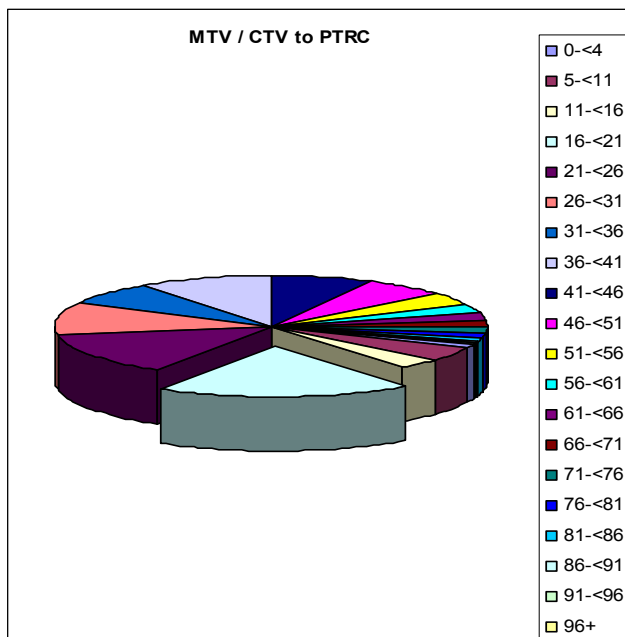
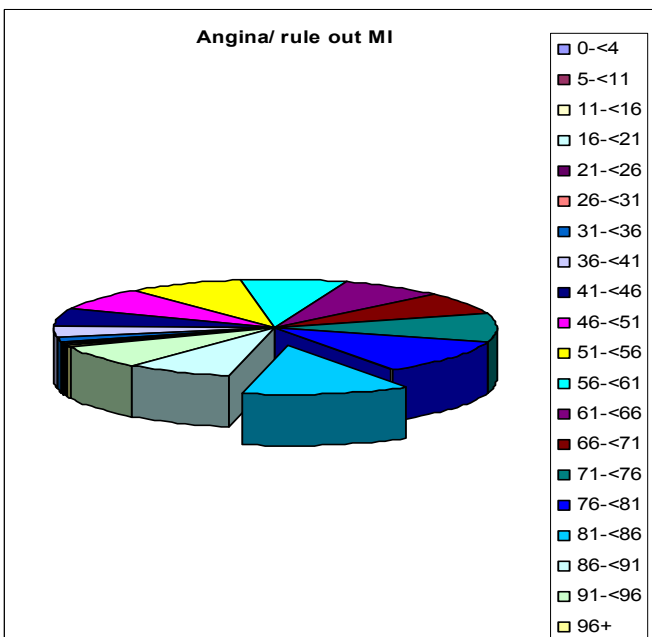
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Patient Assessment / Primary Suspected Problem – By Age

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). **Note: Totals do not include “Blank” and “Not Documented” items.** *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	0	2	3	8	8	29	74	116	157
MTV / CTV to PTRC	11	37	29	160	113	87	60	84	65	53
Seizures	38	63	48	73	62	65	63	64	90	68
Syncope	0	5	11	32	22	22	24	16	26	36
CVA / TIA	1	0	0	1	1	2	6	10	17	22
Asthma/ COPD	7	20	19	17	13	16	12	20	21	28
Hypoglycemia / Diabetic	2	5	5	9	18	22	25	37	39	46
General Weakness	1	4	4	15	10	13	14	12	24	30
Drug Ingestion / OD	6	5	31	66	68	64	50	53	56	32
Cardiopulmonary Arrest-Medical	9	3	0	3	9	4	6	10	17	18
All other Assessments	118	104	125	243	242	196	216	225	262	237
Total	193	246	274	622	566	499	505	605	733	727
Percentage	1%	2%	2%	5%	4%	4%	4%	5%	6%	6%

Assessment	51-<56	56-<61	61-<66	66-<71	71-<76	76-<81	81-<86	86-<91	91-<96	96+
Angina/ rule out MI	169	157	155	149	185	236	249	158	151	18
MTV / CTV to PTRC	32	26	20	15	15	15	8	6	2	0
Seizures	47	52	25	21	22	29	17	17	5	1
Syncope	48	41	45	45	56	103	126	73	26	6
CVA / TIA	28	34	55	63	87	108	133	116	50	16
Asthma/ COPD	29	36	48	54	74	76	63	45	20	2
Hypoglycemia / Diabetic	81	63	68	70	61	74	78	34	19	2
General Weakness	39	33	37	59	57	107	111	107	40	12
Drug Ingestion / OD	40	20	12	7	8	8	3	1	2	1
Cardiopulmonary Arrest-Medical	24	35	24	31	22	41	48	25	12	3
All other Assessments	248	236	219	217	339	407	493	365	47	42
Total	785	733	708	731	926	1204	1329	947	433	103
Percentage	6%	6%	6%	6%	7%	9%	10%	7%	3%	1%





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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

<i>Paramedic Resource Hospital</i>	<i>Total # of calls</i>	<i># of base contact calls</i>	<i># of CSO calls</i>	<i>% of CSO calls</i>
Anaheim Memorial	1290 ₁	N/A	1290	100%
<i>Base Hospital</i>	<i>Total # of calls</i>	<i># of base contact calls</i>	<i># of ALS no-contact calls</i>	<i>% of ALS no-contact calls</i>
Hoag Memorial	1368	733	635	46%
Huntington Beach	2458	1354	1104	45%
Mission Regional Med Center	2415	1321	1094	45%
St. Jude Medical Center	1837	1063	774	42%
UCI Medical Center	1657	1162	495	30%
Western Medical Center Santa Ana	1924	1113	811	42%
Total (ALS no-contact calls only)	-----	-----	4913₂	42%
Total (all base hospitals)	11659	5633	6203₃	53%
Total (all county)	12949	5633₄	6203	48%

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

² This reflects the total number of ALS no-contact calls only. The corresponding percentage relates to the total number of ALS no-contact calls (4913) to the total number of ALS Base Hospital Contacted calls throughout the county (11,659).

³ 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 (6203) to the total number of ALS calls throughout the county (12,949).

⁴ The total number of Base Hospital Contact calls. The corresponding percentage relates to the total number of Base Hospital Contact calls (5633) to the total number of ALS calls throughout the county (12,949).

COMMENT: Paramedics assigned to the Paramedic Resource Hospital practice under an expanded scope termed *Comprehensive Standing Orders* which allows for 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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2nd QUARTER 2005 (APRIL – JUNE) SYSTEM ACTIVITY REPORT

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) used by the Anaheim Fire Department.

Data Source: Central-One

By Assessment Category

Assessment Category	Number	Percentage (Rounded)
Airway Problems	21	<1%
Breathing Problems	468	9%
Circulatory Problems	1118	23%
Delicate CNS	1622	33%
External Soft Tissue	65	1%
Skeletal Injuries	200	4%
GI / GU	242	5%
Multiple System Problems	1041	21%
OB / GYN	54	1%
Pediatric	81	2%
Not Documented	1	<1%
Total	4913	100%

Most Frequently Used Assessment, Listed in Descending Frequency

	Specific Assessment	Number	Percentage (Rounded)
1.	Breathing problems, other	468	9%
2.	Syncope	437	9%
3.	General weakness	417	8%
4.	CVA/TIA	403	8%
5.	Hypoglycemia/Diabetic	387	7%
6.	Seizures (non-febrile)	378	7%
7.	Angina / rule out MI	322	7%
8.	Alcohol or drug ingestion / OD	247	4%
9.	Asthma / COPD	116	2%
10.	All other assessments	1738	35%
	Total	4913	100%



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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.

Base Hospital	Trauma designations	Percentage
Western Medical – Santa Ana	200	23%
Huntington Beach	137	16%
Mission	133	16%
UCI Medical Center	130	15%
St. Jude	103	12%
Anaheim Memorial	86	10%
Hoag	66	8%
Total	855	100%

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.

Trauma Hospital	Number of traumas	Percentage
UCI Medical Center	391	45%
Western Medical – Santa Ana	273	32%
Mission	164	19%
Long Beach Memorial	26	3%
Other	1	<1%
Total	855	100%

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.)

Classification	Number	Percentage
Critical trauma victim (CTV)	143	17%
Moderate trauma victim (MTV)	691	80%
Traumatic full arrest	1	<1%
Neurosurgical emergency	20	2%
Total	855	100%



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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	0											
02	Anaheim Memorial Medical Center	19	18	1	7	4	8						
03	Brea Community	0											
05	Chapman General	7	7				3	2		1	1		
33	Children's Hospital of Orange County	0											
15	Coastal Communities Hospital	6	6		2	1	3						
07	Fountain Valley Hospital	2	2				2						
19	Garden Grove Medical Center	6	6		1		4				1		
09	Hoag Memorial	1	1				1						
10	Huntington Beach Hospital	14	13	1	3		5	3		3			
39	Irvine Medical Center	4	4		1	1	2						
04	Kaiser Permanente	2	2				1	1					
12	La Palma Intercommunity	4	4		3			1					
13	Los Alamitos Medical Center	0											
17	Mission Hospital	0											
38	Orange Coast Memorial	10	9	1	3	2	5						
20	Placentia Linda Hospital	7	6	1	1	2	1	1	2				
21	Saddleback Memorial	3	3				3						
24	San Clemente Hospital	10	10		2	3	1	3	1				
25	South Coast Medical Center	12	11	1	1	2	6	2	1				
22	St. Joseph Medical Center	1	1				1						
23	St. Jude Medical Center	3	2	1		1	2						
26	Tustin Hospital Medical Center	0											
27	UCI Medical Center	0											
28	West Anaheim Medical Center	4	4		2		1						ENT
29	Western Medical Center-Santa Ana	2	2				2						
30	Western Medical Center-Anaheim	1	1		1								
	Others	0											
Total		118	112	6	27	16	51	13	4	4	2	0	1
	<i>Percentage</i>	100%	95%	5%	22.9%	13.6%	43.2%	11.0%	3.4%	3.4%	1.7%	0.0%	0.8%



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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		
Provider	Mercy Air	13
	OCFA Air Rescue	0
Medical situation	Trauma	12
	Medical	1
Circumstances (primary)	Location / Traffic / ETA	9
	Remote area	3
	Prolonged extrication	0
	Time of Day	0
	Local PTRC sat	1
Receiving hospital	Mission	5
	UCIMC	2
	WMSA	6
	LBMCC	0
	Other	0

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	65:28:00	18:31:00	21:18:00	XXX	XXX	XXX	XXX	XXX	XXX	210:21:00
Anaheim Memorial	7:04:00	30:10:00	2:05:00	5:15:00	0:00:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	44:34:00
Brea Community	20:04:00	31:56:00	0:36:00	N/A	N/A	N/A	XXX	XXX	XXX	XXX	XXX	XXX	52:36:00
Chapman	19:05:00	8:37:00	10:44:00	13:50:00	11:01:00	4:42:00	XXX	XXX	XXX	XXX	XXX	XXX	67:59:00
Coastal Comm.	69:21:00	25:52:00	35:24:00	33:17:00	19:05:00	5:25:00	XXX	XXX	XXX	XXX	XXX	XXX	188:24:00
Fountain Valley	0:45:00	10:17:00	0:00:00	9:49:00	0:00:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	20:51:00
Garden Grove	13:21:00	2:05:00	3:04:00	7:40:00	4:36:00	12:04:00	XXX	XXX	XXX	XXX	XXX	XXX	42:50:00
Hoag Memorial	0:00:00	15:31:00	12:43:00	7:58:00	0:00:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	36:12:00
Huntington Beach	0:42:00	4:54:00	8:30:00	3:52:00	1:57:00	4:49:00	XXX	XXX	XXX	XXX	XXX	XXX	24:44:00
Irvine Medical	86:35:00	88:22:00	71:07:00	79:11:00	77:58:00	55:45:00	XXX	XXX	XXX	XXX	XXX	XXX	458:58:00
Kaiser	43:11:00	46:40:00	76:34:00	80:43:00	48:53:00	34:14:00	XXX	XXX	XXX	XXX	XXX	XXX	330:15:00
La Palma Int.	17:24:00	26:01:00	4:00:00	11:19:00	29:48:00	7:26:00	XXX	XXX	XXX	XXX	XXX	XXX	95:58:00
Los Alamitos	58:19:00	72:58:00	36:44:00	55:14:00	72:56:00	59:12:00	XXX	XXX	XXX	XXX	XXX	XXX	355:23:00
Mission Hospital	132:25:00	141:12:00	52:31:00	104:39:00	79:15:00	15:55:00	XXX	XXX	XXX	XXX	XXX	XXX	525:57:00
Orange Coast	0:00:00	19:04:00	12:23:00	19:01:00	10:38:00	13:07:00	XXX	XXX	XXX	XXX	XXX	XXX	74:13:00
Placentia Linda	4:58:00	18:30:00	23:22:00	18:23:00	26:11:00	19:48:00	XXX	XXX	XXX	XXX	XXX	XXX	111:12:00
Saddleback	167:18:00	114:44:00	76:14:00	109:09:00	135:47:00	91:52:00	XXX	XXX	XXX	XXX	XXX	XXX	695:04:00
San Clemente	39:20:00	11:42:00	5:18:00	10:12:00	11:04:00	14:26:00	XXX	XXX	XXX	XXX	XXX	XXX	92:02:00
South Coast	14:07:00	18:45:00	1:12:00	5:26:00	5:11:00	7:25:00	XXX	XXX	XXX	XXX	XXX	XXX	52:06:00
St. Joseph	4:24:00	3:39:00	1:37:00	5:59:00	2:56:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	18:35:00
St. Jude	6:13:00	34:56:00	47:00:00	36:06:00	24:25:00	34:56:00	XXX	XXX	XXX	XXX	XXX	XXX	183:36:00
Tustin	0:00:00	1:35:00	0:00:00	1:31:00	3:07:00	2:19:00	XXX	XXX	XXX	XXX	XXX	XXX	8:32:00
UCI Med. Ctr.	49:02:00	126:40:00	51:57:00	82:51:00	109:24:00	138:36:00	XXX	XXX	XXX	XXX	XXX	XXX	558:30:00
West Anaheim	79:59:00	88:10:00	64:27:00	74:54:00	40:26:00	40:51:00	XXX	XXX	XXX	XXX	XXX	XXX	388:47:00
WMC-Anaheim	20:43:00	3:44:00	23:29:00	10:57:00	1:01:00	36:24:00	XXX	XXX	XXX	XXX	XXX	XXX	168:18:00
WMC-Santa Ana	73:24:00	60:57:00	43:35:00	45:56:00	32:29:00	29:47:00	XXX	XXX	XXX	XXX	XXX	XXX	286:08:00
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
TOTAL	974:07:00	1054:38:00	699:40:00	922:40:00	790:39:00	650:21:00	XXX	XXX	XXX	XXX	XXX	XXX	5092:05:00
MEDIAN	19:34:30	25:56:30	18:02:30	19:01:00	19:05:00	14:26:00	XXX	XXX	XXX	XXX	XXX	XXX	103:35:00
MEAN	37:27:58	40:33:46	26:54:37	36:54:24	31:37:34	26:00:50	XXX	XXX	XXX	XXX	XXX	XXX	195:50:58



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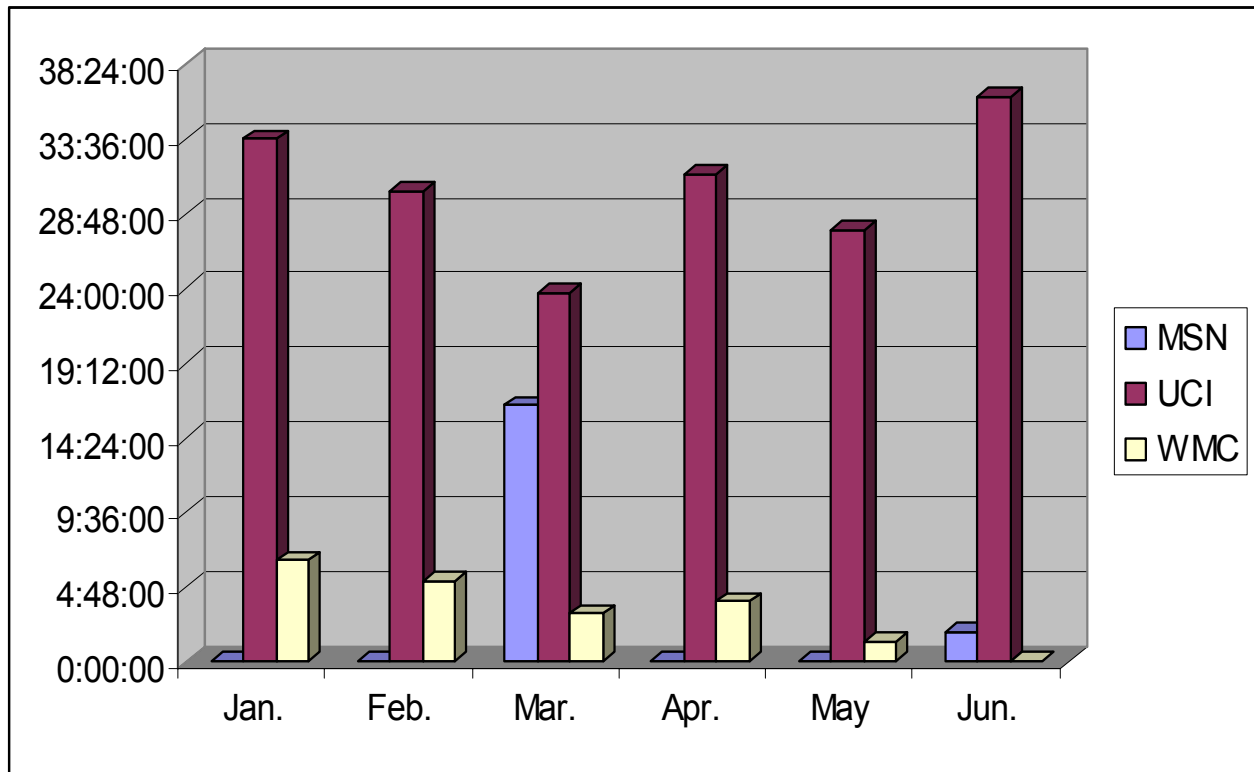


2nd QUARTER 2005 (APRIL – JUNE) SYSTEM ACTIVITY REPORT

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	0:00:00	0:00:00	1:58:00	XXX	XXX	XXX	XXX	XXX	XXX	18:27:00
UCIMC	33:36:00	30:18:00	23:41:00	31:24:00	27:45:00	36:21:00	XXX	XXX	XXX	XXX	XXX	XXX	183:05:00
WMC-Santa Ana	6:30:00	5:10:00	3:06:00	3:53:00	1:21:00	0:00:00	XXX	XXX	XXX	XXX	XXX	XXX	20:00:00
	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
TOTAL	40:06:00	35:28:00	43:16:00	35:17:00	29:06:00	38:19:00	XXX	XXX	XXX	XXX	XXX	XXX	221:32:00
Median	6:30:00	5:10:00	16:29:00	3:53:00	1:21:00	1:58:00	XXX	XXX	XXX	XXX	XXX	XXX	0:00:00
Mean	13:22:00	11:49:20	14:25:20	11:45:40	9:42:00	12:46:20	XXX	XXX	XXX	XXX	XXX	XXX	73:50:40





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GLOSSARY of Terms and Abbreviations

ALS	<u>Advanced Life Support.</u> 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.
Airway Problems	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.
Air Ambulance	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)
Air Rescue Aircraft	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.
ALS No-Contact	ALS interventions which the paramedic can perform in the absence of on-line medical control. (REFERENCE: OCEMS TREATMENT GUIDELINE I-40.)
ALS Provider	An agency approved to provide ALS-level care.
AMA	<u>Against Medical Advice.</u> Patient left against the advice of medical staff, but with their knowledge.
Base Hospital	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)

BHR	<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.
BLS	<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.
BLS Provider	An agency approved to provide BLS-level care.
Breathing Problems	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.
Burn Center	A hospital holding a permit from the Department of Health Services which is committed to provide specialty care to burn patients.
Circulatory Problems	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
CSO	<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.)
CTV	<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)

Delicate CNS	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.
Diversion	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.)
DOA	<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.
External Soft Tissue	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.
GI / GU	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.
IFT	<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.
MICN	<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.
MTV	<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.