



**County of Orange
Health Care Agency
Health Disaster Management/Emergency Medical Services
2nd Quarter 2007 (APR. - JUN.) SYSTEM ACTIVITY REPORT**



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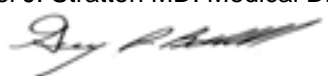



REPORT DISTRIBUTION

This report is distributed to the following individuals, committee members, groups or other entities and is available on the Health Care Agency / Emergency Medical Services Website at:
<http://www.ochealthinfo.com/medical/ems/reports.htm>

- 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
 - ✓ Terre Duensing, Division Manager, Health Disaster Management
 - ✓ Robert Gates; Deputy Agency Director, Medical and Institutional Health Services
 - ✓ Eric Handler, MD; Health Officer, Public Health Services
 - ✓ Mark A. Refowitz, LCSW; Deputy Agency Director, Behavioral Health Services
 - ✓ David Souleles; Deputy Agency Director, Public Health Services
- Hospital Association of Southern California (HASC)
- Mercy Air
- Orange County Board of Supervisors
- 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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 Samuel J. Stratton MD: Medical Director
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 Laurent R. Repass, NREMT-P: QI Program Coordinator

Date: 03/04/08



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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.

Many of the reports contained in this summary are prepared from information obtained from the Base Hospital Report (BHR) and/or the Prehospital Care Report (PCR). All Base Hospitals collect and enter data from those reports into a database tracking system called Central One, designed by Lancet Technology®, Inc., to submit this information to OCEMS. The System Activity Report does not contain data from other system participants (e.g., Basic Life Support calls, private critical care ambulance transports, or public service access points).

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
- Hospital Diversion: Emergency Department Saturation
- Hospital Diversion: Trauma Centers

Suggestions for additional reports are welcome and should be directed to Greg L. Boswell, RN Program Manager or Samuel J. Stratton, M.D., OCEMS Medical Director.



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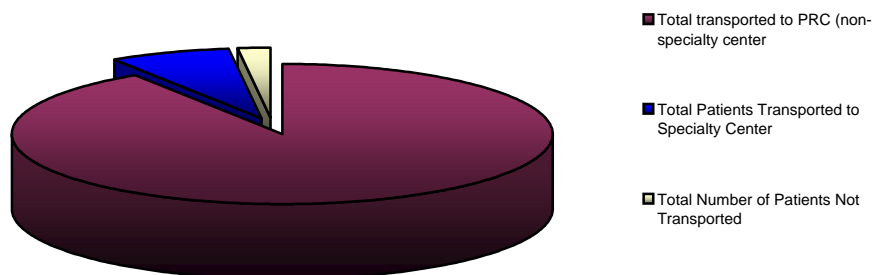


Transport / Non-transport and Destination by Facility Type

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 Patients Transported	13,509	98%
Total transported to PRC (non-specialty center)	12,507	91%
Total Patients Transported to Specialty Center	1,002	7%
Trauma center	910	7%
Burn center	22	0%
Cardiac Center	70	1%
Total Number of Patients Not Transported	273	2%
Released on scene / refused transport	192	1%
Dead on Scene	81	1%
Total Number of Calls	13,782	100%

Patient Destination Distribution





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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 OCEMS patients. *Data Source: Central One*

ID#	Receiving Hospital	Total	Percent
1	Anaheim General Hospital	93	1%
2	Anaheim Memorial Medical Center	766	6%
4	Kaiser Foundation - Anaheim	321	2%
5	Chapman Medical Center	142	1%
7	Fountain Valley Regional Medical Center	568	4%
9	Hoag Memorial Hospital - Presbyterian	1,605	12%
10	Huntington Beach Hospital	423	3%
12	La Palma Intercommunity Hospital	143	1%
13	Los Alamitos Medical Center	453	3%
15	Coastal Communities Hospital	126	1%
17	Mission Hospital Regional Medical Center	1,267	9%
19	Garden Grove Hospital and Medical Center	328	2%
20	Placentia Linda Hospital	357	3%
21	SMMC - Laguna Hills	959	7%
22	St. Joseph Hospital	778	6%
23	St. Jude Medical Center	882	6%
24	SMMC - San Clemente	208	2%
25	South Coast Medical Center	203	1%
26	Tustin Hospital and Medical Center	42	0%
27	UCI Medical Center	852	6%
28	West Anaheim Medical Center	656	5%
29	Western Medical Center - Santa Ana	757	5%
30	Western Medical Center - Anaheim	306	2%
34	Long Beach Memorial Medical Center*	71	1%
37	St. Mary Medical Center*	1	0%
38	Orange Coast Memorial Medical Center	501	4%
39	Irvine Regional Medical Center	481	3%
53	Community Hospital of Long Beach*	4	0%
55	Whittier Medical Center*	39	0%
56	Presbyterian Intercommunity Hospital*	16	0%
36	Other	7	0%
60	Release / Signed AMA	192	1%
99	Dead on Scene	81	1%
	Not Documented	154	1%
Total		13,782	100%

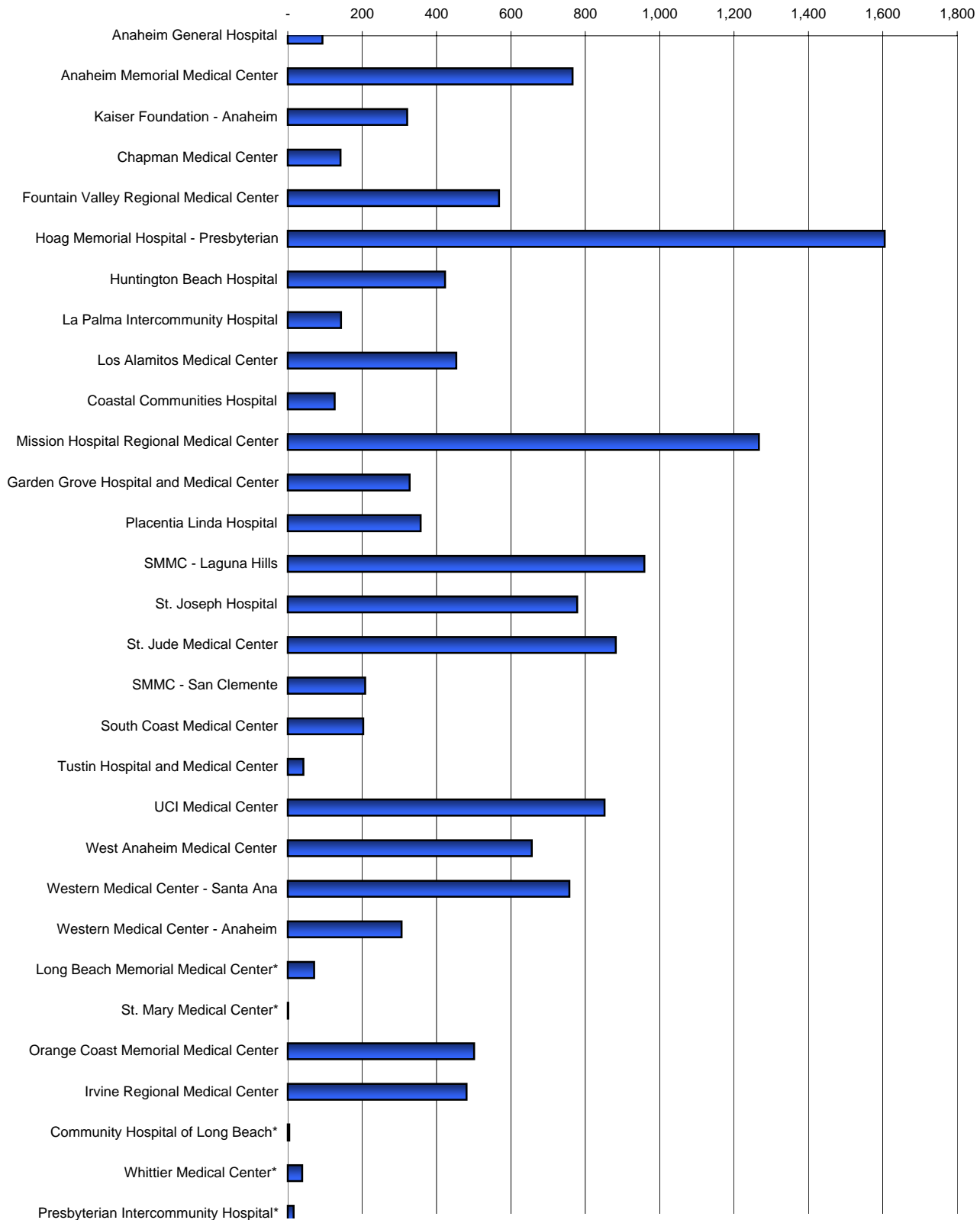
*Hospital located in Los Angeles County



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Call Volume by Receiving Center



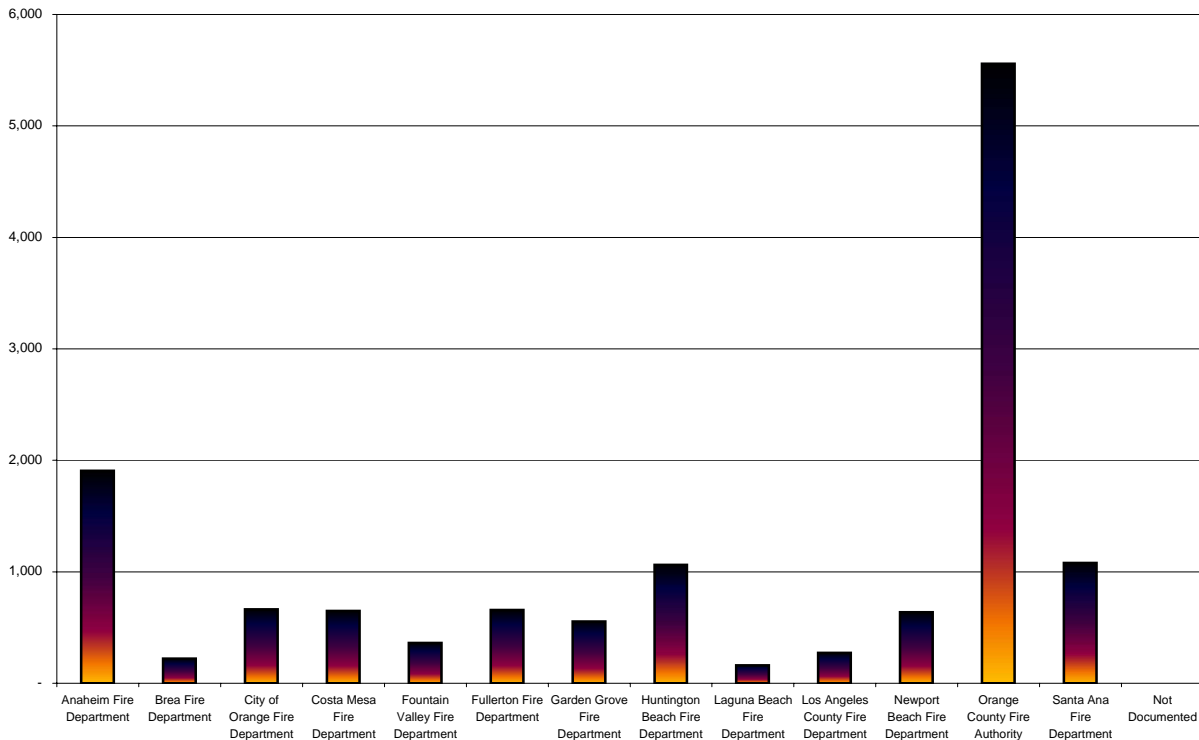


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ALS Call Volume by EMS Provider Agency

ID #	EMS Provider Agency	Total	Percent
1	Anaheim Fire Department	1,906	14%
2	Brea Fire Department	222	2%
12	City of Orange Fire Department	664	5%
4	Costa Mesa Fire Department	648	5%
5	Fountain Valley Fire Department	361	3%
6	Fullerton Fire Department	657	5%
7	Garden Grove Fire Department	553	4%
8	Huntington Beach Fire Department	1,061	8%
9	Laguna Beach Fire Department	162	1%
21	Los Angeles County Fire Department	274	2%
11	Newport Beach Fire Department	637	5%
13	Orange County Fire Authority	5,558	40%
15	Santa Ana Fire Department	1,079	8%
	Not Documented	-	0%
	Total	13,782	100%





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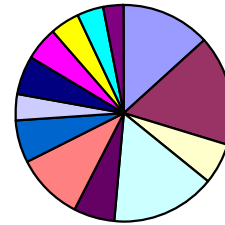
ALS Call Volume by Provider Agency and ALS Unit

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

Anaheim Fire Department			
A1	Anaheim E-1	255	13%
A2	Anaheim E-2	310	16%
A3	Anaheim E-3	119	6%
A4	Anaheim E-4	295	15%
A5	Anaheim E-5	115	6%
A6	Anaheim E-6	192	10%
A7	Anaheim E-7	124	7%
A8	Anaheim E-8	70	4%
A9	Anaheim E-9	115	6%
A10	Anaheim E-10	94	5%
A43	Anaheim Medic 4-3	85	4%
A44	Anaheim Medic 4-4	75	4%
	Anaheim Medic 1-1	57	3%
Total		1,906	100%

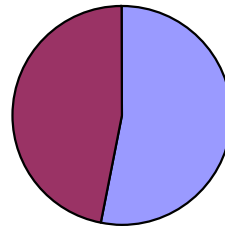
*All units assigned to Anaheim Memorial (Paramedic Resource Hospital)



- Anaheim E-1
- Anaheim E-2
- Anaheim E-3
- Anaheim E-4
- Anaheim E-5
- Anaheim E-6
- Anaheim E-7
- Anaheim E-8
- Anaheim E-9
- Anaheim E-10
- Anaheim Medic 4-3
- Anaheim Medic 4-4
- Anaheim Medic 1-1

Brea Fire Department			
BREA 1	Brea Medic 1	118	53%
BREA 3	Brea Medic 3	104	47%
Total		222	100%

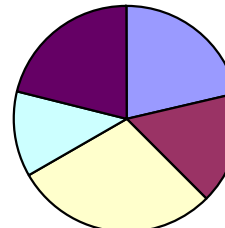
*All units assigned to St. Jude Base Hospital



- BREA 1 Brea Medic 1
- BREA 3 Brea Medic 3

Costa Mesa Fire Department			
M81	Mesa Medic E-81	138	21%
M82	Mesa Medic E-82	105	16%
M83	Mesa Medic E-83	189	29%
M84	Mesa Medic E-84	80	12%
M85	Mesa Medic E-85	136	21%
Total		648	100%

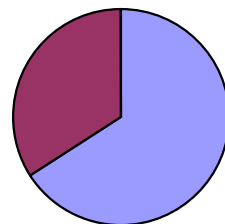
*All units assigned to Hoag Memorial Base Hospital



- Mesa Medic E-81
- Mesa Medic E-82
- Mesa Medic E-83
- Mesa Medic E-84
- Mesa Medic E-85

Fountain Valley Fire Department			
V31	Valley Medic E-31	238	66%
V32	Valley Medic E-32	123	34%
VT31A	Valley Truck 31	0	0%
Total		361	100%

*All units assigned to Huntington Beach Base Hospital



- Valley Medic E-31
- Valley Medic E-32
- Valley Truck 31



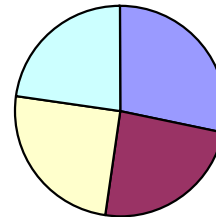
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ALS Call Volume by Provider Agency and ALS Unit (continued)

Fullerton Fire Department			
F1	Fullerton Medic 1	186	28%
F2	Fullerton Medic 2	157	24%
F4A	Fullerton E-4	164	25%
F5	Fullerton Medic 5	150	23%
Total		657	100%

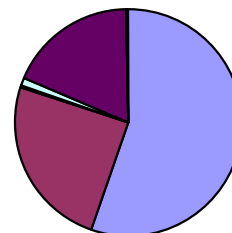
*All units assigned to St. Jude Base Hospital



- Fullerton Medic 1
- Fullerton Medic 2
- Fullerton E-4
- Fullerton Medic 5

Garden Grove Fire Department			
G1	Grove Medic E-1	305	55%
G2	Grove Medic E-2	137	25%
G2R	Grove Medic 2-R	2	0%
G3A	Grove E-3	6	1%
G5	Grove Medic E-5	102	18%
G6A	Grove Engine 6	0	0%
G7A	Grove E-7	1	0%
Total		553	100%

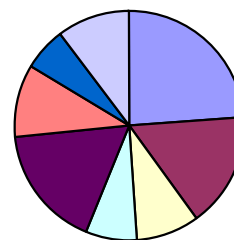
*All units assigned to UCIMC Base Hospital



- Grove Medic E-1
- Grove Medic E-2
- Grove Medic 2-R
- Grove E-3
- Grove Medic E-5
- Grove Engine 6
- Grove E-7

Huntington Beach Fire Department			
H41	Huntington Medic E-41	252	24%
H42	Huntington Medic E-42	172	16%
H43	Huntington Medic E-43	94	9%
H44	Huntington Medic E-44	78	7%
H45	Huntington Medic E-45	181	17%
H46	Huntington Medic E-46	109	10%
H47	Huntington Medic E-47	66	6%
H48	Huntington Medic E-48	109	10%
Total		1,061	100%

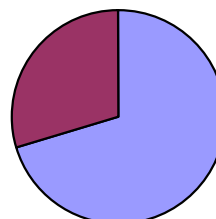
*All units assigned to Huntington Beach Base Hospital



- Huntington Medic E-41
- Huntington Medic E-42
- Huntington Medic E-43
- Huntington Medic E-44
- Huntington Medic E-45
- Huntington Medic E-46
- Huntington Medic E-47
- Huntington Medic E-48

Laguna Beach Fire Department			
L1	Laguna Medic E-1	114	70%
L4	Laguna Medic E-4	48	30%
Total		162	100%

*All units assigned to Hoag Memorial Base Hospital



- Laguna Medic E-1
- Laguna Medic E-4



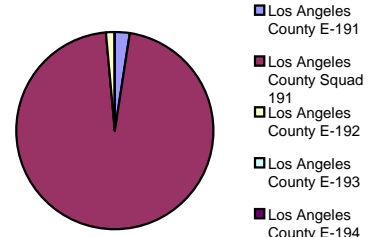
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ALS Call Volume by Provider Agency and ALS Unit continued

Los Angeles County Fire Department			
LAE191	Los Angeles County E-191	7	3%
LAS191	Los Angeles County Squad 191	263	96%
LAE192	Los Angeles County E-192	4	1%
LAE193	Los Angeles County E-193	0	0%
LAE194	Los Angeles County E-194	0	0%
Total		274	100%

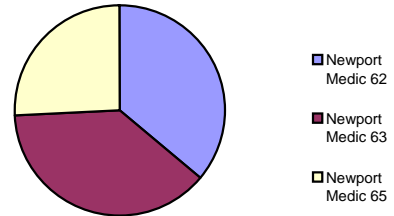
*All units assigned to St. Jude Base Hospital



- Los Angeles County E-191
- Los Angeles County Squad 191
- Los Angeles County E-192
- Los Angeles County E-193
- Los Angeles County E-194

Newport Beach Fire Department			
N62	Newport Medic 62	230	36%
N63	Newport Medic 63	242	38%
N65	Newport Medic 65	165	26%
Total		637	100%

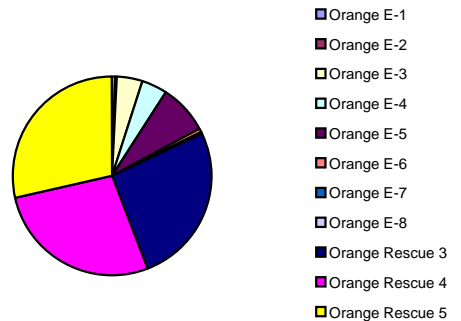
*All units assigned to Hoag Memorial Base Hospital



- Newport Medic 62
- Newport Medic 63
- Newport Medic 65

City of Orange Fire Department			
O1A	Orange E-1	3	0%
O2A	Orange E-2	2	0%
O3A	Orange E-3	28	4%
O4A	Orange E-4	28	4%
O5A	Orange E-5	53	8%
O6A	Orange E-6	4	1%
O7A	Orange E-7	1	0%
O8A	Orange E-8	0	0%
OR3	Orange Rescue 3	174	26%
OR4	Orange Rescue 4	181	27%
OR5	Orange Rescue 5	190	29%
Total		664	100%

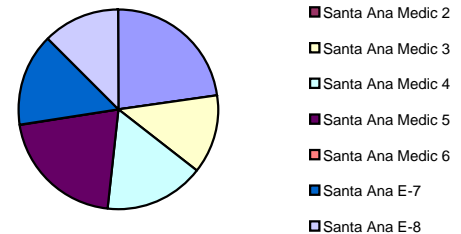
*All units assigned to UCIMC Base Hospital



- Orange E-1
- Orange E-2
- Orange E-3
- Orange E-4
- Orange E-5
- Orange E-6
- Orange E-7
- Orange E-8
- Orange Rescue 3
- Orange Rescue 4
- Orange Rescue 5

Santa Ana Fire Department			
SA1	Santa Ana Medic 1	246	23%
SA2	Santa Ana Medic 2	0	0%
SA3	Santa Ana Medic 3	137	13%
SA4	Santa Ana Medic 4	173	16%
SA5	Santa Ana Medic 5	227	21%
SA6A	Santa Ana Medic 6	0	0%
SA7	Santa Ana E-7	161	15%
SA8	Santa Ana E-8	135	13%
Total		1,079	100%

*All units assigned to WestMed - Santa Ana Base Hospital



- Santa Ana Medic 1
- Santa Ana Medic 2
- Santa Ana Medic 3
- Santa Ana Medic 4
- Santa Ana Medic 5
- Santa Ana Medic 6
- Santa Ana E-7
- Santa Ana E-8



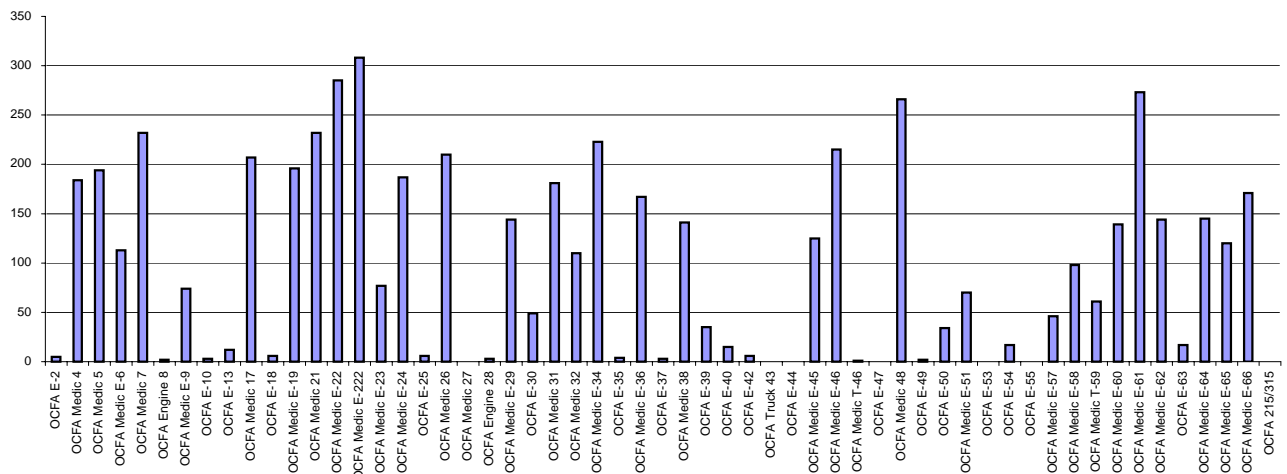
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ALS Call Volume by Provider Agency and ALS Unit (continued)

Orange County Fire Authority							
2A	OCFA E-2 ⁴	5	0%	38	OCFA Medic 38 ⁶	141	3%
4	OCFA Medic 4 ¹	184	3%	39A	OCFA E-39 ⁶	35	1%
5	OCFA Medic 5 ⁶	194	3%	40A	OCFA E-40 ⁶	15	0%
6	OCFA Medic E-6 ¹	113	2%	42A	OCFA E-42 ⁶	6	0%
7	OCFA Medic 7 ⁶	232	4%	43A	OCFA Truck 43 ¹	0	0%
8A	OCFA Engine 8 ¹	2	0%	44A	OCFA E-44 ⁴	0	0%
9	OCFA Medic E-9 ⁶	74	1%	45A	OCFA E-45 ⁶	125	2%
10A	OCFA E-10 ³	3	0%	46	OCFA Medic E-46 ⁴	215	4%
13A	OCFA E-13 ⁴	12	0%	T46A	OCFA T-46 ⁴	1	0%
17	OCFA Medic 17 ⁴	207	4%	47A	OCFA E-47 ¹	0	0%
18A	OCFA E-18 ⁶	6	0%	48	OCFA Medic 48 ⁴	266	5%
19	OCFA Medic E-19 ⁶	196	4%	49A	OCFA E-49 ⁶	2	0%
21	OCFA Medic 21 ¹	232	4%	50	OCFA E-50 ⁶	34	1%
22	OCFA Medic E-22 ⁶	285	5%	51	OCFA Medic E-51 ⁶	70	1%
222	OCFA Medic E-222 ⁶	308	6%	53A	OCFA E-53 ³	0	0%
23	OCFA Medic E-23 ¹	77	1%	54A	OCFA E-54 ⁶	17	0%
24	OCFA Medic E-24 ¹	187	3%	55A	OCFA E-55 ⁶	0	0%
25A	OCFA E-25 ⁴	6	0%	57	OCFA Medic E-57 ⁶	46	1%
26	OCFA Medic 26 ¹	210	4%	58	OCFA Medic E-58 ⁶	98	2%
27	OCFA Medic 27 ¹	0	0%	59	OCFA Medic T-59 ⁶	61	1%
28A	OCFA Engine 28 ¹	3	0%	60	OCFA Medic E-60 ⁶	139	3%
29	OCFA Medic E-29 ⁶	144	3%	61	OCFA Medic E-61 ³	273	5%
30A	OCFA E-30 ⁶	49	1%	62	OCFA Medic E-62 ³	144	3%
31	OCFA Medic 31 ⁶	181	3%	63A	OCFA E-63 ³	17	0%
32	OCFA Medic 32 ³	110	2%	64	OCFA Medic E-64 ⁴	145	3%
34	OCFA Medic E-34 ³	223	4%	65	OCFA Medic E-65 ⁴	120	2%
35A	OCFA E-35 ³	4	0%	66	OCFA Medic E-66 ⁴	171	3%
36	OCFA Medic E-36 ¹	167	3%	215A	OCFA 215/315	0	0%
37A	OCFA E-37 ¹	3	0%				
Total						5,558	100%

1 Units assigned to WestMed - Santa Ana Base Hospital
 3 Units assigned to St. Jude Base Hospital
 4 Units assigned to Huntington Beach Base Hospital
 6 Units assigned to Mission Base Hospital





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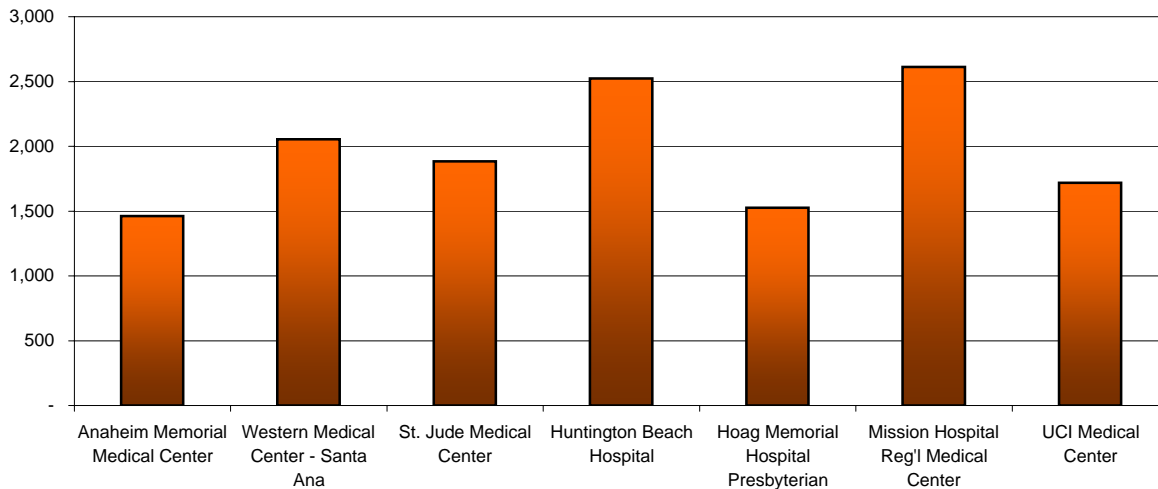


Call Volume by Base Hospital

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); those calls are reflected in the data reported by the one Paramedic Resource Hospital.

Data Source: Central One

ID #	Paramedic Resource Hospital	Total	Percent
2	Anaheim Memorial Medical Center	1,462	11%
ID #	Base Hospital	Total	Percent
1	Western Medical Center - Santa Ana	2,054	15%
3	St. Jude Medical Center	1,885	14%
4	Huntington Beach Hospital	2,523	18%
5	Hoag Memorial Hospital Presbyterian	1,527	11%
6	Mission Hospital Reg'l Medical Center	2,613	19%
7	UCI Medical Center	1,718	12%
Total		13,782	100%





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ALS 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

ID#	Initial Assessment Category	Total	Percent
Airway Problems		75	1%
A04	Croup / Epiglottitis	12	0%
	All Others	63	0%
Breathing Problems		1,638	12%
B01 / B14	Pulmonary Edema / CHF	297	2%
B02	COPD	279	2%
B03	Asthma	238	2%
	All Others	824	6%
Circulatory Problems		3,700	27%
C01	Syncope	820	6%
C03 / C07	Hypovolemic Shock / Cardiogenic Shock	85	1%
C04	GI Bleeding	140	1%
C08	Angina	939	7%
C09	R/O MI	715	5%
C10	Dysrhythmias	402	3%
C16	STEMI to CVRC	70	1%
	All Others	529	4%
Delicate CNS		3,506	25%
D01	Alcohol-related	264	2%
D02	Seizure (non-febrile)	814	6%
D05 / D06	Overdose / Drug Ingestion	524	4%
D07 / D23	CVA / TIA	769	6%
D12	Head Trauma to PTRC	32	0%
D24	Head Trauma to PRC	77	1%
	All others	1,026	7%
External Soft Tissue		190	1%
E03 / E04 / E05 / E08	Burns (All categories)	9	0%
E12	Burn to Burn Center	22	0%
	All Others	159	1%
Skeletal Injuries		365	3%
F01 / F02 / F03	Suspected Fractures	165	1%
F05	Amputation	14	0%
F06	Strain / Sprain	77	1%
	All Others	109	1%
GI / GU		440	3%
G01 / G02	Abdominal pain	225	2%
G08	Flank / Groin pain	41	0%
	All Others	174	1%



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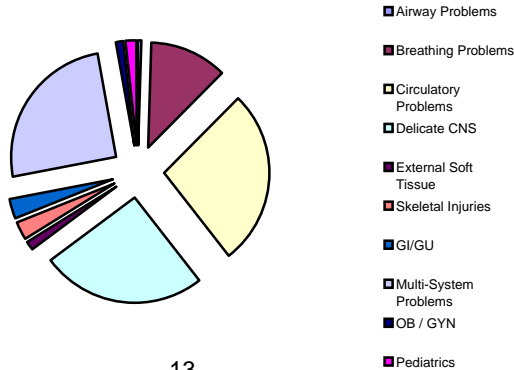


ALS Patient Assessment / Primary Suspected Problem - Detailed (continued)

Multiple System Problems		3,471	25%
H01	Cardiopulmonary Arrest - Medical	339	2%
H04 / H05	Diabetic Related Problem	787	6%
H06	Submersion (drowning / near-drowning)	15	0%
H08	MTV to PRC	63	0%
H09	MTV / CTV to PTRC	831	6%
H10	General Weakness	673	5%
H15	Allergic Reaction	142	1%
H18	Hypotension	168	1%
H20 / H21	Cardiopulmonary Arrest - Traumatic	18	0%
	All Others	435	3%
OB / GYN		158	1%
I01	Vaginal Bleeding	30	0%
I04 / I05 / I07 / I11	Other OB-related	53	0%
I06	Normal Field Delivery	8	0%
	All Others	67	0%
Pediatric		227	2%
J01	Suspected SIDS	2	0%
J03 / J04	Newborn	7	0%
J07	Febrile Seizure	159	1%
	All Others	59	0%
	Initial Assessments/Not Documented/Blank	12	0%
Total		13,782	100%

Patient Assessment /Primary Suspected Problem - By Category

ID	Assessment Category	Total	Percent
A	Airway Problems	75	1%
B	Breathing Problems	1,638	12%
C	Circulatory Problems	3,700	27%
D	Delicate CNS	3,506	25%
E	External Soft Tissue	190	1%
F	Skeletal Injuries	365	3%
G	GI/GU	440	3%
H	Multi-System Problems	3,471	25%
I	OB / GYN	158	1%
J	Pediatrics	227	2%
	Initial Assessments/Not Documented/Blank	12	0%
Total		13,782	100%





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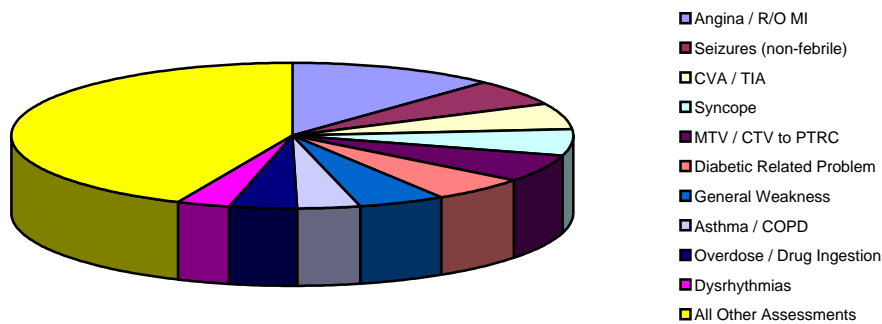


ALS Patient Assessment / Primary Suspected Problem - Condensed

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*

	ID#	Initial Assessment	Total	Percent
1	C08 / C09	Angina / R/O MI	1,654	12%
2	D02	Seizures (non-febrile)	814	6%
3	D07 / D23	CVA / TIA	769	6%
4	C01	Syncope	820	6%
5	H09	MTV / CTV to PTRC	831	6%
6	H04 / H05	Diabetic Related Problem	787	6%
7	H10	General Weakness	673	5%
8	B02 / B03	Asthma / COPD	517	4%
9	D05 / D06	Overdose / Drug Ingestion	524	4%
10	C10	Dysrhythmias	402	3%
		All Other Assessments	5,991	43%
Total			13,782	100%

Patient Assessment





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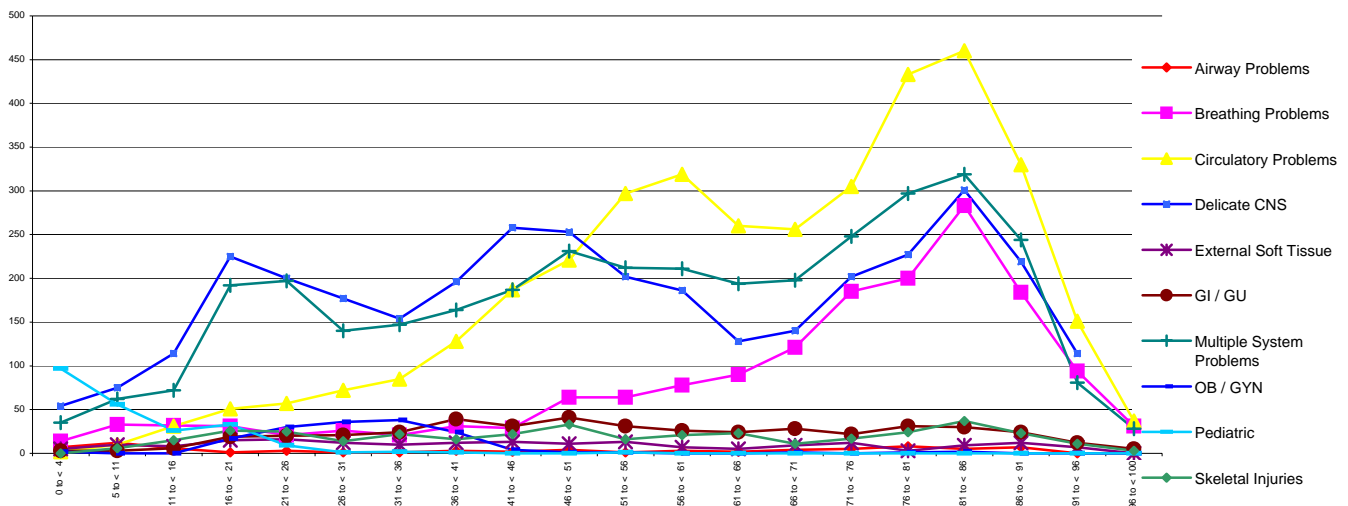
ALS Patient Assessment / Primary Suspected Problem – By Age

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 Category	0 to < 4	5 to < 11	11 to < 16	16 to < 21	21 to < 26	26 to < 31	31 to < 36	36 to < 41	41 to < 46	46 to < 51
Airway Problems	7	12	6	1	3	1	1	3	2	4
Breathing Problems	14	33	32	31	21	26	21	31	29	64
Circulatory Problems	2	10	31	51	57	72	85	128	187	221
Delicate CNS	54	75	114	225	200	177	154	196	258	253
External Soft Tissue	5	10	8	15	16	12	10	12	13	11
GI / GU	3	3	6	19	20	21	24	39	31	41
Multiple System Problems	35	62	72	192	197	140	147	164	187	231
OB / GYN	2	0	0	17	30	36	38	24	4	1
Pediatric	97	56	26	33	9	1	2	1	0	0
Skeletal Injuries	0	6	15	26	25	14	22	16	22	33
Total	219	267	310	610	578	500	504	614	733	859
Percent of Total Volume	2%	2%	2%	4%	4%	4%	4%	4%	5%	6%

Assessment Category	51 to < 56	56 to < 61	61 to < 66	66 to < 71	71 to < 76	76 to < 81	81 to < 86	86 to < 91	91 to < 96	96 to < 100
Airway Problems	1	3	2	4	5	8	5	7	0	0
Breathing Problems	64	78	90	121	185	200	283	184	94	31
Circulatory Problems	297	319	260	256	305	433	460	330	151	37
Delicate CNS	202	186	128	140	202	227	301	219	114	43
External Soft Tissue	13	7	5	9	12	3	9	12	7	0
GI / GU	31	26	24	28	22	31	30	24	12	5
Multiple System Problems	212	211	194	198	248	297	319	244	81	28
OB / GYN	1	0	0	1	0	1	2	0	0	0
Pediatric	1	0	0	0	0	0	0	0	0	0
Skeletal Injuries	16	21	23	11	17	24	37	23	11	3
Total	838	851	726	768	996	1,224	1,446	1,043	470	147
Percent of Total Volume	6%	6%	5%	6%	7%	9%	10%	8%	3%	1%





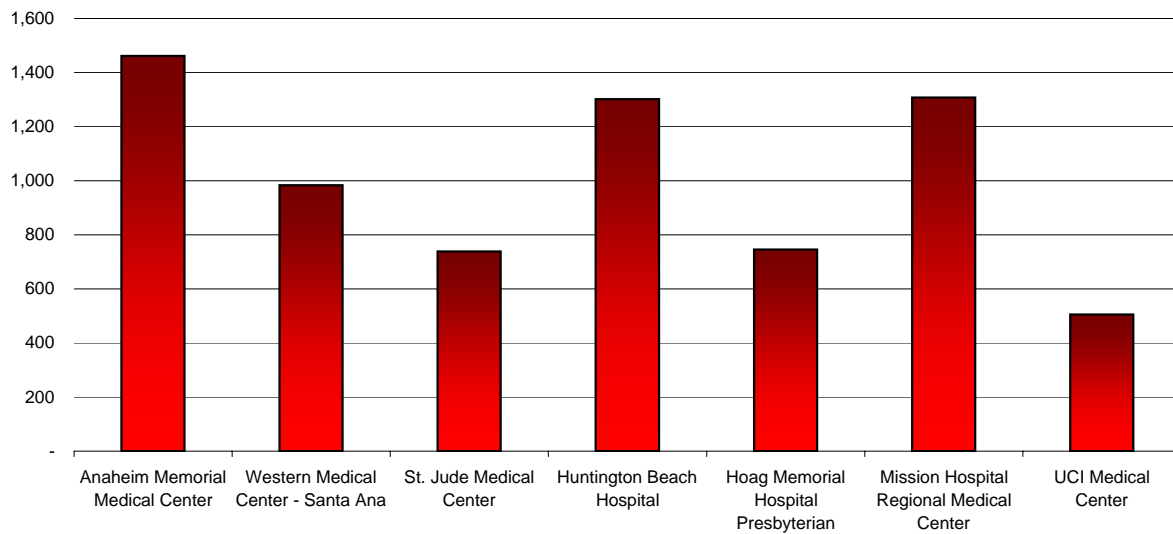
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Use of ALS No-Contact Criteria: By Base Hospital

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*

ID #	Paramedic Resource Hospital	Total	Percent
2	Anaheim Memorial Medical Center	1,462	21%
ID #	Base Hospital	Total	Percent
1	Western Medical Center - Santa Ana	984	14%
3	St. Jude Medical Center	739	10%
4	Huntington Beach Hospital	1,302	18%
5	Hoag Memorial Hospital Presbyterian	745	11%
6	Mission Hospital Regional Medical Center	1,308	19%
7	UCI Medical Center	505	7%
Total (ALS No-Contact Calls Only)		5,583	79%
Total (ALS No-Contact and CSO)		7,045	100%





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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*

ID#	Initial Assessment Category	Total	Percent
Airway Problems		29	1%
A04	Croup / Epiglottitis	3	0%
	All Others	26	0%
Breathing Problems		519	9%
B01 / B14	Pulmonary Edema / CHF	25	0%
B02	COPD	80	1%
B03	Asthma	58	1%
	All Others	356	6%
Circulatory Problems		1,302	23%
C01	Syncope	511	9%
C04	GI Bleeding	76	1%
C07	Hypovolemic Shock	28	1%
C08	Angina	264	5%
C09	R/O MI	25	0%
C10	Dysrhythmias	75	1%
	All Others	323	6%
Delicate CNS		1,833	33%
D01	Alcohol-related	175	3%
D02	Seizure (non-febrile)	410	7%
D05 / D06	Overdose / drug ingestion	262	5%
D07 / D23	CVA / TIA	442	8%
D24	Head trauma to PRC	19	0%
	All others	525	9%
External Soft Tissue		96	2%
E01	Burns (All categories)	81	1%
	All Others	15	0%
Skeletal Injuries		219	4%
F01 / F02 / F03	Suspected fractures	100	2%
F06	Strain / Sprain	68	1%
	All Others	51	1%
GI / GU		228	4%
G01 / G02	Abdominal pain	116	2%
G08	Flank / Groin Pain	11	0%
	All Others	101	2%
Multiple System Problems		1,238	22%
H01	Cardiopulmonary Arrest - Medical	4	0%
H20	Cardiopulmonary Arrest - Traumatic	1	0%
H03	Hypertension Crisis (DBP >120)	1	0%
H04 / H05	Diabetic Condition (Hyper or Hypo)	509	9%
H08	MTV to PRC	10	0%
H09	MTV / CTV to PTRC	15	0%
H10	General Weakness	444	8%
H15	Allergic Reaction	34	1%
H18	Hypotension (Unknown Etiology)	24	0%
	All Others	196	4%



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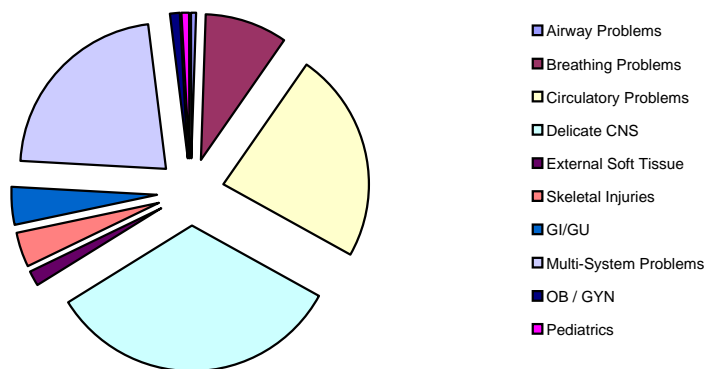
Use of ALS No-Contact Criteria: Patient Assessment/Primary Suspected Problem (continued)

OB / GYN		63	1%
I01	Vaginal Bleeding	11	0%
I04 / I05 / I07 / I11	Other OB-related	29	1%
I06	Field Delivery	1	0%
	All Others	22	0%
Pediatric		50	1%
J01	Suspected SIDS	-	0%
J03 / J04	Newborn	-	0%
J07	Febrile seizure	42	1%
	All Others	8	0%
	ALS No Contact IA Not Documented	6	0%
Total		5,583	100%

Initial Assessments Condensed

ALS No Contact Patient Assessment/Primary Suspected Problem: by Category

ID	Assessment Category	Total	Percent
A	Airway Problems	29	1%
B	Breathing Problems	519	9%
C	Circulatory Problems	1,302	23%
D	Delicate CNS	1,833	33%
E	External Soft Tissue	96	2%
F	Skeletal Injuries	219	4%
G	GI/GU	228	4%
H	Multi-System Problems	1,238	22%
I	OB / GYN	63	1%
J	Pediatrics	50	1%
	Not Documented	6	0%
Total		5,583	100%





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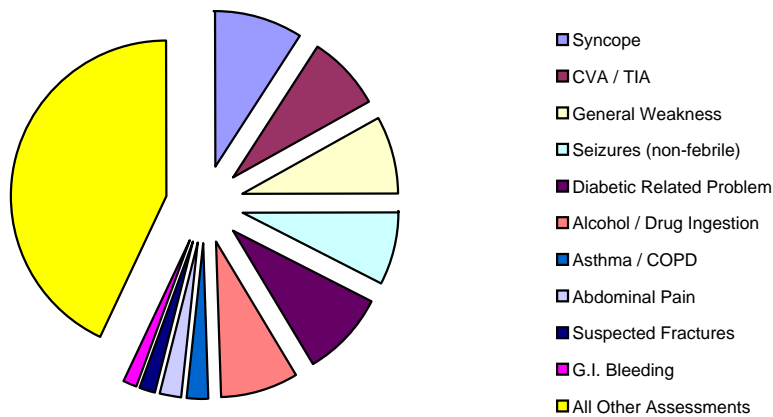


By Assessment Category

ALS No-Contact Criteria by Top Ten Assessment Categories

ID#	Initial Assessment	Total	Percent
1	C01 Syncope	511	9%
2	D07 / D23 CVA / TIA	442	8%
3	H10 General Weakness	444	8%
4	D02 Seizures (non-febrile)	410	7%
5	H04 / H05 Diabetic Related Problem	509	9%
6	D01 / D05 / D06 Alcohol / Drug Ingestion	437	8%
7	B02 / B03 Asthma / COPD	138	2%
8	G01 / G02 Abdominal Pain	116	2%
9	F01 / F02 / F03 Suspected Fractures	100	2%
10	C04 G.I. Bleeding	76	1%
	All Other Assessments	2,400	43%
	Total	5,583	100%

Initial Assessment Categories





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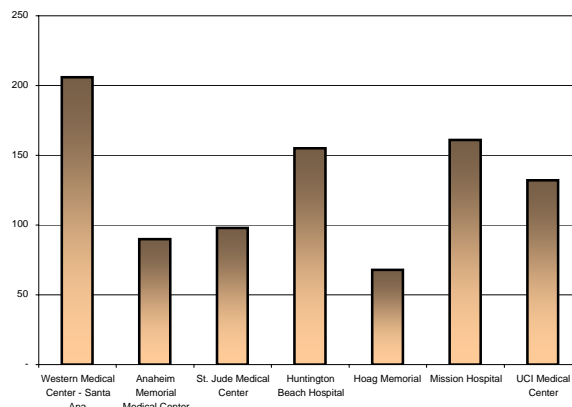
Trauma Designations

Patients sustaining either penetrating or blunt-force injuries meeting 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.

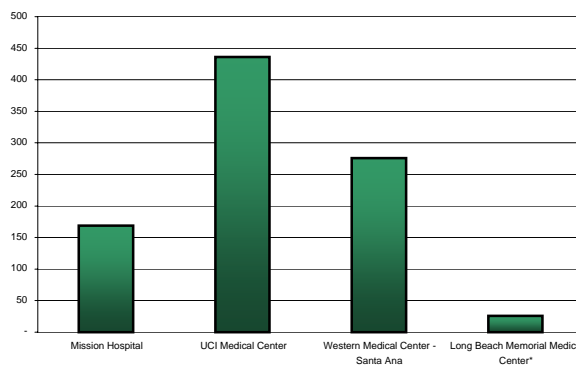
Base Hospital	Total	Percent
Western Medical Center - Santa Ana	206	23%
Anaheim Memorial Medical Center	90	10%
St. Jude Medical Center	98	11%
Huntington Beach Hospital	155	17%
Hoag Memorial	68	7%
Mission Hospital	161	18%
UCI Medical Center	132	15%
Total	910	100%



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.

Receiving Trauma Center	Total	Percent
Mission Hospital	169	19%
UCI Medical Center	436	48%
Western Medical Center - Santa Ana	276	30%
Long Beach Memorial Medical Center*	26	3%
No Transport / Released Signed	2	0%
Other	1	0%
Total	910	100%

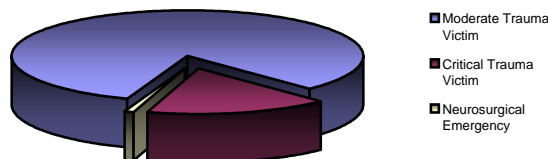


*Hospital is located in Los Angeles County

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.)

Trauma Patient Classification	Total	Percent
Moderate Trauma Victim	749	82%
Critical Trauma Victim	153	17%
Neurosurgical Emergency	8	1%
Total	910	100%





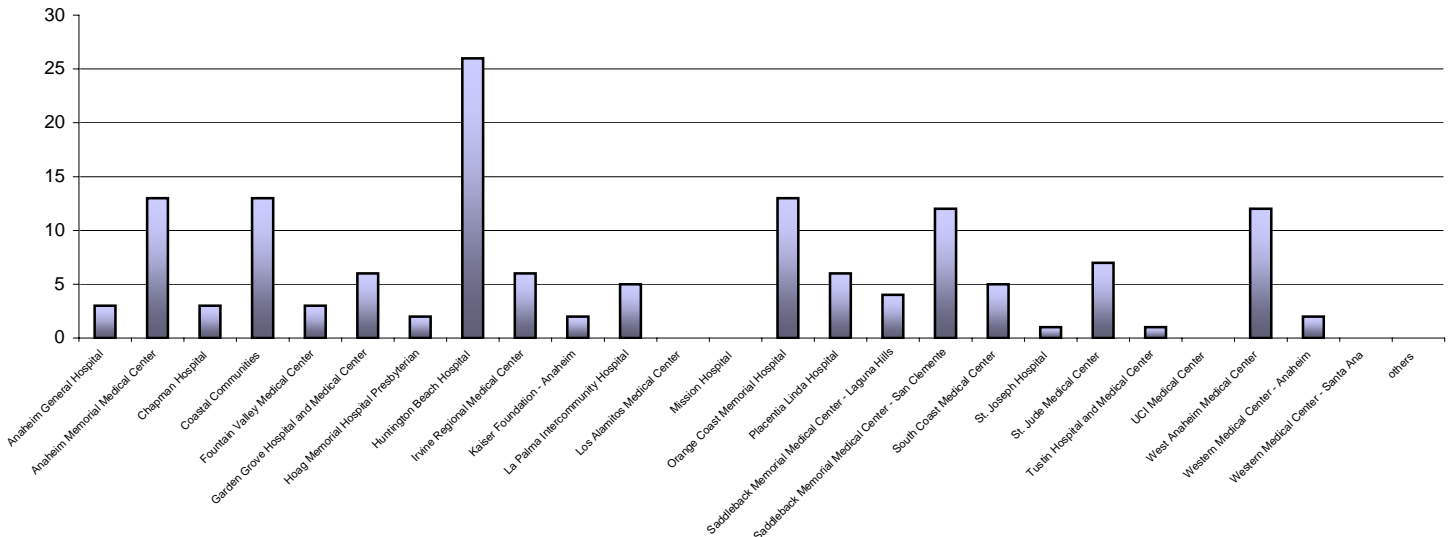
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Interfacility Transfers via the 9-1-1 System

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 #	Paramedic Receiving Center	Total	%	IFT	CC	neuro- M	neuro- T	trauma	cardiac	vascular	OB	burn	peds	other
01	Anaheim General Hospital	3	2%	3		1		2						
02	Anaheim Memorial Medical Center	13	9%	12	1	2	2	9						
05	Chapman Hospital	3	2%	3		1	1		1					
15	Coastal Communities	13	9%	13		3	1	6	1				2	
07	Fountain Valley Medical Center	3	2%	3				2					1	
19	Garden Grove Hospital and Medical Center	6	4%	6		1		4	1					
09	Hoag Memorial Hospital Presbyterian	2	1%	2				1					1	
10	Huntington Beach Hospital	26	18%	24	2	2	3	14	4		2			1
39	Irvine Regional Medical Center	6	4%	6		3	1	2						
04	Kaiser Foundation - Anaheim	2	1%	2				1	1					
12	La Palma Intercommunity Hospital	5	3%	5		3	1	1						
13	Los Alamitos Medical Center	0	0%											
17	Mission Hospital	0	0%											
38	Orange Coast Memorial Hospital	13	9%	12	1	3		5	3	1			1	
20	Placentia Linda Hospital	6	4%	4	2		2	3		1				
21	Saddleback Memorial Medical Center - Laguna Hills	4	3%	3	1		1	2						
24	Saddleback Memorial Medical Center - San Clemente	12	8%	11	1		1	2	4		4	1		
25	South Coast Medical Center	5	3%	4	1		1	2	2					
22	St. Joseph Hospital	1	1%	1				1						
23	St. Jude Medical Center	7	5%	6	1		1	6						
26	Tustin Hospital and Medical Center	1	1%	1						1				
27	UCI Medical Center	0	0%											
28	West Anaheim Medical Center	12	8%	11	1	5	2	4						
30	Western Medical Center - Anaheim	2	1%	2		1	1							
29	Western Medical Center - Santa Ana	0	0%											
	others	0	0%											
Total		145		134	11	25	18	67	17	3	6	5	1	1
Percent		100%		92%	8%	17%	12%	46%	12%	2%	4%	3%	1%	1%





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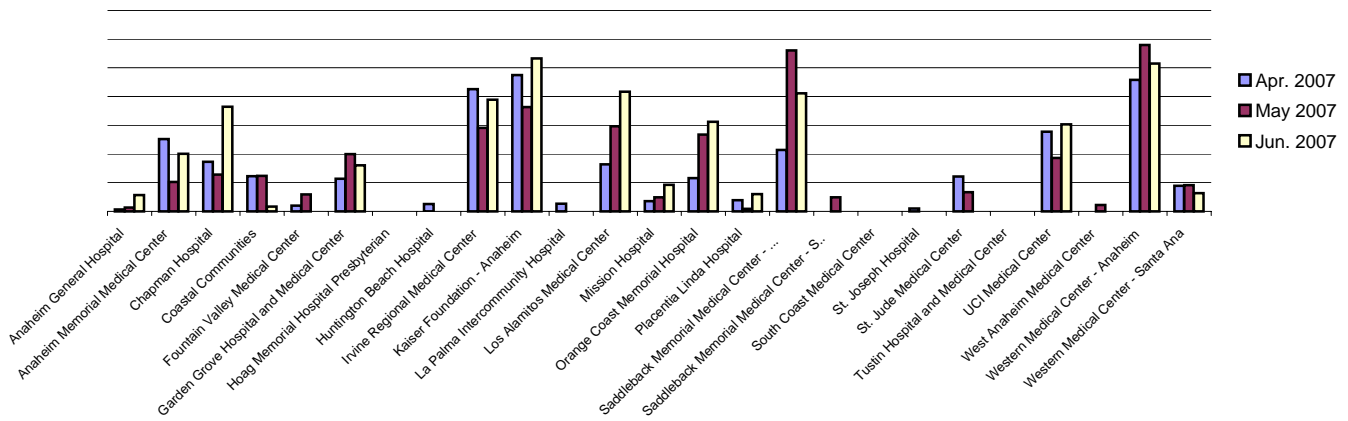
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Hospital Diversion: Emergency Department Saturation

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

ID #	Paramedic Receiving Center	Apr. 2007	May 2007	Jun. 2007	Total to Date
01	Anaheim General Hospital	0:50:00	1:36:00	6:46:27	9:12:27
02	Anaheim Memorial Medical Center	30:15:00	12:20:00	24:05:00	66:40:00
05	Chapman Hospital	20:44:00	15:20:00	43:47:13	79:51:13
15	Coastal Communities	14:43:00	14:54:00	2:03:10	31:40:10
07	Fountain Valley Medical Center	2:26:00	7:02:00	0:00:00	9:28:00
19	Garden Grove Hospital and Medical Center	13:36:00	23:54:00	19:18:16	56:48:16
09	Hoag Memorial Hospital Presbyterian	0:00:00	0:00:00	0:00:00	0:00:00
10	Huntington Beach Hospital	3:07:00	0:00:00	0:00:00	3:07:00
39	Irvine Regional Medical Center	51:03:00	34:54:00	46:39:53	132:36:53
04	Kaiser Foundation - Anaheim	57:02:00	43:33:00	63:53:48	164:28:48
12	La Palma Intercommunity Hospital	3:13:00	0:00:00	0:00:00	3:13:00
13	Los Alamitos Medical Center	19:43:00	35:31:00	49:59:52	105:13:52
17	Mission Hospital	4:20:00	5:57:00	11:04:42	21:21:42
38	Orange Coast Memorial Hospital	13:54:00	32:08:00	13:27:42	83:29:42
20	Placentia Linda Hospital	4:37:00	1:06:00	7:16:00	12:59:00
21	Saddleback Memorial Medical Center - Laguna Hills	25:43:00	67:13:00	49:19:18	142:15:18
24	Saddleback Memorial Medical Center - San Clemente	0:00:00	5:50:00	0:00:00	5:50:00
25	South Coast Medical Center	0:00:00	0:00:00	0:00:00	0:00:00
22	St. Joseph Hospital	1:09:00	0:00:00	0:00:00	1:09:00
23	St. Jude Medical Center	14:37:00	8:00:00	0:00:00	22:37:00
26	Tustin Hospital and Medical Center	0:00:00	0:00:00	0:00:00	0:00:00
27	UCI Medical Center	33:17:00	22:20:00	36:19:15	91:56:15
28	West Anaheim Medical Center	0:00:00	2:41:00	0:00:00	2:41:00
30	Western Medical Center - Anaheim	55:01:00	69:33:00	61:50:39	186:24:39
29	Western Medical Center - Santa Ana	10:45:00	10:58:00	7:34:20	29:17:20
	Total	380:05:00	414:50:00	467:25:35	1262:20:35
	Median	10:45:00	8:00:00	7:16:00	22:37:00
	Mean	15:12:12	16:35:36	18:41:49	50:29:37





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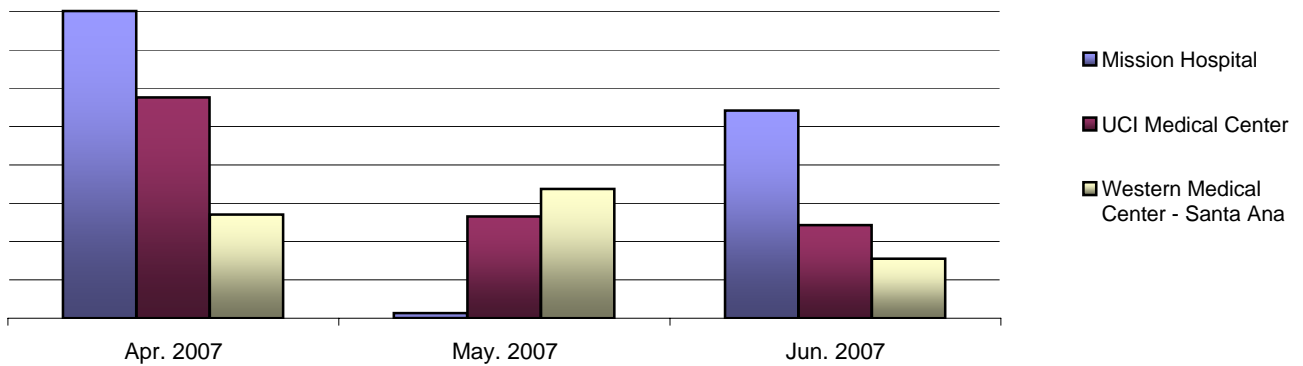
Hospital Diversion: Trauma Centers (PTRC)

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 hospital trauma services saturation.

(See OCEMS policy 310.96). *Data Source: Reddinet*

ID #	Paramedic Trauma Center	Apr. 2007	May. 2007	Jun. 2007	Total to Date
17	Mission Hospital	19:14:00	0:19:00	13:00:38	32:33:38
27	UCI Medical Center	13:50:00	6:22:00	5:49:39	26:01:39
29	Western Medical Center - Santa Ana	6:29:00	8:06:00	3:43:37	18:18:37
	Total	39:33:00	14:47:00	22:33:54	76:53:54
	Median	13:50:00	6:22:00	5:49:39	26:01:39
	Mean	13:11:00	4:55:40	7:31:18	25:37:58

Diversion Hours for Trauma Centers





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GLOSSARY of Terms and Abbreviations

- ALS** *Advanced Life Support.* 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)
- 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** *Against Medical Advice.* Patient left against the advice of medical professional, 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.
- BHR** *Base Hospital Report.* 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** *Basic Life Support.* 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.



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Glossary: (Continued)

- Burn Center** A hospital holding a permit from the California Department of Public Health which is committed to provide specialty care to burn patients.
- CC** Call Continuation...means that the retriaging Paramedic Receiving Center (PRC) physician has determined that an Emergency Medical Technician-Paramedic (EMT-P) escorted critical patient requires the specialty capabilities of a designated specialty center and that the EMT-Ps are still on the premises, and that the retriaging physician may request that those EMT-Ps immediately transport the patient to the appropriate OCEMS designated specialty receiving center.
- 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** Comprehensive Standing Orders. 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 *ALS no-contact*. (Reference: Treatment Guideline I-40.)
- CTV** Critical Trauma Victim. 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.
- CVRC** Cardiovascular Receiving Center. Paramedic Receiving Center Hospital that has been designated by OCEMS to receive Field designated St Evaluation Myocardial Infarction patients.
- 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** Dead On Arrival. 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.



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Glossary: (Continued)

- 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** Interfacility Transfer. 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** Mobile Intensive Care Nurse. 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** Moderate Trauma Victim. 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
- 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.
- 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.
- PRC** Paramedic Receiving Center. A hospital with a permit from the California Department of Public Health for basic or comprehensive emergency services which has been designated as a participant in the EMS system by the Orange County EMS Agency.
- 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.



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Glossary: (Continued)

- 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.
- 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.
- ReddiNet** A computer-based communications system which allows hospitals to share information. Used to post a hospital's ability to accept additional ambulance transported patients. 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.