



# Emergency Medical Care Committee



Friday, October 14, 2022 - 9:00 a.m.  
**Location: Computer or Cell phone**

*(There will not be a physical meeting at the Hall of Administration (HOA) Commission Hearing Room due to limited space capacity)*

## A G E N D A

### Join Zoom Meeting

<https://us06web.zoom.us/j/89390011975?pwd=N1YzeDlkTCtna1hURnRCOHNIMjF2QT09>

Meeting ID: 893 9001 1975

Passcode: 848870

**Note:** If you are calling into the meeting (via phone), OCEMS staff ask that you please contact us in advance and give us the phone number you will be using (please send an email to [emsdutyofficer@ochca.com](mailto:emsdutyofficer@ochca.com), if you have not already done so). Due to added security measures, we are unable to give you access without this information. Thank you.

**Mission Statement:** *“to act in an advisory capacity to the County Board of Supervisors and to Orange County Emergency Medical Services on all matters relating to emergency medical services in Orange County.”*

EMERGENCY MEDICAL CARE COMMITTEE MEETINGS ARE OPEN TO THE PUBLIC. YOU MAY SPEAK ON ANY AGENDA ITEM OR ON A MATTER NOT APPEARING ON THE AGENDA, BUT WHICH IS WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

1. CALL TO ORDER

2. INTRODUCTIONS/ANNOUNCEMENTS

3. APPROVAL OF MINUTES

- Minutes of July 8, 2022 (Attachment #1)

**Recommended Action: Approve July 8, 2022 minutes.**

4. OCEMS REPORT/CORRESPONDENCE

- Medical Director’s Report
- Health Emergency Management Report
- Ambulance Patient Off-load Time (APOT) and Hospital Diversion Reports (Attachment #2)
- Bi-Directional Data Exchange Project
- EMCC Correspondence (Attachment #3)
- FY 2021-22 EMCC Report (Attachment #4)

**5. EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS** (*Hear Reports*)

- Facilities Advisory Committee (*September 13, 2022*)
- County Prehospital Advisory Committee (*September 14, 2022*)
- Transportation Advisory Committee (*October 5, 2022*)

**6. UNFINISHED BUSINESS**

- Proposed Ambulance Rate Adjustment (Attachment #5)

**Recommended Action: *Endorse Recommendation***

**7. NEW BUSINESS**

**8. MEMBER COMMENTS**

**9. PUBLIC FORUM**

*At this time, members of the public may address the Chairman regarding any items within the subject matter of this advisory committee's authority provided that NO action may be taken on off-agenda items unless authorized by law. Comments are limited to three minutes per person; unless different time limits are set by the Chairman; subject to the approval of the Committee.*

**10. NEXT MEETING**

- Friday, January 13, 2023 at 9:00 a.m., (*location to be determined*)
- EMCC Meeting Dates 2023 (Attachment #6)

**11. ADJOURNMENT**



# EMERGENCY MEDICAL CARE COMMITTEE



## REGULAR MEETING

Friday, July 8, 2022 – 9:00 a.m.

Location: **Via Zoom**

## M I N U T E S

<u>Name</u>	<u>Representing</u>	<u>Health Care Agency Staff</u>	
<input checked="" type="checkbox"/> Michael S. Ritter, MD	– Orange County Medical Assn. (SOCEP)	Gagandeep Grewal, MD	– Associate EMS Medical Director
<input checked="" type="checkbox"/> Arturo Pedroza	– Board of Supervisors, First District	Adrian Rodriguez	– EMS Performance Chief
<input checked="" type="checkbox"/> Larry Grihalva, MICP	– Board of Supervisors, Second District	Danielle Ogaz	– EMS Systems & Standards Chief
<input checked="" type="checkbox"/> Timothy Munzing, MD	– Board of Supervisors, Third District	Jason Azuma, NRP	– OC-MEDS Coordinator
<input checked="" type="checkbox"/> Luis Estevez	– Board of Supervisors, Fourth District	Rommel Navarro	– Chief Pharmacist
<input checked="" type="checkbox"/> Ted Heyming, MD	– Board of Supervisors, Fifth District	James Gee	– Pharmacist
<input checked="" type="checkbox"/> Robert M. Viera	– Ambulance Association of Orange County	Justin Newton	– HEM Program Supervisor II
<input checked="" type="checkbox"/> Rebecca Firey	– American Red Cross	Kirstin Wong	– EMS Specialist
<input checked="" type="checkbox"/> Anthony Kuo	– City Selection Committee	Irma Chavando	– Staff Assistant
<input checked="" type="checkbox"/> Michael Killebrew	– Orange County City Managers Association	Eileen Endo	– Office Specialist
<input type="checkbox"/> Chief Adam Loeser (ex)	– Orange County Fire Chief Association	Lisa Wilson	– Information Processing Technician
<input checked="" type="checkbox"/> David Gibbs, MD	– Orange County Medical Association		
<input type="checkbox"/> Chief Stu Greenberg	– Orange County Police Chiefs' & Sheriffs Assn.		
<b>GUESTS PRESENT</b>			
Julia Afrasiabi, RN	– UCI Medical Center	Daniel Graham	– Liberty Ambulance Service
Whitney Ayers	– Hospital Association of S. California	Kimberly Nichols, RN	– Placentia-Linda Hospital
Nicholas Berkuta	– One Heart	Soraya Peters	– Hospital Association of S. Calif.
Drew Bernard	– Emergency Ambulance Service	Vishal Raj	– Falck Mobile Health Corp.
Randy Black	– Orange County Fire Authority	Sharon Richards	– Hospital Association of S. Calif.
Ruth Clark, RN	– Orange County Global Medical Center	Robert Selway, RN	– St. Joseph Hospital
Laura Cross, RN	– Mission Hospital	Bill Sullivan	– Orange County Fire Authority
Chief Sean deMetropolis	– City of Orange Fire Department	Kristin Thompson, RN	– Newport Beach Fire Department
Laura Derr	– St. Joseph Hospital	Christine Waddell, RN	– Huntington Beach Hospital
Beckie Gomez	– City of Tustin	Heidi Yttri, RN	– St. Jude Medical Center

**1. CALL TO ORDER**

The meeting was called to order by the Chair, Dr. Michael Ritter, MD.

**2. INTRODUCTIONS/ANNOUNCEMENTS**

Vice Mayor from the City of Irvine, Anthony Kuo, is the new City Selection Committee representative. Mr. Kuo provided Committee members with a brief background.

**3. APPROVAL OF MINUTES**

Minutes from the April 8, 2022, meeting were approved.

**4. OCEMS REPORT**

- **Medical Director's Report**

Dr. Grewal provided the Medical Director's report in Dr. Schultz's absence. Currently, Orange County EMS has six vacancies and are in the process of hiring new staff. The 9-1-1 dispatch protocols have been approved with minimal comments. The State has added medications to the scope of practice and extended the scope of practice to allow EMS personnel to conduct COVID and Influenza testing and give vaccines.

- **Health Emergency Management Report**

Dr. Grewal reported that the COVID 19 case rates are increasing: 30 cases per 100,000 of population. Hospitalization increased to 277. The newer variant BA-5 subvariant of Omicron is the most prominent variant. Therapeutics are considered effective. Influeza slow uptrend decreasing. The monkey pox epidemic continues to grow – 100 cases in California. Vaccines are very limited and are not for general health care providers. The AOC remains activated but planning to deactivate soon. Resource Requests for test kits are available (professional and over the counter); reach out to us if you want us to send them to you. Three new employees started in HEM. Training/Exercises schedule through September; reach out to us if you are interested in attending (i.e., communication, hazard vulnerability assessment, leadership, ICS, situation awareness and preparedness.

- **Hospital Diversion Report (January 1 to May 2022)**

Danielle Ogaz advised of changes to the report's total diversion hours associated with the APOT.

- **Ambulance Patient Off-Load Time (APOT) Report: January 1 to May 2022**

APOT & Diversion times are higher than normal. We are monitoring closely.

- **Bi-Directional Exchange Project**

Dr. Grewal this project to establish bi-directional communication between EPCR of the EMS system & HER of the hospital system to help get PCRs into the electronic health record into the hospital outcome results OCMEDS system. 24 of 25 ERC letters of interest. The project will be presented to the BOS this month for approval.

V. **EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS**

- **Facilities Advisory Committee (May 10, 2022 meeting)**

Danielle Ogaz reported the last meeting was in May, and we discussed the protracted diversion & APOT times. The next Facilities meeting is on July 12, 2022, and it will be on the agenda.

Dr. Grewal reported that Dr. Anderson inquired about radiation preparedness, and we check our equipment to ensure it was functional. UCI had its trauma site survey in April, and the ACS committee was very impressed and recertified in adult/peds trauma.

- **County Prehospital Advisory Committee (July 13, 2022 meeting was cancelled)**

Dr. Grewal reported the this Committee discussed policy #300.30 which is currently on hold. The next CPAC meeting is scheduled for September 14, 2022.

- **Transportation Advisory Committee (July 6, 2022 meeting was cancelled)**

The next TAC meeting is October 5, 2022.

VI. **UNFINISHED BUSINESS**

- **Ground Ambulance Emergency Rates FY 2022-2023**

Dr. Grewal reported that we wanted to keep this on the agenda; we are looking for a conclusion. 2022 is the last year the rates get adjusted on July 1 as part of the 2017 BOS agreement. There is an incremental increase based on salary changes and other costs. County will bring an EMCC presentation about ambulance costs and new rates working within the HCA to recommend and endorse the requested rate to this committee for a vote in October, and then we will take it to the BOS.

- **OCEMS Policy/Procedure #310.96: Guidelines for Diversion Status and APOT Standards**

Dr. Grewal asked if the group had the chance to read the policy, and if there are questions or concerns, we will be happy to address them. Dr. Ritter reviewed them and there was no further comments.

**VII. NEW BUSINESS**

- **OCEMS Policy/Procedure #100.30: Emergency Medical Care Committee Bylaws**

Dr. Grewal reported that the EMCC bylaws have been reformatted without any change to its substance. The Board of Supervisors require that all Boards, Commissions, and Committees (whose members are appointed by the Board) use a standardized and uniform format consistent with a template that they have developed. Bylaws were last revised in 2001. Dr. Ritter suggested that Orange County EMS amend the bylaws to include representatives from lifeguards and air transport agencies.

**The Emergency Medical Care Committee recommended that Orange County EMS include representatives from lifeguard and air transport agencies.**

**VIII. MEMBER COMMENTS**

- *None made.*

**IX. PUBLIC FORUM**

- *None made.*

**X. NEXT MEETING**

The next meeting is scheduled for Friday, October 14, 2022 at 9:00 a.m. (location to be determined)

**XI. ADJOURNMENT**

With no further business, the meeting was adjourned.



Ambulance Patient Offload Time (APOT-1) Report  
July 2022

Hospital	2022 Totals			July 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	2,031	35:42	84	381	44:41	18:12	11:52	29
Anaheim Regional Medical Center	3,567	38:02	71	601	39:42	18:39	12:58	61
Chapman Global Medical Center	463	9:37	9	122	12:20	7:06	4:15	8
Children's Hospital of Orange County	2,534	15:05	0	394	12:51	7:13	5:50	0
Foothill Regional Medical Center	634	31:43	25	124	46:30	19:50	10:45	13
Fountain Valley Reg Hosp and MC	4,290	38:02	495	548	38:37	17:19	11:17	210
Garden Grove Hosp and MC	3,111	39:12	159	493	53:10	23:53	15:29	105
Hoag Hospital Irvine	4,562	22:43	638	729	25:23	13:08	10:33	104
Hoag Memorial Hosp Presbyterian	11,936	16:29	147	1,904	16:42	10:03	9:00	30
Huntington Beach Hospital	3,106	39:50	88	490	44:37	19:57	12:47	53
Kaiser Permanente - Anaheim MC	3,126	45:02	202	511	55:00	24:57	17:04	36
Kaiser Permanente - Irvine MC	3,167	36:46	53	498	37:14	19:18	14:48	12
La Palma Intercommunity Hospital	1,936	36:26	5	370	64:55	23:59	11:47	5
Los Alamitos Medical Center	3,982	58:56	403	587	60:13	28:58	20:39	195
Mission Hospital - Laguna Beach	2,262	39:15	105	337	51:50	24:29	17:21	42
Mission Hospital Regional MC	9,196	36:46	497	1,341	34:59	17:57	14:25	144
Orange Coast Memorial MC	3,482	31:57	481	520	35:37	17:24	12:51	164
Orange County Global MC	4,926	27:53	350	668	32:00	14:48	8:11	206
Placentia Linda Hospital	2,954	24:20	18	505	26:00	13:36	8:08	18
Saddleback Memorial MC	5,589	25:02	356	888	25:04	13:52	11:51	96
South Coast Global Medical Center	1,403	22:11	6	275	23:56	12:09	8:28	4
St. Joseph Hospital	7,316	26:54	306	1,145	27:23	13:37	10:03	107
St. Jude Medical Center	8,689	38:05	139	1,343	41:20	20:48	14:57	59
UCI Medical Center	6,617	32:20	1295	795	27:48	11:48	6:22	417
West Anaheim Medical Center	5,186	58:47	162	810	65:36	27:52	19:36	91

Median Hospital 90th Percentile APOT Time 35:42 37:14  
InterQuartile Range 26:26, 38:22 26:00, 46:30

<b>OC EMS System Total (Aggregate)</b>	<b>106,065</b>	<b>33:19</b>
OCEMS System Mean APOT Time	16:04	
Standard Deviation	+/- 18:11	
OCEMS System Median APOT Time	10:50	
InterQuartile Range	6:16, 18:42	

<b>16,379</b>	<b>36:00</b>
	17:04
	+/- 18:44
	11:20
	6:36, 20:00

Diversion Hours 2207  
Diversion Days 31 of 31  
Hospitals/Day Range 6-19/day  
Transports w/ APOT 30-60min 1555  
Transports w/ APOT >60min 592



**Ambulance Patient Offload Time (APOT-1) Report**  
 August 2022

Hospital	2022 Totals			August 2022				
	90th Percentile APOT Time		Diversion Hours	90th Percentile APOT Time		Mean APOT Time	Median APOT Time	Diversion Hours
	Transports	(Min:Sec)		Transports	(Min:Sec)			
Anaheim Global Medical Center	2,374	36:05	92	343	39:00	16:00	9:01	8
Anaheim Regional Medical Center	4,089	38:46	143	522	39:57	19:40	14:56	72
Chapman Global Medical Center	572	9:34	16	109	8:30	5:27	3:53	7
Children's Hospital of Orange County	2,934	15:04	0	400	15:01	8:02	6:43	0
Foothill Regional Medical Center	730	33:56	27	96	48:11	21:42	10:52	2
Fountain Valley Reg Hosp and MC	4,943	40:21	608	653	52:59	22:48	15:08	113
Garden Grove Hosp and MC	3,628	40:00	173	517	46:04	20:10	13:54	14
Hoag Hospital Irvine	5,257	23:39	737	695	28:21	14:44	11:32	99
Hoag Memorial Hosp Presbyterian	13,716	16:27	199	1,780	16:20	10:03	9:03	51
Huntington Beach Hospital	3,562	39:45	131	456	38:41	17:44	10:16	43
Kaiser Permanente - Anaheim MC	3,565	45:52	247	439	52:26	25:48	19:02	45
Kaiser Permanente - Irvine MC	3,636	37:17	63	469	38:18	19:19	15:01	10
La Palma Intercommunity Hospital	2,254	39:38	7	318	59:10	21:37	12:03	2
Los Alamitos Medical Center	4,609	59:18	468	627	63:21	29:17	18:58	65
Mission Hospital - Laguna Beach	2,609	40:11	129	347	46:10	22:54	16:36	24
Mission Hospital Regional MC	10,481	36:36	617	1,285	35:29	17:19	12:55	119
Orange Coast Memorial MC	3,944	31:30	669	462	27:32	16:13	12:57	188
Orange County Global MC	5,681	27:55	416	755	28:11	14:04	8:34	66
Placentia Linda Hospital	3,422	23:25	18	468	18:50	10:43	8:00	0
Saddleback Memorial MC	6,452	25:00	432	863	24:53	14:05	11:36	75
South Coast Global Medical Center	1,688	22:41	8	285	25:10	13:45	8:58	2
St. Joseph Hospital	8,482	27:10	402	1,166	28:22	14:17	10:09	96
St. Jude Medical Center	10,008	38:21	189	1,319	39:42	19:15	13:43	49
UCI Medical Center	7,366	31:59	1669	749	27:59	12:06	6:31	373
West Anaheim Medical Center	6,025	59:20	196	839	64:07	26:56	18:22	34

**Median Hospital 90th Percentile APOT Time** 36:05 38:18  
**InterQuartile Range** 26:37, 39:48 27:32, 46:10

<b>OC EMS System Total (Aggregate)</b>	<b>122,027</b>	<b>33:39</b>	<b>15,962</b>	<b>36:00</b>	<b>Diversion Hours</b>	1557
<b>OCEMS System Mean APOT Time</b>	16:11	16:57			<b>Diversion Days</b>	31 of 31
<b>Standard Deviation</b>	+/- 18:14	+/- 18:33			<b>Hospitals/Day Range</b>	1-16/day
<b>OCEMS System Median APOT Time</b>	10:54	11:19			<b>Transports w/ APOT 30-60min</b>	1527
<b>InterQuartile Range</b>	6:18, 18:53	6:37, 20:05			<b>Transports w/ APOT &gt;60min</b>	552



**Ambulance Patient Offload Time (APOT-1) Report**  
September 2022

Hospital	2022 Totals			September 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	2,793	37:50	94	419	46:35	19:11	11:46	2
Anaheim Regional Medical Center	4,544	38:40	298	455	38:27	18:16	14:00	154
Chapman Global Medical Center	672	9:34	16	100	9:48	4:56	3:53	0
Children's Hospital of Orange County	3,389	15:06	0	455	15:35	8:07	6:28	0
Foothill Regional Medical Center	837	35:39	31	107	37:23	16:31	11:03	5
Fountain Valley Reg Hosp and MC	5,644	41:38	635	701	49:27	23:16	16:11	27
Garden Grove Hosp and MC	4,120	40:44	193	492	45:06	20:07	13:33	20
Hoag Hospital Irvine	5,849	23:43	928	592	24:23	13:14	11:23	191
Hoag Memorial Hosp Presbyterian	15,481	16:30	240	1,765	16:50	10:06	8:50	41
Huntington Beach Hospital	4,071	40:13	197	509	47:16	21:35	12:47	66
Kaiser Permanente - Anaheim MC	4,060	46:46	281	495	51:23	25:02	18:40	34
Kaiser Permanente - Irvine MC	4,148	38:01	68	512	43:06	20:36	15:02	5
La Palma Intercommunity Hospital	2,559	41:42	14	305	56:06	24:46	13:13	7
Los Alamitos Medical Center	5,196	61:18	563	587	77:50	33:11	20:55	95
Mission Hospital - Laguna Beach	2,931	39:47	141	322	38:33	20:46	15:39	12
Mission Hospital Regional MC	11,800	36:14	719	1,319	33:21	17:29	13:44	102
Orange Coast Memorial MC	4,432	31:55	860	488	33:28	18:04	13:40	191
Orange County Global MC	6,458	27:55	465	777	27:36	13:41	8:47	49
Placentia Linda Hospital	3,912	23:34	28	490	24:22	13:03	8:11	10
Saddleback Memorial MC	7,288	24:52	492	836	23:26	13:55	12:11	60
South Coast Global Medical Center	1,946	22:40	15	258	22:09	12:05	8:34	7
St. Joseph Hospital	9,547	27:28	500	1,065	28:36	14:35	10:00	98
St. Jude Medical Center	11,344	38:15	246	1,336	37:53	19:13	14:45	57
UCI Medical Center	8,128	31:19	2020	762	27:06	11:24	6:44	352
West Anaheim Medical Center	6,843	58:37	231	818	54:36	24:50	18:20	35

**Median Hospital 90th Percentile APOT Time** 36:14 37:23  
**InterQuartile Range** 26:49, 40:21 24:23, 46:35

<b>OC EMS System Total (Aggregate)</b>	<b>137,992</b>	<b>33:58</b>	<b>15,965</b>	<b>35:50</b>	<b>Diversion Hours</b>	1622
<b>OCEMS System Mean APOT Time</b>	16:18	17:07			<b>Diversion Days</b>	30 of 30
<b>Standard Deviation</b>	+/- 18:16	+/- 18:29			<b>Hospitals/Day Range</b>	3-18/day
<b>OCEMS System Median APOT Time</b>	10:59	11:45			<b>Transports w/ APOT 30-60min</b>	1539
<b>InterQuartile Range</b>	6:21, 19:00	6:46, 20:13			<b>Transports w/ APOT &gt;60min</b>	553





Emergency Receiving Center Diversion Report  
July 2022

Hospital	2022 Totals							July 2022						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
<b>North Region</b>	<b>20,367</b>	<b>36:35</b>	<b>515 (2.5%)</b>	<b>104 (0.4%)</b>	<b>15 (0.2%)</b>	<b>15 (0.3%)</b>	NA	<b>3,341</b>	<b>40:58</b>	<b>202 (5.4%)</b>	<b>30 (0.8%)</b>	<b>7 (0.4%)</b>	<b>0 (0.0%)</b>	NA
Anaheim Global Medical Center	2,031	35:42	84 (2.0%)	51 (1.0%)	NA	NA	NA	381	44:41	29 (3.9%)	0 (0.0%)	NA	NA	NA
Anaheim Regional Medical Center	3,567	38:02	71 (1.7%)	53 (1.0%)	7 (0.1%)	NA	NA	601	39:42	61 (8.2%)	30 (4.0%)	7 (0.9%)	NA	NA
Kaiser Permanente - Anaheim MC	3,126	45:02	202 (4.9%)	0 (0.0%)	NA	NA	NA	511	55:00	36 (4.8%)	0 (0.0%)	NA	NA	NA
Placentia Linda Hospital	2,954	24:20	18 (0.4%)	0 (0.0%)	NA	NA	NA	505	26:00	18 (2.4%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	8,689	38:05	139 (3.4%)	0 (0.0%)	9 (0.2%)	15 (0.3%)	NA	1,343	41:20	59 (7.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
<b>South Region</b>	<b>24,776</b>	<b>31:50</b>	<b>1649 (7.9%)</b>	<b>55 (0.2%)</b>	<b>116 (0.8%)</b>	<b>329 (3.2%)</b>	<b>0 (0.0%)</b>	<b>3,793</b>	<b>31:41</b>	<b>398 (10.7%)</b>	<b>0 (0.0%)</b>	<b>18 (0.8%)</b>	<b>1 (0.1%)</b>	<b>0 (0.0%)</b>
Hoag Hospital Irvine	4,562	22:43	638 (15.4%)	0 (0.0%)	66 (1.3%)	NA	NA	729	25:23	104 (13.9%)	0 (0.0%)	0 (0.0%)	NA	NA
Kaiser Permanente - Irvine MC	3,167	36:46	53 (1.3%)	0 (0.0%)	NA	NA	NA	498	37:14	12 (1.6%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	2,262	39:15	105 (2.5%)	54 (1.1%)	NA	NA	NA	337	51:50	42 (5.6%)	0 (0.0%)	NA	NA	NA
Mission Hospital Regional MC	9,196	36:46	497 (12.0%)	0 (0.0%)	44 (0.9%)	22 (0.4%)	0 (0.0%)	1,341	34:59	144 (19.4%)	0 (0.0%)	16 (2.2%)	0 (0.0%)	0 (0.0%)
Saddleback Memorial MC	5,589	25:02	356 (8.6%)	1 (0.0%)	5 (0.1%)	307 (6.0%)	NA	888	25:04	96 (12.9%)	0 (0.0%)	1 (0.2%)	1 (0.2%)	NA
<b>West Region</b>	<b>11,104</b>	<b>53:53</b>	<b>570 (4.6%)</b>	<b>6 (0.0%)</b>	<b>754 (7.4%)</b>	<b>328 (6.4%)</b>	NA	<b>1,767</b>	<b>58:36</b>	<b>291 (13.0%)</b>	<b>0 (0.0%)</b>	<b>55 (3.7%)</b>	<b>30 (4.0%)</b>	NA
La Palma Intercommunity Hospital	1,936	36:26	5 (0.1%)	0 (0.0%)	NA	NA	NA	370	64:55	5 (0.7%)	0 (0.0%)	NA	NA	NA
Los Alamitos Medical Center	3,982	58:56	403 (9.7%)	2 (0.1%)	327 (6.4%)	328 (6.4%)	NA	587	60:13	195 (26.2%)	0 (0.0%)	30 (4.0%)	30 (4.0%)	NA
West Anaheim Medical Center	5,186	58:47	162 (3.9%)	4 (0.1%)	426 (8.4%)	NA	NA	810	65:36	91 (12.2%)	0 (0.0%)	25 (3.4%)	NA	NA
<b>Central Region</b>	<b>29,257</b>	<b>30:00</b>	<b>2615 (9.0%)</b>	<b>91 (1.8%)</b>	<b>807 (4.0%)</b>	<b>674 (3.3%)</b>	<b>267 (1.7%)</b>	<b>4,165</b>	<b>30:49</b>	<b>1053 (20.2%)</b>	<b>22 (3.0%)</b>	<b>279 (9.4%)</b>	<b>118 (4.0%)</b>	<b>99 (4.4%)</b>
Chapman Global Medical Center	463	09:37	9 (0.2%)	35 (0.7%)	NA	NA	NA	122	12:20	8 (1.1%)	0 (0.0%)	NA	NA	NA
Children's Hospital of OC	2,534	15:05	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	394	12:51	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Fountain Valley Reg Hosp and MC	4,290	38:02	495 (11.9%)	43 (0.9%)	669 (13.1%)	550 (10.8%)	NA	548	38:37	210 (28.2%)	19 (2.6%)	235 (31.6%)	118 (15.8%)	NA
Garden Grove Hosp and MC	3,111	39:12	159 (3.8%)	0 (0.0%)	NA	NA	NA	493	53:10	105 (14.1%)	0 (0.0%)	NA	NA	NA
Orange County Global MC	4,926	27:53	350 (8.4%)	7 (0.1%)	138 (2.7%)	119 (2.3%)	202 (4.0%)	668	32:00	206 (27.7%)	3 (0.4%)	43 (5.8%)	0 (0.0%)	79 (10.6%)
St. Joseph Hospital	7,316	26:54	306 (7.4%)	6 (0.1%)	0 (0.0%)	5 (0.1%)	NA	1,145	27:23	107 (14.4%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
UCI Medical Center	6,617	32:20	1295 (31.2%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	65 (1.3%)	795	27:48	417 (56.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	20 (2.6%)
<b>Coastal Region</b>	<b>20,561</b>	<b>21:42</b>	<b>747 (3.6%)</b>	<b>148 (2.9%)</b>	<b>5 (0.1%)</b>	<b>0 (0.0%)</b>	NA	<b>3,313</b>	<b>23:25</b>	<b>263 (7.1%)</b>	<b>22 (0.6%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>	NA
Foothill Regional Medical Center	634	31:43	25 (0.6%)	12 (0.2%)	NA	NA	NA	124	46:30	13 (1.7%)	0 (0.0%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	11,936	16:29	147 (3.5%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA	1,904	16:42	30 (4.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
Huntington Beach Hospital	3,106	39:50	88 (2.1%)	0 (0.0%)	NA	NA	NA	490	44:37	53 (7.1%)	0 (0.0%)	NA	NA	NA
Orange Coast Memorial MC	3,482	31:57	481 (11.6%)	0 (0.0%)	5 (0.1%)	NA	NA	520	35:37	164 (22.0%)	0 (0.0%)	0 (0.0%)	NA	NA
South Coast Global MC	1,403	22:11	6 (0.1%)	136 (2.7%)	NA	NA	NA	275	23:56	4 (0.5%)	22 (3.0%)	NA	NA	NA
<b>Orange County EMS System</b>	<b>106,065</b>	<b>33:19</b>	<b>6096 (5.9%)</b>	<b>404 (0.3%)</b>	<b>1697 (2.4%)</b>	<b>1346 (2.9%)</b>	<b>267 (1.3%)</b>	<b>16,379</b>	<b>36:00</b>	<b>2207 (11.9%)</b>	<b>74 (0.4%)</b>	<b>358 (3.4%)</b>	<b>149 (2.2%)</b>	<b>99 (3.3%)</b>



Emergency Receiving Center Diversion Report  
August 2022

Hospital	2022 Totals							August 2022						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
<b>North Region</b>	<b>23,458</b>	<b>36:57</b>	<b>689 (2.8%)</b>	<b>118 (0.4%)</b>	<b>17 (0.1%)</b>	<b>17 (0.3%)</b>	NA	<b>3,091</b>	<b>39:02</b>	<b>174 (4.7%)</b>	<b>14 (0.4%)</b>	<b>2 (0.1%)</b>	<b>2 (0.3%)</b>	NA
Anaheim Global Medical Center	2,374	36:05	92 (1.9%)	52 (0.9%)	NA	NA	NA	343	39:00	8 (1.1%)	1 (0.1%)	NA	NA	NA
Anaheim Regional Medical Center	4,089	38:46	143 (2.9%)	66 (1.1%)	7 (0.1%)	NA	NA	522	39:57	72 (9.7%)	13 (1.8%)	0 (0.0%)	NA	NA
Kaiser Permanente - Anaheim MC	3,565	45:52	247 (5.0%)	0 (0.0%)	NA	NA	NA	439	52:26	45 (6.0%)	0 (0.0%)	NA	NA	NA
Placentia Linda Hospital	3,422	23:25	18 (0.4%)	0 (0.0%)	NA	NA	NA	468	18:50	0 (0.0%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	10,008	38:21	189 (3.9%)	0 (0.0%)	11 (0.2%)	17 (0.3%)	NA	1,319	39:42	49 (6.6%)	0 (0.0%)	2 (0.3%)	2 (0.3%)	NA
<b>South Region</b>	<b>28,435</b>	<b>31:57</b>	<b>1977 (8.1%)</b>	<b>55 (0.2%)</b>	<b>116 (0.7%)</b>	<b>334 (2.9%)</b>	<b>0 (0.0%)</b>	<b>3,659</b>	<b>32:46</b>	<b>328 (8.8%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>	<b>5 (0.3%)</b>	<b>0 (0.0%)</b>
Hoag Hospital Irvine	5,257	23:39	737 (15.0%)	0 (0.0%)	66 (1.1%)	NA	NA	695	28:21	99 (13.3%)	0 (0.0%)	0 (0.0%)	NA	NA
Kaiser Permanente - Irvine MC	3,636	37:17	63 (1.3%)	0 (0.0%)	NA	NA	NA	469	38:18	10 (1.3%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	2,609	40:11	129 (2.6%)	55 (0.9%)	NA	NA	NA	347	46:10	24 (3.2%)	0 (0.1%)	NA	NA	NA
Mission Hospital Regional MC	10,481	36:36	617 (12.6%)	0 (0.0%)	44 (0.8%)	27 (0.5%)	0 (0.0%)	1,285	35:29	119 (16.0%)	0 (0.0%)	0 (0.0%)	5 (0.7%)	0 (0.0%)
Saddleback Memorial MC	6,452	25:00	432 (8.8%)	1 (0.0%)	5 (0.1%)	307 (5.3%)	NA	863	24:53	75 (10.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
<b>West Region</b>	<b>12,888</b>	<b>54:44</b>	<b>671 (4.6%)</b>	<b>6 (0.0%)</b>	<b>764 (6.6%)</b>	<b>336 (5.8%)</b>	NA	<b>1,784</b>	<b>59:17</b>	<b>101 (4.5%)</b>	<b>0 (0.0%)</b>	<b>11 (0.7%)</b>	<b>8 (1.1%)</b>	NA
La Palma Intercommunity Hospital	2,254	39:38	7 (0.1%)	0 (0.0%)	NA	NA	NA	318	59:10	2 (0.3%)	0 (0.0%)	NA	NA	NA
Los Alamitos Medical Center	4,609	59:18	468 (9.5%)	2 (0.0%)	335 (5.8%)	336 (5.8%)	NA	627	63:21	65 (8.7%)	0 (0.0%)	8 (1.1%)	8 (1.1%)	NA
West Anaheim Medical Center	6,025	59:20	196 (4.0%)	4 (0.1%)	429 (7.4%)	NA	NA	839	64:07	34 (4.5%)	0 (0.0%)	2 (0.3%)	NA	NA
<b>Central Region</b>	<b>33,606</b>	<b>30:14</b>	<b>3284 (9.6%)</b>	<b>92 (1.6%)</b>	<b>961 (4.1%)</b>	<b>807 (3.5%)</b>	<b>301 (1.7%)</b>	<b>4,349</b>	<b>32:11</b>	<b>669 (12.8%)</b>	<b>1 (0.1%)</b>	<b>154 (5.2%)</b>	<b>132 (4.4%)</b>	<b>34 (1.5%)</b>
Chapman Global Medical Center	572	09:34	16 (0.3%)	35 (0.6%)	NA	NA	NA	109	8:30	7 (0.9%)	0 (0.0%)	NA	NA	NA
Children's Hospital of OC	2,934	15:04	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	400	15:01	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Fountain Valley Reg Hosp and MC	4,943	40:21	608 (12.4%)	43 (0.7%)	801 (13.7%)	682 (11.7%)	NA	653	52:59	113 (15.1%)	0 (0.0%)	132 (17.8%)	132 (17.8%)	NA
Garden Grove Hosp and MC	3,628	40:00	173 (3.5%)	0 (0.0%)	NA	NA	NA	517	46:04	14 (1.9%)	0 (0.0%)	NA	NA	NA
Orange County Global MC	5,681	27:55	416 (8.5%)	8 (0.1%)	158 (2.7%)	119 (2.0%)	227 (3.9%)	755	28:11	66 (8.9%)	1 (0.1%)	20 (2.7%)	0 (0.0%)	25 (3.4%)
St. Joseph Hospital	8,482	27:10	402 (8.2%)	6 (0.1%)	2 (0.0%)	5 (0.1%)	NA	1,166	28:22	96 (12.9%)	0 (0.0%)	2 (0.2%)	0 (0.0%)	NA
UCI Medical Center	7,366	31:59	1669 (34.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	73 (1.3%)	749	27:59	373 (50.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	9 (1.1%)
<b>Coastal Region</b>	<b>23,640</b>	<b>21:43</b>	<b>1033 (4.2%)</b>	<b>161 (2.8%)</b>	<b>5 (0.0%)</b>	<b>0 (0.0%)</b>	NA	<b>3,079</b>	<b>22:00</b>	<b>286 (7.7%)</b>	<b>13 (0.4%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>	NA
Foothill Regional Medical Center	730	33:56	27 (0.5%)	12 (0.2%)	NA	NA	NA	96	48:11	2 (0.3%)	0 (0.0%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	13,716	16:27	199 (4.1%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA	1,780	16:20	51 (6.9%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
Huntington Beach Hospital	3,562	39:45	131 (2.7%)	11 (0.2%)	NA	NA	NA	456	38:41	43 (5.7%)	11 (1.4%)	NA	NA	NA
Orange Coast Memorial MC	3,944	31:30	669 (13.7%)	0 (0.0%)	5 (0.1%)	NA	NA	462	27:32	188 (25.3%)	0 (0.0%)	0 (0.0%)	NA	NA
South Coast Global MC	1,688	22:41	8 (0.2%)	139 (2.4%)	NA	NA	NA	285	25:10	2 (0.3%)	3 (0.4%)	NA	NA	NA
<b>Orange County EMS System</b>	<b>122,027</b>	<b>33:39</b>	<b>7653 (6.3%)</b>	<b>433 (0.3%)</b>	<b>1864 (2.3%)</b>	<b>1494 (2.8%)</b>	<b>301 (1.3%)</b>	<b>15,962</b>	<b>36:00</b>	<b>1557 (8.4%)</b>	<b>29 (0.2%)</b>	<b>167 (1.6%)</b>	<b>148 (2.2%)</b>	<b>34 (1.1%)</b>



Emergency Receiving Center Diversion Report  
September 2022

Hospital	2022 Totals							September 2022						
	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)	Volume	APOT 90th%	ED Hrs (%)	CT Hrs (%)	Cardiac Hrs (%)	Neuro Hrs (%)	Trauma Hrs (%)
<b>North Region</b>	<b>26,653</b>	<b>37:13</b>	<b>946 (3.4%)</b>	<b>130 (0.4%)</b>	<b>17 (0.1%)</b>	<b>17 (0.3%)</b>	NA	<b>3,195</b>	<b>39:49</b>	<b>258 (7.2%)</b>	<b>12 (0.3%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>	NA
Anaheim Global Medical Center	2,793	37:50	94 (1.7%)	52 (0.8%)	NA	NA	NA	419	46:35	2 (0.3%)	0 (0.0%)	NA	NA	NA
Anaheim Regional Medical Center	4,544	38:40	298 (5.3%)	73 (1.1%)	7 (0.1%)	NA	NA	455	38:27	154 (21.4%)	7 (0.9%)	0 (0.0%)	NA	NA
Kaiser Permanente - Anaheim MC	4,060	46:46	281 (5.0%)	5 (0.1%)	NA	NA	NA	495	51:23	34 (4.7%)	5 (0.7%)	NA	NA	NA
Placentia Linda Hospital	3,912	23:34	28 (0.5%)	0 (0.0%)	NA	NA	NA	490	24:22	10 (1.4%)	0 (0.0%)	NA	NA	NA
St. Jude Medical Center	11,344	38:15	246 (4.4%)	0 (0.0%)	11 (0.2%)	17 (0.3%)	NA	1,336	37:53	57 (8.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
<b>South Region</b>	<b>32,016</b>	<b>31:47</b>	<b>2347 (8.4%)</b>	<b>94 (0.3%)</b>	<b>126 (0.6%)</b>	<b>353 (2.7%)</b>	<b>0 (0.0%)</b>	<b>3,581</b>	<b>30:48</b>	<b>370 (10.3%)</b>	<b>39 (1.1%)</b>	<b>11 (0.5%)</b>	<b>19 (1.3%)</b>	<b>0 (0.0%)</b>
Hoag Hospital Irvine	5,849	23:43	928 (16.5%)	0 (0.0%)	77 (1.2%)	NA	NA	592	24:23	191 (26.5%)	0 (0.0%)	11 (1.5%)	NA	NA
Kaiser Permanente - Irvine MC	4,148	38:01	68 (1.2%)	0 (0.0%)	NA	NA	NA	512	43:06	5 (0.7%)	0 (0.0%)	NA	NA	NA
Mission Hospital - Laguna Beach	2,931	39:47	141 (2.5%)	93 (1.4%)	NA	NA	NA	322	38:33	12 (1.7%)	39 (5.4%)	NA	NA	NA
Mission Hospital Regional MC	11,800	36:14	719 (12.8%)	0 (0.0%)	44 (0.7%)	46 (0.7%)	0 (0.0%)	1,319	33:21	102 (14.2%)	0 (0.0%)	0 (0.0%)	19 (2.6%)	0 (0.0%)
Saddleback Memorial MC	7,288	24:52	492 (8.8%)	1 (0.0%)	5 (0.1%)	307 (4.7%)	NA	836	23:26	60 (8.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
<b>West Region</b>	<b>14,598</b>	<b>55:05</b>	<b>808 (4.8%)</b>	<b>9 (0.0%)</b>	<b>783 (6.0%)</b>	<b>355 (5.4%)</b>	NA	<b>1,710</b>	<b>57:06</b>	<b>137 (6.4%)</b>	<b>3 (0.2%)</b>	<b>19 (1.3%)</b>	<b>19 (2.6%)</b>	NA
La Palma Intercommunity Hospital	2,559	41:42	14 (0.3%)	0 (0.0%)	NA	NA	NA	305	56:06	7 (1.0%)	0 (0.0%)	NA	NA	NA
Los Alamitos Medical Center	5,196	01:18	563 (10.0%)	2 (0.0%)	354 (5.4%)	355 (5.4%)	NA	587	77:50	95 (13.2%)	0 (0.0%)	19 (2.6%)	19 (2.6%)	NA
West Anaheim Medical Center	6,843	58:37	231 (4.1%)	7 (0.1%)	429 (6.5%)	NA	NA	818	54:36	35 (4.9%)	3 (0.5%)	0 (0.0%)	NA	NA
<b>Central Region</b>	<b>37,958</b>	<b>30:30</b>	<b>3830 (9.7%)</b>	<b>116 (1.8%)</b>	<b>1193 (4.6%)</b>	<b>1057 (4.0%)</b>	<b>310 (1.6%)</b>	<b>4,352</b>	<b>32:58</b>	<b>547 (10.8%)</b>	<b>24 (0.5%)</b>	<b>232 (8.1%)</b>	<b>251 (8.7%)</b>	<b>9 (0.4%)</b>
Chapman Global Medical Center	672	09:34	16 (0.3%)	35 (0.5%)	NA	NA	NA	100	9:48	0 (0.0%)	0 (0.0%)	NA	NA	NA
Children's Hospital of OC	3,389	15:06	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)	455	15:35	0 (0.0%)	0 (0.0%)	NA	NA	0 (0.0%)
Fountain Valley Reg Hosp and MC	5,644	41:38	635 (11.3%)	43 (0.7%)	1026 (15.7%)	908 (13.9%)	NA	701	49:27	27 (3.8%)	0 (0.0%)	225 (31.2%)	226 (31.3%)	NA
Garden Grove Hosp and MC	4,120	40:44	193 (3.4%)	0 (0.0%)	NA	NA	NA	492	45:06	20 (2.8%)	0 (0.0%)	NA	NA	NA
Orange County Global MC	6,458	27:55	465 (8.3%)	8 (0.1%)	160 (2.4%)	119 (1.8%)	233 (3.6%)	777	27:36	49 (6.8%)	0 (0.0%)	2 (0.3%)	0 (0.0%)	6 (0.9%)
St. Joseph Hospital	9,547	27:28	500 (8.9%)	29 (0.4%)	7 (0.1%)	30 (0.5%)	NA	1,065	28:36	98 (13.6%)	24 (3.3%)	5 (0.8%)	25 (3.5%)	NA
UCI Medical Center	8,128	31:19	2020 (36.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	76 (1.2%)	762	27:06	352 (48.8%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	3 (0.4%)
<b>Coastal Region</b>	<b>26,767</b>	<b>21:57</b>	<b>1344 (4.8%)</b>	<b>209 (3.2%)</b>	<b>5 (0.0%)</b>	<b>0 (0.0%)</b>	NA	<b>3,127</b>	<b>23:03</b>	<b>310 (8.6%)</b>	<b>48 (1.3%)</b>	<b>0 (0.0%)</b>	<b>0 (0.0%)</b>	NA
Foothill Regional Medical Center	837	35:39	31 (0.6%)	26 (0.4%)	NA	NA	NA	107	37:23	5 (0.7%)	14 (2.0%)	NA	NA	NA
Hoag Memorial Hosp Presbyterian	15,481	16:30	240 (4.3%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA	1,765	16:50	41 (5.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	NA
Huntington Beach Hospital	4,071	40:13	197 (3.5%)	15 (0.2%)	NA	NA	NA	509	47:16	66 (9.2%)	4 (0.5%)	NA	NA	NA
Orange Coast Memorial MC	4,432	31:55	860 (15.3%)	0 (0.0%)	5 (0.1%)	NA	NA	488	33:28	191 (26.5%)	0 (0.0%)	0 (0.0%)	NA	NA
South Coast Global MC	1,946	22:40	15 (0.3%)	168 (2.6%)	NA	NA	NA	258	22:09	7 (1.0%)	29 (4.1%)	NA	NA	NA
<b>Orange County EMS System</b>	<b>137,992</b>	<b>33:58</b>	<b>9275 (6.6%)</b>	<b>558 (0.3%)</b>	<b>2126 (2.3%)</b>	<b>1783 (3.0%)</b>	<b>310 (1.2%)</b>	<b>15,965</b>	<b>35:50</b>	<b>1622 (9.0%)</b>	<b>125 (0.7%)</b>	<b>262 (2.6%)</b>	<b>289 (4.5%)</b>	<b>9 (0.3%)</b>



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**MEDICAL HEALTH SERVICES**

**EMERGENCY MEDICAL SERVICES**

**DATE:** August 15, 2022

**TO:** Ambulance Providers  
Emergency Receiving Centers (ERCs)  
ERC Medical Directors  
Base Hospital Coordinators  
911 Service Providers  
MICNs

**SUBJECT:** AUTHORIZATION FOR BYPASSING HOSPITALS WITH 90% APOTs OF 60 MINUTES OR GREATER BY 911 SERVICE PROVIDERS AND AMBULANCES

As many of you are probably aware, the County's 90% APOT numbers have been averaging above the 30-minute standard for several months, with the average being 35 minutes or greater for the last 4 weeks. Some days have been as high as 47 minutes. Individual hospitals have experienced 90% APOTs greater than 2.5 hours without going on diversion. This has never happened in the history of OCEMS and is occurring at the same time that demand for 911 service has increased by almost 40,000 runs this year compared to last year. To try and support adequate 911 service for Orange County citizens, additional interventions are now required to maintain care.

Effective immediately, OCEMS is authorizing ambulances and 911 providers to request the current 90% APOT for their destination hospital from their dispatchers while in the field. This information is available 24/7 from the EMS website: <https://www.ochalthinfo.com/about-hca/medical-health-services/emergency-medical-services/ems-system-reports/ambulance-patient>. Ambulances may now bypass their nearest ERC regardless of diversion status if it has a 90% APOT of 60 minutes or more, and travel to the next closest most appropriate ERC with lower APOT numbers even if it is outside their normal 20-minute transport time. OCEMS is hopeful this will result in shorter overall times to off-load patients and return to service.

This directive will remain in effect for the next 6 months and may be extended based on EMS system data.

A handwritten signature in blue ink that reads 'Carl Schultz, MD'.

Carl H. Schultz, MD  
EMS Medical Director



CLAYTON CHAU, MD PhD  
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**MEDICAL HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**DATE:** September 7, 2022

**TO:** BASE HOSPITAL COORDINATORS  
ERC MEDICAL DIRECTORS  
911 PROVIDER EMS COORDINATORS/MANAGERS  
IFT-ALS NURSE COORDINATORS  
PARAMEDIC TRAINING CENTERS

**FROM:** CARL H. SCHULTZ, MD  
ORANGE COUNTY EMS MEDICAL DIRECTOR

*CMS*

**SUBJECT:** NEW POLICIES and CLARIFICATIONS/UPDATES OF EXISTING EMS DOCUMENTS

Typically, the Orange County EMS Agency reviews, updates, and edits its policies, procedures, and standing orders on a biannual basis. New policies may also be added. From time to time, the agency may also need to issue updates on an impromptu basis, as such actions can't wait until the next cycle. It is now time to publish our next scheduled update. I am listing, immediately below, the documents that will be added to the Upcoming section of our website (<https://www.ochcahealthinfo.com/ems>) for October 1, 2022.

**OCTOBER 1, 2022 EMS UPDATES**

The OCEMS Agency is in the process of creating just one set of policies, standing orders, and procedures for paramedics working in Orange County. Effective October 1, 2022, we will be incorporating language from the IFT-ALS standing orders into existing policies and standing orders, with plans to sunset the IFT-ALS specific documents on April 1, 2023. We will keep the old IFT-ALS documents on the books for the usual 6-month period while everyone learns to use the updated information. But they will completely disappear on April 1, 2023.

There will be essentially no change to what both 911 and IFT-ALS paramedics do. It is just that the information describing IFT-ALS protocols will be moved to other locations. There are 2 small changes that will be new affecting paramedic practice. IFT-ALS paramedics will have the option to make BH contact, and the same option will be extended to 911 paramedics. Previously, IFT-ALS paramedics could not make base hospital contact and 911 paramedics engaged in an inter-facility transfer were required to make BH contact. Now both groups of paramedics will have the option of making BH contact unless this is required by other OCEMS protocols. Regarding making BH contact for IFT-ALS paramedics, they will have 6 months to obtain training for this practice (October 1, 2022 – April 1, 2023). That should be enough time

for all IFT-ALS providers to acquire this skill. The second change is that 911 paramedics will have more flexibility in managing hospice patients in the field.

The policies that required updating to make the entire transition possible are included below. They will all be listed as updated Upcoming documents for October 1.

To make things easier, I will list here how to crosswalk from the old IFT-ALS standing orders to the updated existing policies and standing orders:

- 1) Delete IFT-SO-1: Replace with the Upcoming SO-ALS-General that is already posted and the following current standing orders that are already in effect: SO-C-15, SO-M-15, SO-M-35, SO-P-20, SO-P-25, SO-P-95, SO-T-10, SO-T-15, and SO-T-20
- 2) Delete IFT-SO-2a: Replace with current SO-C-10 and SO-P-40  
Delete IFT-SO-2b: Replace with current SO-C- 20 thru 40, Upcoming SO-P-45
- 3) Delete IFT-SO-3: Replace with updated 310.20 (will be listed as Upcoming for October 1).
- 4) Delete IFT-SO-4: Replace with updated 310.10 (will be listed as Upcoming for October 1).

## POLICIES

- 310.10 Determination of 911 Dispatched Patient Transport to an Appropriate Facility - Hospice: More specific language was added regarding hospice patients to better clarify how to care for them on-scene. Besides just some wordsmithing, the added language addresses hospice care, assisted suicide, and leaving certain hospice patients on-scene. Originally, this information was contained in IFT-SO-4. But since this standing order will sunset on April 1, 2023, and it applies equally to 911 and IFT-ALS paramedics, this information was added here.
- 310.20 Service Provider Transport and Dispatch Criteria for Interfacility Transfers between Acute Care Hospitals: Added BLS and ALS interfacility transfer dispatch criteria from IFT-SO-3 to 310.20 and changed the policy name slightly to reflect this addition, given the standing order will sunset April 1, 2023. Also, Policy 310.20 is where IFT-ALS and 911 paramedics are both given the option to make BHC for IFTs unless required by OCEMS policy. Currently it is required for 911 paramedics and this requirement will be removed. Lastly, I have added language prohibiting transfer of ICU in-patients using IFT-ALS paramedics.
- 315.00 OCEMS EMT Scope of Practice: EMT-OCEMS Accredited: Minor changes updating the policy to bring it in line with California State regulations (adding "pain level, skin signs" to section III.3. on the first page; adding pacemaker, AICD, and surgical drainage device to III.2. at the bottom of page 2).

**New Policies and Updates to Existing Policies**

September 17, 2022

Page 3 of 3

- 325.00 Advanced Life Support (ALS) Provider Unit Minimum Inventory: Some 911 providers have requested authorization to use Impedance Threshold Devices. While there is no strong evidence that these work, there is also no evidence they are harmful. As such, these will be added as optional approved supplies and will be approved after submission of training and procedure documentation by the requesting provider.

PROCEDURES

- PR-135 Supraglottic Airway Device Placement – Adult/Adolescent: In the CONTRAINDICATIONS section, changed the limitation of trismus such that it remains a contraindication if still present after administration of 5 mg of versed. This is in response to expanding SO-M-80 to include the use of versed for a clenched jaw when trying to place an LMA.

STANDING ORDERS

- SO-M-80 Sedation for Endotracheal or LMA Intubation - Adult/Adolescent: Expanded this standing order to include sedation with versed for placement of an LMA for a clenched jaw. Emphasized that versed could not be used to suppress a gag reflex from an LMA.
- SO-FR-01 First Responder: Naloxone Administration: Under item #4 in the sections Standing Order (poor breathing) and Standing Order (not breathing), there is no limit to the number of naloxone treatments that can be given if the patient is not responding. Now it says to stop delivering naloxone intranasally after 12 mg if the patient remains unresponsive.

Lastly, we want to clarify some confusion regarding 2 BLS standing orders currently listed on the website. These are listed as SO-AMA and SO-REL. As it turns out, these are actually older standing orders from the ALS section that were inadvertently placed in the BLS section during the 2 website reconfigurations that have occurred over the last 2 years. As the AMA process is not generally considered part of the EMT scope of practice, we will remove the standing order listed as SO-AMA from the BLS section of the website. We will update the SO-REL policy to reflect the EMT scope of practice, re-label it as SO-B-REL, and make it consistent with the ALS version posted in the ALS section of the website.

- SO-B-REL Evaluation without Treatment or EMS Transport (Release in Field): This is a new policy written to address when either a 911 BLS unit is dispatched or a non-911 response occurs with just EMTs, and they encounter an individual without a medical or psychiatric condition who does not require any intervention and who refuses treatment or transport.



Orange County Health Care Agency / Emergency Medical Services  
Emergency Medical Care Committee  
FY 2021-22 Annual Report

Issue / Item	Description of Issue	Dates Reviewed	Date Finalized	Comments / Outcome
<b>July 9, 2021</b>				
Introductions and announcements	Introduction of new members appointed.			<ul style="list-style-type: none"> <li>• Rebecca Firey representing the American Red Cross</li> <li>• Larry Grihalva, MICP representing Second District Supervisor Katrina Foley</li> </ul>
OCEMS Report	<ul style="list-style-type: none"> <li>• Medical Director's Report</li> <li>• Health Emergency Management Report</li> <li>• Hospital Diversion Report</li> <li>• Ambulance Patient Off-Load (APOT) Report</li> <li>• EMCC Correspondence</li> </ul>	7/9/21	Ongoing	Report given by OCEMS Staff.
EMCC Advisory Committee Reports	<ul style="list-style-type: none"> <li>• Reports given on Facilities Advisory, County Paramedic Advisory, and Transportation Advisory Subcommittee meetings held in May and July 2021.</li> </ul>	Ongoing	Ongoing	Report given by OCEMS Staff.
Orange County Ambulance Ordinance	Hear updated report on revisions to the Ambulance Ordinance.	Ongoing	Ongoing	Orange County Ambulance Ordinance has been discussed with fire chiefs to address their concerns regarding changes and meeting with a small working group. No substantial changes have been made. Final document to be presented once it has been released.
Emergency Ground BLS Ambulance Rates	Informational Item only. Hear report on the updated Ambulance Rates effective July 1, 2021.	7/9/2021	7/9/2021	Emergency Ground BLS Ambulance Rate increased by increase in minimum wage (7.7% increase) and other rates increased by increase/decrease in CPI (1.6% increase).
Advanced Life Support Change: Anaheim Fire & Rescue	Anaheim Fire & Rescue submitted an application for an additional ALS unit in April and the application was approved by OCEMS.	7/9/2021	7/9/2021	Chief Loeser asked for the purpose of the submitted application. Under state regulations, OCEMS is required to notify fire agencies, hospitals, and ambulance service providers.
Policy Updates	Changes to policies that became effective on July 1, 2021. Changes to clinical policies will become effective on October 1, 2021.	7/9/2021	7/9/2021 10/8/2021	July 1, 2021 policies were housekeeping changes that were made due to guideline changes made by the American Heart Association and revised made to State guidelines. Committee members inquired on the reporting of medication errors.





Orange County Health Care Agency / Emergency Medical Services  
 Emergency Medical Care Committee  
 FY 2021-22 Annual Report

Issue / Item	Description of Issue	Dates Reviewed	Date Finalized	Comments / Outcome
Member Comments	Comments by Committee Members Made	7/9/2021	7/9/2021	<i>Chief Adam Loeser commended everyone who was involved in the management of the super PODS to perform COVID testing and administration of COVID vaccination to public safety personnel and to the public.</i>
<b>October 8, 2021</b>				
OCEMS Report	<ul style="list-style-type: none"> <li>• Medical Director's Report</li> <li>• Health Emergency Management Report</li> <li>• Hospital Diversion Report</li> <li>• Ambulance Patient Off-Load (APOT) Report</li> <li>• EMCC Correspondence</li> </ul>	10/8/21	Ongoing	Report given by OCEMS Staff regarding changes in the manner in which policies and procedures were to become effective on 10/8/21 with a new implementation date of 4/1/22; received report from the City of Placentia on their first year of operations as a fire agency.
EMCC Advisory Committee Reports	Reports given on Facilities Advisory, County Paramedic Advisory, and Transportation Advisory Subcommittee meetings held in May and July 2021.	10/8/21	10/8/21	Report given by OCEMS Staff.
Emergency Medical Services Fee Study	EMS staff gave a brief background on the proposed fee increase with a presentation on the method used; addressed the Board Directive and the County's mandate for full cost methodology.	10/8/21	Ongoing	<b>The Emergency Medical Care Committee recommended approval of the methodology used by the fee study and asked that the Board of Supervisors make the determination for the fees to be charged to the various service providers.</b>
Facilities Designations for Specialty Receiving Centers	OCEMS staff reported on the extensions granted by the various verification entities to hospitals due to the current pandemic. Many of the hospital conditions is to submit corrective action plans for reviewing discharge date.	Ongoing	Ongoing	<b>The Emergency Medical Care Committee recommended that OCEMS Medical Director approve the redesignations as recommended by the Facilities Advisory Committee.</b>
Member Comments	Hospital staff shortages that are occurring throughout the County.	10/8/21	10/8/21	Karen Sharp reported that a number of nurses are leaving hospitals to become traveling nurses are because of attrition.
<b>January 14, 2022</b>				
Announcements	Made by the Chair	1/14/22	1/14/22	Dr. Ritter thanked all healthcare providers for their hard work in keeping residents safe under the stressful circumstances due to the increase in COVID-19 patients.



Orange County Health Care Agency / Emergency Medical Services  
Emergency Medical Care Committee  
FY 2021-22 Annual Report

Issue / Item	Description of Issue	Dates Reviewed	Date Finalized	Comments / Outcome
Approval of Minutes	Request for clarification of the County Paramedic Advisory Committee report requested in regard to the statement about trauma guidelines.	1/14/22	1/14/22	<i>Dr. Schultz reported that this committee discussed hospital diversion, revise the trauma triage guidelines to ensure that hanging victims and patients who suffer injuries involving electric motorized vehicles going greater than 20 mph to a trauma center, the waiver of EMT skills verification until December 31, 2021, and the extension for an EMT or paramedic to administer vaccinations.</i>
OCEMS Report	<ul style="list-style-type: none"> <li>• Medical Director's Report</li> <li>• Health Emergency Management Report</li> <li>• Hospital Diversion Report</li> <li>• Ambulance Patient Off-Load (APOT) Report</li> </ul>	1/14/22	Ongoing	Report given by OCEMS Staff regarding drug distribution for the treatment of COVID, the increase in case rates, and the test kits available for service providers.
EMCC Advisory Committee Reports	Reports given on Facilities Advisory, County Paramedic Advisory, and Transportation Advisory Subcommittee meetings held in January 2022.	1/14/22	1/14/22	Report given by OCEMS Staff.
Emergency Medical Services Fee Study	Status update	10/18/21	Ongoing	EMS Fee Resolution to go before the Board of January 26, 2022.
Suspension of Hospital Diversion	Suspension of hospital diversion throughout Orange County.	Ongoing	Ongoing	Dr. Schultz gave a brief background on the reasons for suspension of hospital diversion. Hospitals bordering LA County are closed for diversion due to protect Orange County facilities from being over inundated with patients
Ambulance Patient Off-Load Time Discussion	Discussion needed due to the increase in ambulance traffic.	Ongoing	Ongoing	Due to concerns in the increase of time that ambulance personnel are unable to unload patients, ambulance personnel are allowed to use cots after a 60 minute wait to offload patients.
Ambulance Mutual Aid	Augmentation of 9-1-1 ambulance units with licensed ambulance service providers (non-contracted providers).	1/14/22	1/14/22	Due to a shortage in 9-1-1 ambulance units that may be available, 9-1-1 ambulance service providers are authorized to contract with licensed ambulance service providers (non-contracted providers) when shortages occur.



Orange County Health Care Agency / Emergency Medical Services      -19-  
 Emergency Medical Care Committee  
 FY 2021-22 Annual Report

Issue / Item	Description of Issue	Dates Reviewed	Date Finalized	Comments / Outcome
Facilities Designations for Specialty Receiving Centers	OCEMS staff reported the hospital designations provided here are recommendations made by the Facilities Advisory Committee on November 9, 2021 and January 11, 2022. Most conditions pertain to response rates for radio testing and to ensure hospitals have a plan in place to lower diversion hours.	1/14/22	1/14/22	<b>The Emergency Medical Care Committee recommended that OCEMS Medical Director approve the redesignations as recommended by the Facilities Advisory Committee.</b>
Member Comments	Comments made by members	1/14/22	1/14/22	<ul style="list-style-type: none"> <li>• Chief Loeser expressed concerns regarding fire deliver systems and stressed the importance of developing partnerships to delivery emergency services.</li> <li>• Larry Grihalva concurred with Chief Loeser's comments, stressing the importance of collaboration within the EMS system.</li> <li>• Rebecca Firey urged people to please donate blood</li> </ul>
<b>April 8, 2022</b>				
Introductions and announcements	Presentation of Certificates	4/8/22	4/8/22	Certificates presented for EMCC Contributions to: <ul style="list-style-type: none"> <li>• Michael Killebrew</li> <li>• Karen Sharp, RN</li> </ul> Meritorious Service Award presented to: <ul style="list-style-type: none"> <li>• Robert Viera</li> </ul>
Minutes Approval	It is noted that the anti-viral medical <i>Molnupiravir</i> was misspelled in the minutes.	4/8/22	4/8/22	Minutes were approved with the correction made.
OCEMS Report	<ul style="list-style-type: none"> <li>• Medical Director's Report</li> <li>• Health Emergency Management Report</li> <li>• Hospital Diversion Report</li> <li>• Ambulance Patient Off-Load (APOT) Report</li> <li>• Bi-Directional Exchange Project</li> <li>• EMCC Correspondence</li> </ul>	4/8/22	Ongoing	Report given by OCEMS Staff. The Bi-Directional Exchange Project is a new subject matter to be added to the OCEMS Report.



Orange County Health Care Agency / Emergency Medical Services  
 Emergency Medical Care Committee  
 FY 2021-22 Annual Report

Issue / Item	Description of Issue	Dates Reviewed	Date Finalized	Comments / Outcome
EMCC Advisory Committee Reports	<ul style="list-style-type: none"> <li>Reports given on Facilities Advisory, County Paramedic Advisory, and Transportation Advisory Subcommittee meetings held in March and April, 2022.</li> </ul>	Ongoing	Ongoing	Report given by OCEMS Staff.
Ambulance Patient Off-Load Time Discussion	Discussion needed due to the increase in ambulance traffic.	Ongoing	Ongoing	Dr. Schultz reminded Committee members and those present that Policy/Procedure #310.96 are guidelines for diversion status and APOT standards. Due to the short notification regarding distribution of Policy 310.96, this will be placed on the July 8, 2022 agenda. Policy will be sent out again to Committee members for a longer review process.
Facilities Designations for Specialty Receiving Centers	OCEMS staff reported hospital designations provided here are recommendations made by the Facilities Advisory Committee in March, 2022.	4/8/22	4/8/22	<b>The Emergency Medical Care Committee recommended that OCEMS Medical Director approve the redesignations as recommended by the Facilities Advisory Committee.</b>

**Ambulance Rate History**  
***Prepared for Emergency Medical Care Committee***  
**October 14, 2022**

**AUTHORITY**

As specified in Division 9, Title 4, of the Codified Ordinances of the County of Orange (Ambulance Ordinance 3517), the Board of Supervisors establishes the maximum Basic Life Support (BLS) emergency ground ambulance rates applicable within the County's unincorporated area and cities that have agreed with the Ordinance for the provision of licensing and regulation of ambulance services. Ordinance 3517 also establishes the authority to adjust the maximum Advanced Life Support (ALS) Paramedic Assessment and Transport rate applicable for Orange County Fire Authority's (OCFA) jurisdictional areas, with the exception of three cities that establish their own ALS rate.

On August 8, 2017, the Board approved via Resolution No. 17-000784 a one-time increase of \$11.65 for the use of disposable supplies. In addition, the Board changed the methodology to use the effects of minimum wage increases to the emergency base rate and the increase/decrease in CPI for all other rates. At that time, the Orange County Fire Authority had declined to request an increase to the ALS Paramedic Assessment and Transport. Subsequent increases to the BLS emergency base rate from 2017-2022 were based on the effects of minimum wage increases and the annual percentage change in the annual Los Angeles-Riverside-Orange County "all items" Consumer Price Index (CPI). The Resolution also recommended that the Health Care Agency may seek Board approval of any adjustment to the maximum rates.

**ORDINANCE HISTORY 1980 - 1985**

The current Ambulance Ordinance 3517 primarily regulates the operation of ambulances within the unincorporated areas of Orange County and those member cities of OCFA. However, most non-member cities have adopted or minimally edited 3517 and integrated the same language into their city codes. Decades ago, there were two ambulance Ordinances 3022 & 3138. Ordinance 3022 established that ambulance licensees were not permitted to charge more or less than the rates set by the County for ambulance and convalescent services.

In the early 1980's, Ordinance 3517 was drafted at the direction of the Board by the Health Care Agency (HCA) and the Orange County Fire Department in conjunction with County Counsel based on the following principles:

- De-regulation of Non-Emergency Ambulance Services
  - The Ordinance accomplished this by requiring specific response areas in regard to emergency situations only. All other forms of ambulance transportation were not restricted & allowed for ambulance providers to solicit non-emergency business in any of the areas governed by the Ordinance.
- Setting Maximum Rates for Ambulance Responses
  - The partial de-regulation of ambulance services eliminated the [then] current pricing structure for emergency and non-emergency transfer responses. The resultant policy was designed to encourage competition among providers without County intervention by establishing only a maximum rate for public safety dispatched transports.
- Development of an Objective Competitive Mechanism Whereby Contracts for Emergency Response Areas may be Awarded
  - This was achieved through language in the Ordinance requiring a Request for Proposals (RFP) bid system.

Section 4-9-13 of the Ordinance specifies that no ambulance licensee shall charge more than those rates approved by the Board for emergency ambulance services. Since one of the guiding principles in drafting the Ordinance was to deregulate to the extent feasible, the Ordinance was written to set a maximum allowable rate for

**Ambulance Rate History**  
*Prepared for Emergency Medical Care Committee*  
**October 14, 2022**

emergency transportation only, allowing competitive prices for the minimum rates. A national index was used to establish the rate. Of note, the Ordinance does not make reference to whether emergency ambulance service is BLS, ALS or both services.

On 4/30/85 the Board passed and adopted Ordinance 3517 (repealing 3022 & 3138) and currently remains in effect. In short, the intent of Ordinance 3517 was to establish general operating procedures and standards for medical transportation services operating within the unincorporated areas of the County in both emergency and other situations; provide a fair & impartial means of allowing responsible private operators to provide such services in the public interest; provide a means for the designation of emergency response areas; and establish maximum rates for public safety dispatched transports.

**RATE SETTING METHODOLOGIES 1987 - 2017**

6/16/87: Board approved a rate increase for ambulance providers after an application was submitted & evaluated through HCA.

8/8/89: Board approved a rate increase for ambulance providers after an application was submitted & evaluated through HCA. The Board was advised that using a national index to measure the cost of overhead & labor did not fairly represent the cost to the ambulance companies. At that time HCA stated that it would begin utilizing the medical & transportation Consumer Price Index (CPI) values gathered from the greater Los Angeles area as well as other appropriate factors. The resultant rates: base rate \$150; emergency response \$40; Night Call \$30; Mileage \$8; Oxygen \$30; Standby \$22; Supplies \$10.

1989-2001: Relatively small adjustments with an important distinction in that the emergency response charge was combined with the base rate in 1991 & the night call was combined in 1994.

2000: Ambulance Association of Orange County (AAOC) reported that the service quality was affected by uncollectible bills & fixed Medicare, Medical & Indigent rates that did not cover costs; diminished revenues & increased costs. AAOC requested OCEMS to approve a one-time rate increase to bring the maximum rate into the median range of California counties and to develop a process to ensure that rate adjustments were fair. This proposal (a 43% increase over the then current base rate of \$220) was approved by the BOS on 6/19/01 and in order to ensure that emergency ambulance service continued to be financially viable and to prevent large increase requests in the future, OCEMS policy/Ambulance Rules & Regulations were revised to provide an annual review & possible rate adjustment by the Board.

7/16/02: Board approved an annual adjustment of base rate based on the median rates in effect for San Bernardino, LA Counties & the City of San Diego.

6/24/03; 4/27/04; 5/24/05: Board approved an annual rate adjustment utilizing the 2002 methodology.

2005: OCEMS convened a committee to review methodologies that could be employed for establishing future rate adjustments. The committee was put on hold to await a General Accounting Office (GAO) report on ambulance service costs that was anticipated by the end of 2005. The report was not issued until 2007.

6/26/06: Board approved an annual adjustment of base rate based on the 2002 methodology.

In 2007, OCEMS evaluated the GAO report released in May 2007 that examined providers' costs of ground ambulance transports (from 2004) & factors that contributed to cost differences; average Medicare ambulance payments expected under the national fee schedule in 2010; how these payments related to providers' costs per transport; and changes that occurred in Medicare beneficiaries' use of ambulance transports from 2001-2004. The GAO estimated costs were based on a national survey of 215 ambulance providers that did not share costs

**Ambulance Rate History**  
*Prepared for Emergency Medical Care Committee*  
**October 14, 2022**

with non-ambulance services. Providers that shared costs with other institutions or services and could not report their ambulance service costs separately, such as fire departments, were excluded because their reported costs appeared unreliable.

The study, with one recommendation, had limited findings; indicated that transport costs were highly variable & dependent on several factors including volume of transports, service area (urban vs. rural) and local tax revenues, etc. Nationally, the average cost per transport was reported to be \$415 (95% confidence interval \$381-\$450). The urban costs were lower at \$370 (95% CI \$326-\$414) due to efficiencies of scale & volume. The sole recommendation: continue to monitor utilization of ambulance transports.

Accordingly, OCEMS surveyed all of the Local EMS agencies throughout California for their rates & rate setting procedures. Responses varied but most counties tied rates to one of the Consumer Price Indices (CPI). The majority utilized the US Dept. of Labor CPI to make adjustments; some based increases on the Medical Care Index & others a combination of the Medical Care and Transportation Indices. Along with this information, the Board was presented with seven options to consider for determining the rate and process.

On 10/16/07, the Board approved an annual methodology for setting maximum ambulance rates: The annual change in the LA-Riverside-Orange County “all items” CPI multiplied by 150% to the nearest \$0.25. The multiplier was added to compensate for the cost-shifting of un/under-funded patients. Following this, rate adjustments were sporadically applied in order to explore alternate methodologies or not made due to unstable economic factors.

On 6/17/08, the Board approved an annual rate adjustment utilizing the 2007 methodology.

On 12/13/11, the Board approved an annual rate adjustment utilizing the LA-Riverside-Orange County “all items” CPI (without the multiplier).

On 7/24/12, and 9/10/13, the Board approved an annual rate adjustment utilizing the 2011 methodology.

On 10/27/15, the Board approved a one-time increase of \$173.20 to the Basic Life Support base rate only.

On 8/8/17, the Board approved a one-time increase of \$11.65 for the use of disposable supplies. In addition, the Board changed the methodology to use the effects of minimum wage increases to the emergency base rate and the increase/decrease in CPI for all other rates. Furthermore, subsequent increases to the BLS emergency base rate are based on the effects of minimum wage increases. Any changes in methodology would require approval by the Board. The Orange County Fire Authority had declined to request an increase to the ALS Paramedic Assessment and Transport at the time.

On 7/1/18, 7/1/19, 7/1/20, and 7/1/21, OCEMS updated the ambulance rates using the methodology approved by the Board on 8/8/17.

**ADVANCED LIFE SUPPORT FEE**

In 1998, the Board authorized OCFA to issue a Request for Proposal (RFP) for ambulance services in the unincorporated areas, including the collection of Advanced Life Support (ALS) charges and reimbursement for paramedic accompanied patients. The fee was established as a means to reimburse OCFA for its ALS services and was based on partial recovery of the incremental costs of the OCFA paramedic program and included a factor for collection and processing costs incurred by ambulance companies. The fee remains applicable to all of the OCFA jurisdictional areas, with the exception of San Clemente, Buena Park and Westminster which establish their own ALS rates.

**Ambulance Rate History**  
*Prepared for Emergency Medical Care Committee*  
**October 14, 2022**

In 2004, the Board approved an OCFA ALS rate adjustment equal to the BLS rate for emergency transports. In 2004 and 2017, the Board directed the Health Care Agency to return annually to adjust the fee by the same percentage as the BLS rate, provided that the resulting rate did not exceed the actual costs of OCFA ALS service.

**AAOC PROPOSAL – FEBRUARY 2022**

On February 15, 2022, the Ambulance Association of Orange County (AAOC) requested an ambulance rate adjustment to match the Los Angeles County General Public Ambulance Rates which consolidates the rates for oxygen and medical supply charges into the Basic Life Support (BLS) Base Rate. The AAOC presented this request at the April 6, 2022 Transportation Advisory Committee and to the April 8, 2022 Emergency Medical Care Committee.

The primary drivers behind this proposal include but are not limited to a longstanding EMS retention and recruitment challenge, difficulty-matching workers with the right employers and the need for better pay and working conditions. Of significance, the proposed increase in base rate will include charges for oxygen and Medicare, Medi-Cal and private insurance carriers to be listed as separate line-item charges, no longer allows expendable medical supplies as those charges. The proposed increase will NOT be passed onto the Medicare and Medi-Cal patients.

**PUBLIC COMMENTS - AUGUST/SEPTEMBER 2022**

On August 16, 2022, Orange County EMS released a memorandum notifying the public of the proposed adjustment to the maximum allowable 9-1-1 emergency ambulances rates for Basic Life Support (BLS) services chargeable to a patient transported at the request of public safety personnel. The 2022 Proposed Ground Emergency Ambulance Service Rates Adjustment was posted for a 50-day public comment review period (August 18, 2022 through 3:00 pm on September 30, 2022). The following comments were received:

<b>Ambulance Service Provider</b>
In favor of the increase. Thank you.
<b>Private Citizen</b>
Huntington Beach: Please don't raise the rates!! People can not afford nearly 2k for a ride to the hospital!!
General Public: Highway robbery!!! Our household does NOT approve of this rate hike!
<b>Ambulance Association of Orange County</b>
These comments are offered on behalf of the Ambulance Association of Orange County (AAOC), which is the local trade group comprised of private ambulance providers in the County, two of which service all the 911 Emergency Ambulance Response, Transportation and Related Services (EATS) Contracts and most of the County's designated exclusive and non-exclusive operating areas.
We are writing in SUPPORT of the Proposed Ground Emergency Ambulance Rate Adjustments.
They are sorely needed and will be welcomed as they will help our members to address what they see as a new economic reality created by the COVID-19 pandemic, and that is workers demanding a higher starting wage.
They will also assist providers with addressing an ongoing recruitment and retention crisis, as the increase will make it easier for ambulance operators to pay more competitive wages.
Our members do not take asking for an increase lightly. However, with operating costs (particularly labor) continuing to increase, this is the best option to ensure the EMS services Orange County residents expect & rely on.
<b>OCFA (attached letter)</b>



**Ambulance Rate History**  
**Prepared for Emergency Medical Care Committee**  
**October 14, 2022**

**ORANGE COUNTY CITY AMBULANCE AREA RATES**

Ambulance Area	Annual	1 <sup>st</sup> Responder Fee	BLS Assessment	ALS Assessment	BLS Transport	BLS Assessment & Transport
Anaheim	\$43		\$399	\$399	\$1381.75	\$1780.75
Brea			\$717	\$380	\$1381.75	\$2098.75
Buena Park	\$45	\$300		\$387	\$1381.75	\$1681.75
Costa Mesa			\$275	\$300	\$1381.75	\$1656.75
Fountain Valley	\$60		\$300	\$350	\$1381.75	\$1681.75
Fullerton	\$46	\$275	\$550		\$1381.75	\$2206.75
Garden Grove	***	\$350	\$19	\$350	\$1381.75	\$1750.75
Huntington Beach	\$60		\$350	\$450	\$1381.75	\$1731.75
La Habra	\$48			\$260	\$1381.75	\$1381.75
Laguna Beach				\$387	\$1381.75	\$1381.75
Newport Beach	\$60		\$300	\$400	\$1381.75	\$1786.75
Orange	\$60		\$405	\$508	\$1381.75	\$1681.75
San Clemente	\$40			\$387	\$1381.75	\$1381.75
Santa Ana	\$55.65		\$292.29	\$467.66	\$654.49	\$946.78
Westminster	\$42			\$387	\$1381.75	
Orange County CURRENT <sup>1</sup>				\$387.35		\$1516.97
Orange County-PROPOSED <sup>1</sup>						\$1832.27

<sup>1</sup> Includes Base Rate, Oxygen & Expendable Medical Supplies

Annual Subscription	Voluntary subscription <sup>1</sup> service fee, usually paid monthly via utility bill; waives multiple, unlimited EMS responses charges. Citizens who pay subscriber fees do not have to pay the difference between what their insurance covers & what the city charges & the BLS/ALS assessment fees are waived.
BLS assessment	Patient assessment is provided at the EMT level
ALS assessment	Patient assessment is provided at the Paramedic level
Provider	Licensed Ambulance Company providing transport via city/county contract

**TRANSPORTATION ADVISORY COMMITTEE – OCTOBER 2022**

Transportation Advisory Committee endorsed the Proposed Ambulance Rate adjustment proposal on 10/5/22.

**EMCC REQUESTED ACTION**

Update the Maximum 9-1-1 emergency Basic Life Support Ground Ambulance Rates (per table below) effective January 1, 2023 and adjust rates annually, effective July 1, 2023 by multiplying the rates by the percentage change in the transportation portion of the Consumer Price Index for All Urban Consumers, Western Region, as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month February.

Type of Charge	Basis of Charge	PROPOSED Rates
9-1-1 Emergency BLS Base Rate	Applicable for emergency response at the request of public safety	\$1,832.27
Mileage	Per patient mile or fraction thereof	\$19.05
Standby	Per 30 minutes after the first 30 minutes of arrival to hospital and any fraction thereof	\$129.00



February 15, 2022

Tamara McConnell, RN – EMS Administrator  
Orange County EMS Agency  
405 W. Fifth Street, Suite 301 A  
Santa Ana, CA 92701

**Re: Ambulance Rate Adjustment**

Dear Ms. McConnell:

Historically, regulated 9-1-1 emergency ambulance rates in Orange County have been established well below the local and state-wide averages, thus providing an artificial subsidy for medical insurance carriers, and contributing to lower wages for Orange County EMTs.

Today, across California and for that matter, the United States, EMS is experiencing a labor shortage. This labor shortage has been driven by the ongoing pandemic, a lack of affordable and accessible childcare, difficulty matching workers with the right employers and the need for better pay and working conditions. Outside the EMS industry, many businesses have found attracting workers much easier after increasing wages and improving conditions.

In the new economic reality created by COVID-19, \$20.00 an hour is quickly becoming the minimum expectation for workers, especially for those in undesirable and even dangerous front-line jobs. Fast food workers in Orange County are now experiencing starting wages of \$16 to \$20 per hour. Since the start of the COVID-19 recovery in January 2021, average wages have been increasing across all industries, but the same is not true in EMS, where ambulance rates are tightly controlled.

EMS is several years into a retention and recruitment crisis that pre-dates the COVID-19 pandemic. Several factors have contributed to the crisis, such as inadequate reimbursement, and low community support. One of the rallying cries to move the EMS industry forward has been that EMTs and paramedics need to be paid a living wage.

A living wage, according to the MIT Living Wage Calculator, is the local wage rate that allows residents to meet minimum standards of living. The calculator adjusts for regional cost of living differences and can be searched by state and county. The living wage in Orange County, California for a single adult with no children is \$22.44/hour. To meet the minimum standards of living in Orange County as a single adult with one child is \$45.36/hour. This is just the standard for a living wage, while a thriving wage allows an employee to pay for daily expenses of shelter, food, utilities, transportation, childcare, build up an emergency fund for unexpected financial emergencies, contribute to a retirement account, save for a future home purchase, and have enough left over to have some fun on their time off. Of the 58 California Counties, only six (6) Counties (Marin, San Francisco, San Mateo, Santa Barbara, Santa Clara, and Santa Cruz) have a higher living wage requirement than Orange County.

Complicating the regulated 9-1-1 emergency ambulance rate issue are the changes that have been made by MediCare, MediCal and private health insurance carriers. Previously approved line-item charges for oxygen and expendable medical supplies have been consolidated into the ambulance base rate, thereby reducing ambulance and fire agency medical supply reimbursements. State of California, MediCal rates have not increased in 23 years negatively impacting both BLS and ALS providers.

All three of these issues (low EMT wages, changes to reimbursement and OC EMS Agency cost increases) identify the need for a one-time adjustment to the Orange County approved Maximum Ground Ambulance Rates. While critics are quick to argue that an approved increase to the maximum ground ambulance rates will be passed into vulnerable MediCare and MediCal patients, this is not accurate as both MediCare and MediCal patients are protected from ambulance rate increases by both federal and state statutes.

The Ambulance Association of Orange County (AAOC) is requesting a one-time adjustment of approved ambulance rates to match the LA County General Public Ambulance Rates and the consolidation of oxygen and medical supply charges into the BLS Base Rate.

Requested rate and structure below:

Type of Charge	Basis for Charge	Approved Rate
Emergency BLS Base Rate	Applicable for urgent of Code 3 response at the request of a public safety employee	\$1,832.27
Mileage	Per patient mile or fraction thereof	\$19.05
Standby	Per 15 minutes, after the first 15 minutes and any fraction thereof	\$129.00

*Ambulance Association of Orange County*

1517 WEST BRADEN COURT, SUITE A ▼ ORANGE, CA 92868 ▲ 714.288.8825

WWW.AAOC.NET

The proposed BLS Base rate represents an approximate 32% increase in BLS rates, while simultaneously consolidating line-item charges for oxygen and expendable medical supplies.

The proposed new rate is significantly lower than the ambulance rate recently approved by the Laguna Beach City Council. In comparison to surrounding Counties, the proposed rates are significantly lower than the new rates utilized in the City of San Diego with their new ambulance contractor and slightly lower for approved BLS rates in Riverside and San Bernardino Counties.

Emergency (9-1-1) ambulance services in Orange County, provided under contract with the County of Orange are provided without a government subsidy. Not a single dollar of Orange County collected tax dollars are used to fund ambulance services providing essential emergency ambulance services to the Orange County EOA contracts. Ambulance services to these contracts are all funded only through fee for service billings, meaning the user or their insurance company is billed for the service.

This fee increase will not affect MediCare or MediCal users. Unfortunately, MediCare and MediCal reimbursements are intentionally set below the cost of providing services. This one-time rate adjustment is needed to ensure the proper delivery of emergency (9-1-1) services in Orange County and to help solve an EMT recruitment and retention challenge.

Sincerely



Chad Druten  
AAOC President

*Ambulance Association of Orange County*

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### EMERGENCY MEDICAL SERVICES

August 16, 2022

To: EMS DISTRIBUTION - ALL

From: Tammi McConnell, MSN, RN  
EMS Director

Subject: **PUBLIC COMMENT PERIOD: Proposed Ground Emergency Ambulance Rate Adjustment**

This memo is to notify the public of a proposed adjustment in the maximum allowable 9-1-1 emergency ambulance rate for Basic Life Support (BLS) services chargeable to a patient transported at the request of a public safety employee by Orange County ambulance service providers. The proposed adjustment matches the Los Angeles County General Public Ambulance Rates and consolidates the oxygen and medical supply charges into the Basic Life Support (BLS) Base Rate.

Per the ambulance ordinance, the Board has sole authority to adjust the maximum ambulance rates. Following Board Resolution 17-094, Item No. 29 automated annual adjustments were applied to account for the mandated minimum wage increases and CPI factors up to January 1, 2022. There are no longer automated adjustments scheduled.

The primary drivers behind this proposal include but are not limited to a longstanding EMS retention and recruitment challenge, difficulty-matching workers with the right employers and the need for better pay and working conditions. Of significance, the proposed increase in base rate will include charges for oxygen and Medicare, Medi-Cal and private insurance carriers to be listed as separate line-item charges, no longer allows expendable medical supplies as those charges. The proposed increase will NOT be passed onto the Medicare and Medi-Cal patients.

Type of Charge	Basis of Charge	PROPOSED Rates	CURRENT Rates
9-1-1 Emergency BLS Base Rate	Applicable for urgent response at the request of public safety	\$1,832.27	\$1,516.97 <sup>1</sup>
Mileage	Per patient mile or fraction thereof	\$19.05	\$19.77
Standby	Per 15 minutes, after the first 15 minutes and any fraction thereof	\$129.00	\$47.50

<sup>1</sup>Includes Base Rate, Oxygen & Expendable Medical Supplies

The 2022 Proposed Ground Emergency Ambulance Service Rates Adjustment is posted for a 50-day public comment review period (8/18/22 to 9/30/2022 at 3:00 PM). Please review the adjustment and submit comments by [completing the public comment form](#). You may also access the comment form on your mobile device by scanning the QR code below.



Comments received prior to the meeting will be provided to the Emergency Medical Care Committee (EMCC) at the next scheduled meeting on October 14, 2022. You are welcome to attend the meeting and address this agenda item.



# ORANGE COUNTY FIRE AUTHORITY

P. O. Box 57115, Irvine, CA 92619-7115 • 1 Fire Authority Road, Irvine, CA 92602-0125

Brian Fennessy Fire Chief

(714) 573-6000

www.ocfa.org

DATE: October 6, 2022

TO: Tammi McConnell, EMS Director, Orange County Emergency Medical Services

FROM: Rob Capobianco, Assistant Fire Chief, Orange County Fire Authority

SUBJECT: **Public Comment: Proposed Ground Emergency Ambulance Rate Adjustment**

Thank you for your August 16, 2022 notice regarding the “Public Comment Period: Proposed Ground Emergency Ambulance Rate Adjustment.” This is submitted in response to that invitation for comments.

The Orange County Fire Authority (OCFA) was holding in abeyance its public comment response to the proposed ground ambulance rate adjustment in hopes of reaching a tentative agreement on the medical supply reimbursement due to the OCFA. The positive news is that these efforts appear to be on a successful, if interim, course with a tentative agreement reached as of today, subject to final approval by the OCFA Board on October 27<sup>th</sup>, on the medical supply reimbursement rate with Emergency Ambulance Service Inc.

Unfortunately, there is no similar agreement proposed by Care/Falck Ambulance since they exercised the option to suspend the medical supply reimbursements in July of 2021. The reimbursements amount that has been held in suspense amounts to over \$1.2 million and continues to grow. Although Falck’s representatives have written directly to OCFA Board members that only an portion of the reimburseable amounts are disputed - a portion that Care/Falck has not yet identified – Care/Falck nevertheless has withheld all medical supply reimbursements (disputed and undisputed) since it unilaterally suspended those reimbursements. Since the suspension of the reimbursement, the OCFA has communicated its desire to continue discussions to reach an amicable agreement. However, since suspending the payments, Care/Falck’s position has been to delay these efforts and to demand that all discussions proceed solely through a form that lacks transparency; formal mediation.

We believe that the indefinite suspension of reimbursments to the public for the public costs of disposable medical supplies should be resolved with both ambulance service providers, and the solution understood by the County and its Board of Supervisors, before the proposed increase in the chargeable ambulance rates for BLS services are considered and approved.



## Emergency Medical Care Committee



**Mission Statement:** *“To act in an advisory capacity to the County Board of Supervisors and to Orange County Emergency Medical Services on all matters relating to emergency medical services in Orange County.”*

## 2023 Meeting Dates

January 13

April 14

July 14

October 14

**Meetings are held quarterly in January, April,  
July, and October**

### **Time:**

9:00 am to 11:00 am

### **Location:**

*CAN Multipurpose Room, County Administration North,  
400 W. Civic Center Drive, First Floor, Room 101  
Santa Ana, CA 92701*

### **Contact:**

[emsdutyofficer@ochca.com](mailto:emsdutyofficer@ochca.com)