



# TRANSPORTATION ADVISORY COMMITTEE

Wednesday, October 5, 2022 – 9:00 a.m.

*Held via Zoom Videoconferencing*

## MINUTES

MEMBERS			
NAME	CATEGORY REPRESENTED	ORANGE COUNTY EMS STAFF	
<input checked="" type="checkbox"/> Robert Viera, Chair	– Ambulance Association of Orange County	Tammi McConnell, RN	– EMS Director
<input checked="" type="checkbox"/> Chris Waddell, RN	– Base Hospital Coordinators	Gagandeep Grewal, MD	– Associate EMS Medical Director
<input checked="" type="checkbox"/> Jacob Wagoner	– Ambulance Service Provider non-9-1-1	Danielle Ogaz	– EMS Systems and Standards Chief
<input type="checkbox"/> Titus Ynares, RN (EX)	– Orange County Nursing Leadership	Laurent Repass, NREMT-P	– EMS Information Systems Chief
<input checked="" type="checkbox"/> Chad Druten	– Ambulance Service Provider 9-1-1	Adrian Rodriguez	– EMS Performance Chief
<input checked="" type="checkbox"/> Ryan Creager	– Air Transport Provider	Meng Chung, EMT-P	– BLS Coordinator
<input type="checkbox"/> Bryan Johnson, RN	– Fire Service Provider (with transport)	Jason Azuma, NRP	– OC-MEDS Coordinator
<input type="checkbox"/> Rhonda Rosati, RN	– Fire Service Provider (non- transport)	Eileen Endo	– EMS Staff Support
		Irma Chavando	– EMS Staff Assistant
		Lisa Wilson	– EMS Staff Support
GUESTS PRESENT			
NAME	REPRESENTING	NAME	REPRESENTING
Josh Dean	– Premier Ambulance Service	Patrick Powers	– City of Placentia
Lance Lawson	– APA	Vishal Raj	– Falck Medical (Care Ambulance)
Walt Lynch	– Lynch Ambulance Service		

I. **CALL TO ORDER**

The meeting was called to order at 9:03 am by the Chair, Robert Viera.

II. **INTRODUCTIONS/ANNOUNCEMENTS**

- Rob Viera’s last day with Falck is November 1, 2022.

III. **APPROVAL OF MINUTES**

The minutes from April 6, 2022, were approved.

IV. **OCEMS REPORT** by Dr. Gagandeep Grewal

- **OCEMS Report:** There is some EMS updates on Hospice and Interfacility transfer policies. We are merging the IFT/ALS policy into the Paramedic policy and standing order, which allows IFT/ALS providers to make Base contact. We discussed that portion with OCC. Some providers don’t have 800MHz radios, and not so easy to get them either. So, the alternative is to use the Med 9 radios to make Base contact. Inventory and Airway are on our website, and you can look at the memo from last month with all those updates.

We are seeing a high diversion and APOT trend. Part of that is due to our increase in transportation numbers. We are discussing with a hospital their diversion times and how to correct them. We put into policy details that ambulances may now bypass their nearest ERC if, when they check APOT online, it is over 60 minutes and travel to the next closest most appropriate ERC with lower APOT.

We have new team members in the Healthcare Coalition. We are working toward increasing membership and engagement. We encourage you all to participate in the EMS Advisory Committee. Last week we had

an in-person meeting, which was excellent; we discussed plans to beef up our Burn Surge Plan. Eddie Morales and Chad Cossey are working on drills and exercises. We are sending Hazard Vulnerability Assessment (HVA) out to the system this month.

COVID case rates are decreasing and have been flat, around 7 cases per 100,000. Hospitalizations are up last week, 135, and this week 142; ICU admits are way down to 10. A lot of those admissions are incidentals COVID findings. There have been changes in masking and testing requirements amongst the vaccinated healthcare providers. However, when you are around patients, you must mask according to CDPH.

Monkeypox is an issue that Public Health (PH) is dealing with that. Our care rates are flattening out; those mainly contact precaution reminders. Increased rates of rhinovirus and enterovirus infections, more respiratory infections are coming down the pike. Everyone is encouraged to get their flu shot. The Agency operations Center (AOC) has some surplus PPE items, gowns, and face shields. If you need them, we must downsize our warehouse. We have test kits for professional use; if you have a CIA waiver and want to do testing, please contact us. We also have over the counter kits for high-risk, vulnerable populations, especially the uninsured. Please reach out to us if you have any partners that fall in that category.

Conference:

National Healthcare Coalition Preparedness Conference, November, 29 – December 1, 2022, Anaheim Marriott  
<https://web.cvent.com/event/8b94d7c7-bef7-4f4c-bd0c-451940b01ab4/websitePage:0d83fcf6-9693-456f-8682-1d0ef8eb3a72?locale=en-US&tm=AoGVCXnLtFtsb5YA33EfjTsujoH8bk6CO-SyNIMJeE>

- **OC-MEDS:** by Jason Azuma
  - APOT Interventions – shared his screen. We modified the EPCR platform in OC-MEDS to accommodate some of the policy changes. APOT interventions, your crews, can document the reason for choosing a destination, in addition to diversion. APOT is greater than 60 minutes, and the other intervention is to depart within one hour. We are deprecating the question about cot use in 310.96; there are multiple interventions besides the cot. So, there will now be a drop-down field intervention for prolonged APOT.
  - Release Checklist – per the new standing order Release B, the policy for releasing patients in the field or persons who do not meet the criteria has been extended to EMTs and Paramedics.
  - Bill Signature – we received many requests to modify our billing signature. We have landed on a single-paragraph addition to our billing signature that provides consent from the patient to be contacted by alternative mechanisms, specifically by cell phone, text message, email, or other methods of communication. We will be producing a video and sharing it next week to show how each agency can manage its signatures.
- **Bi-Directional Data Exchange:** by Laurent Repass. The grant-funded project aims to enable data exchange between receiving hospitals, ambulance transport providers, and 911 first responders in the County. The due date of this project is the middle of next year. We have letters of interest from 24 of our 25 hospitals and have signed contracts with about 2/3 of the hospitals. We are actively work with UCI, Kaiser, CHOC, and Prime Healthcare Hospitals. Once this is finalized, the transport provider posts the PCR; your PCR and data relevant to that PCR will be sent directly to the electronic health record for the receiving hospital. In addition, the receiving hospital will send clinical outcome data and patient demographic info. I have a standing agenda item at every one of our public meetings to provide updates to all our relevant stakeholders.

Patrick Powers – I have a question regarding those calls that might be SO released or Lyft assist. Will that data go over to the system? The ambulance providers must do a patient report within the contract.

Laurent Repass – This project has bi-directional direct links between the EMS data system and every hospital for transported patients. They are required to do a PCR, but those are not necessarily patients.

Tammi McConnell – That record will only transfer if there was an actual transport to an acute care hospital. As all these technologies evolve, that record might go into a HIE so the physician can review it.

Dr. Gagandeep Grewal – That was the original intent of the HIE process to have that integration, and I see that the bi-directional is highly complex.

- **Other items**

Danielle Ogaz – We have hired a new ALS Coordinator, Philip Grieve, for Systems and Standards.

Meng Chung – Update on ambulance inspections for the group. We have started our renewal inspections for 2023; as of today, we have done half of the providers in the County. We have conducted 137 inspections; we only have 1 fail due to cleanliness issues. We will continue to do ambulance inspections for the remainder of the year. We are wrapping those up in early December.

**V. UNFINISHED BUSINESS** - none

**VI. NEW BUSINESS**

- Proposed Ambulance Rate Adjustment Action: Endorse recommendation  
Tammi McConnell – I am requesting that the committee endorse our recommendation. In your agenda, you have a memo that was sent out in August requesting public comments on the proposed ambulance rate adjustment. The Board of Supervisors has the authority to adjust ambulance rates, and 2017 was the last time it was adjusted. The memo outlines that the Ambulance Association would like to align it with the same rates as LA county; they are a BLS transport provider 911 system too. Also, the request was to bundle a couple of the fees we normally itemized.
  - Approval: 1<sup>st</sup>: Chad Druten and 2<sup>nd</sup>: Lance Lawson

- Ambulance Chassis Delays: By Meng Chung. I wanted to make the group aware that, essentially talking with the ambulance providers and one of the major vehicle chassis manufacturer leader, they are still experiencing chassis challenges and delays. So as a result, manufacturers request ambulance providers to put in their orders for 2024-25 because they don't anticipate this getting any better. In addition, the County has a 10-year age limit on vehicles operating in the County. Because of these delays, we have established a process to evaluate ambulance age limit extension on case-to-case basis. Those extensions are based on acquisition of a new build vehicle that is being delayed because of the chassis delay, so if any of the providers would like to get more information or want to submit a request for an ambulance age limit extension, they can reach out to me.

Patrick Powers – Would the County also consider that in the next RFP process since, in the RFP, we typically require ambulances less than 5 years old?

Adrian Rodriguez – I have been working with Danielle and Meng on this, and we will have to consider it. We will work with the bidders and whoever gets awarded the contracts and take it on a case-by-case basis.

Patrick Powers – I want to ensure that the providers are recognized for their efforts in the County of Orange and the State of California.

**IX. NEXT MEETING**

The next meeting is scheduled for Wednesday, January 4, 2023, at 9:00 a.m. most likely on Zoom.

**X. ADJOURNMENT**

With no further business, the meeting was adjourned at 9:46am.