



COUNTY OF ORANGE HEALTH CARE AGENCY  
Regulatory/Medical Health Services  
EMERGENCY MEDICAL SERVICES  
405 W. Fifth Street, Suite 301A, Santa Ana, CA 92701  
(714) 834-3500



## TRANSPORTATION ADVISORY COMMITTEE

WEDNESDAY, January 4, 2023 – 9:00am

### Join Zoom Meeting

<https://us06web.zoom.us/j/87292487800?pwd=dEc4RnNnYmRmSWVZUTJMUmNydIRtZz09>

Meeting ID: 872 9248 7800

Passcode: 970408

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**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. This only needs to be once (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.

THIS COMMITTEE MEETING IS OPEN TO THE PUBLIC, YOU MAY ADDRESS THE COMMITTEE ON ANY AGENDA ITEM BEFORE OR DURING CONSIDERATION OF THAT ITEM, AND ON OTHER ITEMS OF INTEREST WHICH ARE NOT ON THE AGENDA, BUT WHICH ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

## A G E N D A

### I. CALL TO ORDER

### II. INTRODUCTIONS/ANNOUNCEMENTS

### III. APPROVAL OF MINUTES

- Action Item: Approval of October 5, 2022 Minutes

(Attachment #1)

### IV. OCEMS REPORT

- OCEMS Report (Includes Medical Director report and EMS report)
- Bi-Directional Data Exchange
- OCEMS Reports and Dashboard Access

### V. UNFINISHED BUSINESS

*Informational Item Only:*

Orange County EMS Policy/Procedure #714.00: Maximum Emergency Ground Ambulance Rates

(Attachment #2)

### VI. NEW BUSINESS

- #4477 Refresher Memo EMS Interventions

(Attachment #3)

### VII. NEXT MEETING

- April 5, 2023 at 0900
- TAC Meeting Dates

(Attachment #4)

### VIII. ADJOURNMENT



## 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 clia 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.



CLAYTON CHAU, MD, PhD  
DIRECTOR  
MINDY WINTERSWYK, PT, DPT, PCS  
ASSISTANT AGENCY DIRECTOR  
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EMERGENCY MEDICAL SERVICES

December 27, 2022

TO: Orange County Fire Chiefs  
Orange County City Managers  
Orange County Ambulance Service Providers

FROM: Tammi McConnell, MSN, RN, EMS Director

SUBJECT: REVISION TO MAXIMUM EMERGENCY GROUND AMBULANCE  
RATES: EFFECTIVE JANUARY 1, 2023

This is to inform you that on December 20, 2022, the Orange County Board of Supervisors established maximum BLS emergency Ground Ambulance rates, as follows:

Maximum BLS Emergency Ground Ambulance Rates

Type of Charge	Basis for Charge	7/1/2022 Rate	Effective January 1, 2023
Emergency BLS Base Rate	Applicable for urgent or Code 3 response at the request of a public safety employee	\$1,381.75	\$1,832.27
Mileage	Per patient mile or fraction thereof.	\$ 19.77	\$ 19.05
Oxygen (includes mask or cannula)	When administered.	\$ 96.95	Included in base rate
Standby time	Per 30 minutes after the first 30 minutes.	\$ 47.50*	\$ 129.00
Expendable Medical Supplies	Maximum per response.	\$ 38.27	Included in base rate

\*Standby Time rate had been based upon every 15 minutes after the first 15 minutes.

**Maximum ALS Paramedic Assessment and Transport Rate for OCFA Jurisdictional Areas (except for San Clemente, Westminster, and Buena Park):** ALS Paramedic Assessment and Transport Rate \$387.35

These rates become effective on January 1, 2023 by Board of Supervisors' Resolution No. 22-163. If you have any questions, please contact Eileen Endo at (714) 834-3507.

TM:cc:#4520

Attachments: Board Resolution No. 22-163  
Orange County EMS Policy/Procedure #714.00

**MAXIMUM EMERGENCY GROUND AMBULANCE RATES****I. AUTHORITY:***Orange County Board of Supervisors, Resolution No. 22-163, Item No. 34***MAXIMUM EMERGENCY GROUND AMBULANCE RATES****EFFECTIVE January 1, 2023**

The following is a list of maximum allowable emergency ambulance service rates to be charged an emergency patient by a licensee. These rates were approved by the County of Orange Board of Supervisors.

TYPE OF CHARGE	BASIS FOR CHARGE	2022 Rate	RATE
Emergency BLS Base Rate	Applicable for urgent or Code 3 responses at the request of a public safety employee	\$1,381.75	\$1,832.27
Mileage	Per patient mile or fraction thereof	\$ 19.77	\$ 19.05
Oxygen (includes mask or cannula)	Applicable when administered	\$ 96.95	Included in Base Rate
Standby	Per 30 minutes after the first 30 minutes and any fraction thereof	\$ 47.50*	\$ 129.00
Expendable Medical Supplies	Maximum per response or fair market value, whichever is the least amount	\$ 38.27	Included in Base Rate

\*per 15 minutes after the first 15 minutes and any fraction thereof.

ALS Paramedic Assessment and Transportation Rate for Orange County Fire Authority  
Jurisdictional Area (excepting for San Clemente, Westminster, and Buena Park)

\$387.35

**Approved:**

OCEMS Director

Effective Date: 01/01/2023  
Reviewed Date: 12/27/2022  
Original Date: 7/1989

RESOLUTION OF THE BOARD OF SUPERVISORS  
ORANGE COUNTY, CALIFORNIA

December 20, 2022

WHEREAS, pursuant to Section 4-9-12 of the Codified Ordinances of Orange County, the Health Care Agency is proposing the Board of Supervisors (“this Board”) adopt new maximum 9-1-1 emergency Basic Life Support (BLS) ground ambulance and Advanced Life Support (ALS) paramedic assessment and transport rates for the unincorporated areas of Orange County; and

WHEREAS, certain cities within the County of Orange have adopted Section 4-9-12 of the Codified Ordinances of Orange County; and

WHEREAS, the Board of Supervisors conducted a Public Hearing to set the maximum 9-1-1 emergency BLS ground ambulance and ALS paramedic assessment and transport rates for the unincorporated areas of Orange County and the cities that have adopted Section 4-9-12 of the Codified Ordinances of Orange County.

NOW THEREFORE BE IT RESOLVED that this Board hereby rescinds all prior Resolutions as pertain to the maximum 9-1-1 medical emergency BLS ground ambulance and ALS paramedic assessment and transport rates, specifically Resolution No. 17-094, dated August 8, 2017.

BE IT FURTHER RESOLVED that this Board hereby establishes the following maximum 9-1-1 emergency ambulance services rates that private ambulance operators may charge in the unincorporated areas of Orange County and within the cities that have adopted Section 4-9-12 of the Codified Ordinances of Orange County:

**I. Maximum 9-1-1 Emergency BLS Ground Ambulance Rates**

Description	2022 Rate	Effective January 1, 2023
(1) Emergency BLS Base Rate	\$ 1,381.75	\$1,832.27
(2) Mileage (per patient mile or fraction thereof)	\$ 19.77	\$19.05

(3) Oxygen (applicable when administered)	\$ 96.95	Included in base rate
(4) Standby time (per 15 minutes after the first 15 minutes)	\$ 47.50	\$129.00 (per 30 minutes)
(5) Expendable Medical Supplies (maximum per response)	\$ 38.27	Included in base rate

**II. Maximum 9-1-1 Emergency ALS Paramedic Assessment and Transport Rate:**

ALS Paramedic Assessment and Transport Rate                      \$387.35

BE IT FURTHER RESOLVED that this Board adopts the methodologies for adjusting the above maximum rates (i.e., BLS and ALS), 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.


BE IT FURTHER RESOLVED that Health Care Agency Director or designee is authorized to make an annual adjustment to the above maximum rates, effective July 1 of each year, 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.

BE IT FURTHER RESOLVED that Health Care Agency Director or designee may seek this Board's approval for any adjustments to the maximum rates set forth in this Resolution that exceed the methodology adopted in this Resolution.



The foregoing was passed and adopted by the following vote of the Orange County Board of Supervisors, on December 20, 2022, to wit:

AYES: Supervisors: KATRINA FOLEY, DOUG CHAFFEE, ANDREW DO  
DONALD P. WAGNER, LISA A. BARTLETT  
NOES: Supervisor(s):  
EXCUSED: Supervisor(s):  
ABSTAINED: Supervisor(s):

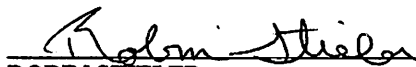
  
CHAIRMAN

STATE OF CALIFORNIA )  
COUNTY OF ORANGE )

I, **ROBIN STIELER**, Clerk of the Board of Orange County, California, hereby certify that a copy of this document has been delivered to the Chairman of the Board and that the above and foregoing Resolution was duly and regularly adopted by the Orange County Board of Supervisors

IN WITNESS WHEREOF, I have hereto set my hand and seal.



  
ROBIN STIELER  
Clerk of the Board  
County of Orange, State of California

Resolution No: 22-163  
Agenda Date: 12/20/2022  
Item No: 34



I certify that the foregoing is a true and correct copy of the Resolution adopted by the Board of Supervisors, Orange County, State of California

Robin Stieler, Clerk of the Board of Supervisors

By: \_\_\_\_\_  
Deputy



**MEDICAL HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

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**DATE:** December 5, 2022

**TO:** EMERGENCY RECEIVING CENTER HOSPITALS  
AMBULANCE PROVIDERS  
911 PARAMEDIC PROVIDERS  
CONTROL ONE SUPERVISORS  
LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES

**FROM:** CARL SCHULTZ, MD *COS*  
EMS MEDICAL DIRECTOR, ORANGE COUNTY HEALTH CARE AGENCY

**SUBJECT: REVIEW OF CURRENT OCEMS POLICIES AND DIRECTIVES IN EFFECT TO  
MANAGE INCREASING DEMAND FOR EMS SERVICES**

Orange County is experiencing another surge in demand for EMS services. Multiple policies and directives are currently in effect to help distribute and load-level this demand more evenly amongst hospitals, ambulances, and 911 providers. However, it may be difficult to remember all these interventions, as many have been in place for several years. Therefore, a brief reminder of these practices is warranted as we move into another surge.

- ED diversion for Los Angeles County  
Initially implemented in January of 2021 by the EMS Medical Director and subsequently suspended, this practice is again in effect for three, Orange County hospitals only: St. Jude Medical Center, La Palma Intercommunity Hospital and Los Alamitos Medical Center. If any of these hospitals are overwhelmed, they can call the EMS Duty Officer and request placement on diversion for ALS patients only originating from LA County. This diversion will remain in place for 4 hours, and then end. To continue diversion, another phone call to the EMS Duty Officer is required. This diversion will not apply to stroke, myocardial infarction or cardiac arrest patients.
- Mandatory Placement of Hospitals on 2-hour Diversion for APOTs > 60 minutes  
If a hospital's 90% APOT exceeds 60 minutes, the EMS Duty Officer can be called and will place them on diversion for 2 hours if the hospital has not done this already. (See EMS Medical Director memo dated November 4, 2021)
- Suspension of Diversion when the Three Closest Hospitals Are all on Diversion  
When a 911 provider needs a destination hospital, and the three closest facilities are all on diversion, then for that one run, none of them are on diversion and the paramedic should take that patient to the closest hospital. (Policy #310.96)

- Systemwide Suspension of ED Diversion  
If the total number of hospital diversion hours for a 24-hour period exceeds 200 for three consecutive days, the ability for all hospitals to initiate diversion will be suspended until the situation stabilizes. This practice was implemented several times in 2020 and 2021 by the EMS Medical Director to manage excessive hospital diversion.
- Placing Patients in the Waiting Room or on Cots; Ambulances leaving for other Hospitals  
Patients waiting in a hospital ED on an ambulance gurney being supervised by the ambulance crew may be placed on a cot after 60 minutes if a second ambulance from the same company arrives and is not placed in ED bed. Patients who met criteria can also be placed in the waiting room if held in the ED for more than 60 minutes. Patients held in ambulances and not unloaded for more than 60 minutes may be transported by the ambulance crew to another hospital. (See Policy #310.96)
- Stroke Neurology Receiving Centers Required to Accept Stroke Patients from Spoke Hospitals when on ED Diversion  
When an ERC goes on diversion, it automatically places the SNRC on diversion. The exception to this policy is if a spoke hospital needs to transfer a stroke patient to the SNRC hospital for a higher level of care. Under these circumstances, the SNRC must accept the patient from the spoke hospital. (See Policies #310.96 and #650.00)



## TRANSPORTATION ADVISORY SUBCOMMITTEE



**Mission Statement:** *“To advise and endorse efforts to implement a quality transportation system in the prehospital care area for the citizens of Orange County.”*

### MEETING DATES FOR 2023

**January 4**

**April 5**

**July 5**

**October 4**

**Meetings are held quarterly on the first Wednesday in the months of January, April, July and October.**

#### **Time:**

9 a.m. to 11:00 a.m.

#### **Location:**

*Health Care Agency Headquarters  
405 W. Fifth Street  
Conference Room 433  
Santa Ana, CA 92701*

#### **Contact:**

Eileen Endo, Office Specialist  
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