COUNTY OF ORANGE HEALTH CARE AGENCY
EMERGENCY MEDICAL SERVICES
405 W. Fifth Street, Suite 301A
Santa Ana, CA 92701

COUNTY PREHOSPITAL ADVISORY COMMITTEE

Wednesday, March 8 2023 – 1:00 p.m.
Location: HCA Conference Room 433

M I N U T E S

MEMBERSHIP / ATTENDANCE

MEMBERS	REPRESENTING	MEMBERS	REPRESENTING
☐ Theodore Heyming, MD	- BHPD – Children's Hospital of Orange County	☒ Capt. Brandon Grinstead	- Orange County Fire Authority
☐ Jon Cline MD	- BHPD – Mission Hospital	☐ Jeff Lopez, EMT-P	- Representing Huntington Beach Fire Dept.
☒ Robert Granata, MD	- BHPD – Orange County Global Med. Ctr.	☒ Dave Barry, EMT-P	- Anaheim Fire & Rescue
☐ Matthew Hunt, MD (excused)	- BHPD – Hoag Hospital	☐ Patrick Dibb	- EMT Training Programs
☒ Iksoo Kang, MD	- BHPD – St. Jude Medical Center	☐ Patty Gleed, RN (excused)	- Paramedic Training
☐ Eric McCoy, MD (excused)	- BHPD – UCI Medical Center	☐ Justin Horner, EMT-P	- Fire Chiefs' EMS Committee
☒ David Ngo, MD	- BHPD – Huntington Beach Hospital	☐ Kim Nichols, RN	- ED Nursing Leadership
☐ Kelly Unger, MD (excused)	- BHPD – Huntington Beach Hospital		
☒ Robert Katzer, MD	- Anaheim Fire & Rescue		
☒ Claus Hecht MD	- Orange County Fire Authority		
☐ Shira Schlesinger, MD	- Newport Beach Fire Department		
☒ Julia Afrasiabi, RN	- BHC – UCI Medical Center		
☒ Ruth Clark, RN	- BHC – Orange County Global Med. Ctr.		
☒ Laura Cross, RN	- BHC – Mission Hospital		
☒ Meghann Ord, RN	- BHC – Hoag Memorial Hospital		
☒ Jill Patt, RN	- BHC – Huntington Beach Hospital		
☒ Heidi Yttri, RN	- BHC – St. Jude Medical Center		
☒ Kim Zaky, RN	- BHC – Children's Hospital of Orange County		
☒ Shelley Brukman, RN	- BHC – Children's Hospital of Orange County		

HCA/OCEMS STAFF PRESENT

Name	Title
Carl Schultz, MD	- EMS Medical Director
Gagandeep Grewal, MD	- Associate EMS Medical Director
Almaas Shaikh, MD	- Deputy County Health Officer
Fran Cohen, RN	- EMS Nurse Liaison
Jason Azuma, EMT-P	- OC-MEDS Coordinator
Philip Grieve, EMT	- EMS ALS Coordinator
Genise Silva, RN	- EMS Facilities Coordinator
Erica Moojen	- EMS Office Supervisor
Eileen Endo	- Office Specialist
Drew Bernard	- EMS Specialist
Lisa Wilson	- EMS Information Processing Tech

GUESTS PRESENT

NAME	REPRESENTING	MEMBERS	REPRESENTING
☒ Ryan Creager	- Mercy Air	☒ Bryan Johnson	- City of Orange

I. CALL TO ORDER – *Robert Katzer*

Meeting called to order.

II. INTRODUCTIONS/ANNOUNCEMENTS – *Carl Schultz*

Introduced Mike Noone, Assistant EMS Director, Genise Silva, EMS Facilities Coordinator and Philip Grieve, EMS ALS/CQI Coordinator.

III. APPROVAL OF MINUTES – *Robert Katzer*

Minutes from the January 11, 2022, meeting approved as submitted.

IV. OCEMS REPORT

- Medical Director's Report - *Carl Schultz*
  Seeing diversion hours over 270 and above. The system should be present. Diversion of system should be getting down to around 200 hours a month. When we get to the APOT report, we will see that the hours are still somewhere over 200 hours, but not by much. We are seeing some progress in that respect.

- Health Emergency Management (Disaster Report) – *Carl Schultz*
  Dr. Grewal talked about the infectious disease issues. All of those are calming down. They are not a major issue for us. Monkey pox, RSV, all of that is simmered down. There is no more Ebola. That is gone. We are working toward optimizing what we do

- Ambulance Patient Off-Load Time – *Jason Azuma*

  Attachment #2 is the January Report for APOT and January report for diversion. The month of January was very busy. We saw another month of over 16,000 EMS transports. We have never hit 16,000 911 transports in Orange County last year and now it seems to becoming the new normal. We also had for January an elongated 90 percentile APOT of 37 minutes. Our County Benchmark is 30 minutes. We were often at or below our benchmark. Again, we are seeing a number of months in a row over 30 minutes. Diversion hours for January were in-line with a typical bad flu year. 1,879 repeatedly some months we saw significantly more than that during the pandemic, but that 1800 number is the right number we would expect from a bad flu. February, we do not have our report published yet, but we do have our preliminary analysis. APOT is still elongated looking at just over 36 minutes for 90th percentile. The volume is down, but only because February has 28 days. If you look at per day, February is busier than January. Keep that in mind when you see our published report that February was a very busy month. We are looking at just over 1700 hours of diversion, which minus the volume per day is a worse month than we had in January.

  Dave Barry – Is there any talk about an hour of APOT diversion changing to 30 minutes?

  Carl Schultz – We have talked about it and at this point I do not see an advantage to one side of the system and compromising the other. The hospitals are extremely busy. We know both sides of the arguments. Not prepared to come in-between the hospital complicated issue with push back on complex issue. The hospitals are busy. Trying to unload ambulances more quickly, would put greater strain on the system already to this is a very complicated issue. A new law built in in Sacramento that is getting lots of attention and lots of push back and lot of compromise. It is a very complicated issue. I am not going to weigh in the middle of that at this time. This has been our process all along. The hospitals are being hit harder now and to add more fuel to their fire by simply saying ambulances are going to unload patients faster. I think we are going to bring us to a breaking point. There are things that ambulances can do. I do draw the line at an hour. However, the hospitals cannot obtain free labor from ambulance companies after an hour, but I am not comfortable compromising that side of things, as yet. It may not be up to me. If this 20 minutes passes, it is out of my hands. However, at the moment, I am trying to balance the providers, the ambulances and the hospitals. I am concerned that we will unbalance the equation if we change the hour.

  Dave Barry – I agree with that, but the hospitals using 60 minutes of our free labor, it makes no difference to the system if they hold in a holding room or if they hold on a gurney. It just puts us more in line with everybody else at the hospital. If everybody has the same thought no matter what, perfect. Wait in the holding room. It is disadvantaging us.

  Carl Schultz understands the perspective and disagrees, but does not think we are going to fix this here. I do understand that there is a limit to how much the ambulance side and the provider side can absorb. This cannot go on 2 hours or 3 hours. Therefore, for those entities where this goes beyond 60 minutes we are very receptive. Anytime we get a phone call about that, we take immediate action. It is not like, well, we will get back to you. As soon as you call, if it is over 60 minutes, we take action. We are consistent in balancing everybody's needs. I am not saying I have the right answer, I do not know that there is a right answer. Where I sit for the moment, looking at all the various components of the system and their needs. I am at this point not prepared to change anything. Going forward, we will just have to wait and see what the State does. I do not expect you to agree with me.

  Laura Cross – Are we privy to APOT times in other Counties, and what they are? I would assume everyone in California is experiencing the same problem that we are in Orange County.

  Carl Schultz – We have to actually report APOTS to the State. Some counties actually do not and there have been no consequences to date. If you ask if all of those that are similar to our urban environment, yes. Los Angeles County, Riverside, San Bernardino, San Francisco. Not Ventura, so much. We are not an outlier. In fact, we are probably doing better than some. We are either in the middle or better. There are not too many urban LEMSAs that are better than we are.

  Robert Katzer - You can look at the EMS website 2022 report, there's 136 agencies, all the LEMSAs, so the ones that are having trouble sleeping at night. It even looks very similar to our formatting. It is probably because we are using the required formatting. There are different hospital names. It is a quick google, so you can see how we are doing; there is a lot of data out there for sure.

- EMSA is changing how they record APOTs - *Jason Azuma*
  Jason Azuma – EMSA is changing the way it is documenting and reporting on APOT now. We are saying this is a statewide issue and Orange County is not among the worst performers in this area. So, State EMSA is under a lot of pressure and changing the way a lot of their document reporting on APOT to be timelier in it. Previous, each county was supposed to take all of their data, clean it, analyze it and provide out to the state a standardized report. We did that quarterly. The state is now requesting that we provide them with each incident that occurs in Orange County within a 72-hour period. That cut in half the time that our agency had to do any QA QI on their data. We save, clean, analyze and submit. Within 72 hours run reports and had to get them back to the state after 72 hours. We used to for APOT go through the data at the end of the month and get any clarification needed from agencies requiring any outliers that they saw light med errors, negative times. We are no longer going to have that opportunity at the end of the month, so we are instituting more real time process where agencies can review the data that would be included with APOT are starting to receive real time alerts through our reporting system to let them know that a report needs clarification, confirmation or correction. Hopefully, we can get into the flow without too much extra effort so that the State gets the data accurately when they receive that in 72 hours. We expect to see the state pushing at least a couple more publications of the data in a timely manner. However, we recognize from the report that we are not in the group of counties that have more severe issues. So how the State ends up using the data may be on a case-by-case basis with counties that are having more problems. Or maybe they start pushing a more regular report out to the whole system, at which time we will share with everybody. Because they are going to use the data that we send them, and they are not going to do any cleaning of the data, their numbers will look different from ours. Their data has been accepted with an algorithm that we helped create to run these numbers. We see it as a plus or minus of a percent. Both on volume and the 90th percentile on a month-to-month basis. So all the numbers are not going to be the same.

- Bi-Directional Data Exchange Project – *Jason Azuma*
  The project is moving forward well. We have an active test feed with UCI and in the next month we are going to launch a pilot for transferring real patient data. We are ion the beginning stages of trying to open up some discussions with providers and EMS providers about participating in the pilot with UCI toward the bi-directional data flow. We are moving forward with all 24 receiving centers in Orange County. Making great progress in a phased approach instead of doing everybody at once. The other hospital that has made very notable progress is the Kaiser system. They are not too far behind UCI so they have a pilot going with them with production data sometime soon. Gagandeep Grewal is managing a separate part of the project. His comment was that we are actively engaged with all of the hospitals at this point in time. If there were anything from this group, it would just be a touch base with your facility to make sure that there is a part of their team that is working on this that they know that you exist. And that you are available for the clinical side of the conversation.

- Transition to NEMSIS V3.5 – *Jason Azuma*
  Attachment #3 is the letter from the State saying that the state is now active on NEMSIS v3.5 so we submit data to them as soon as we are up and running with the new data standard. They have also asked us to have a go live date of October 1. So our original go live date was generally quarter 4. Our go live date now is officially October 1. That does not mean that necessarily every provider in Orange County has to go live on October 1, but the County is going to do everything that we can to go live on the new data standard by October 1. For providers, one of the big things to note is that transfers in the field are not going to be available between the old standard and the new standard. Any resources that you have for 911 response, mutual aid, any situation where you would be transferring from agency to the other data in the field, you will want to coordinate across those lines to be sure that you are transitioning to the 3.5 standard. If not at the same time, at least with knowledge of how you are and what your timelines are.

  Does that include the hospital hub? The hospital hub will accept both. As well as bi-directional data, exchange is being set up on the new standard. It will be backwards compatible, but it is being set up on the 3.5 standard.

  The other part of 3.5 we are hoping to have a draft run form with the 3.5 standard by the beginning of April, as well as a draft data dictionary to let everybody know what we see as the changes with the new standard. I will be trying to send out a draft summary statement by the end of this week with a list of elements that we feel that you should be aware of and the changes to be made to those elements. Some of them do impact

how you may have or want to have your CAD integrations set up with OC-MEDS. We want to get that out to you people as soon as possible. If you see that you want to make integrations to your CAD, we know several months to execute. We are going to try to have that to you by the end of the week.

V. **UNFINISHED BUSINESS**

None

VI. **NEW BUSINESS**

- Revocation of Chapman Global Medical Center's ERC designation, memo #4550– *Carl Schultz*
  I just wanted to bring this up to the group to see if there are any questions that I can answer. Some of the stuff, obviously anytime that you revoke a designation, it is a big deal and there is some stuff that cannot be divulged, but to the extent that I can, I want at least to acknowledge that this was not a decision we made based on a single event in time. This is the culmination of years of interactions that we had with Chapman and then an acceleration in our interactions with them over the last 3 to 4 years. Back in 2018, we had an event where we were suspending for 6 days. Beginning of January 2022, we suspended them for a month. We felt that was a significant administrative sanction and that we thought that would definitely communicate what we wanted to see changed. It did not and so we were confronted with continuing to do the same thing repeatedly and expecting a different result, which we did not think was very promising. Or do something different that was really the only option left in this. This was not a sudden event. This was the culmination of things going back at least 8 years. Therefore, this has been a long-standing issue. There was no politics involved. It was just medical care. Finally, we took a big contingency there. There were five of us. We all looked at this situation. We discussed with them. We reviewed their information, and felt that there was no realistic expectation in spite of this current visit with the same stuff they told us the previous two times, that there was not going to be any change. We opted to revoke. That is where it sits now. They have appealed. Which is their right. That appeal process is laid out in our policy & procedures. It will take its course. Probably will be another month and a half or two months to go through all that. If their appeal is not successful, then they will remain with their status revoked. Per our policies at 6 months after they have lost their status, they can apply as a new facility. Start over again and see if they could qualify as an ERC after 6 months. But they will then be reviewed as a new entity all over again and that process is also laid out in our policies & procedures. If they are not successful then they will remain a non-designated hospital for the next 6 months until August 1. When the 6 months expires. Then they have to wait to reapply.

  Ruth Clark - Question about the application process. Does previous history reflect in the approval of the application as a new entity?

  Carl Schultz - Yes and No. There is not a clear statement within the application process; Thou shalt be reviewed for all your previous transgressions. On the other hand, the standards that we apply are present, but their ability to convince us that they can meet that standard will also have some reflection on where they were in the past.

- New/Updated Policies and Standing Orders – *Carl Schultz*
  There are eleven documents coming out. Five of them are policies. Six of them are standing orders. Most of them have little consequence. They have no consequence at all for training. For instance, one of the policies simply removed Chapman as an ERC from the ERC list. So those kinds of things. Some of the procedures that impact the MICNs, but not any other people is how the MICNs are reviewed by the base hospital coordinators in standards for performance and that sort of thing. The paramedics used to be in that, but because we no longer have that authority; it seemed ridiculous for me to keep it in there, so I pulled it out. What has changed is that paramedics are no longer referenced in that policy. The list that I release next week will identify all of these items, including the changes. The ones that are currently listed as up and coming, that have been there for 6 months, on April 1stt will become permanent and the old ones will disappear, and so all the IFT standing orders will actually disappear on April 1st. They will come off the website.

- Discussion of #4539 Extension of Current OCEMS Policies and Directives for Managing Increasing APOTs and Diversion Hours – *Carl Schultz*
  This was a document I put out a while ago, but I wanted to see if there are comments about it. This one was tools that the prehospital community can utilize and deal with some of the problems they encounter

with prolonged wait times. Some of these were temporary. They were issues probably 6-8 months ago. When foolishly, I thought that this lift we were seeing would be temporary. That it would resolve itself. However, that did not happen and so I not only made those permanent, but I added a few other things and made those essentially in force until other notice. Because I am not optimistic that we are going to see a return to what used to be normal any time soon. So, I wanted all of these out there to be used and not have to continue to re-update them. None of these is set to sunset. They are all in force until further notice. I wanted everyone to be aware that these are out there.

- Foothill Regional ERC Re-designation – *Genise Silva*
  We have been taking the time to get facilities updated as far as the re-designation statuses that were on hold until after COVID was finally taking a halt around that time. The first one that I worked on was Foothill. They have provided all the required documentation that we found that they met all the criteria except for two deficiencies that we have listed. One was for data collection/reporting of hospital discharge data and the other one was trauma transfer protocol. They are aware of two deficiencies that will require an action plan. A representative that I worked with an Advisory committee. Yesterday their conditional 3-year designation and if passed, will now move on to Emergency Medical Care Committee (EMCC).

VII. **Advisory Committee Reports**

- Base Hospital Coordinators - *Heidi Yttri*
  We just had our first MICNs class today. Orange County Communications (OCC) at their class report IFT-ALS

- Orange County Fire Authority – *Brian Grinstead*
  Fire Chiefs EMS met a couple of weeks ago. Nothing substantial to talk about. We are 50/50 in training up for the new updates that are coming up on April 1. Dave and I at Anaheim are at a 100% with studying that course to come around.

- Orange County Nursing Leadership – *Eileen Endo*
  They are in transition of getting a new representative because Kim Nichols term ended last September. They had somebody from Fountain Valley take over. Now she is leaving Fountain Valley Hospital on Friday.

- Facilities Advisory Subcommittee – *Genise Silva*
  I talked about Foothill. I am just trying to get caught up with all of the pending redesignations and specialty centers. All that have been requested to send their annual Bi- data and statistics for the 2022 year by the end of March. They have all been made aware of that.

  - Question asked about predecessor sending out to everybody that huge ReddiNet Survey form a year ago. Is that contact person at my facility seeking clarity on some things that were suggested? Because I know you were not given that information, correct? I am thinking it came from the State. Is there someone that you know of that they can reach out to so that you people are not the middle ground for them? They just asked me that today, randomly.

  Genise Silva - I will find somebody. There is a children's committee that I will get you in contact with.

- Round Table
  Philip Grieve – I was wondering if there would be any interest in getting a guest speaker for these meetings? To talk about a subject at each meeting. To be out there and decided by me, probably. I thought maybe some evidence of change if you have a nurses passion about something, or dark about anything. I thought this might be a nice forum to present some evidence for closing change or evidence for improvement. I was just wondering what that feeling was around the room. If that would be, something you would be interested in or whether it be like, nah. We want to get this while we are done here as quickly as possible. Alternatively, email me if you want.
  - Someone made a motion to vote YES.
  - I do think it is a good idea. 15 minutes.
  - As long as it is not a salesperson.
  - Ted Talk
  - Bit of a discussion

Eileen Endo – The first statewide health medical exercise-planning meeting is next Tuesday at Environmental Health at 9:00am. If anybody is interested. You can contact Eddie Morales at the Health Emergency Management Section. I told him I would mention that.

Dave Barry – Dr. Schultz, I am sure that you are aware that there is a big shortage on Fentanyl right now. For another day's supplies. We are going to push back from morphine. Now there is a shortage of morphine. We are all in the same boat. We have enough to survive for probably a couple of months If we need to skimp & ask, what is really hurting you. So now, there is a point we can talk about it.

Jason Azuma – there was a period a few weeks ago where we discussed a fentanyl shortage and already morphine as well as meeting with the librarian for other variants about deploying naloxone. Oh no, the schools. We have a shortage of overabundance of the same chemical. Yes, we should just visit the schools.

Brian Grinstead - I would add albuterol to that list.

Carl Schultz – Since you mentioned albuterol. There is a policy still on the books. It is 900.00 because it was something I was desperate to do during the hype of COVID and we were all together in the AOC. It is the metered dose inhaler for albuterol. Now, I know metered dose albuterol used to be cheaper, before they went to the new and improved propellant and now its millions of dollars. So I do not know if that is even an option or not. If the departments can get that, without breaking the bank. Some can use that option. Albuterol is another one that can be used. There are things we can do. I would like obviously, not to have to go down that road, but if I am aware of it and am not willing for that to happen.

Yes, a lot of traffic on the EMDAC server recently, regarding albuterol.

Carl Schultz – I am not a big fan of Dobutamine or Epi.

Guy – Mercy Air – Dobutamine is not an option.

Carl Schultz – certainly albuterol metered dose may be an option for Fire departments to use.

IX. **NEXT MEETING** – Wednesday, May 10, 2023, at 1:00 p.m.

X. **ADJOURNMENT**

The meeting was adjourned at 1:44 p.m.