



**DEBRA BAETZ, MBA**  
INTERIM AGENCY DIRECTOR

**MINDY WINTERSWYK, PT, DPT, PCS**  
ASSISTANT AGENCY DIRECTOR

**TAMMI McCONNELL, MSN, RN, MICN, RN**  
EMERGENCY MEDICAL SERVICES  
DIRECTOR

## **EMERGENCY MEDICAL SERVICES**

405 W. 5<sup>th</sup> STREET, SUITE 301-A  
SANTA ANA, CA 92701  
PHONE: 714-834-2791  
FAX: 714-834-3125  
Email: [TMcConnell@ochca.com](mailto:TMcConnell@ochca.com)

January 18, 2024

**TO:** Orange County Fire Chiefs  
Orange County Ambulance Provider CEOs  
Emergency Receiving Center CEOs  
Elizabeth Basnett, EMS Authority Director  
California Department of Public Health

**SUBJECT: Closure of Chapman Global Medical Center's Emergency Department**

Chapman Global Medical Center (CGMC), located at 2601 E Chapman Avenue, Orange, CA 92869, notified Orange County Emergency Medical Services (OCEMS) of its intent to close the Emergency Department effective July 12, 2024. We understand that the acute care hospital will remain open.

CGMC was one of twenty-five designated Emergency Receiving Centers (ERC) in the county until its ERC revocation on February 2, 2023. After its ERC revocation, its Emergency Department (ED) remained open for private ambulances and walk-in patients for basic emergency care but have experienced a low daily ED census. System assessment indicates that the emergency and specialty capabilities within surrounding hospitals have had no impact from CGMC's ERC revocation and will be able to continue to absorb and meet the demands of the displaced patients arriving via private ambulance and private auto.

As directed under California Health and Safety Code Section 1300, our office will conduct a complete impact analysis and report the findings to the California Department of Public Health (CDPH). As part of our impact analysis, there will be a public hearing at 1:00pm on Thursday, February 15, 2024, at the County Conference Center, located at 425 W Santa Ana Boulevard, Santa Ana, CA 92701. Any comments that you have on the impact of closing this service are welcomed and encouraged. We will accept written comments in lieu of oral comments at this meeting. Written comments should be addressed to my attention at the OCEMS office before February 15, 2024. The notice of public hearing will be published. Please contact me at (714) 834-2791 with any questions or concerns.

Sincerely,

A handwritten signature in black ink that reads "Tammi McConnell".

Tammi McConnell MSN, RN, MICN, PHN  
OCEMS Director

TM:gs#4909

cc: Orange County Fire EMS Coordinators  
Base Hospital Physicians  
Base Hospital Coordinators  
Hospital Association of Southern California



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**Date:** February 16, 2024

**TO:** Emergency Receiving Centers  
Base Hospital Coordinators  
911 Providers  
Ambulance transport providers

**SUBJECT: USE OF UNAUTHORIZED INTERFACES TO IDENTIFY HOSPITAL DESTINATIONS FOR 911 PATIENTS**

Orange County EMS (OCEMS) has established official procedures for identifying “the nearest, most appropriate, open patient care facility” to which a 911 patient should be transported. These include directly accessing ReddiNet and contacting base hospitals, Orange County Communications, and affiliated dispatch centers. All these options utilize ReddiNet as their sole source of information. ReddiNet is the only reliable source to obtain accurate hospital status.

Some 911 providers have developed custom interfaces to identify hospital destination status for their patients. This practice has resulted in obtaining erroneous information leading paramedics to inappropriately transport patients past open facilities to destinations farther away, unnecessarily delaying patient care.

No OCEMS policy or document authorizes this practice. As such, should an untoward patient event occur as a result of using anything other than the direct ReddiNet application, leading to erroneously bypassing an open facility, OCEMS will not be able to protect these providers. Any liability that results from using such integrations will not be shared by OCEMS and will fall on providers alone. OCEMS does not authorize or support the use of such interfaces and this practice needs to stop.

Please feel free to contact me if anyone wishes to discuss this in more detail.

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

Carl H. Schultz, MD  
EMS Medical Director

CS:em#4933



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February 21, 2024

Hang Nguyen, MSN, RN  
District Manager, California Department of Public Health, Center for Health Care Quality  
Orange District Office  
681 South Parker Street, Suite 200  
Orange, CA 92868

**SUBJECT: Impact Evaluation Report: Closure of Emergency Services at Chapman  
Global Medical Center**

Dear Ms. Nguyen:

Orange County Emergency Medical Services has completed an impact analysis on the closure of emergency services at Chapman Global Medical Center. Enclosed you will find the final report.

The conclusion and recommendations stated in the report result from a comprehensive analysis of the emergency medical services (EMS) system. Our office has concluded that although alternative hospitals are in relatively close physical proximity, any decrease in service to the affected population has undeterminable impacts to individuals and assumed impacts of increased emergency department wait times and ambulance diversion at alternative hospitals. Following the revocation of its emergency receiving center (ERC) designation on February 24, 2023, the EMS system has not experienced significant increases in diversion hours from the three nearest ERCs nor has OCEMS received any provider or public complaints related to the closure.

In sum, while it is possible, it is not anticipated that the closure of Chapman Global Medical Center's Emergency Department will have detrimental impacts to individual patients in the northeast region of the county. The emergency and specialty center capabilities within the surrounding hospitals are expected to continue to absorb and meet the demands of additional patients.

Please do not hesitate to contact me directly for any questions or concerns.

Sincerely,

*Tammi McConnell, MSN, RN*  
Tammi McConnell, MSN, RN  
EMS Director

cc: Elizabeth Basnett, Director, Emergency Medical Services Authority  
Debra Baetz, Interim Director, Health Care Agency  
Theresa Berton, CEO Chapman Global Medical Center

Enclosure

TM:tcn#4938



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## EMERGENCY MEDICAL SERVICES

**DATE:** MARCH 15, 2024

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

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

**SUBJECT: NEW AND UPDATED EMS POLICIES, PROCEDURES, AND STANDING ORDERS**

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. 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 April 1, 2024. These will be optional until October 1, 2024, when they become mandatory.

From time to time, the agency may also need to issue updates on an impromptu basis or implement a policy without the typical 6 month phase-in process, as situations will not permit waiting until the next cycle. The update to Policy 300.31, the OC-MEDS Data Dictionary, falls into this category. The changes in 300.31 and their immediate implementation result from the nationally mandated use of NEMSIS 3.5 as the structure for collecting EMS data that began on January 1, 2024. Given use of NEMSIS 3.5 is now in force, no optional phase-in period can exist for an updated data dictionary. Therefore, the update to Policy 300.31, which reflects the changes due to NEMSIS 3.5, will go into effect immediately.

### APRIL 1, 2024 EMS NEW DOCUMENTS

#### PROCEDURES

PR-70 Pilot Project – Ketamine Analgesia for Air Rescue Paramedics: This document provides both the standing order and procedure instructions for a pilot project to assess the efficacy of ketamine use for analgesia during air rescue activities. The project will evaluate this intervention for a year and then assess how to proceed.

## STANDING ORDERS

SO-P-70 Psychiatric/Behavioral Emergencies – Pediatric: To address the increasing need for management and sedation of agitated pediatric patients, this new policy was created. It provides for base hospital ordered midazolam for control of combative pediatric patients.

### **APRIL 1, 2024 EMS UPDATES TO EXISTING DOCUMENTS**

## POLICIES

- 300.31 OC-MEDS – Data Dictionary: Updates to this large document (558 pages) must go into effect immediately due to the mandate to have implemented NEMSIS 3.5 by January 1, 2024. Policy 300.31 now incorporates all the descriptions and definitions associated with the new requirements from NEMSIS 3.5 related to OC-MEDS. The OC-MEDs Data Dictionary v3.5 Change Log is also now available to assist with identifying the changes.
- 310.96 Guidelines for Diversion Status and APOT Standard: Additional language has been added that authorizes EMTs and Paramedics to treat 911 patients in the ED on an ambulance gurney if an acute intervention is needed using their scope of practice until formal transfer of care occurs. This addition can be found on page 6 and identified as paragraph C.
- 325.05 Air Rescue Unit Inventory: An addition was made to the ALS Drug Inventory to accommodate the use of ketamine for pain management as part of a pilot project for the next year involving air rescue paramedics.
- 330.50 Withholding Prehospital CPR for the Obviously Dead: Under paragraph IV.C, items 2 and 4 have been modified. Language specifying that instructions apply when the scene is a “skilled nursing facility” has been changed to say when the scene is “any type of an assisted living facility”. Examples of some of the various facilities where these instructions apply are also listed. This was done to authorize paramedics and EMTs to apply this policy to any type of assisted living facility and not just limit it to SNFs.
- 330.51 Do-Not-Resuscitate (DNR), Physician Orders for Life-Sustaining Treatment (POLST), and End of Life Options Act and Health Care Directives: On page 3, items V.H.4 and V.H.5 have been added. This was done to clarify certain ambiguities involving how to manage these patients if they experience a cardiac arrest before or during transport.
- 330.70 Paramedic Assessment Unit (PAU): The previous policy had confusing language involving optional use of midazolam, fentanyl, and morphine sulfate. Section IV has been updated to reflect standard language requiring locked containers for these drugs in PAUs and that policy 325.00 applies.

## PROCEDURES

- B-02 Glasgow Coma Scale (Score): A second page had been added to this BLS procedure that lists the pediatric Glasgow coma scale (score). The pediatric algorithm should be used for patients 2 years of age or younger.
- PR-02 Glasgow Coma Scale (Score): A second page had been added to this ALS procedure that lists the pediatric Glasgow coma scale (score). The pediatric algorithm should be used for patients 2 years of age or younger.
- PR-230 Preparation and Dosing of Push Dose Epinephrine – Adult/Adolescent: The previous procedure listed the dose of epinephrine as 5 mcg for each push (0.5 mL). This will now be increased to 10 mcg for each administration. The dose volume of 1.0 mL will be easier to identify and the higher dose is more effective. Other than injecting 1.0 mL instead of 0.5 mL, the process for preparing the solution remains the same.

## STANDING ORDERS

- SO-E-05 Burn (Thermal, Electrical, Chemical) – Adult/Adolescent: Due to the previous changes to PR-03, which simplified burn patient assessment, this policy was modified to make it consistent with PR-03. Rewording of total body surface area burn indicators for base hospital contact were made and high voltage definition was increased to 500-1000 volts.
- SO-M-030 Psychiatric/Behavioral Emergencies – Adult/Adolescent: The term “excited delirium” was removed due to changes in California State law and replaced with “toxic delirium”.
- SO-P-15 General Injury and Trauma – Pediatric: A new section, “Suspected Traumatic Brain Injury (TBI)”, was added to the bottom of page 2 and onto page 3. This is due to the increasing emphasis on this topic in the medical literature.
- SO-P-95 Burn (Thermal, Electrical, Chemical) – Pediatric: Due to the previous changes to PR-03, which simplified burn patient assessment, this policy was modified to make it consistent with PR-03. Rewording of total body surface area burn indicators for base hospital contact were made and high voltage definition was increased to 500-1000 volts.
- SO-T-05 General Injury and Trauma – Adult/adolescent: A new section, “Suspected Traumatic Brain Injury (TBI)”, was added to the bottom of page 2 and onto page 3. This is due to the increasing emphasis on this topic in the medical literature.



# CHEMPACK 101

If confronted with a nerve agent incident, do you know what a CHEMPACK is, or how to request it?

California Department of Public Health, Center for Preparedness and Response will host a training and facilitated discussion on CHEMPACK.

Training Objectives:

- CHEMPACK Program background
- Determine which situations require CHEMPACK assets
- Understand how to request CHEMPACK assets
- Learn about CHEMPACK deployment options

**Tuesday, May 21**



Registration  
Form



Environmental Health Services Building  
1241 E. Dyer Rd. Santa Ana, CA 92705



Tuesday May 21, 2024  
9 a.m. - 2 p.m.



For more information, please email  
[jdelacerdajr@dhs.lacounty.gov](mailto:jdelacerdajr@dhs.lacounty.gov)

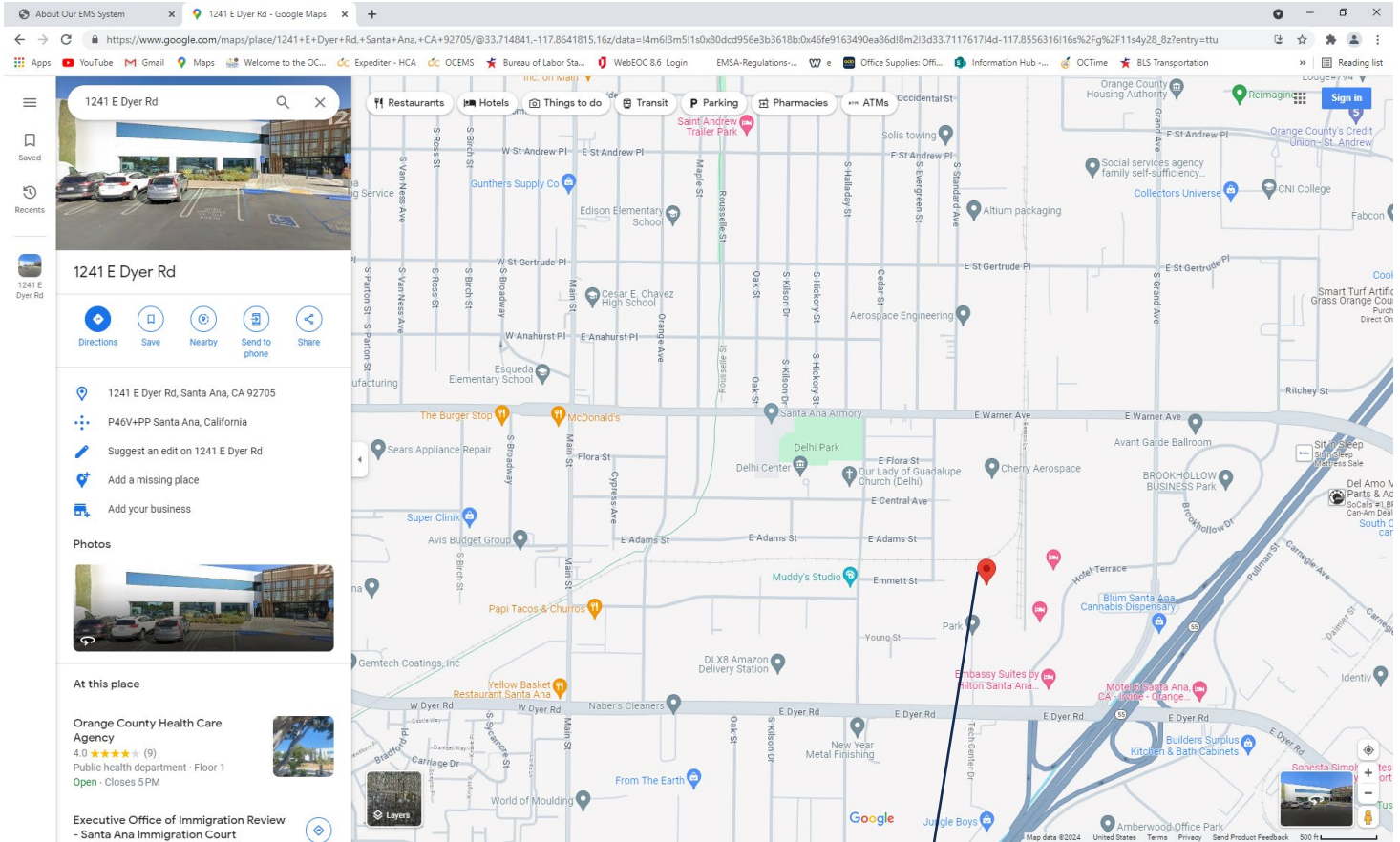
*\*Ideal for public health emergency preparedness and response personnel, EMS, fire, law enforcement, dispatchers, hospitals, those interested in disaster response, and pharmacists.*

**4 Hours of CEU will be provided for EMS and RN**

<https://forms.office.com/g/QPH6y9fs95?origin=IprLink>



# Map to Environmental Health



**Environmental Health Services**  
**1241 E. Dyer Rd.**  
**Santa Ana, CA 92705**  
**Go North on Tech Center Drive**  
**Building is in the very back.**