



FACILITIES ADVISORY COMMITTEE
ORANGE COUNTY EMS FACILITY DESIGNATIONS
March 19, 2024

The following hospitals have applied to Orange County Emergency Medical Services (OCEMS) for Emergency Receiving Center (ERC) and/or Specialty status (Cardiovascular Receiving Center/CVRC, Stroke Neurology Receiving Center/SNRC, and Comprehensive Children’s Emergency Receiving Center/CCERC) designation or re-designation. This report summarizes the OCEMS review of their applications noting deficiencies, conditions and recommendations. Today, it is presented to the Facilities Advisory Committee for committee endorsement.

General Findings: The following facilities currently meet the designation requirements for Emergency Receiving Center and Specialty Center designation, when applicable. Endorsement considerations of designation are for one to three-year terms or otherwise specified as recommended by committee.

FACILITIES – CONTINUING DESIGNATIONS

Fountain Valley Medical Center

Emergency Receiving Center (ERC)

ERC DQ Completed: 01/18/2024
Site Survey Conducted: 02/28/2024
Program Review Dates: 01/2021-02/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	APOT not to exceed 30 minutes	90 th percentile for 2023 was 51:36; Jan 2024 was 72:20	Hospital will submit corrective action plan, including protocol/policy designed to balance APOT and Diversion. Hospital will decrease APOT in compliance with OCEMS policy #310.96 which states, “the APOT standard for OCEMS is set at 30 minutes.”	60 Days
2	Compliance with policy #600.00	Facility must have “an institutional response for the evaluation and care of specific patient groups, to include patients identified as trauma victims”	Hospital will submit a written policy, protocol, or guideline which outlines the triage, management, and transfer of care for a traumatically injured patient.	60 Days
3	Compliance with OCEMS policy #300.50: Hospital Discharge Data submission	0% compliance entering hospital discharge data and continue to push the Bi-Directional project	Hospital will submit a corrective action plan addressing hospital discharge data submission. Hospital will continue all efforts toward the Bi-Directional Data Exchange Project.	60 Days



The following are recommendations for improvement. Action is expected but not contingent on redesignation.

RECOMMENDATIONS	
1	Consider Diversion decision-making process improvement. Current process to call CEO afterhours creates an unnecessary obstacle.
2	Build and strengthen working relationship with local fire agencies.
3	Improve EMS outreach and education by presenting at REACs, County meetings, etc.
4	Improve Pediatric Readiness, including designating a Pediatric Emergency Care Coordinator (PECC) and increasing pediatric education.
5	Update Burn Policy to include transfer criteria and current treatment guidelines.

Endorsement Consideration: Three (3) years (02/2024-02/2027) – conditional

Stroke-Neurology Receiving Center (SNRC)

ERC DQ Completed: 01/18/2024
Site Survey Conducted: 02/28/2024
Program Review Dates: 01/2021-02/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Specialty Diversion	Excessive neuro diversion in comparison to ERC diversion-2023 ED Diversion was 346 hours (3.9%) and neuro diversion was 964 hours (11%).	Hospital will comply with OCEMS policy #310.96 which outlines appropriate reasons for specialty closure.	Immediately

The following are recommendations for improvement. Action is expected but not contingent on redesignation.

RECOMMENDATIONS	
1	Update Code Stroke algorithm to include updated personal contact information and new treatment with TNK.
2	Strengthen post-discharge patient engagement to help improve patient outcomes and prevent readmission.
3	Improve EMS outreach and education by presenting at REACs, County meetings, etc.

Endorsement Consideration: Three (3) years (02/2024-02/2027) – conditional



Cardiovascular Receiving Center (CVRC)

ERC DQ Completed: 01/18/2024
 Site Survey Conducted: 02/28/2024
 Program Review Dates: 01/2021-02/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Specialty Diversion	Excessive cardiac diversion in comparison to ERC diversion-2023 ED Diversion was 346 hours (3.9%) and cardiac diversion was 924 hours (10.5%).	Hospital will comply with OCEMS policy #310.96 which outlines appropriate reasons for specialty closure.	Immediately

The following are recommendations for improvement. Action is expected but not contingent on redesignation.

RECOMMENDATIONS	
1	Strengthen post-discharge patient engagement to help improve patient outcomes and prevent readmission. For example: Mirror 7-day follow-up phone call done for stroke patients.
2	Create a process to record all patients arriving to the ED meeting CVRC criteria for STEMI. Current STEMI Report data is inconsistent and does not capture all patients.
3	Improve EMS outreach and education by presenting at REACs, County meetings, etc.

Endorsement Consideration: Three (3) years (02/2024-02/2027) – conditional