



FACILITIES ADVISORY SUBCOMMITTEE

Tuesday, March 19, 2024 – 9:00 a.m.

Location: 405 W. Fifth Street, Conference Room 433
 Santa Ana, CA 92701

MINUTES

MEMBERSHIP / ATTENDANCE

MEMBERS

- Peter Anderson, MD
- Michael Lekawa, MD
- Chien Sun, MD
- Laura Cross, RN for, RN for*
for Alaine Schauer, RN
- Jill Patt, RN
- Augustus Ynares, RN
- Mary Slattery, RN
- Bryan Johnson, RN

REPRESENTING

- OCMA ED Physician Directors
- Trauma Center Directors
- Managed Care Emergency Physicians
- Base Hospital Administration
- Base Hospital Coordinators
- OC Nursing Leadership
- Trauma Program Coordinators
- Fire EMS Coordinators

HEALTH CARE AGENCY STAFF PRESENT

- Carl Schultz, MD
- Gagandeep Grewal, MD
- Kristen Karpow, RN
- Ruth Clark, RN
- Philip Grieve, NRP
- Genise Silva, RN
- Jason Azuma
- Chad Cossey
- Justin Newton
- Fred Vannetter
- Erica Moojen
- Eileen Endo
- Lisa Wilson
- EMS Medical Director
- EMS Associate Medical Director
- EMS ALS/CQI Coordinator
- EMS Trauma Coordinator
- EMS ALS/CQI Coordinator
- EMS Facilities Coordinator
- OC MEDS Coordinator
- EMS Program Supervisor II
- HDP Program Supervisor II
- HDP Staff Assistant
- EMS Office Supervisor
- EMS Office Specialist
- Information Processing Technician

OTHERS PRESENT

- Julia Afrasiabi, RN
- Gina Aquino
- Abigail Baur
- Shelley Brukman, RN
- Mildred Cureton, RN
- Rico David
- Rotch de los Santos, RN
- Josh Dean
- Pam Decker
- Roland Dy, RN
- Monica Layhee, RN
- Julie Mackie, RN

REPRESENTING

- UCI Medical Center
- La Palma Intercommunity Hospital
- Orange County Fire Authority
- CHOC Children’s Hospital
- Foothill Regional Hospital
- La Palma Intercommunity Hospital
- La Palma Intercommunity Hospital
- Premier Ambulance Service
- UCI Medical Center
- La Palma Intercommunity Hospital
- Orange County Global Medical Center
- Mission Hospital

OTHERS PRESENT

- John Maier, RN
- Leah Maier, RN
- Kevin Metcalf
- Liz Olshefski
- Candice Parras
- Kelly Petka
- Erick Quintanilla
- Heidi Ragas, RN
- Stephanie Scott
- Api Weinert
- Frederica Yarborough

REPRESENTING

- Fountain Valley Regional Hospital
- Huntington Beach Hospital
- KPC Health
- South Coast Global Medical Center
- Anaheim Global Medical Center
- Mission Hospitals
- Falck
- St. Jude Medical Center
- St. Joseph Hospital
- Placentia Life & Safety
- Foothill Regional Hospital

I. CALL TO ORDER

- The meeting was called to order by Bryan Johnson, RN representing *Peter Anderson, MD* at 9:01 a.m.

II. INTRODUCTIONS/ANNOUNCEMENTS

- None

III. APPROVAL OF MINUTES

- Minutes from the January 9, 2024, meeting was approved as submitted.

IV. OCEMS REPORT

- OCEMS Report by *Carl Schultz, MD and Gagan Grewal, MD*

The EMSA (Emergency Medical Services Authority), which is the overriding government body in Sacramento that has oversight over all of the local EMS agencies, has announced a workshop in April. They have to deal with how to report data for stemi and stroke receiving centers. There are four dates, two for stemi and two for stroke and they are all online. You can get that information from the EMS Agency.

We are going to initiate a pilot project looking at the use of IM or IN ketamine for air rescue paramedics. Sometimes it is tricky administering pain meds via slow IV drip over ten minutes when you are hoisting somebody off a cliff in a helicopter. We are going to try to utilize ketamine either through the nose or intramuscularly. This is a well-known route of administration of ketamine. We are going to see how it works for the Sherriff's and OCFA when they do their search and rescue activities over the next year and if it looks like it is working for them then we will make it a formal policy.

The last thing I wanted to mention was the triage to alter destination, specifically for psychiatric patients. This was in review. The idea was to have a screening protocol that paramedics would use in the field to identify very low risk psych patients that really would not benefit from a trip to the emergency department and would benefit from a trip to a crisis stabilization unit and be able to transfer them directly from the field to the crisis stabilization unit. It is a major undertaking and not a simple task on how to get this up and running, but we have made the first step and we have a protocol now that has been approved by all of our internal stakeholders.

Dr. Grewal mentioned the APOT Bill, AB-40 that passed. Implementation of some parts of the bill were discussed: LEMSAs need to set a standard APOT of 30 minutes or less, which we have already done. Hospitals have to develop and submit an APOT reduction protocol. Due to staffing at EMSA, at the state level, other parts will be delayed, such as implementation of an electronic signature and regular meetings between EMSA and hospital that don't meet the APOT standard.

- Ambulance Patient Off-Load Time (APOT) and Diversion Report by *Jason Azuma*

We had a very busy month in January. We came down a little bit from our all-time high of 17,195 transports that we had in December, but we still had over 17,000 transports in the month of January. The hospitals did well. They kept diversion, although high, we were at 2,500 hours for ED diversion for January and APOT of 38 minutes. Thankfully we came down in February and hopefully back to a new normal. We had 15,279 transports and an APOT of 31 minutes, just above our benchmark. Diversion hours were cut in half from January, down to 1,100.

- Bi-Directional Data Exchange Project by *Jason Azuma*

We have fourteen hospitals now live on the Bi-Directional Data Exchange. Three more are planning to go live by the end of April. All others are in progress and we are diligently trying to get everybody through, although it may or may not happen by this fiscal year. At least every hospital has gotten kicked off.

- Systems and Standards Update by *Kristen Karpow*

The 2024 redesignations we completed thus far are Orange Coast Memorial and Fountain Valley. Our upcoming redesignations include St. Joseph's Hospital, HOAG, Newport Beach, and UCI. This is a reminder that everyone's annual CQI reports for SNRC, CVRC, and CCERC are due at the end of March. The next Stroke CQI meeting is Thursday, April 18th at 9:00 a.m. here in this room. Genise will be sending out an Outlook invite. Our next Facilities Advisory Subcommittee Meeting is on May 14th and will have a burn presentation and we will be offering an hour of CEs. On April 10th there is the WRAP-EM virtual chemical surge tabletop exercise. On May 21st there is a Chempack training from 9:00 a.m. to 2:00 p.m. The target audience is any facilities that already have a Chempack and want to learn more about it or anyone interested in possibly obtaining a Chempack. Lastly, there is a California Hospital Association

Emergency Services conference on May 6th in Newport Beach. The Base Coordinators are putting on their No Fear conference on April 11th from 8:00 a.m. to 12:00 p.m. at the CHOC WADE Center. It is free and BRN/EMS CEs will be provided, however registration is required.

V. **SPECIALTY REPORTS**

- CVRC – We last met virtually in January to discuss data, CQI, and how things are going overall at their centers. We decided that we are going to make this a quarterly meeting that way we can always be connecting. Their data and CQI reports are due at the end of this month.
- SNRC – We had our real first CQI meeting in January where we did case review. We will meet again next month. Cases don't necessarily have to come from a stroke center. We want to see cases that are coming up from non-stroke centers, that EMS is seeing in the field, an IFT 911 that they think needs to be reviewed. We are going to be sending out templates for each type of entity can give us a case review. The Stroke Society meeting is next Tuesday, the 26th at OCFA and hosted by Mission at 6:00 p.m.
- Trauma – Trauma Ops meets next Tuesday. The southwest region had the trauma grand rounds a week ago. Give Lori a couple of weeks for the BRN CEs because they had over 150 attendees and it was probably the largest, they ever had. The trauma centers are busy with their reverifications. ACS will be out in May for Mission, in June for OC Global and September for CHOC.
- Pediatrics – We have two CCERCs in Orange County that are Comprehensive Children's Emergency Receiving Centers. We have had two meetings thus far. On that meeting there are representation from the two CCERCs, ERC representation, fire representation, medical advisory representation, and children's services representation. Our last meeting was on February 7th and Dr. Schlessinger had given an overview of what EMS Children's is.

VI. **UNFINISHED BUSINESS**

- None

VII. **NEW BUSINESS**

- Orange Coast Memorial Medical Center ERC and CVRC Redesignation - Orange Coast Memorial was visited back in January. They had one deficiency for their ERC and that was the utilization for the stroke spoke-hub process. They are working on that now. The deficiency found for the CVRC was a lack of outreach and education. We requested a corrective action plan. Their endorsement consideration would be a three-year conditional motion for redesignation – motion was approved. Vote was requested and all was in favor.
- Fountain Valley Regional Hospital ERC, CVRC, and SNRC Redesignation – Fountain Valley had their visit back in February. There were two deficiencies found for the ERC, one for the CVRC, and one for the SNRC, all listed in the agenda. Their endorsement consideration would also be a three-year conditional motion for redesignation – motion was approved. Vote was requested and all was in favor.
- April 1 Biannual Policy/Procedure/Standing Order Update – The summary letter went out regarding how we disseminate all of our information to the county through EGov Delivery. This is all of the changes we have made to the policies, procedures and standing orders. They will be optional until April 1, 2024. As of October 1, 2024, they will all become mandatory. Policy 300.31 has gone into effect immediately and that is the data dictionary.

- Facility Impact of Update to Policy 310.96 – Until the formal transfer of care occurs the patient is still deemed to be in transport, therefore paramedics and EMTs can still use their scope of practice inside the emergency department if they have not been able to get ahold of hospital staff and the hospital has not formally released them from their duties.
- Management of Pain in Trauma Patients – There is a standing order for the management of trauma patients in general, both for adults and pediatrics. There is pain management specific language within those items. They are not listed for every single item that is in those standing orders. Pain management is not a contraindication for multiple trauma patients. There are enough descriptors in both, T0-05 and P-15 standing orders.

VIII. **NEXT MEETING**

- May 14, 2024, at 9:00 a.m. – Conference Room 433

IX. **ADJOURNMENT**

- The meeting was adjourned at 9:47 a.m.