

EMERGENCY MEDICAL SERVICES Santa Ana, CA 92701



FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS

May 14, 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

St. Joseph Hospital

Emergency Receiving Center (ERC)

ERC DQ Completed: 02/16/2024
Site Survey Conducted: 03/21/2024
Program Review Dates: 03/2021-03/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	ReddiNet Response Rate for MCIs	St. Joseph Hospital had an average response rate for MCIs in 2023 of 77%	Hospital will submit a corrective action plan to reach compliance of >90% on all ReddiNet MCIs.	60 Days
2	Compliance with OCEMS policy #300.00: On-Call Physician Specialists	St. Joseph lacked a pediatrician on their daily call roster who is on-call at all times and available to come into the hospital.	Hospital will acquire and maintain a 24/7 on-call pediatrician on their daily call roster.	60 Days
3	Compliance with OCEMS policy #300.50: Hospital Discharge Data submission	0% compliance entering hospital discharge data and continue implementing 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



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

	RECOMMENDATIONS
1	Continue efforts to balance APOT and diversion to remain compliant with OCEMS policies.
2	Utilize assigned Base Hospital Coordinator for educational support.
3	Maintain trauma assessment and recognition education to staff.
4	Continue efforts to improve Pediatric Readiness, including updating disaster plan to include pediatric-specific plans.

Endorsement Consideration: Three (3) years (03/2024-03/2027) – conditional

Stroke-Neurology Receiving Center (SNRC)

 SNRC DQ Completed:
 02/16/2024

 Site Survey Conducted:
 03/21/2024

 Program Review Dates:
 03/2021-03/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	No deficiencies identified			

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

	RECOMMENDATIONS
1	Create a process to record all patients arriving to the ED meeting SNRC criteria via walk-in and EMS. Current Stroke Patient Registry data is inconsistent and does not capture all patients.

Endorsement Consideration: Three (3) years (03/2024-03/2027) – unconditional

Cardiovascular Receiving Center (CVRC)

 CVRC DQ Completed:
 02/16/2024

 Site Survey Conducted:
 03/21/2024

 Program Review Dates:
 03/2021-03/2024

Criteria Deficiencies:

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	No deficiencies identified			
	identified			



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

	RECOMMENDATIONS
1	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.
	Neport data is inconsistent and does not capture all patients.

Endorsement Consideration: Three (3) years (03/2024-03/2027) – unconditional