



FACILITIES ADVISORY SUBCOMMITTEE

Tuesday, January 14, 2025 – 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
- ☐ Alaine Schauer, RN
- ☐ Jill Patt, RN
- ☒ Augustus Ynares, RN
- ☐ Mary Slattery, RN (exc)
- ☐ 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
- Genise Silva, RN
- Ruth Clark, RN
- Erica Moojen
- Lisa Wilson
- Eileen Endo
- EMS Medical Director
- EMS Associate Medical Director
- EMS Systems/Standards Chief
- EMS Facilities Coordinator
- EMS Trauma Coordinator
- EMS Office Supervisor B
- EMS Information Processing Tech
- EMS Office Specialist

OTHERS PRESENT

Abigail Baur
Stephanie Scott
Rotch Delos Santos
Rollan Dy
Rico David
David Thomas, MD
Erick Quintanilla
Frederica Yarborough

REPRESENTING

- OC Global Medical Center
- St. Joseph Hospital
- La Palma Intercommunity Hospital
- La Palma Intercommunity Hospital
- La Palma Intercommunity Hospital
- Foothill Regional
- FALCK
- Foothill Regional

OTHERS PRESENT

Laura Cross, RN
Julia Afrasiabi, RN
Amanda Collins
Jenael Rosenberg, RN
Heidi Rogas
Julie Mackie
Amanda Ramos
Kelly Petke
Laurie Redmond

REPRESENTING

- Mission Hospital
- UCI Medical Center
- CHOC
- Hoag Hospital
- St. Jude
- Mission Hospital
- Lynch
- Mission Hospital
- La Palma Intercommunity Hospital

I. CALL TO ORDER

- The meeting was called to order by *Peter Anderson, MD* at 9:02 a.m.

II. INTRODUCTIONS/ANNOUNCEMENTS

- Laurent introduced Anjan Purohit as the new EMS Analytics Coordinator. He will responsible for working with our base hospital, EMS providers & our specialty centers. He will be responsible for building reports & dashboards & analytics around all the data we have.
- Everyone introduced themselves with name, title & facility represented.

III. APPROVAL OF MINUTES

- Minutes from the November 12, 2024, meeting was approved as submitted. (Attachment #1)

IV. OCEMS REPORT

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

Dr. Schultz: The IV fluid shortage in general that was occurring because of the hurricanes has come & gone. By & large, everyone can get enough fluids of their daily standard of practice. Some of the temporary changes in our processes, policies & procedures have expired & will not be renewed. Some of the facilities need to be aware that Corona has opted to engage in using pre-hospital blood transfusions & how that may impact some of the facilities that border Corona. They may receive patients typically in the trauma centers but can be used as GI bleeds as well.

Those who might get patients from Corona can theoretically expect that one day they may get someone with blood hanging from the field. You might want to think about what your policies & procedures are going to be to address that which is a little different than what typically happens when someone is seen at an ERC for higher level of care transferred & blood gets hung. We are looking at adding Toradol to our pain management. You can now expect patients from the field periodically that have been given Toradol by the paramedics. An issue that will be brought up at every meeting that Dr. Schultz goes to for the new few months is that Kaiser's Emergency Departments are open to all patients who call 911. It is not open just to Kaiser patients. If a patient calls 911 & one of the Kaiser hospitals are the nearest most appropriate ERC, that is where the patient goes whether they're a member of Kaiser or not. This has not been an issue for at least a decade & suddenly it has become an issue. Dr. Schultz would appreciate help in spreading the word that a patient who calls 911 goes to the nearest most appropriate hospital.

Triage to alternate destination project continues to move slowly but is moving forward. We have met with all of three members of the team – the crisis stabilization unit, Anaheim Fire Department & the individual who is going to do the initial training. The policies are being finalized. Dr. Schultz anticipates sending something to the state in the next month or so asking for their approval. Approval is expected by April 1, 2025. We will then move forward with coordinating the training with Anaheim fire & move this forward as a pilot. Once we remove the bugs, we can bring in other departments. Dr. Schultz thinks this is extremely timely as the State has now expanded the definition for people on 5150's which is only going to impact the Emergency departments even more. This is critical to un-burdening the Emergency departments such that the psych patients that don't need emergency care (which is many of them), can go to the appropriate place for care.

Dr. Grewal: The Healthcare Coalition meeting is 1/30/2025 at our Agency Operations Center. In April, we are planning to participate in the Statewide Medical Health Exercise. The State is dictating that the topic for this exercise is going to be water contamination/disruption. We're working on hiring a contractor to help set this up. It's still in the planning phase. The people from the National Disaster Medical System are planning to do a full-scale exercise later this summer base out of the Los Alamitos joint training base. They are still in the planning phase. The exercise will be receiving patients from elsewhere in the country into a disaster & distributing them to hospitals that have agreements with them.

On the Epidemiology side, most of you know about the surges, the viruses that have been going on which is typical for wintertime, - Covid, flu, RSV. It looks like the peak time for all the viral season is around now. Models are quite divergent so it's hard to say exactly what is going to happen. Hopefully, from here on out, numbers should be decreasing. No guarantees of course.

- *Ambulance Patient Off-Load Time (APOT) and Diversion Report by Laurent Repass, NRP*
(Attachment #2)

Jason Azuma: Attachment #2 has reports for September, October & November for APOT & Diversion. We were under our benchmark & doing quite well with what is now somewhat of a normal volume for the 911 system. Just above 16,000 transports for December which is not in the packet. We have completed a draft report. Our APOT for the first time in several months was over our benchmark at 31 minutes. That was in the context of a month where we saw more volume than we have on our recorded record. We saw around 17,800 transports in December which is over 600 more than our next highest month which was December 2023 where we had just under 17,200 transports. A big bump from November & a big bump above our next highest month ever. The 911 system was incredibly busy in December. We also saw a surge in diversion. This past month we saw 2500 hours of diversion. It was more than 1,000 hours we saw in November.

November was 1200 hours. We saw our worst day for diversion on January 3rd, 2025, with over 200 hours in a single day in our emergency departments. Hopefully, we're on the downward slope but there is still a lot going on.

V. SPECIALTY REPORTS

- *CVRC by CVRC Coordinator Representative or Genise Silva, RN* – We are getting our STEMI CQI meetings up & going this year. Our first meeting will be next month. It will be a meet & greet & go over the specifics of what the meeting entails for the coming meetings. It's going to be a quarterly meeting. It's a closed meeting & has specific representation. We are always looking for things to review as a committee. Even if you're not a STEMI center, if you get a patient that you question why they came to your facility, they ended up having to be transferred, there was a delay, any kind of issues that you think we can look at, we'd love to review it as a committee so contact Genise. She has templates to fill out. Even as a field personnel, if there is a patient that you feel needs to be looked at further by the committee, please give Genise a call or email her. She will email the template so you can give her the specifics & it can be reviewed as a committee.
- *SNRC by SNRC Coordinator Representative or Genise Silva, RN* – We're continuing our Stroke CQI meetings. We were very successful last year. That was our first year. It got off to a good start & she anticipates this year will be just as successful. We're always looking for cases to review so anything having to do with stroke that you feel needs to be looked at, you can send them Genise's way. The Stroke Society meeting is February 19, 2025, at 6:00pm at the AOC & is quarterly. The stroke centers get together. It's dinner & great topics. If you're interested in coming, email Genise & she can forward the invite. Non-stroke centers are welcome.
- *Trauma by TPM Representative or Ruth Clark, RN* – Laura Cross: Nothing to report other than their Trauma Collaborative meeting today. Ruth Clark: UCI's ACS survey is February 4th & 5th.
- *Pediatrics by CCERC Representative or Ruth Clark, RN* - Ruth Clark: Met informally with the Coordinators/Base Coordinators from the two CCERCs back in December to talk about QI & what our definitions & impressions of QI are; both hospitals recently had their CCERC redesignations & OCEMS brought up that it was an expectation of them to provide QI & education to hospitals; we need to wait until the STEMI CQI is up & running before we began a formal Pediatric CQI Committee.

VI. UNFINISHED BUSINESS

- *Follow up on County Health Officer's Monthly Newsletter by Kristen Karpow, RN* – Nothing new to report regarding the County Health Officer's monthly newsletter. She asked at the last Facilities meeting in November if they are aware if their staff is receiving this newsletter. It was a resounding no. The Health Officer's team is continuing to work on how best to remedy that.
- *Follow up on Interest in Trauma Center Designation Letter by Carl Schultz, MD* – There's not much more to report. Probably should close out & get it off the agenda. The three hospitals that initially expressed interest are the three hospitals that expressed interest & nobody else. He will let this go.
- *Follow up on AFSCME strike at UC hospitals by Carl Schultz, MD* – This is almost old news. UCI had a work stoppage. No bad outcomes. It was managed by both sides well. The outcome from

the EMS side was that patient care continued & there were no significant disruptions in the availability of care. It was well managed by both sides.

VII. **NEW BUSINESS**

- *Radiology Image-sharing activity by Carl Schultz, MD*
 - Dr. Shaikh: She & Ruth are working on a collaborative to bring all hospitals together to figure out how to do radiology image sharing. This is an initiative that started in the trauma world. The emphasis was how do we improve patient care when the patient goes from one hospital to another without having to rescan that patient. We're going to put all the hospitals – IT & Radiology- into a room & have them work it out. We had the first meeting last month. The second meeting is this Wednesday. The first meeting was very productive in that there were introductions from all sides, so people know who is in every hospital. There are only a handful of systems that are being used across each of the hospitals. Practically speaking, we won't be able to get everyone on the same system. There are centers like UCI that have all the systems on their hospital software.
 - Dr. Schultz: This is beginning to be a powerful trend across the country. The Joint Commission has not yet weighed in on this. He doesn't have a timeline on when they will. It's naïve to assume they won't. At some point, there will probably be a joint commission requirement to have some sort of system in place to share images within a specific functional area. Double imaging people is expensive. The biggest issue is it's time-consuming making patients pay for something they already have. So now they must pay for it again. It's not good healthcare management. OCEMS is only encouraging participation but no plans to do anything more with it. When it's eventually required either by the Joint Commission or OCEMS or both, we'll already be almost there or already there. This is something that needs to be taken seriously.
- *Children's Hospital of Orange County Pediatric Trauma Center Redesignation by Ruth Clark, RN*

ACS' virtual site survey for CHOC was on September 18th & 19th, 2024. Found one non-compliance for Standard 4.32, ACS verified CHOC for one year, OCEMS proposes redesignation for three years as conditional, will change status to unconditional once the non-compliance has been resolved. Redesignation was approved & seconded by Committee. Dr. Lekawa: CHOC should be recognized for their continued exemplary resource.

VIII. **ADVISORY**

- *Facilities introduce topics – Genise Silva, RN:* Topics meaning any meetings going forward, if there is something you'd like us to address, you'd like further education on a certain aspect of how to run your facility, how to meet policy, it is your meeting. We'd like topics to be relevant to what you want to hear.
- *Laura Cross, RN:* Mission had 15% volume increase. 2% increase in admission rates. Slight increase in Diversion & APOT times. We're going back to the State to ask for the flex licensing for additional bed space.
- *Jenael Rosenberg, RN –* With the fires going on, the fire crews are staffed well here but they are on overtime. Please give them grace. They aren't sleeping & eating normally. Try to offload as quickly as you can.

- *Genise Silva, RN* – When the ALS or BLS crew is calling on your landline or your Megahertz phone, it's not ok to say to them we're open but we're extremely busy or we're open but you're going to have to wait, we're open but we have no beds. That is implying that you're refusing that patient & can be looked at as an EMTALA violation. If you're open on ReddiNet, you're open to receive the patient. They're allowed to bypass your facility. It's not your position to divert them somewhere else. La Palma: one of their deficiencies was their high APOT. There has been great improvement to decrease their APOT.

IX. **NEXT MEETING**

- March 11, 2025, at 9:00 a.m. – Conference Room 433

X. **ADJOURNMENT**

- The meeting was adjourned at 9:38 a.m.