



FACILITIES ADVISORY SUBCOMMITTEE

Tuesday, March 11, 2025 – 9:00 a.m.

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
- Jason Azuma
- Justin Newton, EMT
- Chad Cossey
- Lisa Wilson
- Eileen Endo
- EMS Medical Director
- EMS Associate Medical Director
- EMS Systems/Standards Chief
- EMS Facilities Coordinator
- EMS Trauma Coordinator
- OC-MEDS Coordinator
- HEM Program Supervisor II
- Program Supervisor II
- EMS Information Processing Tech
- EMS Office Specialist

OTHERS PRESENT

- Abigail Baur
- Teri Dart
- Stefano Gaitan
- Danielle Boal
- Anabella Anderson
- David Thomas, MD
- Shane Ryan
- Frederica Yarborough
- Bonita Veal
- Stephanie Scott, RN
- Amanda Ramos
- Kimberly Nichols
- Karen Bartolone
- Nicole Miller
- Andrew Tran
- Jessica Levin
- OC Global Medical Center
- UCI Health – Fountain Valley
- UCI Health – Los Alamitos
- Brea Fire Department
- OC Global Medical Center
- Foothill Regional
- FALCK
- Foothill Regional
- Anaheim Global Medical Center
- St. Joseph Hospital
- Lynch Ambulance
- Placentia Linda Hospital
- St. Jude
- Mission Hospital
- OCFA
- Hoag Hospital

REPRESENTING

OTHERS PRESENT

- Laura Cross, RN
- Julia Afrasiabi, RN
- Anabella Anderson
- Jenael Rosenberg, RN
- Heidi Ragas, RN
- Augustus Ynares
- Veronica Drascich
- Tory Spencer
- Amanda Terry
- Whitney Patnode, RN
- Haruka Umemura
- Kristen Bradley
- Kelly Petke
- Keith Bohn

REPRESENTING

- Mission Hospitals
- UCI Medical Center
- Mission Hospital
- Hoag Hospital
- St. Jude
- OC Nursing Leadership
- UCI Health - Yorba Linda
- St. Jude
- Atrium Health
- CHOC
- UCI Health – Los Alamitos
- OC Global Medical Center
- Mission Hospital
- West Anaheim Medical Center

1. CALL TO ORDER by Peter Anderson, MD

2. INTRODUCTIONS/ANNOUNCEMENTS by Carl Schultz, MD

- Everyone around the room introduces themselves with name, title and facility represented
- EMS Pre-Hospital Coordinator/CQI-Stephanie King
 - Kristen Karpow: Stephanie King is our Prehospital/CQI Coordinator. The position was formerly known as the ALS Coordinator. She started Friday, March 7, 2025. She has 10 years of experience working in Emergency & Trauma departments in Orange County as well as specialty centers. She was also an MICN.
- EMS Director Update Memo #5359
 - This is the letter that Tammi McConnell sent out announcing that she was resigning from the County. She got a better offer. She is still in the area. We can periodically reach out to her & get her advice.

3. APPROVAL OF MINUTES

- **Action Item: Approval of January 14, 2025 Minutes**
 - Minutes from the January 14, 2025, meeting were approved as submitted.

4. OCEMS REPORT

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

- *Carl Schultz, MD*: The triage to alternate destination project – We have all the documentation we need except for the formal application by the CSU. They need to get the signatures on it. Anticipate getting something from them in the next week or so. The goal was to get the formal application to the state for April 1, 2025. Once the state approves it, we will begin the process of bringing in educators, setting up contacts within the Anaheim Fire Department. Hopefully by the summer, we will have that done & ready to go. The only other issue holding us up is grant funding to pay for the training. We are 99% assured to get the grant to fund the training. If we can get the state to sign off on it, we'll be ready to go & possibly start utilizing the process & implementing the policy by this week or beginning of next week. Dr. Schultz will release a summary of all updates we'll be issuing which will include triage to alternate destination policy & hopefully that will come out in the next five to seven days.
- *Gagan Grewal, MD*: A couple of things on the disaster side. We're going to have our Statewide Medical Health Exercise in April. The mid-year planning meeting is March 18th, 2025. It's at the Environmental Health building. Chad Cossey is coordinating this and can help get you involved. The NDMS people are going to be doing an exercise in late July. We're in the planning phases of that. It's going to be a full-scale exercise for an external disaster situation. We will test the abilities of the hospitals to collaborate & accept patients from other jurisdictions.

EMSA has released a draft of their chapter 6 regulations. They deal with specialty centers & pediatrics. They're up for public comment. They're due April 3, 2025. There are some substantial changes. The link is in the chat. The trauma is substantially changed. Stroke & STEMI are substantially changed as well. You are welcome to make submissions to EMSA by their due date.

- *Carl Schultz, MD*: Encourage anyone that comes from any specialty center to take a very close look at the proposed edits/revisions to chapter 6. It's 127 pages. Almost half are the cross outs. Things that used to be in there but aren't anymore. They follow up with what is.
 - *Gagan Grewal, MD*: There are responsibilities on non-specialty centers & how they get involved in the system. Facilities don't often get a sense of how much EMS is involved in all these specialty centers & how they operate & why they're involved. The EMS system brings patients to most facilities. Regardless of what your center does, just to get an idea of what is coming down from the State & whether or not you think the State EMSA insights align with your expertise.
- Ambulance Patient Off-Load Time (APOT) and Diversion Report *by Jason Azuma*
 - *Jason Azuma*: December 2024 was very busy leading into January which turned out to be an even busier month. We had two consecutive months with a very high load for volume. A lot of patients were moved through the 911 system to hospital ED's. There was an increase above our benchmark of the 90th percentile APOT. The APOT for January 2025 was 34 minutes & 42 seconds. It was higher than we've seen in quite a while. February report is still not published. From looking at the data, we did see a big abatement after the first week in February. The elevated volume we saw in January continued through about the first week in February & has dropped off back to more of our normal. Diversion in January was unprecedented. Far higher than we've ever seen before. We did not suspend diversion in January. In past months where we've had similar impaction, we've taken steps to suspend diversion. We did not do that this January. We did get close.
 - *Carl Schultz, MD*: Some places look like they were closed and on diversion almost 50% of the time. That means that a hospital, out of for four weeks of the month, they were closed for two weeks. Had there been any further consequences to this, we would've had to suspend diversion. The hours have improved dramatically to the point that now we will be enforcing the 200-hour diversion limit for March. If you look like you're going to go over the 200-hour diversion for March, you will no longer be able to go on diversion for the rest of the month on ReddiNet. Now that the surge is over, it's time to reinstate our basic operating procedure.

5. SPECIALTY REPORTS

- CVRC *by CVRC Coordinator Representative or Genise Silva, RN*
 - *Genise Silva*: Our CVRCs are in the process of getting our STEMI CQI committee up & going. We had our initial meet & greet last month to discuss the purpose of the meeting & to let participants know what the criteria was for being a part of that meeting. A list is being put together of who will be our committee so we can get started on case reviews. Whether you are a CVRC or a non-CVRC or pre-hospital personnel, if there are issues regarding a STEMI type of patient, we would be happy to review the case as a committee. It's completely anonymous.
- SNRC *by SNRC Coordinator Representative or Genise Silva, RN*

- We are continuing our Stroke CQI. We had our first meeting in January. We will continue those meetings throughout the year. Stroke Society met a few weeks ago. It's a great opportunity to obtain CEU's.
- Trauma *by TPM Representative or Ruth Clark, RN*
 - *Anabella Anderson, Mission Hospital:* We are meeting at the trauma collaborative today at 11:00am. We will be looking at some action items for the year. Nothing to report at this time.
- Pediatrics *by CCERC Representative or Ruth Clark, RN – No report given at this time.*

6. UNFINISHED BUSINESS – No report.

7. NEW BUSINESS

- Reconfiguration of Stroke spokes for UCI Orange and St. Jude *by Carl Schultz, MD*
 - *Carl Schultz, MD:* We are in the process of slight reconfiguration of the spoke hub system for stroke. This came about initially because of a request by UCI. They were interested in Placentia-Linda becoming a spoke hospital for them. There was a lot of discussion on maintaining the balance within the county so that stroke centers remain with the distribution that currently exists because it's working. We did see a way to reconfigure the system to essentially have no net impact. We reached out to Anaheim Regional & St. Jude & asked them if they'd be okay with instead of Placentia-Linda being their spoke hospital that Anaheim Regional would be their spoke hospital. They were willing to accept that. We made a one for one switch. This is a no net change. The changes are not anticipated to have any impact. Going forward on April 1, 2025, Anaheim Regional will be sending their stroke patients to St. Jude & Placentia-Linda will be sending their stroke patients to UCI.
 - *Heidi Ragas, St. Jude:* We would like to go on record & respectfully oppose the change with Placentia-Linda being assigned to UCI. We would like to keep Placentia-Linda as a spoke hospital for stroke,
 - *Karen Bartolone, St. Jude:* When we were first asked about Anaheim Regional, there was no mention of Placentia-Linda so we did not initially agree to a one on one split. We would like to go on record to oppose this change.
 - *Carl Schultz, MD:* The goal is to stabilize the system & make sure that the system works as designed. Given the realities of the changes that are coming, we felt that this was a way to maintain equity within the system. You can't make everybody happy. From UCI's perspective, they didn't want to give up Anaheim Regional. They wanted to take Placentia Linda & we said no. Everybody had to compromise. To keep the system stable & functioning, this is the decision that makes the most sense. Our main goal is to maintain the balance.
- UCI Health - Los Alamitos ERC, CVRC, SNRC Designations *by Genise Silva, RN* (Attachment #4)
 - *Genise Silva RN:* We went out to UCI Los Alamitos last month for their ERC, CVRC & their SNRC destinations. For their ERC, they did have two deficiencies. One being that their APOT exceeds the 30 minutes for the state & county regulations. They've been asked to come up with a corrective action plan to get their numbers down to the standard. Their second condition was their response on ReddiNet. Their scores were not great in 2023 & 2024. They have been improving this year in 2025. A recommendation was to develop a policy regarding CHEMPACK & education to staff. We'd like them to continue their efforts to improve pediatric readiness by designating a pediatric emergency care coordinator. Consider implementing an RN or some type of medical personnel as their first contact for their ED patients when they arrive in the lobby. The last recommendation is to continue to strengthen their relationships with fire departments & ambulance companies that come to them regularly. For their CVRC, we had two deficiencies. One was non-compliance receiving field EKGs. This is something they've been working on for a few months. Their second deficiency was non-compliance with outreach & education to EMS personnel & community so they will need to submit a corrective action plan. Our recommendations for their CVRC were to improve their door to EKG times, to improve data submissions & maintain consistency, improve patient discharge out of network follow up process & increase staffing to resolve the need for consistent registries. For their SNRC, there were no deficiencies. They have a very well-oiled program. We did have a recommendation to continue to increase their outreach & education to EMS & to their assigned spoke hospitals. Our overall endorsement would be for their ERC & their CVRC to be a conditional three year & for their SNRC to be unconditional for three years. Motion approved.

8. ADVISORY

- Facilities introduce topics

- *Carl Schultz, MD*: This is basically an opportunity for those who have issues that they want to bring forward that we have not discussed to raise those issues here. In the past, we've stuck to our agenda & felt they couldn't because it wasn't on the agenda. This is something that allows topics to be introduced.

9. ROUNDTABLE

- All Facility report-outs
 - *Ruth Clark, RN*: Just a reminder with the ReddiNet scoring Genise was talking about. I have been auditing the MCI drills & sending out to the ED Leadership of the various ERCs of when parts of the drill have not been completed. I also sent out the pass-fail rules. You have ten minutes to respond to the poll and enter a patient name and essentially you have the rest of the month to complete this until the report card is run. I have seen great improvement since performing these random audits the beginning of the year. However, there was a drill yesterday & there are four hospitals that didn't enter their patient names. There are three steps that need to be taken to pass. This is how we know the system is working in the event of an MCI. I will be sending emails to the ED Directors of those four hospitals.
 - *Genise Silva*: Asked if everyone can put their name & organization in the chat so we can have a record of the attendees today. This virtual meeting was a one-time thing to our upcoming move & issues with conference rooms being available. We were supposed to have already been moved. The plan is to go back in person. Our next meeting in May will hopefully be at our new facility. All of you will have ample notice to know where you are supposed to show up. The address is 8300 Marine Way in Irvine.
 - *Carl Schultz, MD*: We have opted to not designate ourselves as an EMSC system. All of our hospitals are reviewed & required to be pediatric ready. We have our CCRCs which basically meet their comprehensive criteria. We mirror, to a large degree, the EMSC system but we don't mimic it exactly.

10. NEXT MEETING – May 13, 2025, 09:00 am

11. ADJOURNMENT – The meeting was adjourned at 9:47am.

Contact EMS Facilities Coordinator, Genise Silva, for any questions or comments at 714-834-8961 or gsilva@ochca.com