



EMERGENCY MEDICAL CARE COMMITTEE



REGULAR MEETING

Friday, April 11, 2025 – 9:00 a.m.

Location: County Administration North (CAN) Multipurpose Room
400 West Civic Center Drive, First Floor, Room 101, Santa Ana, CA 92701

MINUTES

Name	Representing	Health Care Agency Staff
<input type="checkbox"/> Michael S. Ritter, MD (exc)	– Orange County Medical Assn. (SOCEP)	Mindy Winterswyk, DPT, PCS – Director, Specialized Med. Serv.
<input type="checkbox"/> Patrick Cichon, MD	– Board of Supervisors, First District	Almaas Shaikh, MD – Deputy Health Officer
<input checked="" type="checkbox"/> Larry Grihalva, MICP	– Board of Supervisors, Second District	Carl Schultz, MD – EMS Medical Director
<input checked="" type="checkbox"/> Timothy Munzing, MD	– Board of Supervisors, Third District	Gagandeep Grewal, MD – Associate EMS Medical Director
<input type="checkbox"/> Luis Estevez	– Board of Supervisors, Fourth District	Laurent Repass, NRP – EMS Analytics Chief
<input checked="" type="checkbox"/> Theodore Heyming, MD	– Board of Supervisors, Fifth District	Adrian Rodriguez – EMS Ambulance Chief
<input checked="" type="checkbox"/> Matt Armstrong	– Ambulance Association of Orange County	Meng Chung, EMT-P – EMS Personnel Chief
<input checked="" type="checkbox"/> Rebecca Firey (Excused)	– American Red Cross	Genise Silva, RN – EMS Facilities Coordinator
<input checked="" type="checkbox"/> Alan Albright, LMFT	– Orange County Behavioral Health Advisory Board	Ruth Clark, RN – EMS Trauma Coordinator
<input type="checkbox"/> Mike Killebrew (exc)	– Orange County City Managers Association	Stephanie King, RN – EMS Prehospital/CQI Coordinator
<input checked="" type="checkbox"/> Chief Adam Loeser	– Orange County Fire Chief Association	Eileen Endo – Office Specialist
<input type="checkbox"/> David Gibbs, MD (exc)	– Orange County Medical Association	Erica Moojen – EMS Office Supervisor
<input type="checkbox"/> Chief Stu Greenberg	– Orange County Police Chiefs' & Sheriffs Assn.	
Guests Present		
Luke Schademan	– Memorial Care Saddleback Medical Center	Chad Druten – Emergency Ambulance Service
Amanda Collins, RN	– Children's Hospital Orange County	Jenael Rosenberg, RN – HOAG
Erick Quintanilla	– Falck	Abigail Baur, RN – OC Global Medical Center
Raj Patel	– Falck	Anabelle Anderson, RN – Mission
Nicole Miller, RN	– Mission	Heidi Ragas, RN – St. Jude

1. CALL TO ORDER

- The meeting was called to order at 09:00am by Dr. Heyming.

2. INTRODUCTIONS/ANNOUNCEMENTS

- Announcement of Stephanie King, EMS Prehospital/CQI Coordinator, by Dr. Schultz
- Announcement of new EMCC member Alan Albright, LMFT, from the Behavioral Health Advisory Board by Dr. Schultz.

3. APPROVAL OF MINUTES *Recommended Action: Approval of Minutes*

- Minutes from the January 10, 2025, meeting approved with a reference on page 2, where Dr. Schultz acknowledged that this could not have been done by anyone as smart as Laurent. Laurent and his team pulled off an impossible feat with the Bi-Directional Data Exchange Project.

4. OCEMS REPORT

- **Medical Director's Report** by Dr. Schultz

Orange County Emergency Medical Services will move from 405 W. 5th Street, Santa Ana, CA, 92701 to 8300 Marine Way, Irvine, CA 92618 by April 22, 2025.

The Emergency Medical Care Committee (EMCC) meetings will remain at the County Administration North (CAN) Multipurpose Room on July 11, 2025, and October 10, 2025.

The Medical Advisory Committee (MAC), County Prehospital Advisory Committee (CPAC), Facilities Advisory Subcommittee (FAC), Transportation Advisory Committee (TAC) and most of the other committee meetings will move to Irvine. There may be a little bit of a transition period here.

There is a fundamental change regarding how individuals eligible for a 5150 are identified. The State, thru SB 43, has changed the definition of gravely disabled to include challenges solely related to drugs and alcohol even if they do not have a psychiatric illness. As such, they only require incapacitation due to drugs or alcohol to be placed on a 5150. Emergency Department will need to expect patients to arrive on a 5150 but with no psych illness. This will take effect in about a year. The experience so far at other counties is that very few of these individuals show up in the departments.

- **Health Disaster Preparedness Report**

Dr. Grewal reported on the Statewide Medical Health Exercise (SWMHE) is on April 24, 2025. We are coordinating with a contractor to help with this exercise.

NDMS (National Disaster Medical System) exercise planned to take place on July 29-30, 2025, at Los Alamitos Joint Forces Training Base. This will be developed by the FCC (Federal Coordinating Center) from Camp Pendleton. They will use volunteers and involve multiple stakeholders. It is important for participating hospitals to sort out plans when patients are asked to be directed to their hospital from a remote disaster region.

Health Care Coalition of Orange County (HCCOC) met last week about budgets, grant funding, in terms of how to spend money. Questions on the Federal level about funding to move forward. Plan to get coalition involved in the budgets.

Dr. Zahn was at HCC last week. Measles, there are 100's of cases nationwide, but local transmission, not seen in Orange County, just one or two cases from travel to Viet Nam. It's not a huge problem in Orange County because we still have people vaccinated that affects herd immunity. A significant number not vaccinated in the community causes potential for spread.

- **Ambulance Patient Off-Load Time (APOT) Report and Hospital Diversion Report**

Laurent reported that the APOT in the month of December was impacted by community showed a significant increase. December 31 17,834 to January 1 increased to 18,108. January was the busiest we've ever had. February APOT at 30:41 March normalized with APOT 25.44 seconds. Transport volume went down.

Diversion benchmark 6%. December 14% up. January 22% saw a lot of diversion. February more normal. March at 7.5%.

Dr. Grewal shared that the State released for public comment on Emergency regulations for AB 40, but the window was open for only a few days. They define APOT in statute, but the new regulation has left room for interpretation.

Dr. Heyming expressed concern about record breaking # of runs, scene to hospital travel time, including increased travel time diverting to hospitals that are not closed. There was a request about more information regarding transport times and how they are affected when ambulances are diverted.

Laurent doesn't know the numbers off the top of his head but can run a report on more specific details.

One-year ago, a new policy was issued regarding ambulances that arrived at institutions where patient remained in the ambulance for 60 minutes. If the patient remained in the ambulance for more than 60 minutes, the ambulance could depart for another hospital. So far, we have not seen this. Dr. Schultz

referred to ambulances that were at the emergency departments in the ambulance bay, and the patients remained inside the ambulance for 60 minutes. At this point, prehospital providers had the option of transferring the patient to a different facility.

Chief Loeser commented about response time data APOT time it does affect entire system. Wall time for Paramedics, anecdotally, system gets bogged down and the response can be delayed. It's best to figure out APOT time at facilities and find a solution to keep system moving safely.

Dr. Schultz mentioned that Tammi McConnell was with EMS for a long time had tremendous leadership. She took a position with ReddiNet. We miss her. Hope we can find someone with that same leadership style. We are moving forward with looking for someone for that position. Interim, Mike Noone, is acting EMS Director.

5. **EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS**

- **Facilities Advisory Committee (FAC)** met on March 11, 2025.

Genise Silva stated there was a change in regulations that EMSA is proposing regarding specialty centers. She deferred to Dr. Grewal for further explanation-

Dr. Grewal - Chapter 6 Regulations refer to specialties; -Trauma, Stroke, STEMI & Pediatrics- and is poorly written. It was out for public comment, but the window has closed. A lot of work needs to be done. When it is re-released for public comment, hopefully stakeholders will look at them again and make their comments.

Genise Silva - Reported a change in policy 650.05. This was an administrative change due to the buyout of Placentia Linda by UCI Health. UCI Orange will become their hub for stroke. Anaheim Regional will have its hub changed to St. Jude to balance distribution of patients.

First STEMI CQI meeting will be on May 205, 2025, and will look at system as a whole regarding CVRCS. Initial meet & greet was held February 25, 2025. Stroke CQI meetings are productive and on-going.

- **County Prehospital Advisory Committee (CPAC)** met on March 12, 2025:

Stephanie King reported on the progress of the Toradol PR-75 procedure, for pain in the prehospital setting.

- **Transportation Advisory Committee** met on April 2, 2025

Matt Armstrong, SCAA reported that there was no quorum to approve the minutes. Discussed APOT. Ambulance inspection update by Drew Bernard. Update policies 720. Single page timeline friendly reminder to keep vehicles updated, in service or out. Random field inspections up to date.

6. **UNFINISHED BUSINESS** – *Recommended Action: Approve Triage to Alternate Destination Project*

Dr. Schultz presented the Triage to Alternate Destination project. It is about a law that authorizes counties to improve patient care by creating a system for field evaluation of mental health patients that permits paramedics to bypass the emergency department and transport to Crisis Stabilization Units (CSUs). The policy presented to the members of the EMCC described the approach of triaging patients with mental health-related non-medical emergencies to CSUs. The policy contains documentation that is required. It is extensive. The State also requires a training group for the paramedics, and such an organization has been identified by OCEMS. Lastly, the State requires that before we implement the program, we obtain EMCC approval. The actual verbiage in the policy is 15 pages. Various forms included in packet make up the rest. The entire policy is before you to vote on approval.

Chief Loeser – Asked about going back to improve APOT at fire department 100%. Overlap, will it affect that patients won't be going to APOT times going small – no matter how much you think this out, things could go wrong. Problem might happen at handoff. Delays could cause problem for the Paramedics.

Dr. Heyming asked about page 14 intoxication. Concerned about CSU setting up for failure in theory could take

patients there. In corporate into 5150 group. We will not be transporting patients. Still going to Emergency Department. Behavioral health issues will require assistance.

Dr. Schultz replied that intoxicated patients and those using drugs will not be eligible for inclusion in this program. This policy is bit of an experiment. Every 911 call has previously gone to an emergency department. We wanted to keep the initial implementation of the program small to work the bugs out. If it goes well, then we will grow this policy to more departments if successful.

Motion to approve Triage to Alternate Destination Project.

Vote: Ayes, all approved

7. NEW BUSINESS – Recommended Action: Approvals

• **UCI Health - Los Alamitos ERC, SNRC and CVRC Redesignation by Genise Silva, RN**

Los Alamitos ERC,SNRC, CVRC site visit was on February 20, 2025. Found two conditions for their ERC designation. One, APOT exceeded 30-minute benchmark. They will need to complete a corrective action plan which is due mid-May. Second, lack of compliance to response on ReddiNet. CAP due in mid-May. For their CVRC designation, we found two conditions. First, inability to receive field EKGs. They have until June 15 to fix issue. Second was lack of education and outreach to community and EMS providers. Their SNRC is doing very well. Their proposed designations were motioned at Facilities Advisory Subcommittee in March.

Motion for approval on Attachment #5 UCI Health - Los Alamitos three-year conditional redesignation for ERC and CVRC and three-year unconditional for SNRC designation.

Vote: Ayes, all approved.

• **Children’s Hospital of Orange County Pediatric Trauma Center Redesignation by Ruth Clark, RN**

CHOC site visit was on September 20, 2024. American College of Surgeons (ACS) identified one non-compliant standard 4.32 which states at least one registrar must be a current Certified Abbreviated Injury Scale Specialist. OCEMS did not find any deficiencies. ACS verified CHOC for one year and they have until September 18, 2025, to turn in documentation. CHOC has been updating Ruth of their status. All their registrars are scheduled to take this test in June. The conditional status will be removed when this non-compliant standard has been rectified. Three-year “conditional” designation was motioned at Facilities Advisory Subcommittee on January 13, 2025.

Motion for approval on Attachment #6 Children’s Hospital of Orange County three-year conditional redesignation.

Vote: Ayes, all approved.

8. MEMBER COMMENTS by Chief Adam Loeser

Document identified

650 also changes

Chief Loeser stroke hub related to IFT? Or Placentia Linda? Patients assume Placentia Linda is not a stroke receiving center. Now UCI Orange instead of St. Jude for Stroke.

Genise Silva answered any analysis of time & mileage shows minimal difference and explained this change refers to the stroke hub and spoke system for IFTs.

9. PUBLIC FORUM – no public comments

10. NEXT MEETING – The next meeting is scheduled for Friday, April 11, 2025, 9:00 a.m.

11. ADJOURNMENT – With no further business, meeting was adjourned at 09:45.