



EMERGENCY MEDICAL SERVICES  
8300 Marine Way, Suite 200, Irvine, CA 92618



## FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS July 8, 2025

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. Jude Medical Center

#### Emergency Receiving Center (ERC)

ERC DQ Completed: 04/29/2025  
Site Survey Conducted: 06/19/2025  
Program Review Dates: 06/2022-06/2025

#### Criteria Deficiencies:

The following conditions must be completed to satisfy criteria for designation as an Orange County Emergency Receiving Center.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	APOT not to exceed 30 minutes per state and county regulation.	St. Jude Medical Center's 90th percentile for APOT for 2023 was 37:14 minutes, 34:05 minutes for 2024, and 34:12 minutes January-May of 2025.	Hospital will submit corrective action plan to decrease APOT in compliance with OCEMS policy #310.96 which states, "the APOT standard for OCEMS is set at 30 minutes".	10/01/2025
2	ReddiNet Response Rate for MCIs must be >90% compliance.	St. Jude Medical Center had an average response rate to MCIs in 2023 of 78%, in 2024 of 85% and Jan-May 2025 100%.	Hospital will continue current corrective action plan to maintain >90% compliance.	Ongoing

The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

	RECOMMENDATIONS
1	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
2	Add pediatric consideration to facility's surge policy.
3	Implement a multidisciplinary throughput committee to help improve APOT.



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4	Continue efforts to implement process to have an RN/medical personnel as first contact for all ED patients.
5	Establish a hospital-wide disaster preparedness committee that includes representation from clinical emergency department staff and other key stakeholders to ensure coordinated and comprehensive planning.
6	Establish connections and initiate the use of image-sharing capabilities to support and streamline patient transfers.

**Endorsement Consideration:** Three (3) years (06/2025-06/2028) – conditional

**Base Hospital (BH)**

BH DQ Completed: 04/29/2025  
Site Survey Conducted: 06/19/2025  
Program Review Dates: 06/2022-06/2025

**Criteria Deficiencies:**

No deficiencies identified.

The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Consider having an MICN specifically assigned to the radio each shift to ensure consistent communication and a clear identified point of responsibility for call management and ReddiNet response.

**Endorsement Consideration:** Three (3) years (06/2025-06/2028) – unconditional

**Cardiovascular Receiving Center (CVRC)**

BH DQ Completed: 04/29/2025  
Site Survey Conducted: 06/19/2025  
Program Review Dates: 06/2022-06/2025

**Criteria Deficiencies:**

The following conditions must be completed to satisfy criteria for designation as an Orange County Base Hospital.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Non-compliance with OCEMS policy #630.00, section IV, B, 2, d.	CVRC Program Coordinator responsibilities lack inclusion of "Development of a cardiovascular education and outreach program for local and community and assigned regional hospitals".	Hospital will submit a corrective action plan addressing role and responsibilities of CVRC Program Coordinator to encompass all requirements per policy.	10/01/2025



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The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Implement post-discharge follow-up to verify patient well-being and adherence to the care plan.
2	Communicate patient outcome to the sending facility for all interfacility transfers for STEMI care at your facility.

**Endorsement Consideration:**      Three (3) years (06/2025-06/2028) – conditional

**Stroke-Neurology Receiving Center (SNRC)**

BH DQ Completed:                      04/29/2025  
Site Survey Conducted:                06/19/2025  
Program Review Dates:                06/2022-06/2025

**Criteria Deficiencies:**

No deficiencies identified.

The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Refine processes to minimize delays between patient arrival and CT imaging.

**Endorsement Consideration:**      Three (3) years (06/2025-06/2028) – unconditional