



## **FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS May 13, 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**

#### **South Coast Global Medical Center**

#### **Emergency Receiving Center (ERC)**

ERC DQ Completed: 01/03/2025  
Site Survey Conducted: 03/10/2025  
Program Review Dates: 01/2022-01/2025

#### **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	Compliance with OCEMS policy #600.00 section III, C: Leadership Change Notification	SCGMC has failed to maintain communication with OCEMS regarding multiple leadership changes that have occurred over the past 2 years.	Hospital will comply with ERC requirement to notify OCEMS within 10 days of leadership changes going forward.	Immediately as changes occur
2	Compliance with OCEMS policy #600.00 section VI, B, 1-2: ED Physician Staffing	SCGMC identified three ED physicians as not meeting the board certification criteria.	Hospital will provide sufficient documentation illustrating fulfillment of policy requirements.	05/01/25 Completed 3/21/25



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3	ReddiNet Response Rate for MCIs and Hospital Patient Census, as well as H.E.A.R. response rate must be >90% compliance.	SCGMC had an average response rate to MCIs in 2024 of 84%, Patient Census 87%, and H.E.A.R. 79%.	Hospital will submit a corrective action plan to reach compliance of >90% on all ReddiNet and H.E.A.R. responses, including actions to be taken should monthly compliance report be below goal.	05/01/25 CAP submitted 3/18/25
4	Compliance with OCEMS policy #600.00 section X, E, 3: Stroke Patient Response	Policy submitted does not identify possible disposition for a patient having a stroke. Current policy also has references to being a primary stroke center, which facility is not.	Hospital will rewrite policy to include possible patient transfer to a stroke-neurology receiving center (SNRC) and refer to the hospital's assigned stroke hub hospital.	05/01/25 Completed 4/21/25

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

	RECOMMENDATIONS
1	Extend efforts to balance APOT and Diversion by instituting a throughput improvement plan with specific strategies for lowering APOT and Diversion times.
2	Provide education to staff regarding CHEMPACK policy, i.e., how to obtain one, how to use.
3	Rewrite APOT Mitigation Policy to include strategies/procedure(s) to enact during high volume times to decrease APOT.
4	Consider OCEMS' recommendations to policy changes as discussed during site visit and edit policies to reflect these recommendations.
5	Institute a regular schedule of disaster drills and provide ongoing disaster education to all ED staff.
6	Consider the addition of pediatric, and vulnerable population, care and considerations to your facility's Emergency Operations Plan (EOP).
7	Implement pediatric readiness education and department preparedness.
8	Establish a schedule for regular staff meetings, and staff notifications (including medical staff) that include EMS updates and education to EMS policies and procedures.
9	Create a policy/guideline for the process of sending an RN to accompany paramedics during a higher level of care (HLOC) transport when needed.

**Endorsement Consideration:**      One (1) year (01/2025-01/2026) – conditional