



**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 (Trauma Center (TC), Pediatric Trauma Center (Ped TC), Cardiovascular Receiving Center (CVRC), Stroke Neurology Receiving Center (SNRC), and Comprehensive Children's Emergency Receiving Center (CCERC) designation or re-designation. This report summarizes 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

UCI Medical Center

Trauma Center

Program Review Period: 11/01/2023 – 10/31/2024
 ACS PRQ Shared with OCEMS: 01/09/2025
 ACS Site Survey Conducted: 02/04 – 02/05/2025
 ACS Notification Received: 05/08/2025 – verified for one year through 06/13/2026
 ACS Summary Report Received: 05/19/2025

Criteria Deficiencies:

	ACS CONDITION	ACS STANDARD DEFINITION	OCEMS Policy #300.50	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Non-Compliant with Standard 4.31 (Trauma Registry Staffing Requirements)	In all trauma centers, there must be at least 0.5 FTE dedicated to the trauma registry per 200–300 annual patient entries. The count of entries is defined as all patients who meet NTDS inclusion criteria, and those patients who meet inclusion criteria for hospital, local, regional and state purposes. Combined adult and pediatric programs (Level I/II adult trauma center with Level II pediatric trauma center) may share resources, but someone must be identified as the lead pediatric registrar.	Section VI.A.8 states the trauma center must include one full-time equivalent employee dedicated to the trauma registry who must be available to process the data capturing the National Trauma data Standard (NTDS) data set for each 500-750 admitted patients annually.	UCI reported during their review period they saw 3,276 (combined Adult and Pediatric) patients with 3 trauma registrars on staff.	Submit evidence of sufficient registry support staff per annual patient volume meeting NTDS criteria as outlined in the Resources for Optimal Care of the Injured Patient. Evidence may include hiring documentation or documentation of reconfigured staff roles.	02/04/2026



In addition to the opportunities for improvement provided by the American College of Surgeons (ACS), Orange County Emergency Medical Services also recommends and reinforces the following. Action is expected; however, current redesignation is not contingent on these actions.

Recommendation 1: Improve transfer process for acceptance of higher level of care trauma patients within the county.

Recommendation 2: Closely follow response to consultation for orthopedic specialists and reinforce the 30-minute response time requirement.

Recommendation 3: Increase trauma-related education for the care of the trauma patient within PACU and ICU nursing staff.

Endorsement Consideration: Three (3) years (06/01/2025 – 06/01/2028) – conditional.

Pediatric Trauma Center

Program Review Period: 11/01/2023 – 10/31/2024
 ACS PRQ Shared with OCEMS: 01/09/2025
 ACS Site Survey Conducted: 02/04 – 02/05/2025
 ACS Notification Received: 05/08/2025 – verified for one year through 06/13/2026
 ACS Summary Report Received: 05/19/2025

Criteria Deficiencies:

	ACS CONDITION	ACS STANDARD DEFINITION	DESCRIPTION	DUE DATE
1	Non-Compliant with Standard 7.3 (Documented Effectiveness of the PIPS Program)	All trauma centers must have documented evidence of event identification; effective use of audit filters; demonstrated loop closure; attempts at corrective actions; and strategies for sustained improvement measured over time.	The PI process could be more compulsive about identifying and addressing variations from pediatric care and about analyzing pediatric data separately to ensure care matches current national guidelines.	02/04/26 **corrective action to be reviewed by ACS via a site visit

In addition to the opportunities for improvement provided by the American College of Surgeons (ACS), Orange County Emergency Medical Services also recommends and reinforces the following. Action is expected; however, current redesignation is not contingent on these actions.

Recommendation 1: Provide a formal one-hour lecture on any Pediatric Trauma related subject at a County-Wide meeting (such as: UCI Base REAC, No Fear Conference, Facilities Advisory Committee) once per year.

Recommendation 2: Ensure there is Child Life available every day for pediatric trauma patients during their acute phase of care, including intensive care.

Recommendation 3: Provide ongoing education on children with critical injuries to the ICU nursing staff to maintain adequate skill set.

Recommendation 4: Closely follow response to consultation to ensure promptness from the pediatric medical specialists.

Endorsement Consideration: One (1) year (06/01/2025 – 06/01/2026) – conditional.