



## FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS

May 12, 2026

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.

### **Kaiser Anaheim**

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

ERC DQ Completed: 02/09/2026  
Site Survey Conducted: 03/19/2026  
Program Review Dates: 03/2023 – 03/2026

#### **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.	Kaiser Anaheim’s 90 <sup>th</sup> percentile for 2023 was 46:21 minutes, 2024 was 37:37 minutes and 31:40 minutes for 2025.	Hospital will submit corrective action plan, including protocol/policy, to decrease APOT in compliance with OCEMS policy #310.96 which states, “the APOT standard for OCEMS is set at 30 minutes”.	06/01/2026

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

RECOMMENDATIONS	
1	Continue implementation of APOT and Diversion mitigation strategies.
2	Continue efforts to improve surge and disaster plans.
3	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
7	Collaborate with specialty centers, i.e., Trauma and CVRC, for ED staff education and streamlining of transfer processes.



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**We commend the following facility strengths and strongly encourage maintaining these efforts.**

<b>STRENGTHS</b>	
1	Triage process includes RN/medical personnel as first contact for all ED patients.
2	Identification and implementation of a Pediatric Emergency Care Coordinator with proactive efforts to improve pediatric readiness.
3	Good rapport and collaboration with assigned Base Hospital Coordinator.
4	Strong and supportive ED and hospital leadership with engaged Medical Directors.

**Endorsement Consideration:**      Three (3) years (03/01/2026 thru 03/01/2029) – conditional