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

FACILITIES ADVISORY COMMITTEE
ORANGE COUNTY EMS FACILITY DESIGNATIONS
September 8, 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.

FACILITIES – CONTINUING DESIGNATIONS

Foothill Regional Medical Center

Emergency Receiving Center (ERC)
ERC DQ Completed: **4/13/2026**
Site Survey Conducted: **8/13/2026**
Program Review Dates: **6/2023-6/2026**

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.	Foothill Regional's 90th percentile for 2023-2025 was 42:18, 39:55, and 31:50 minutes. Improvement noted Jan-June 2026 with APOT of 27:44 minutes.	Hospital will submit corrective action plan, including revision to hospital's APOT Mitigation Policy following Title 22, Division 9, Chapter 1.2 to decrease APOT in compliance with OCEMS policy #310.96 which states, "the APOT standard for OCEMS is set at 30 minutes" and Assembly Bill 40.	11/1/2026
2	Compliance with OCEMS Policy #600.00 section IX. A.	"Hospital shall identify a OC-MEDS liaison and alternative responsible for" items 1-5 of section A.	Hospital will identify an OC-MEDS liaison with duties in line with OCEMS policy #600.00 section IX. A. 1-5, and responsible for monitoring and validating the accuracy and functionality of the bidirectional data exchange.	11/1/2026

3	ReddiNet Response Rate for MCI drills, HAvBED, and Patient Census must be >90% compliance.	Foothill Regional had an average response rate to MCIs in 2023-2025 of 71%, 69%, and 83%. HAvBED response rate for 2023-2025 was 93%, 83%, and 70%. Patient Census response rate for 2023-2025 was 81%, 66%, and 84%.	Hospital will submit a corrective action plan to maintain compliance of >90% on all ReddiNet MCI drills, HAvBED, and Patient Census.	11/1/2026
4	Compliance with OCEMS policy #600.00 section III, C: Leadership and section IV.C. Hospital Licensing and Accreditation	Foothill Regional has failed to maintain communication with OCEMS regarding leadership changes and hospital deficiencies with state and federal laws as identified by California Department of Public Health (CDPH).	Hospital will comply with ERC requirement to notify OCEMS within 10 days of leadership changes and will notify OCEMS of non-compliance with state and federal laws and include any corrective action plan submitted to CDPH.	Ongoing- Within 10 days of leadership change; upon receipt of a CDPH deficiency

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

	RECOMMENDATIONS
1	Revise Higher Level of Care Transfer Policy and Management of Trauma Victims Policy to reflect current Orange County practice and omit outdated verbiage.
2	Institute a policy for care of patients presenting with burn injuries.
3	Develop plan to ensure ED physician coverage during in-house medical response codes.
4	Continue efforts to strengthen pediatric emergency readiness per established plan to obtain facility goal of 85%.
5	Amend Higher Level of Care Transfer Policy to include the process of sending an RN to accompany paramedics during transport when needed.
6	Implement a process in which medical personnel is first contact for all ED patients to identify high acuity and time sensitive disease processes in a timely manner.
7	Increase clinical staff involvement with disaster preparation that utilizes supplies, including decontamination.
8	Establish a policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
9	Improve facility's evacuation plan to include procedures on how to get patients off site once evacuated from hospital if needed.

Endorsement Consideration: One (1) year (06/2026-06/2027) – **Conditional**