



County of Orange Health Care Agency  
EMERGENCY MEDICAL SERVICES  
405 W. Fifth Street, Suite 301-A  
Santa Ana, CA 92701  
Phone: (714) 834-3500 FAX: (714) 834-3125



## **TRANSPORTATION ADVISORY COMMITTEE**

### **Wednesday, July 22, 2015 – 9:00 a.m.**

Location: 405 W. Fifth Street  
Santa Ana, CA 92701  
Conference Room 433

**Mission Statement:** *"To advise and endorse efforts to implement a quality transportation system in the prehospital care area for the citizens of Orange County."*

THE COMMITTEE MEETING IS OPEN TO THE PUBLIC. YOU MAY ADDRESS THE COMMITTEE ON ANY AGENDA ITEM BEFORE OR DURING CONSIDERATION OF THAT ITEM, AND ON OTHER ITEMS OF INTEREST WHICH ARE NOT ON THE AGENDA, BUT WHICH ARE WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

## **A G E N D A**

### **I. CALL TO ORDER**

### **II. INTRODUCTIONS / ANNOUNCEMENTS**

### **III. APPROVAL OF MINUTES**

- 04/22/2015 (Attachment #1)

### **IV. OCEMS Report**

- Ambulance Safety (Resources) (Attachment #2)
- OCEMS EOA Contract Update

### **V. UNFINISHED BUSINESS**

- Amy Waunch - CHOC – pediatric transportation
- LPS Sample Letters (Attachment #3)

### **VI. NEW BUSINESS**

- ERC Redline Communications
- 2016 Ambulance Provider Renewals

### **VII. OTHER BUSINESS**

- Anaheim Community Care Response Unit (Attachment #4)

### **IV. PUBLIC FORUM**

(non-agendized)

At this time, members of the public may address the Chairman regarding any items within the subject matter of this advisory committee's authority provided by law. Comments are limited to 3-5 minutes per person and 20 minutes for all comments unless different time limits are set by the Chairman; subject to the approval of the committee.

### **VIII. NEXT MEETING**

- October 28, 2015 at 0900

### **IX. ADJOURNMENT**

# **ATTACHMENT #1**

**Transportation Advisory Subcommittee Minutes  
April 22, 2015**



## TRANSPORTATION ADVISORY SUBCOMMITTEE

Tuesday, April 22, 2015 – 9:00 a.m.

# MINUTES

### MEMBERS

<u>NAME</u>	<u>CATEGORY REPRESENTED</u>	<u>NAME</u>	<u>REPRESENTING</u>
<input checked="" type="checkbox"/> Rocky Allen	– Air Ambulance Transport	Jon Studebaker	– FirstMed Ambulance
<input checked="" type="checkbox"/> Jim Karras, Chair	– Ambulance Service Provider non-9-1-1	Rob Viera	– Care Ambulance Service
<input checked="" type="checkbox"/> Bill Weston	– Ambulance Service Provider 9-1-1	Jennifer Wells	– Emergency Ambulance Service
<input checked="" type="checkbox"/> Kim Zaky, RN	– Base Hospital Coordinators	Alex Wilkie	– GCTI Ambulance
<u>NAME</u>	<u>REPRESENTING</u>	<u>HEALTH CARE AGENCY STAFF</u>	
Sean Allen	– Liberty Ambulance	Tammi McConnell, MSN, RN	– EMS Administrator
Chad Brewster	– Gentle Ride Ambulance	Lydia Mikhail	– HDM Division Manager
John Detviler	– Lynch Ambulance	Mike Delaby, MSN, RN, EMT-P	– EMS Systems & Standards Chief
Steve Katanich	– Schaefer Ambulance	Rey Montoya	– EMS Performance Chief
Lance Lawson	– American Professional Ambulance	Meng Chung, EMT-P	– BLS Coordinator
David Munoz	– Lifeline Ambulance Service	Vicki Sweet, RN	– ALS/CQI Coordinator
Patrick Powers	– Premier Medical Transport	Juan Alvarez	– EMS Specialist
Rhonda Rosati	– Hoag Memorial Hospital Presbyterian	Eileen Endo	– Office Specialist
Jordan Speck	– Horizon Ambulance	Deborah Lent	– Behavioral Health Services
		Linda Molina	– Behavioral Health Services

#### I. CALL TO ORDER

The meeting was called to order by Chair, Jim Karras.

#### II. INTRODUCTIONS/ANNOUNCEMENTS

#### III. APPROVAL OF MINUTES

Minutes from the October 22, 2014 meeting were approved as submitted.

#### IV. OCEMS REPORT

- **Spinal Motion Restriction (BLS Procedure B-05):** Vicki Sweet reported that the Spinal Motion Restriction procedure was implemented on April 1, 2015. Providers may implement this policy when personnel are trained under the new policy.
- **OCEMS Policy/Procedures 350.00 and 352.00:** Mike Delaby reported these policies were implemented on April 1, 2015. These policies are considered medical control policies and were developed late last year in response to an issue that was raised last year. Committee members raised the question of policies released for public comment vs. those policies that fall under the definition of administrative changes or medical control.
- **OCEMS Policy/Procedure #300.30 (OCMEDS Prehospital Care Reporting):** This policy has been released for 50-day public comment review. Public comments must be received by 3:00 p.m. on May 20, 2015.
- **Ambulance RFP Update:** Rey Montoya reported that the Ambulance RFP was scheduled to be heard by the Board of Supervisors on April 14, 2015. They have elected to postpone voting on the ambulance contracts until April 28, allow for an ad hoc committee to explore possible legislative options.

**V. UNFINISHED BUSINESS**

- **Children's Hospital of Orange County Pediatric Transport:** To be rescheduled for a future meeting.

**VI. NEW BUSINESS**

- **Sidewalk CPR:** Meng Chung reported that Orange County EMS is soliciting providers to host Sidewalk CPR. Providers interested in hosting a site may contact him directly.

**VII. OTHER BUSINESS**

- **Behavioral Health Service Presentation (Ambulance Transport of LPS Conservatees):** Deborah Lent and Linda Molina representing the Adult and Older Adult Behavioral Health Services Program of the Orange County Health Care Agency spoke about the ambulance transport of patients under LPS conservatorship (see attachment #4). They indicated that if the family member/representative has the LPS conservatorship documentation, a 5150 hold is not necessary and the patient's rights are not violated when transporting the patients.

**VIII. NEXT MEETING – Tuesday, July 22, 2015 at 9:00 a.m.**

**IX. ADJOURNMENT**

With no further business, the meeting was adjourned.

# **ATTACHMENT #2**

## **Ambulance Safety (Resources)**

# Ambulance Safety - Analyzing 20 Years of Data



## RESOURCES

- ▶ National Highway Traffic Safety Administration (NHTSA)  
<http://www.nhtsa.gov/>
- ▶ NHTSA Office of Emergency Medical Services  
<http://www.ems.gov/>
- ▶ NHTSA Fatality Analysis Reporting System (FARS)  
<http://www.nhtsa.gov/FARS>
- ▶ NHTSA National Automotive Sampling System General Estimates System (NASS-GES)  
<http://www.nhtsa.gov/NASS>
- ▶ NHTSA Special Crash Investigations  
<http://www-nass.nhtsa.dot.gov/BIN/logon.exe/airmislogon>
- ▶ NHTSA Traffic Safety Facts 2012: A compilation of Motor Vehicle Crash Data from the Fatality Analysis Reporting System and the General Estimates System  
<http://www-nrd.nhtsa.dot.gov/Pubs/812032.pdf>
- ▶ NHTSA Office of Emergency Medical Services Safety Initiatives  
<http://www.ems.gov/safety.htm>
- ▶ National Institute for Occupational Health and Safety EMS Workers Injury and Illness Data (2011 Data) <http://www.cdc.gov/niosh/topics/ems/data2011.html>
- ▶ Working Group Best-Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances  
<http://www.ems.gov/BestPracticeRecomendations.htm>
- ▶ Model Minimum Uniform Crash Criteria (MMUCC) Fourth Edition (2012)  
<http://www-nrd.nhtsa.dot.gov/Pubs/811631.pdf>
- ▶ Reporting Vehicle and Equipment Problems with Emergency Response Vehicles  
<http://www.safercar.gov/Vehicle+Owners/Emergency+Response+Vehicles>

- ▶ NIOSH Center for Motor Vehicle Safety: Partnering with Industry to Build Safe EMS Work Environments <http://www.cdc.gov/niosh/topics/motorvehicle/ncmvs.html>
- ▶ The National EMS Culture of Safety Strategy <http://www.emscultureofsafety.org/>
- ▶ FirstResponder.gov: Supporting First Responders through Science and Technology <http://www.firstresponder.gov/SitePages/HomePage/FirstResponder.aspx>
- ▶ Ground Ambulance Presentations with Crash Data from 1992-2011 [www.EMS.gov/safety.htm](http://www.EMS.gov/safety.htm)
- ▶ NHTSA SCI Ambulance Crash Reports [www.EMS.gov/safety.htm](http://www.EMS.gov/safety.htm)
- ▶ Implementation Information for the National EMS Culture of Safety Strategy [www.EMS.gov/safety.htm](http://www.EMS.gov/safety.htm)
- ▶ Safe Transportation of Children in Ground Ambulances [www.EMS.gov/safety.htm](http://www.EMS.gov/safety.htm)

# **ATTACHMENT #3**

**LPS Sample Letters**



**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER

JAN - 8 2015

ALAN CARLSON, Clerk of the Court

BY: L. KORSGAARD, DEPUTY

333 W. Santa Ana Blvd., P.O. Box 118  
Santa Ana, California 92702  
Telephone: [REDACTED]  
Facsimile: [REDACTED]  
Email: [REDACTED]

Attorneys for Petitioner

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE, CENTRAL JUSTICE CENTER

In the Matter of the Conservatorship of the Person  
and Estate of

CASE NO. [REDACTED]

LETTERS OF CONSERVATORSHIP

DATE OF COMMENCEMENT: 12/24/14  
DATE OF EXPIRATION: 12/24/15

Conservatee.

STATE OF CALIFORNIA, COUNTY OF ORANGE:

[REDACTED], Public Guardian, is hereby reappointed conservator of the person and estate of the above-named conservatee, with the powers specified in Chapter 6 (commencing with section 2400) of Part 4 of Division 4 of the Probate Code, and with the following additional rights and powers listed in Welfare & Institutions Code sections 5357 and 5358:

1. The conservator shall have the right to require the conservatee to receive treatment related specifically to remedying or preventing the recurrence of the conservatee's being gravely disabled.

2. Except in the case of an emergency in which the conservatee faces loss of life or serious bodily injury, no surgery shall be performed upon the conservatee without the conservatee's prior consent or court order.

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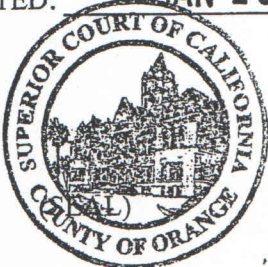
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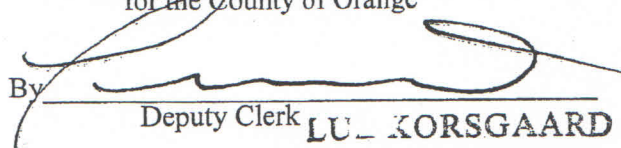
1 Witness, ALAN CARLSON, Clerk of the above-entitled Court, with seal of the Court affixed.

2 BY ORDER OF THE COURT.

3 DATED: JAN - 8 2015



ALAN CARLSON  
Executive Officer and Clerk of the  
Superior Court of the State of California  
for the County of Orange

7 By   
Deputy Clerk **LUZ KORSGAARD**

8 The Public Guardian has taken an official oath of office which is authorized in lieu of the usual  
9 oath required of a private conservator in each estate. Welfare and Institutions Code section 5355.


10 CERTIFICATION

11 I hereby certify that the foregoing is a correct copy of the original on file in my office, and that  
12 these Letters have not been revoked, annulled or set aside, and are still in full force and effect.

13 DATED: JAN - 8 2015



ALAN CARLSON  
Executive Officer and Clerk of the  
Superior Court of State of California  
for the County of Orange

17 By   
Deputy Clerk **LUZ KORSGAARD**

01/07/2015 at 04:21:28 PM

Clerk of the Superior Court  
By Michael Porter, Deputy Clerk

**FILED**  
SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE  
CENTRAL JUSTICE CENTER

JAN - 8 2015

ALAN CARLSON, Clerk of the Court

BY: L. KORSGAARD, DEPUTY

PROBATE/LPS SECTION  
333 W. Santa Ana Blvd., P.O. Box 118  
Santa Ana, California 92702  
Telephone: [REDACTED]  
Facsimile: [REDACTED]  
Email: [REDACTED]

Attorneys for Petitioner

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF ORANGE – CENTRAL JUSTICE CENTER

In the Matter of the Conservatorship of the Person  
and Estate of

Case No. [REDACTED]

ORDER REAPPOINTING PUBLIC  
GUARDIAN AS CONSERVATOR OF THE  
PERSON AND ESTATE AND GRANTING  
ADDITIONAL POWERS

Conservatee.

The petition of [REDACTED], Public Guardian, for the reappointment of a conservator of the person and estate of the above-named conservatee came on regularly for hearing on December 24, 2014. The County Counsel by James C. Harvey, Deputy, appeared on behalf of the Petitioner, and the Public Defender, by Joel Furman, Deputy, appeared on behalf of the conservatee.

The conservatee was not present in court but had been advised of her right to a court or jury trial. The attorney for the conservatee waived the conservatee's presence in court and submitted the matter to the court based on the doctor's opinions and the Public Guardian's investigation report.

After examining the verified petition and supporting affidavits and considering the contents of the conservatorship investigation report, the court finds that all notices of the hearing have been given as required by law, that the facts alleged in the petition are true, that the conservatee is still gravely disabled as defined in section 5008(h)(1)(A) for purposes of section 5350 of the Welfare and Institutions



1 Code, that the conservatee lacks capacity to give or withhold informed consent as to the taking of  
2 antipsychotic medications, and that it is in the best interests of the conservatee that a conservator of her  
3 person and estate be reappointed, and that certain powers should be granted to the conservator and legal  
4 disabilities imposed on the conservatee.

5 IT IS ORDERED:

- 6 1. The petition for reappointment of a conservator is granted.
- 7 2. [REDACTED], Public Guardian, is reappointed as conservator of the person and  
8 estate of [REDACTED]  
9 [REDACTED] and appropriate Letters of Conservatorship shall be issued to the Public Guardian upon his  
10 official oath and bond. Bond is not required.
- 11 3. The conservator of the estate shall have the powers specified in Chapter 6 (commencing  
12 with section 2400) of Part 4 of Division 4 of the Probate Code.
- 13 4. The conservator shall have the power to pay to the conservatee out of the estate a  
14 reasonable allowance for personal use, not to exceed \$150.00 per month, as provided in Probate Code  
15 section 2421.
- 16 5. The court having found that the conservatee lacks capacity to give or withhold informed  
17 consent for treatment, the conservator shall have the right to require the conservatee to receive treatment  
18 related specifically to remedying or preventing the recurrence of the conservatee's being gravely  
19 disabled, including administration of psychotropic medications.
- 20 6. The right to refuse or consent to routine medical treatment unrelated to remedying or  
21 preventing the recurrence of the conservatee's being gravely disabled shall be retained by the  
22 conservatee.
- 23 7. Except in the case of an emergency in which the conservatee faces loss of life or serious  
24 bodily injury, no surgery shall be performed upon the conservatee without the conservatee's prior  
25 consent or a court order.
- 26 8. The conservator shall be guided by the advice of medical doctors specializing in  
27 psychiatry and other qualified medical and social welfare personnel. The conservator is authorized to  
28 require that the conservatee be detained in a facility providing intensive treatment for the purpose of

1 involuntary care and treatment, or to place this conservatee in a medical, psychiatric, nursing or other  
2 state-licensed facility or state hospital, county hospital, hospital operated by the Regents of the  
3 University of California, a United States Government hospital, or other non-medical facility approved  
4 by the State Department of Social Services or an agency accredited by the State Department of Health  
5 Care Services pursuant to Welfare and Institutions Code section 5358.

6 9. The conservatee shall not have the privilege of possessing a license to operate a motor  
7 vehicle or the right to enter into contracts. Possession of a firearm or other deadly weapon by the  
8 conservatee would present a danger to the safety of the conservatee or others, so the conservatee shall  
9 not have the right to possess a firearm or other deadly weapon.

10 10. The conservatee shall not be allowed to refuse treatment related specifically to the  
11 conservatee's being gravely disabled. Except in the case of an emergency in which the conservatee  
12 faces loss of life or serious bodily injury, no surgery shall be performed upon the conservatee without  
13 the conservatee's prior consent or a court order.

14 11. The court determined that a private, locked facility is the least restrictive and most  
15 appropriate placement for the conservatee.

16 12. In addition to the conservatee's attorney and the County's patient's right advocate, the  
17 following persons shall be notified of a placement more restrictive than the court-determined placement:  
18 None.

19 13. The reappointment shall be effective as of December 24, 2014, and the conservatorship  
20 shall terminate on December 24, 2015, unless a conservator is earlier reappointed.

21 14. The Sheriff will provide all necessary transportation of the conservatee to and from court  
22 hearings and as the Public Guardian may otherwise request in this matter.

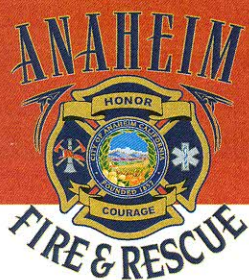
23  
24 DATED: \_\_\_\_\_  
25

26 Gerald Johnston  
27 Judge of the Superior Court  
28

## **ATTACHMENT #4**

**Anaheim Community Care Response Unit**





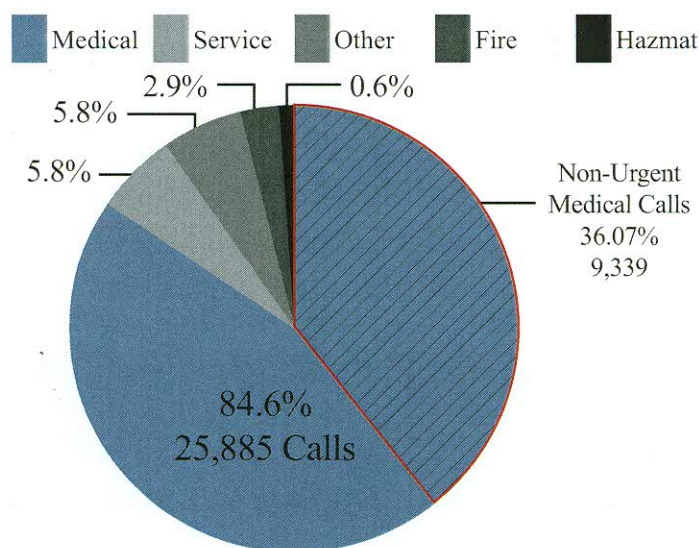
# ANAHEIM FIRE & RESCUE COMMUNITY CARE RESPONSE UNIT

Anaheim Fire & Rescue's Community Care Response Unit (CCRU) is a public-private partnership with key leaders in emergency medical services to better serve the residents of Anaheim. The first in California, this program consists of a CCRU ambulance that responds to low level, non-urgent medical requests with an ambulance staffed by a certified Nurse Practitioner and an Anaheim Fire Captain/Paramedic in place of a standard paramedic engine/truck and ambulance response staffed by 3 or 4 fire personnel.



Anaheim Fire & Rescue identified Emergency Medical Services (EMS) as a key area of focus in the agency's Strategic Plan. Over the decades, fire service delivery has changed where the overwhelming majority of 911 calls are no longer fire and rescue-related but rather calls for medical services.

**Anaheim Calls Dispatched 2014 - 30,578**



Metro Cities Communication Center Report 2014

Over the last 5 years, 911 calls related to fires in Anaheim have decreased by 11% while there was a 16% increase in medical emergency calls. In 2014 alone, Anaheim Fire & Rescue received more than 30,000 emergency calls with 85% medical in nature.

This statistic combined with the recent adoption of the Affordable Health Care Act enacted by the federal government led the agency to focus on an Integrated Mobile Health Care model and the implementation of an innovative pilot program intended to provide the best emergency medical service at an appropriate response level.



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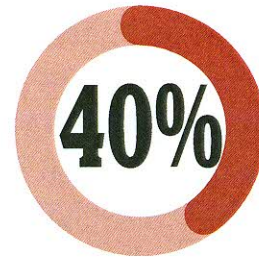


# HOW THE PROGRAM WORKS



The CCRU is an innovative response model designed by Anaheim Fire & Rescue with participation from Kaiser Permanente Orange County, Care Ambulance Service, and Metro Cities Fire Authority (Metro Net) coordinating with Dr. Gary Smith, a California licensed physician who currently provides physician oversight for the Mesa Arizona Fire & Medical Department which implemented a similar program resulting in cost savings and enhanced patient care.

As one of Metro Net's Emergency Medical Dispatcher receives a call, they will help to identify non-emergency patients who may benefit from definitive care within the scope of a nurse practitioner following a pre-approved medical protocol and dispatches the CCRU unit.



During the first 30 days of operations, 40% of patients seen by the CCRU did not have to be transported to an Emergency Department.

During the first three months of this pilot program, Anaheim Fire & Rescue will respond with the CCRU unit as well as the standard emergency response units. Upon arriving at the patient's location, the CCRU unit and its medical personnel will provide on-site evaluation, treatment and coordination of care and/or referral.

In the future the CCRU may respond as a single unit. Paramedic level response can be dispatched any time the CCRU crew feels that patient would benefit by transport to the hospital emergency department. Conversely, the CCRU crew could be called upon if, after a paramedic assessment, the paramedic believes the patient could benefit from the care of a nurse practitioner.



“Anaheim's Community Care Response Unit treated one of our guests onsite in their own surroundings,” said Janet Folliott, Owner/Caregiver of Orange Park Guest Home. “The opportunity to stay home and receive excellent on-site medical care allowed our guest to maintain their independence reducing their stress and worry.”

Orange Park Guest Home – Anaheim, CA



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# ANAHEIM RESIDENTS AND HOSPITALS TO BENEFIT

This state of the art medical response allows Anaheim Fire & Rescue to provide alternative solutions to the ways it currently manages patients.



The CCRU pilot program aims to reduce total costs to the patient and the health care system by delivering appropriate healthcare services on scene and provide a positive patient experience, thus preventing unnecessary transports to and possibly a lengthy wait at an emergency department.

The impact to local emergency departments is anticipated to be reduced as patients will not need to be transported for low acuity medical issues.

By sending the appropriate response to the pre-identified emergency call or releasing advanced life support units from a call sooner, Anaheim Fire & Rescue will be able to keep more apparatus available for more acute medical or fire-related emergencies increasing our response effectiveness and providing a more efficient use of our resources.

The CCRU responds to non-urgent, low acuity medical calls. Acuity is defined as the level of severity of an illness. Patients with low acuity medical problems include complaints such as abdominal pain, back pain, headaches, lacerations, falls or possible upper respiratory infections which are common medical issues called into the 9-1-1 system.

These low acuity call can be treated by a nurse practitioner with medical intervention ranging from treatment onsite or contact with a primary or specialist physician who will follow up with the patient as soon as possible. These interventions provide increased patient satisfaction of care and allow patients to stay in their own setting.

## What Can the CCRU Respond to\*?

- Abdominal pain & problems
- Allergy related symptoms
- Animal bites
- Back pain (non-traumatic)
- Diabetic problems
- Eye problems
- Headaches
- Lacerations
- Leg pain
- Upper respiratory infection

\*partial list



A mobile clinic stocked with supplies to suture, diagnose and treat complaints. Medical equipment includes defibrillator, EKG monitor, Advanced Life Support medication, advanced airway bag & blood analysis machine.



# COMMUNITY CARE RESPONSE UNIT PARTNERS



"The introduction of Anaheim's Community Care Response Unit is a game-changer in the delivery of fire and emergency medical services in California. With this pilot program, Anaheim residents receive high quality medical care for the low acuity calls reducing the need of transportation and wait time related to a hospital's emergency room visit," said Anaheim Fire Chief Randy R. Bruegman.



"For more than 70 years, Kaiser Permanente has been dedicated to improving the health of our members and the communities we serve. We are proud to partner with Anaheim Fire & Rescue on the launch of the Community Care Response Unit," said Dr. Nancy Gin, Medical Director, Kaiser Permanente Orange County. "We believe this innovative and hands-on approach will enhance emergency medical services for the residents of Anaheim."



"Care Ambulance is proud to be a vital partner in Anaheim's Community Care Response Unit. This innovative program is consistent with our values: excellent patient care keeping customer service at the forefront," said, Troy Hagen, Care Ambulance Service Chief Executive Officer.



"Metro Net Fire Dispatch uses one of the most advanced medical protocol dispatch systems available today," said Gary Gionet, manager of Metro Net Fire Authority. "Anaheim Fire & Rescue's program allows us to fully utilize our protocol software which can automatically identify to our dispatchers a situation where an alternate response such as the Community Care Response Unit is appropriate."



"With the introduction of our program in Arizona, we have been able to more effectively treat and refer medical and behavioral patients with a realized cost savings of more than \$3 million. I anticipate that Anaheim's Community Care Response Unit will be equally successful in California," said Gary A. Smith, MD, MMM, FAAFP - Supporting Physician Anaheim Fire & Rescue, Mesa Arizona Fire & Medical Department



Anaheim Fire & Rescue  
201 S. Anaheim Blvd., Anaheim, CA 92805  
Phone (714) 765-4000 Fax (714) 765-4608  
[www.anaheim.net/fire](http://www.anaheim.net/fire)



To request this brochure in an alternative format, please contact 714.765.4040 or TTY 714.765.5125