Emergency Medical Care Committee

Friday, July 8, 2022 - 9:00 a.m.

Location: Computer or Cell phone

(There will not be a physical meeting at the Hall of Administration (HOA) Commission Hearing Room due to limited space capacity)

A G E N D A

Join Zoom Meeting
https://us06web.zoom.us/j/84592428273?pwd=RmM4TW51VkZPZ3RlcmZqMFk2c0hiZz09

Meeting ID: 845 9242 8273
Passcode: 499888

Note: If you are calling into the meeting (via phone), OCEMS staff ask that you please contact us in advance and give us the phone number you will be using (please send an email to emsdutyofficer@ochca.com, if you have not already done so). Due to added security measures, we are unable to give you access without this information. Thank you.

Mission Statement: ***"to act in an advisory capacity to the County Board of Supervisors and to Orange County Emergency Medical Services on all matters relating to emergency medical services in Orange County."***

EMERGENCY MEDICAL CARE COMMITTEE MEETINGS ARE OPEN TO THE PUBLIC. YOU MAY SPEAK ON ANY AGENDA ITEM OR ON A MATTER NOT APPEARING ON THE AGENDA, BUT WHICH IS WITHIN THE SUBJECT MATTER JURISDICTION OF THE COMMITTEE.

1. **CALL TO ORDER**

2. **INTRODUCTIONS/ANNOUNCEMENTS**
   - *Introduction of new member: Vice Mayor Anthony Kuo, representing the City Selection Committee*

3. **APPROVAL OF MINUTES**
   - *Minutes of April 8, 2022* (Attachment #1)

   Recommended Action: Approve April 8, 2022 minutes.

4. **OCEMS REPORT/CORRESPONDENCE**
   - Medical Director's Report
   - Health Emergency Management Report
   - Ambulance Patient Off-load Time (APOT) and Hospital Diversion Reports (Attachment #2)
   - Bi-Directional Data Exchange Project

5. EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS (*Hear Reports)*

- Facilities Advisory Committee
- County Prehospital Advisory Committee
- Transportation Advisory Committee (*Next meeting: October 5, 2022)*

6. UNFINISHED BUSINESS

- Ground Ambulance Emergency Rates FY 2022-2023
- OCEMS Policy/Procedure #310.96: Guidelines for Diversion Status and APOT Standards (Attachment #3)

7. NEW BUSINESS

- OCEMS Policy/Procedure #100.30: Emergency Medical Care Committee Bylaws (Attachment #4)

8. MEMBER COMMENTS

9. PUBLIC FORUM

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 that NO action may be taken on off-agenda items unless authorized by law. Comments are limited to three minutes per person; unless different time limits are set by the Chairman; subject to the approval of the Committee.

10. NEXT MEETING

- Friday, October 14, 2022 at 9:00 a.m., (*location to be determined*)

11. ADJOURNMENT

EMERGENCY MEDICAL CARE COMMITTEE

REGULAR MEETING

Friday, April 8, 2022 – 9:00 a.m. **Location: Via Zoom**

M I N U T E S

MEMBERSHIP / ATTENDANCE					
MEMBERS		**REPRESENTING**	**HEALTH CARE AGENCY STAFF**		
Michael S. Ritter, MD	–	Orange County Medical Assn. (SOCEP)	Steve Thronson	–	Deputy Agency Director Medical Health Services
Arturo Pedroza	–	Board of Supervisors-First District	Regina Chinsio-Kwong	–	County Health Officer
Lawrence A. Grihalva	–	Board of Supervisors-Second District	Tammi McConnell	–	EMS Division Director
Timothy Munzing, MD	–	Board of Supervisors-Third District	Carl H. Schultz, MD	–	EMS Medical Director
Luis Estevez (absent)	–	Board of Supervisors-Fourth District	Gagandeep Grewal, MD	–	Associate EMS Medical Director
Ted Heyming, MD	–	Board of Supervisors-Fifth District	Rommel Navarro, PharmD	–	Chief Pharmacist
Robert Viera	–	Ambulance Assn. of Orange County	James Gee, PharmD	–	Pharmacist
Becky Firey (absent)	–	American Red Cross	Laurent Repass, NREMT-P	–	EMS Information Systems Chief
Rebecca Gomez	–	City Selection Committee	Adrian Rodriguez	–	EMS Performance Chief
Chief Adam Loeser	–	Orange County Fire Chiefs Assn.	Danielle Ogaz	–	EMS Systems & Standards Chief
David Gibbs, MD	–	Orange County Medical Assn.	Denamarie Baker	–	Sr. Emergency Management Program Coord.
Michael Killebrew	–	Orange County City Managers Assn.	Meng Chung	–	BLS Coordinator
Chief Stu Greenberg	–	Orange County Police Chiefs & Sheriffs Assn.	Jason Azuma, NREMT-P	–	OC-MEDS Coordinator
			Justin Newton	–	EMS Specialist
			Andrew Roberts	–	EMS Specialist
			Kirstin Wong	–	EMS Specialist
			Erica Moojen	–	EMS Office Supervisor
			Eileen Endo	–	Office Specialist
			Lisa Wilson	–	Information Processing Technician
GUESTS PRESENT					
Julia Afrasiabi, RN	–	UCI Medical Center	Soraya Peters	–	Hospital Association of Southern California
Drew Bernard	–	Emergency Ambulance Service	Jonathan Robinson		
Dan Brothman	–	Huntington Beach Hospital	Rhonda Rosati, RN	–	Brea/Fullerton Fire Department
Ruth Clark, RN	–	Orange County Global Medical Center	Robert Selway	–	St. Joseph Hospital
Chief Sean DeMetropolis	–	City of Orange Fire Department	Karen Sharp, RN	–	Saddleback Memorial Medical Center
Chad Druten	–	Emergency Ambulance Service	Cyndie Strader, RN	–	Hoag Memorial Hospital Presbyterian
Elena Giardino	–	Ambulnz Health	Christine Waddell, RN	–	Huntington Beach Hospital
Eric jJohnson	–		Jacob Wagoner		Lynch Ambulance Service
Jim Karras	-	Shoreline Ambulance Service	Bill Weston	–	Emergency Ambulance Service
Kimberly Nichols, RN	–	Placentia Linda Hospital	Scott White	–	Falck Mobile Health Corp.

1. **CALL TO ORDER**

   The meeting was called to order by the Chair, Dr. Michael Ritter, MD.

2. **INTRODUCTIONS/ANNOUNCEMENTS**

   Special presentations by Eileen Endo. Certificate of awards for Karen Sharp, RN, Michael Killebrew and Rob Viera/25 years of service.

3. **APPROVAL OF MINUTES**

   Dr. Schultz mentioned the misspelling of one of the two anti virals mentioned in the Medical Director's Report minutes: Paxlovid and Lomaviere should be Molnupiravir.

   Minutes from the January 14, 2021, meeting were approved with the correction noted and submitted.

4. OCEMS REPORT

- **Medical Director's Report**

  Dr. Schultz reported the new policies are posted in a new setting. Some people like to compare the current policy with the up and coming policy. The top policy will say current. The upcoming policy will say optional for 6 months. They will be listed simultaneously. Six new policies have been posted. Two more policies will be posted next week.

  David Johnson has retired and is travelling. Mike Ritter acknowledged that he worked with David for 25 years at the hospital. He experienced the loss when David moved to EMS.

- **Health Emergency Management Report**

  Dr. Grewal reported that the COVID 19 case rate has flattened out. Only 100 cases per 100,000. Decreasing since last week of 243 per 100,000. Hospital trend is 78 hospitals out of 100 and 2 ½ months ago it was 1200 shows a significant drop. Trending in the right direction. We don't know what the BA2 variant will do. AOC is still activated M-F. Supporting mobile vaccination PODs. Training with coalition members this summer.

  Dr. Ritter asked to let the state know to help hospitals by sending a comment to the state pharmacy board doctors. All prescriptions are electronic. RX cannot be transferred electronically to pharmacies like CVS to another pharmacy. Paper prescription is not accepted. Doctors need to find out where the drugs are. Who has medications today? So when they write a Rx, the patient can pick up the medications and not be stuck without a source to get them. Retail pharmacies are scared of being cited by Pharmacy board.

- **Hospital Diversion Report (January 1 to March 31, 2022)**

  Danielle Ogaz, presented the Hospital Diversion Report for the first quarter of 2022. Diversion was still suspended in January 2022. During the last surge OCEMS worked with ReddiNet and LA County to implement EDLA which divered LA County Traffic from being transported to the border hospitals in Orange County. The hours for this diversion were included in the report.

- **Ambulance Patient Off-Load Time (APOT) Report: January 1 to December 31, 2021**

  Laurent Repass reported the number of transports during the month of January and February. March report was posted yesterday. Winter through February was drastic effect on APOT. Most ambulance transports in January than ever seen before 44:05 90th percentile. February 15 + >30minutes. 10+ > 60 minutes. Trend is down. Decline in 911 ambulance transports. March APOT time declined. We are close to normal baseline. At 27 minutes 49 seconds for March APOT times. Ambulance volume returned to normal. 5% lower than baseline APOT dashboard.

- **Bi-Directional Exchange Project**

  Laurent requested this to be a standing item on committee meetings. It is a grant funded project by CDC One million dollars 2/3 data software, tech, IT, departments and 1/3 for hospital costs. EMS is amending contracts, adding what you need to get signed by each facility CEO to reimburse for hospital expense costs. This will take 2-3 months per hospital. July 2023 the project should be done and paid. EMS would like the technical side done by May 2023 to invoice and make sure all get paid.

- **EMCC Correspondence** – *Attachment #4.*

  Dr. Schultz presented these letters to committee for awareness. No action in required.

V. EMCC ADVISORY SUBCOMMITTEE AND ADVISORY GROUP REPORTS

- **Facilities Advisory Committee (March 8, 2022 meeting)**

  Danielle Ogaz reported that FAC approved the hospital redesignations that will be presented later in this meeting. Next Facilities meeting is on May 10, 2022.

- **County Prehospital Advisory Committee (March 9, 2022 meeting)**

  Next CPAC meeting is May 11, 2022.

- **Transportation Advisory Committee (April 6, 2022 meeting)**

  Transportation Advisory Committee took place on April 6, 2022. Next meeting will be held July 6, 2022.

VI. UNFINISHED BUSINESS

VII. NEW BUSINESS

- **Ground Ambulance Emergency Rates FY 2022-2023**
  Tammi McConnell reported it has been 5 years since 911 rates 2017 automated methodology. Minimum wage increase over 5 years. 2022 is the last year that rates get adjusted. This is just an information item. No action is required. EMCC should be aware since July 2020 this goes in effect. Board of Supervisors asks to increase base rate. We will internally renew it with executive group. FCC? puts forth all recommendations before board EMCC approve. Take advantage of the AAOC presentation to ask questions.

- **AAOC Rate Increase Presentation**

  Chad Druten of emergency ambulance introduced Bill Weston who gave the presentation intro to EMS reimbursement.

  Bill Weston AAOC of OC: Healthcare Reimbursement Introduction. Orange County has the lowest ambulance rates in the State of California. $15-$17 for EMTS. EMTs are leaving their jobs for fast-food jobs like Del Taco which pays up to $20. OC is the 49th lowest in State for Medicaid and Medicare. Need to adjust ambulance rates to the Federal level CMS which is Medicare in California. State level medical is called Ca Optima in Orange County. The AAOC is trying to consolidate line items. Ambulance ordinance 3517: Board of Supervisors sets ambulance rates in Orange County.

  This only covers 911 ambulance companies. The 3 ambulance companies covered are Care/Falck, Emergency and Doctors. During COVID these ambulance companies brought in 7 more ambulance companies to help with patient flow. It does not apply to city or fire operated ambulance or private ambulances.

  We have all seen the effects of labor shortages at restaurants. New economic reality of $20 becoming the expected normal wage. Cost of living is included in Northern California, Marin County, San Francisco, San Mateo, Santa Clara, Santa Barbara and Santa Cruz. Living wage is the bare minimum to get by.

  Tammi McConnell mentioned that we need rates to be competitive. In 2014 RFP for 19 cities, there were 7 bidders. In 2019, there were only 2 bidders. The committee can ask questions. Waiting time for wall time charge $68.50 for 15 minutes. 911 transports make money from IFT-ALS calls.

  Karen Sharp asked how hospitals can help with this.

  Tammi McConnell answered that solutions are contemplated at hospital.

  Carl Schultz mentioned that Policy 310.96 formally addresses these issues.

  Mike Killebrew asked if LB ambulance program could work with city. Eileen Endo will pass contact info of Chad Druten and Bill Weston to Mike Killebrew, so they can meet in Dana Point to discuss further items.

- **Ambulance Patient Off-Load Times Discussion**

  Dr. Schultz Policy 310.96 are Guidelines for diversion status and APOT standard. It is a source for information regarding 30 minute standard APOT time to establish a baseline. Created Emergency options for ambulance wall times. VIII: amp interventions for prolonged APOT items. Worked well with patients on cots. State is looking at APOT times put burden on hospitals system of healthcare in order to make the entire system work. 30 minutes as standard is a good first start. This applies to BLS and ALS monitor. If patient needs to be on a cardiac monitor when they arrive if in hallways then patient should be on a cardiac monitor on cot. It is the hospital's decision. State recommendation is 20 minutes APOT. Hospital cannot use ambulance as a sole source of patient, either. Patient should be the center of decisions that are made.

  Tammi McConnell Policy is specific to patient criteria. Cot is only for patient/ambulance for at least 60 minutes. This patient is not critical. If patient is stable in hallway for an hour – EMT is to monitor if patient is not a high level of care. Hospital could have elected to go on diversion, but they did not. The solution is basically to keep ambulance on the wall. Have ambulance company and hospital work together on a standard system to make it safe for the patient. These guidelines are options to help ambulance and hospital during APOT. Dr. Schultz wishes it was implemented before this policy came out. Relationship will be carried by ambulance. Karen sharp will bring up at ED Nurse meeting. Robert Viera experienced a lot of cooperation from hospitals working with the charge nurse. Implementing this trying to avoid cots as outliers. Optional- not a mandate. It is a tool to help with what is best for the patient. Opportunity to gain leverage on what is best. Looking for input if changes are needed. Suggest review change language. Put in review for next meeting.

Dr. Mike Ritter would like Policy #310.96 to be posted as an up and coming unfinished business item for the next meeting. Eileen Endo, please send the policy 310.96 to committee for review.

Action Item:

- **Facilities Designation (Continuing) for Specialty Receiving Centers**

  Danielle Ogaz presented designation for facilities:

  Los Alamitos 3 year redesignations, CVRC conditional 3 years, ERC conditional 3 years. Conditional items are outlined.

  Fountain Valley CRC 3 year

  Garden Grove ERC 3 year

  St. Joseph ERC 3 year

  Kaiser Anaheim ERC 3 year

  The Emergency Medical Care Committee Chair, Mike Ritter, MD accepted first and second motions for approval.

VIII. MEMBER COMMENTS

IX. PUBLIC FORUM

X. NEXT MEETING

The next meeting is scheduled for Friday, July 8, 2022 at 9:00 a.m. (location to be determined)

XI. ADJOURNMENT

With no further business, the meeting was adjourned.

County of Orange
Health Care Agency
Emergency Medical Services

Ambulance Patient Offload Time (APOT-1)

January Report 2022

Hospital	2022 Totals			January 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	195	60:47	0	195	60:47	25:43	11:28	0
Anaheim Regional Medical Center	543	60:25	0	543	60:25	23:27	11:43	0
Chapman Global Medical Center	82	10:58	0	82	10:58	7:41	4:18	0
Children's Hospital of Orange County	339	16:28	0	339	16:28	8:58	6:43	0
Foothill Regional Medical Center	104	47:33	0	104	47:33	20:54	14:13	0
Fountain Valley Reg Hosp and MC	675	46:23	0	675	46:23	21:57	14:11	0
Garden Grove Hosp and MC	488	62:33	0	488	62:33	25:54	16:06	0
Hoag Hospital Irvine	710	25:56	0	710	25:56	14:01	10:26	0
Hoag Memorial Hosp Presbyterian	1,802	19:43	0	1,802	19:43	11:27	9:42	0
Huntington Beach Hospital	459	54:12	0	459	54:12	25:13	13:38	0
Kaiser Permanente - Anaheim MC	463	45:25	0	463	45:25	21:37	16:03	0
Kaiser Permanente - Irvine MC	469	29:48	0	469	29:48	15:56	12:49	0
La Palma Intercommunity Hospital	166	47:34	0	166	47:34	23:52	8:15	0
Los Alamitos Medical Center	510	74:29	0	510	74:29	32:46	19:55	0
Mission Hospital - Laguna Beach	342	44:23	0	342	44:23	19:44	13:12	0
Mission Hospital Regional MC	1,431	43:08	0	1,431	43:08	20:41	14:56	0
Orange Coast Memorial MC	555	56:15	0	555	56:15	23:15	15:00	0
Orange County Global MC	651	44:18	0	651	44:18	18:15	9:50	0
Placentia Linda Hospital	544	50:09	0	544	50:09	19:40	11:37	0
Saddleback Memorial MC	851	30:05	0	851	30:05	15:22	11:49	0
South Coast Global Medical Center	214	26:08	0	214	26:08	12:36	8:35	0
St. Joseph Hospital	1,159	35:13	0	1,159	35:13	17:24	12:01	0
St. Jude Medical Center	1,169	59:16	0	1,169	59:16	24:50	15:59	0
UCI Medical Center	1,130	44:04	0	1,130	44:04	18:26	7:27	0
West Anaheim Medical Center	701	92:04	0	701	92:04	37:46	23:21	0
Median Hospital 90th Percentile APOT Time		45:25			45:25			
InterQuartile Range		30:05, 56:15			30:05, 56:15			

	2022 Totals		January 2022			
OC EMS System Total (Aggregate)	**15,752**	**44:05**	**15,752**	**44:05**	**Diversion Hours ***	0
OCEMS System Mean APOT Time		20:02		20:02	**Diversion Days ***	0 of 31
Standard Deviation		+/- 24:59		+/- 24:59	**Hospitals/Day Range ***	0/day
OCEMS System Median APOT Time		12:16		12:16	**Incidents w/ APOT 30-60min**	1838
InterQuartile Range		6:53, 22:53		6:53, 22:54	**Incidents w/ APOT >60min**	899

* Diversion Suspended

County of Orange
Health Care Agency
Emergency Medical Services

Ambulance Patient Offload Time (APOT-1)

February Report 2022

Hospital	2022 Totals			February 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	410	45:29	0	215	30:14	14:59	9:57	0
Anaheim Regional Medical Center	978	44:52	2	435	34:26	15:37	10:55	2
Chapman Global Medical Center **	88	11:16	0	6	13:53	6:52	4:16	0
Children's Hospital of Orange County	627	16:51	0	288	17:07	8:39	6:21	0
Foothill Regional Medical Center	188	41:58	2	84	30:38	13:43	8:19	2
Fountain Valley Reg Hosp and MC	1,275	40:55	9	600	35:22	16:07	10:37	9
Garden Grove Hosp and MC	861	49:12	18	373	33:52	17:08	13:14	18
Hoag Hospital Irvine	1,319	23:44	79	609	21:53	11:32	9:06	79
Hoag Memorial Hosp Presbyterian	3,268	18:26	39	1,466	16:04	9:46	8:51	39
Huntington Beach Hospital	846	46:11	3	387	33:08	17:49	11:52	3
Kaiser Permanente - Anaheim MC	864	42:42	0	401	37:41	17:17	11:57	0
Kaiser Permanente - Irvine MC	886	28:03	0	417	25:44	14:29	11:56	0
La Palma Intercommunity Hospital	437	43:52	0	271	40:33	15:10	7:37	0
Los Alamitos Medical Center	1,054	74:54	31	544	73:57	30:40	18:26	31
Mission Hospital - Laguna Beach	564	37:08	6	222	27:19	14:50	12:44	6
Mission Hospital Regional MC	2,662	39:06	9	1,231	35:01	17:03	13:28	9
Orange Coast Memorial MC	1,034	48:13	52	479	37:23	18:46	13:50	52
Orange County Global MC	1,296	34:07	19	645	23:06	11:32	7:55	19
Placentia Linda Hospital	871	35:07	0	327	19:09	10:13	7:43	0
Saddleback Memorial MC	1,587	26:59	18	736	23:28	13:00	11:17	18
South Coast Global Medical Center	393	22:15	2	179	20:41	9:51	8:21	2
St. Joseph Hospital	2,112	29:50	8	953	22:20	11:38	8:44	8
St. Jude Medical Center	2,308	42:52	5	1,139	30:13	15:10	12:07	5
UCI Medical Center	2,084	38:59	83	954	32:48	14:05	7:25	83
West Anaheim Medical Center	1,324	73:04	46	623	54:31	23:30	15:56	46
Median Hospital 90th Percentile APOT Time		39:06			30:14			
InterQuartile Range		28:03, 44:52			22:20, 35:01			

	2022 Totals		February 2022			
OC EMS System Total (Aggregate)	**29,336**	**37:31**	**13,584**	**30:07**	**Diversion Hours ***	432
OCEMS System Mean APOT Time		17:43		14:56	**Diversion Days ***	20 of 28
Standard Deviation		+/- 21:45		+/- 16:25	**Hospitals/Day Range ***	0-9/day
OCEMS System Median APOT Time		11:18		10:29	**Incidents w/ APOT 30-60min**	1007
InterQuartile Range		6:29, 20:01		6:02, 17:24	**Incidents w/ APOT >60min**	322

* Diversion Suspension Lifted Feb 9th 7am

** Chapman Global Medical Center's Emergency Receiving Center Designation Suspended Feb 4th 7am

County of Orange
Health Care Agency
Emergency Medical Services

Ambulance Patient Offload Time (APOT-1)

March Report 2022

Hospital	2022 Totals			March 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	668	37:00	21	258	28:50	12:28	8:42	21
Anaheim Regional Medical Center	1,492	38:27	2	514	28:16	14:16	10:46	0
Chapman Global Medical Center **	129	10:27	0	41	5:38	4:18	3:39	0
Children's Hospital of Orange County	973	16:03	0	346	15:19	8:25	7:20	0
Foothill Regional Medical Center	274	38:35	4	86	32:21	15:56	9:46	2
Fountain Valley Reg Hosp and MC	1,935	39:54	9	660	36:42	16:20	11:00	0
Garden Grove Hosp and MC	1,273	43:34	22	412	28:09	14:35	10:49	4
Hoag Hospital Irvine	1,966	22:51	139	647	21:16	11:36	9:45	59
Hoag Memorial Hosp Presbyterian	4,939	17:18	51	1,671	15:06	9:09	8:24	12
Huntington Beach Hospital	1,277	41:16	13	431	32:26	15:19	10:41	10
Kaiser Permanente - Anaheim MC	1,306	38:40	18	442	31:30	16:55	12:39	18
Kaiser Permanente - Irvine MC	1,298	26:32	0	412	23:06	13:31	11:51	0
La Palma Intercommunity Hospital	710	36:43	0	273	24:34	11:44	7:33	0
Los Alamitos Medical Center	1,596	69:30	56	542	58:43	25:51	16:46	25
Mission Hospital - Laguna Beach	874	38:31	6	310	40:50	20:04	14:36	0
Mission Hospital Regional MC	3,987	36:30	43	1,325	30:54	15:37	12:23	35
Orange Coast Memorial MC	1,523	40:41	80	489	25:17	14:16	11:40	28
Orange County Global MC	2,033	28:34	37	737	20:58	11:11	8:53	18
Placentia Linda Hospital	1,235	29:52	0	364	19:25	10:29	8:22	0
Saddleback Memorial MC	2,321	25:43	50	734	22:58	12:34	10:22	32
South Coast Global Medical Center	568	20:30	2	175	17:15	9:57	7:16	0
St. Joseph Hospital	3,172	27:30	31	1,060	24:52	12:39	9:28	23
St. Jude Medical Center	3,539	38:10	10	1,231	31:00	15:24	11:58	6
UCI Medical Center	3,060	35:03	255	976	28:55	12:53	6:55	172
West Anaheim Medical Center	2,078	65:01	51	754	52:59	22:24	14:53	5
Median Hospital 90th Percentile APOT Time		36:43			28:09			
InterQuartile Range		26:32, 38:40			21:16, 31:30			
OC EMS System Total (Aggregate)	**44,226**	**34:02**		**14,890**	**27:49**			
OCEMS System Mean APOT Time		16:30			14:05			
Standard Deviation		+/- 19:40			+/- 14:20			
OCEMS System Median APOT Time		10:56			10:13			
InterQuartile Range		6:20, 18:54			6:03, 16:50			

Diversion Hours	470
Diversion Days	30 of 31
Hospitals/Day Range	0-9/day
Incidents w/ APOT 30-60min	983
Incidents w/ APOT >60min	260

** Chapman Global Medical Center's Emergency Receiving Center Designation Suspended Feb 4th 7am - Mar 7th 7am

County of Orange
Health Care Agency
Emergency Medical Services

Ambulance Patient Offload Time (APOT-1)

April Report 2022

Hospital	2022 Totals			April 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	949	34:26	29	281	26:11	12:13	7:57	8
Anaheim Regional Medical Center	1,929	38:14	2	437	37:54	16:31	10:11	0
Chapman Global Medical Center	184	9:37	1	55	7:12	4:01	3:39	1
Children's Hospital of Orange County	1,348	15:35	0	375	13:46	7:12	6:08	0
Foothill Regional Medical Center	344	35:39	6	70	20:04	11:44	9:51	2
Fountain Valley Reg Hosp and MC	2,453	39:53	136	518	39:20	17:11	11:16	126
Garden Grove Hosp and MC	1,706	40:02	28	433	28:49	14:16	10:12	6
Hoag Hospital Irvine	2,589	22:50	222	623	22:44	12:08	10:10	83
Hoag Memorial Hosp Presbyterian	6,575	16:52	64	1,636	15:50	9:29	8:40	13
Huntington Beach Hospital	1,680	38:12	18	403	30:55	15:33	10:24	5
Kaiser Permanente - Anaheim MC	1,759	39:13	46	453	41:30	20:20	14:01	28
Kaiser Permanente - Irvine MC	1,725	27:03	4	427	28:43	16:30	13:37	4
La Palma Intercommunity Hospital	989	32:11	0	279	21:03	12:17	7:34	0
Los Alamitos Medical Center	2,208	62:19	79	612	48:26	23:10	16:00	23
Mission Hospital - Laguna Beach	1,200	36:26	10	326	34:17	18:15	14:56	4
Mission Hospital Regional MC	5,249	35:33	113	1,262	33:29	16:55	13:05	70
Orange Coast Memorial MC	2,010	33:13	126	487	20:43	12:12	11:16	46
Orange County Global MC	2,745	26:39	51	712	23:00	10:55	7:46	15
Placentia Linda Hospital	1,591	26:30	0	356	19:36	10:02	7:52	0
Saddleback Memorial MC	3,056	25:13	87	735	24:13	12:46	10:13	36
South Coast Global Medical Center	748	20:15	2	180	16:47	8:55	6:42	0
St. Joseph Hospital	4,142	26:56	65	970	24:25	12:19	8:51	34
St. Jude Medical Center	4,738	35:01	23	1,199	27:28	13:59	11:15	12
UCI Medical Center	3,948	33:09	414	888	27:16	11:33	6:43	160
West Anaheim Medical Center	2,841	60:45	51	763	42:57	19:52	13:54	0
Median Hospital 90th Percentile APOT Time		33:13			26:11			
InterQuartile Range		26:30, 38:12			20:43, 33:29			

	2022 Transports	2022 90th Percentile	April Transports	April 90th Percentile		
OC EMS System Total (Aggregate)	**58,706**	**32:27**	**14,480**	**28:00**	**Diversion Hours**	676
OCEMS System Mean APOT Time		15:53		13:57	**Diversion Days**	29 of 30
Standard Deviation		+/- 18:32		+/- 14:22	**Hospitals/Day Range**	0-12/day
OCEMS System Median APOT Time		10:43		10:03	**Incidents w/ APOT 30-60min**	969
InterQuartile Range		6:11, 18:21		5:53, 16:46	**Incidents w/ APOT >60min**	256

County of Orange
Health Care Agency
Emergency Medical Services

Ambulance Patient Offload Time (APOT-1)

May Report 2022

Hospital	2022 Totals			May 2022				
	Transports	90th Percentile APOT Time (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT Time (Min:Sec)	Mean APOT Time (Min:Sec)	Median APOT Time (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	1,293	33:11	30	344	31:09	14:23	10:16	1
Anaheim Regional Medical Center	2,457	36:53	2	528	30:38	15:02	10:42	0
Chapman Global Medical Center	244	9:36	1	60	7:22	4:43	3:40	0
Children's Hospital of Orange County	1,750	15:30	0	402	15:03	8:00	6:10	0
Foothill Regional Medical Center	411	31:32	6	67	17:53	10:45	8:24	0
Fountain Valley Reg Hosp and MC	3,099	37:25	169	646	30:30	14:47	10:50	33
Garden Grove Hosp and MC	2,143	37:24	44	437	30:28	14:40	11:17	16
Hoag Hospital Irvine	3,309	22:29	318	720	21:04	11:46	9:37	96
Hoag Memorial Hosp Presbyterian	8,256	16:33	80	1,681	15:19	9:16	8:29	16
Huntington Beach Hospital	2,141	37:45	28	461	37:09	18:08	10:43	10
Kaiser Permanente - Anaheim MC	2,175	41:30	102	416	45:32	22:53	16:41	56
Kaiser Permanente - Irvine MC	2,173	30:19	8	448	44:35	21:52	15:04	4
La Palma Intercommunity Hospital	1,261	30:38	0	272	22:17	10:41	7:49	0
Los Alamitos Medical Center	2,828	59:00	105	620	49:11	23:17	17:33	26
Mission Hospital - Laguna Beach	1,534	36:23	28	334	35:43	18:01	13:15	18
Mission Hospital Regional MC	6,532	36:16	217	1,283	41:37	19:29	14:55	103
Orange Coast Memorial MC	2,462	31:34	209	452	26:50	14:38	12:09	83
Orange County Global MC	3,492	26:14	59	747	25:10	11:44	8:29	8
Placentia Linda Hospital	2,010	24:56	0	419	18:02	10:12	7:53	0
Saddleback Memorial MC	3,831	25:00	166	775	23:53	13:11	11:07	80
South Coast Global Medical Center	919	20:27	2	171	21:07	10:51	7:31	0
St. Joseph Hospital	5,160	26:33	102	1,018	23:58	12:15	9:16	36
St. Jude Medical Center	6,050	37:10	47	1,312	43:13	19:45	14:12	24
UCI Medical Center	4,917	33:02	607	969	32:28	13:34	7:00	193
West Anaheim Medical Center	3,596	57:50	62	755	47:29	21:11	15:00	10
Median Hospital 90th Percentile APOT Time		31:34			30:28			
InterQuartile Range		25:55, 37:13			21:07, 37:09			

	2022 Totals		May 2022			
OC EMS System Total (Aggregate)	**74,043**	**32:18**	**15,337**	**31:34**	**Diversion Hours**	812
OCEMS System Mean APOT Time		15:43		15:07	**Diversion Days**	31 of 31
Standard Deviation		+/- 17:57		+/- 15:29	**Hospitals/Day Range**	2-11/day
OCEMS System Median APOT Time		10:40		10:29	**Incidents w/ APOT 30-60min**	1291
InterQuartile Range		6:10, 18:18		6:05, 18:03	**Incidents w/ APOT >60min**	350

GUIDELINES FOR DIVERSION STATUS AND APOT STANDARD

I. AUTHORITY:

California Health and Safety Code, Division 2.5, 1797.120; 1797.220; 1798 (a) (b)

II. APPLICATION:

This policy defines the Emergency Receiving Center (ERC) and Specialty Center procedure for requesting diversion when it is no longer safe for that facility to accept ALS and BLS ambulance-transported patients. It also establishes the county standard for Ambulance Patient Offload Times (APOT) as required by the California EMS Authority mandate.

ERCs and specialty centers shall minimize the duration and occurrence of diversion. No patient can be diverted from any center prior to the posting of diversion status on the ReddiNet® System except for internal disruption.

III. OBJECTIVES:

A. To assure the transport of a patient with an emergency medical condition to an appropriate ERC/Specialty Center that is safely staffed, equipped, and prepared to provide emergency medical care.

B. To provide standard definitions for ERC/Specialty Center closure and diversion requests.

C. To provide a mechanism for ERCs/Specialty Centers to:

1. Temporarily divert ambulance-transported patients when unable to safely provide emergency medical care;
2. Advise EMS system participants of diversion status; and
3. Identify the conditions which made the diversion request necessary.

D. To assure service provider units (fire, ambulance) are not unreasonably removed from their area of primary response when transporting patients to an ERC/Specialty Center.

E. Establish a standard for Ambulance Patient Offload Times (APOT).

IV. CLOSURE CATEGORIES:

A. ERC or specialty center may request diversion of ambulance-transported patients for the following reasons and using the following terminology:

1. Closed: ED Saturation - ED resources are fully committed and it is unsafe to accept additional in-coming patients. CCERCs can use this designation as well.

2. Closed: Trauma (TRAUMA CENTERS ONLY) - Trauma center is unable to provide trauma care for incoming trauma victims due to lack of an available trauma surgeon, trauma team, or surgical suite because of commitment to another trauma patient.

3. Closed: Internal Disruption – A physical problem exists at the ERC which would make it unsafe for the facility to accept any additional patients. (*e.g.*, fire, bomb threat, power outage, flooding, telephone outage)

4. Closed: CT Scanner – CT scanner is unavailable or out-of-service.

5. Closed: Cardiac – Cardiovascular Receiving Center (CVRC) unable to provide care for

STEMI patient due to cath lab occupied or disabled, cardiologist unavailable, or encumbered cath lab team.

6. Closed: Neuro – Stroke-Neurology Receiving Center (SNRC) unable to provide care to stroke patient due to thrombectomy suite occupied or disabled, neurointerventionalist/neurosurgeon/neurologist unavailable, CT scanner not functional, or encumbered thrombectomy team.

V. MECHANISM:

A. Request for ERC diversion status:

1. Notification of diversion will be made by the ReddiNet® system.

2. The following questions (on ReddiNet®) will be answered accurately:

   a. Empty Emergency Department beds
   b. Admitted patients in Emergency Department beds
   c. Other patients in ED beds
   d. Patients waiting in ED lobby/waiting room

3. The ReddiNet® comment section shall be utilized to include the estimated time of re-opening the Emergency Department.

4. The last names of the Emergency Physician, Emergency RN, ReddiNet® Operator, and any other authorized designee will be filled in as the diversion authorizers.

5. ERCs shall make every effort to reopen as soon as possible. Upon immediate improvement in capacity to provide emergency care, the Emergency Department will reopen and use ReddiNet® to alert the EMS system.

6. After two (2) hours of diversion, the ReddiNet® system will generate an audible alarm, alert light, and a popup window with questions that the ReddiNet® Operator must answer for the ERC to continue on diversion. If additional diversion is required, the ERC will update facility diversion status and answer diversion questions (# 2 above) and provide the name of the Hospital Administrator notified of the situation in the comment section.

B. Specialty Centers – Trauma, Cardiovascular, Comprehensive Children's, and Stroke-Neurology Receiving Centers:

1. Destination for specialty center patients is determined by Base Hospital (BH) contact. The contacted BH has authority for final destination determination.

2. Trauma criteria patient destination should be to the nearest open Trauma Center. This includes a Trauma Center that is open for trauma but closed due to ED Saturation.

3. Acute myocardial infarction ("Acute MI") criteria patients should be routed to the nearest open ERC that is an OCEMS designated CVRC with an available cardiac catheter laboratory and team.

4. Patients meeting Stroke-Neurology triage criteria should be routed to the nearest open ERC that is an OCEMS designated SNRC. Transfers of acute Stroke-Neurology patients to a SNRC from one of that center's spoke hospitals should be accepted for rapid or direct admission by the SNRC if just closed due to ED Saturation but otherwise has capability.

5. Requests for transport of pediatric patients to a Comprehensive Children's Emergency Receiving Center (CCERC) should be routed to the nearest open OCEMS designated CCERC even if closed to trauma.

C. Special Circumstances

1. If the three receiving centers most accessible to an incident location are reporting "Closed: ED Sat", the diversion request of each ERC will not be honored and the patient will be transported to the most accessible appropriate receiving center, regardless of its open/closed status.

2. If the two closest Trauma Receiving Centers are reporting "Closed: Trauma" and an ALS unit estimates an extended transport time to the next open Trauma Receiving Center, the BH will determine and authorize transport to the most appropriate receiving Trauma Center.

3. If both CCERCs are on diversion, this designation will be disregarded and both shall be considered open for ambulance patients.

4. If the two SNRCs or CVRCs most accessible to a patient's location are both reporting "Closed: Neuro or Closed: Cardiac", the diversion status will not be honored and the patient will be transported to the nearest appropriate receiving center.

5. If an ERC is listed as "Closed: ED Sat", this will automatically place the facility's SNRC and CVRC on diversion as well. Exception: transfer from a spoke hospital to the SNRC for direct admission to the stroke service.

VI. <u>PROCEDURE:</u>

A. Receiving Center Responsibilities

1. Each OCEMS receiving hospital must have a written ERC-wide response plan which addresses the steps to be followed and the appropriate ERC administrative staff to be notified when high patient volume within the ED or other situations as identified in Section IV necessitates temporary diversion of additional ambulance-transported patients.

2. Orange County ERCs must use the ReddiNet® system to notify all Orange County ERCs and Orange County Communications (OCC) of the reason(s) for closure, using only the terminology specified in Section IV of this document. Should the ReddiNet® system not be functioning, telephone notification is acceptable.

B. OCEMS Responsibilities

1. OCEMS shall monitor the frequency and duration of ERC requests for diversion of ambulance-transported patients and prepare a summary of ERC closures and distribute to all system participants on a periodic basis.

2. OCEMS may perform periodic, unannounced site visits of ERCs requesting bypass of ambulance-transported patients to ensure compliance with all guidelines. Frequency of site visits will be at the discretion of OCEMS.

C. ReddiNet® /H.E.A.R. Central Point Responsibilities

1. Upon request, OCC shall advise fire dispatch, ambulance dispatch, ALS, and BLS providers of an ERC's current status.

D. Base Hospital Responsibilities

1. Final authority for paramedic-escorted patient destination rests with the BH physician. The BH physician will honor an ED or specialty center diversion request provided that the ALS unit estimates that it can reach an "open" facility within a safe period of time.

2. Utilizing the Orange County Medical Emergency Data System (OC-MEDS), BHs will identify and evaluate the electronic patient care records of prehospital patients that were diverted from the nearest ERC and track the reason for diversion.

VII. <u>APOT STANDARD</u>

A. The APOT shall be defined as the time interval between the arrival of an ambulance patient at an emergency department (the ambulance comes to rest in the ambulance bay) and the time that the patient is transferred to an emergency department gurney, bed, chair, or other acceptable location and the emergency department assumes responsibility for care of the patient.

B. The standard for APOT is derived from ambulance time data collected over a 4 year span for patient offload times at Orange County ERCs.

1. The APOT standard will represent the median time for the 90th percentile of all offload times across the county for all ERCs.

2. After also considering the value for the upper limit of the interquartile range, the APOT standard for OCEMS is set at 30 minutes.

3. This standard will apply to all ERCs in Orange County.

4. Data will also be reported to EMSA.

C. OCEMS will review this standard on a yearly basis and may adjust it, if necessary, based on changes in the median for the 90th percentile of APOTs at Orange County ERCs.

VIII. <u>AMBULANCE INTERVENTIONS FOR PROLONGED APOTS</u>

A. Ambulance companies licensed to provide service in Orange County shall be authorized to implement the following interventions when confronted with APOTs exceeding 60 minutes:

1. After arriving at an ERC with a BLS patient, attempting to give report, and waiting 60 minutes inside the emergency department unable to transfer care, EMS personnel may place the patient in the hospital ED waiting room if ALL the following criteria are met:

- Patient held by the ambulance crew for at least 60 minutes inside the ED or outside the ambulance in another structure (tent, on a tarp, etc)
- Patient ≥ 18 years of age or pediatric patient accompanied by adult
- Normal mental status with decision-making capacity and GCS = 15
- Ambulatory without difficulty and without assistance (as appropriate for age)
- Not on a psychiatric hold (5150), in custody, or suicidal
- No chest pain, syncope, or acute neurologic symptoms (examples include no focal weakness, slurred speech, dizziness/vertigo)
- Normal vital signs for adults
    - SBP ≥ 100
    - RR between 12 and 20
    - HR between 60 and 100
    - Pulse oximetry ≥ 95% on room air
    - For pediatric patients, normal vital signs per age

EMS personnel may initiate this directive by first contacting the triage or charge nurse and informing them that the patient's wait time has exceeded 60 minutes. If told that they must remain, EMS personnel may then provide a verbal patient report and place the patient in the waiting room. Before leaving, EMS personnel will document the following in the PCR:

- All the criteria the patient met for off-loading in the waiting room
- Time of transfer
- The name of the person to whom report was given.

Obtaining the signature of the triage nurse is desirable but not necessary. If the triage nurse declines report, place the patient in the waiting room and document refusal of report and/or signature in the PCR.

2. ERCs may not allow more than 1 ambulance crew to be held in the department for more than 60 minutes. When a second ambulance crew arrives with another patient and is held in the emergency department for more than 15 minutes, the first ambulance crew may retrieve a cot from their ambulance or from an ambulance supervisor, place the patient on the cot in the emergency department, inform the charge or triage nurse of this action, give report if able to do so, and then leave the ERC.

    This action will be repeated each time an ambulance crew is held in the ERC for more than 60 minutes and a second crew is held for more than 15 minutes. With this action in place, no ERC should be holding more than one ambulance for more than 60 minutes. This applies to all ambulances, ALS and BLS staffed. It does not apply to patients on a psychiatric hold (5150), in custody, or who are suicidal.

3. Ambulances that have arrived at an ERC with a patient who called 911 but who has been held in the ambulance by emergency department directive for more than 1 hour may depart for another ERC after notifying the triage or charge nurse that they are leaving. It is important for all ERCs to note that refusing to off-load patients from a 911 dispatched ambulance for more than 60 minutes causing the ambulance to leave for another ERC potentially risks an EMTALA violation and potential investigation by the California Department of Public Health.

4, Hospitals holding patients in ambulances or ambulance crews/paramedics within their emergency departments for longer than 60 minutes may be reported to the OCEMS Duty Officer. The 90% APOT for such institutions will be obtained from the EMS

APOT/Diversion Dashboard. If the 90% APOT for that hospital is greater than 60 minutes, OCEMS will place the hospital on diversion for 2 hours using the ReddiNet. This may be repeated if the situation remains unchanged.

B. The EMS Duty Officer shall have the authority to place an ERC on diversion to resolve any unique situation that is not specifically addressed by this policy.

NOTE: Time elapsed while a patient is being held inside the ambulance after arrival at the ERC counts toward the 60-minute time limit for any actions authorized by this policy.

Approved:

Carl H. Schultz, MD
OCEMS Medical Director

Tammi McConnell, RN, MSN
OCEMS Administrator

Original Date:	06/1988
Review Date(s):	4/2014; 9/2018; 11/2020; 2/2022
Revised Date(s):	8/31/2012; 2/10/2021; 3/25/2022
Effective Date:	4/1/2022

health CARE AGENCY

MEMO

Regulatory/Medical Health Services

July 6, 2022

To: Tammi McConnell, MSN, RN, Division Director
HCA/Emergency Medical Services

From: Eileen Endo, Office Specialist
HCA/Emergency Medical Services

SUBJECT: Emergency Medical Care Committee Bylaws

In July, 2021, the Orange County Board of Supervisors revised their Rules and Procedures and sought amendments to the Boards, Commissions, and Commitments Template. The purpose of these changes was to ensure that bylaws for all Boards, Commissions, and Committees (BCC) are consistent in their format.

On April 12, 2022, the Board of Supervisors directed County Counsel and the Clerk of the Board to notify all County Boards Commissions, and Committees to update their bylaws to conform to the Board approved BCC bylaws template. On April 15, 2022, each individual BCC was asked about its status on revisions to the bylaws; the planned date for submission to the Board, and any other relevant context or issues noting that the bylaws must be revised and presented to the Board of Supervisors by June 30, 2022.

To meet the June 30, 2022, Orange County EMS would be required to revise the bylaws, present them to the EMCC, requesting their support, and prepare an Agenda Staff Report for presentation to the Board of Supervisors by the June 28, 2022 meeting. In order for the Health Care Agency to present this to the Board prior to the June 28, 2022, the Agenda Staff Report process start date was May 4, 2022.

It has been the intent of Orange County EMS staff to revise the bylaws, present them to the EMCC for their review and comment and then prepare the Agenda Staff Report prior to December 31, 2022.

Attached please find a redlined copy of the EMCC bylaws to conform with the new format.

/ehe:#4367

I. NAMEName of Organization

A. The name of this organization shall be Orange Countythe Emergency Medical Care Committee, hereinafter referred to as the "EMCC."".

B. II. PURPOSE

The official location and mailing address of the EMCC shall be:

Emergency Medical Services
405 W. Fifth Street, Suite 301-A
Santa Ana, CA 92701

II. is establishedEstablishment of EMCC

The members of the EMCC are appointed by the Orange County ("County") Board of Supervisors("Board") pursuant to Health and Safety Code Section 1797.276 and shall have such duties as are described therein as of the date these Bylaws are adopted by the Board of Supervisors or hereafterhereinafter amended by said Board.

III. Mission Statement: The Emergency Medical Care CommitteePurpose and Functions

A. The EMCC shall act in an advisory capacity to the County Board of Supervisors and to Orange County Emergency Medical Services on all matters relatingrelated to emergency medical services in Orange County.

IV: Appointment and Membership

A. MembershipIII. MEMBERSHIP

Section 1. The membership of the EMCC is to be composed as follows:

1. There shall be appointed byseventeen members that comprise the Orange County Board of Supervisors and shall serve at the Board's discretionEMCC.

Section 2. The membership shall consist of one member within each of the following categories:

(a) a. One member appointed onor nomination from each member of the Orange County Board of Supervisors.

(b. City Selection Committee
c. Ambulance Association of Orange County
) d. American Red Cross, Orange County Chapter

~~(c)~~ ~~Healthcare~~ e. Hospital Association of Southern California, Orange County ~~Area~~Region

~~(d)~~ f. Orange Coast Emergency Nurses Association

~~(e) Society of Orange County Emergency Physicians~~

~~(f)~~ ~~Ambulance Association of Orange County~~

~~(~~g~~) League of California Cities, Orange County Chapter~~

~~(h)~~. Orange County Business Council

~~(i)~~ h. Orange County City ~~Managers~~Managers' Association

~~(j)~~ i. Orange County Fire Chiefs Association

~~(k)~~ j. Orange County Medical Association (general member)

~~(~~ k. Orange County Medical Association (Emergency Physician)

l~~)~~. Orange County Police Chiefs and Sheriffs Association

~~(~~m~~)~~. Orange County Senior Citizens Advisory Council

B. Qualifications for EMCC Membership

1. The following criteria will be used for all membership appointments:

a. For organizations listed in ~~(b~~Section (A)(1) (c) through (m), the respective organizations may submit nominations, ~~together with alternates in the event a person nominated cannot serve or is not chosen,~~ to the Board of Supervisors for appointment to the EMCC. ~~The representative for (e) shall be nominated by the Orange County Medical Association.~~

~~*Section 3.* Members shall serve for terms of two years; provided, however, no member shall serve for longer than four years. Terms shall be staggered so that members' terms will not all expire at the same time, in order to preserve an acceptable level of corporate memory and assure an orderly transition of officers. To effect a transition to staggered terms, the term beginning 2001 for the eight members appointed to fill the previous Section 2 categories (f) through (m) shall be for a period of one year. The EMCC shall recommend to the Board of Supervisors the removal of any person who fails to attend three consecutive meetings without excuse.~~

~~IV. COMMITTEE OPERATIONS~~

~~The EMCC shall operate under such rules as the Orange County Board of Supervisors may, from time to time, establish for the operation of advisory commissions and, in the absence of such rules, by commonly accepted parliamentary procedure.~~

b. Residency and Voting Requirements: Except where the Board finds it in the best interest of the County to waive voter and residency requirements, all members of the EMCC shall be:

i. registered voters in the County; and

ii. reside in the district of the nominating member of the Board of Supervisors, unless Supervisor representing the district where the nominee resides provides written consent for the nominations.

C. Length of EMCC Membership

1. All regular EMCC member appointments shall be for a term concurrent with the term of office of the nominating member of the Board of Supervisors. A member of the EMCC whose term of office is expiring with that of the nominating supervisor shall have the option of reapplying for membership for appointment.

2. All at-large EMCC member appointments shall be for a period of two years, subject to Article IV(B)(1)(b)(ii).

3.

a. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member.

b. Pursuant to Government Code section 1302, a member whose term has expired shall continue serving as a member until reappointed or replaced.

V. ~~OFFICERS~~EMCC Officers

~~*Section 1.* The~~

A. EMCC officers ~~of the EMCC~~ shall ~~be a~~consist of:

1. A Chairperson, a Vice Chairperson, and a Secretary.

~~*Section 2.*~~ The Chairperson and Vice Chairperson of the EMCC shall not be an employee of the County of Orange and shall be elected by the EMCC in January of each year. No person shall serve as either officer for more than two consecutive terms in either position.

~~*Section 3.* The Secretary shall be appointed by the Chairperson.~~

~~*Section 4*~~ 2. Duties of Officers:

~~(a)~~ a. Chairperson: The Chairperson shall, when present, preside at all meetings of the EMCC. The Chairperson shall have further powers and duties as ~~may be~~maybe assigned by the EMCC and the Orange County Board of Supervisors.

~~(b)~~ b. Vice Chairperson: In the absence of the Chairperson, the Vice Chairperson shall preside at meetings and shall exercise the powers and duties of the Chairperson. The Vice Chairperson shall have other duties and powers as may be assigned by the EMCC and the Orange County Board of Supervisors.

~~(c)~~ c. Secretary: The Secretary shall cause to be kept all minutes of all meetings of the EMCC.

~~*Section 5.* The Chairperson shall appoint a Nominating Committee as provided in these Bylaws in November of each year to prepare and submit to the EMCC for election the names of officers for each succeeding year. The Nominating Committee shall make their submittal to the EMCC on or before December 15TH of each year.~~

~~VI. MEETINGS~~

~~*Section 1.* Regular meetings of the EMCC shall be held at least quarterly in January, April, July, and October at a time and place designated by the Chairperson, with no less than twenty-one (21) days notice to the members. A notice containing the meeting time, location, and agenda (with a brief general description of each matter to be discussed) shall be posted in a place freely accessible to members of the public at least seventy-two (72) hours prior to the meeting.~~

~~*Section 2.* Special meetings may be called by the Chairperson, or upon written request of a majority of the EMCC members. The purpose of the meeting shall be stated in the call. EMCC members shall be notified of the time, date, and place of the special meeting. A notice containing the meeting time, location, and agenda (with a brief general description of each matter to be discussed) shall be posted in a place freely accessible to members of the public at least seventy-two (72) hours prior to the meeting.~~

~~*Section 3.* A quorum consisting of at least one more than one-half the total membership of the EMCC must be in attendance before any business can be transacted at regular or special meetings of the EMCC.~~

~~*Section 4.* All meetings shall be open to the public, and the EMCC shall comply with provisions of the Brown Act.~~

3. Terms for officers of the EMCC shall be for one year.

4. No person, except a member of the Board, may serve as Chair of the EMCC for more than three consecutive terms.

5. No person, except a member of the Board, may serve simultaneously as Chair for two or more BCCs.

6. Election of officers shall be held annually during the last EMCC meeting of each calendar year by majority vote, a quorum being present.

VI. Duties of Members

A. Members shall attend meeting of the EMCC.

B. Members shall notify Orange County Emergency Medical Services of any expected absence for a meeting by 5:00 p.m. of the day before a regularly scheduled meeting, indicating good and sufficient reasons for the absence.

C. In the performance of its responsibilities, the EMCC shall not engage in nor employ any unlawfully discriminatory practices in the provision of services or benefits, assignment of accommodations, treatment, employment of personnel or in any other respect on the basis of sex, race, color, ethnicity, national origin, ancestry, religion, age, marital status, medical condition, sexual orientation, physical or mental disability or any other protected group in accordance with the requirements of all applicable County, state, or federal laws.

VII. ~~SUBCOMMITTEES~~ Committees and Subcommittees

~~*Section 1.*~~

A. Ad Hoc Committees: The Chairperson may establish ad hoc committees of less than a quorum of the EMCC's membership to accomplish time-limited tasks that support the goals of the EMCC.

Terms of appointment for ad hoc committees shall be for the period of time required to fulfill the ad hoc committee's purpose.

B. Subcommittees: Special subcommittees may be appointed by the Chairperson when deemed necessary to carry on the work of the EMCC.

~~*Section 2.* The Chairperson shall be ex-officio member of all subcommittees.~~

~~*Section 3*~~1. There shall be established the following standing committees of the EMCC~~, the~~. The members of which shall be appointed by the Chairperson:

~~(a)~~ a. Facilities ~~Technical~~ Advisory
~~(b) Education and Training Technical~~ b. County Prehospital Advisory
~~(c) Paramedic Advisory~~
~~(d) Medical~~ c. Transportation Advisory
d. Education and Training Advisory

VIII. ~~AMMENDMENTS~~ Meetings and Actions

A. The ~~Bylaws~~ EMCC shall, at its first meeting of each year, adopt a schedule of regular meetings and transmit that schedule in writings to members, the Board, and the public at large.

B. All EMCC meetings shall be open, public, and noticed in conformance with the provisions of the Ralph M. Brown Act, California Government Code section 54950 et seq., as manded and held at a location within Orange County, California that satisfies the access requirements of the Americans with Disabilities Act.

C. Special meetings of the EMCC may be amendedcalled either by the Chairperson or at the request of a majority of EMCC members. Notice of special meetings shall:

1. delivered to members personally, by mail or electronically, and must be received no later than 24 hours in advance of the meeting.

2. state the business to be considered and whether alternative technological means may be used such as telephone or video conferencing, as technological resource availability permits and as permissible by the Ralph M. Brown Act.

D. Quorum Requirements:

1. Quorum requirements are as follows:

a. General Meetings: Quorum shall be no less than 50% + 1 of the membership.

b. Subcommittees: Quorum shall be no less than 50% + 1 of the membership.

E. Voting Majority: Decisions and acts made by majority vote of the members provided by these bylaws.

1. Members choosing to abstain from voting on specific actions will not affect majority requirements. Abstentions are considered a "non-vote" – neither a vote in the affirmative nor in the negative. However, in order for an action to be passed, a majority of the quorum casting votes must vote in the affirmative.

For example: If, at a standing committee meeting, six (6) voting members of the committee are present to vote, and on a particular motion, three (3) vote in the affirmative, two (2) vote in the negative, and one (1) member abstains, the motion passes.

F. Minutes: The Clerk of the EMCC shall prepare and publish the minutes for each meeting of the EMCC.

IX. Removal and Resignation of Members

A. Removal: The Board of Supervisorsmay, at any time, or at and without cause, remove any regular meeting of the EMCC by a two-thirdsmember from office prior to the expiration of his/her term of office by majority vote of the total membership if the proposed amendment has beenBoard.

B. Resignation: Resignation of EMCC members shall be effected by a written letter of resignation submitted to the Chairperson of the EMCC and to the Board.

C. The Chairperson shall notify the Clerk of the Board in writing ~~at the previous regular meeting; provided, however, that any proposed amendment by the membership shall not be effective until and unless approved by the Board of Supervisors~~of any vacancies within 19 days of learning the existence of such vacancy.

~~IX. EFFECTIVE DATE~~

~~These Bylaws shall be~~

X. Authority

A. Parliamentary Authority: The Chairperson shall preside and manage EMCC meetings use parliamentary procedure consistent with these bylaws, any special rules of order the EMCC may adopt and any applicable County, state, or federal law.

B. When circumstances demand that action be taken before the next scheduled EMCC meeting the EMCC may authorize and grant its full authority to any standing committee to act on its behalf to make specific, limited, independent recommendations to the County, a quorum of the EMCC being present.

1. Such actions taken on behalf of the EMCC by a committee will be presented as an information item at the next EMCC meeting.

2. Such actions will not require further action by the EMCC.

C. Standing and Ad Hoc Committees

1. Standing and ad hoc committees shall have no independent authority and shall be limited to exercising only hose specific functions granted to them by the EMCC.

2. No standing or ad hoc committee shall have independent authority to commit the EMCC to any policy or action without the prior approval of the general membership of the EMCC.

XI. Conflict of Interest

1. Members of the EMCC sand any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested to avoid a conflict of interest in accordance with County, state, and federal laws and shall refrain from engaging in any behavior that conflicts with the best interest of the County.

2. Members of the EMCC shall not vote nor attempt to influence any other EMCC member on a matter under consideration by the EMCC or any of its committees or subcommittees.

a. Regarding the provision of services by such member (or by an entity that such member represents; or

b. That would provide direct financial benefit to such member or the immediate family of such member; or

c. Engage in any activity constituting a conflict of interest under County, state, or federal law.

3. If a question arises as to whether a conflict exists that may prevent a member from voting, the Chairperson or designee may consult with designated County staff to assist them in making that determination.

4. Neither EMCC nor any of its members shall promote, directly or indirectly, a political party, political candidate, or political activity using the name, emblem or any other identifier of EMCC.

5. No assets or assistance provided by County to EMCC shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.

XII. Adoption and Amendment of Bylaws

A. Adoption. An affirmative vote of at least 50% +1 of those voting, a quorum being present, shall be required to recommend bylaws amendments for Board approval. Any amendments to the Bylaws become effective upon approval by the Board ~~of Supervisors~~.

- ~~Approved by Resolution # 76-581~~ ~~Date: April 27, 1976~~
- ~~Amended by Resolution # 76-599~~ ~~Date: May 4, 1976~~
- ~~Amended by Resolution # 76-1458~~ ~~Date: September 28, 1976~~
- ~~Amended by Board Minute Order~~ ~~Date: September 25, 1979~~
  ~~*(Added representative of Paramedic Base Hospitals)*~~
- ~~Amended by Resolution # 80-314~~ ~~Date: March 4, 1980~~
  ~~*(Clarified intent that all EMCC appointments be for two years from date of Board action)*~~
- ~~Amended by Board Minute Order~~ ~~Date: September 11, 1984~~
  ~~*(Bimonthly meetings)*~~
- ~~Amended by Board Minute Order~~ ~~Date: March 12, 1985~~
  ~~*(Terms of existing members shall expire June 30, 1985)*~~
- ~~Amended by Board Minute Order~~ ~~Date: August 21, 2001~~
  ~~*(Terms of members shall be staggered effective July 1, 2001)*~~

XIII. Severability

Should any part term, portion or provision of these Bylaws be determined to be in conflict with any law or otherwise unenforceable or ineffectual, the remaining parts, terms, portions or provisions shall be deemed severable and their validity shall not be affected thereby, provided such remaining portions or provisions can be construed in substance to constitute the provisions that the members intended to enact in the first instance.

XIV. Staffing Support

Staff support from the Health Care Agency shall be provided to support the EMCC in conjunction with the work of the EMCC.

Approved:

[signature] [signature]