



Regulatory/Medical Health Services  
EMERGENCY MEDICAL SERVICES  
405 W. Fifth Street, Suite 301A, Santa Ana, CA 92701  
(714) 834-3500



# FACILITIES ADVISORY SUBCOMMITTEE

Tuesday, January 10, 2023 – 9:00 a.m.

Join Zoom Meeting

<https://us06web.zoom.us/j/89549932328?pwd=Rjdod3h5M2RLeHlwTnRDaFJTaDIZdz09>

Meeting ID: 895 4993 2328

Passcode: 748800

**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. This only needs to be once (please send an email to [emsdutyofficer@ochca.com](mailto: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.

THIS 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

1. **CALL TO ORDER**

2. **INTRODUCTIONS/ANNOUNCEMENT**

- New EMS employees

3. **APPROVAL OF MINUTES**

- *Action Item: Approval of November 8, 2022 Minutes*

(Attachment #1)

4. **OCEMS REPORT**

- OCEMS Report
- Specialty Centers (CCERC, SNRC, CVRC, Trauma)
- Ambulance Patient Off-Load Time (APOT) Report
- Bi-Directional Data Exchange Project

(Attachment #2)

5. **UNFINISHED BUSINESS**

- *Informational Item Only:*  
Orange County EMS Policy/Procedure #714.00: Maximum Emergency Ground Ambulance Rates

(Attachment #3)

6. **NEW BUSINESS**

- #4477 Refresher Memo EMS Interventions
- Letter #4522 NEMSIS v3.5 Implementation Plan 01.03.2023
- Calling 911 for ICU transfers
- Refusing patients from the field/requiring Base Hospital Contact
- *Informational Item Only:*  
Facility Redesignation update

(Attachment #4)

(Attachment #5)

7. **NEXT MEETING** – March 8, 2023, 09:00 am

- Facilities Advisory Committee Meeting dates 2023

(Attachment #6)

8. **ADJOURNMENT**



COUNTY OF ORANGE HEALTH CARE AGENCY  
 EMERGENCY MEDICAL SERVICES  
 405 W. Fifth Street, Suite 301A  
 Santa Ana, CA 92701



**FACILITIES ADVISORY COMMITTEE**

Tuesday, November 8, 2022 – 9:00 a.m.

**MINUTES**

**MEMBERSHIP / ATTENDANCE**

**MEMBERS**

- Peter Anderson, MD (exc.)
- Vacant
- Michael Lekawa, MD
- Chien Sun, MD, MD
- Alaine Schauer, RN
- Vacant
- Meghann Ord, RN
- Titus Ynares, RN
- Mary Slattery, RN
- Bryan Johnson, RN

**REPRESENTING**

- OCMA/ED Physicians
- Base Hospital Physician Directors
- Trauma Medical Directors
- Managed Health Care Physicians
- Base Hospital Administrators
- ERC Hospital Administrators
- Base Hospital Coordinators
- OC ED Nursing Leadership
- Trauma Program Coordinators
- Fire Chiefs EMS Committee

- Carl Schultz, MD
- Gagandeep Grewal, MD
- David Johnson, RN
- Jason Azuma, EMT-P
- Erica Moojen
- Eileen Endo

**OCEMS STAFF PRESENT**

- EMS Medical Director
- Associate EMS Medical Director
- EMS Facilities Coordinator
- OC-MEDS Coordinator
- EMS Office Supervisor
- Office Specialist

**GUESTS PRESENT**

**NAME**

**REPRESENTING**

**NAME**

**REPRESENTING**

- Kristen Karpow, RN
- Jill Patt, RN
- Sandra Schulz
- Julie Mackie
- Julia Afrasiabi
- Ryan Creager

- Orange County Global Medical Center
- Huntington Beach Hospital
- OCFA
- Mission
- UCI Medical Center
- Mercy Air

- Laura Cross
- Benjamin Grunbaum
- Heidi Yttri, RN
- Amy Waunch, RN
- Mary Ellen Lowrey
- Genise Silva

- Mission Hospital
- Hoag Memorial Hospital
- St. Jude Medical Center
- Children's Hospital of Orange County
- TIP
- Orange County Global Medical Center

**I. CALL TO ORDER**

Meeting called to order by Peter Anderson, MD, Chair.

**II. INTRODUCTIONS/ANNOUNCEMENTS**

- Trauma Intervention Program (TIP) Orange County presentation by MaryEllen Lowrey, Executive Director

**III. APPROVAL OF MINUTES**

Approved Minutes from September 13, 2022, meeting.

**IV. OCEMS REPORT**

- OCEMS Report:

Dr. Carl Schultz – Ebola in Uganda. People are passing through. They did not land where Ebola is manifested. Orange County is at low risk. No one is in quarantine. Should anything change, we are in communication with Public Health.

Current issue RSV is culprit. Health Emergency last week. Capacity at maximum. The state is pondering our request. They are aware of our situation here in Orange County. We can start to be more deliberate about sending Pediatric patients to other facilities than Choc. We are asking Base Hospital Coordinators to notify MICN about any kid that seems reasonably stable. All Emergency Rooms should have some readiness should things continue to get worse for lower risk older patients. Twelve- to Fourteen-year-olds might be sent to other hospitals like Kaiser Anaheim. We are thinking past Choc holding 480 patients currently. The normal high is 300. We will have to expand. Transfer to out of county is a non-starter. Dr. Gagandeep Grewal – Covid case rates are coming down lower than one month ago. Case rate is 5 per 100,000, from 40 per 100,000. Course of this surge is longer. One variant swap out for another variant. Covid trend is down while more variants are cropping up. Main omicron variant 60%. Variants against

monoclonal variants. Remdesivir, Paxlovid, Molnupiravir. Vaccines work better. Encourage providers and kids 5 years and older to be vaccinated. According to the modeling team, there may be another surge late November and December. Monkey Pox case rates are declining. Modeling complete elimination as baseline. Issue is on-going, watch out for rash. Bell curve is well on the down slope. Respiratory virus RSV is part of a big issue. It is an out of season sneak on virus. Numbers are worse than prior week. It is an early RSV season, higher in admission rates. On downturn, still higher than normal. Influenza season in Australia is higher than last 5 years HN32 very early than prior years. Reported green in September CDC charts, and then yellow, now we are in dark orange. It is a significant season. Adults are more affected than kids are. There are space issues at hospital.

Dr. Gagandeep Grewal - AOC is still helping support vaccination pods. Test supplies are available, as well as gowns, masks & shields. Outpatient Binax test kits are available. There are no flu tests at this time. Health Emergency Management has hired new team members. They are working on drills & exercises. November 17 is a Radiation Dispersal Exercise. It is not large scale but will cover some details. Environmental health has a team training from SONGS nuclear plant.

ReddiNet needs HEM reports to be accurate & on time. Looking to increase use of that system. David Johnson mentioned the 9:00am time due demand for report information from ReddiNet. Everyone wants it now, state, other facilities, LEMSAs need data. If we get in the habit of doing it right from the get-go, then an extra poll will not be such a burden.

EMSA website, [emsa.ca.gov](https://emsa.ca.gov) has a planned HIC survey that is due on November 30, 2022. Please fill out the survey located at <https://emsa.ca.gov/disaster-medical-services-division-hospital-incident-command-system-resources/>

- Specialty Centers (CCERC, SNRC, CVRC, Trauma):

Amy Waunch - CHOC ERC surge ICU level care, if discharged, can get relief of this sort. There are record-breaking numbers. Calls are up.

Laura Cross - Mission is also reporting high numbers of pediatric admits.

- Ambulance Patient Off-Load Times (APOT):

Jason Azuma reported APOT high volume. 911 calls elevate increase. 911 volume APOT 98%. The October report should be out later this week.

- Bi-Directional Data Exchange Project

Jason Azuma - The Bi-Directional Data project is underway. We are working on contracts. 75% of Orange County Hospital Receiving Centers are participating in this project. UCI established connection. We are working to give them the data they need and what we need.

## V. UNFINISHED BUSINESS

*None discussed.*

## VI. NEW BUSINESS

- Pediatric Surge Plan by Carl Schultz

Children's Miller in San Diego. Mutual Aid may not exist much longer. Must rely on resources we have. State is willing to make our jobs easier to utilize systems. Kaiser and Choc are all aware. Should things get really bad, send patients to a pediatric hospital. Hopefully they have enough beds to manage the community. If clinics close, then send patients to hospital. Family practitioners have some comfort level. We will look at what we have and what can be done. EMS has a concept of what we have and what we can do so it does not stop. Eventually Choc may close then other hospitals may see more patients. We can do some things without a state declaration. It is better to have someone with medical background than none.

During COVID-19 in Texas, ran out of space and brought ER Physicians in to come see the patients. Dr. Anderson suggested that Dr. Schultz put a white paper to all hospital and service providers. Dr. Schultz has sent out a letter to providers and hospitals. He wants to give all a sense of what might happen. This is not the end of it. There is more to come.

Dr. Anderson asked if Russia pushes a button and there is nuclear exchange of weapons. Does this agency involve in efforts to determine the radiation level? Dr. Schultz answered that we do have some capacity to screen for radiation. Impact is so massive. We know the risks.

- Updated Hospital Designations

David Johnson updated the hospital designations. Majority of hospitals completed designation last year. Hoag Irvine has now met all criteria and submitted data for ERC and CVRC. Recommendation is to re-designate Hoag as an ERC and CVRC. Committee voted and approved recommendation for redesignation.

- ED Diversion & CVRC and SNRC ReddiNet Diversion

Dr. Gagandeep Grewal – ED diversion APOT came down somewhat improved above standard. When you go down for ED diversion, you are also down for that specialty. This does not apply to Trauma; spoke hospitals for stroke & SNRC. A question was asked if all three going down, St. Joe & UCI put down for cardiac. Rule all three down everybody open could not differentiate if was a cath lab issue. Is there a way to differentiate we are open, but physically not? Update ReddiNet. Medics make contact with patient. We are going to override cardiac then down. Go into Tab & make a note. Base Hospital Coordinator has ability to override any closures. Buttons are helpful.

A Los Angeles overburdened hospital shifted to Orange County typically for borderline hospitals will stay an option in an extreme situation.

- Ebola

Ebola Public Health people are in touch with hospital. No Ebola assessment centers in Orange County. Only treatment center in area is Cedars Sinai. They will only take confirmed cases of Ebola. If a suspected case gets sick, they can come to hospital. Do not plan to refuse patients that come to hospital. Public health will send to geographic location. Call Public Health first. This variant of Ebola is not covered by current Ebola vaccine.

No one in Orange County is quarantined with Ebola. If there is, we will notify hospital, no name, but aware of patient. A question was asked if we are screening for Ebola. David Johnson answered that Emergency Rooms are doing that.

- NPR National Pediatric Readiness Survey

David Johnson - National Pediatric Readiness Survey (NPR). Email was sent to all OC ED directors. 25 hospitals participated in the surveys. Tabulated confidential reports are available to all hospitals. If you want a copy, contact state for your own report. Overall, scores for OC county includes all 25 hospitals. In regard to state and region the Average regional score 75% of all questions. State (209 facilities) 76%. Median 72%. . This was a national survey PI project. . Majority of scores were average. Below average scores in red were having a nurse coordinator for pediatric patients. Out of 25, only 11 had that specific duty or position. Position coordinator, Competency RN, 22 out of 25. Physician 16 out of 25. Nurse Coordinator 4 out of 25. Red Adult mental improvement guidelines for policy, immunization, involving family in immunization process, Policy & Procedure Pediatric specific. Pediatric equipment was all green. We are not the worst, not the best, we are average. A question was asked about EDAPs, and this is something you have to think about carefully. A few hospitals do not prioritize pediatric care. An ERC has to be able to handle pediatrics, OB, Trauma and Psych. CCERC certification is a higher-level expectation for specialty centers. Dr. Shaikh and Dr. Grewal are resources. A question was asked about sharing the county results. Individual hospitals would need to share their own and this is Highly sensitive with hospitals. Best approach would be to bring through committees and utilized the PI process in the appropriate ones.

Strong support UCI Providence, St. Jude. Protected information – good information. .

Gagandeep Grewal – Theme is got stuff, got staff, hospitals are not doing anything about it. Pediatric Champion Policy in Place.

VII. **NEXT MEETING** – Tuesday, January 10, 2023, at 9:00 a.m.

IX. **ADJOURNMENT**

With no further business, the meeting was adjourned at 10:15 a.m.



**Ambulance Patient Offload Time (APOT-1) Report**  
 October 2022

Hospital	2022 Totals			October 2022				
	Transports	90th Percentile APOT (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT (Min:Sec)	Mean APOT (Min:Sec)	Median APOT (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	3,139	37:33	96	346	34:12	15:46	11:48	2
Anaheim Regional Medical Center	4,996	38:18	407	452	36:18	17:37	14:00	110
Chapman Global Medical Center	798	9:40	16	126	10:49	5:36	3:59	0
Children's Hospital of Orange County	3,856	15:30	4	467	18:20	9:12	6:46	4
Foothill Regional Medical Center	906	34:20	31	69	33:05	13:21	8:14	0
Fountain Valley Reg Hosp and MC	6,342	41:54	666	698	44:42	20:07	13:28	31
Garden Grove Hosp and MC	4,589	40:00	212	469	35:26	17:48	12:51	18
Hoag Hospital Irvine	6,529	23:32	968	680	21:35	12:12	10:00	40
Hoag Memorial Hosp Presbyterian	17,215	16:22	280	1,734	15:22	9:19	8:43	40
Huntington Beach Hospital	4,518	39:56	225	447	34:51	17:53	11:42	28
Kaiser Permanente - Anaheim MC	4,515	46:59	325	455	47:46	24:18	18:13	44
Kaiser Permanente - Irvine MC	4,601	37:52	68	453	36:15	18:30	13:47	0
La Palma Intercommunity Hospital	2,864	43:50	18	305	65:29	24:21	13:51	4
Los Alamitos Medical Center	5,744	61:33	687	548	61:44	28:14	19:24	124
Mission Hospital - Laguna Beach	3,143	39:30	141	212	34:31	17:12	13:05	0
Mission Hospital Regional MC	13,168	36:05	733	1,368	33:57	16:58	13:19	14
Orange Coast Memorial MC	4,922	31:00	1022	490	27:07	14:57	12:00	162
Orange County Global MC	7,234	27:55	502	776	28:11	13:19	8:29	37
Placentia Linda Hospital	4,336	23:11	30	424	18:01	10:52	7:39	2
Saddleback Memorial MC	8,081	24:30	525	793	21:05	12:03	10:28	33
South Coast Global Medical Center	2,199	22:42	15	253	23:05	12:07	8:59	0
St. Joseph Hospital	10,622	27:27	550	1,075	26:42	12:56	9:09	50
St. Jude Medical Center	12,627	38:13	287	1,283	37:07	17:43	13:14	41
UCI Medical Center	9,052	31:21	2217	924	31:58	13:22	6:48	197
West Anaheim Medical Center	7,669	57:49	297	826	50:46	23:18	17:00	66

**Median Hospital 90th Percentile APOT Time** 36:05 33:57  
**InterQuartile Range** 26:43, 39:57 23:05, 36:18

<b>OC EMS System Total (Aggregate)</b>	<b>153,665</b>	<b>33:49</b>
<b>OCEMS System Mean APOT Time</b>	16:13	
<b>Standard Deviation</b>	+/- 18:05	
<b>OCEMS System Median APOT Time</b>	10:58	
<b>InterQuartile Range</b>	6:20, 19:00	

<b>15,673</b>	<b>32:36</b>
	15:36
	+/- 16:27
	10:47
	6:11, 18:41

**Diversion Hours** 1048  
**Diversion Days** 31 of 31  
**Hospitals/Day Range** 3-15/day  
**Transports w/ APOT 30-60min** 1367  
**Transports w/ APOT >60min** 397



Ambulance Patient Offload Time (APOT-1) Report  
 November 2022

Hospital	2022 Totals			November 2022				
	Transports	90th Percentile APOT (Min:Sec)	Diversion Hours	Transports	90th Percentile APOT (Min:Sec)	Mean APOT (Min:Sec)	Median APOT (Min:Sec)	Diversion Hours
Anaheim Global Medical Center	3,533	38:57	101	394	41:57	19:39	12:10	5
Anaheim Regional Medical Center	5,527	38:02	512	531	37:16	17:40	14:00	105
Chapman Global Medical Center	950	9:53	21	152	12:37	5:44	4:00	4
Children's Hospital of Orange County	4,355	15:36	4	499	15:55	8:42	7:18	0
Foothill Regional Medical Center	1,019	35:35	35	113	39:14	18:27	10:17	4
Fountain Valley Reg Hosp and MC	7,091	42:35	779	749	48:15	21:28	14:37	113
Garden Grove Hosp and MC	5,083	41:01	274	494	49:45	23:29	16:01	62
Hoag Hospital Irvine	7,145	23:25	1102	616	22:11	12:13	10:00	134
Hoag Memorial Hosp Presbyterian	18,810	16:18	354	1,595	15:47	9:34	8:43	74
Huntington Beach Hospital	4,963	38:53	318	445	27:42	15:15	10:37	93
Kaiser Permanente - Anaheim MC	4,972	47:50	394	457	53:33	26:27	20:21	69
Kaiser Permanente - Irvine MC	5,148	38:43	97	547	49:30	22:51	16:28	29
La Palma Intercommunity Hospital	3,211	48:46	33	347	75:45	29:53	18:22	15
Los Alamitos Medical Center	6,211	62:11	959	467	74:04	31:46	22:29	272
Mission Hospital - Laguna Beach	3,416	39:00	149	273	32:56	17:31	13:21	8
Mission Hospital Regional MC	14,603	36:12	791	1,435	37:22	19:05	14:53	58
Orange Coast Memorial MC	5,456	31:00	1216	534	31:04	16:39	13:17	194
Orange County Global MC	7,988	28:02	594	754	30:58	14:35	8:26	92
Placentia Linda Hospital	4,872	23:52	50	536	33:09	14:31	9:02	20
Saddleback Memorial MC	8,950	24:25	595	869	23:34	13:19	11:11	70
South Coast Global Medical Center	2,481	24:08	19	282	34:10	15:44	10:14	4
St. Joseph Hospital	11,646	27:33	668	1,024	28:34	13:52	9:32	119
St. Jude Medical Center	13,881	38:17	377	1,254	38:55	19:11	14:37	90
UCI Medical Center	9,964	31:39	2462	912	33:37	13:59	7:16	245
West Anaheim Medical Center	8,501	59:14	367	832	71:43	30:09	19:15	69

Median Hospital 90th Percentile APOT Time 36:12 34:10  
 InterQuartile Range 26:46, 39:30 28:34, 48:15

<b>OC EMS System Total (Aggregate)</b>	<b>169,776</b>	<b>34:07</b>
OCEMS System Mean APOT Time	16:20	
Standard Deviation	+/- 18:10	
OCEMS System Median APOT Time	11:00	
InterQuartile Range	6:22, 19:07	

<b>16,111</b>	<b>37:29</b>
	17:28
	+/- 18:55
	11:32
	6:40, 20:32

Diversion Hours 1949  
 Diversion Days 30 of 30  
 Hospitals/Day Range 1-20/day  
 Transports w/ APOT 30-60min 1657  
 Transports w/ APOT >60min 622



CLAYTON CHAU, MD, PhD  
DIRECTOR

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**EMERGENCY MEDICAL SERVICES**

December 27, 2022

TO: Orange County Fire Chiefs  
Orange County City Managers  
Orange County Ambulance Service Providers

FROM: Tammi McConnell, MSN, RN, EMS Director *TMcConnell RN*

**SUBJECT: REVISION TO MAXIMUM EMERGENCY GROUND AMBULANCE RATES: EFFECTIVE JANUARY 1, 2023**

This is to inform you that on December 20, 2022, the Orange County Board of Supervisors established maximum BLS emergency Ground Ambulance rates, as follows:

**Maximum BLS Emergency Ground Ambulance Rates**

Type of Charge	Basis for Charge	7/1/2022 Rate	Effective January 1, 2023
Emergency BLS Base Rate	Applicable for urgent or Code 3 response at the request of a public safety employee	\$1,381.75	\$1,832.27
Mileage	Per patient mile or fraction thereof.	\$ 19.77	\$ 19.05
Oxygen (includes mask or cannula)	When administered.	\$ 96.95	Included in base rate
Standby time	Per 30 minutes after the first 30 minutes.	\$ 47.50*	\$ 129.00
Expendable Medical Supplies	Maximum per response.	\$ 38.27	Included in base rate

\*Standby Time rate had been based upon every 15 minutes after the first 15 minutes.

**Maximum ALS Paramedic Assessment and Transport Rate for OCFA Jurisdictional Areas (except for San Clemente, Westminster, and Buena Park):** ALS Paramedic Assessment and Transport Rate \$387.35

These rates become effective on January 1, 2023 by Board of Supervisors' Resolution No. 22-163. If you have any questions, please contact Eileen Endo at (714) 834-3507.

TM:cc:#4520

Attachments: Board Resolution No. 22-163  
Orange County EMS Policy/Procedure #714.00



**MAXIMUM EMERGENCY GROUND AMBULANCE RATES**

**I. AUTHORITY:**

*Orange County Board of Supervisors, Resolution No. 22-163, Item No. 34*

**MAXIMUM EMERGENCY GROUND AMBULANCE RATES**

**EFFECTIVE January 1, 2023**

The following is a list of maximum allowable emergency ambulance service rates to be charged an emergency patient by a licensee. These rates were approved by the County of Orange Board of Supervisors.

TYPE OF CHARGE	BASIS FOR CHARGE	2022 Rate	RATE
Emergency BLS Base Rate	Applicable for urgent or Code 3 responses at the request of a public safety employee	\$1,381.75	\$1,832.27
Mileage	Per patient mile or fraction thereof	\$ 19.77	\$ 19.05
Oxygen (includes mask or cannula)	Applicable when administered	\$ 96.95	Included in Base Rate
Standby	Per 30 minutes after the first 30 minutes and any fraction thereof	\$ 47.50*	\$ 129.00
Expendable Medical Supplies	Maximum per response or fair market value, whichever is the least amount	\$ 38.27	Included in Base Rate

\*per 15 minutes after the first 15 minutes and any fraction thereof.

ALS Paramedic Assessment and Transportation Rate for Orange County Fire Authority Jurisdictional Area (excepting for San Clemente, Westminster, and Buena Park) \$387.35

**Approved:**




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OCEMS Director

Effective Date: 01/01/2023  
 Reviewed Date: 12/27/2022  
 Original Date: 7/1989



RESOLUTION OF THE BOARD OF SUPERVISORS  
ORANGE COUNTY, CALIFORNIA

December 20, 2022

WHEREAS, pursuant to Section 4-9-12 of the Codified Ordinances of Orange County, the Health Care Agency is proposing the Board of Supervisors (“this Board”) adopt new maximum 9-1-1 emergency Basic Life Support (BLS) ground ambulance and Advanced Life Support (ALS) paramedic assessment and transport rates for the unincorporated areas of Orange County; and

WHEREAS, certain cities within the County of Orange have adopted Section 4-9-12 of the Codified Ordinances of Orange County; and

WHEREAS, the Board of Supervisors conducted a Public Hearing to set the maximum 9-1-1 emergency BLS ground ambulance and ALS paramedic assessment and transport rates for the unincorporated areas of Orange County and the cities that have adopted Section 4-9-12 of the Codified Ordinances of Orange County.

NOW THEREFORE BE IT RESOLVED that this Board hereby rescinds all prior Resolutions as pertain to the maximum 9-1-1 medical emergency BLS ground ambulance and ALS paramedic assessment and transport rates, specifically Resolution No. 17-094, dated August 8, 2017.

BE IT FURTHER RESOLVED that this Board hereby establishes the following maximum 9-1-1 emergency ambulance services rates that private ambulance operators may charge in the unincorporated areas of Orange County and within the cities that have adopted Section 4-9-12 of the Codified Ordinances of Orange County:

**I. Maximum 9-1-1 Emergency BLS Ground Ambulance Rates**

<b>Description</b>	<b>2022 Rate</b>	<b>Effective January 1, 2023</b>
(1) Emergency BLS Base Rate	\$ 1,381.75	\$1,832.27
(2) Mileage (per patient mile or fraction thereof)	\$ 19.77	\$19.05

(3) Oxygen (applicable when administered)	\$ 96.95	Included in base rate
(4) Standby time (per 15 minutes after the first 15 minutes)	\$ 47.50	\$129.00 (per 30 minutes)
(5) Expendable Medical Supplies (maximum per response)	\$ 38.27	Included in base rate

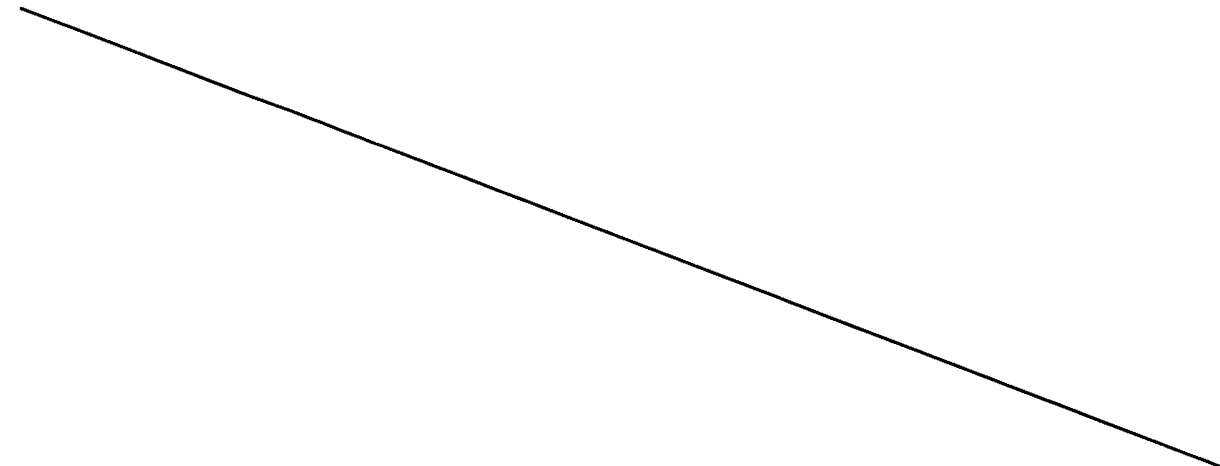
**II. Maximum 9-1-1 Emergency ALS Paramedic Assessment and Transport Rate:**

ALS Paramedic Assessment and Transport Rate                      \$387.35

BE IT FURTHER RESOLVED that this Board adopts the methodologies for adjusting the above maximum rates (i.e., BLS and ALS), effective July 1, 2023, by multiplying the rates by the percentage change in the transportation portion of the Consumer Price Index for all Urban Consumers, Western Region as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month, February.


BE IT FURTHER RESOLVED that Health Care Agency Director or designee is authorized to make an annual adjustment to the above maximum rates, effective July 1 of each year, by multiplying the rates by the percentage change in the transportation portion of the Consumer Price Index for all Urban Consumers, Western Region as compiled and reported by the Bureau of Labor Statistics for the 12-month period ending with the last day of the prior month, February.

BE IT FURTHER RESOLVED that Health Care Agency Director or designee may seek this Board’s approval for any adjustments to the maximum rates set forth in this Resolution that exceed the methodology adopted in this Resolution.



The foregoing was passed and adopted by the following vote of the Orange County Board of Supervisors, on December 20, 2022, to wit:

AYES: Supervisors: KATRINA FOLEY, DOUG CHAFFEE, ANDREW DO  
DONALD P. WAGNER, LISA A. BARTLETT  
NOES: Supervisor(s):  
EXCUSED: Supervisor(s):  
ABSTAINED: Supervisor(s):

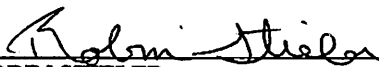
  
CHAIRMAN

STATE OF CALIFORNIA )  
  )  
COUNTY OF ORANGE )

I, ROBIN STIELER, Clerk of the Board of Orange County, California, hereby certify that a copy of this document has been delivered to the Chairman of the Board and that the above and foregoing Resolution was duly and regularly adopted by the Orange County Board of Supervisors

IN WITNESS WHEREOF, I have hereto set my hand and seal.



  
ROBIN STIELER  
Clerk of the Board  
County of Orange, State of California

Resolution No: 22-163  
Agenda Date: 12/20/2022  
Item No: 34



I certify that the foregoing is a true and correct copy of the Resolution adopted by the Board of Supervisors, Orange County, State of California

Robin Stieler, Clerk of the Board of Supervisors

By: \_\_\_\_\_  
Deputy



CLAYTON CHAU, MD PhD  
DIRECTOR

MINDY WINTERSWYK, PT, DPT, PCS  
ASSISTANT AGENCY DIRECTOR

TAMMI McCONNELL, MSN, RN  
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**MEDICAL HEALTH SERVICES  
EMERGENCY MEDICAL SERVICES**

**DATE:** December 5, 2022

**TO:** EMERGENCY RECEIVING CENTER HOSPITALS  
AMBULANCE PROVIDERS  
911 PARAMEDIC PROVIDERS  
CONTROL ONE SUPERVISORS  
LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES

**FROM:** CARL SCHULTZ, MD *COS*  
EMS MEDICAL DIRECTOR, ORANGE COUNTY HEALTH CARE AGENCY

**SUBJECT: REVIEW OF CURRENT OCEMS POLICIES AND DIRECTIVES IN EFFECT TO  
MANAGE INCREASING DEMAND FOR EMS SERVICES**

Orange County is experiencing another surge in demand for EMS services. Multiple policies and directives are currently in effect to help distribute and load-level this demand more evenly amongst hospitals, ambulances, and 911 providers. However, it may be difficult to remember all these interventions, as many have been in place for several years. Therefore, a brief reminder of these practices is warranted as we move into another surge.

- ED diversion for Los Angeles County  
Initially implemented in January of 2021 by the EMS Medical Director and subsequently suspended, this practice is again in effect for three, Orange County hospitals only: St. Jude Medical Center, La Palma Intercommunity Hospital and Los Alamitos Medical Center. If any of these hospitals are overwhelmed, they can call the EMS Duty Officer and request placement on diversion for ALS patients only originating from LA County. This diversion will remain in place for 4 hours, and then end. To continue diversion, another phone call to the EMS Duty Officer is required. This diversion will not apply to stroke, myocardial infarction or cardiac arrest patients.
- Mandatory Placement of Hospitals on 2-hour Diversion for APOTs > 60 minutes  
If a hospital's 90% APOT exceeds 60 minutes, the EMS Duty Officer can be called and will place them on diversion for 2 hours if the hospital has not done this already. (See EMS Medical Director memo dated November 4, 2021)
- Suspension of Diversion when the Three Closest Hospitals Are all on Diversion  
When a 911 provider needs a destination hospital, and the three closest facilities are all on diversion, then for that one run, none of them are on diversion and the paramedic should take that patient to the closest hospital. (Policy #310.96)

- Systemwide Suspension of ED Diversion  
If the total number of hospital diversion hours for a 24-hour period exceeds 200 for three consecutive days, the ability for all hospitals to initiate diversion will be suspended until the situation stabilizes. This practice was implemented several times in 2020 and 2021 by the EMS Medical Director to manage excessive hospital diversion.
- Placing Patients in the Waiting Room or on Cots; Ambulances leaving for other Hospitals  
Patients waiting in a hospital ED on an ambulance gurney being supervised by the ambulance crew may be placed on a cot after 60 minutes if a second ambulance from the same company arrives and is not placed in ED bed. Patients who met criteria can also be placed in the waiting room if held in the ED for more than 60 minutes. Patients held in ambulances and not unloaded for more than 60 minutes may be transported by the ambulance crew to another hospital. (See Policy #310.96)
- Stroke Neurology Receiving Centers Required to Accept Stroke Patients from Spoke Hospitals when on ED Diversion  
When an ERC goes on diversion, it automatically places the SNRC on diversion. The exception to this policy is if a spoke hospital needs to transfer a stroke patient to the SNRC hospital for a higher level of care. Under these circumstances, the SNRC must accept the patient from the spoke hospital. (See Policies #310.96 and #650.00)



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## EMERGENCY MEDICAL SERVICES

DATE: JANUARY 3, 2023

TO: EMS PROVIDER AGENCIES  
DESIGNATED BASE HOSPITALS

FR: LAURENT REPASS   
EMS INFORMATION & ANALYTICS CHIEF

RE: OC-MEDS – NEMSIS V3.5 TRANSITION PLAN

Pursuant to state and federal requirements regarding EMS data standards and compliance, Orange County EMS (OCEMS) is planning to implement necessary changes to the Orange County Medical Emergency Data System (OC-MEDS) over the next 12 months. The National EMS Information System (NEMSIS) standards have been updated to version 3.5 and [all states are required to be compliant no later than January 1, 2024](#). Existing (NEMSIS v3.4) data standards and software versions will sunset on that date.

California law ([H&S 1797.227](#)) and local policy ([OCEMS Policy 300.30](#)) require that EMS Providers utilize a Patient Care Reporting System (PCRS) that is [compliant with the current version of NEMSIS](#). On January 1, 2024, the current version of NEMSIS will be v3.5.

Over the next several months, OCEMS will be making necessary changes to OC-MEDS in preparation for the transition to NEMSIS v3.5. EMS providers who use OC-MEDS as their PCRS may utilize an updated county level run form or may build and configure their own run forms to meet their own business needs. EMS Providers who utilize their own “third party” PCRS, must ensure that their system is [certified v3.5 compliant](#) by NEMSIS and is approved by OCEMS as compliant and interoperable with applicable OC-MEDS policies and standards. Full transition to a NEMSIS v3.5 PCRS must be complete no later than [December 18<sup>th</sup>, 2023](#) to allow time to address any final issues prior to the statewide deadline (January 1, 2024). Successful transition to NEMSIS v3.5 will be a condition for 2024 licensure as an EMS Provider in Orange County.

The following timeline illustrates a summary of the tasks that should be completed in preparation for the transition:

- **Q1 2023 (Jan. – Mar.)**
  - OCEMS to finalize OC-MEDS Data Dictionary (OCEMS Policy 300.31) in alignment with NEMSIS v3.5 standards
  - OC-MEDS system level software updates, configuration, and testing
  - 3<sup>rd</sup> party PCRS NEMSIS compliance verification and OC-MEDS Application for use
- **Q2 2023 (Apr. – Jun.)**
  - EMS Provider agency level configuration and testing
  - Configure and test provider specific run forms
  - Configure and test data integrations (CAD, Billing, CEMSIS, etc.)

- **Q3 2023 (Jul. – Sep.)**
  - EMS Provider agency field testing and training
- **Q4 2023 (Oct. – Dec.)**
  - OC-MEDS System level implementation of NEMSIS v3.5
  - EMS Provider Agency level implementation of NEMSIS v3.5 PCRS
  - Base Hospital OC-MEDS eBHR NEMSIS v3.5 Implementations
  - Final field implementations complete no later than December 18<sup>th</sup>, 2023 to allow time to address any final issues prior to statewide deadline (January 1, 2024).

All questions regarding this important project may be directed to the OC-MEDS System Administrator on duty at [oc-meds@ochca.com](mailto:oc-meds@ochca.com).

cc: Tammi McConnell, RN, MSN - EMS Administrator  
Carl Schultz, MD, FACEP - EMS Medical Director

LR:lr:em#4522



Orange County Health Care Agency  
Regulatory/Medical Health Services  
Emergency Medical Services  
405 W. Fifth Street, 301-A  
Santa Ana, CA 92701



## Facilities Advisory Committee

**Mission Statement:** *“To advise the Emergency Medical Care Committee and Orange County EMS on policies and procedures relating to planning, categorization, monitoring and evaluation of Orange County emergency receiving centers and specialty care centers.”*

### 2023 Meeting Dates

January 10\*

March 14

May 9

July 11

September 12

November 14

**\*Meeting date coincides with the date of the Board of Supervisors meeting so parking may be limited.**

**Meetings are held on the second Tuesday of odd months.**

**Time:**

9:00 a.m. to 11:00 a.m.

**Location:**

*Meeting location to be determined*

**Contact:**

[emsdutyofficer@ochca.com](mailto:emsdutyofficer@ochca.com)