



**FACILITIES ADVISORY COMMITTEE**  
**ORANGE COUNTY EMS FACILITY DESIGNATIONS**  
November 12, 2024

The following hospitals have applied to Orange County Emergency Medical Services (OCEMS) for Emergency Receiving Center (ERC) and/or Specialty status (Cardiovascular Receiving Center/CVRC, Stroke Neurology Receiving Center/SNRC, and Comprehensive Children’s Emergency Receiving Center/CCERC) designation or re-designation. This report summarizes the OCEMS review of their applications noting deficiencies, conditions and recommendations. Today, it is presented to the Facilities Advisory Committee for committee endorsement.

*General Findings:* The following facilities currently meet the designation requirements for Emergency Receiving Center and Specialty Center designation, when applicable. Endorsement considerations of designation are for one to three-year terms or otherwise specified as recommended by committee.

**FACILITIES – CONTINUING DESIGNATIONS**

**West Anaheim Medical Center**

**Emergency Receiving Center (ERC)**

ERC DQ Completed: 08/02/2024  
Site Survey Conducted: 09/12/2024  
Program Review Dates: 09/2021-09/2024

**Criteria Deficiencies:**

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	APOT not to exceed 30 minutes per state and county regulation	WAMC 90 <sup>th</sup> percentile for 2023 was 61:15 and to date for 2024 is 45:16	Hospital will submit corrective action plan, including protocol/policy, to decrease APOT in compliance with OCEMS policy #310.96 which states, “the APOT standard for OCEMS is set at 30 minutes”.	12/01/2024
2	ReddiNet Response Rate for MCIs, HAvBED, and Hospital Patient Census, as well as H.E.A.R. response rate must be <90% compliance.	WAMC had an average response rate to MCIs in 2023 of 61%, HAvBED 66%, Hospital Patient Census 48%, and H.E.A.R. 68%. This year to date, response rates are MCIs 55%, HAvBED 89%, Hospital Patient Census 89% and H.E.A.R. 85%	Hospital will submit a corrective action plan to reach compliance of >90% on all ReddiNet and H.E.A.R. responses.	01/01/2025
3	Compliance with OCEMS policy #600.00: On-Call Physician Specialists	WAMC lacked a pediatrician on their daily call roster who is on-call at all times and available to come into the hospital. WAMC lacked transfer agreements with other hospital(s) having a plastic surgeon and otolaryngologist.	Hospital will acquire and maintain a 24/7 on-call pediatrician on their daily call roster and acquire transfer agreements with hospital(s) who have an on-call plastic surgeon and otolaryngologist.	01/01/2025



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4	Compliance with OCEMS policy #600.00: lack of involvement with OCEMS committee meetings and representation at a minimum of 4 REAC meetings	WAMC has had no attendance at any OCEMS Facilities Advisory Committee meetings and representation at only 1 REAC in 2023 and 1 REAC year to date	Hospital will increase attendance at REAC meetings to a minimum of 4 a year and begin attending Facilities Advisory Committee meetings on a regular basis.	Immediately (dependent on REAC and FAC meeting dates)
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The following are recommendations for improvement. Action is expected; however, current redesignation is not contingent on these actions.

RECOMMENDATIONS	
1	Update burn, pediatric, and trauma policies to be current and not include orders.
2	Continue efforts to improve Pediatric Readiness, including updating disaster plan to include pediatric-specific plans.
3	Reorganize disaster cache to contain pertinent and easily accessible supplies.
4	Rewrite higher level of care algorithms to include edits discussed during site visit.
5	Consider implementing having RN as first contact for all ED patients.
6	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.

**Endorsement Consideration:** Three (3) years (09/2024-09/2027) – conditional

**Cardiovascular Receiving Center (CVRC)**

BH DQ Completed: 08/02/2024  
 Site Survey Conducted: 09/12/2024  
 Program Review Dates: 09/2021-09/2024

**Criteria Deficiencies:**

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Noncompliance with OCEMS Policy #630.00: Receiving field transmitted EKGs	WAMC reported inability to receive transmitted field EKGs prior to EMS arrival and lack of account access to RescueNet	Hospital will submit a corrective action plan to acquire and maintain ability to receive field transmitted EKGs, including setting up generic account for the ED.	12/01/2024
2	Noncompliance with OCEMS Policy #630.00: Outreach/Education	No outreach, education, or follow up provided to regional non-CVRC hospitals and no education provided to EMS.	Hospital will submit a corrective action plan to institute regular outreach and education to EMS and non-CVRC hospitals. Hospital will begin regular follow-up for all non-CVRCs when a patient has been transferred for STEMI services.	01/01/2025



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The following are recommendations for improvement. Action is expected but not contingent on current redesignation.

RECOMMENDATIONS	
1	Create a process to record all patients arriving to the ED meeting CVRC criteria for STEMI. Current STEMI Report data is inconsistent and does not capture all patients.
2	Increase patient follow-up to help improve patient outcomes.

**Endorsement Consideration:**      Three (3) years (09/2024-09/2027) – conditional