



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



FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS July 8, 2025

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

St. Jude Medical Center

Emergency Receiving Center (ERC)

ERC DQ Completed: 04/29/2025
Site Survey Conducted: 06/19/2025
Program Review Dates: 06/2022-06/2025

Criteria Deficiencies:

The following conditions must be completed to satisfy criteria for designation as an Orange County Emergency Receiving Center.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	APOT not to exceed 30 minutes per state and county regulation.	St. Jude Medical Center's 90th percentile for APOT for 2023 was 37:14 minutes, 34:05 minutes for 2024, and 34:12 minutes January-May of 2025.	Hospital will submit corrective action plan to decrease APOT in compliance with OCEMS policy #310.96 which states, "the APOT standard for OCEMS is set at 30 minutes".	10/01/2025
2	ReddiNet Response Rate for MCIs must be >90% compliance.	St. Jude Medical Center had an average response rate to MCIs in 2023 of 78%, in 2024 of 85% and Jan-May 2025 100%.	Hospital will continue current corrective action plan to maintain >90% compliance.	Ongoing

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

	RECOMMENDATIONS
1	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
2	Add pediatric consideration to facility's surge policy.
3	Implement a multidisciplinary throughput committee to help improve APOT.



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4	Continue efforts to implement process to have an RN/medical personnel as first contact for all ED patients.
5	Establish a hospital-wide disaster preparedness committee that includes representation from clinical emergency department staff and other key stakeholders to ensure coordinated and comprehensive planning.
6	Establish connections and initiate the use of image-sharing capabilities to support and streamline patient transfers.

Endorsement Consideration: Three (3) years (06/2025-06/2028) – unconditional

Base Hospital (BH)

BH DQ Completed: 04/29/2025
Site Survey Conducted: 06/19/2025
Program Review Dates: 06/2022-06/2025

Criteria Deficiencies:

No deficiencies identified.

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

RECOMMENDATIONS	
1	Consider having an MICN specifically assigned to the radio each shift to ensure consistent communication and a clear identified point of responsibility for call management and ReddiNet response.

Endorsement Consideration: Three (3) years (06/2025-06/2028) – unconditional

Cardiovascular Receiving Center (CVRC)

BH DQ Completed: 04/29/2025
Site Survey Conducted: 06/19/2025
Program Review Dates: 06/2022-06/2025

Criteria Deficiencies:

The following conditions must be completed to satisfy criteria for designation as an Orange County Base Hospital.

	CONDITION	DESCRIPTION	CORRECTIVE ACTION	DUE DATE
1	Non-compliance with OCEMS policy #630.00, section IV, B, 2, d.	CVRC Program Coordinator responsibilities lack inclusion of "Development of a cardiovascular education and outreach program for local and community and assigned regional hospitals".	Hospital will submit a corrective action plan addressing role and responsibilities of CVRC Program Coordinator to encompass all requirements per policy.	10/01/2025



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

RECOMMENDATIONS	
1	Implement post-discharge follow-up to verify patient well-being and adherence to the care plan.
2	Communicate patient outcome to the sending facility for all interfacility transfers for STEMI care at your facility.

Endorsement Consideration: Three (3) years (06/2025-06/2028) – conditional

Stroke-Neurology Receiving Center (SNRC)

BH DQ Completed: 04/29/2025
Site Survey Conducted: 06/19/2025
Program Review Dates: 06/2022-06/2025

Criteria Deficiencies:

No deficiencies identified.

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

RECOMMENDATIONS	
1	Refine processes to minimize delays between patient arrival and CT imaging.

Endorsement Consideration: Three (3) years (06/2025-06/2028) – unconditional