



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 (Trauma Center/TC, Pediatric Trauma Center (Ped TC), 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

Orange County Global Medical Center

Trauma Center

Program Review Period: 03/01/23 – 02/29/24
ACS PRQ Shared with OCEMS: 05/08/2024
ACS Site Survey Conducted: 06/04 – 06/05/2024
ACS Summary Report Received: 08/21/2024
ACS Notification for Resolved Deficiencies: 07/01/2025 – verified for two years thru 06/27/2027

Criteria Deficiencies:

	ACS STANDARD	STANDARD DEFINITION	DESCRIPTION	OCEMS CORRECTIVE ACTION	DUE DATE
1	Non-Compliant with Standard 4.8 (Emergency Department Physician Coverage) **Resolved as of July 1, 2025**	In Level I and II trauma centers, a board-certified or board-eligible emergency medicine physician must be present in the emergency department at all times.	The ED has single physician coverage most of the time, and the ED physician is required to leave the ED to respond to in-house Code Blue events. This leaves the ED without an ED physician, an uncommon event but one the program acknowledges has happened.	Re-configure the ED coverage model or re-configure the Code Blue coverage model to ensure there is an ED physician in the ED at all times, with no gaps in coverage. Hospital to submit a written ED coverage plan, a signed & dated contract, and six months of call schedules showing change.	05/01/2025 **Completed**
2	Non-Compliant with Standard 5.16 (Trauma Diversion Hours) **Resolved as of July 1, 2025**	All trauma centers must not exceed 400 hours of diversion during the reporting period.	The hospital spends a significant amount of time on diversion, a total of 419 hours in the review year. The most common causes are ED and inpatient capacity issues, but there were also several cases of diversion for equipment issues.	Hospital to reduce trauma diversion to meet County standards for this conditional designation period and then to continuously maintain this reduction throughout their next review period. Hospital to provide a trauma diversion reduction plan with specific goals, including action(s) to be taken should the diversion goals not be met.	01/01/2025 **Completed**



EMERGENCY MEDICAL SERVICES
Irvine, CA 92618



In addition to the opportunities for improvement provided by the American College of Surgeons (ACS), OCEMS also recommends and reinforces the following. Action is expected; however, redesignation is not contingent on these actions.

Recommendation 1: Provide a formal one hour lecture on any Trauma related subject at a County-Wide meeting (such as: OCGMC Base REAC, No Fear Conference, Facilities Advisory Committee) once per year.

Recommendation 2: Provide a trauma report out which includes a case review at any other Base Hospital's REAC meeting twice per year.

Recommendation 3: Expand cardiothoracic surgery service coverage.

Recommendation 4: Expand trauma surgeon service coverage.

Recommendation 5: Expand anesthesiology service coverage.

Recommendation 6: Continue reducing trauma diversion hours as stated within your accepted corrective action plan.

Endorsement Consideration: **Two (2) years (07/01/2025 – 07/01/2027) unconditional.**