



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



## FACILITIES ADVISORY COMMITTEE ORANGE COUNTY EMS FACILITY DESIGNATIONS September 9, 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

#### Kaiser Irvine

#### Emergency Receiving Center (ERC)

ERC DQ Completed: 07/01/2025  
Site Survey Conducted: 08/13/2025  
Program Review Dates: 08/2022-08/2025

#### 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.	Kaiser Irvine's 90 <sup>th</sup> percentile for 2024 was 31:09 minutes, and 31:12 minutes January- June of 2025.	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".	11/01/2025
2	ReddiNet Response Rate for MCIs must be >90% compliance.	Kaiser Irvine had an average response rate to MCIs in 2023 and 2024 of 85%, and 89% for January- June of 2025.	Hospital will submit a corrective action plan to maintain compliance of >90% on all ReddiNet MCI drills.	11/01/2025
3	Compliance with OCEMS policy #600.00 section X. E. 4.	Facility must have "an institutional response for the evaluation and care of specific patient groups, to include patients identified as trauma victims"	Hospital will submit a written policy, protocol, or guideline which outlines the triage, management, and transfer of care for a traumatically injured patient.	11/01/2025



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

	RECOMMENDATIONS
1	Update IFT policy and Diversion policy to reflect updated verbiage and recommended improvements as instructed by OCEMS during site visit.
2	Continue efforts to improve Pediatric Readiness, including continued collaboration with the CCERC.
3	Increase attendance and engagement at countywide meetings including, but not limited to, Facilities Advisory Committee (FAC) Meetings and Regional Emergency Advisory Committee (REAC) Meetings.
4	Continue to improve relationships with prehospital providers utilizing your Base Hospital Coordinator.
5	Increase clinical staff involvement with disaster preparation and drill to hazards, including decontamination.
6	Develop policy regarding facility access to a CHEMPACK and provide education to staff regarding usage.
7	Collaborate with trauma centers for education and follow-up for IFTs.

**Endorsement Consideration:**      Three (3) years (08/2025-08/2028) – conditional