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

FACILITIES ADVISORY COMMITTEE
ORANGE COUNTY EMS FACILITY DESIGNATIONS
November 10, 2026

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

Anaheim Regional Medical Center

Emergency Receiving Center (ERC)
ERC DQ Completed: **8/3/2026**
Site Survey Conducted: **9/10/2026**
Program Review Dates: **4/2023-9/2026**

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.	Anaheim Regional's 90th percentile for 2023 was 34:53 minutes, 2024 was 32:56 minutes, 2025 was 31:25 minutes, and Jan-Aug 2026 is 31:52 minutes.	To decrease APOT in compliance with OCEMS policy #310.96 which states, "the APOT standard for OCEMS is set at 30 minutes," hospital will submit corrective action plan, including revision to hospital's APOT Mitigation Policy pursuant to Assembly Bill 40 (2023) and Title 22, Division 9, Chapter 1.2.	12/01/2026

2	ReddiNet Response Rate for MCI drills, HAvBED, and Patient Census must be >90% compliance.	Anaheim Regional had an average response rate to MCI drills in 2023-2025 and Jan-Aug 2026 of 83%, 52%, 75%, and 81%. HAvBED response rate was 80%, 78%, 86%, and 80%. Patient Census response rate was 73%, 77%, 80%, and 81%.	Hospital will submit a corrective action plan to maintain compliance of >90% on all ReddiNet MCI drills, HAvBED, and Patient Census.	12/1/2026

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

	RECOMMENDATIONS
1	Become familiar with OCEMS Policy #600.00 ERC criteria and reporting requirements.
2	Complete network transition to maintain Bi-Directional Data Exchange.
3	Appoint a Pediatric Emergency Care Coordinator (PECC) and continue efforts to strengthen pediatric emergency readiness.
4	Update policies, as discussed, including Stroke policy and algorithm, Trauma Policy, Prehospital Exposure Policy, APOT Mitigation Plan, Pediatric fever control policy, Chempack Policy and Surge Plan.
5	Obtain transfer agreements or provide on call coverage for the physician specialties of plastic surgery and otolaryngology.
6	Increase clinical staff involvement with full scale disaster drills that utilize supplies and equipment, including decontamination.
7	Implement a process in which medical personnel are first contact for all ED patients in order to rapidly identify high acuity and time-sensitive disease processes.

Endorsement Consideration: Three (3) years (09/2026-09/2029) – **conditional**

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

Cardiovascular Receiving Center (CVRC)

BH DQ Completed: **8/3/2026**
Site Survey Conducted: **9/10/2026**
Program Review Dates: **4/2023-9/2026**

Criteria Deficiencies:

No Deficiencies

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

	RECOMMENDATIONS
1	Develop a policy that identifies which patient presentations and symptoms require an immediate (<10 min) EKG, along with a clearly defined procedure for when a patient presents with chest pain or other potentially cardiac-related symptoms.
2	Strengthen and expand cardiac education for nurses and physicians, while increasing outreach and education for prehospital providers to support early recognition and timely management of cardiac conditions.
3	Revise Diversion Policy to include reasons, and procedure, for initiating cardiac diversion.

Endorsement Consideration: Three (3) years (09/2026-09/2029) – **unconditional**