

RIVERSIDE COUNTY



EMCC Members Per Board of Supervisors Resolution No. 2013-052:

PMAC Physician Representative

1.a. Stephen Patterson, MD

Hospital Association Representative

1.b. Keven Porter

Riverside County Medical Association

1.c. Vacant

County Contracted Emergency Ambulance

1.d. Peter Hubbard

Ambulance Association Representative

1.e. Rosemary Dudevoir

County Permitted Air Ambulance Provider

1.f. Melissa Schmidt

Riverside County Fire Chiefs' Association

1.g. Brian Young

Coachella Valley Association of Governments

1.h. Randal Bynder

Western Riverside Council of Governments

1.i. Gary Thompson (primary)
Gary Nordquist (secondary)

Riv Co Law Enforcement Agency Admin Assoc

1.j. Sean Hadden

PMAC Prehospital Representative

1.k. Magdalena Robles

Riverside Co Fire Dept Rep

1.l. Phil Rawlings

Supervisorial District One

1.m. Vacant

Supervisorial District Two

1.m. Stan Grube

Supervisorial District Three

1.m. Jerry Holldber

Supervisorial District Four

1.k. Vacant

Supervisorial District Five

1.m. Jock Johnson

The next meeting of the EMCC is on:

Wednesday, May 22, 2019
9:00 AM – 10:30 AM

The Towers of Riverwalk
4210 Riverwalk Parkway, Riverside
Third Floor Vineyard A & B Conference Rooms

1. CALL TO ORDER
Chair—Stan Grube
2. ROUNDTABLE INTRODUCTIONS (5 Minutes)
Chair—Stan Grube
3. APPROVAL OF MINUTES (5 Minutes)
October 3, 2018 Draft Minutes—Stan Grube (Attachment A)
4. UNFINISHED / NEW BUSINESS (30 Minutes)
 - 4.1 Membership – Trevor Douville (Attachment B)
 - 4.2 EMCC 2018 Annual Update – Jerry Holldber
 - 4.3 Public Access AED Program – Dan Bates (Presentation)
5. EMS AGENCY REPORTS (20 Minutes)
 - 5.1 Draft/ 5150 Impact Report – Trevor Douville (Attachment C)
 - 5.2 Draft/ EMD Report – Trevor Douville (Attachment D)
 - 5.3 REMSA Policy 6104 – Trevor Douville (Attachment E)
 - 5.4 Special Seasonal (APOT) – Misty Heyden (Attachment F)
 - 5.5 EMS Agency Updates – Trevor Douville
6. OTHER REPORTS (20 Minutes)
 - 6.1 PMAC – Steven Patterson, MD / Magdalena Robles
 - 6.2 EMD Preparedness Division – Anne Accurso
 - 6.3 EMD Operations Division – Mark Bassett
7. OPEN COMMENTS (10 Minutes)
8. NEXT MEETING / ADJOURNMENT (1 Minute)
July 10, 2019 9:00 AM – 10:30 AM
4210 Riverwalk Parkway Riverside
Orange Room

NOTICE: Items on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee or any items appearing on the agenda by raising their hand to be recognized by the Chair or acting Committee Chairperson. If a member of the public desires to speak, they must do this before or anytime during discussion of the item. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public, unless the Chair extends such time. No member of the public shall be permitted to “share” his/her three minutes with any other member of the public.

Items not on the agenda: Any member of the public may address this meeting of the Emergency Medical Care Committee on any item that does not appear on the agenda, but is of interest to the general public and is an item upon which the Committee may act. All comments are to be directed to the Emergency Medical Care Committee and shall not consist of any personal attacks. Members of the public are expected to maintain a professional, courteous decorum during their comments. A three-minute limitation shall apply to each member of the public who wishes to address the Committee on a matter not on the agenda. No member of the public shall be permitted to “share” his/her three minutes with any other member of the public. Usually, any items received under this heading are referred to the staff for further study, research, completion, and/or future action.

It is the responsibility of the members of the committee to disseminate information from EMCC meetings to the organizations they represent. Any questions regarding meeting or agenda items may be addressed to Trevor Douville, Riverside County EMS Agency at (951) 358-5029.

Next meeting:

Wednesday, July 10, 2019 9:00 AM – 10:30 AM

The Towers of Riverwalk Building

4210 Riverwalk Parkway, Riverside, CA

Orange Conference Rooms

EMCC agendas with attachments are available online at www.rivcoems.org

The County of Riverside does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services or activities. It is committed to ensuring that its programs, services, and activities are fully accessible to and usable by people with disabilities. If you have a disability and need assistance, contact Trevor Douville at (951) 358-5029.

EMCC meetings are audio recorded to facilitate dictation for minutes.

EMCC Draft Minutes
October 3, 2018

| TOPIC | DISCUSSION | ACTION |
|--|---|--|
| 1. ALL TO ORDER Stan Grube | Stan Grube commenced the meeting at 9:00 AM. | |
| 2. ROUNDTABLE INTRODUCTION Stan Grube | Roundtable introductions were facilitated by Chair, Stan Grube. | |
| 3. APPROVAL OF MINUTES | Jerry Holldber and Robert Roy introduced a motion to approve the April 18, 2018 meeting minutes with one correction. | 6.2 EMD Preparedness: Target date is incorrect; the correct target date is April 2019. |
| 4. UNFINISHED / NEW BUSINESS | | |
| 4.1 MEMBERSHIP Trevor Douville | <p>Current attendance roster going back to 2016: we need to update list and make current for members that are outside their term dates. Randal Bynder with CVAG Trevor will need a letter, and Trevor will reach out to CVAG either reappointing Randal or appointing a new delegate. Barbara Blasko with RCMA needs to be reappointed. District 4 has been vacant over a year; we need to present to the Board of Supervisor's within 30 days a recommendation on a new representative for District 4 for Supervisor Perez's office. If anyone has a recommendation for someone in that district please see Trevor to make a recommendation to the Board.</p> <p>Chief Keeling with Riverside Fire Association needs a reappointment or a transition to an appointee, and Trevor can do a follow up letter with Chief Brown to codify that request. James Palmer will get in contact with his district. Steve Patterson needs to be reappointed; I have already talked to Steve internally to have a motion on who will be the representative as the PMAC physician, and this will be going to PMAC on October 22nd.</p> | Attachment B, information only. |
| 4.2 EMCC 2019 PROPOSED SCHEDULE Trevor Douville | Attachment C was presented: 2019 EMCC meeting dates. There was a motion to meet on January 9, April 3, July 10, and October 2, 2019. The meeting dates to the first Wednesday of the quarterly months. | There is a revision to the EMCC meeting dates on Attachment C. There will be an amended schedule for the second Wednesday EMCC meeting dates were the first Wednesday of the months. |
| 4.3 EMCC ANNUAL UPDATES/S Trevor Douville | Trevor motioned if any of the constituents from EMCC would like to be the representative to report to the BOS the | Action item. Stan appointed Jerry Holldber to be the representative for the EMCC Annual updates for EMCC. |

EMCC Draft Minutes
October 3, 2018

| TOPIC | DISCUSSION | ACTION |
|--|---|--|
| | annual EMCC updates for 2017 and preparation for 2018. | Trevor meet with Jerry within 30 days to develop the framework for the report with historical reports to the BOS. It will be drafted for approval by this group by the January meeting. |
| 4.4 EMS PUBLIC EDUCATION Trevor Douville | <p>This topic aligns with the EMS Strategic Plan, Goal 11. The task we will be achieving is to have a central organized registry.</p> <p>Trevor offered Robert Roy if he would be interested in the presentation of EMS Public Education.</p> <p>Another component we would like to bring back is PulsePoint. This is the best way to incorporate the community our response model in Riverside County.</p> <p>Stan Grube recognized Robert Roy for his dedicated efforts on getting the AEDs out into the community.</p> | <p>Action Item: Bring back to this group a structured reporting format by month and by zone on what type of EMS public initiative outreach is going on in Riverside County.</p> <p>Robert Roy will begin presenting at EMCC on EMS Public Education.</p> |
| 4.5 Public Health Report Trevor Douville | <p>Trevor gave an update on the activity with seasonal influenza. On September 20th REMSA met with the CDC with; a representative from the California Department of Public Health (CDPH), licensing and certification, several area hospitals, ambulance providers, and first responders to discuss what the county will be doing in preparation of this year flu season. Last year REMSA implemented a policy to allow BLS response and transport of low acuity patients. We also activated a program with AMR to add 20 percent at peak volume.</p> | Information only. |
| 4.6 Behavioral Health Report Bill Brenneman | <p>Rodrick Verbeck, Psy. D, MFT from Mental Health Services representing Bill Brenneman. Robert gave a report on what type of services of what they provide. They have two crises teams and a third one on its way. The two services are called Crest and REACH. These two services help with police when there needs an evaluation on putting the client on hold or finding other appropriate services to help without inundating hospitals and cost. The third team is called Rocky, which provides services to grade school, junior high, and high school.</p> | At the next EMCC meeting Rodrick will provide EMCC reports on the REACH and Crest grants that they provide to the State. |

EMCC Draft Minutes
October 3, 2018

| TOPIC | DISCUSSION | ACTION |
|--|--|---|
| | There are three mental health urgent cares in Perris, Riverside and Palm Springs. These facilities are walk-ins. | |
| 5. EMS AGENCY REPORTS | | |
| 5.1 EMS DATA SYSTEMS Trevor Douville | EMS began collecting data back in 1998. In 2013, we did a new bid for a new vendor. ImageTrend Elite as a unified data collection tool with a unified interface. Riverside County EMS providers are now submitting their data on this platform. It is now being utilized by all of Riverside County EMS providers. Beginning in 2014 we began to transition from EMS Specialists to Research Specialists. We now have three positions: Research Specialist I, Research Specialist II, and a Supervisor Research Specialist. SCOPE metrics are available online for stakeholders to view data. | Attachment D represents what by the number of records by month with every provider. |
| 5.2 PROPOSED RESPONSE TIME REPORTING Trevor Douville | Policy 2203 was approved in 2017 Patient Care Continuum. Attachment E shows what format REMSA is using for reporting of response time intervals with the patient the focus. Trevor will make some format changes and maybe there will be some amendments to Policy 2203 going forward in April 2019. | Information only. |
| 5.3 AMBULANCE PATIENT OFFLOAD TIME (APOT) Misty Heyden | Misty presented APOT report. Overall, we are seeing lower numbers from last year excluding January and February months due to the flu season. REMSA has since included Emergency Treatment Services on the report. Trevor further described the interval as patient arrival time until transfer of care times. He will be meeting with the administrator from ICEMA and Keven Porter to go over the APOD and APOT report. | Information only. |
| 5.4 REMSA UPDATES Trevor Douville | Bruce Barton has been promoted to EMD Director. Trevor Douville has been promoted to Interim Deputy Administrator. Trevor purposed to meet with Gary Nordquest to give a presentation on response time. | Information only. |
| 6. OTHER REPORTS | | |
| 6.1 PMAC Kristen Clements | Kristen gave an update on the last PMAC meeting on April 18, 2018. TXA approval trial study has ended, and it is now added to the scope of practice. | Information only. |

EMCC Draft Minutes
October 3, 2018

| TOPIC | DISCUSSION | ACTION |
|--|--|---|
| | Ketamine trial study began April 1 st . CARES Data registry collection is in progress. Stroke regulations are approved. Dr. Zeke Foster discussed the PMAC positions that are open and those positions that are ending. Stroke, LAMS scale will be implemented in the Fall. | |
| 6.2 EMD PREPAREDNESS DIVISION Trevor Douville | Trevor announced that there will be a Statewide Medical and Health Tabletop Exercise on October 15, 2018, also a Multi-Patient Management Full-Scale Exercise on October 23 rd . Please RSVP if you are interested in attending. | Information only. |
| 6.3 EMD OPERATIONS DIVISION Trevor Douville | The EOC has been active from the last three days of today's meeting. We are preparing for the management of debris flow and we are sending information out hourly to the public. | Information only. |
| 7. OPEN COMMENTS | | |
| 8. NEXT MEETING / ADJOURNMENT | | January 9, 2019 9:00 AM – 10:30 AM 4210 Riverwalk Parkway, Orange Conference Room |

FOR CONSIDERATION BY EMCC

DATE: May 22, 2019

TO: EMCC

FROM: Trevor Douville, Deputy EMS Administrator

SUBJECT: Membership –Term Dates

ACTION: Review of Term Dates

| Representing | Current Membership | 2019 Term Dates |
|-------------------------|---------------------------------|-------------------|
| CVAG | Randal Bynder | 07/01/16—06/30/19 |
| RCMA | Vacant | 07/01/18—06/30/21 |
| District One | Vacant | 07/01/17—06/30/20 |
| District Two | Stan Grube | 07/01/17—06/30/20 |
| District Three | Jerry Holldber | 07/01/17—06/30/20 |
| District Four | Vacant | 07/01/17—06/30/20 |
| District Five | Jock Johnson | 07/01/18—06/30/21 |
| RCLEAA | Sean Hadden | 07/01/16—06/30/19 |
| RCFCA | Brian Young | 07/01/18—06/30/21 |
| WRCOG | Gary Thompson Gary Nordquist | 07/01/13—06/30/19 |
| Air Ambulance Provider | Melissa Schmidt | 07/01/16—06/30/19 |
| Ambulance Association | Rosemary Dudevoir | 07/01/16—06/30/19 |
| PMAC Physician | Stephen Patterson | 07/01/18—06/30/21 |
| PMAC Prehospital | Magdalena Robles | 07/01/16—06/30/19 |
| AMR | Peter Hubbard | NA |
| HASC | Keven Porter | NA |
| Co. Health Officer | Cameron Kaiser | NA |
| REMSA Med Director | Reza Vaezazizi | NA |
| Riverside Co Fire Dept. | Phil Rawlings | NA |



Attachment C

SSSS

RIVERSIDE COUNTY EMS AGENCY
WIC-5150 IMPACT
SUMMARY REPORT *2018*

DRAFT

MAY 3RD, 2019

PREPARED BY RIVERSIDE COUNTY EMS AGENCY, EMERGENCY MANAGEMENT DEPARTMENT

WIC-5150 IMPACT SUMMARY

California Welfare and Institutional Code (WIC) 5150 enables law enforcement and designated medical professionals to place individuals posing imminent risk to self or others on involuntary 72-hour hold. These holds are intended for psychiatric evaluation at a designated mental health facility; however, many of these patients are transported to emergency departments (ED) based on proximity and lack of alternative resources. Riverside County Emergency Medical Services Agency (REMSA) estimates approximately 1,300 WIC-5150 transports and 911 emergency responses are made by the county’s Emergency Medical Service (EMS) providers each month. In Riverside County alone, this amounts to thousands of 5150 responses by EMS each year at a conservatively-projected cost of \$1.5 million annually. While many 5150 patients require immediate behavioral health intervention to ensure safety and transport, many lack critical medical conditions which require what emergency medical services are designed to provide. As a result, 5150 responses can over-utilizing complex and costly emergency services. Alternative response and transport strategies may reduce the current impact of 5150s on EMS and deploy more suitable care for this patient population.

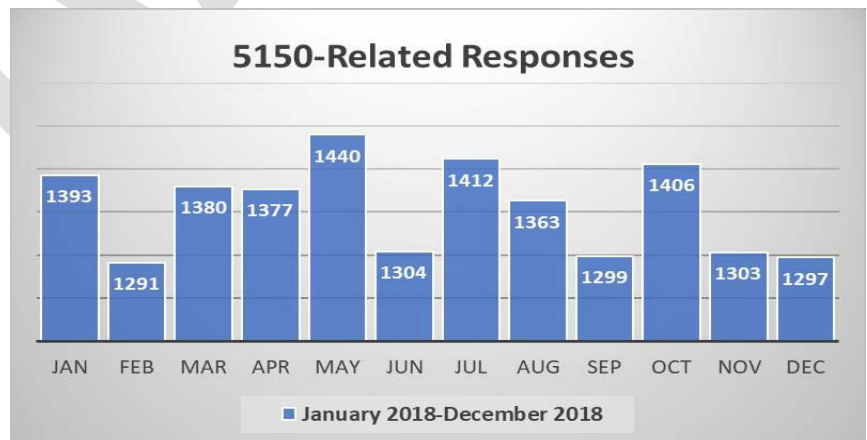
Methodology:

To determine frequency of WIC-5150 responses by Riverside County EMS, electronic patient care records (ePCR) completed by on-scene 911- or transport-, responders between January 1, 2018 through December 31, 2018 in ImageTrend® Elite were analyzed. While a 5150-hold code may be available at dispatch as a call reason, it is not available in the ePCR system as a selectable code or possible diagnosis; however, the term is often entered by responders into an ePCR narrative field. Using the ImageTrend® Report Writer analysis tool, the following parameters were used to identify and extract WIC-5150 records from ePCRs:

- Inclusion of ePCRs with the terms “5150”, “51/50”, “51-50”, “Psych Hold”, or “5585” (minor code for 5150) in the *Patient Care Report Narrative* (eNarrative.01) or *Situation Primary Complaint Statement* (eSituation04)
- Exclusion of records where on-scene time was equal to zero
- Selection of “Distinct Only” rows to account for duplication

Findings:

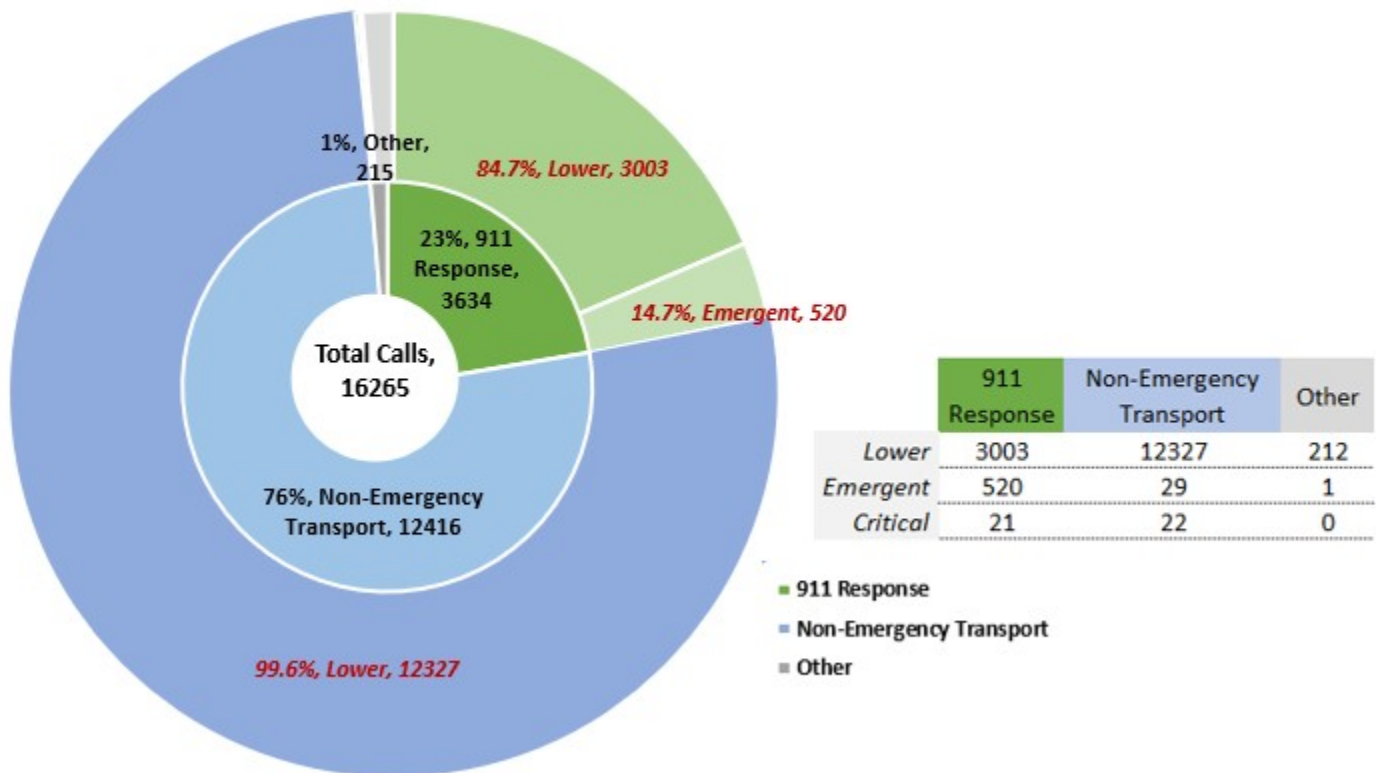
Analysis of Electronic Patient Care Records (ePCR) indicate **Riverside County EMS agencies generated approximately 16,265 WIC-5150 responses between January 1, 2018 and December 31, 2018.** This count reflects all responding agencies including 911- responders and transport agencies, so a single incident can generate more than one ePCR.



Response Types vs Acuity levels:

Nearly three-quarters of 5150 responses were for Non-Emergency Transport while one-quarter involved 911 Dispatch Responses. Only 1% fell into an “Other” category consisting of calls classified as Intercept, Public Assistance, or Mutual Aid.

5150 Response type by Initial acuity

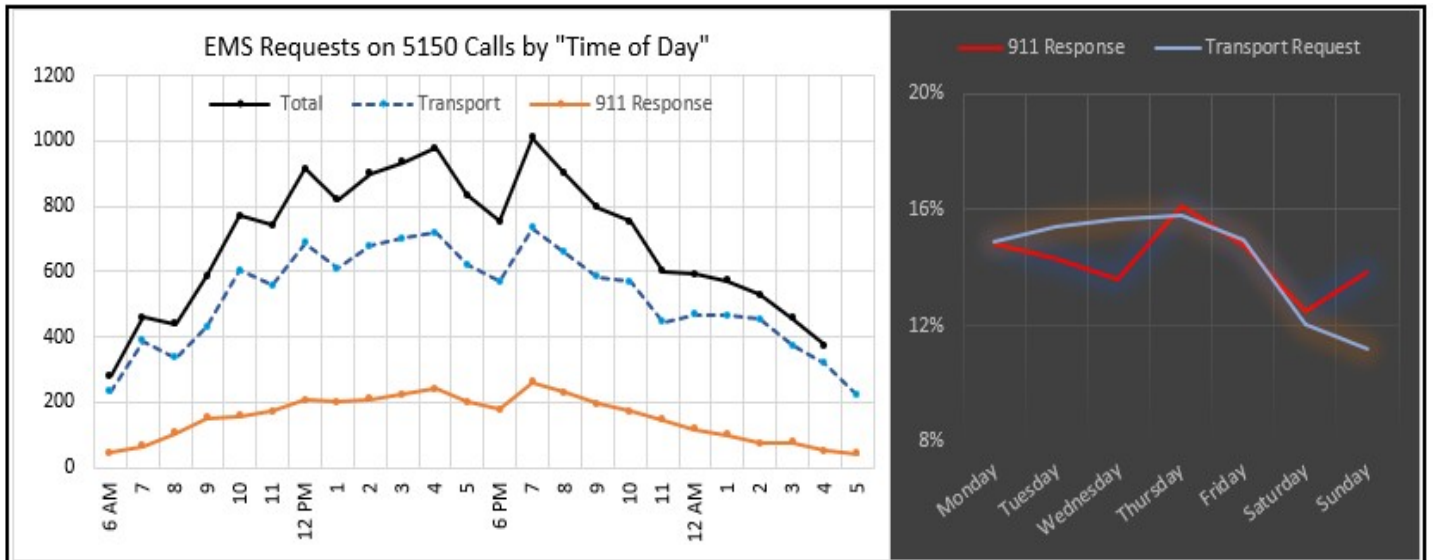


Initial Patient Acuity (eSituation.13) is a description code (**Lower, Emergent, Critical, or Dead**) assigned by EMS responders to describe patient condition upon encounter. A systemic review of ePCRs using randomly selected samples revealed “Initial Acuity” level can be used to predict when an EMS response involved a WIC-5150 alone (*lower acuity*) or involved additional risk factors or comorbidity such as self-inflicted injury or overdose (*emergent/critical acuity*).

Approximately **85% of 911-responses** and **over 99% of non-emergency EMS transports** (interfacility or medical) were coded as **lower acuity calls**. Additional key points to be noted are:

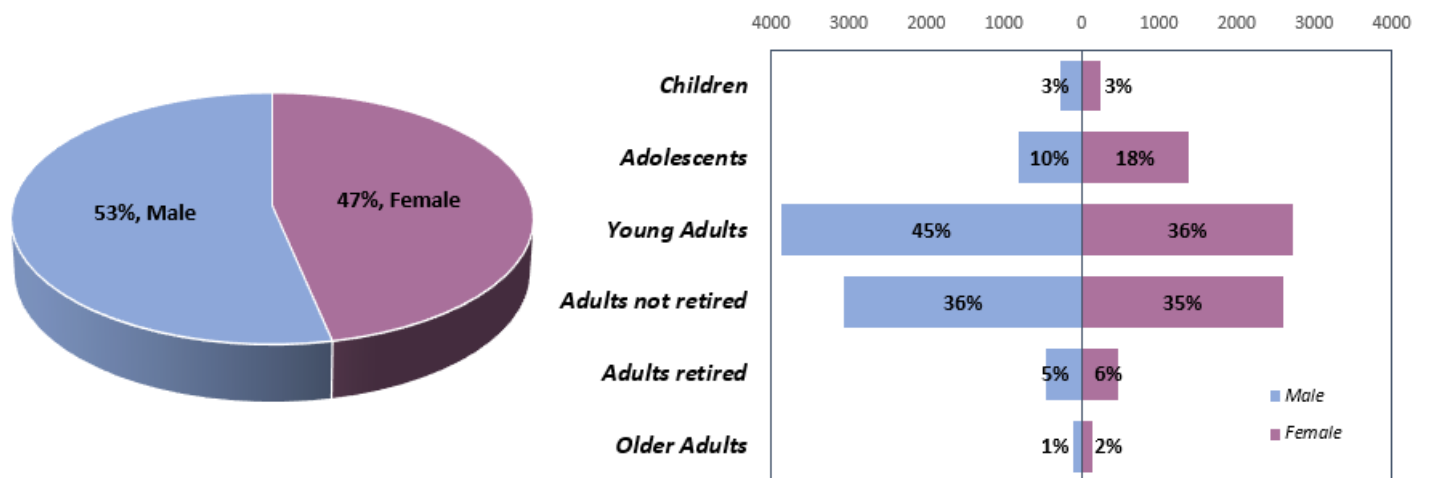
- Less than 50 ePCRs (~0.3%) were designated as *critical acuity* cases.
- 22.2% of *emergent* acuity cases were downgraded to lower acuity.
- 78% of Critical cases were downgraded to Emergent or lower acuity cases.

Peak times for WIC-5150 responses occur between 10AM and 10PM. This can be a function of resource availability during business hours as most calls are for transport, however 911 responses which are less influenced by peak operating times follow a similar pattern. For both transport requests and 911 dispatch calls, 5150 service requests for EMS are greatly reduced between 11PM and 7AM. Interestingly, a similar pattern exists on weekends with a marked reduction in the total number of calls. However, **911 responses are notably reduced only on Saturdays.**



Patient Demographics

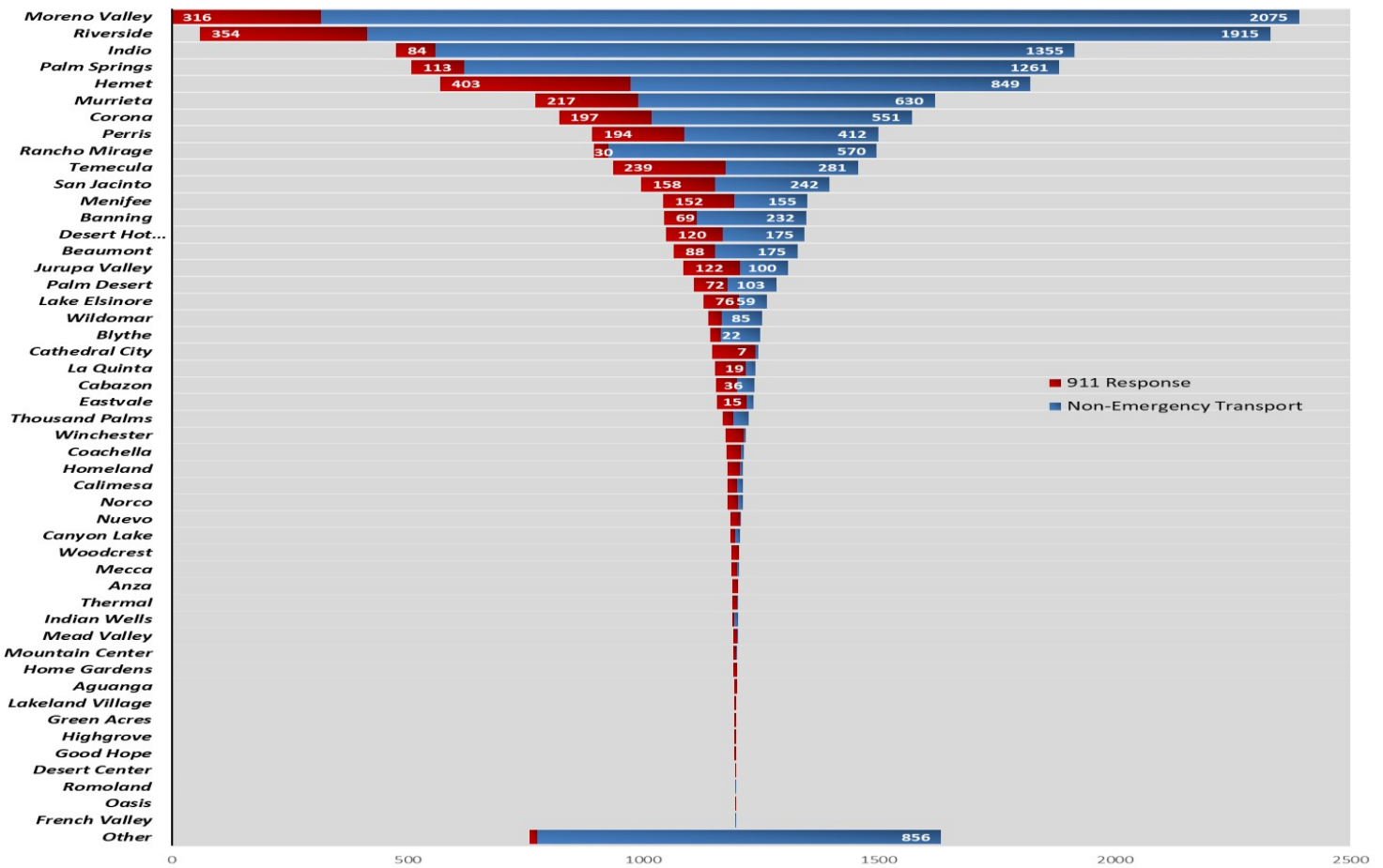
16,119 valid data points were used to analyze patient demographic information. Below is the graphical representation of gender distribution and categorical age distribution by gender.



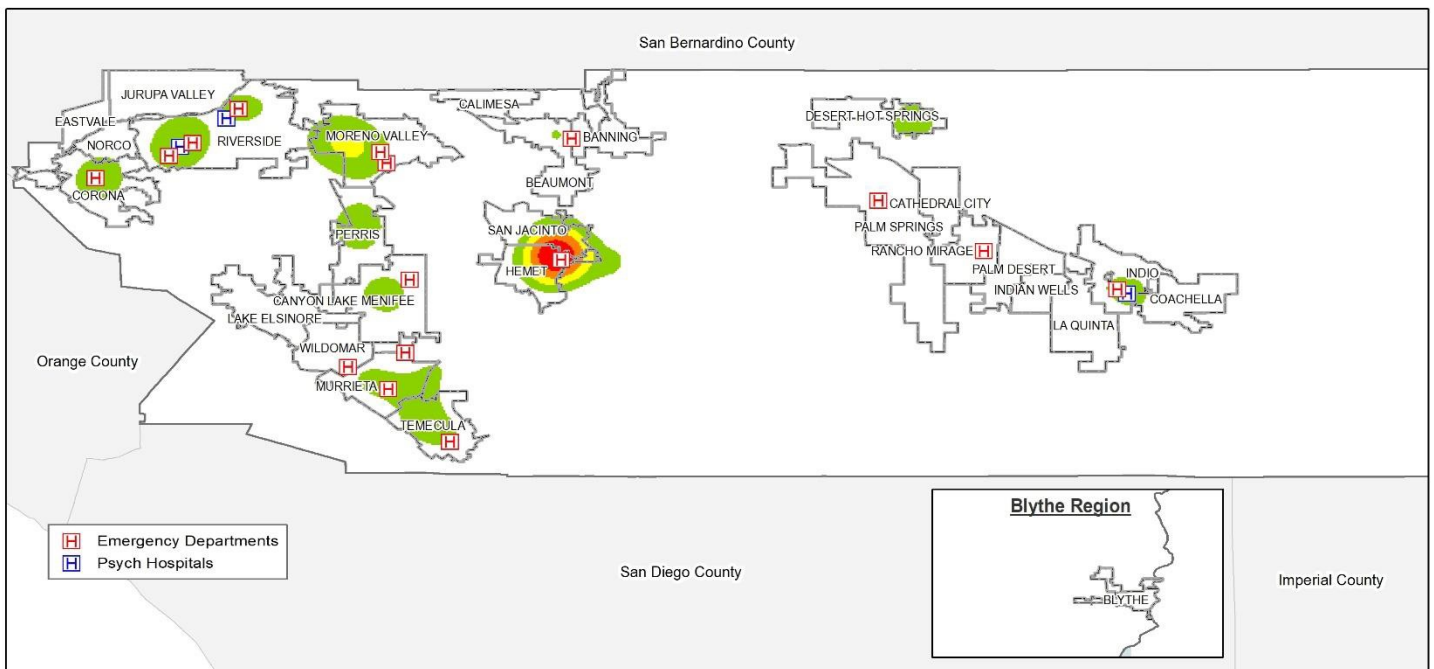
- Based on overall data, 53% are Male.
- 41% of entire patients are Young adults (Age:18-35)
- 35% are Adults not retired with the age group from (Age: 36-64)

Response Type by City:

Cities with the highest density of WIC-5150 Non-Emergency Transports vs. 911 Responses exhibit different characteristics. The majority of 5150 responses involve Interfacility Transport, thus higher densities for transport are expected in cities with hospitals embedded, notwithstanding predictable factors such as population. The following is a graph of 5150 call origin by city and response type between January 2018 and December 2018.

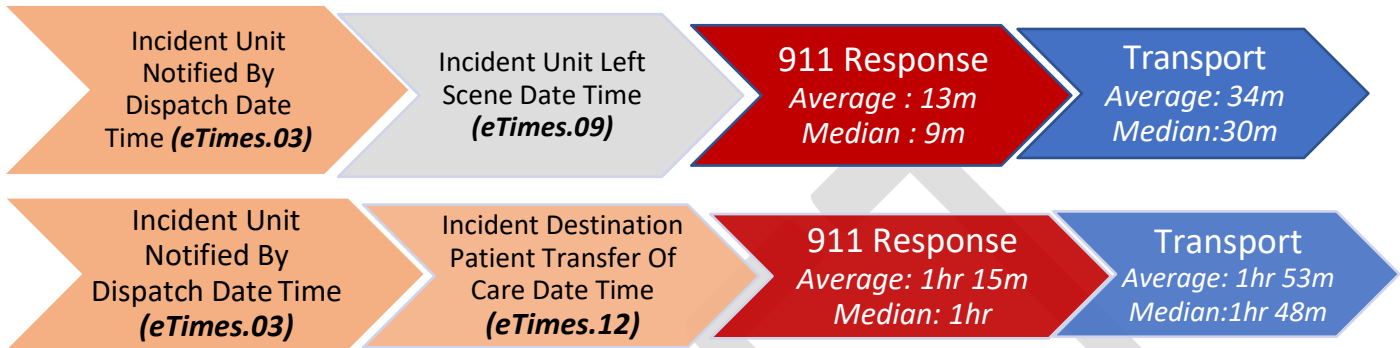


911 Response Heat Map Distribution for Riverside County



Response Timeline

A preliminary response time analysis for WIC-5150 calls are as follows:



Findings and Recommendations

- In Riverside County alone, approximately 1,300 WIC-5150 responses are made by EMS each month.
- Approximately 75% of WIC-5150 responses involve non-emergency EMS transport requests. This is in stark contrast to the county's overall responses involving mostly 911 calls.
- 95% of all WIC-5150 responses are for 'lower acuity' patients suggesting little to no medical attention beyond transport to an appropriate facility was required.
- Developing alternative transportation, resources, and response protocols to WIC-5150 incidents can greatly reduce impact on the EMS system.



Attachment D

**RIVERSIDE COUNTY EMS AGENCY
EMERGENCY MEDICAL DISPATCH
SUMMARY REPORT 2018**

DRAFT

MARCH 3RD, 2019

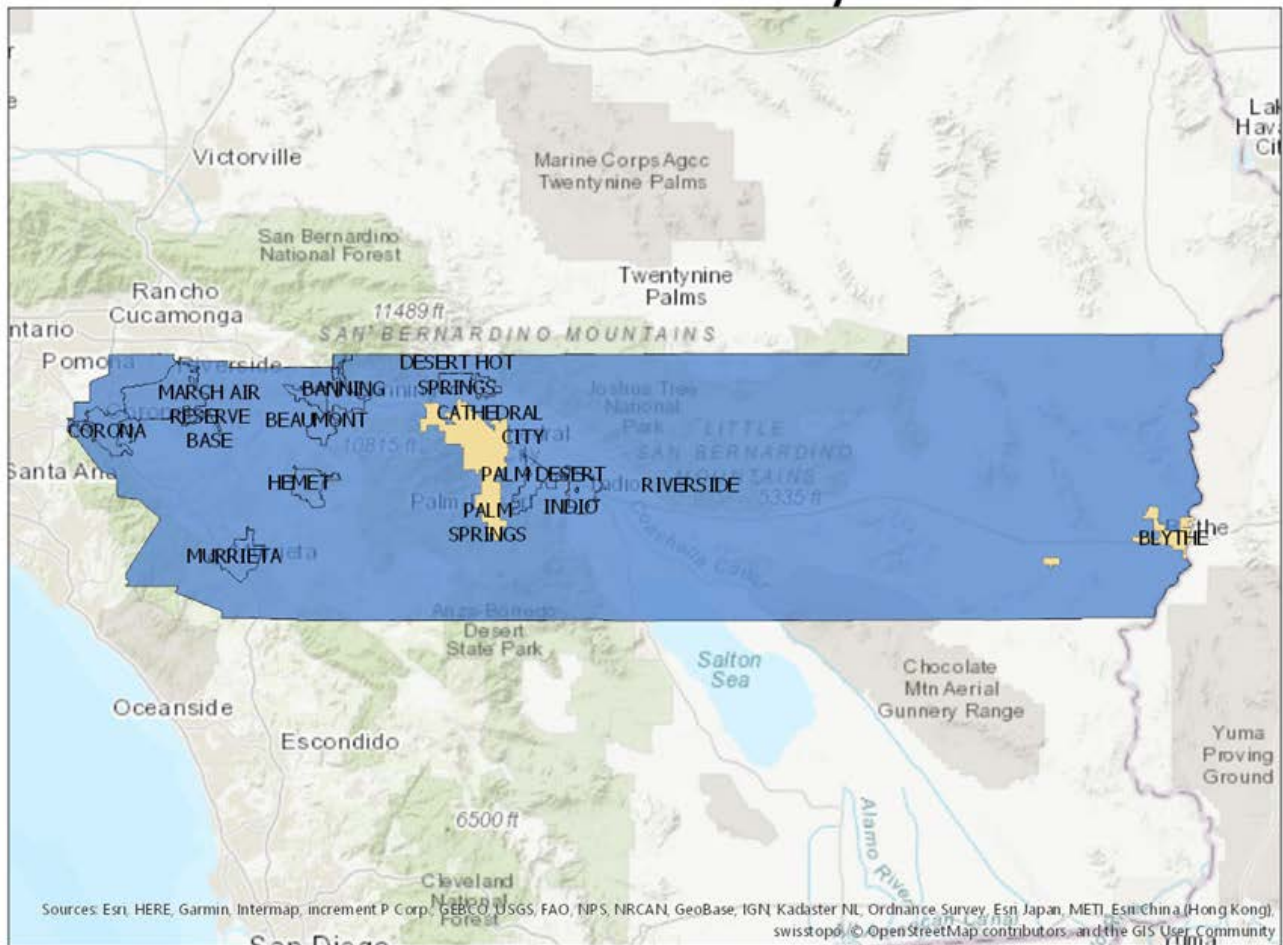
PREPARED BY RIVERSIDE COUNTY EMS AGENCY, EMERGENCY MANAGEMENT DEPARTMENT

EMERGENCY MEDICAL DISPATCH SUMMARY

Emergency Medical Dispatch (EMD) is utilized by Public Safety Answering Points to assist call-takers in rapidly narrowing down a caller's medical or trauma condition, dispatching emergency services, and providing standardized medical instructions to callers before help arrives. The following is the Riverside County Emergency Medical Dispatch (EMD) and Response Data Summary for 2018 by calendar year and quarter. This data was collected by responding agencies between January 1, 2018 through December 31, 2018.

The majority of Riverside County is covered by EMD through the Medical Priority Dispatch System (MPDS) program.

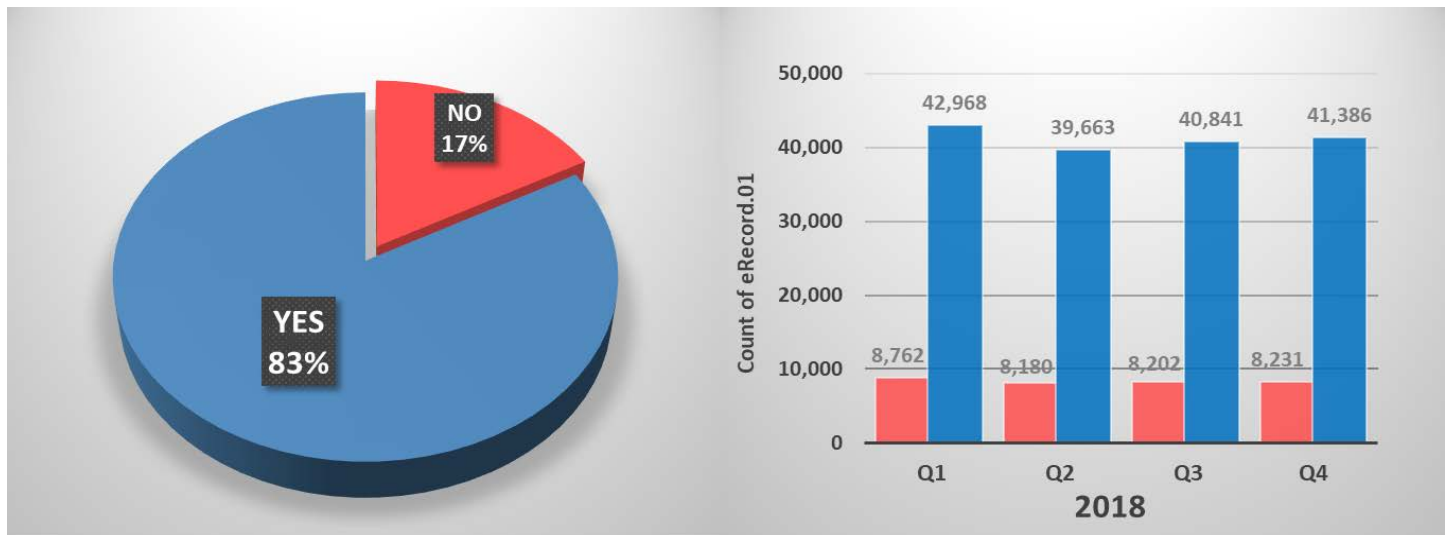
Riverside County



Legend

- Yellow square: Riverside County PSAP's Without MPDS
- Blue square: Riverside County PSAP's With or Currently Implementing MPDS

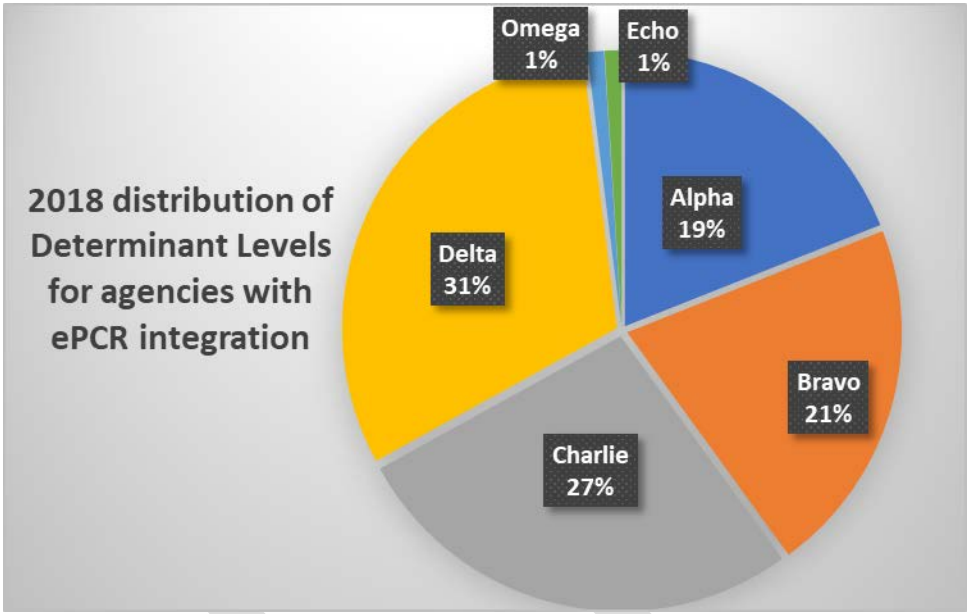
The following data is shown to reflect EMD utilization for Riverside County in 2018. Electronic patient records (eRecord.01) were collected and grouped according to EMD participating and non-participating agencies, respectively. In an effort to reduce duplication, transport agencies were excluded from this analysis.



The table below shows the rate of EMD integration with EMS Electronic Patient Care Records (ePCR) for all 911 provider agencies in Riverside County for the 2018 calendar year. A count of eRecord.01, a number generated with each ePCR created, was used to determine the theoretical integration of EMD by responding agency. EMD Integration with ePCR is a total count of eDispatch.03, the EMD card and dispatch determinant level, which is used to determine raw integration numbers of EMD by the responding agency. EMD Card Missing is defined here as an ePCR having a blank eDispatch.03, or no recorded EMD card and dispatch determinant level. Percentage of EMD Integration was calculated by dividing the total ePCR count (eRecord.01) by the EMD Integration count (eDispatch.03).

| All 911 Agencies | 2018 ePCR Count (eRecord.01) | Integration w/ ePCR (eDispatch.03) | EMD Cards Missing from ePCR | Percentage of EMD Integration to ePCR (Actual/ePCR Total) | 911 Agency With EMD Call Center |
|---|------------------------------|------------------------------------|-----------------------------|---|---------------------------------|
| Transport | | | | | |
| AMR - Desert Cities | 29,101 | 1,630 | 27,471 | 5.6% | No |
| AMR - Hemet | 34,938 | 8,443 | 26,495 | 24.2% | No |
| AMR - Riverside | 110,864 | 26,634 | 84,230 | 24.0% | No |
| Total EMD Integration | 174,903 | 36,707 | 138,196 | 21.0% | |
| 911 Responders (Non-EMD) | | | | | |
| Cathedral City Fire Department | 4,413 | 4 | 4,409 | 0.1% | No |
| Hemet Fire Department | 13,949 | | 13,949 | 0.0% | No |
| Murrieta Fire Department | 6,959 | | 6,959 | 0.0% | No |
| Palm Springs Fire Department | 8,054 | | 8,054 | 0.0% | No |
| Total EMD Integration | 33,375 | 4 | 33,371 | 0.0% | |
| EMD 911 Responders | | | | | |
| Calimesa Fire Department | 1,135 | 794 | 341 | 70.0% | Yes |
| Corona Fire Department | 7,086 | 3 | 7,083 | 0.0% | Yes |
| Idyllwild Fire Protection District | 596 | | 596 | 0.0% | Yes |
| March Air Reserve Base Fire Department | 62 | | 62 | 0.0% | Yes |
| Morongo Fire Department | 776 | 656 | 120 | 84.5% | Yes |
| Pechanga Fire Department | 1,064 | 934 | 130 | 87.8% | Yes |
| Riverside City Fire Department | 28,239 | | 28,239 | 0.0% | Yes |
| Riverside County Fire Department | 125,783 | 110,020 | 15,763 | 87.5% | Yes |
| Soboba Fire Department | 117 | 101 | 16 | 86.3% | Yes |
| Total EMD Integration | 164,858 | 112,508 | 52,350 | 68.2% | |
| Total EMD Integration for Riverside County | 373,136 | 149,219 | 223,917 | 40.0% | |

The Medical Priority Dispatch system allows rapid assignment of call type using determinant levels (Alpha, Bravo, Charlie, Delta, Echo, Omega) which can identify response time and type of emergency services required (i.e. ALS vs. BLS). While Riverside County does not rely on EMD to guide response type and time, assigned determinant codes do define modes of response for emergency vehicles. The 2018 distribution of determinant levels was analyzed using ePCR data. This data reflects determinant levels



for 911 responding agencies with ePCR integration of dispatch data. While most Riverside County 911 responding agencies utilize EMD, less than half currently have ePCR integration.

Total Response Time by Dispatch Determinant Level

In Riverside County, Determinant Codes do not govern response times; however, some providers may intrinsically respond more rapidly to higher acuity calls. An aggregate analysis of response time as outlined in REMSA Policy 2203 defining “Total Response Time” as the measure between dispatch (*PSAP Call Date/Time-eTimes.01*) to patient contact (*Arrived at Patient Date/Time- eTimes.07*) revealed a trend in more rapid response to higher acuity calls. **Note these response times are not representative of individual agencies as high variability exists based on location and proximity to call origin.** Additionally, less than half of the county’s EMD-based calls have been integrated with the ePCRs analyzed. So, total response time data does not include all EMD calls but provides a reliable view of relative response behaviors based on call acuity.

| | Dispatch Determinant Level and Response Time (eTimes.01 to eTimes.07 in minutes) | | | | | | |
|------------------------------|--|-------|-------|---------|-------|-------|-------|
| | Not Recorded | Alpha | Bravo | Charlie | Delta | Echo | Omega |
| ePCR Count | 163654 | 19741 | 13316 | 28869 | 34134 | 666 | 661 |
| Mean | 10.18 | 13.93 | 11.60 | 11.10 | 10.96 | 10.07 | 13.76 |
| Median | 8.70 | 12.43 | 10.70 | 10.32 | 10.15 | 9.32 | 12.58 |
| Std. Deviation | 6.068 | 6.162 | 4.640 | 4.119 | 4.260 | 3.586 | 5.850 |
| 90 th Percentiles | 16.52 | 20.65 | 16.67 | 15.62 | 15.57 | 14.54 | 19.74 |

References

Culley, Linda L. et al. (1994). **Increasing the efficiency of emergency medical services by using criteria based dispatch.** *Annals of Emergency Medicine.* Volume 24, Issue 5, 867 – 872.

<https://www.emergencydispatch.org/articles/princdocpull03.pdf>

<https://www.emergencydispatch.org/articles/ArticleMPDS%28Cady%29.html>

<http://remsa.us/policy/2203.pdf>

DRAFT



| | | |
|--|--|-------------|
| Provisional Policy | | 6104 |
| Effective March 20, 2019 | Expires June 20, 2019 | |
| Policy: APOD Ambulance Redirection | Approval: Medical Director Reza Vaezazizi, MD | Signed |
| Applies To: Authorized Receiving Centers, EMS System | Approval: Deputy EMS Administrator Trevor Douville | Signed |

PURPOSE

To describe the conditional and provisional redirection of ambulances—from hospitals that have extended Ambulance Patient Offload Delay (APOD)—to the closest most appropriate hospital that does not have extended APOD. Extended APOD is a patient remaining on an ambulance gurney for 90 minutes or greater after arrival at a hospital. This policy is intended to be used in conjunction with REMSA Policy 4204 - Ambulance Patient Offload Delay.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Prehospital Emergency Medical Services](#)

CRITERIA

Ambulance redirection shall only occur when efforts to offload the patient(s) to a hospital gurney, bed, or chair have failed and the patient(s) remains on extended APOD.

1. Ambulance redirection will activate when extended APOD exists.
2. Ambulance redirection will only apply to ambulances still at the scene, prior to transporting.
3. Ambulance redirection will apply to 9-1-1 paramedic ambulances from any provider.
4. Ambulance redirection will cancel when the extended APOD no longer exists.

PATIENT SAFETY

Ambulance redirection is authorized only for patients that, in the judgment of the paramedic responsible for patient care and consistent with applicable treatment protocols, are stable and can safely be transported to an alternative, closest, most appropriate hospital not presently experiencing extended APOD.

1. APOD ambulances redirection is not permitted after arrival at a hospital.
2. Specialty care patients (Trauma, Stroke, or STEMI) as defined by policy 5301, 4503, or 4402 will not be redirected by this policy.
3. The decision to redirect ambulances away from a hospital will be made with coordination of the ambulance provider communication center, EMS supervisors, and EMS personnel providing patient care.

PROCEDURES

Prior to activating ambulance redirection, the ambulance provider will verify with the hospital that extended APOD exists. Once extended APOD is confirmed the following procedures will be activated:

1. The affected ambulance provider is authorized to activate ambulance redirection.
2. Patients shall be transported to the closest most appropriate hospital emergency department not presently experiencing extended APOD that is best able to accept and offload patients. Hospitals experiencing extended APOD shall be identified by the ambulance provider communication center in consultation with the affected hospital(s) and other applicable communications centers.

3. Any questions or concerns regarding any hospital's ability to accept redirected patients should be directed to the REMSA Duty Officer.
4. When ambulance redirection is activated, EMS personnel responsible for patient care must fully inform the patient(s) of the reasons for redirection.
5. When ambulance redirection is activated, EMS personnel shall note "APOD REDIRECTION" within the narrative section of the electronic patient care record (ePCR).
6. Hospitals are encouraged to call the ambulance provider once care of the patient has been transferred to the hospital in order to cancel ambulance redirection.
7. The REMSA Duty Officer shall be notified for unusual occurrences not addressed by this policy.
8. REMSA Ambulance Patient Offload Time reports will include APOD Ambulance Redirection.

ACTIVATION PROCESS

To ensure the effective activation of ambulance redirection, it is essential for each extended APOD to be accurately and rapidly confirmed. Extended APODs and EMS personnel impacted by APODs must coordinate as outlined below.

Confirmation Phase:

1. Ambulance personnel shall notify their communications center at the beginning of extended APOD.
2. Once notified, the communications supervisor will contact the ED charge nurse to confirm if a true APOD exists; and if so, when would be the projected transfer of patient care.
3. If available, an EMS supervisor should respond to the hospital ED.

Activation Phase:

1. Ambulance redirection will activate when one (1) ambulance is on extended APOD.
2. The ambulance provider communications supervisor is required to:
 - a. Utilize the ReddiNet Diversion Status board to place the hospital ED on "Redirect"
 - b. Send a ReddiNet notification to all Riverside County ReddiNet users with the following message:
 - i. *"APOD Ambulance Redirection in accordance with Policy 6104 is activated.
(Name of Ambulance Provider) has ambulances (List Unit Number/s) on extended APOD at (List Hospital/s). Extended APODs negatively impact the 9-1-1 EMS response system.
Reference <http://www.remsa.us/policy/6104.pdf> and <http://www.remsa.us/policy/4204.pdf>."*
3. Repeat the ReddiNet notification above every 30 minutes until extended APODs no longer exist.

Cancelation Phase:

1. Ambulance redirection will cancel when the extended APOD no longer exists.
2. Ambulance personnel shall notify their communications center at the end of extended APOD.
3. The ambulance provider communications supervisor is required to:
 - a. Utilize the ReddiNet Diversion Status board to place the hospital ED on "Open."
 - b. Send a ReddiNet notification to all Riverside County ReddiNet users with the following message:
 - i. *"APOD Ambulance Redirection in accordance with Policy 6104 is canceled.
All ambulances incumbered by extended APOD are released and are now available.
Reference <http://www.remsa.us/policy/6104.pdf> and <http://www.remsa.us/policy/4204.pdf>."*

FOR CONSIDERATION BY EMCC

Attachment F
Page 1 of 1

DATE: May 22, 2019

TO: EMCC

FROM: Misty Heyden, Administrative Services Analyst II

SUBJECT: Ambulance Patient Offload Time

ACTION: Received and File Information

Please see the attached links for the current Ambulance Patient Offload Time Reports:

April 2019 - <http://remsa.us/documents/reports/APOT/2019APOTApril.pdf>

Recent Seasonal APOT Reports

Week 19 - <http://remsa.us/documents/reports/APOT/2019APOTSPECIALweek19.pdf>

Week 18 - <http://remsa.us/documents/reports/APOT/2019APOTSPECIALweek18.pdf>